



Merton

Clinical Commissioning Group

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

Thursday, 26th March 2015

9.00am – Noon

Raynes Park Library, Approach Road, London SW20 8BA

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

Officers in Attendance

CF	Caroline Farrar	Assistant Director, MCCG
WF	Will Flower	Communications & Engagement Manager MCCG
TB	Thereasa Burns	South East Commissioning Support Unit
TF	Tony Foote	South East Commissioning Support Unit

Member(s) of the Public:

Maurice Groves	
L Lohendran	MSF
Daphne Hussein	Carer/Rethink
K Rainsley	Merton Residents Healthcare Forum
Kay Sonneborn	
Brian Hennessey	Patient Representative

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.

No such declaration was made.

3. Minutes of previous meetings

To approve the minutes of the meetings of the Merton Clinical Commissioning Group Governing Body of the 29th January and the 26th February 2015.

29th January 2015

The following amendments was requested:

Pg. 5 Primary Care Co-commissioning – signing off the model for joint commissioning arrangements

“HF said that that voting would be on a five out of seven ratio.”

Be amended to:

“HF said that that voting would be on a five out of seven majority.”

Pg. 6 Public Sector Equality Duty Annual Report January-December 2014

“MC (Governing Body Lead for Engagement and Diversity) commented...”

Be amended to:

“MC (Governing Body Lead for Equality and Diversity) commented...”

With the incorporation of these amendments the minutes were approved as a full and accurate record of the meeting.

26th February 2015

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

4. Matters Arising

The Governing Body noted that all actions on the log had been completed or were featured later in the agenda.

5. Chair’s and Chief Officer’s Update

5.1 Chair’s Update

HF said he would make a fuller statement towards the close of the meeting. In the meantime, he declared his delight that the Chairs of all the London CCGs had used their delegated authority to sign off the terms of reference for the creation of a South West London Joint Committee, making it possible

to proceed with primary care co-commissioning.

5.2 Chief Officer's Update

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

CCG Development

- Mari Longhurst has been appointed to the post of the Senior Commissioning Manager for Children's and Maternity Services.
- Changes, agreed by EMT in December, are being implemented with an increase in the Head of Communications and Engagement resource. This post has been appointed to for an interim period whilst substantive recruitment takes place.
- Increased positive press reports for Merton CCG, as part of the Communications and Engagement Strategy, have been achieved in the past 9 months
- HF leaves Merton CCG on 31 March 2015. Howard has been working in Merton for over thirty years as both a General Practitioner and in senior clinical management roles for NHS organisations across London. Three years ago Howard began the set-up of the Merton CCG and became Clinical Chair on the 1 April 2013.

On behalf of the GB, the Merton CCG team, local colleagues and patients, I would like to thank Howard for his commitment, energy and wisdom and his great contribution to ensuring Merton CCG is successful. Howard will be missed by us all.

- It was with some sadness that I announced my retirement from Merton CCG as of July 2015. After 38 years of service to the NHS in London, I am going to take a break before considering future project work. The process for recruiting my successor has begun and should be completed by the end of April 2015.

Strategy and Planning

- A draft version of the Merton Two Year Operating plan refresh will be presented later in the Governing Body agenda. The final version of this document is due for submission in April.

Commissioning and Service Development

Integration

- Focus during February has been principally on the final implementation phases of the Holistic Assessment and Rapid Investigation (HARI) Service refining performance data. This service will go live with the launch of the Nelson Health Centre.
- The CCG received recent visits from Ed Scully, Deputy Director of the Better Care Fund (BCF) Task Force NHS England, and Earl Howe (Health Minister) and Lord Ahmad of Wimbledon (Communities Minister): all were very impressed by the work the CCG and colleagues are doing.

Procurement of Community Services

- The first stage of the procurement process has now commenced. Following a period of evaluation the final short listed bidders will be presented to the Governing Body in June.

Weight Management Service

- An investment plan for the tier 3 weight management service has been agreed. The CCG is procuring tier 2 and tier 3 services with Public Health; by doing so we will be able to offer our patients a more seamless service.

Nelson Health Centre

- A “soft launch” of the Health Centre will be held on the 1 April 2015.
- A community pharmacy should be in place by the summer.
- A marketing campaign has been implemented to promote the new facility, to ensure that the Merton residents and clinicians are aware of the services to be offered. A Nelson information leaflet has been developed and has been posted to all residential properties in Merton.

Duty to Involve Report 2013/14 and 2014/15

- This report is part of the CCG’s statutory obligation to demonstrate how we have engaged with patients and the public, and how their views have influenced and shaped commissioning of services. The CCG report was submitted in August 2014 and the CCG achieved an Amber rating – very few CCGs achieved Green status.

The Duty to Involve Report for 2014/15 is due by the end of September 2015 and we have commenced work on this taking account of the 2013/14 NHSE response.

Mary Clarke (MC) asked about the readiness of the providers located in the Nelson Health Centre. Adam Doyle (AD) confirmed that there was already encouraging signs of joint working and was confident that all would be fully mobilised by the 1st April 2015.

Clare Gummett (CG) commented on the lack of reporting on engagement that came to the Governing Body. EB replied that a regular report was seen by the Executive Committee and she would ensure that this would come to future Governing Body meetings “for note”.

EB

6. For Approval

6.1 Operating Plan for 2015-16

AD explained that the 2 Year Plan had been established in 2014, and the Governing Body was presented today with a “light refresh” of that document. This was in a response to current planning guidance but, with the outstanding issue of the 2015/16 tariffs it was not yet possible to agree provider contracts and so a fixed position could not yet be set. With regard to this draft document, it was hoped to have an overall narrative in place by mid-April and the final version would come to the May Governing Body meeting.

AD

AD then provided a presentation covering the following areas:

- High level achievements 2014/15

- Investment into patient care 2014/15
- The Planning Guidance for 2015/16
- Areas of focus for Merton CCG

There followed questions and comments from the Governing Board.

HF congratulated AD and his team on their work on this very important matter and highlighted the re-introduction of assisted conception treatment as an achievement to be proud of. Dr Andrew Murray (AM) found the draft plan to be very impressive but felt that the role of patient engagement could be strengthened. Dr Kay Eilbert (KE) spoke of the role of Public Health and that the “Keeping Health and Well” programme would be included in the Plan.

Mary Clarke (MC) noted the good progress made on raising the dementia diagnosis rate but asked whether it would be possible to make the further 2% to meet the national target. AD acknowledged this but stressed that every possible effort had already been made and that, whilst these would continue, it was also very important to ensure that the increase which had been achieved was sustainable. AM added that work was also ongoing at GP Practices.

MC asked what, with co-commissioning imminent, would the CCG’s relationship be with the Care Quality Commission (CQC) with regard to GP Practice visits. AD responded that the responsibility for the development of primary care was a shared one. Lynn Street (LS) added that she was meeting regularly with the CQC and these discussions included primary care. However, EB stressed that the overall responsibility for primary care remained with NHS England.

HF then invited questions from the public gallery and a member of the public asked if the dementia diagnosis figures could be broken down to individual practice level. AD confirmed that they could and this was used to tailor the level of support each practice required.

HF noted that, with the issue of the 2015/16 tariff still outstanding, it was not possible for the Governing Body to approve the Plan and that Chair’s Action may be required to meet deadlines.

The Merton Clinical Commissioning Group Governing Body noted the Operation Plan Refresh and agreed to Chair’s Action if required.

6.2 Draft Financial Strategy & Plan 2015-16

CC explained that the Plan and Strategy were based upon the CCG’s funding allocation: this had been increased for 2015/16 but, as the CCG remained historically underfunded, the challenge of ensuring financial sustainability remained. CC referred to the outstanding issue of the 2015/16 tariffs and the uncertainty this brought. She added that St George’s had failed to respond to NHS England’s offer of two options to progress this and so defaulted to the Default Tariff Rollover (DTR). Accordingly, St George’s would not be eligible for the 2.5% CQUIN.

CC stated that the Governing Body was requested to approve the Draft Financial Plan and Strategy 2015/16 and that CC could make any “reasonable adjustments” that may be required.

HF asked Peter Derrick (Chair of the Finance Committee) for his view. PD stated that the Finance Committee had reviewed the draft document and found it to be, in light of current uncertainties, robust and sensible.

Professor Stephen Powis (SP) expressed concern at the impact of St George's ineligibility for the CQUIN. CC agreed that this was a concern and that discussions with St George's were ongoing.

The Merton Clinical Commissioning Group Governing Body agreed the Financial Plan and Strategy 2015/16 and that CC could make any "reasonable adjustments" that may be required.

6.3 London Transformation Programme

EB informed the Governing Body that this paper was being considered by all London CCGs. In light of the London Health Commission's Report, it sets out proposals for joint working across London on thirteen priority programmes:

- Urgent and Emergency Care
- Children and Young People
- Mental Health
- Cancer
- Prevention
- Homeless Healthcare Services
- Business intelligence and interoperability
- Estates
- Engagement and personalisation
- Payments and funding
- Specialised Commissioning
- Workforce

EB added that investment was required to undertake these programmes and the proposal was for the London CCGs and NHS England to establish a fund of up to 0.15% of allocations for 2015/16, for use across London and to support governance arrangements. The draft plan for this was available on the NHS England website.

There followed comments and questions from the Governing Body.

Clare Gummatt (CG) welcomed the document and highlighted the Homeless Healthcare Services. KE commented that the Health and Wellbeing Board had recently signed up to the Homeless Charter. Dr Carrie Chill (CCh) emphasised the need to avoid duplication and EB agreed and was mindful of this. MC asked whether priority programmes were in line with the CCG's Operating Plan and EB confirmed that these were being aligned.

The Merton Clinical Commissioning Group Governing Body approved the governance arrangements for the London Transformation Fund.

6.4 Safeguarding Children Report April 2013 – Dec 2014

LS presented this item and explained that the purpose of the report is to:
a) Provide an overview of the arrangements in place to safeguard and protect children and young people across the London Borough of Merton.

b) Demonstrate how Merton CCG is fulfilling its statutory responsibilities in relation to children and young people.

HF questioned the period covered by the report: April 2013 to December 2014. LS explained that, going forward, reports would be for a 12 month period but as this report was being presented retrospectively it was felt important to also include a more current update.

HF asked CG (Chair of the Clinical Quality Committee) for her view: CG stated that the Committee was happy with the report.

MC noted that the Merton Safeguarding Executive Group had not met for some time and it was important that it considered the next annual report before it came to the Governing Body.

LS

The Merton Clinical Commissioning Group Governing Body approved the Safeguarding Children Report April 2013 – Dec 2014.

6.5 Emergency Preparedness Response and Resilience (EPRR) - Action Plan

LS presented the report and invited questions from the Governing Body. However, there were no such questions.

The Merton Clinical Commissioning Group Governing Body approved the Emergency Preparedness Response and Resilience (EPRR) - Action Plan.

6.6 Board Assurance Framework

LS explained that a full review of all corporate risks has taken place. In light of this, the following amendments proposed to be added to the Governing Body Assurance Framework to ensure it accurately reflects the current major risks facing the CCG:

938 - Potential over performance of acute contracts had been amalgamated with 959.

1009 - Merton CCG has a responsibility to ensure all children looked after (CLA) are safeguarded. Merton CCG CLA could be assessed as inadequate by the CQC. This had been amalgamated with 882.

The following risks have been removed from the Governing Body Assurance Framework and the Corporate Risk register:

957 - If the corporate delivery structure is not well planned and implemented, then staff will be unclear of their key deliverables resulting in the two year operating plan not being delivered.

959 – If there is over performance in acute settings, then fewer resources will be available for investment resulting in schemes for services in the community being compromised

HF asked PD (Chair of the Audit and Governance Committee) for his view: He stated that, after many iterations, the Committee was now comfortable with the BAF's format. However, it was important to remember that the BAF

is a “live” document and needs to reflect any changes in circumstances.

The Merton Clinical Commissioning Group Governing Body approved:

- That the risks described represent the main strategic risks to the delivery of the CCG’s plans.
- That the mitigating controls adequately increase the probability of the CCG delivering its plans.
- Any gaps to mitigating controls or actions that would provide improved assurance of delivery to the Committee.

6.7 Merton CCG Financial Position Month 11 2014/15

CC presented this item and highlighted the following points:

- For the eleven months to 28 February 2015, the CCG is reporting a year to date and full year improvement from plan of £0.5m.
- Acute commissioning is over performing by £1.4m year to date, forecast to increase to an over spend of £1.6m by year end. St George’s NHS Trust is forecast to over perform by £0.7m. Epsom & St Helier NHS Trust is reporting under performance of £0.3m primarily in elective activity and critical care, this has worsened considerably from what has been reported. Kingston Hospital NHS Foundation Trust is forecast to over perform by £0.1m.
- An over spend of £0.3m is forecast for non-acute commissioning. This has worsened slightly from last month.
- Primary care is forecast to over spend by £0.7m, over spends are reported on prescribing, out of hours and care of older people local enhanced services.
- QIPP – Year to date over achievement of £0.2m and full year over achievement of £0.1m is forecast.

PD confirmed that the Finance Committee was very comfortable that the CCG remained on track for year end.

The Merton Clinical Commissioning Group Governing Body approved the Merton CCG Financial Position Month 11

6.8 Merton CCG Policies

MC asked two general questions about these policies; (i) had there been staff involvement in formulating the policies: (ii) do the policies apply to CCG and CSU staff.

LS responded: (i) the staff side forum had been involved; (ii) the policies applied to all CCG staff and all CSU staff working with the CCG.

HR POLICIES

6.8.1 Alcohol and Substance Misuse Policy

LS explained that the aim of the policy is to prevent alcohol and

substance misuse related problems which may affect an employee's health, work performance and safety and which may also put others at risk, and to provide a sensitive and confidential procedure which enables managers to initiate an appropriate response to employees who either request help or who are identified as having, or potentially having problems arising from the misuse of alcohol and/ or substances.

The Merton Clinical Commissioning Group Governing Body approved the Alcohol and Substance Misuse Policy

6.8.2 Annual Leave and Special Leave Policy

The Merton Clinical Commissioning Group Governing Body approved the Annual Leave and Special Leave Policy.

6.8.4 Code of Requirements for Staff Policy

The Merton Clinical Commissioning Group Governing Body approved the Code of Requirements for Staff Policy.

6.8.4 Maternity, Paternity and Adoption Leave Policy

The Merton Clinical Commissioning Group Governing Body approved the Maternity, Paternity and Adoption Leave Policy.

CCG CONSTITUTION

6.8.5 Revised Conflict of Interests Policy

EB explained that the CCG is seeking to enter into a SWL joint co-commissioning arrangement for primary care services with NHSE and the other SW London CCGs: Croydon; Kingston; Richmond; Sutton; Wandsworth.

If a Conflict of Interest arises on the resulting Joint Committee the conflict will be managed by reference to the Wandsworth CCG Conflicts of Interest Policy. The Wandsworth CCG Conflict of Interest Policy will be compliant with the latest NHSE guidance, "Managing Conflicts of Interest: Statutory Guidance for CCGs, NHSE December 2014"

It is also necessary that each CCG Conflicts of Interest Policy (which covers the rest of the CCG's activities) is updated to reflect the latest guidance. The proposed changes introduce a number of new requirements:

- to hold a Register of Procurement Decisions
- to publish contract values and details as soon as they are agreed
- for members and employees to declare relationships with NHSE
- for signatories of declaration forms to agree for the contents of their form to be published for bidders and potential contractors to complete a declaration of interests form.

The Merton Clinical Commissioning Group Governing Body reviewed the proposed updates to the MCCG Conflicts of Interest Policy and supported the changes to the Policy.

The Merton Clinical Commissioning Group Governing Body Merton Governing Body approved the final version of updated Conflicts of Interest Policy.

6.8.6 Financial Policies and Schemes of Reservation and Delegation

CC introduced this item and explained that the policies and scheme of reservation and delegation had been considered and approved by the Audit and Governance Committee in September 2013 and then by the Governing Body. A detailed review of both documents had been carried out and a number of amendments made.

HF asked PD (Chair of the Audit and Governance Committee) for his views: PD stated that the amendments had been noted and approved at the Committee's meeting in March 2015.

The Merton Clinical Commissioning Group Governing Body approved the amended Financial Policies and Schemes of Reservation and Delegation

7. For Review

7.1 NHSE and Local Merton CCG Balance Scorecard Q3

CC explained that this document provided a high level summary and that there were no significant changes since the last report.

SP asked about the performance relating to the Referral to Treatment target. AD commented that there was confidence that Kingston Hospital and St Helier's Hospital would soon be "back on track" and that the CCG was working with St George's, although no assurances could yet be given.

The Merton Clinical Commissioning Group Governing Body reviewed and 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 11.12.14; 28.01.15
Clinical Quality Committee 16.01.15; 13.02.15

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

9. Any Other Business

9.1

MC informed the Governing Body that she was the CCG's representative on the London Revalidation Implementation Working Group and would provide the Governing Body with regular updates in future.

9.2

PD said he wished to echo EB's earlier comments about HF. PD added that he recognised HF's long service for the NHS and that HF had always shown energy, commitment and wisdom. He had first worked with HF in 2007 and was grateful for all the advice he had given him. He wished HF all the very best for the future.

HF thanked PD for his kind words, and also noted the presence in the public gallery of Kay Sonneborn, former Chief Executive of Sutton and Merton Primary Care Trust; he was delighted to see her.

HF also thanked the Governing Body for its support. He stated that this was a Governing Body that truly understood its purpose and how to challenge when necessary. HF then thanked all CCG staff for their great contribution to the significant progress made. HF also thanked the public for their time and commitment to the NHS.

Finally, HF stated that his proudest achievements were the thirty years he had spent working as a GP in Raynes Park, and the last three years as Chair of Merton CCG.

10. Meeting Dates for 2015

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

Thursday, 28th May 2015 – 9.00pm
Venue: The Civic Centre, Morden

11. Closure of Part 1

The Chair declared the meeting closed at 11. 00am.

Agreed as an accurate account of the meeting held on Thursday, 26th March 2015

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Dr Andrew Murray - Chairman

Date: