right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

MINUTES
MERTON CLINICAL COMMISIONING GROUP
GOVERNING BODY PART 1

25th January 2018
Time: 1.00pm – 3.45pm
Rooms 6.2/6.3, 120 The Broadway, Wimbledon, SW19 1RH

Chair: Dr Andrew Murray

In attendance:

Members

SB	Sarah Blow	Accountable Officer
JB	James Blythe	Managing Director
CG	Clare Gummett	Lay Member: Patient & Public Engagement Lead
JHa	Julie Hall	Nurse Member
AM	Dr Andrew Murray	Clinical Chair
JM	James Murray	Interim Chief Finance Officer (Interim)
AL	Andrew Leigh	Lay Member: Audit
TH	Dr Tim Hodgson	Clinical Locality Lead, West Merton
DS	David Smith	Lay Member: Finance
KW	Dr Karen Worthington	GP Member
DZ	Dr Dagmar Zeuner	Director of Public Health, London Borough of Merton

Non-Voting Members

JA	John Atherton	Director of Performance and Management
JHe	Julie Hesketh	Director of Quality & Governance
NM	Neil McDowell	Local Finance Director
AMc	Andrew McMylor	Director of Primary Care Transformation
JP	Josh Potter	Director of Commissioning Operations

Other Officers in Attendance

AD	Andrew Demetriades	Joint Programme Director for Acute Sustainability, Sutton, Merton and Surrey Downs CCGs (for item 7.2 only)
AB	Amanda Bland	Project Director Quality (for item 10.3 only)
TF	Tony Foote	Note Taker – NELCSU
DB	Diane Bebbington	Interim Board Administrator

Members of the Public in Attendance

David Ash	Keep Our St Helier Hospital
Sandra Ash	Keep Our St Helier Hospital
Graham Barker	Patient Engagement Group
Hannah Beech	

Apologies

Dr Marek Jarzembowski	Chair, Local Medical Committee

No.	AGENDA ITEM	WHO
1	**Welcome**	
	AM welcomed all to the meeting, in particular DS the recently appointed Lay Member for Finance who was attending for the first time. There was one apology from Dr Marek Jarzembowski as noted above. The Chair reminded all present that although Governing Body meetings were open to the public they were not public meetings as such. There was a slot on the agenda when the public could ask questions and the meeting was being filmed and this, in turn, would be uploaded to the website. Accordingly, no other filming of the meeting was permitted without prior consent.	
2	**Patient's Story**	
	A carer gave a presentation about her 50 year old son with Down's Syndrome and accumulating medical conditions. He is in supported living but spends two nights a week with his parents. She felt that the attitudes of health professionals towards patients such as her son had changed significantly over the years. For much of his life they had experienced a number of negative issues: - An unsympathetic attitude toward their son - When they offered advice or information to health professionals they were seen as overprotective and misguided. - A lack of awareness of how much people with learning difficulties understood. - Having to go to different types of doctor for different tests instead of having them done in one place. However, the carer felt that things had improved enormously since the provision of learning disability (LD) liaison nurses at St George's Hospital. Her son had been in hospital countless times – with some very lengthy stays – but his two most recent episodes had been very successful due to the LD liaison nurses monitoring his entire clinical pathway. Everyone was familiar with his history. There were strict protocols such as protecting a bed in advance of admission and blocking unsafe discharges. Carers could visit at any time and were involved in treatment discussions. AM thanked the carer for sharing her story and invited comments from the Governing Body. TH acknowledged the importance of communication between multiple agencies, particularly GPs and community services. Most practices now had multidisciplinary meetings so there was a genuine linkage with community practitioners. CG asked the carer what she thought would make the biggest difference; she felt that one person responsible for liaising within the community would make the biggest contribution. JB recommended that the needs of people with learning difficulties need to be taken into account in all of the CCGs' work plans.	
3	**Declarations of interest**	
	There were no additions to the Register of Declared Interests for Members currently on the Register. DS had submitted a list of his interests to TF who will update the Register accordingly.	**TF**
4	**Minutes of Previous Meetings**	
4.1	The following amendments to the 30th November minutes were requested: - Page 1: add TH to the list of members attending the meeting. - Page 3, item 5.1, line 12, 'John Galston' should read **John Goulston.** - Page 3, item 5.1, line 13, 'Merton' should read **South West London**. - Page 6, item 6.1, line 8, 'IAT' should read **IAPT**. With the incorporation of the above amendments, the minutes were APPROVED as a full and accurate record of the meeting.	

5	**Matters Arising and Action Log**	
5.1	Actions arising from the meeting of the Merton CCG Governing Body of 30th November 2017 11.2 Merton CCG 2017//18 Governing Body Assurance Report JA acknowledged that IAPT continues to be an area of concern. However, changes have been achieved in the last four months and this would be covered in greater detail in item 10.2 of the agenda.	
6	**Chair's Update, Chief Officer's and Accountable Officer's Update**	
6.1	Chair's update AM highlighted the following issues: Health and Wellbeing Board The Board agreed a programme for each member to work directly with people who had diabetes, to help members to understand the experience of living with diabetes and identify opportunities for improving services. South West London (SWL) Clinical Senate This brings together senior clinical leaders from across the local health economy to discuss opportunities for greater collaborative work; a recent example being a mandate given for developing work with clinical leads for cross-SWL work on transforming Ear, Nose and Throat services. Practice Leads Forum The Forum recently discussed GP IT, the interoperability of systems between different health organisations and improving the use of the national E-Referrals system among Merton GPs. It was also updated on the GP Federation's projects relating to planned and enhanced primary care. Integrated Locality Teams (ILTs) There were four clusters of practices within Merton: North East, North West, South East and South West. The development of ILTs would facilitate wider multidisciplinary team ensuring better care co-ordination. Patients and carers should feel more empowered and this proactive approach should result in fewer emergency admissions.	
6.2	Managing Director's Update JB highlighted the following issues: Staff issues The Management Team approved the new management structure for the Local Delivery Unit and work was underway aligning staff to new roles and filling vacancies as required. In late January staff would be engaged regarding the move to a single main office location, although a presence would be maintained in both boroughs. Joint working with Wandsworth Wandsworth and Merton CCGs now share corporate objectives, the Finance Committees have been meeting 'in common' since November and the integrated governance/quality committees will meet in common for the first time in February. Joint working with systems partners in Merton The Multispecialty Community Provider Board has developed priorities for a collaborative approach between social, community and primary care with the engagement of mental health and acute care partners. Delayed discharges were minimised over the Christmas and the New Year period. JB congratulated the CCG, primary care teams and all partners for their work in dealing with winter pressures.	
6.3	Accountable Officer's Update SB reiterated JB's acknowledgement of the efforts made to meet service demands over the winter period and added that the situation required ongoing monitoring. Flu incidence had increased, particularly with flu admissions to St George's.	

7	**Strategic**	
7.1	South West London Health and Care Partnership – One Year On Stage One: November 2017 JB presented the one year progress report describing the two-step approach to refreshing the SWL strategy for health care, outlining commitments and priorities over the next two years. The Merton and Wandsworth Local Transformation Board would be taking this forward. The Board comprised representatives of the GP Federation, community provider and directors of Social Services, Mental Health and Public Health. Local Health and Care Plans would be taken forward on three levels: Borough, Wandsworth and Merton, and South West London. JB highlighted two challenges facing the partnership; financial and workforce. A recently undertaken financial assessment showed that the financial challenge faced by South West London would be c£365 million by 2020/21. With regard to workforce, this was an equal constraint with problems of meeting demand and new ways of working needed to be found. There followed comments and questions from the Governing Body. JHa asked if there were any risks attached to the plan and JB highlighted the significant challenges facing social care and health care and the need to have a joined up approach to these. AL commented that the financial challenge of c£365 million was no bigger than that faced by most big organisations. JM noted the pressure on workforce costs in parallel with the need to drive up clinical standards. DS commented on the lack of emphasis on primary care in the report and SB explained that much work had been done on developing the primary care strategy for South West London, and detail of that was contained within the main document. CG welcomed the focus on mental health and would be monitoring this closely. AM said that a project on self-harm he was involved in would include conversations with young people. DZ stated that the Local Authority was supportive of the commitment to children and young people. SB emphasised that the paper presented was for discussion only and that final plans would be ready by June 2018. The Governing Body **ENDORSED** the paper and the two-step approach.	
7.2	Acute Sustainability at Epsom and St Helier University Hospitals NHS Trust AD joined the meeting for his item. SB stated that the Strategic Outline Case published by Epsom and St Helier University Hospitals Trust (ESTH) sets out the potential scenarios which may deliver a sustainable solution to meet its clinical, financial and estates challenges. It also sets out the Trust's case for change: that it cannot deliver all services without a fundamental change to its clinical model across the Epsom and St Helier Hospital sites. AD stated the importance of understanding the arguments for sustainability before any proposal goes out to public consultation. ESTH had very significant estates challenges, being rated 16th worst in the country for the extent of its maintenance backlog and with concerns raised about the standard of the estates by the Care Quality Commission. In light of this it was proposed that Sutton, Merton and Surrey Downs CCGs - as main commissioners of ESTH - establish a joint programme to consider the future of the acute commissioned services. The overarching objective to be the improvement of the outcomes and experiences of care for patients through increased clinical quality and financial sustainability. The Trust had concluded that doing nothing was not an option with each year of delay risking further the achieving of the required clinical standards, increasing the Trust's deficit and failing to address its critical estates issues. AD outlined the key stages of the programme: - Establish formal governance structures to support the programme;	

	- Look at the costs and deliverability taking into account the significant capital implications of the programme; - Develop a robust engagement process, talking to a wide variety of stakeholders. There followed questions and comments from the Governing Body. AM felt that that clinical sustainability needed exploring in more depth, in particular workforce and quality issues, and that it was vital to consider the needs of the Merton population and make sure these were considered as part of the wider programme. He also stressed the importance of having alignment between specialist, acute and broader out-of-hospital services. SB explained that any propose major changes in services would have to be approved by the London Clinical Senate before going out to the public. The programme would come back to the Governing Body many times before Sutton, Merton and Surrey Downs came together to make formal decisions. With regard to the possible wider impact of this programme, SB assured the Governing Body that this was already being discussed and that funding would not be diverted unnecessarily to ESTH as other SWL providers also faced estates challenges. DZ enquired about the timeframe and SB confirmed that local work would continue until June with the aim that the full programme would be ready before the end of Autumn. AL asked about the cost of the programme; SB said this was difficult to estimate at present but the focus had to be on getting the right services for the local population. CG emphasised the need for clear processes of patient and public engagement. Patient representation must be present from the very outset. The Chair then invited questions from the public gallery. <u>Question 1</u> "I feel that the Keep Our St Helier Hospital (KOSHH) campaign group should be considered as stakeholders in this matter and involved in any discussion" *SB agreed with this*. <u>Question 2</u> "We (KOSHH) are against the proposal to use smaller sites as substitutes for the current hospitals and want to see evidence that proves that it is better to have maternity facilities at one rather than two sites. The winter crisis highlights, both nationally and locally, the need for acute beds: however the ESTH plans propose fewer acute beds. Again, KOSHH is against this." *SB agreed that all these concerns would be taken into account. AD added that he welcomed all points made and all these concerns needed to be built into the programme.* The Governing Body **APPROVED**: - The establishment of a Commissioner-led programme to review and develop the clinical case for change and potential solutions in view of the work undertaken to date by the Trust. This work will form part of the wider development of a pre-Consultation Business Case which will be subsequently submitted to NHS England. - The proposed governance arrangements to support the programme. - The immediate priority next steps to mobilise the programme.	**SB/AD**
7.3	<u>SWL Committee for Collaborative Decision-Making Governing Body report – Minutes of meeting on 16.11.17</u> The Governing Body **NOTED** the minutes of the meeting of the SWL Committee for Collaborative Decision Making Governing Body Report, 16th November 2017.	
8	**Governance**	
8.1	<u>Summarised Minutes of Merton CCG Audit and Governance Committee: 26.09.17</u> NM informed the Governing Body that the Audit Committee had met in December 2017 to approve a number of policies. The minutes of that meeting have yet to be approved. The Governing Body **NOTED** the summarised minutes of the Merton CCG Audit and Governance Committee, 26th September 2017.	

9	**Finance**	
9.1	Summarised Minutes of Finance Committee 30.10.17; 21.11.17 The Governing Body **NOTED** the summarised minutes of the Finance Committee meetings of 30th October 2017 and 21st November 2017.	
9.2	Finance Report Month 9 NM presented the Month 9 Finance Report, saying that the CCG still expected to breakeven by year end. Risks previously highlighted were now being built-in, with further risks downgraded to £1.2m. Within acute contracts there may be a seasonality issue and this was now amber rated. There was £1.6m under-delivery of the QIPP programme, and £1.2m related to the issue of identification rules for which the CCG was still awaiting a response. NM reported that an exercise has been undertaken to look at the budget to see what else can be done without impacting on patient care. There followed questions and comments from the Governing Body. AL asked about the rationale used to set out risks and mitigations. NM explained that a sensitivity analysis was carried out and that a lot of work had gone on locally to develop this method of presenting the risks and mitigations. He added that the risks presented to the Governing Body were generally those the Director of Finance felt were appropriate for this level and so the list now considered was not exhaustive. JM reported that there was reasonable confidence that the risk of prescribing NCSO would be resolved, explaining that "No Cheaper Stock Obtainable" status was granted for products listed in Part VIIIA & Part VIIIB of the drug tariff where pharmacy contractors have been unable to purchase a product at the set drug tariff reimbursement price. JHa noted that under the summary financial position page 6, the running costs of the Commissioning Support Unit CSU had not been included. NM said that this had no impact on the running cost allocation. The Governing Body **NOTED** the Finance Report Month 9.	
9.3	2018/19 Planning NM provided a brief verbal report on this issue, explaining that the planning guidance for 2018/19 had not yet been issued, but was expected tomorrow. However, budget-setting had begun, based upon the assumption of no increase in allocations. About 50% of QIPP delivery has been identified and this needed to be increased. The QIPP target was £14m, broadly in line with the 2017/18 programme. TH asked about the likely impact of Brexit and how the CCG might plan for this. SB pointed out that the allocation was annual, so the focus can only be on the coming year. The Governing Body **NOTED** the 2018/19 Planning Update.	
10	**Quality and Performance**	
10.1	Summarised Minutes of Clinical Quality Committee 06.12.17 CG reported that from February 2018 the CCG's Clinical Quality Committee and the Wandsworth CCG Integrated Governance Committee would merge forming the LDU Integrated Quality and Governance Committee. The Governing Body **NOTED** the summarised minutes of the Clinical Quality Committee meeting held on 6th December 2017.	
10.2	2017/18 CCG Governing Body Assurance Report JA presented this report and highlighted the improved performance of the Improving Access to Psychological Therapies Services (IAPT); specifically that the recovery rate had met the 50% target for November 2017. However, the six-week waiting times and the access rate both remained below target, although both were showing improvement. All local measures monitoring the SWL St George's Mental Health contract showed good	

	performance levels with all seven performance measures currently meeting or exceeding the target for Month 7. A&E remained a challenging area and St George's has struggled on some days; however, overall performance had been stable. There followed questions and comments from the Governing Body. Members congratulated JA on the significant improvement in IAPT services, particularly in light of the challenges faced. CG commented that she remained concerned about people could expect to wait to be seen; JA replied that 75% of people were seen within six weeks. With regard to A&E, AM commented that it was important to maximise the input of other providers to redirect traffic from A&E. JA stated that the use of GP hubs was at 70% capacity. It was then discussed whether the CCG should publicly report the good news regarding service improvement. JB said that access to services was still difficult for many patients. SB agreed and suggested it would still be good to reflect back to the services on their improved performance. The Governing Body **APPROVED** the 2017/18 CCG Governing Body Performance Report.	
10.3	<u>Public Sector Equality Duty (PSED) Report January-December 2017 (including Equality Objectives)</u> AB joined the meeting to present this report, explaining that the CCG was obliged to publish it by January 31st each year. AB reported that equality objectives had been set for the next four years: - Objective 1: Health inequalities: Increase overall access to Merton IAPT services to 15% of morbid population with 25% referrals to come from Black and Minority Ethnic communities by March 2018. - Objective 2: Provider assurance: Ensure all providers provide clear information by March 2018 on how services commissioned have led to better outcomes and access for groups protected by the Equality Act at primary and secondary care. - Objective 3: Patient/public engagement: Undertake engagement with young people to raise awareness of mental health support services and remove barriers to accessing them over the next 12 months. - Objective 4: Staff engagement/development: Improve staff wellbeing, engagement and development by implementing staff survey action plan by March 2018. The report provided substantial information on how the CCG was meeting its obligations. The Staff Survey had highlighted a number of issues and work has been undertaken across both Merton and Wandsworth CCGs. Staff had received ongoing support and guidance on equality analysis, including analyses for QIPP schemes. Equality and diversity were at the forefront of plans and involved relevant interest groups. There followed questions and comments from the Governing Body. AM noted the significant amount of information in the report but felt it would be helpful to have a clearer indication of what was actually being done. SB reported that an initial engagement took place last year and that more local objectives were likely to be added later. DZ thought that there was a lot of good work in the report but it would be helpful to include specific examples of activities. It was agreed that the report would be published as a draft on the website by 31st January 2018 with the final draft to follow. Also, that there would be a refresh of the objectives. The Governing Body **APPROVED** the Public Sector Duty Report January-December 2017 and the Equality Objectives 2017-21 with the following **CAVEAT**: that the report be published as draft by 31st January 2018 with the final draft to follow. Also, that there would be a refresh of the objectives.	**YM/ AB**

11	**Primary Care**	
11.1	Summarised Minutes of Primary Care Commissioning Committee: 28.09.17 The Governing Body **NOTED** the summarised minutes of the Primary Care Commissioning Committee meeting held on 28th September 2017.	
Questions from the Public Gallery		
There were no further questions from the public gallery.		
12.	**Any Other Business**	
12.1	There was no additional business for discussion.	
13.	**Meeting Close**	
	The meeting closed at 4.15pm	
14.	**Date of the next meeting**	
	29th March 2018 Time: 1.00pm – 4.00pm, 120 The Broadway, Wimbledon, SW19 1RH.	

Signed as a full and true record of Part 1 of the Merton Clinical Commissioning Group Governing Body Meeting on the 25th January 2018.

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Dr Andrew Murray – Clinical Chair Date