

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

Thursday, 26th November 2015

Chair: Dr Andrew Murray**Present:**

CC	Cynthia Cardozo	Chief Finance Officer
CCCh	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 (joined meeting at 10.40am)
TH	Dr Tim Hodgson	Clinician - GP
AM	Dr Andrew Murray	Clinician – GP
SP	Prof. Stephen Powis	Secondary Care Member
ST	Sally Thomson	Nurse Member

Participating Observers

DF	David Freeman	Director of Commissioning & Planning
DP	David Parry	Head of Quality

Officers in Attendance

DC	David Cotter	Head of Corporate, Affairs South East CSU
MW	Michele Wallington	Communications & Engagement, South East CSU
LE	Liz Eckert	Interim Assistant Director, South West London Collaborative Commissioning (for item 7.4 only)
TF	Tony Foote	Note Taker, South East CSU

Member(s) of the Public:

There were no members of the public in attendance

ACTION**1. Welcome and Apologies for Absence**

Dr Andrew Murray (AM) welcomed all, noting that the attendance of the public was particularly important to ensure that the CCG remained accountable. AM added that the meeting was to be recorded and the final recording would be available on the CCG's website.

Apologies for absence had been received from Dr Marek Jarzembowski and Lynn Street (LS).

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 3rd November 2015.

The following amendment was requested:

Pg.1 Members Present

That Cynthia's Cardozo's title be amended from "Chef Finance Officer" to "Chief Finance Officer".

With the incorporation of this amendment 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 meeting of the Merton Clinical Commissioning Group Governing Body of the 24th September 2015.

The Governing Body noted that actions 4.1 and 7.1 remained on-going. With regard to the matters arising from the commissioning of a new "step down" service, David Freeman (DF) stated that he would provide a definitive update to the next meeting.

DF

5. Chair's and Chief Officer's Update

AM's Chair's update included the following areas:

Governing Body Recruitment

AM congratulated Clare Gummatt (CG) and Stephen Powis (SP) on their reappointment to the CCG's Governing Body as lay member and Secondary Care Doctor respectively. Furthermore, the CCG's member practices have ratified the re-appointment of Dr Carrie Chill (CCh) as one of the Governing Body GPs.

Although Dr Kay Eilbert was not present the meeting, AM noted that it was her last working day and he expressed both his and the Governing Body's gratitude for all of her work as the CCG's Director of Public Health.

Governance Changes

AM was pleased to announce that the member practices had all agreed the proposed changes to the CCG's Constitution. He thanked David Cotter of the South East Commissioning Support Unit for his help with this large piece of work.

Delegated Commissioning of Primary Care

The CCG had submitted its expression of interest in taking on delegated commissioning to NHS England on 6th November 2015, specifically that of primary care from 1st April 2016. However, this was caveated subject to the due diligence work that is currently underway.

The CCG also held its first formal joint committee with NHS England in our role as a joint commissioner of primary care. This is the beginning of the CCG starting to look at how it can transform general practice and related primary care services within Merton.

Adam Doyle's (AD) Chief Officer's update included the following areas:

Staffing Changes

New Appointments

- David Parry – Head of Quality and main point of contact for adult safeguarding matters.
- Mary Coskeran – Project Manager.
- Diana Lacey – Director of System Resilience and a joint appointment

- between Merton and Wandsworth CCG.
- Angela O'Connor – Performance Lead.
- Loren Grant - Communications and Engagement Manager.

Additionally, AM had reviewed the responsibilities of each of the CCG's Directors. As a result, the corporate responsibilities were now:

- Chief Finance Officer – no longer responsible for performance, but will take in the responsibility for Primary Care
- Director of Commissioning and Planning – no longer responsible for Primary Care, but will act as the lead commissioner for South West London and St George's Mental Health Trust.
- Director of Quality (now known as Director of Quality and Performance) – now also be responsible for performance

CCG Assurance Framework 2015/16

Merton CCG had undergone a number of assurance meetings with NHS England since the last Governing Body.

2015/16 Assurance Meeting

On the 13th October 2015, the CCG presented its position in relation to the five new domains that it will be assessed against:

- Well-led organisation
- Performance: delivery of commitments and improved outcomes
- Financial management
- Planning
- Delegated functions

The outcome of this is awaited and will be communicated to the Governing Body upon receipt.

Safeguarding Deep Dive

On 5th November 2015, as part of the on-going assurance process, the CCG attended a safeguarding deep dive meeting with NHS England to discuss its internal processes for children's and adults safeguarding. This had been a positive meeting with lengthy discussions on a number of key areas - particularly ensuring that throughout the CCG's commissioned services the providers have robust training in mental capacity. AD has asked the Director of Quality and Performance to take this forward

NHS England M6 Stocktake

On 11th November 2015, the Chief Officer, the Chief Finance Officer and Director of Commissioning and Planning attended a six monthly stock take meeting regarding the organisation's activity, finance, constitutional and quality performance. The meeting was chaired by Dr Anne Rainsberry, Regional Director and Simon Weldon, Chief Operating Officer at NHS England (London).

Regional Tripartite

As part of the CCG's on-going monitoring of its providers AD attended, with colleagues from Wandsworth CCG, the Regional Escalation meeting due to the underperformance of some of the key Cancer targets at St Georges University Hospitals Trust. As a result of the performance deterioration, it was agreed that as commissioners of the Trust, Merton should hold weekly meetings to ensure the Trust has enough capacity to treat its patients.

Local service changes

AD announced that the new provider of the CCG's community services will be Central London Community Healthcare NHS Trust (CLCH) and Connect Physiotherapy. CLCH will be the new provider for the majority of services for the within the community and Connect Physiotherapy will be the new provider for musculoskeletal and physiotherapy services. These contracts will go live from 1st April 2016. The major area of focus is to ensure that the disaggregation of the contract between Sutton and Merton CCGs and to ensure that the service is transferred in a safe and robust manner.

Epsom and St Helier University Hospitals Trust Estates Plans

The CCG responded to the engagement exercise regarding these plans by re-affirming its position of support of the fact that Epsom and St Helier University Hospitals Trust had a significant estates issue, but that it would expect that any proposed changes were part of the wider South West London programme.

South West London and St Georges Mental Health NHS Trust

The CCG has agreed to act as the host for this contract. To ensure that the team are managing are able to manage this effectively, Owen White has been recruited as a Contract Director for this service.

Key Chief Officer Meetings**Walk round at Epsom and St Helier University Hospitals Trust**

This constituted a half day at Epsom and St Helier University Hospitals Trust, being taken to a number of areas that included the Emergency Department pathway and a discussion regarding the service with one of the Emergency Department Consultants. The new Cardiology ward was also visited. It was a very helpful experience and AD has asked his team to adopt this practice to get a deeper understanding of the services the CCG commissions.

London Health Commission: One Year On

At this event on 21st October the plans across the capital to deliver the aims of the London Health Commission through the Healthy London Partnership were explained.

Launch of Healthy London Partnership - Children's and Young People

On the 6th November AD attended the launch of the Children and Young People work stream for the Healthy London Partnership and was part of the plenary panel where children and young people questioned key decision makers within London.

In addition to the contents of the report, AD fed-back on three additional issues:

The 2016/17 Planning Round

Guidance on this was expected from NHSE and would be discussed in greater detail at the next Governing Body Seminar. However, it was expected that a very high level of planning would be required.

Financial Allocation

AD stated that the increase in funding for the NHS was welcome but it was important to see how it would be "architected". More detail on this was expected on December 24th.

Serious Case Review

The outcome of this was due on 30th November and the CCG would be working with its partners to ensure any learning from this was acted upon. AD assured the Governing Body that it would receive further updates on this.

There followed questions from the Governing Body.

Peter Derrick (PD) asked what would happen if the CCG's partners did not agree the Integrated Operating Plan. AD explained that the plan had to be signed off by NHS England and so there is an expectation from the National Tripartite to ensure all plans aligned.

Dr Tim Hodgson (TH) enquired how the opinions of children and young people were being incorporated into the Health London Programme. AD responded that children and young people had been very clear about how they wish to be involved in the design of future services and the CCG would be reviewing its engagement techniques in light of this.

6. For Approval

6.1 Annual Complaints Report 2014/15

David Parry (DP) presented this report and explained that the Complaints and Patient Advice and Liaison Services (PALS) were managed on behalf of Merton CCG by the NHS South East Commissioning Support Unit (SECSU). He highlighted that from 1 April 2014 to 31 March 2015, there were a total of 37 complaints and 83 PALS enquiries received, and also the "Conclusion Recommendations" section that he and LS would be working through.

AD commented that the report was welcome but it would be useful to have more contemporaneous updates going forward. He also noted that, although there was a relatively low number of complaints received there had been some cases of responses being delayed and this was currently being addressed.

CC asked whether the figures showed any trends and whether year-on-year comparisons had been undertaken. AD said that the predominant area of complaints had changed. In 2013/14 this was the decision to not fund assisted conception treatment. However, with this decision now reversed the main area of complaints in 2014/15 was Continuing Healthcare. DP added that the Continuing Healthcare Service was now under new management with the intention of addressing this issue.

The Merton Clinical Commissioning Group Governing Body approved the Annual Complaints Report 2014/15.

6.2 Adult Safeguarding Annual Report 2014/15

DP highlighted some of the main points of the report which had already been considered by the Clinical Quality Committee:

- The impact of the Care Act
- Review of the Pan-London Safeguarding Policy and Procedure
- Priorities

Sally Thomson (ST) confirmed that the Clinical Quality Committee found the report helpful with particular regard to the case studies and priorities.

The Merton Clinical Commissioning Group Governing Body approved the Adult

Safeguarding Annual Report 2014/15.

6.3 Emergency Preparedness and Resilience (EPRR) Annual Assurance

DP informed the Governing Body that the paper presented was the final formal return of Merton CCG's EPRR Assurance to NHS England for 2015/16. It has been reviewed by NHS England and updated by the SECSU on behalf of Merton CCG based on the updated EPRR progress made since last year.

It is accompanied by the 2015/16 Action Plan which provides assurance of work undertaken and planned following the 2015/16 EPRR assurance process and sets out the intended actions with timelines for completion to turn the remaining amber scores to green. With the upcoming training and exercising sessions all outstanding actions should be completed before January 2016.

Following the assurance process Merton CCG declared an assurance level of "Substantial". Both AM and AD congratulated LS and her Team on achieving such a good level of assurance.

The Merton Clinical Commissioning Group Governing Body approved the Emergency Preparedness and Resilience Annual Assurance.

6.4 Merton Child and Adolescence (CAMHS)) and Emotional Well-being Strategy CCG 2015-16

DF informed the Governing Body that NHS England published detailed guidance on the CCG requirements for the submission of Local CAMHS Transformation Plans. Merton CCG was required to submit its transformation plan on 16 October 2015 to NHS England who, in turn, assured the plan as successful with only minor amendments required. NHS England has since used the CCG's submission as a case study.

The plan is due for resubmission to NHS England by the 15th December.

Attached, for the Governing Body's consideration and approval, are:

- The Transformation Plan (CAMH strategy) which is based on the recommendations from the CAMH Health Needs Assessment and Service Review and Future in Mind Guidance.
- A high level summary of the Transformation Plan
- Transformation Costing for 2015/16 which will be submitted as an appendix
- CCG Assurance Framework

Merton CCG has worked with South West London commissioners to identify shared priorities and how they can work collaboratively to develop provision across SWL London such as training for schools and GP's, piloting models of care for children with SEN aged 19 – 25, CAMH input into sexual assault services, and psychiatric liaison. This is outlined in the CAMH strategy and financial planning.

The Governing Body commented that the documentation was of a very high quality and asked that its thanks be passed onto Mary Longhurst for her work on this. There was one suggestion for its improvement; greater clarity regarding financial aspects.

SP asked whether DF was assured that the proposed provision of CAMHS in A&E departments was sufficiently robust. DF acknowledged that work in this area was still on-going and he would feedback SP's concerns. SP then enquired as to the confidence in the Tier 4 patient data. DF replied that this was the

subject of a national challenge and that bed numbers were critical. AD commented that he was attending a Mental Health Stocktake meeting on 30th November and would raise the issue of bed numbers. In response to a question from Clare Gummett (CG) DF stated that he was confident the right workforce was in place to carry the Plan through.

AM then asked how these changes would be communicated to the public and general practice. DF confirmed that a Communications and Engagement Plan was being released in December.

The Merton Clinical Commissioning Group Governing Body approved the Merton Child and Adolescence (CAMHS) and Emotional Well-being Strategy CCG 2015-16.

6.5 Merton CCG Financial Position

Cynthia Cardozo (CC) reported the highlights of the paper:

- For the seven months to 31st October 2015, the CCG was reporting a year to date and full year surplus performance to target.
- Acute commissioning is reporting a year to date over spend of £1.9m and a full year forecast over spend of £3.1m.
- Non acute commissioning is reporting a full year forecast under spend of £1.9m.
- Prescribing is reporting a full year forecast over spend of £0.6m owing to higher prescribing rates and an increase in the price of some items.
- Continuing Healthcare - concerns regarding financial pressures and impact upon the timeliness of assessments. The full scale of this is not yet known as data currently being reviewed. The CSU (provider of the service) has stated that a further £1m in funding (to be divided between the four CCGs employing the service) will be required.
- Running costs are forecast to break-even.
- The forecast over spends are being offset by under spends on investments, utilisation of the 0.5% contingency fund and an assumption that critical care and outpatient activity will not continue to increase at the same rate.
- QIPP – A year to date over performance of £0.3m and a full year achievement of target is forecast.

CC added that the following contingency measures were now in place:

- New investments on hold
- Any discretionary spending now requires senior authorisation
- Promotion of referrals to the Nelson Health Centre
- Promotion of MSK being provided in the community rather than acute trusts

There followed comments and questions from the Governing Body.

PD (Chair of the Finance Committee) stated that the Committee would review the position again at its December meeting and in January the budget position for 2016/17 would be considered.

AM asked about the under-performance of the Nelson Health Centre and the reasons for this. CC summarised these as:

- Certain aspects of the Health Centre were not fully operational at the outset
- Not all clinics had full capacity at the outset

- The issue of referrals still being made to other trusts rather than the Nelson

CG enquired about the position of Continuing Healthcare and that, with the validity of data not yet confirmed, how could the impact of this upon the overall financial position this be mitigated. CC explained that the four CCGs who contract this service from the CSU were bringing in external support and there would be random audit reviews on patient assessments. With regard to the longer term viability of the service, the CCG was considering getting another provider to undertake assessments.

AM highlighted the issue of prescribing costs – particularly those of diabetes drugs and anti-coagulants - and asked why the knowledge and experience of the Medicines Management Team had not been factored into the finance process and used to “predict” likely problems. CC responded that this had been done although, she acknowledged, not perhaps to a sufficient degree. DF noted that the increase in diabetes drugs and anti-coagulants prescribing was being seen across the South West London area and all parties were looking into it. TH added that under the current guidelines, anti-coagulants had to be prescribed by a secondary care doctor and this would be adding to the rise in referrals.

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

6.6 Merton CCG Vision and Strategy

AD presented this item and explained that the document outlined the CCG’s forward work plans for the rest of this year, including addressing significant in year operational and financial pressures.

The CCG commissions services from a range of providers to meet local healthcare needs, including acute hospital care, community healthcare and mental health. Within this the CCG has a particular focus on the following key delivery areas:

- older and vulnerable adults
- mental health
- children and maternity services
- keeping healthy and well
- early detection and management
- urgent care

The CCG will be working with local practices, partners and providers to take forward the revised ‘Whole Merton’ vision as contained within the document.

There followed comments and questions from the Governing Body.

AM thought it a very impressive document and that it showed how the vision was becoming a reality. SP also congratulated AD on his work and looked forward to discussing the implementation of this at the inaugural meeting of the Clinical Transformation Group in January. PD noted that the document showed a high level of ambition and, with regard to the Merton Integration Project (pg.11), suggested that the involvement of commercial care and nursing homes might be useful too. CCh agreed with this but added that care and residential homes were already included in the process. CG also welcomed the document and the commitment to incorporating new priorities in year.

The Merton Clinical Commissioning Group Governing Body approved the

Merton CCG Vision and Strategy.

6.7 Organisation Development Plan

AD stated that with the CCG recently undergoing a change of both Clinical Chair and Chief Officer the new leadership had taken the opportunity to review the vision, working and governance of the CCG. There is a desire to ensure that the CCG is both demonstrably clinically led and that patients, partners and the public have a strong voice that is heard. Also, the CCG will be working with local practices, partners and providers to take forward the revised 'Whole Merton' vision which has been developed through this engagement and is outlined in the CCG's revised Vision and Strategy.

The document now presented outlines the CCG's assessment of its own internal organisation development needs based on a series of workshops. The CCG recognises that it needs to deliver the Whole Merton Vision in a context of increasing financial austerity, rising demand and complex challenges across all partners. The needs, objectives, proposed interventions and outcomes are described which make up the key forward organisation development plans for the rest of this year.

The Merton Clinical Commissioning Group Governing Body approved the Organisation Development Plan.

6.8 Devolution in London

AD explained that London Councils and the Mayor of London submitted a Devolution and Public Service Reform Proposition to the government on 4th September 2015. For health and care, a broad model of reform for London was set out, together with a range of devolution 'asks' covering budgets, powers, regulation and freedoms and flexibility regarding national rules and performance management.

The paper presented sets out a collective agreement by partners to transform health and wellbeing outcomes, inequalities and services in London through new ways of working together and with the public. The agreement presents a roadmap of agreed immediate actions by parties within existing powers and further outline steps that are subject to formal acceptance of devolution asks, legislative permissions and other future developments.

The Governing Body is asked to approve the CCG being a part of the London Joint Executive Committee to explore the possibility of devolution. However, AD emphasised, any major decisions resulting from this would be made by the Governing Body.

There followed comments and questions from the Governing Body.

PD thought it an appealing idea and worth pursuing but remained sceptical at the outcome being entirely beneficial.

SP noted that providers were mainly absent from the document. AD said he would feed this back.

The Merton Clinical Commissioning Group Governing Body approved the approach contained within the Devolution in London document.

7. For Review

7.1 Merton CCG Balance Scorecard

CC presented this report and summarised its main points:

- A&E Standard – much work was on-going in this area and St George's was now very close to meeting this standard.
- Referral to Treatment Standard – there were now weekly meetings to monitor the implementation of the action plan. GPs have also been written to regarding referrals to the Nelson.
- IAPT – new provider now mobilised. The activity figures were not as hoped and an action plan was in place.
- The London Ambulance Services was still breaching and were in the progress of recruiting further staff.

CG, as Chair of the Clinical Quality Committee, stated that St George's had been asked to provide assurance in a number of areas. However, concerns remained in the following areas:

- 4 hour waits in A& E and the impact of breaches upon patient safety
- Cancer targets and the impact of breaches upon patients' mental health.

There followed comments and questions from the Governing Body.

AD stated that he felt St George's was improving and progress was becoming apparent. CC agreed with this and was confident that it would continue. With regard to IAPT, AD said he was very disappointed by this and Sally Thomson (ST) was concerned about the effect any delay may have upon the mental health of patients. DF responded that the issue was related to new patients not existing ones and that, in general, the waiting times were satisfactory.

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

7.2 Healthy London Partnership – Progress Report July-Sept 2015

AD informed the Governing Body that the Healthy London Partnership (HLP) programmes have continued to make progress towards their goals since the first quarterly report was published at the end of June. The second quarterly report was now presented and provides insight into the range of activities, events, stakeholder engagement and outcomes that programmes have delivered between July and September 2015.

CG asked about the role of patient and public engagement in this project and AD responded that this was being done as a South West London level.

The Merton Clinical Commissioning Group Governing Body reviewed and noted the Healthy London Partnership – Progress Report July-Sept 2015.

7.3 NHS England 2014/15 Q4 and Annual Assessment

AD explained that under the Health and Social Care Act (2012), NHS England makes an annual assessment of CCGs each financial year and publishes a summary report, as well as overseeing those that, post-authorisation, have conditions.

Merton CCG's overall assurance rating for 2014/15 is as follows:

2015/15 Domain	Q1	Q2	Q3	Q4
Quality	Assured	Assured	Assured with Support	Assured with Support
Patient & Public Engagement	Assured	Assured	Assured	Assured
Delivering Outcomes to Patients	Assured	Assured	Assured with Support	Assured with Support
Governance	Assured	Assured	Assured	Assured
Partnerships	Assured	Assured	Assured	Assured
Leadership	Assured	Assured	Assured	Assured

The assurance rating of 'Assured with Support' in domains during Q3 and Q4 was due to the on-going performance issues within a number of local Trusts in the CCG.

The CCG had a positive assurance meeting in October and was currently awaiting the outcome of that review, of which the Governing Body will be notified in due course.

The Merton Clinical Commissioning Group Governing Body reviewed and noted the NHS England 2014/15 Q4 and Annual Assessment.

7.4 Process for Future Changes to the CCG Constitution

AD thanked David Cotter for both his work on the revised Constitution and the paper now presented. AD highlighted the flowchart explaining the process for future changes to the Constitution.

The Merton Clinical Commissioning Group Governing Body reviewed and noted the Process for Future Changes to the CCG Constitution

7.5 South West London Collaborative Commissioning - Update

Liz Eckert (LE) presented this update that covered the following points:

- System Architecture – how assets and resources should be structured to deliver the model of care
- Specifications or workforce required to deliver the models of care
- Service Model Design Groups – to commence meeting from January 2016 with aim of providing answers to key questions
- Out of Hospital principles and standards
- Crisis Response Pilot Scheme
- Patient Online Project – to improve rate of appointment being booked on line
- Single contract for Planned Care - under discussion
- Engagement – wide range of activities with stakeholders and patients and public

There followed comments and questions from the Governing Body.

ST said she found the plans very exciting and asked what was being done about training staff for new ways of working. LE replied that there was a workforce project on-going and she would feed ST's comment back into this.

PD raised the concern that work on transforming healthcare in South West

London had been on-going for a number of years. He asked for an assurance that this work had not all been in vain. LE responded that previous work and its findings was playing an important role in going forward but that it was now being looked at with a fresh perspective.

CG asked how it was intended to get these important messages out to “hard to reach” groups. LE acknowledged this as a very valid question and she would bring this back to the SWLCC for response.

LE

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

8. For Note Only

8.1 Approved Minutes of Committees of the CCG Governing Body

- Finance Committee 16.07.15; 17.09.15
- Clinical Quality Committee 11/09.15; 16.10.15
- South West London Primary Care - Joint Committee 03.09.15

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

9. Any Other Business

There was no further business to discuss.

10. Date of Next Meeting

Thursday, 26th January 2016 Time: 9.00am – Noon
Venue: tbc

Closure of Part 1

The Chair declared the meeting closed at 11.40am.

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

.....
Dr Andrew Murray - Chairman

Date: