right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

MINUTES

MERTON CLINICAL COMMISIONING GROUP

GOVERNING BODY PART 1

Friday, 20th May 2016
2.30pm – 5.00pm
Rms. 6.2/6.3, 120 The Broadway, Wimbledon SW19 1RH

In attendance:

Voting Members		
CChi	Dr Carrie Chill	GP Member
PD	Peter Derrick	Lay Member: Audit and Finance /Vice Chair
AD	Adam Doyle	Chief Officer
CG	Clare Gummett	Lay Member: Patient & Public Engagement Lead
TH	Dr Tim Hodgson	GP Member
AH	Andrew Hyslop	Chief Finance Officer
AM	Dr Andrew Murray	Clinical Chair
SP	Prof. Stephen Powis	Secondary Care Consultant
DZ	Dr Dagmar Zeuner	Director of Public Health, LBM
Non-Voting Members		
CC	Cynthia Cardozo	Director of Transformation
SH	Sue Hillyard	Director of Commissioning & Planning, MCCG
LS	Lynn Street	Director of Quality and Performance, MCCG
MJ	Dr M Jarzembowski	Chair, Local Medical Committee
Other Officers in Attendance		
MW	Michelle Wallington	Principal Assoc. Communications & Engagement - SECSU
DC	David Cotter	Principal Associate Corporate Affairs - SECSU
TB	Thereasa Burns	Corporate Affairs - SECSU
PB	Paul Brown	RSM (for item 7.2 only)
TF	Tony Foote	Note Taker - SECSU
Members of the Public in Attendance		
Sue Clark		Merton Residents HC Form
Tom Pollak		
Kim Tolley		General Medical Council

Apologies:

Dr Carrie Chill	GP Member
Dr Marek Jarzembowski	Chair, Local Medical Committee

ITEM No.	AGENDA ITEM	WHO
1.	**Welcome and Introductions**	
	Dr Andrew Murray (AM) welcomed all to the meeting and read out the standard safety notice.	
2.	**Declarations of Interest**	
	Clare Gummett (CG) and Peter Derrick (PD) requested that the following be added to their entries on the Register. "Member of Joint Sutton CCG and Merton CCG Charitable Funds Committee" CG also requested the following be deleted from her entry on the Register. "Faith in Action (Merton Homelessness Project) – Trustee"	
3.	**Minutes of Previous Meeting**	
3.1	To approve the minutes of Part 1 of the meeting of the Merton Clinical Commissioning Group Governing Body of the 24th March 2016.	
	The minutes were approved as a full and accurate record of the meeting.	
4.	**Matters Arising and Action Log**	
	There were no matters arising or action log this month.	
5.	**Chair's Update and Chief Officer's Report**	
5.1	Chair's Update	
	AM highlighted the following areas from his update: <u>Governance</u> At the Governing Body Seminar on 28th April, the outputs of the review of the Governing Body effectiveness undertaken by Capsticks LLP were discussed. The full report has been circulated to the Governing Body and the aim is to bring the final report and subsequent action plan to the next Governing Body. AM added that some actions had already been taken, such as a revised agenda format and more informative members' name plates. Consideration was also being given to the addition to the Governing Body of a third lay member. PD and CG both supported this. <u>Clinical Leadership</u> AM said he had been working closely with the Chief Officer and the Executive Team on a draft new clinical structure within the organisation. Once finalised this will be circulated to the Governing Body. <u>Joint Working with other CCGs</u> There have been a number of conversations with neighbouring CCGs about how we plan to work together going forward, particularly advanced	

	discussions with Wandsworth CCG. It has been agreed that at this point a full merged structure across the two organisations will not be the preferred route forward but that there is a need to work in a much more integrated way. AM said he would update the Governing Body on any further developments.	
5.2	Chief Officer's Report	
	Adam Doyle (AD) highlighted the following areas from his report: <u>CCG Assurance Framework 2015/16</u> The CCG's overall assurance rating for 2015/16 was still awaited and will be reported to the Governing Body once received. <u>2016/17 Contract Position</u> This has been a particularly challenging contracting round but the CCG now has signed contracts with all of its main providers. AD added that the CCG acts as host for the South West London and St Georges Mental Health Trust contract on behalf of Kingston, Richmond, Sutton and Wandsworth CCGs. He was pleased to note that, after significant work by the CCG's team, an agreed position across all five CCGs has been secured and the contract signed. AD extended his personal thanks to Sue Hillyard (SH), Andrew Hyslop (AH) and Owen White for this achievement. In addition to the contents of his report, AD also spoke about The Rowans GP Practice. The CCG, working with NHSE, had run a procurement process to select a temporary provider of service from this Practice. The Hurley Group had been successful and would take over the "caretaker" role from 1st April 2016 until a permanent solution was in place. CG asked about the potential effect of this upon patents of the practice. AD replied that all patients had been written to informing them of this development and, although there may be some changes in the workforce, it was hoped that the effect of these would be minimal. The CCG would continue to monitor the situation in relation to the handover and future procurement.	
6.	**Governance**	
6.1	Minutes of Audit and Governance Committee: 20.10.16 – inc. verbal summary from Committee Chair regarding key issues, risks and mitigations.	
	PD (Chair of the Audit and Governance Committee) stated that the main issues for the meetings held in January and March 2016 had been reviewing the Board Assurance Framework (BAF) and Continuing Healthcare. He noted that the Committee had escalated to "red" a risk on the BAF relating to Continuing Care. Also, at both meetings, the internal and external auditors and the Counter Fraud Team expressed no concerns. There followed questions from the Governing Body. AM asked whether the "red" rating of this risk would now be de-escalated as a procurement process for a new provider of Continuing Healthcare services was on-	

	going. PD responded that is would be considered at the June Audit and Governance meeting although Lynn Street (LS) suggested no change be made until the procurement process was fully concluded. Dr Tim Hodgson (TH) asked how long a failing service would be tolerated usually and, in the case of Continuing Healthcare, had the CCG waited too long before acting. AD agreed that there had been historical problems with Continuing Care and, possibly, the CCG could have acted sooner. AM asked if there were any other services the CCG had similar concerns about. AD suggested the budgetary concern over acute performance and the London Ambulance Service. LS suggested a further area of risk to be the care provided in care homes. Dr Dagmar Zeuner (DZ) commented that the Local Authority has commissioning responsibility for care homes and would be happy to discuss LS's' concerns outside of the meeting. Sue Hillyard (SH) mentioned the lack of movement with the Looked After Children Action Plan. AD suggested that the Clinical Quality Committee focus on these nominated areas, one at a time, at its forthcoming meetings and report back to the Governing Body.	**LS/DZ** **LS/CG**
6.2	Merton CCG Annual Report & Accounts 2015/16 (Draft) • Annual Report 2015/16 (inc. Annual Governance Statement) • Annual Accounts • Letter of Representation • Consistency Declaration	
	AH began by explaining that the Report and Accounts had been reviewed by the Audit and Governance Committee at its meeting earlier today. He added that the Committee had recommended both for approval by the Governing Body. PD, as Chair of the Audit and Governance Committee, confirmed this. With regard to the Report, AH highlighted the Chair and Chief Officer's Foreword and the challenges and successes for the CCG during 2015/16. CG commented on the importance of the strong relationship the CCG has established with the Merton Metal Health Forum during 2015/16 and AD supported this. Professor Stephen Powis (SP) felt that the Report described well the continuing improvement of the CCG in a very challenging financial environment, and that great credit should go to all CCG staff. AM agreed strongly with this. AH then highlighted the accounts and that the CCG had achieved a surplus of £28k for 2015/16/ PD added that the CG had received a "Good" opinion from its internal auditors and an "Unqualified" opinion from its external auditors. There were no questions or comments regarding the annual accounts. The Governing Body: • **APPROVED** the draft Annual Report	

	• **APPROVED** the draft Annual Accounts • **APPROVED** the letter of representation • **APPROVED** the consistency declaration	
7.	**Finance**	
7.1	Minutes of Finance Committee: 25.02.16; 17.03.16 – inc. verbal summary from Committee Chair regarding key issues, risks and mitigations	
	PD (Chair of the Finance Committee) explained that recent meetings had been dominated by the financial recovery plan (FRP). For the CCG to be able deliver its constitutional standards this could only be done with an NHSE authorised deficit of £6m: the funding allocated to the CCG would not be sufficient in itself. The very challenging financial position faced by the CCG could be attributed to a number of factors: • Relentless increase in demand – most notably in the acute sector, prescribing and continuing healthcare. • The impact of NHS Tariffs • That the funding allocated to the CCG had been less than expected. PD commented that the NHSE's requirement was for financial balance with a1% surplus rather than the delivery of services. Intense negotiations with NHSE were on-going but no "control total" had yet been agreed. AD stated that the FRP had to be credible and achievable for a £6m deficit to be approved. There had been a review of all budgets but there appeared little room for further savings. Accordingly, the following options to minimise spend were proposed: • Referral to Treatment – St George's This scheme received significant funding from the CCG but there has been little progress evident. • Better Care Fund • Decommissioning Services AM informed the Governing Body that he and other South West London CCG Chairs had met and for most of them the financial position was similar. All were considering the possibility of decommissioning services and there was some discussion as to whether this could be done on a South West London basis. CG stated that it was imperative that the Governing Body remained focused on the safety and quality of care for patients and AM agreed strongly with this	
7.2	Finance Recovery Plan (FRP) Progress (RSM) and Update Position	
	Andrew Hyslop (AH) explained that a robust FRP was key to success of the CCG going forward. With this in mind, and in conjunction with Richmond CCG who were facing a similar financial position, RSM had	

	been commissioned to support this work. AH then introduced Paul Brown (PB) of RSM who provided the Governing Body with an update of progress so far. RSM's work was three-pronged: • The use of benchmarking information to underpin all work • Focussing on extending the QIPP Programme • Decommissioning of services These areas will form the content of the CCG's discussions with NHSE. With regard to progress made, PB reported the following: • A framework had been established to ensure a "joined up" approach • Assessing the feasibility of the task: for Merton, PB felt recovery was achievable as the problems had been recognised at an early stage. • Prescribing was clearly a challenge but a manageable one. • Contracts; more could be done in this area with additional scrutiny. • The Nelson Health Centre was currently under-exploited and offered potential for care that was both cheaper and of higher quality. • Acute care: the out of hospital agenda was crucial AM stated that it was good the CCG was making an early start of tackling these problems and remained optimistic at the CCG's chances of success. The Governing Body: • **APPROVED** the update on the Financial Recovery Plan	
7.3	QIPP Program and Governance QIPP 2016/17	
	AH introduced this item and explained that the paper presented contained details of both the QIPP schemes and the governance process for these. The paper had already been approved by the Finance Committee and the Governing Body was now asked to give its formal approval. AH invited questions/comments from the Governing Body. Dr Dagmar Zeuner (DZ) asked about the potential impact of these extra savings upon the quality of services and whether the governance process would address this. This concern was also voiced by Clare Gummett (CG). AH acknowledged this as an important issue and stated that QIPP schemes are clinically assured, adding that when decommissioning is an option there was a process, designed by LS, to assess impact upon quality of service and patients in general The Governing Body: • **APPROVED** the QIPP Governance Structure for 2016/17 • **APPROVED** the content and frequency of reporting of the QIPP programme	

	• **APPROVED** the QIPP plan for 2016-17	
8.	**Quality & Performance**	
8.1	Minutes of the Clinical Quality Committee: 12.02.16; 06.04.16 – inc. verbal summary from Committee Chair regarding key issues, risks and mitigations	
	CG (Chair of the Clinical Quality Committee) gave a verbal summary of activities of the Committee. <u>St Georges University Hospitals NHS Foundation Trust</u> The Committee is not assured of the quality of services for patients at the Trust, with the safety and experience for patients impacted by the on-going failure to achieve constitutional waiting targets in area such as A&E, Cancer and RTT. Whilst there are areas of good practice (infection control, Friends and Family Test) there are reports of difficulties in getting results, appointment letters and general poor quality standards. There are concerns about governance systems and processes to ensure concerns are escalated and managed appropriately. The Committee is not assured that there is transparency with commissioners when issues arise. Our GP members report chaotic administration, which is also reported by members of our Patient Engagement Group. At its meetings, the Committee has discussed the possibility of recommending to our membership that they refer elsewhere for the moment. The CQC inspection of the Trust is due w/c 21st June. <u>A&E</u> The Committee was informed that, during the Junior Doctors strike, A&E waiting times performance improved at all the CCG's acute providers. CG stressed the importance of learning from this. <u>CAMHS</u> The Committee was informed of concerns over the waits for CAMHS and asked for this be added to its workplan <u>Continuing Healthcare</u> There is a number of long standing operational, financial and governance issues with this service. The current SECSU's in house team is in crisis, not fit for purpose and not delivering to CCG expectations. Consequently, the service is currently in transition to a new provider, CLCH, with a plan to go live on 01/07/16. <u>OOH/111</u> The transition of the OOH/111 service from one provider to another is being closely monitored. <u>Patient & Public Engagement</u> Events planned for June: Mitcham Carnival Health Hub, and Wimbledon Village Fair. The CCG Patient Engagement Group is becoming more established and meets monthly. With regard to the A&E performance during the junior doctors' strike, Professor Stephen Powis (SP) suggested that improvement could be	

	attributed to the fact that most routine work was cancelled over the period of the strike, allowing for a more focused approach to A&E	
8.2	Integrated Performance Report	
	LS presented the report and explained that it provided a February 2016 update on CCG achievement against national and local performance and quality standards. The report covers the main performance and quality priorities: Improving the health of the local population and NHS Constitutional standards for patients informed by nationally defined objectives for commissioners, the NHS Constitution and CCG Assurance Framework 2015-16. Concerns were raised by the Governing Body at the performance of St George's. SH stated that the CCG was working with St George's but that significant improvement would take time. SH added that St George's was also undergoing an external review. AM noted this but asked what could be done to improve the patient experience now and could the CCG recommend that GPs refer patients elsewhere SH replied that this issue had been discussed at the recent Practice Leads meeting. TH suggested that the Choose and Book system could assist with this but, at present, only 18% of Merton Practices used the system. He felt it would be beneficial to encourage more use of Choose and Book rather than develop a new tool. AD emphasised the importance of referral and appointment systems and requested that the Clinical Quality Committee review St George's systems at a forthcoming meeting. AD also requested that CAMHS be considered by the Committee in the near future.	**LS** **LS**
9	**Strategy**	
9.1	Minutes of the South West London Primary Care Joint Committee: 04.02.16; 10.03.16 – inc. verbal summary from Committee Chair regarding key issues, risks and mitigations	
	AD attended these meetings on behalf of the CCG and invited any questions from the Governing Body. There were none.	
9.2	Future Model of Care	
	AD explained that the purpose of this paper was to set out the direction of travel for Primary Care (specifically General Practice) in Merton, and to describe the on-going work programme to create a sustainable, joined up model for out of hospital care in Merton. One of the new models described in the NHS Five Year Forward View will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated models of out of hospital care, such as the Multispecialty Community Provider (MCP). Over the next 4 years, Merton CCG intends to use these building blocks as a platform to create a MCP, constructed in a way that supports GPs working collaboratively within localities, and will bring together the whole range of out of hospital services.	

	AD stated that both he and AM considered primary care in Merton to be in a state of "significant distress". The question was how this could be addressed; how could Practices be encouraged to embrace the challenge of this? It was here that a MCP could be effective and the appointment of a new provider of community services provided a good opportunity for this. Accordingly, the intention is to work with Community Services to establish a MCP with a formal arrangement to be in place by April 2017. Part of this will be the need to review GP localities structures based upon populations–it was likely that there may need to be four localities within Merton. It was hoped that this would encourage practices to work more closely together. AM said that currently Practices were struggling and the GP Federation was not yet fully effective. There followed questions and comments from the Governing Body. SP asked what level of investment would be needed to achieve this, AD responded that work will be on-going throughout 2016-17 to assess this and produce a detailed picture. DZ said that from a Local Authority perspective this was welcomed as a more concrete approach to integration and asked how widely it had so far been discussed. AM confirmed that the Clinical Reference Group and Practice Leads had already seen the MCP paper – there had been discussions with both and AM had been surprised at the lack of any significant challenge from either. TH commented that, generally, Practice Leads roles were filled by younger partners and that more senior partners, possibly less enthusiastic for change, may be harder to convince. AM acknowledged this and that the engagement process was only in its initial stages. CG welcomed what she saw as a very interesting approach but emphasised the need for the patient voice to be heard from the very outset. DZ added that it would be important for the CCG to acknowledge that its stated aims may not always align with those of the public and patients. PD thought the general concept appealing and raised the following questions: (i) would localities be responsible for the whole package of care; (ii) what were the implications for the GP Federation. AD and AM both acknowledged that they did not yet have full answers for these but that all such issues would receive consideration. SP welcomed it as a good "stepping stone" but its worth would only be judged on whether real change followed. AM thanked everyone for a very useful discussion.	
10.	**Review of Revised Governing Body Agenda Format**	
	AH asked the Governing Body for any views or suggestions on the new format of the meeting agenda. SP suggested that the "Strategy" section be moved to the top of the	

	agenda, as it impacted upon all other issues. This was agreed by the Governing Body. LS welcomed the change in format but would like it to also include Patient Stories. This was welcomed in principle and LS would look into it further.	**LS**
11.	**Key Actions to Communicate with the Organisation**	
	AD and AM would discuss and agree these outside of the meeting.	
12.	**Any Other Business**	
	There was no additional business to discuss.	
13.	**Meeting Close**	
	The meeting closed at 4.55pm	
14.	**Date of Next Meeting**	
	28th July – 10.00hrs – 13:00hrs Venue – Chaucer Centre	