



right care
right place
right time
right outcome

**MINUTES
MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY PART 1**

18th April 2018

120 The Broadway, Wimbledon, SW19 1RH

Chair: Dr Andrew Murray

In attendance:

Members

SB	Sarah Blow	Accountable Officer
JB	James Blythe	Managing Director
MG	Dr Mike Greenberg	Secondary Care Member
AL	Andrew Leigh	Lay Member: Audit
AM	Dr Andrew Murray	Clinical Chair
JM	James Murray	Interim Chief Finance Officer (Interim)
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 Improvement
JHe	Julie Hesketh	Director of Quality & Governance
NM	Neil McDowell	Local Finance Director
AMc	Andrew McMylor	Director of Primary Care Transformation
MJ	Dr Marek Jarzembowski	Chair, Local Medical Committee

Other Officers in Attendance

MV-R	Maria Vidal-Read	Healthy London Partnership (for item 6.2 only)
TF	Tony Foote	Note Taker – NELCSU

Apologies Received

CG	Clare Gummett	Lay Member: Patient & Public Engagement Lead
JHa	Julie Hall	Nurse Member
TH	Dr Tim Hodgson	Clinical Locality Lead, West Merton
JP	Josh Potter	Director of Commissioning

Members of the Public in Attendance

Sue Clark	Merton Residents Healthcare Forum
Graham Barker	Merton Residents Healthcare Forum
Tom Pollak	

No.	AGENDA ITEM	WHO
1	Welcome and Apologies	
	AM welcomed all to the meeting, in particular MG the recently appointed Secondary Care Member who was attending for the first time. The apologies received were noted. AM informed the meeting that it was now in a period of “purdah” due to the forthcoming local elections, so any potentially contentious items would need to be deferred until this had closed.	
2	Declarations of interest	
	There were no additions to the declared interests for Members currently on the Register. MG, who had not yet formally submitted a declaration, stated that he had no potential conflicts of interest in the items on today’s agenda.	

3	Minutes of Previous Meetings	
3.1	<p><u>To approve the minutes of Part 1 of the Merton Clinical Commissioning Group Governing Body meeting of 25th January 2018.</u> The minutes were APPROVED as a full and accurate record of the meeting.</p>	
4	Matters Arising and Action Log	
	<p>There were no matters arising from the minutes.</p> <p>With regard to the single action on the Log: JHe confirmed that the PSED Report (draft) had been published in accordance with the 31st January 2018 deadline.</p>	
5	Chair's Update, Chief Officer's and Accountable Officer's Update	
5.1	<p><u>Chair's Update</u> AM highlighted the following issues:</p> <p><u>Locality Lead Elections</u> The CCG would shortly commence the process to elect Locality Leads for East and West Merton. Both roles will require individuals also willing to act as GP members of the Governing Body, either now or in the future. The current GP Governing Body members - KW and TH – would continue on the Governing Body regardless of the outcome of this process.</p> <p><u>Governing Body Secondary Care Doctor</u> AM welcomed again MG to the Governing Body in the role of secondary care doctor, explaining that MG joined the Royal Free Hospital in 2001, became its clinical director for children's services in 2009, and divisional director for women, children and imaging in 2014. MG then took up the post of medical director of Barnet Hospital in July 2017. In addition to the Governing Body, MG would join the Audit and Governance Committee and be available as a delegate to Committees in Common.</p> <p>The Governing Body NOTED the Chair's Update.</p>	
5.2	<p><u>Managing Director's Update</u> JB highlighted the following issues:</p> <p><u>Joint Working</u> Consultation with staff on the proposed consolidation to a principal office location had closed and work was ongoing reviewing comments received. A group of staff will be working with the Alliance-wide project team to develop the design of the new space and new ways of working.</p> <p><u>NHS 70th Anniversary Service</u> The CCG has been invited to send three members of staff to a service marking the 70th anniversary of the NHS. SB commented that it was important to include deserving members of staff in this.</p> <p>In addition to the items within the update, JB informed the meeting that it was hoped to hold a Board-to-Board meeting with St George's in July.</p> <p>The Governing Body NOTED the Managing Director's Update.</p>	
5.3	<p><u>Accountable Officer's Update</u> SB provided a verbal update, informing the Governing Body that across South West London all contracts had now been signed off and this was very positive. SB also reminded all that the Alliance was now one year old: a lot of real progress had been made but a lot remained to be achieved</p> <p>The Governing Body NOTED the Accountable Officer's Update.</p>	

6	Strategic	
6.1	<p><u>2018/19 Budget & Operating Plan</u></p> <p>JB explained that the paper presented addressed three aspects: commissioning plans; activity; finance. He noted that, in light of the challenges faced by both CCGs, the Commissioning Plan was positive, detailed, compliant with national guidance and financially balanced. The schemes proposed covered the following areas;</p> <ul style="list-style-type: none"> - Children and Young Adults - Primary Care at Scale and Medicines Management - Planned Care - Urgent Care & Integrated Care - Access to Mental Health Services (IAPT & CAMHS) <p>JB acknowledged that the Plan contained potential risks, particularly around the need to ensure that the Senior Management Team was appropriately resourced.</p> <p>AM welcomed the summary of Commissioning Plans, noting as a good example of working at scale the intention to look at how and where mental health placements could be repatriated closer, to home with any savings released by this to be reinvested in community mental health services. However, AM added, more general context would be helpful. JB said this would made available to the next Governing Body meeting. AL asked how likely quality impact was assessed and JB explained this could be done via previous similar examples and future modelling. DS enquired about the current situation regarding Referral to Treatment (RTT) at St George's; JB stated that work was ongoing with St George's to agree an approach to this issue, however on the current data available an accurate assessment of the scale of the problem, and any attendant risk, was not possible.</p> <p>JA then introduced the Operating Plan Refresh (Performance and Activity) paper, explaining that it was the second year of a two year plan and of the thirty indicators relating to performance, some were new and some were revised versions of current ones. He added that – with regard to indicators – NHSE's expectation was that they would be both ambitious and achievable. The Plan showed mostly compliance with the indicators although there remained certain areas of non-compliance – referral to treatment and Improving Access to Psychological Therapies (IAPT).</p> <p>There was general concern expressed at the apparent failure of Trusts to get to grips with the RTT issue. SB said that this issue was the subject of rigorous oversight but acknowledged that more practical action was needed. MG asked about the role of the Clinical Harm review and JHe confirmed that this was meeting on a bi-weekly basis.</p> <p>NM presented the Budget Setting and Financial Planning 2018/19, explaining that the Finance Committee in Common had tested the Plan robustly and was happy to commend it to the Governing Body. The QIPP was now lower than initially expected - £12m of which £9.5m had already been identified. A certain level of the QIPP had been agreed with acute providers but further work was required before it was implemented fully. Overall, the budget was "very tight" and a failure to achieve the QIPP would have serious implications for the CCG.</p> <p>Having already scrutinised at the Finance Committee, there were no questions or comments at this meeting on the Budget Setting and Financial Planning paper.</p> <p>The Governing Body APPROVED:</p>	JB/JP

	<ul style="list-style-type: none"> - The refresh of the commissioning plans and activity and performance trajectories. - The Finance Committee in Common's recommendation of the 2018/19 budgets. 	
6.2	<p><u>(i) Healthy London Partnership – Presentation</u> <u>(ii) Healthy London Partnership Planning 2018/19</u></p> <p>MV-R presented both papers, providing some general context regarding the Healthy London Partnership (HLP). It had four main aims and one overarching objective:</p> <ul style="list-style-type: none"> - Creating an evidence base - Sharing best practice - Encouraging collaboration - Delivering an infrastructure to support the London Board <p>Together these support the main objective of bringing partners together.</p> <p>When established three years ago the HLP was reliant on the NHS for 95% of its funding; now, 60% of funding was from non-NHS sources.</p> <p>SB commented that it was important that the HLP's work was recognised: for example, the CCG obtained additional funding for Primary Care based upon work carried out by the HLP. KW added that the push to improve access to primary care had been greatly helped by the use of the HLP created on-line training for receptionists. AM said it would be useful to know more about the HLP, and DZ that the HLP needed to communicate better. SH stated that this had already been recognised and discussed, and going forward there would be regular updates coming to Governing Bodies.</p> <p>With regard to (i) Healthy London Partnership – Presentation the Governing Body NOTED the presentation.</p> <p>With regard to (ii) Healthy London Partnership Planning 2018/19 – the Governing Body APPROVED the recommended 2018/19 HLP portfolio envelope of £9,244k; NOTED the proposed changes to the HLP operating model and APPROVED the proposed pan-London transformation governance arrangements.</p>	
7	Questions from the Public Gallery (I)	
	There were no questions at this point.	
8	Governance	
8.1	<p><u>Summarised Minutes of Merton CCG Audit and Governance Committee: 05.12.17</u></p> <p>The Governing Body NOTED the summarised minutes.</p>	
8.2	<p><u>Delegation of Sign Off of Annual Accounts and Report</u></p> <p>JHe explained that the Annual Report and Accounts were now in draft and a process was proposed for their formal sign-off.</p> <p>The Report had already been considered by the Audit and Governance Committee and Management Team and a copy would be circulated to Governing Body members for comment. Following this, at an extraordinary meeting on 22nd May to which Governing Body members would be invited, the Audit and Governance Committee will be asked to formally sign off the Annual Report and Accounts. To make this possible, the Governing Body was now being asked to formally delegate this responsibility to the Audit and Governance Committee.</p>	

	<p>NM explained that the Annual Report and Accounts had already been the subject of robust scrutiny and he was also proposing to hold an informal session for Audit and Governance Committee members on 2nd May to help them further familiarise themselves with the accounts.</p> <p>The Governing Body APPROVED the delegation of the sign off of the Annual Report and Accounts to the Merton Clinical Commissioning Group Audit and Governance Committee at its meeting on 22nd May 2018.</p>	
9	Finance	
9.1	<p><u>Summarised Minutes of Finance Committee in Common: 19.12.17; 24.01.18; 20.02.18</u></p> <p>The Governing Body NOTED the summarised minutes.</p>	
9.2	<p><u>Finance Report Month 11</u></p> <p>NM highlighted the following points from the report.</p> <ul style="list-style-type: none"> - For Months 10 and 11, NHSE allowed London CCGs to be overspent against their bottom line surplus control total by the value of the expected full year pressure relating to NCSO in Prescribing. It is expected that, at month 12, CCGs will receive a Category M drugs rebate and be allowed to release their 0.5% non-recurrent reserves, to enable them to meet their original control totals. - Merton CCG was reporting a full year deficit of £910k. - There was a risk that QIPP would not deliver the full level of planned savings (£11.2m), but this could be addressed by the use of reserves and other non-recurrent measures. - Acute contracts remain the main area of pressure. - Continuing healthcare remains stable and is still forecast to underperform against budget by £1.7m. - Investments in place to meet the mental health investment standard. - The CCG still expected to meet the running costs target. <p>NM added a verbal update to the report: specialised commissioning had provided a major challenge and, although an agreement on this had now been reached with NHSE, this amounted to only 50% of what had been hoped.</p> <p>AM congratulated NM and his team on achieving a break-even position in such challenging circumstances. DS endorsed this but also noted the difficulties that had been faced with specialised commissioning. SB commented that the Alliance intended to discuss this issue with NHSE.</p> <p>The Governing Body APPROVED Finance Report Month 11.</p>	
10	Quality and Performance	
10.1	<p><u>Summarised Minutes of Integrated Governance & Quality Committee: 20.02.18</u></p> <p>The Governing Body NOTED the summarised minutes.</p>	
10.2	<p><u>Governing Body Assurance Report</u></p> <p>JA highlighted the following points from the report</p> <p><u>A&E</u></p> <p>A performance of 83.5% was delivered by St George's – an improvement on 83.0% last month but significantly lower than the national target – 95%. St. George's continues to implement a Trust-wide approach to improving flow for non-elective and admitted patients. The CCG will be closely monitoring progress against this at regular performance meetings.</p> <p><u>Improving Access to Psychological Therapies (IAPT)</u></p>	

	<p>The CCG met the 50% national target recovery rate for month 11. However, the rolling access rate remained below the target (4.2%) with 3.21%. The performance regarding the 6 and 18 week waits for treatment were both compliant.</p> <p><u>Referral to Treatment (RTT)</u> The CCG did not achieve the standard in January. It was noted that St George' data was not currently available for inclusion. The performance management of RTT is at a South West London level with monthly discussions with CCG Performance Leads.</p>	
10.3	<p><u>Emergency Preparedness, Resilience and Response – Assurance Report</u> JA informed the Governing Body that all NHS organisations were required to carry out an annual self-assessment against NHS England Core Standards for Emergency Preparedness, Resilience and Response. The annual assurance process comprised fifty eight core standards and six governance requirements. Merton CCG's overall assessment for the 2017 EPRR Assurance was "Substantial" level of compliance, with all but three areas rated green. The CCG planned to address these and become green across all standards.</p> <p>The Governing Body NOTED the Emergency Preparedness, Resilience and Response – Assurance Report.</p>	
11	Primary Care	
11.1	<p><u>Summarised Minutes of Primary Care Commissioning Committee: 30.11.17</u> The Governing Body NOTED the summarised minutes.</p>	
12	Questions from the Public Gallery (ii)	
	<p>There was one question raised by a member of public.</p> <p><u>Question</u> In the Finance Report, there was a mention of Chelsea and Westminster Hospital – what was that with reference to?</p> <p><u>Response</u> JB explained that due to a recent boundary change there had arisen an issue of some patients wanting to be referred to Chelsea and Westminster Hospital rather than St George's. The needed oversight of this and would be involved in any further discussions on the matter.</p>	
13	Any Other Business	
	There was no additional business for consideration.	
14	Meeting Close	
	The Meeting closed at 4.20pm.	
15	Date of next meeting	
	6 th June 2018; Time: 2.30 – 5.00pm; Venue: 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 18th April 2018.

Dr Andrew Murray – Clinical Chair

Date