



Merton

Clinical Commissioning Group

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

Thursday, 29th May 2014

9.00am - Noon

Civic Centre, London Road, Morden, SM4 5DX

Chair: Dr Howard Freeman

Present:

EB	Eleanor Brown	Chief Officer
CC	Cynthia Cardozo	Chief Finance Officer
CCh	Dr Caroline Chill	GP Clinical Board Member
MC	Mary Clarke	Independent Nurse Member
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
SP	Prof. Stephen Powis	Secondary Care Consultant

Participating Observers

AD	Adam Doyle	Director of Commissioning and Planning (Had to leave for another engagement at 10.30am)
JK	Jenny Kay	Director of Quality (outgoing)
LS	Lynn Street	Director of Quality (incoming)

In Attendance:

DC	David Cotter	SWL Commissioning Support Unit
FW	Fazia Waheed	SWL Commissioning Support Unit
SM	Shawn Morgan	SWL Commissioning Support Unit
RH	Rory Hegarty	SWL Commissioning Collaborative
TH	Toby Hyde	SWL Commissioning Collaborative
JG	Joseph Goel	SWL Commissioning Collaborative
AN	Alistair Notridge	SWL Commissioning Collaborative

Supporting Officer

TF	Tony Foote	Board Secretary, SWL Commissioning Support Unit
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Member(s) of the Public:

Sally Kenny	Lower Morden Residents Group to Save St Helier Hospital
Paula Morrison	Tillotts Pharma
Neesha Hall	Resident
Sandra Ash	Patient
David Ash	Patient
Neesha Hall	Member of Public
Tom Pollock	Resident
Norman (<i>surname unclear</i>)	Member of Public
David Murray	Member of Public
June Hautot	SW London Keep Our NHS Public

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.

HF offered his apologies to the public gallery for the delay in the publishing of the agenda papers – at the request of NHS England, certain papers were to be withheld until after the local elections.

HF also welcomed Lynn Street (LS) to her first Governing Body, in her capacity as the CCG Director of Quality.

The following apologies were noted: Dr Kay Eilbert, Dr Andrew Murray and Dr Marek Jarzembowski.

2. Declarations of Interest

HF requested the Governing Body members to declare if their entry upon the Register of Declared Interests was not a full, accurate and current statement of any interests held.

No such declarations were made.

3. Minutes of previous meetings

To approve the minutes of the meeting of the Merton Clinical Commissioning Group on 27th March 2014

The following amendments to the minutes were requested:

Pg. 9 Integration

“...the update should increase the links between members, the CCG and other organisations.”

Be changed to:

“...the update should increase the *potential* links between members, the CCG and other organisations.”

Pg. 8 Financial Strategy and Plan – 2014-2019

“...the CCG had an agreed contract with only Community Services and St George’s Mental Health Trust.”

Be changed to:

“...the CCG had an agreed contract with only *Sutton and Merton* Community Services and *South West London & St George’s* Mental Health Trust.”

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

TF

4. Matters Arising

There were no matters arising.

5. For Agreement

5.1 Five-Year Strategic Plan

Mary Clarke (MC) declared a potential interest in this item, due to her role as Associate Non-Executive Director of Croydon NHS Trust. However, Peter Derrick (PD) noted that this was a non-pecuniary interest and the Governing Body was content for MC to remain for, and participate in, the discussion.

HF presented this item and began by providing a brief update on progress so far.

- The six CCGs in South West London Collaborative Commissioning (SWLCC) agreed to work collectively with NHS England as a single “planning unit” – their draft strategic plan was submitted to NHS England on 4th April 2014.
- The paper now before the Governing Body is the latest draft of the 5-Year Strategic Plan for improving local health services across South West London. This will be considered by the six South West London CCG Governing Bodies in May/June 2014 for approval.
- The strategic plan will be submitted to NHS England on 20th June 2014.

HF added that the case for change remained strong:

- The need to improve the quality of care
- The size of the financial challenge facing hospitals and commissioners just to break even over the next five years
- The rising demand for healthcare
- The availability of sufficient numbers of consultant and other specialist staff to implement the London Quality Standards.

HF then highlighted the initiatives arising from the work of the Clinical Design Groups (CDGs) in the following areas: children’s services; integrated care; maternity; mental health; planned care; primary care; urgent and emergency care.

With regard to the implementation of the Strategy, it was recognised that this would be challenging. Due to limited funding, careful choices would have to be made about which initiatives to support. As the approach is based on designing the initiatives and planning implementation with the local hospitals, the six CCGs needed to agree how to achieve their vision if hospitals cannot agree a plan for collective achievement of clinical and financial sustainability. Furthermore, there will be the need for CCGs to review their governance for the implementation phase, in order to better involve providers and local authorities.

Finally, HF addressed the next steps to be taken:

- Each CCG Governing Body is asked to approve the submission of the accompanying strategic plan to NHS England on 20th June.
- The CDGs will continue to meet to develop the detail of the plan.
- Additional scrutiny and review, to support the development of the plan,

will be undertaken by the SWLCC Clinical Advisory Group, Directors of Commissioning and Chief Financial Officers and the Joint Commissioning Group.

- We will continue to work with PwC in their capacity as providers of intensive support to the south west London health economy.
- Further discussions will take place over the summer and into the autumn on options for implementation.
- The CCGs are asked to continue to work with NHS England, our local hospitals, local authorities, and other partners to implement the changes.

The Governing Body members then made comments and raised queries about the Strategy.

Professor Stephen Powis (SP) commented that, as Executive Director of a Provider Trust, the strategies proposed were familiar. The problems these strategies are intended to address are not unique to SW London, although the required solutions may be different. He agreed that transformation of services is required – both clinically and financially – and a whole systems approach is needed. SP felt it was important that improvement in quality and financial benefits are seen to work together - there are examples of this in London (stroke care). Also, it was important to look for cross – cutting themes (such as IT) where working together can bring greatest benefits.

MC commented that the implementation of the Strategy will be greatly dependent on getting the right workforce. There seems to be an emphasis on consultants but there is a need for innovation and this should include nurses and other allied health professional. MC then asked whether there would be an Equality Impact Assessment carried out on the Strategy. Eleanor Brown (EB) confirmed there would be, during the next phase of the plan.

Clare Gummatt (CG) stated that she was pleased to see that patient and public involvement (PPI) seemed well embedded in the Strategy. She then asked how it would be decided which work streams are to go ahead. EB agreed this was the “big question” and emphasised the need to get as many different views as possible to form a collective opinion. Jenny Kay (JK) added that, as a member of a Clinical Design Group – which included commissioners, providers and public representation – the clear collective aim was to arrive at the best possible choice.

HF then invited questions and comments from the Public Gallery.

Question/Comment 1

HF says that local people have been instrumental in drawing up the plan. How and where? How many “ordinary people” have actually been involved?

EB stated that as part of a “Call to Action” (CTA) over four hundred people had been asked for their views and these had been fed back to the SWL Commissioning Collaborative. EB added that it should be remembered that the Strategy is, at present, at a very high level and the amount of PPI will increase accordingly.

Rory Hegarty (RH) stated that the Team had attended over five hundred meetings – charities, residents, etc – and all have been fed back into the Team’s thinking.

CG felt it was difficult to define “ordinary people” as we all use the services in question. However, she acknowledged that there could be occasions when only those with a particular knowledge would be appropriate to involve

The questioner felt that her question had not been answered properly. She had attended an event on the 8th May 2014 and there were only four “ordinary people” there, and they were not treated well or their views fed back accurately. The questioner’s husband - also in attendance - said that PPI had seemed an “afterthought” at the event.

CG mentioned that CTA had been widely advertised and it was a shame that the questioner had not been able to take part in this. How would they suggest future events should be publicised? The questioner suggested local papers and GP surgeries were good places to advertise; and stated that the CCG website was not a good way to reach “ordinary people”.

Question/Comment 2

There is not enough emphasis on older people in the Strategy

EB

EB assured the questioner that this concern would be fed back.

In summary, HF stated that all the Governing Body were committed to obtaining the views of as many people as possible, and that there was no “agenda” that the CCG was bound by. He gave his personal assurance that the CCG would do everything possible to engage with the public and that it did not want to have to make these decisions in isolation.

The Merton Clinical Commissioning Group Governing Body approved the South West London 5-Year Strategic Plan.

5.2 Merton CCG Annual Report – inc:
Merton CCG Accounts 2013/14
Annual Governance Statement 2013/14

EB presented this item and explained that the annual report covers the period 2013/14 and includes:

- A members’ statement
- An introduction by the Chair and Chief Officer
- An account of the developments and achievements of the CCG over the year
- The annual accounts
- The annual governance statement

The draft report was circulated to Member practices and Governing Body members and changes made in light of comments received. The members agreed the members’ statement.

EB thanked all Merton CCG staff and those members of staff of the Commissioning Support Unit Communications and Governance teams who have coordinated the information contained in the CCG’s first annual report. EB then provided a brief summary of some of the CCG’s achievements during 2013/14.

- Development of multi-disciplinary teams

- Prevention of Admissions Scheme
- Procurement of “111” and Out of Hours services
- Established good relationship with the Health and Wellbeing Board, involvement in the development of a Health and Wellbeing strategy.
- Co-ordinate “My Care Register” and achievement of “Preferred Place” care.
- Good progress made with the Equality Delivery System
- The Nelson and Mitcham Local Care Centres

Cynthia Cardozo (CC) then spoke of the Annual Accounts and confirmed that all financial targets had been met. The Audit and Governance Committee have reviewed the accounts, with both internal and external auditors present, and recommended them for approval.

CC explained that, in addition to the annual accounts, two other documents needed to be approved by the Governing Body.

The Consistency Declaration lists the minor differences between the CCG’s accounts and the NHS England provided template.

The letter of representation is provided by the CCG’s external solicitors and contains their formal approval of the CCG’s annual financial statements. Peter Derrick (PD) (Chair of the Audit and Governance Committee) confirmed that, at the Committee’s recent meeting, the external auditors provided an unqualified opinion that the accounts were a true statement of the CCG’s financial position.

The Merton Clinical Commissioning Group Governing Body;

- (i) Approved the draft Annual Report
- (ii) Considered and approved the draft Annual Accounts for 2013/14 noting the adjustments required in the attached paper
- (iii) Agreed the letter of representation
- (iv) Agreed the consistency declaration

5.3 Merton CCG Policies

5.3.1 Conflicts of Interests

JK presented this item and explained that the CCG had initially adopted the existing Primary Care Trust Policy, and this was now scheduled for review. JK added that the South London Commissioning Support Unit had contributed to the Policy which had already been reviewed by the CCG’s Executive Management Team and its Audit and Governance Committee.

At this point a member of the public asked a question: what is the value of work transferred from NHS to private hospitals. HF informed the questioner that he would receive a written response.

EB

The Merton Clinical Commissioning Group Governing Body approved the Conflicts of Interests Policy.

5.3.2 Freedom of Information

JK also presented this item and explained that its history, and its review process, was similar to that of the Conflicts of Interest Policy.

The Audit and Governance Committee had requested a number of amendments which would be incorporated. Specifically:

- Section 8 (pg. 17) be amended from:
 “This Policy will be distributed to by the staff bulletin and placed on the intranet”;
 To:
 “This Policy will be distributed to by team briefings and placed on the intranet.”
- That the role of the CCG in the FOI process was made more clear in the Policy.
- Point 4.10 (pg. 11) be amended from:
 “The 20 days are considered to start the day after the CCG (not FOI Office) receives a request”;
 To:
 “The 20 days are considered to start the day after the CCG or FOI Office receives a request”.

MC noted that it was very heartening to see that such a robust equality impact assessment had been carried out on the policy.

The Merton Clinical Commissioning Group Governing Body approved the Freedom of Information Policy.

5.4 Merton CCG Financial Budgets 2014/15

CC presented this item and explained that the paper outlines the detailed budgets for 2014-15 that, following contract agreements with most Providers, will deliver the Operating plan for 2014-15. It details how the budgets were derived from the 2013-14 out-turn and the impact of the QIPP on these budgets.

CC then provided an overview for 2014/15:

- NHS Merton CCG plans to deliver a surplus of 1% (£2,163k) in 2014/15.
- Acute budgets have now been agreed with the majority of acute providers and the budgets reflect the agreed contract values.
- Non acute budgets have been agreed and the budgets reflect the contract values agreed.
- QIPP – The net QIPP target for 2014/15 is £6,558k which is 3% of the revenue resource limit.
- A contingency of 0.5% and a non recurrent fund of 1.5% will be maintained in 2014/15.
- A reserve of £800k had been made in respect of continuing care claims
- The main risk remains over-spend on acute activity. The planned QIPP schemes from 2014/15 onwards have a focus on transformational service redesign and pathway changes. Acute contracts for 2014/15 have been based on last year’s outturn including growth and a CCG SLA reserve of £1.2m is maintained.

PD stated that he agreed with CC’s summary and that the 2014/15 budget had been considered in great detail at the recent meeting of the CCG’s Finance Committee. PD noted the importance of the QIPP and said that initiatives

promoting efficiency and managing demand would be the key to the CCG maintaining financial balance.

HF thanked CC and her team, and Adam Doyle (AD) and his, for their hard work throughout the year.

The Merton Clinical Commissioning Group Governing Body approved the detailed budgets for 2014-15.

5.5 Board Assurance Framework (BAF) 2014/15

JK presented this item and explained that, following the Governing Body Seminar in February 2014, the CCG leadership team has further refined the CCG objectives for 2014/15 to support the achievement of the annual plan.

Correspondingly, the Assurance Framework has been refreshed to ensure it focuses on supporting the CCG to achieve the following key deliverables:

- Strategic objectives for 2014/15
- CCG mission, ethos and values
- Merton CCG 2-year operating plan
- Merton CCG 5-year strategic plan

JK added that the BAF had been reviewed fully by the Audit and Governance Committee.

The Merton Clinical Commissioning Group Governing Body approved the Board Assurance Framework 2014-15.

6. To Receive and Note

6.1 Chief Officer's Report

EB presented her report, covering the following areas:

CCG Development

Jenny Kay, Director of Quality, was leaving Merton CCG today. EB formally thanked JK for her hard work, energy and determination to ensure that the quality of services for residents of Merton are monitored, patient and carer feedback is acted on, and the Governing Body is assured of the quality of commissioning of services. All the CCG team wish Jenny all the very best for her future.

EB welcomed Lynn Street, the new Director of Quality, who joined the CCG on 27 May 2014.

The CCG has appointed three new clinical directors: Dr Joanna Thorne (Primary Care Support), Dr Simon Gilbert (Keeping Healthy and Well) and Fiona White (Children and Maternity). These posts will support the CCG in its aim to have clinicians leading service development. In addition, we now have the Assistant Director of Commissioning & Planning in post, and an interim project manager for musculo-skeletal service development.

As part of our assurance from NHS England, a 360° review was sent to the CCG's local stakeholders, the results of which have now been received. There was a response rate with 80% of member practices responding and a good

overall response rate from other stakeholders and partners. The CCG performs better in the majority of areas than other CCGs nationally and across South London. One area the CCG should improve on is the communication of what it has changed in response to feedback received. The South West London CSU Communications Department has agreed to identify a plan for improvement in this area. The report will be used to support the CCG's organisational development plans for 2014/15.

Service Development

The CCG continues to delivery its 2-Year Operating Plan.

The CCG is very pleased with the newly commissioned In-Reach team at St Georges Healthcare NHS Trust. This team is run by Sutton and Merton Community Services with the aim of working on the senior health wards at St Georges Healthcare NHS Trust to facilitate a robust and appropriate discharge for Merton residents. Early indications are that the patients are reporting a much more streamlined approach to discharge.

The Merton Better Healthcare Closer to Home programme is running well, with the Nelson Local Care Centre on track and the Clinical Commissioning well under way. There has been pleasing progress in East Merton with a Project Board established to design a model of care for East Merton that ties into the CCG's Estates plans.

Strategic Commissioning & Planning

The South West London Collaborative has published a draft five-year strategy setting out the standards that they expect local hospitals, GPs, community and mental health services to meet as they seek to address the challenges faced by the local NHS. This is the first in a two-stage process. The draft strategy will be discussed for approval by each of the six CCG governing bodies at their meetings held in public over the next few weeks. The second step will be to agree the detail of how the strategy will be implemented, including the role of each local trust in delivering it.

The draft strategy is a response to NHS England's 'Call to Action', which highlighted the clinical and financial challenges faced by the NHS nationally and called on CCGs to draw up local plans to address these.

Merton CCG and the London Borough of Merton submitted the final Better Care Fund Plan on 4 April 2014. As yet the CCG has not received any feedback.

Petition regarding St Helier Hospital

On 27 March 2014, Siobhain McDonagh MP, the Merton Council Leader, Councillor Stephen Alambritis and campaigners from Keep Our St Helier Hospital (KOSHH) presented the CCG with a petition. The campaigners had collected in the region of 13,000 signatures, of which 1,300 were Merton residents, opposing the closure of Accident and Emergency and maternity services at St Helier Hospital, and for the proposed £219 million investment in the hospital to be delivered.

The CCG has acknowledged receipt of the petition and stated that it would reflect on the concerns raised. It is understood that since the receipt of the petition, local campaigners have formed a political party, called the Lower Morden Residents Group to Save St Helier Hospital, and have six candidates standing for local council elections in Merton and Sutton.

Following the closure of the Better Services Better Value programme there are currently no plans which state any proposed changes to hospitals across South West London, including St Helier Hospital.

The CCG continues to work closely with Epsom and St Helier University Hospitals Trust to develop its future business plans, as well as develop our five-year strategic commissioning plan in collaboration with the other five CCGs across South West London and NHS England.

The CCG has already been talking to local people about the challenges facing local health services and the opportunities to improve them through the Call to Action and engagement as part of the development of the SW London Collaborative Commissioning Strategic Plan.

Publishing Staffing Data on NHS Choices

The National Institute for Clinical Excellence has recently produced evidence based guidance on staffing levels, noting the evidence that daytime staffing ratios on adult general inpatient wards which are lower than 1 Registered Nurse to 8 patients are linked to increased levels of harm (for example, pressure ulcers or falls).

On 24th June, data on staffing rates for nurses, midwives and care staff will be presented on the NHS Choices website. Patients and the public will be able to see how hospitals (and individual wards) are performing on ward staffing in an easy and accessible way. The data will also be presented publically at ward level.

Co-commissioning –Primary Care

All CCGs are invited to apply for the opportunity to work with NHS England regarding primary care commissioning. There were no specific details yet available but if involvement would improve care for Merton residents the CCG will express an interest.

6.2 NHSE and Local Merton CCG Balance Scorecard – month 11

CC presented this update and informed the Governing Body that the performance in all but one of the domains remained unchanged since the last report: Domain 2 (Are patient rights under the NHS Constitution being promoted?) rating has changed from Amber/Green to Amber/Red. This was due to the A&E indicator for St. George's being rated red year to-date. A robust action plan is in place to mitigate this situation and is under close scrutiny by the St George's Urgent Care Group.

HF noted the good overall progress made.

6.3 Mitcham Strategic Outline Case and Project Initiation Document

CC presented this item and explained that the Strategic Outline Case (SOC) has been prepared by the CCG with participation from the London Borough of Merton, South London Health Partnership (SLHP) and NHS Property Services. The key delivery objectives of our programme are to:

- Improve outcomes for patients;
- Provide more care locally;
- Tackle health inequalities;
- Meet changing demographics and healthcare needs;
- Modernise the estate; and
- Use resources more efficiently.

The proposal for an Local Care Centre (LCC) within Mitcham is based on the outcomes of a Health Needs Assessment and will be taken forward by the East Merton Locality involving local clinicians, patients and users.

The Project Initiation Document (PID) sets out the details of the next stage of the Mitcham LCC project, to develop the required business cases and to reach award of the development contract.

CG was pleased to note the progress being made and emphasised the importance of public involvement and ensuring that the local community is central to the decision making process.

A member of the public asked whether the services provided at the LCC would private of NHS. CC confirmed that there would be a procurement process open to all organisations.

For Note Only

7.1 Approved Minutes of Committees of the CCG Governing Body

Finance Committee 19.03.14

Clinical Quality Committee 14.03.14; 11.04.14

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

8. Any Other Business

There was no further business to discuss.

Meeting Dates for 2014

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

Thursday, 31st July 2014 – 9.00am: Civic Centre, London Road, Morden, SM4 5DX

Thursday, 25th September 2014 – 9.00am: venue tbc

Thursday, 20th November 2014 – 9.00am: Civic Centre, London Road, Morden, SM4 5DX

14. Closure of Part 1

The Chair declared the meeting closed at 11am.

The governing body resolved that the public now be excluded from the meeting because publicity would be prejudicial to the public interest by reason of confidential nature of business to be conducted in the second part of the agenda.

Agreed as an accurate account of the meeting held on Thursday, 29th May 2014

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Dr Howard Freeman - Chairman

Date: