



Merton
Clinical Commissioning Group

**Report to Merton Clinical Commissioning Group
Governing Body**

Date of Meeting: 31st July 2014

Agenda No: 5.2

Attachment: 04

Title of Document: Chief Officer's Report	Purpose of Report: To receive and note
Report Author: Eleanor Brown, Chief Officer	Lead Director: Eleanor Brown, Chief Officer
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Executive Summary: This report provides an update on development of the MCCG, strategic and service development in Merton.	
Key sections for particular note (paragraph/page), areas of concern etc. Whole Report	
Recommendation(s): The Clinical Commissioning Group Governing Board is requested to receive and note the report.	

Merton Clinical Commissioning Group

Chief Officer's Report

Thursday 31 July 2014

CCG Development

As part of the separation of the former Sutton & Merton PCT Medicines Management function, MCCG has reviewed the functions and structure to deliver the appropriate service. The implementation of a revised structure has begun.

Directorate of Commissioning & Planning review implementation continues with Hannah Pearson (Commissioning and Service Improvement Manager for Older People) and Mari Longhurst (Commissioning and Service Improvement Manager for Planned Care) joining us.

We are continuing with our review of functions, one year on, looking at our administration needs and safeguarding arrangements. Sadie Daley (Children's Safeguarding Lead and Designated Nurse for Safeguarding Children) will be leaving us to take up a new post in Bromley CCG. We wish Sadie well and thank her for her commitment and hard work for MCCG and previously for Sutton & Merton PCT.

The MCCG organisational development plan is being refreshed to take account of 360° feedback from stakeholders, diagnostic and feedback interviews with the Governing Body, executive team, clinical directors and locality clinical leads, and the staff survey. A refreshed implementation plan will be available in September.

Service Development

Merton Better Healthcare Closer to Home (BHCH)

The Nelson development is progressing well and remains on schedule for the doors to open to the public in Spring 2015. The official Topping out Ceremony was held on 8th July at which the Chairman and I laid the final paving stone on the roof. We were delighted to have colleagues from our membership and the London Borough of Merton including the new Chair of the Health and Wellbeing Board Councillor Caroline Cooper-Marbiah.

The procurement process for the appointment of a provider for specialist consultation and diagnostic services is still ongoing and will conclude by mid-August with the final recommendation for the preferred partner being presented to the September Governing Body.

The main focus for the project is now the planning and implementation of the commissioning and mobilisation programme.

The Mitcham project is in its early stages. An initial informative workshop has been held with the Project Board to explain the process for identifying the preferred development site and to establish some design principles within which the project team will work. A public engagement plan has been developed, in conjunction with Healthwatch Merton, and will be presented to the August Project Board for sign off.

We await formal permission from NHS England to proceed to the business case stage but anticipate that this will be forthcoming in August.

Commissioning & Planning

Integration and Better Care Fund

There has been positive progress in developing the implementation of the Better Care Fund (BCF) in Merton with a focus on creating a robust framework and processes around how the newly established localities will operate. Both London Borough of Merton Proactive Teams and Sutton and Merton Community Services (SMCS) Community teams are now working in the three primary care localities and there is a clear vision of how the environment is expected to operate both at 1 October 2014 and 1 April 2015.

A performance metrics framework has been drafted and the first two months' data has been collected, although the framework will continue to mature throughout the year so that, by 1 April 2015, we will be assured of a strong and meaningful performance measurement framework for integrated services. We are continuing to explore the implications for both workforce and data sharing across Merton and more widely in South West London (SWL), as any system changes will have a necessary impact on organisations beyond Merton's boundaries.

The focus of our system redesign to date has been on redesigning our prevention of admission and hospital discharge to community pathways and we are undertaking a wide-ranging engagement exercise with our patients and service users during August and September to ensure we have co-produced our new operational environment with the patient/service user at the centre of all processes.

The recent information from NHS England (NHSE) regarding the resubmission of BCF Plans by 'the end of the summer' for review in the autumn is welcome, as it removes uncertainty around the process and Merton is in a positive position to address the headline issues notified in the recent guidance.

System Resilience

As you may be aware it was recently announced that there would be increased funding available to CCGs to ensure that waiting lists that were over 16 weeks would be supported to ensure patients are seen in a more timely way. Merton CCG has been allocated funding and we have worked with our Local Acute Trust to ensure that the money allocate to them will reduce any patients who are waiting longer than we would like.

As part of the drive to safeguard that all parts of Health and Social Care are more joined up, System Resilience Groups (SRGs) have been set up to ensure that there is robust review of any issues in our services that mean patients are unnecessarily attending A&E or are unable to be discharged in a timely way. Merton CCG are active members of both the St George's and St Helier SRGs. There has also been increased funding allocated to CCGs to ensure that improved A&E Performance and Referral To Treatment (RTT) are sustained over the coming year. The plans we are submitting for this are due to be returned to NHSE on 30 July and we are working with local partners to ensure this deadline is met.

Co-Commissioning

On 1 May, Simon Stevens announced that CCGs could apply for 'more power to improve NHS primary care'. On 9 May, NHSE distributed a notice to CCG Clinical Leads to submit an expression of interest for co-commissioning of primary care by 20 June 2014.

CCG applications for involvement exclude commissioning community pharmacy and dental services and is unlikely to include optometry. Therefore co-commissioning arrangements will apply to general practice. NHSE have outlined that the intended benefits to be realised through co-commissioning of general practice include:

- Enabling greater integration of health and social care services, particularly out-of-hospital care
- Enabling improved quality of general practice and reduced variation in quality
- Enabling greater patient and public involvement in improving general practice services
- Enabling improvement in general practice services which address health inequalities and access to services for vulnerable groups

Merton CCG, in conjunction with the five other CCGs in SWL, has submitted a joint Expression of Interest (EoI) to NHSE and all CCGs have committed that over the summer they will carry out a detailed and careful due diligence and implementation planning phase, including discussions with our membership.

Engagement with the local population

As part of our 2-Year Operating Plan we need to procure a new model for our improving access to psychological therapies services (IAPT). On 9 July, there was a session with a number of key stakeholders and patients who have used the service. We found this session incredibly helpful to refine our proposed model and to deliver the improved outcomes for our population.

Health Hub

We had a successful Health Hub at the Mitcham Carnival and we were able to use this event to reach more patients who are interested in giving us their views on the service we commission. We have developed a postcard that we can use to get feedback from the public at any event that we hold in the future.

Patient Safety

On 24 June 2014 the Department of Health launched the Patient Safety website hosted on NHS Choices. This coincided with the publication of Safer Staffing data. Patients can now see how an individual organisation is performing against a range of safety indicators promoting a culture of openness and transparency.

Data on nursing staff levels in secondary care hospitals is presented as a percentage of shifts filled. Organisations are required to review their skill mix twice yearly and report the findings to their boards. Links are available through NHS Choices to view these reports.

On the same day it was announced that Sir Robert Francis, author of the report into standards of care at Mid Staffordshire Hospital, would be undertaking a review over the summer of whistleblowing process in the NHS.

All NHS organisations are also encouraged to 'Sign up to Safety,' a national campaign which aims to reduce avoidable harm by 50% and save 6,000 lives over the next 3 years.

The National Institute for Health and Care Excellence (NICE) published guidance on safe staffing levels this month (July 2014). The guidance covers safe staffing for nursing in adult inpatient wards in acute hospitals. It recommends a systematic approach at ward level to ensure that patients receive the nursing care they need, regardless of the ward to which they are allocated, the time of the day, or the day of the week.

The guideline identifies organisational and managerial factors that are required to support safe staffing for nursing, and makes recommendations for monitoring and taking action if there are not enough nursing staff available to meet the nursing needs of patients on the ward. Guidance for Accident and Emergency Departments and midwifery staffing for maternity units is in development.

Safety indicators and Safer Staffing data is reviewed internally by the Director of Quality and issues and concerns are addressed through the Clinical Quality Review Groups.

Primary Care

NHSE has developed a draft set of primary care standards. The standards are being discussed with users and voluntary groups through the summer. Currently we anticipate these standards will be implemented from 1.4.2015.

As SWLCC CO lead for Primary Care Transformation, I am encouraging our GP leads to self-assess against the standards in order for us to assess the level of organisational development which will be required to achieve the standards. We will be sharing the results of the assessments at our membership event in the autumn (October/November) and our work plan for the rest of 2014/15.

NHS Annual Report and Accounts

I am pleased to say we have received a letter from Paul Baumann, Chief Financial Officer NHS England, regarding the NHS annual accounts stating these have been passed. I attach the letter for information, in Appendix 1.

I would once again like to thank specifically Cynthia and her team, and all members of MCCG to ensuring our contribution to our own accounts and report and hence the national NHS accounts.

The School Food Plan – Flagship Borough Application

Merton CCG has offered our support to Public Health Merton submitting a first round bid to become a Food Flagship borough, which aims to increase health and

attainment using food and schools as a catalyst and has funding of c£500k attached to it.

Although a healthy place with good health outcomes, Merton has significant health and attainment inequalities between the east and west of the borough. Our priority in applying to be a Food Flagship will be to deliver a programme focused on the east of the borough that will make a significant contribution to the narrowing of these (health and attainment) inequalities.

Appendix 1



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Date: 21st July 2014

Letter to CCG clinical leads, Accountable Officers and CFOs, Area Team Directors of Finance, Regional Directors of Finance

Gateway Approval Number: 01895

Dear colleague

Re: 2013/4 NHS England Annual Report and Accounts – a success story

I am delighted to report that at the Audit Committee on 7th July NHS England received an unqualified audit opinion on the annual report and accounts. NHS England is now in an excellent position to meet the challenging target of laying accounts tomorrow before the Parliamentary recess.

Over recent months there had been many doubts raised about the ability of the NHS England group to meet this challenge, and consequently year end was categorised as a high risk. To deliver 211 sets of CCG accounts and a high quality consolidated annual report and accounts for NHS England is a fantastic achievement that could not have been secured without the hard work and professionalism of your teams.

On behalf of the board I would like to thank you for your contribution to what is undoubtedly a success story after only one year of operations. I would be grateful if you could share this with your colleagues, and please thank on my behalf all of your team members who have put in the hours and persevered when things got difficult. The whole year end process is highly complex, and we have relied on a vast number of people doing their bit; truly a team effort.

The process has not always been smooth but that was to be expected given that most of our systems, organisations and structures were new and are still evolving. However, we are committed to learning lessons to make the 2014/15 process better. We have received feedback from a wide range of sources, and we are grateful to those who have organised “wash-up” sessions and provided us with open, honest and constructive

High quality care for all, now and for future generations

feedback. The Financial Control team will review the feedback this month and will produce an action plan to build on the successes and address the weaknesses identified in the year end processes. We will of course consult with the various stakeholders and share this with you.

Thank you once again for contributing to this success story.

Paul Baumann
Chief Financial Officer
NHS England