



Merton

Clinical Commissioning Group

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

Thursday, 23rd January 2014 - 12.30pm

**Rm 6.2/6.3, 120 The Broadway,
Wimbledon, London SW19 1RH**

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
AM	Dr Andrew Murray	GP Clinical Board Member
SP	Prof. Stephen Powis	Secondary Care Consultant

In Attendance:

JK	Jenny Kay	Director of Quality
MJ	Dr Marek Jarzembowski	Chair, Local Medical Committee
WS	Wasia Shahain	Equality and Diversity Lead - South London Commissioning Support Unit (item 6.2)
LM	Louise Morgan	Corporate Affairs Manager - South London Commissioning Support Unit (for item 6.5; 7.4)
DC	David Cotter	Commissioning Support Unit (for item 6.5; 7.4)
SM	Sean Morgan	Commissioning Support Unit
JC	Jonathan Carmichael	Integrated Care Project Director (item 7.2)

Supporting Officers

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

Ullo Yangopoulis	Merton Residents' Healthcare Forum
Pat Tunstall	Merton Residents' Healthcare Forum
Neesha Hall	HSM Boehringer
Sue Clark	Merton Residents' Healthcare Forum
Keith Rainsley	Merton Residents' Healthcare Forum
Daphne Hussein	
Tom Pollock	Resident

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.

Apologies for Absence

The following apologies were noted: Dr Kay Eilbert and Adam Doyle

2. Declarations of Interest

Dr Marek Jarzembowski (MJ) and Dr Andrew Murray (AM) declared an interest in the Nelson Development Programme: both being members of Practices scheduled to be located in the new premises.

No other interests additional to those contained within the CCG's Register of Interests were declared.

3. Minutes of previous meetings

To approve the minutes of the meeting of the Merton Clinical Commissioning Group on 21st November 2013.

The minutes were approved as a true record of the meeting.

4. Matters Arising

4.1 Action log 21.11.13 – For Note

The Governing Body noted the progress made with the stated actions.

There was a further verbal update as follows:

7.2 Joint Commissioning Forum – Terms of Reference

Eleanor Brown (EB) informed the meeting that the Terms of Reference were to be refreshed in line with the South West London CCGs' five year planning needs.

5. Chair's and Chief Officer's Update

5.1 Chairs Update

Dr Howard Freeman (HF) welcomed MJ to the meeting as, in his capacity of Chair of the Local Medical Committee, a participating observer. HF added that the Governing Body looked forward to MJ's contribution.

HF also extended his congratulations to Mary Clarke (MC) on being named one of the top fifty BME NHS Pioneers, as nominated by the Health Service Journal.

5.2 Chief Officer's Update

Eleanor Brown (EB) reported back on the following issues:

CCG Development

The Service Level Agreement with the South London Commissioning Support Unit (SLCSU) was being reviewed in light of its expiry date of 30th September 2014. This was an opportunity to identify changes and embed these in the CCG's working practices.

EB announced that Caroline Farrar had been appointed to the post of Assistant Director of Commissioning and would commence on the 25th March 2014.

EB also informed the meeting that Jenny Kay (JK) (Director of Quality) would be leaving her post as secondment to the CCG on 30th May 2014. JK was taking a mini "gap year" and then reviewing her options with regard to further work within the NHS. EB added that JK would be very much missed and thanked her for excellent work. It was intended to have a successor in place by the 30th May.

Service Development

The CCG had received some Health Education South London monies to support primary care development, specifically to enhance multi-professional leadership. In light of this, Dr Carrie Chill (CCh) and AM have proposed an educational programme to support primary care and out of hospital development.

Fiona White (Primary Care Support Team) recently supported the development of a South London-wide Practice Nurse Conference.

Both Merton and Sutton CCGs have commissioned Level two and three Children's Safeguarding courses, to commence in April 2014.

Resource Allocation

EB acknowledged that the CCG had received the highest percentage rise in allocation in the country for 2014/15 and 2015/16. This was very pleasing but financial challenges remained.

Call to Action

This was a national debate aiming to address the need for the NHS to change in light of the increasing demand for services and a future funding deficit. EB explained the actions the CCG was taking with the aim of establishing a local plan for stakeholder feedback.

Clare Gummatt (CG) enquired when contributions to Call to Action were required by. EB stated that the formal deadline was the 31st March but contribution could be accepted informally until the submission of the five year plan in June.

Integration

EB informed the meeting that Jonathan Carmichael had joined the CCG and the London Borough of Merton as Integrated Care Project Director, for the Merton Integration project to work alongside CCG directors, the London Borough of Merton and other partner organisations. The following actions had already been taken/were underway:

- Proactive Care
A simulation event was held in November 2013, followed by training for key works in December.
All GP Practices have commenced holding multi-disciplinary team

meetings to review patients at high risk of hospital admission. The aim, during February, is to produce agreed guidelines for key-working; risk stratification; multi-disciplinary team meetings; common care plans.

- **Reactive Care**
Short-term services commenced with winter pressures funding. An initiative commenced to clarify and simplify pathways for referrals for hospital discharge. A review of the MILES service was underway
- **Data Sharing**
A joint project has been commissioned for the SLCSU to consider system-wide sharing of information; an initial exercise to introduce the use of NHS numbers onto the Local Authority's database has been completed.

Winter Planning

Trust levels of performance regarding urgent care targets over the Christmas period, were good.

6. For Agreement

6.1 Communication and Engagement Strategy (inc. Patient Reference Group Terms of Reference)

JK presented this paper and informed the meeting that the Strategy had been reviewed and further developed since the authorisation of the CCG. HF then invited questions from the Governing Body.

MC enquired whether a "Plan on a Page" summarising the Strategy would be made available. JK acknowledged that this would be useful and would discuss this with the Communications Team.

JK

EB welcomed this refreshed version of the Strategy and commented that the use of photographs added greatly to it. HF agreed that it was an excellent document.

The Merton Clinical Commissioning Group Governing Body agreed the Communication and Engagement Strategy

6.2 Public Sector Equality Duty Report 2013

JK presented this paper and acknowledged the huge amount of work that Wasia Shahain (Equality and Diversity Lead) had done on the report.

MC commented that it was a very good report and showed that equality was being embedded in all aspects of the CCG's work. HF stated this it was an excellent report and represented a model of how such documents should be written.

EB stated she was very pleased to sign up to such a good document.

The Merton Clinical Commissioning Group Governing Body agreed the Public Sector Equality Duty Report 2013

6.3 South West London and St George's Mental Health Trust – Application for Foundation Trust Status

EB presented this item and explained that this matter was going to be presented to the Practice Leads Forum for general practitioner leads' views on the 30th January 2014. Following the outcome of the Forum a decision would be made about whether a letter of support for the Trust would be provided.

HF commented that he had been impressed by the recent CQC report and that the Trust had clearly made substantial improvements. He added that the Governing Body, pending the outcome of the Practice Leads Forum, needed to decide not only whether a letter of support should be given but what conditions should be attached to the support.

MC asked by when such a letter had to be provided and was informed that the 31st January was the deadline. MC then asked if the CCG was aware of the views of the other CCGs involved. EB responded that all shared similar views to that of the CCG and all were likely to provide conditional support.

HF then invited questions from the public.

The first question was whether the findings of the Mental Health Review would be part of the consideration. EB responded that the CCG's two year plan included this and a link would be made. The second question was would the increase in resource allocation to the CCG be spent on improving mental health services. EB stated that all services would be under consideration for this.

The Merton Clinical Commissioning Group Governing Body agreed to the proposed way forward; Specifically:

- (i) Locality Leads to gain the opinion of their respective Practices and feedback to the Director of Commissioning.
- (ii) The Trust to present at the Practice Leads Forum for its future direction on the 30th January 2014.
- (iii) Depending upon the outcome of the Practice Leads Forum, the CCG to begin to draft a letter of support, including appropriate caveats, using the feedback from membership and Governing Body.

6.4 Merton CCG Financial Position - Month 09

Cynthia Cardozo (CC) presented this paper and reported that the CCG remained on forecast to meet its planned surplus of £2.1million. However, there remained risks to this, most notably an acute commissioning over performance and an under achievement of the QIPP.

With regard to the acute over performance, there had been a slight improvement shown by St George's NHS Trust, but a worsening at the Epsom and St Helier NHS Trust.

Non acute commissioning was forecast to underperform by £0.9million for the year.

The QIPP was forecast to underperform by 14%, but this represented an improvement from last year.

CC added that an additional risk, of £1.4million, was represented by NHS Property Services (NHSPS) billing for 2013/14 costs based upon allocations to CCGs. The CCG was currently liaising with the NHSPS to resolve this issue.

Peter Derrick (PD) welcomed the report and noted that the CCG needed to remain cautious. Although the CCG remained on track to meet its planned surplus this was only achieved by using almost all of its reserves. PD added that January and February, for which data was not yet available, were usually the most volatile months and a true picture would only be seen once this were taken into account.

The Merton Clinical Commissioning Group Governing Body agreed Merton CCG Financial Position - Month 09

6.5 Merton CCG Policies

JK presented these papers and acknowledged the very significant contributions of David Cotter and Louise Morgan of the SLCSU. JK added that all these policies had already been reviewed by the relevant formal committees of the Governing Body.

In light of this, HF stated that there would not be a full discussion of each policy but that members should state if they had any questions.

6.5.1 Policy and Procedure for Policy Development

The Merton Clinical Commissioning Group Governing Body agreed the Policy and Procedure for Policy Development

6.5.2 (i) Anti Bribery Policy (i) Policy in relation to fraud and fraud response plan

The Merton Clinical Commissioning Group Governing Body agreed the (i) Anti Bribery Policy; (ii) Policy in relation to fraud and fraud response plan

6.5.3 Non-Clinical Incident and Near miss reporting policy and procedure

The Merton Clinical Commissioning Group Governing Body agreed the Non-Clinical Incident and Near miss reporting policy and procedure.

6.5.4 Serious Incident Management Policy and Procedure

The Merton Clinical Commissioning Group Governing Body agreed the Serious Incident Management Policy and Procedure.

6.5.5 Complaints handling policy and procedure

The Merton Clinical Commissioning Group Governing Body agreed the Complaints handling policy and procedure.

6.5.6 Merton CCG Safeguarding Children Through Commissioning Policy

JK stated that this policy represented the CCG's safeguarding responsibilities and applied to all employees and provider services commissioned, whether working directly or indirectly with children, young people or adults. The policy would be embedded in NHS Provider contracts.

JK acknowledged the work of Sadie Daley (Designated Nurse Safeguarding Children) on the Policy.

MC commended the policy and felt that it could be used as a template for future policies.

The Merton Clinical Commissioning Group Governing Body agreed the Merton CCG Safeguarding Children Through Commissioning Policy.

7. To Receive and Note

7.1 Merton CCG Balance Scorecard - Quarter 2

CC presented this item and highlighted the CCG's performance against the four domains specified by NHS England.

- Domain 1 – Are Local People Getting good quality care?
Rating Amber/Green: this was unchanged from quarter 2.
- Domain 2 – Are patient rights under the NHS Constitution being promoted?
Rating Green
- Domain 3 – Are health outcomes improving for local people?
Rating Green: this domain included the CCG's local priorities. performance against Priority 1 was on track, further development was required for Priorities 2 and 3.
- Domain – Are CCGs delivering services within their financial plans?
Rating: Amber/Green

HF noted that the report was very encouraging.

The Merton Clinical Commissioning Group Governing Body received and noted the Balance Scorecard - Quarter 2

7.2 Better Care Fund

This item was presented by CC and Jonathan Carmichael (JC) (Integrated Care Project Director) who firstly highlighted an error in the paper: Pg. 4 – the total Merton Better Care Fund (BFC) was **£3,299,000** and not £3,399,000 as stated.

CC explained that the BCF was a pooled budget between the CCG and the London Borough of Merton (LBM), created by top-slicing the CCG's allocation plus capital from LBM. Its purpose was transforming services in the community. Specifically:

- Increase patient and service-user involvement
- Reduce avoidable emergency admissions to hospital

- Reduce delayed transfer of care from hospital
- Demonstrate the effectiveness of re-ablement
- Reduce permanent admissions to residential and nursing homes

These would be measured initially against national metrics and then, in 2014/15, a local metric would be introduced. Furthermore, in 2014/15, up to 25% of the fund is subject to a performance assessment against the metrics.

JC stated that the intention was to both base the integration process upon work currently ongoing and look for scope for new investments. Discussions with LBM were ongoing and the current draft plan would be revised.

Professor Stephen Powis enquired about the involvement of the provider trusts and how they could be assured that funding for their services would not be decreased. CC stated that there had already been some engagement with the trusts and, once plans had been clarified, full engagement would commence. EB added that the Integration Project Board did include provider trust representation and JC informed the meeting that following discussions with St George's work had begun on a pathway for patient discharge.

MC asked whether the metrics to be used would address quality issues. JC said that the metrics, currently, were more quantitative and MC responded that quality issues were vitally important and these should be considered in future. JK added that the CCG had already started to look at quality issues with LBM and she would discuss this with JC outside of the meeting. JK also said she would ask WS to work with JC on equality issues.

JK

HF then outlined the process that needed to be followed:

14.02.14	Submission of draft plan
March 2014	To be agreed by CCG Governing Body and LBM Board
25.03.14	To be approved by Health and Wellbeing Committee
14.04.14	Submission of final plan

Owing to this schedule, HF asked the Governing Body for agreement to him, EB, CC and PD signing off the draft plan on its behalf, with the document then submitted to the March meeting (held in public) of the Governing Body.

At this point a member of the public asked whether there would be any public involvement in the draft plan. JC stated that there had already been such involvement in the designing of the basic model.

The Merton Clinical Commissioning Group Governing Body received and noted the report on the Better Care Fund and, in light of the timescales involved, agreed to Chair's Action – via a sub-group of the members stated above – on the draft plan.

7.3 Children's Safeguarding Report 2012/13

JK presented this item and highlighted that the report covered the period March 2012 – October 2013. She explained that the report shows how the CCG will fulfil its children's safeguarding responsibilities and added that the provider trusts had already provided assurances about their safeguarding responsibilities.

The Merton Clinical Commissioning Group Governing Body received and noted the Children's Safeguarding Report 2012/13.

7.4 Board Assurance Framework

JK presented this item and thanked all for their contribution to this very important document, particularly David Cotter and Louise Morgan.

HF stated that this revised version was very good, with a logical format that was easy to follow. MC agreed with this and PD commented on the significant progress made in both the format and content.

SP asked about the deletion of the risk relating to Better Services Better Value (BSBV): that, although BSBV was now paused whilst the six remaining CCGs took stock, the underlying issues remained. SP suggested that a new risk addressing these should be added to the BAF.

EB

The Merton Clinical Commissioning Group Governing Body received and noted the Board Assurance Framework.

7.5 Information Governance Framework

CC presented this item and informed the meeting that the Framework had been reviewed by the CCG's Audit Committee. She added that the Framework laid out the CCG's responsibilities for information Governance and was a component of the CCG meeting the criteria for level 2 assurance.

MC commented that the Framework would need to be reviewed in conjunction with the BCF metric concerning "Better data sharing between health and social care." CC explained that she would be meeting with LBM to discuss this.

MC then asked about information governance training for CCG staff; if this had already been undertaken would it need to be done again. CC responded that if previous training was certificated this would be taken into account but staff would still need to undertake refresher training annually.

The Merton Clinical Commissioning Group Governing Body received and noted the Information Governance Framework.

7.6 MCCG's Response to Government Response to the Francis Report

JK presented this item and noted that this represented the culmination of much hard work. The paper did not contain all the recommendations included in the Francis report but did summarise all those relevant to CCGs. JK added that the main message of the Report was that commissioners had a vital overseeing role and all must always assume the patient's view.

CG stated that the CCG's Quality Committee was playing an important role, driving the agenda. CG then asked about point 19 (pg. 10) that stated: "By December of this year 80% of clinical commissioning groups will be commissioning support for patients' participation and decisions in relation to their own care." JK responded that this would be done via the Communications and Engagement Strategy and that work had already commenced with the voluntary sector.

The Merton Clinical Commissioning Group Governing Body received and

noted the CCG's Response to Government Response to the Francis Report.

8. For Note Only

9.1 Approved Minutes of Committees of the CCG Governing Body

Clinical Quality Committee 08.11.13

Finance Committee 22.10.13; 19.11.13

Audit and Governance Committee 16.09.13

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. Questions from the Public

HF then invited any further questions from the public.

Question 1: Why was there no Healthwatch representation at the meeting today?

EB responded that there was an open invitation to attend to Healthwatch.

Question 2: That the minutes of the previous meeting referred to a written response being provided to a question from the public. Could this response be made available? (The member of the public who had raised the question at the previous meeting was also present and consented to both the recent letter to her from the CCG could be made available.)

HF stated that a copy of these letters would be appended (Appendix 1) to the minutes of this meeting.

TF

Question 3: that at the previous meeting a question had been raised about details of the procurement process for Out of Hours and 111 Services. The response given then was that this would not be possible due to its "commercially sensitive nature." The questioner felt that this was not correct.

HF responded that the value of the contract was shown in the Finance report. CC offered to show this to the questioner after the meeting.

Question 4: What was the funding for Patient Participation Groups (PPG)?

HF stated that the CCG did not hold the contract for GPs and so were not responsible for such funding. EB added that the CCG did, however, encourage all its member Practices to have PPGs.

11. Meeting Dates for 2013/14

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

Thursday, 27th March 2014 – 9.00am: 6th Floor, 120, The Broadway,
Wimbledon London SW19 1RH

Thursday, 29th May 2014 – 9.00am: 6th Floor, 120, The Broadway,
Wimbledon London SW19 1RH

14. Closure of Part 1

The Chair declared the meeting closed at 2.15pm.

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, 23rd January 2014

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Dr Howard Freeman

Chairman

Date:



By Email Only:

20th December 2013

Dear

I am writing in response to the questions you raised at the Merton Clinical Commissioning Group Governing Body meeting on the 21st November 2013. I shall address these questions in the order raised:

Is it the case that around £10m will be deducted from the central government allocation to Merton CCG and that this same £10m will be transferred to a single pooled budget for health and social care in Merton, from 2015/16 and jointly "controlled" to support close integration between those two services?

No: The £10m you refer to (now known as the Better Care Fund) consists of current funding on carer's breaks from CCGs; reablement funding from CCGs; capital funding (includes disabled facilities grant) from Local Authority budgets; and 3% top-slice from CCG allocations. This money is to be pooled and spent on jointly agreed plans between the CCG and Local Authority. Depending on performance in 2014-15, 50% of it will be given to the Local Authority at the beginning of 2015-16; the balance will be paid during 2015-16 and will be based on in-year performance.

The plans are to be agreed by the Health and Wellbeing Board; the notification of the pooled amount will also be notified to the Health & Wellbeing Board.

What plans does the Merton CCG have to "compensate" for these transfers; i.e. will this lead to the ceasing of current health led services?

Merton CCG is currently working with its local providers and the local authority to understand the impact the Better Care Fund will have on current services. It is envisaged that the integration fund will lead to more urgent care being delivered in the community with a reduction in A&E attendances and unplanned admissions to hospitals.

How and when will local citizens be involved in the development of the Integration on Transformation Fund (ITF) plans?

The views of local citizens will be channelled through the Health and Wellbeing Board whose membership is made up of local authority councillors and executives, voluntary sector representatives, Merton Healthwatch, Merton CCG and NHS England.

Dr Howard Freeman – Chair

Eleanor Brown – Chief Officer

We would like to see the criteria for applications to the Fund to be made available to the public, in a transparent and accessible manner, to facilitate local citizens, and in particular local voluntary organisations, to apply to the fund.

As stated above the plans have to be approved by the Health & Wellbeing Board, which has wide representation from all sectors. The application of the funds is to be agreed jointly by Local Authorities and CCGs and must meet the national conditions stated by the Local Government Association and NHS England. The conditions and how the ITF will work is set out in a document entitled 'October Letter', which is available on the NHS England website.

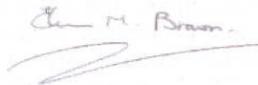
http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE

Merton Integration Programme Board is overseeing this work including involvement of the local voluntary sector and local citizens.

Thank you for raising these questions and, when further information is available, we will keep you informed of any developments. The CCG places great value on the views of local residents and recognises how these can help us improve all aspects of the service we provide.

Best wishes.

Yours sincerely



Eleanor Brown
Chief Officer
Merton Clinical Commissioning Group

By Email Only:

22nd January 2014

Dear Ms .

I am writing in response to your email of the 6th January 2014, sent further to our correspondence resulting from questions you raised at the November meeting of the Merton Clinical Commissioning Group Governing Body.

Firstly, I am pleased that you found most of the contents of my letter of the 20th December 2013 helpful. However, my apologies for what was clearly a misunderstanding on our part with regard to your third question. Specifically:

"We would like to see the criteria for applications to the Fund to be made available to the public, in a transparent and accessible manner, to facilitate local citizens, and in particular local voluntary organisations, to apply to the Fund."

This question was, as you point out, raised in connection with the Charitable Funds and my apologies for this not being addressed in my earlier letter.

As you will be aware, from the 1st April 2013, the responsibility for the Sutton and Merton PCT Charitable Funds changed. Sutton CCG's Governing Body became the formal Trustee funds and a new body – the Sutton and Merton CCGs' Charitable Fund Committee – was established to oversee this.

At its inaugural meeting on 9th December 2013, this Committee reviewed the current (PCT) guidance regarding how bids could be made to the fund. This guidance, a copy of which is attached, contains the criteria under which a bid can be made and the process for making such an application. These include bids from members of the public; usually on behalf of a voluntary organisation. However, please bear in mind that this guidance is due for review at the next meeting of the Charitable Fund Committee – 3rd February 2014 – a review that will include discussions on making the process more accessible.

I hope that you will find this information helpful and thank you for your continued interest. We will keep you informed of any developments.

Best wishes.

Yours sincerely



Eleanor Brown
Chief Officer
Merton Clinical Commissioning Group

Dr Howard Freeman – Chair

Eleanor Brown – Chief Officer