



right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group
Wilson Programme Board

Thursday 19 April 2018

13.00 – 14.30

Victoria Room, Tuiton House, 27-37 St George's Road, SW19 4EU

In attendance:
See Appendix A

Apologies:
See Appendix B

Chair: Peter Derrick

Item no.	Agenda Item	Actionee
1.	Welcome and introductions Declaration of Interest	PD
	Introductions were made PD asked that the declaration of interest form be made available at each meeting.	
2.	Minutes of last meeting and Action Log	PD
	The minutes from the meeting held on 22/02 were deemed an accurate reflection of the meeting and no amendments were requested. Action Log – action 20 was removed pending further work being undertaken. All other actions have been discharged.	
3.	Highlight Report	SH
	SH presented the highlight report the status of which is currently green. The Participant's Requirements were submitted to CHP and were sent to South London Health Partnership (LIFTCo.) on 27 th March. Included within this documentation was the affordability cap within which SLHP will need to deliver the scheme. PD requested an	

	<p>update on the affordability to include the impact of proceeding with or without a capital injection. Later in the meeting he also requested that this include the commitments that we are accruing.</p> <p>Action: A Finance Report to be prepared for the next Programme Board setting out the affordability.</p> <p>An initial meeting has been held with SLHP to discuss the process in delivering a new project proposal.</p> <p>A briefing session planned for next week has been postponed, and will potentially be rescheduled for 8th May.</p> <p>AMcM gave a brief update on the progress in finalising the model for primary care.</p> <p>There will be no practice based on the site. The new service will cover a wider catchment population than would be achieved by having a practice-focused service. There will be booked same day appointments, long term conditions management dealing with complex patients with co-morbidities and specialist input as part of an multi-disciplinary team.</p> <p>There is good GP engagement and support for the new model. This being taken through the Multi-speciality Community Provider (MCP) Programme Board.</p> <p>PD felt it would be appropriate for an update on progress at the next Programme Board.</p>	<p>IW</p>
<p>Action:</p>	<p>AMcM and LL to prepare a paper updating the PB on progress with the clinical model.</p> <p>DZ emphasized that the wrap around wellbeing services would be operating within the healthcare space within the building. This would deliver the true benefits but it will required financial underwriting by the CCG as voluntary sector organisation would be unable to pay the rent. The Community Interest Company (CIC) will work out of the Lodge.</p> <p>Amion, the consultants working with LBM, are now concentrating on the establishment of the CIC.</p> <p>PD asked that the pace is increased to bring this to a conclusion.</p> <p>Work is continuing with NHSPS and providers in establishing the requirements for decant accommodation on the vacation of the Wilson and Birches sites. Considerable ground has been covered with the Mental Health Trust and SH felt reassured that this could be concluded by the end of May. Contact has now been made with CLCH to ascertain their requirements. MP felt this could be challenging to complete by the end of May.</p> <p>KM asked whether Mencap were involved in the discussions, MP</p>	<p>AMcM / LL</p>

<p>Action:</p>	<p>confirmed that contact had been made.</p> <p>Still a lot of work to do to complete the decant strategy and plan which will involve the generation of costed options, an outline delivery plan for each option and an economic appraisal to establish the most economically advantageous option.</p> <p>SH advised that vacant possession is likely to be September 2019 and warned against early vacation that would leave the CCG with potential void costs.</p> <p>Regular meeting have now been established between NHSPS and CHP. PD asked that IW attend these meetings.</p> <p>MP to ensure that meeting invites are extended to IW.</p>	<p>MP</p>
<p>4.</p>	<p>Communication and Engagement</p>	<p>LI</p>
	<p>LI walked the PB through her presentation.</p> <p>DC explained that he had already established a group that had met and was concentrating on the wellbeing aspects of the offering. The plan is to extend this group to gain wider representation (Community Reference Group) and for the second part of the meeting to concentrate solely on the wellbeing services.</p> <p>There was discussion about representation on the Programme Board and it was agreed that this needed careful consideration due to the commercial nature of discussions as the project progresses.</p> <p>KM suggested that PB members attending the Community Reference Group might be more appropriate.</p> <p>LI and DC will be working on a structured approach to these first meetings to ensure that the right feedback is gained to inform the design brief.</p> <p>There was a consensus that we need to utilise local expertise to engage with hard to reach groups.</p> <p>PD stated that we are not starting from scratch, a lot of work has been undertaken to date. KM concurred and advised that we should be showing progress strengthened with positive messages.</p> <p>GC advised that public meetings should be avoided until there is something real to share.</p> <p>AMcM advised that the Programme Board papers are now in the public domain. AN suggested that only approved documents should be shared to avoid confusion but to share as much as</p>	

	<p>possible.</p> <p>Mitcham Carnival – CCG to have a presence as usual. To concentrate on an update on progress and what we have been doing over the past year.</p> <p>DZ stated that it should be the responsibility of the PB to agree the key messages and what can be shared. This discipline needs to be adopted at each PB meeting.</p>	
5.	Risk Register	SH
Action:	<p>SH requested that all members review the risk register and check it for accuracy. The register is a live document and all should participate in raising risks, scoring and identifying the mitigation activities. It is not the sole responsibility of the Programme Director and team.</p> <p>To review the risk register for completeness and accuracy. Identify amendments or new risks.</p>	All
6.	Any Other Business	
Action	<p>PD updated the PB on his meeting with Geoff Alltimes, Co-chair of the London Estates Board (LEB), and the paper that had been prepared to be presented at the June meeting of the LEB.</p> <p>The paper asks the LEB to support the CCG in establishing the principle that locally generated capital receipts should be reinvested locally. This is set out in the Naylor report but only relates to Trusts and Foundation Trusts, not CCGs. Current protocol is that the money is returned centrally to the Department of Health and Social Care (DHSC).</p> <p>It was agreed that whilst this was worth pursuing through the LEB it should not be a distraction from delivering the scheme.</p> <p>PD asked that the paper be circulated to all PB members for comment prior to submission to the LEB.</p> <p>LEB paper to be circulated.</p> <p>NOTE: The Programme Board scheduled for 17th May is cancelled and new dates are being sought that allow for more consistent attendance. It is likely that the next meeting will be first week of June. Confirmation will be sent as soon as dates, time and venue are agreed.</p>	SH

WILSON PROGRAMME BOARD

Actions Log

No.	Action	Date raised	By whom and target completion date	Completed (date)	Escalation
29	Finance Report to be prepared for the next Programme Board	19/04/18	IW 30/05/18		
30	To provide an update paper on the progress made on the clinical model.	19/04/18	AMcM / LL 30/05/18		
31	MP to ensure that meeting invites are extended to IW for schedule NHSPS and CHP meetings.	19/04/18	MP 27/04/18		
32	To review the risk register for completeness and accuracy. Identify amendments or new risks.	19/04/18	All PB members 30/05/18		
33	LEB paper to be circulated to all PB members for comment.	19/04/18	SH 20/04/18	20/04/18	

Appendix A: Attendance List

PD	Peter Derrick	Governing Body Lay Member (Co-chair)	MCCG
AMcM	Andrew McMylor	Director of Primary Care Transformation (SRO)	MCCG
SH	Sue Howson	Programme Director	Synopsis Health
MP	Matthew Parish	Strategic Estates Lead	NHSPS
DZ	Dagmar Zeuner	Director of Public Health	LBM
KM	Khadiru Mahdi	Chief Executive	MVSC
GC	Ged Curran	Chief Executive	LBM
IW	Ian Winning	Interim Deputy Director of Finance (Estates)	MCCG
LL	Lucy Lewis	West Merton Partnership Manager (MCCG)	MCCG
LI	Lucy Ing	Communications Manager	CSU
DC	Dave Curtis	Wilson Community Development Manager	LBM
JB	James Bridgewood	Project Manager Cabinet Office	OPE
AN	Amy Nicholls	Communications Lead	NHSPS
MC	Martha Croakley	Property Development Manager	NHSPS
VS	Victoria Shaw		NHSPS

Appendix B: Apologies

		Role
Dr Doug Hing	DH	Clinical Director for East Merton Model of Health and Wellbeing (Co-Chair)
Neil McDowell	NMcD	Director of Finance MCCG
Hannah Doody	HD	Community and Housing LBM
James McGinlay	JMcG	Assistant Director of Sustainable Communities Environment and Regeneration
Julian Humphreys	JH	CHP Programme Manager
Joe Garrod	JG	Regional Programme Manager