

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 6 July 2017
in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU**

A

Present: Dr Tim Moorhead, CCG Chair, GP Locality Representative, West (Chair)
Dr Amir Afzal, GP Locality Representative, Central
Dr Nikki Bates, GP Elected City-wide Representative
Mrs Nicki Doherty, Interim Director of Delivery - Care Outside of Hospital
Ms Amanda Forrest, Lay Member
Professor Mark Gamsu, Lay Member
Dr Terry Hudson, GP Elected City-wide Representative
Mr Brian Hughes, Director of Commissioning and Performance
Dr Annie Majoka, GP Elected City-wide Representative
Dr Zak McMurray, Medical Director
Mr Peter Moore, Director of Strategy and Integration
Ms Julia Newton, Director of Finance
Dr Marion Sloan, GP Elected City-wide Representative
Dr Leigh Sorsbie, GP Locality Representative, North
Mr Phil Taylor, Lay Member
Dr Chris Whale, Secondary Care Doctor

In Attendance: Mrs Katrina Cleary, Programme Director Primary Care
Ms Jane Harriman (on behalf of the Chief Nurse)
Mrs Susan Hogg, Temporary PA (minutes)
Mrs Eleanor Nossiter, Strategic Communications and Engagement Lead
Mr Paul Wike, Joint Locality Manager, Central

Members of the public: There were three members of the public in attendance. A list of members of the public who have attended CCG Governing Body meetings is held by the Director of Finance.

ACTION

72/17 Welcome

The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Governing Body and those in attendance to the meeting. In particular, he welcomed Dr Chris Whale, the recently appointed Governing Body Secondary Care Doctor, to the meeting. He explained that, as the CCG's Committee Secretary was currently on leave, Ms Sue Hogg would be taking the minutes of today's meeting.

73/17 Apologies for Absence

Apologies for absence had been received from Mrs Maddy Ruff, Accountable Office, Mrs Penny Brooks, Chief Nurse and Dr Ngozi Anumba, GP Locality Representative, Hallam and South,

Apologies for absence from those who were normally in attendance had

been received from Mr Greg Fell, Director of Public Health, Sheffield City Council, Dr Mark Durling, Chair, Sheffield Local Medical Committee, Mr Gordon Osborne, Locality Manager, Hallam and South, Mrs Judy Robinson, Chair, Healthwatch Sheffield, Mr Nicky Normington, Locality Manager, North, Rachel Dillon, Locality Manager, West, and Mr Phil Holmes, Director of Adult Services, Sheffield City Council, Sheffield City Council.

The Chair declared the meeting was quorate.

74/17 Declarations of Interest

The Chair reminded Governing Body members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). He also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

Declarations made by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link:

<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

There were no declarations of interest from items to be discussed at today's meeting. However, the Director of Finance highlighted that the three Lay Members all needed to declare interests in relation to certain of the interim governance arrangements as proposed in a paper previously circulated to Governing Body members for approval by email and which would be ratified as part of the Any Other Business item.

75/17 Chair's Opening Remarks

The Chair advised Governing Body that he had no particular issues to advise them of this month.

76/17 Questions from the Public

A member of the public had submitted a question before the meeting. The CCG's response is attached at Appendix A, along with the CCG's response to questions submitted to Governing Body on 25 May 2017. There were no further questions from members of the public attending the meeting.

77/17 Minutes of the CCG Governing Body meetings held in public on 25 May 2017

The minutes of the Governing Body meeting held in public on

25 May 2017 were agreed as a true and correct record and were signed by the Chair.

78/17 Matters Arising

The Chair advised that the matters arising from the last meeting on 25 May 2017 were all complete or pending. No other matters were raised.

79/17 South Yorkshire and Bassetlaw Sustainability Transformation Plan (STP) Memorandum of Understanding (MoU)

The Director of Finance reminded members that there had been a substantive discussion on the Memorandum of Understanding (MoU) at a previous meeting and a letter incorporating all key points raised had been sent to Sir Andrew Cash as STP lead. She reflected that these points had been addressed in the revised MoU circulated for agreement at this meeting.

Mr Taylor said that it was now clearer than it was before on the governance arrangements and, in his view, it could now be approved.

Professor Mark Gamsu said there were two things he wished to raise. First, he felt that we should write a synopsis of the key advantages and risks of the MoU so that members of the public can be encouraged to engage and connect with the changes. Secondly, he thought that we should produce a Frequently Asked Questions document. One of the questions should be, "What do we think a shadow board is?" and, at this stage, the answer should be that we do not know.

It was noted that the MoU is designed as a document for stakeholders involved in the Accountable Care System (ACS), as opposed to a document which is "user friendly" for members of the public and in places is deliberately vague to give our emerging ACS maximum flexibility in its development. The ACS communications team will generally handle enquiries on the MoU, but it should be possible to produce a summary document for Sheffield in conjunction with ACS colleagues.

Ms Forrest confirmed that an ACS Communications Working Group exists and one of the lay members is on that group. She felt that some of the work could be dealt with by that group as there will be commonalities across all the ACS place areas.

Dr Bates said, in the interests of transparency, a document should be created to share with our membership.

Governing Body approved the recommendation for the Accountable Officer to sign the document.

EN

Establishment of Patient Experience, Engagement and Equality Group as a formal Committee of the Governing Body

The Interim Director of Delivery - Care Outside of Hospital thanked the Strategic Communications and Engagement Lead for pulling this together. She explained that the Governing Body had previously discussed the establishment of a formal patient experience, engagement and equality sub-committee. The paper sets out how this will work, the terms of reference and what the processes we will need to follow in the future. The process supports the CCG in fulfilling its duty and support improvements. We have also recently lost expertise through our equality post and we need to ensure that we are delivering our statutory duties. The future actions that need to be taken are: to seek approval by Governing Body members; obtain Member practices and NHS England agreement to make the necessary amendments to the CCG's Constitution. In addition, there is the need to agree the appointment of a Governing Body GP representative.

Professor Gamsu informed the Governing Body that he had had a conversation with Dr Hudson who had indicated that he was keen to be the GP representative on this committee and would like to support this.

In response to the query from the member of the public, the Director of Finance confirmed that this committee would not meet in public but that the minutes of the meeting would be made available to the public as we do for other committees. The only other committee meeting held in public is the Primary Care Commissioning Committee which has particular requirements for making decisions. Professor Gamsu indicated his agreement with this.

Ms Forrest said that she fully supported the proposal and that it will put engagement and equality alongside the other issues we manage in the CCG. By making something as formal as a committee, it focusses people's attention and helps them engage.

Dr Bates said that she also wished to add her support for this important issue and was glad that it is now going to be looked at by a committee as opposed to a working group. Since Dr Ted Turner left Governing Body, there has been a gap in GP representation and this will now be addressed.

The Chair added that, although the Chair of Healthwatch Sheffield had sent her apologies to today's meeting, had she been present she would have confirmed that Healthwatch Sheffield is happy to be a member of the committee. The Interim Director of Delivery – Care Outside of Hospital confirmed that Healthwatch are keen to support the proposal.

Governing Body agreed the recommendations in the paper and confirmed the appointment of Dr Terry Hudson as the GP representative.

81/17 Reports circulated in advance for noting

Governing Body formally noted the following reports:

- Month 2 Financial Report
- Quality and Performance

The Chair asked if members wished to raise any issues. No issues were raised.

82/17 Any Other Business

a) CCG Governance – Proposed Interim Arrangements and Change to Constitution of the CCG Deputy Chair Role

The Director of Finance explained that, following Mr John Boyington's resignation, she had sent out a paper, for virtual approval, There are five specific recommendations in the paper and her understanding is that, everyone who had responded, was in favour of the recommendations and therefore they just required formal ratification.

The Chair asked if anyone wished to raise any questions. As there was no response, the Governing Body agreed to formally ratify the recommendations.

b) Children's Surgery

The Director of Commissioning and Performance circulated a one page brief which needed to be noted in the minutes, which was an update to CCG Governing Bodies following the decision made at the June meeting of the Joint Committee of CCGs pertaining to changes to children's surgery and non-specialised anaesthesia services across the region. He read the brief to Governing Body.

The Chair explained that this decision had been made after three years of work but was only going to affect approximately 70 children and will not affect any Sheffield children.

Ms Forrest asked if the paper would be published on the website as it had been discussed at the Governing Body. The Chair agreed that it should be. The Chair explained that the decision was made in a meeting where the public were present and a press release had already been issued.

c) Finance Training Session for Governing Body members

The Director of Finance highlighted that a further training session was in the diary for Thursday 13 July similar to the one attended by many of the members in late March. It was agreed to stand down the session as very few members planned to attend and instead the Director of Finance offered one to one slots.

BH

83/17 Date and Time of Next Meeting

The next full meeting in public will take place on Thursday
7 September 2017, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales
Road, Sheffield S9 4EU

Questions from Mr Mike Simpkin, Sheffield Save our NHS, to the CCG Governing Body 25 May 2017

Question 1: Joint CCG Committee (Paper F): The revised terms of reference refer to the need to communicate openly but make no mention of public involvement other than the statutory requirements outlined in 10.1. The Joint Committee will be making a variety of decisions which affect patients across a wide patch and more remotely than has been the case for a long time. The new Statutory Guidance on involving patients in health and care published on 6th April 2017 lists 10 Actions which commissioners have to carry out. Unless a new government changes the guidance, it will be as binding on the Joint Committee as on individual CCGs. Although these terms of reference may have been prepared before the guidance was issued, any proposal to seek approval for them should surely include some indication of how the Joint Committee will integrate these obligations. We do not regard token mentions of Healthwatch as sufficient since, despite the good work which is undertaken by them, local Healthwatches are not fully independent of the NHS or local authorities, are very poorly resourced especially for matters outside the local patch, and have insufficient reporting mechanisms.

CCG response:

As you say, the terms of reference were drafted before the new statutory guidance for CCGs and NHS England was issued, and which all our CCGs are now aware of. Within the Joint Committee of CCG terms it does stipulate that each CCG remains accountable for meeting their statutory duties and that statutory requirements will be adhered to. As we have progressed with the proposals to change how hyper acute stroke services and children's surgery and anaesthesia services we have carried out our statutory duties to involve with each CCG, overseen by strategic communications and engagement within the Commissioners Working Together programme team. There are documents on the website, within the 'documents' section which highlight this work - <http://www.smybndccgs.nhs.uk/what-we-do/critical-care-stroke-patients>:

- Communications and engagement strategy and plan – outlining the approach, methodology and mechanisms for engaging with the public and patients
- Pre-consultation report on approach, methodology and emerging themes
- Independent analysis of the consultations, which outlines the approach, methodology and mechanisms for engaging with the public and patients. This report also outlines the findings from the consultation.

However, we think you make an important point and will amend the terms of reference to ensure that the work all our partners to involve patients and the public in meaningful way to improve services is reflected more clearly.

Question 2: What exactly is the accountable care partnership which is reported in the STP Board minutes as being in place for Sheffield and to whom is it accountable?

CCG response:

At the moment, you will be aware that health and care services are delivered locally by a range of organisations, often with overlapping remits and responsibilities. Despite the hard work and commitment of our health and social care professionals, patients and their families tell us that this often results in several appointments, repeated tests, substantial delays and / or significant travel. Worse still, some of the most vulnerable people in our communities can end up falling through the cracks between different organisations and are not receiving the joined-up care they need.

By integrating local health and care organisations and bringing them into a single partnership, we can create a single local entity with unambiguous accountability for meeting health and care needs locally. The accountability of this entity, and the fact that it involves organisations working in partnership, is why it is termed an Accountable Care Partnership (ACP); it is one of a number of models of care outlined in the Five Year Forward View. <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

The Transforming Sheffield Programme Board, composed of the Chief Executives of the six main health and care organisations in Sheffield (Sheffield City Council, NHS Sheffield CCG, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, and Primary Care Sheffield) identified the ACP model as the best option for addressing the problems we face locally. As a result, the Transforming Sheffield Programme Board has commenced the development of an Accountable Care Partnership in line with the ambitions outlined in the 'Shaping Sheffield' plan.

<http://www.sheffieldccg.nhs.uk/Downloads/get%20informed/SheffieldPlaceBasedPlanFinalVersion.pdf>

The ACP is a partnership and, as things currently stand, Member organisations retain their statutory responsibilities, this means that the ACP is formally accountable to the Boards of its partner organisations. However, it is important to note that its partner organisations Boards are accountable to a range of groups/ organisations including: NHS England, NHS Improvement and Foundation Trust Members. It is anticipated that, in time, legislation will change to increase the accountability of the ACP to the users of its services and the communities it serves and the Partnership will be strengthened in order to deliver the ambitions outlined in the 'Shaping Sheffield' place-based plan.

Questions from Mr Mike Simpkin, Sheffield Save our NHS, to the CCG Governing Body 6 July 2017

Question: Could the CCG clarify whether the proposed Strategic Public Equality Engagement Experience Committee (SPEEEC) will be meeting in public

CCG response: *It is not proposed to hold the SPEEEC meetings in public, however, there are public representatives among the membership of the group and the minutes will be made available on our website. This is in line with the approach taken for the other Governing Body Committees, with the exception of the Primary Care Commissioning Committee (PCCC). As with Governing Body meetings, it is a requirement that PCCC meetings are held in public so that there is transparency around how decisions about the use of public money are made. The other committees, including SPEEEC, do not have responsibility for these sorts of decisions.*