NHS
Sheffield
Clinical Commissioning Group

Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 11 January 2018 in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

A

Present:
Dr Tim Moorhead, CCG Chair, GP Locality Representative, West (Chair)
Dr Ngozi Anumba, GP Locality Representative, Hallam and South
Dr Nikki Bates, GP Elected City-wide Representative
Dr Gasan Chetty, GP Locality Representative, Central
Mrs Nicki Doherty, Interim Director of Delivery - Care Outside of Hospital
Ms Amanda Forrest, Lay Member
Dr Terry Hudsen, GP Elected City-wide Representative
Mr Brian Hughes, Director of Commissioning and Performance
Dr Zak McMurray, Medical Director
Ms Julia Newton, Director of Finance
Ms Mandy Philbin, Acting Chief Nurse
Dr Leigh Sorsbie, GP Locality Representative, North
Mr Phil Taylor, Lay Member
Dr Chris Whale, Secondary Care Doctor
Mr Tony Williams, Lay Member

In Attendance:
Ms Heather Burns, Head of Commissioning, Mental Health Commissioning Portfolio (for item 08/18)
Ms Anna Clack, Commissioning Manager (for item 11/18)
Mr Clive Clarke, Deputy Chief Executive, Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) (for item 08/18)
Mrs Katrina Cleary, Programme Director Primary Care
Mrs Rachel Dillon, Locality Manager, West
Mr Greg Fell, Director of Public Health, Sheffield City Council
Ms Mel Hall, Commissioning Manager, Sheffield City Council (SCC) (for item 08/18)
Mrs Carol Henderson, Committee Secretary / PA to Director of Finance
Mr Jim Millns, Deputy Director of Mental Health Transformation and Integrated Commissioning (for item 08/18)
Mr Nicky Normington, Locality Manager, North
Ms Eleanor Nossiter, Strategic Communications and Engagement Lead
Mr Gordon Osborne, Locality Manager, Hallam and South
Mrs Judy Robinson, Chair, Healthwatch Sheffield
Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning (for item 10/18)
Dr Steve Thomas, Clinical Director of Mental Health and Learning Disabilities (for item 08/18)
Mr Paul Wike, Joint Locality Manager, Central

Members of the public:
There were 11 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

01/18 Welcome

The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Governing Body and those in attendance to the meeting.

02/18 Apologies for Absence

Apologies for absence had been received from Professor Mark Gamsu, Lay Member, Dr Annie Majoka, GP Elected City-wide Representative, and Mrs Maddy Ruff, Accountable Officer.

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chair, Sheffield Local Medical Committee, and Mr Phil Holmes, Director of Adult Services, Sheffield City Council.

The Chair declared the meeting was quorate**.**

03/18 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 further declarations of interest from items to be discussed at today's meeting.

04/18 Chair's Opening Remarks

The Chair advised that he had no further comments to make in addition to his report appended at item 18b.

05/18 Questions from the Public

A member of the public had submitted questions before the meeting and a member of the public asked a question at the meeting. The CCG's responses to these are attached at Appendix A.

06/18 Minutes of the CCG Governing Body meetings held in public on 2 November 2017

The minutes of the Governing Body meeting held in public on 2 November 2017 were agreed as a true and correct record and were signed by the Chair.

07/18 Matters Arising

a) Suspension of Gluten Free Prescribing for Adults in Sheffield Policy (minute 126/17 refers)

The Director of Commissioning and Performance advised members that NHS England had not yet given any indication as to when their recommendations on the above would be published
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b) Primary Care Estates Strategy (minute 127/17 refers)

The Programme Director Primary Care confirmed that the revised strategy had been placed on the CCG's website.

c) Performance, Quality and Outcomes Report: Position Statement: Other Issues (minute 131/17(v) refers)

The Acting Chief Nurse advised members that an approach for a city-wide perspective on care in care homes had been included in the action plan arising from Internal Audit's audit of quality of care provided by the CCG's Care Homes Team.

08/18 The Sheffield Mental Health Transformation Programme

Ms Heather Burns, Head of Commissioning, Mental Health Commissioning Portfolio, Mr Clive Clarke, Deputy Chief Executive, Sheffield Health and Social Care NHS Foundation Trust (SHSCFT), Ms Mel Hall, Commissioning Manager, Sheffield City Council (SCC), Mr Jim Millns, Deputy Director of Mental Health Transformation and Integrated Commissioning, and Dr Steve Thomas, Clinical Director of Mental Health and Learning Disabilities, were in attendance for this item.

They gave an update and presentation that set out the context, drivers for change which included a shared vision between the CCG, Primary Care Sheffield Ltd (PCS), Sheffield City Council (SCC), and Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) for collaboration, innovation and improved clinical outcomes, an overview of the programme and proposed next steps which included the creation of a single efficiency target, creation of a single strategy, creation of a single delivery team, and expanding the role of the Delivery Board. Mr Millns advised Governing Body that it was all about collaborative working, improving services, and the outcomes to improving those services, and promoting openness and transparency on every step of the way.

The Chair of Healthwatch Sheffield welcomed the patient engagement,

particularly with Healthwatch, and asked how much learning there was regarding the changes that were already happening and the impact of those changes. The Clinical Director welcomed Healthwatch's representation on the Mental Health and Learning Disabilities Partnership Board, explained that the learning and impact was part of the wider engagement and was a dynamic process that was ongoing, with them continuing to learn how to do that effectively. The Chair of Healthwatch asked if this could be reflected more explicitly on the presentation.

Members agreed that strategies and whole change management relied on staff on the front line to implement this, and we needed to manage this with them so that care would change for the better. Mrs Burns advised Governing Body that the team was testing the outcome responses and advised that feedback had been absolutely acted upon and staff given more training where necessary.

The Director of Public Health requested that the team not forget prevention as more or even better care would not be enough to solve the current problems. Dr Thomas responded that the ongoing development of the mental health strategies, needs assessments, and health and wellbeing programme of work, all needed to be dovetailed together, as early intervention was integral to the programme. He also advised Governing Body that SCC's portfolio incorporated the whole of children's services, which needed to interface with this programme.

Mr Millns explained that, with regard to governance and reporting arrangements, at this stage he was unsure as to whether they were developed enough to be able to report through the Delivery Board to the Accountable Care Partnership (ACP) Board, but that the individuals that sat on the Delivery Board would attend those meetings with mandates to take to things a certain level. He also advised that there was a link between the ACP Board and the Health and Wellbeing Board, with the Mental Health Boards feeding in.

The Chair questioned the lack of reference to the Regulators, as they needed to be part of the process as they could easily unravel any partnership working we may have and potentially derail these plans.

Finally, Governing Body agreed that this was really clinical commissioning, the culture change was commendable, and it was a real model of how we could demonstrate accountable care should work. They congratulated all of those involved with the programme.

The Governing Body:

- Approved the creation of a single 'mental health specific' efficiency target across Sheffield City Council, Sheffield Health and Social Care NHS Foundation Trust and NHS Sheffield CCG.
- Approved the production of a single strategy covering all aspects of Mental Health, Learning Disability and Dementia Services in Sheffield.
- .Approved the concept of a single delivery team.
- Requested a further update in March 2018 when approval would be sought on a proposed Memorandum of Agreement that would

underpin the proposed new way of working.

09/18 Audit and Integrated Governance Revised Terms of Reference

The Director of Finance presented proposed changes to the Audit and Integrated Governance Committee's (AIGC) Terms of Reference, which were recommended to Governing Body for approval following annual review by the AIGC at its meeting on 14 December 2017, in line with the CCG's governance arrangements. She advised members that the proposed changes were minor, with the main changes relating to revised conflicts of interests guidance.

The Governing Body approved the proposed changes to the Terms of Reference for the Audit and Integrated Governance Committee.

10/18 South Yorkshire and Bassetlaw Commissioning for Outcomes Policy

Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning, was in attendance for this item.

The Director of Commissioning and Performance presented this draft policy which brought together a number of existing policies into a single document and introduced a number of additional policies for both clinical thresholds and procedures that were not routinely commissioned, and principles to reduce referral variation across South Yorkshire and Bassetlaw (SYB). He reminded Governing Body that they had agreed the principle of converging approaches to commissioning policies in August 2017, and also the development of a common SYB policy covering a consistent set of procedures, criteria by which they were commissioned, and approach to ensuring compliance. Ms Tebbs drew members' attention to the key highlights and issues.

Each of the SYB CCGs already had commissioning policies thought to address a range of procedures, and these policies had been reviewed using national evidence that other CCGs elsewhere in the country had used. They had tried to produce a common set of policies across SYB but as yet had not yet been able to reach consensus on them all. One of the main changes for the CCG was that a number of procedures that are currently considered went through the Individual Funding Request (IFR) process would move to having a clinical threshold applied, which should streamline the process, and we still working on how to make the process as simple as possible for primary care. Appendix 1 identified the new interventions included in the policy that would require completion of additional referrals forms, and the existing procedures where the process for approval had changed. Section 5 set out the public and clinical engagement that had been undertaken to date.

Ms Tebbs advised Governing Body that the new policies for cataract surgery and musculoskeletal services were two areas Sheffield needed to do further work on, the latter requiring an amendment as there were two clinical guidelines omitted.

With regard to the impact of implementing the policy, it was not felt there would not be any administrative impact, especially as the IFR process would be significantly mitigated. She advised Governing Body that there had been a process of clinical review of these policies across SYB, with clinicians from each CCG participating to present their views.

She advised members that it was proposed to close consultation on the proposals in January, then review and finalise the policy in early February. To avoid any undue delay in implementation, Governing Body was being asked to approve this version of the policy and then delegate authority to the CCG Chair and Accountable Officer to approve the final amendments as described above. Any further reviews would need to be presented to Governing Body for approval.

Governing Body raised and discussed the following key issues:

There seemed to be both a lack of engagement and understanding as to what might happen in primary care. The GPs did not agree that there would be no administrative impact as there would be an additional referral checklist form to complete if they felt that a patient met the criteria for treatment, and a 'tick box' form sometimes reduced the quality of a referral and could lead to potential delays. There were also three of the procedures being commented on that were carried out in general practice, although recognised that there may be occasions when some of these would have to be referred to secondary care. Ms Tebbs responded that they were hoping to limit as far as possible any burden on primary care, and only five of the new policies listed would require completion of a referral checklist, with the others being sent through secondary care as usual. She also advised Governing Body that the policies had all been shared with secondary care the CCG's Clinical Reference Group (CRG), with a further meeting to take place with secondary care taking place at the end of January to discuss the cataract surgery and MSK procedures.

Some members felt as though it was commissioner imposed threshold work that was not in the spirit of ACP working. There were also worries about what would be the extent to which clinical sign off could happen. There would also need to be some more collaboration if a GP in primary care had to communicate to a patient that they did not meet the criteria for a referral.

Members agreed that there needed to be more equableness across SYB so there shouldn't be differences in approach, but it needed to be clearer on where the differences were. The Director of Commissioning and Performance responded that the one thing always raised at Contract Management Boards (CMBs) related to where people were referring to organisations with different clinical thresholds for procedures so they were trying with this policy to get consistency with as many of those as they could, but where a NICE guideline existed this should be used as the default benchmark. He also confirmed that a summary of where those differences were could be provided. **BH**

The Medical Director expressed concerns around the detail of the clinical content to some of the new procedures, and requested more time to support the evidence presented. However, he had no disagreement with the existing 33 policies in Sheffield as there were only minor changes suggested which meant they had not fundamentally changed.

We need to ensure we do not create an increased bureaucratic workload for GPs, most of which were already very good at referring patients, and could not disconnect our Membership and disengage secondary care. He suggested the new policies should be put on the PRESS Portal as guidance.

In light of the comments made above, the Governing Body were unable to approve the recommendations and requested that further urgent work be undertaken, including the provision of further evidence before some of the new policies could be implemented, with a revised paper presented to Governing Body in due course. **BH**

11/18 Service Redesign of Children's NHS Short Breaks (formerly Respite Services)

Ms Anna Clack, Commissioning Manager, was in attendance for this item. And presented this paper which provided Governing Body with the options for public consultation for a new assessment process, resource allocation system, and service model for children's NHS short breaks provision in Sheffield. She advised Governing Body that the service was currently provided by Sheffield Children's NHS Foundation Trust (SCHFT) in two units, and the proposed service change was supported as it was quite an outdated model as it was primarily nurse-led and based on a hospital site, and had a need for greater integration between health and social care. She explained that it was the assessment process that needed reviewing; there needed to be new resource allocation principle which would provide greater consistency in the offers to families and which needed to be a public offer and then; the service option going forward. She also advised Governing Body that the redesign had been identified as an Accountable Care Partnership (ACP) priority. The information would also be shared with Sheffield City Council (SCC) and Healthwatch.

The Commissioning Manager advised Governing Body that the CCG had some qualitative information and feedback from the 15 families currently accessing the service (attached at Appendix A), who felt that it was very important to have a facility to support their children, and that any reductions in service would have a significant impact on their ability to care for their children. There needed to be more flexibility in how they accessed the nights, and the provision of emergency cover.

The Commissioning Manager advised Governing Body that a project group had been established to agree a set of principles by which the CCG would want to commission, which were listed in section 5 of the paper, and to discuss service options going forward. Appendix C detailed the appraisal of potential service models, with the preferred model being

Option 4. She confirmed that equality impact assessments (EIAs) had been undertaken for each of the four potential models.

Dr Hudsen advised members that these proposals had been presented to the CCG's Strategic Patient Engagement Experience Equality Group (SPEEEG) on several occasions, who had been very reassured on the work undertaken so far.

The Chair asked that paragraph 1.5 relating to the tariff for bed night costs, be re-phrased when the final recommendations were presented to Governing Body for approval. **MP(AC)**

The Governing Body:

- Approved the pre-consultation engagement work undertaken.
- Approved the proposals for public consultation on the three elements of the service process and provision:
  - A new single integrated and person-centred assessment (between health and social care) to assess for the eligibility for NHS short-breaks.
  - A new resource allocation principle.
  - Service options.

12/18 2018/19 Planning, Commissioning Intentions and Governance Body Assurance Framework (GBAF)

The Director of Commissioning and Performance presented this report which provided Governing Body with an update on the refresh of the CCG's commissioning intentions, and operational and financial plans for 2018/19, and drew members' attention to the key issues.

The CCG's Senior Management Team (SMT) had reviewed the organisation's five strategic objectives and eight strategic goals that Governing Body had agreed for 2017/18. The proposed goals for 2018/19, which SMT were recommending to amend to reflect progress on the transition towards integrated care across the system, were set out at table 4.

The Director of Finance reminded Governing Body that they had considered the commissioning intentions and financial position at their December 2017 development session. She advised that national planning / financial guidance for 2018/19 was still awaited, but expected to be published in January. She highlighted that this meant that the financial information in table 1, 2018/19 reassessment of opening financial position, was based on existing information prior to any information on whether the CCG would receive any of the £1.6 billion additional funding announced for the NHS in the autumn budget.

She drew members' attention to section 5.2 Financial Plan, which reflected that based on current information the CCG had c.£28m challenge after taking into account underlying recurrent pressures from 2017/18, and new recurrent and non recurrent pressures.

With the proposal to establish a £15m QIPP target for 2018/19, this left a £13m financial gap for which solutions were required and hence a huge amount of work was necessary over the next few weeks if the CCG was going to be able to achieve a balanced financial plan. She advised that, at the next Governing Body development session in February, she would aim to bring a set of options for discussion. **JN**

The Chair commented that it was really helpful that the paper reflected the December discussion around the options for address the gap, which were summarised in the three bullet points on page 8. The CCG had to do all this in partnership with the rest of the system, which may include the possibility of arranging Board to Board meetings with our provider trusts.

The Director of Finance explained that the priority short term objectives for 2018/19 set out in Appendix 1 were those that had been agreed with the ACP Board, however, did not include anything around inequalities or prevention. She confirmed that we had membership on all these workstreams and could influence what they are. The Interim Director of Delivery – Care Outside of Hospital advised members that, whilst there were no commissioning intentions in primary care, we had included specific Active Support and Recovery (AS&R) contracting proposals that were included in the commission intentions.

The Governing Body:

- Approved the 2018/19 Commissioning Intention key priorities, as set out in Appendix 1.
- Approved the approach for refreshing the 2018/19 Financial Plan incorporating a £15m QIPP plan.
- Approved the proposed amendments to the CCG's strategic objectives and goals as part of the process for developing the 2018/19 Governing Body Assurance Framework (GBAF).

13/18 Month 8 Finance Report

The Director of Finance presented this report which provided Governing Body with the Month 8 results and the key risks and challenges to deliver the planned year end surplus of £13.2m. She advised members that there were broadly no material changes since her last report, except to say that there had been a slight improvement in the overall financial position due to some actions that Governing Body had agreed should be taken non recurrently, and to a significant improvement in prescribing spend since last month. However, there was still £2m of uncovered risk that was needed to be managed to secure delivery of the planned position but, assuming there were no material changes, she advised members that we were broadly on track to achieve our planned position.

Governing Body congratulated the localities for the work they were undertaking to help reduce prescribing costs.

The Director of Finance also advised Governing Body that, with regard to winter pressures, although there had been additional emergency

admissions into Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) in recent weeks, the trust had not implemented a blanket ceasing of elective procedures but had reduced the number of operations. She explained that it was too early to understand the full financial implications of all of this, but currently a material impact was not anticipated.

The Director of Commissioning and Performance reminded Governing Body that this mandate to cancel all elective procedures and outpatient appointments had been made by the National Emergency Preparation Panel, based on pressures being felt nationally. He explained that, as STHFT and Sheffield Children's NHS Foundation Trust (SCHFT) would scale back on a significant amount of their complex elective work at this time of year, they had taken a decision not to put a blanket ban on elective procedures, to keep going within measured parameters, and to review the position on a day to day basis. He reported that, although the system was busy, they were coping, and had not experienced the same pressures as other areas.

The Director of Commissioning and Performance also advised members that there had been a significant increase in capacity put into the CCG's Out of Hours (OOH) hubs over the Christmas and New Year period and in the current week particularly, which had been very well received and had contributed to the system being managed in a very well co-ordinated way.

Finally, the Director of Finance advised Governing Body that, in line with the CCG's Scheme of Delegation, she was seeking their approval to sign off some budget movements over £2m and, in line with the Section 75 Agreement with Sheffield City Council (SCC), any proposed changed change to the Better Care Fund budgets in excess of £1m were required to be approved by Governing Body, as well as by SCC. A summary of all these budget changes were summarised in section 6.

The Governing Body:

- Noted the risk assessment and existing mitigations to manage the risks to deliver the CCG's year end control total of a £13.2m surplus.
- Approved the budget movements outlined in section 6 of the report.

14/18 Update on Quality, Innovation, Productivity and Prevention (QIPP) Plan

The Director of Commissioning and Performance presented this report which provided an update on the position against the QIPP target and the agreed QIPP plan at Month 8. He advised members that, at November 2017, the QIPP plan stood at £19.4m net against the original target of £21.2m, a shortfall of £1.8m. He reported that there had been a marginal improvement from the previous month of net savings of £10.4m, which would equate to the CCG delivering 54% of the net QIPP plan. He also advised Governing Body that confirm and challenge sessions were taking place with all the QIPP schemes to assess their plans against delivery.

The Governing Body noted the year to date and forecast outturn positions for the 2017/18 QIPP and the identified risks and mitigations.

15/18 Performance, Quality and Outcomes Report: Position Statement

The Director of Commissioning and Performance presented the new-style report which reflected the CCG's statutory responsibilities. He drew members' attention to the following key issues.

i) Diagnostic Waits: Whilst there had been some improvement on diagnostic waits in STHFT echocardiography in particular, the CCG was aware that there were still some capacity constraints within the trust.

ii) Mixed Sex Accommodation: There had been one breach in November 2017 which had affected three patients for six nights in a mental health setting.

iii) Quality

The Acting Chief Nurse advised Governing Body of the following:

Never Events: One Never Event, relating to a surgical invasive incident, had occurred at STHFT in November 2017.

iv) Other Issues

Quality Premium on E-Referrals: Dr Sorsbie advised Governing Body that the City-wide Locality Group (CLG) had discussed this indicator, which the CCG had not met for 2016/17. The Director of Commissioning and Performance advised members that the CCG was working with secondary care to make sure that everything was lined up to work to an electronic e-referral system from May 2018.

The Governing Body:

- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges.
- Noted the key issues relating to Quality, Safety and Patient Experience.

16/18 Local Maternity System Update

The Acting Chief Nurse presented this report which provided members with an update on the development of a Local Maternity System (LMS), and reported on the seven key drivers that had initiated the national maternity review, and the governance of the Local Maternity System Board.

She advised Governing Body that there wasn't much clinical input from the Governing Body on the four task and finish groups (clinical governance, quality measures, local maternity offer, and maternity voices partnership) as yet, which were meeting regularly to develop a plan to

meet the recommendations assigned to each group. She would take forward members' suggestion to have a clinical lead on each group, but this was slightly hindered at the moment as the CCG did not have a clinical director or maternity and children's services in post at the present time. **MP**

The Governing Body:

- Considered and noted the update.
- Agreed to ensure appropriate engagement from staff within the CCG in the task and finish groups, as noted above.

17/18 Quarterly Update on NHS Sheffield CCG Governing Body Assurance Framework (GBAF) and Risk Register

The Director of Finance presented this report which provided members with assurance that the organisation's strategic risks were being actively reviewed, challenged and managed. She advised members that there had been no major changes to the GBAF following the CCG's Senior Management Team (SMT) Quarter 3 review in December 2017.

She advised that SMT were trying to advance the timetable so the 2018/19 framework could be approved by Governing Body in March 2018 for the start of the new financial year and that an appendix to this report provided the timeline.

She also advised members that representatives from Internal Audit had been invited to attend Governing Body's next organisational development (OD) session on 1 February to give feedback on the results of the Governance Body's GBAF survey they had undertaken earlier in the year.

Mr Taylor, Chair of the Audit and Integrated Governance Committee (AIGC) advised members that the AIGC had reviewed the GBAF at its meeting in December and had asked the SMT, through the Director of Finance, to review the scores and wording of the principal risks relating to Parity of Esteem and Reducing Health Inequalities.

The Governing Body:

- Considered the GBAF as at Quarter 3.
- Did not consider there were any additional strategic risks that should be added to the framework.
- Did not consider that there were any further actions that could be taken to mitigate against the risks identified, except to note the review of the CCG's SMT of the principal risks relating to Parity of Esteem and Reducing Health Inequalities.

18/18 Accountable Care Partnership (ACP) Update

The Chair gave an oral update and advised members that the key highlight from the last meeting was that a patient centred approach to care had been approved in principle. He reminded members that they had previously questioned the transparency of ACP meetings, Lay

Membership, and when minutes of meetings would be made public, and advised that, now that a new ACP Programme Director had been appointed, there may be some progress on these issues, but he would raise these again at the next meeting. **TM**

The Governing Body noted the update.

19/18 Reports Circulated in Advance for Noting

The Governing Body formally noted the following reports:

- Governing Body Assurance Framework *(in support of main agenda item 8 (paper D*)
- Chair's Report
  Mr Taylor asked for an update on the Health and Wellbeing Board (H&WBB) development sessions. The Chair explained that membership of the H&WBB had changed halfway through 2017 and had agreed to schedule a number of development sessions. He reported that the first of those sessions had taken place, with a further session to take place in February.

The Governing Body formally noted the following reports:

- Accountable Officer's Report
- Report from the Audit and Integrated Governance Committee
  Mr Taylor commented that it was disappointing that only 30% of Member practices had returned their Declaration of Interest forms. The Director of Finance explained that actions were underway to try and improve this position, as it was a national requirement for all practices to complete.

The Governing Body formally noted the following reports:

- Report from the Primary Care Commissioning Committee (PCCC)
- Report from the Quality Assurance Committee
  Mr Taylor raised concerns about the low response rates to complaints and MP enquiries within the 25 day deadline. The Acting Chief Nurse advised that, whilst these were low in number, many related to complaints about continuing health care (CHC) and so were more complex in their nature. She advised that this was a concern to the CCG, but had been mainly due to staffing issues within the complaints team. However, a new complaints manager was now in post, and who had developed an action plan to address the issues and improve the position.

The Governing Body formally noted the following report:

- Unadopted Minutes of the Strategic Patient, Engagement, Experience, Equality Committee (SPEEEC)
  Dr Sorsbie asked about patient feedback of primary care interpreting services. The Interim Director of Delivery – Care Outside of Hospital explained that it had been identified that some users were experiencing issues around the quality of experience, and reported that Healthwatch had done some work on this that they were keen the CCG address, the report from which would be presented to the SPEEEC. She also reported that the CCG's PCCC would receive a paper on

interpreting services later in the month.

The Governing Body formally noted the following reports:

- Looked After Children Annual Report
- Complaints and MP Enquiries Quarterly Update

20/18 Confidential Section

The Governing Body resolved that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

21/18 Any Other Business

There was no further business to discuss this month.

22/18 Date and Time of Next Meeting

The next full meeting in public will take place on Thursday
1 March 2018, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Appendix A

Questions to the NHS Sheffield CCG Governing Body 11 January 2018

Question from Sue Harding, Representative for Relatives and Carers of Patients at Woodland View and Birch Aven

Relatives and Carers of Patients at Woodland View and Birch Avenue have raised concerns about what is happening to them in relation to the Continuing Health Care (CHC) team's decision to update some out of date assessments - by the end of March 2018, due to a contracting issue, and that they are not being done in accordance with the CHC framework. Due to this short timescale, the homes have not been able to correctly assemble multi-disciplinary teams and social workers and most of them are being undertaken with the Local Authority being present. We do not understand why there is such haste to get these assessments done, especially as a large number of the residents have not been assessed for four or five years, which is a failing that needs to be looked at.

Can the CCG stop the rush to get all these assessments done, and then start them again in accordance with the framework? We also do not know where the figure of 45% of the residents that are not entitled to CHC funding comes from, and would ask the CCG where these residents would go if that are not able to get the funding to stay in the homes.

CCG response: *The CCG would like to confirm that there has been no change to the National CHC framework which identifies that reviews should take place three months post placement and then annually thereafter. It is CCGs not the relevant nursing home who have the responsibility to ensure that the assessments involve multi-disciplinary teams, including the Local Authority staff, as appropriate.*

Sheffield CCG is currently in the process of undertaking CHC annual reviews where these are out of date across the city. As you identify, some of these apply to some of the residents in Birch Avenue and Woodland View who have not had a review for four or five years.

Given the ongoing contracting discussion with South Yorkshire Housing Association, it is essential for the CCG to understand, through CHC assessments, the nursing and social care needs for residents in Birch Avenue. This information will help support the approach that both South Yorkshire Housing Association and the CCG can use to understand what the actual requirements are for those individuals in support of providing the right care, in the right setting by the right staff.

As a number of the assessments have yet to be completed, the CCG is unable to comment on the accuracy of the 45% number stated for those not needing CHC funding.

We recognise that it is a very difficult time for relatives. Should individual CHC assessments indicate a change in care requirements, and hence potential funding arrangements, the CHC nurse assessors and local authority will ensure that full support and guidance is provided.

Questions from Mr Mike Simpkin, Sheffield Save our NHS

Paper D on this agenda, the South Yorkshire and Bassetlaw Policy for Commissioning for Outcomes is based around the standard NHS list of procedures supposedly of limited clinical value. Although the general effectiveness of some procedures on the list is clearly doubtful, others are definitely life enhancing. There is widespread belief that this list is essentially a cost control and rationing measure cloaked as benefit to patients. Last year the British Medical Journal reported that GPs and hospital consultants in England submitted at least 73,297 individual funding requests in 2016-17, 50% up on the previous year. Although the SYB proposals appear to take care to designate pathways for many of the procedures and the list is not necessarily a denial of healthcare, IFRs can be expected still to have a significant role.

CCG response*: The purpose of the Commissioning for Outcomes Policy is to support the focus of NHS resource to those areas that deliver benefit to patients. Therefore policies cover interventions where there is no or limited evidence of effectiveness or, in some cases, the policy seeks to define the cohort of patients who are most likely to derive benefit from the intervention*.

a) What is the likely effect on patients in Sheffield in terms of the number of procedures carried out? How many IFRs were received in Sheffield over the last five years and how many were accepted?

CCG response*: Work to model the impact, in terms of number of procedures/interventions, is underway across South Yorkshire and Bassetlaw. The modelling is complex as it requires the identification of specific procedure and diagnosis codes and further assessment to ensure that only interventions covered by the Commissioning for Outcomes Policy are identified and counted. This modelling is expected to be completed in February 2018.*

NHS Sheffield Clinical Commissioning Group (SCCG) holds data on IFR requests from 1 April 2013 (when the CCG was established). During the period from April 2013 to present the number of requests received and approved is as follows:

Financial Year	IFR Request Received	IFR Requests Approved
2013/14	1,127	665
2014/15	1,092	691
2015/16	923	485
2016/17	799	355
2017/18 April – Dec (FOT)	716 (955)	327 (436)

b) What is the estimated additional administrative cost for the proposed procedures and how does it compare with the savings which the CCG expects to make?

CCG response*: SCCG does not anticipate any additional administrative costs resulting from the change in policy.*

The proposed new policy covers 48 interventions, 33 of these are covered by existing commissioning policies in Sheffield and 15 are new introductions. For the 33 existing interventions, eight that currently require IFR review will transfer to a checklist approach, reducing the number of IFR requests accordingly as only requests for treatment where a patient does not meet the criteria would require IFR review. Of the new procedures, only one requires automatic consideration by IFR panel, meaning that only exceptional cases would be considered through the IFR panel for the other interventions. It is anticipated that the significant majority of additional IFR referrals would be generated by the proposed musculoskeletal policies. In Sheffield we do not propose to alter current referral arrangements for these areas.

Learning from the implementation of phase one of the policy in other areas of South Yorkshire and Bassetlaw is that there may be a short term impact, immediately after the implementation of the policy, in the volume of activity for IFR as clinicians adapt to the new process, overall even where the volume of referrals has increased there is no increase in administrative requirements long term there has been no increase in administrative requirements.

c) Who makes (or will make) IFR decisions – individual CCGs or SYB? If the first what is the point of the shared protocol as postcode lottery may still persist? If the second by what authority?

CCG response: *The IFR process is administered across South Yorkshire and Bassetlaw by a shared IFR team. The IFR panel meets on a weekly basis and considered requests from all CCGs. This ensures consistency of approach and interpretation. The panel is an expert group and makes recommendations on each case which are then approved in accordance with the CCGs scheme of delegation.*

d) Why under cataract surgery (p29) is there reference to the Royal College of Ophthalmologists guidelines of 2004 when the College produced a new guideline to commissioners in February 2015? How can we be confident that up-to-date criteria are being applied?

CCG response*: As described in the paper, the policy as presented to Governing Body is in draft. Further amendments will be made prior to approval and the policy will be kept up to date on an ongoing basis as new evidence emerges. Arrangements are proposed for the future review and approval of changes to the policy.*

The cataract policy is under discussion in Sheffield and it is already noted that the policy requires amendment to reflect new NICE Guidance on Cataract Surgery published in 2017. RCOG guidance on Cataract surgery was amended in 2010 and is under review. This will be reflected in the final policy.

Last week a survey published in the BMJ recorded Sheffield CCG as topping a list of CCGs receiving donations from pharmaceutical companies during the previous year

CCG response*: The CCG was concerned that the article appeared to selectively use information provided to the BMJ under a Freedom of Information request and has challenged the article. You may be interested to know that the article which now appears on the BMJ's web site looks different, with no league table and no mention of Sheffield.*

http://www.bmj.com/content/bmj/360/bmj.j5911.full.pdf

The CCG's Chair Dr Moorhead thought it was also appropriate to write to all our GP member practices to clarify certain points in the article and his note to our member practices is attached for information (Annex 1).

The declarations on the CCG website state that the total (?£11,332) forms around 6-7% of the clinical education budget. Some CCGs responded that they did not accept such donations or were going to discontinue them because of conflict of interest. Why has Sheffield CCG has been such an assiduous recipient of sponsorships which give commercial representatives access to a wide variety of clinical staff?

CCG response: *The representatives of the pharmaceutical companies are able to host an information stand during registration and the coffee break, but they are* ***not*** *allowed to be present during the meeting or to address the meeting. It is entirely within the personal choice of the GPs or Practice Nurses present whether they speak with the company representatives or not.*

The funding received from the pharmaceutical industry has helped to augment the CCG's budget for clinical education. The typical cost of a large event for around 250 GPs and nurses is around £9,000, including the cost of clinical cover, venue hire, audiovisual equipment, any delegate materials, and light refreshments; therefore the funds we have received in the past have made a useful contribution towards running our events, which we believe benefit Sheffield patients and staff in primary care.

In the current year, 2017-18, we have, however, only used pharmaceutical sponsorship for three of the 14 planned events. In 2016/17 the last full financial year as per the attached note we actually received £6,417 in sponsorship.

Are there any sponsorships not disclosed on the website declarations?

CCG response: *No. The CCG has declared all sponsorship in order to comply with our Standards of Business Conduct Policy.*

What are the criteria for accepting or rejecting sponsorship?

CCG response*: Pharmaceutical sponsors are* ***not*** *allowed to determine the topics chosen for the meetings, or the clinical content, or the format or speakers chosen. Any medicines promoted must be approved in the Sheffield Formulary.*

If a company is particularly famous for producing a drug, or has an expensive new drug to promote, we are careful to make sure we do not allow them to sponsor an event which covers a clinical topic linked to their product.

Has the sponsorship of events has been connected with the promotion of particular products?

CCG response: Only once. In May 2013 the CCG held an educational meeting about diabetes; at the instigation of the lead clinician who was designing the event we invited four companies who manufacture insulin devices and blood sugar testing equipment to partially sponsor the event. The companies hosted exhibition stands during the registration and break periods, where they demonstrated new devices and equipment to

any clinicians who were interested, as part of the educational offering on the day. The rationale for this was that if the GPs or practice nurses had not seen the new devices demonstrated, they could not advice patients on their use.

What additional value if any has been gained for patients?

***CCG response**: There are some areas of therapeutics, particularly with the rapid development of new agents and combination agents contained within treatment guidelines, where the contribution of pharmaceutical companies in specific educational materials is useful. However the support given is non promotional through national rules which we observe closely.*

Will the Governing Body refer the issue to an appropriate and independent audit body (including patient representatives) to consider whether these types of payment should be accepted in the future and if so whether the conditions and safeguards currently operating are satisfactory?

***CCG response**: At the moment the Governing Body has no plans to refer the issue. The CCG works within the principles set out in the document "Guidance on collaboration between healthcare professionals and the pharmaceutical industry", produced by the Ethical Standards in health and Life Sciences Group, which represents a number of bodies such as the Royal College of General Practitioners, the Department of Health, the BMA, and the Royal College of Nursing. This document can be found on the internet here: https://www.fpm.org.uk/policypublications/ESHLSGcollaborationdoc*

The principles include: "Healthcare and industry professionals are able to manage their relationships with each other without compromising clinical decision making". The document specifically mentions support for medical education as an example of collaborative working between healthcare and the pharmaceutical industry and sets out ten ways in which collaboration benefits the service, as well as some parameters for ethical working.

Message for Sheffield GPs regarding recent BMJ article on pharmaceutical sponsorship to the CCG.

The BMJ recently published an article about pharmaceutical sponsorship to CCGs and their failure to disclose or register it on their websites, compared with information gained from an FOI sent to the CCGS. http://www.bmj.com/content/360/bmj.j5915

NHS Sheffield was listed as the CCG with the greatest number of payments, but there was no list of the CCGs receiving the highest total amount in value. From the information in the article it was not possible to verify whether BMJ had correctly isolated out just the payments in relation to sponsorship as their Freedom of Information (FOI) request covered a variety of different payments.

Of the various types of payments which the FOI covered, only those for sponsorship must be declared in CCGs' registers and on our websites. In our response to the FOI for 2016/17 we identified 24 individual sponsorship payments with a total value of £6,417. These all related to support for the Protected Learning Initiative meetings. This reflected actual funding received. In fact we declared a slightly higher amount of £7,200 on the website in our register of gifts, hospitality and sponsorship. The register details offers of sponsorship which can be slightly more than the actual funding finally received. Our sponsorship is guided by a clear written policy http://www.intranet.sheffieldccg.nhs.uk/Downloads/finance/Commercial%20Sponsorship%20with%20changes%20from%20AIGC%20December.doc.

The CCG also negotiates rebates on pharmaceutical prices which is routine business and does not constitute sponsorship. This information was also provided to BMJ as part of our answer to the FOI.

None of the payments are in any way linked to the sort of activity highlighted in the BMJ article such as theatre or sporting tickets.

Dr Tim Moorhead

Chair, NHS Sheffield CCG