NHS
Sheffield
Clinical Commissioning Group

Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 7 November 2013 in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

A

Present:
Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Dr Amir Afzal, GP Locality Representative, Central
Ian Atkinson, Accountable Officer
Kevin Clifford, Chief Nurse
Dr Richard Davidson, Secondary Care Doctor
Amanda Forrest, Lay Member
Tim Furness, Director of Business Planning and Partnerships
Professor Mark Gamsu, Lay Member
Dr Anil Gill, GP Elected City-wide Representative (from item 236/13 onwards)
Dr Andrew McGinty, GP Locality Representative, Hallam and South
Dr Zak McMurray, Joint Clinical Director
Julia Newton, Director of Finance
Dr Richard Oliver, Joint Clinical Director
Dr Marion Sloan, GP Elected City-wide Representative
Dr Leigh Sorsbie, GP Locality Representative, North
Dr Ted Turner, GP Elected City-wide Representative

In Attendance:
Rachel Dillon, Locality Manager, West
Professor Pam Enderby, Chair, Sheffield Healthwatch
Rachel Gillott, Deputy Chief Operating Officer (on behalf of the Chief Operating Officer)
Carol Henderson, Committee Administrator
Linda Tully, Head of Corporate Governance and Company Secretary
Richard Webb, Executive Director – Communities (up to item 237/13)
Dr Jeremy Wight, Sheffield Director of Public Health
Paul Wike, Locality Manager, Central

Members of the public:

Six members of the public were in attendance.
A list of members of the public who have attended CCG Governing Body meetings is held by the Company Secretary

227/13 Welcome

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

228/13 Apologies for Absence

Apologies for absence had been received from John Boyington, CBE, Lay Member, and Idris Griffiths, Chief Operating Officer

Apologies for absence from those who were normally in attendance had been received from Katrina Cleary, CCG Programme Director,

Dr Mark Durling, Chairman, Sheffield Local Medical Committee, Simon Kirby, Locality Manager, North, and Gordon Osborne, Interim Locality Manager, Hallam and South.

229/13 Declarations of Interest

Ms Forrest, lay Member, declared an interest in the following item:

- Best Start Sheffield Lottery Bid (paper F)

Ms Forrest declared that she was a Director of Sheffield Cubed, the lead organisation responsible for overseeing the project. Because there was no financial or other material decision required and the information was in the public domain, the Governing Body agreed that this did not present a conflict (financial or otherwise) that would require Ms Forrest's exclusion from the discussions.

There were no further declarations of interest this month.

The full Governing Body Register of Interest is available at: http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Corporate/CCG%20Register%20of%20interest%20April%202013.pdf

230/13 Minutes of the CCG Governing Body meeting held in public on 3 October 2013

The minutes of the Governing Body meeting held in public on 3 October 2013 were agreed as a true and correct record and were signed by the Chair, subject to the following amendment:

Professor Enderby and Mr Wike to be added to the list of those present.

231/13 Matters arising from the minutes of the meeting held in public on 3 October 2013

a) Development of CCG Commissioning Intentions for 2013/14 (minutes 126/13(a), 151/13(a) and 205/13(a) refer)

The Director of Public Health advised members that Public Health England had a clear view as to where commissioning responsibility for Hepatitis screening for the Roma Slovak population lies, however, a legal opinion on this was still awaited. **JW**

b) Procurement Update including 2013/14 Procurement Strategy (minutes 185/13 and 205/13(c) refer)

The Chief Nurse advised members he would be meeting with Professor Enderby the following day to discuss the process for the separate contract monitoring programme for procured services.

c) Update on the National Centre of Excellence for Sport and Exercise Medicine (NCESEM) (minutes 187/13 and 205/13(d) refer)

Ms Forrest advised members that Janet Skirrow from the Public Health team was taking forward the discussions on how to make food and physical activity work better in the city.

d) Mencap Getting it Right Charter (minutes 188/13 and 205/13(e) refer)

Professor Enderby advised members that she would be meeting with Sarah Burt, Senior Commissioning Manager, to discuss the two key issues her Board members had identified.

e) Election of Governing Body GP Members (minute 208/13 refers)

The Company Secretary advised members that the vacancy arising from Dr Ainger's resignation from Governing Body had been communicated through the Locality GPs and Managers.

f) Quality and Outcomes Report: Community Clostridium Difficile (minute 217/13(d)(i) refers)

The Chief Nurse advised members that he was seeking external scrutiny of our action plans for community Clostridium Difficile (C.Diff) cases.

232/13 Chair's Report

The Chair presented this report and offered to expand on any issues if members so wished. He advised members that, due to adverse weather conditions on 28 October, he had unfortunately not been able to meet with the Prime Minister and Secretary of State as planned.

The Governing Body received and noted the report.

233/13 Accountable Officer's Report

The Accountable Officer presented this report. He had no particular items to draw to members' attention this month, although he clarified that in his work on the National Information Board he represented a broader CCG view not just NHS Sheffield CCG.

The Governing Body received and noted the report.

234/13 Company Secretary's Report

The Company Secretary presented this report and drew members' attention to the key messages which included the review of the working practice of the Governing Body and its Committees that was underway

and would be discussed further in the private session.

The Governing Body received and noted the report.

235/13 Best Start Sheffield Lottery Bid

The Director of Business Planning and Partnerships presented this report which described the work to date to develop the detailed proposal from Sheffield and the terms of reference for the Partnership Board established to oversee development of the bid and implementation of the proposal, if the bid is successful. He advised members that it was a huge opportunity for Sheffield, would bring in substantial resource and it was important that we, as a CCG, were involved in supporting the bid, however, it was a difficult and challenging process. He also advised members that the Area Team was being included in the process as some children's services in Sheffield, including Health Visiting, are commissioned by them.

Ms Forrest advised members that her organisation, Sheffield Cubed, was responsible for leading the whole process and she explained that it had become apparent as time goes on that success would mean investing in preventative services to save in more specialist services. She reported that, as the process was very complex, the deadline for final proposals had been extended to the end of February, and clarified that the money could not fund or pay for any statutory responsibilities or services. She also commented that this also might be a template for how we work on other future service redesign.

Professor Enderby suggested that there may be a missed opportunity to work with members of the two Sheffield University student unions, who could assist with transferring passion and interest into real action.

The Director of Public Health commented that he sees this as a catalyst to make some real changes and, if it worked, would impact on all services across the city.

The Governing Body:

- Noted the ambition and opportunity of this work and its alignment with wider strategies for reducing health inequalities, mitigating poverty and integrating commissioning across CCG and the Local Authority.
- Supported further communication to primary care and partners about this work.
- Noted the challenges and risks outlined in the paper.
- Noted that any future implications in terms of integrated commissioning and pooled budgets arising as the programme develops, would be the responsibility of the Area Partnership Board and would be channelled through and determined by CCG and Sheffield City Council's (SCC's) existing governance and commissioning arrangements.
- Delegated authority to make urgent decisions regarding the CCG's contribution to the programme to the Accountable Officer, as the CCG representative on the Partnership Board, who will consult with

the CCG Chair and the CCG Children and Young People's lead in making such decisions.

236/13 Planning for 2014/15

The Director of Business Planning and Partnerships presented this report which provided an update to Governing Body on progress in developing our plans for 2014/15, reflecting the outcome of consultation with member practices at the Members' Council on 16 October. He advised members that further discussions had taken place at the Planning and Delivery Group on 29 October to which Governing Body members had been invited to attend, and a further discussion would take place at the Commissioning Executive Team (CET) on determining, on behalf of the Governing Body, what the three (or more) priorities for 2014/15 should be, which would be reflected in the recommendations.

He advised members that the discussions at the Planning and Delivery Group had and were focusing on the role, value and capability of the clinical portfolios, and clarity on what their transformational aims are. The Accountable Officer reported that they had also been working hard to ensure that this can be described clearly, and ensuring our aim of providing care closer to home was met. He commented that this was probably the most complex round of planning the NHS had experienced and our plans needed to be anchored on strong Commissioning Intentions (CIs). Cross-portfolio working and effective communication was the key to success.

Dr Gill entered the room at this stage.

Professor Gamsu asked about the challenge of integration between the CCG and Locality Authority. The Executive Director – Communities responded that his thoughts were that the Local Authority has to think about integration in a different way from in previous years. He was encouraged about the discussions taking place, having shared objectives and funding streams, and the need to move away from a reliance on secondary care. It is really important we are aspirational and say what our vision is for Sheffield and that we want the freedom to do it.

The Locality Manager, West, asked if the CCG could give a strong and coherent package of messages to practices at Locality Council meetings. The Director of Business Planning and Partnerships responded that he hoped to be able to do this after the 12 November CET meeting, which would also be the outline of the CCG's Commissioning Intentions.

The Director of Finance reminded members of a caveat in that the CCG would not receive its 2014/15 financial allocations until mid December so a number of financial assumptions were having to be made.

An update would be presented to Governing Body in December. **TF**

The Governing Body:

- Noted the feedback received on proposals to adopt three major projects in 2014/15.
- Confirmed the approach.
- Delegated detailed work to CET to develop proposals and engage with practices and the public, prior to further discussion at Governing Body

237/13 General Practice Associations (GPAs) Programme Update and GPA Support to Care Planning

The Locality Manager, Central, presented this report and informed the Governing Body that 52 people had attended the second workshop on 17 October, which had focused on procurement and market testing. The third workshop would take place on 20 November and would focus on further Commissioning Intentions.

The Governing Body received and noted the report.

238/13 New Opportunities: Director of Public Health Report for Sheffield 2013

The Director of Public Health presented this report and gave a short presentation with key highlights of his report, which, he reported, hosted the health and wellbeing atlas and was available on Sheffield City Council's website. He advised members that in January 2013 SCC's Cabinet had approved a vision for public health which he and his team were trying to make a reality.

The Chair commented that the CCG's commissioning plans would take the report's recommendations into account and would respond to those challenges.

Dr Oliver, Joint Clinical Director, suggested that, for future years, there was an opportunity to report on how things have improved for patients, and on what difference, we as a CCG, have made to the health of population of Sheffield.

The Executive Director – Communities left the meeting at this stage.

The Director of Public Health advised members that although the reported increase in life expectancy was nation and Europe-wide, he had some convincing data about significantly improved areas in Sheffield. He also reported that there was evidence that social services cuts are very damaging to health and it is on SCC's agenda to work with the locality communities, amongst others, on how it can mitigate that damage.

The Director of Public Health also advised members that the Public Health Outcomes Framework (PHOF) had never been systematised, and was an area they had struggled to get good measures.

The Governing Body received and noted the report and its recommendations.

239/13 NHS Sheffield CCG Public and Patient Involvement Plan

The Director of Business Planning and Partnerships presented this report which described how the CCG would involve public and patients in its decision making and consultations from the start of the process. The key to delivery was the role of the CCG's clinical portfolios and commissioning managers in the process, and it needed to be the CCG's blueprint for how we work across all our portfolios.

A detailed discussion took place and members agreed that the plan needs to help the CCG obtain public involvement and support in the decisions we make, be effective, and avoid duplication with Healthwatch's plans by having an aligned strategy and joined up approach. We need to work with communities and established networks and forums to shape and deliver services in a way that is good for them.

The Governing Body:

- Approved the plan.
- Noted the next steps.
- Supported the establishment of a PPI Task and Finish Group.
- Requested the Director of Finance to identify non recurrent resources to support the launch of the plan.
- Asked the Chief Operating Officer to review portfolio plans and consider how the portfolios could be resourced to ensure PPI is embedded in their work.

240/13 Musculoskeletal Care in Sheffield – Commissioning for Outcomes

Dr McMurray, Joint Clinical Director, presented this report. He reported that, following the decision at the Governing Body meeting held in private in October to proceed with option 2 in the business case, discussions had commenced with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) to explore the feasibility of developing the model in partnership with the trust. A paper would be presented to Governing Body in January 2014 setting out options for the way forward. **ZM**

The Governing Body received and noted the report.

241/13 Finance Report

The Director of Finance presented this paper reporting the financial position to the end of 30 September and an assessment of the key risks and challenges to deliver the forecast year end surplus. This had been increased by £2.5m to £6 million following discussions at the private session of Governing Body last month and with NHS England. It was largely possible due to the release of significant running cost reserves. She advised members that CCGs would be expected to plan on a 1% surplus for at least the next 2 years and hence making further progress towards this target in 2013/14 should be considered a positive action, reducing pressures next year.

She advised members that the CCG's Commissioning Executive Team (CET) had approved non recurrent funding proposals for winter resilience which if fully implemented would cost £1.5 million and would be funded from within the CCG's 2% head room reserves. Some projects represented pilots which it might be sensible to include within the 2014/15 QIPP plan and hence would be evaluated as soon as possible for inclusion if appropriate in the CCG's Commissioning Intentions.

She also asked members, in line with the Scheme of Delegation, to approve an addition of £2 million to the STHFT contract budget in anticipation of winter activity pressures over and above the specific initiatives discussed above. She also asked members to note that £0.5 million had been transferred from commissioning reserves to NHS England in relation to the full year effect of LIFT developments that became operational in 2012/13.

The Chair commented that the CCG had made good progress in six months and really welcomed being able to invest in-year, especially as this had not happened in Sheffield for a number of years.

The Governing Body:

- Noted the Month 6 financial position, in particular the increase in the forecast surplus.
- Endorsed the winter resilience investment proposals.
- Approved the budget changes highlighted in section 4 of the report.

242/13 A&E Services at Sheffield Teaching Hospitals NHS Foundation Trust – Review of Quality Indicators

The Deputy Chief Operating Officer presented this report which contained detail of a high level assessment that had been carried out in STHFT's A&E services. She drew members' attention to the key highlights which included good quality of service and patient experience. The assessment also reported that at least 20% of patients in A&E could have been treated elsewhere, which would be considered further by the Urgent Care Board.

Ms Forrest asked if we could look at more in-depth ways to capture patient experience including enacting our public and patient involvement engagement plan and engaging Healthwatch to do some of this work on our behalf. The Chief Nurse advised members that the national review of patient satisfaction would concur with the outcome of the assessment and that he would be happy to work with Healthwatch as suggested.

The Governing Body received and noted the report.

243/13 Quality and Outcomes Report

The Deputy Chief Operating Officer presented this report which reflected the CCG's statutory responsibilities. She reported that, despite some of the pressures, we remained in a favourable position

as a health community, presented the key performance issues and drew members' attention to the following key highlights.

a) A&E waiting times: this remained a pressure, which it was hoped would be addressed by implementation of the winter resilience plans approved by Governing Body earlier in the meeting.

b) 18 weeks – waiting times and access to diagnostic tests: as Sheffield Children's NHS Foundation Trust (SCHFT) had not met the admitted requirement for Sheffield-registered patients in September, Director-level discussions were now taking place.

c) CCG Assurance process: we had submitted self certification for Quarter 1. Quarter 2 had just started and there were no new major areas of concern.

d) Quality

(i) Clostridium Difficile (C.Diff) and MRSA: As reported to Governing Body in September, there had been one MRSA case at STHFT in April, attributable to the CCG, and one new case in the community reported in September, also attributable to the CCG.

With regard to the CCG's target of zero for MRSA, which had been based on previous good performance, the Chair asked members if they supported a request from him to NHS England to reconsider the target as it felt like we were being penalised for past good performance, and not achieving the target could also affect our financial allocations next year. **TM**

(ii) Care Quality Commission (CQC) Internal Monitoring Reports: STHFT and SCHFT had both been banded in as Level 6, low risk. Although SCHFT had not identified risks, over 50% of criteria are not applicable to them as a children's hospital. The CCG was aware of three areas of risk that had been identified for STHFT - Patient Reported Outcome Measures (PROMS) data around hip replacements, which was not an elevated risk, Never Events, which the CQC sees as a low level risk, and Whistleblowing within the trust.

Ms Forrest asked about the performance of the Yorkshire Ambulance Service (YAS) (appendix B), some of which remained a considerable cause for concern. The Deputy Chief Operating Officer responded that whilst the trust's performance continued to improve, we continued to monitor it due to their historical performance.

The Governing Body:

- Noted how Sheffield CCG compares to other similar CCGs on key areas of Health Outcomes.
- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges.
- Noted the key issues relating to quality, safety and patient experience.

- Noted the initial assessment against measures relating to the Quality Premium.

244/13 Quality Assurance Committee (QAC)

a) Serious Incident Report

The Chief Nurse presented this report which provided updates on new Serious Incidents (SIs) in September 2013 for which the Governing Body has either a direct or a performance management responsibility. He advised members that there had been two new SIs reported in September, one at Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) and one at an independent provider.

The Governing Body received and noted the report and the position for each provider.

245/13 Updates from the Locality Executive Groups (LEGs)

a) Central

The Locality Manager advised members that discussions in Central had focused on problems with payments for vaccinations and immunisations payments. The Accountable Officer reported that this had been raised as a concern by the South Yorkshire Commissioners (SYCOM). The Locality Manager also reported that NHS England had agreed to introduce a Gateway system as part of their communication process to practices.

b) HASL

The Governing Body received and noted the report.

c) North

Dr Sorsbie presented this report and drew members' attention to the key highlights which included 100% sign up for care planning and the discussions taking place around Local Enhanced Services (LESs).

d) West

The Locality Manager presented this report. She also drew members' attention to the ongoing discussions about care planning.

The Governing Body noted the reports.

246/13 Reports for Noting

The Governing Body received and noted the following reports:

- Report from the Joint Clinical Directors. Dr Oliver advised members that the Clinical Reference Group (CRG) was conducting a survey to get clinicians' views on how they engaged with the CRG.
- Key highlights from Commissioning Executive Team and Planning

and Delivery Group meetings.
- Summary report on Specialised and Collaborative Commissioning.

247/13 Feedback from GPs and Lay Members

There was no further feedback from GPs or Lay Members this month.

248/13 Questions from the Public

Mike Simpkin, Sheffield Save our NHS, had submitted a number of questions prior to the meeting. The CCG's responses to these are attached at Appendix A.

249/13 Confidential Session

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, section (2) Public Bodies (Admission to Meetings) Act 1960.

250/13 Any Other Business

Healthwatch Public Open Day

Professor Enderby reported that Healthwatch Sheffield staff team and interim Governing Body would be holding a public open day on Monday 18 November from 2.30 pm – 6.00 pm at The Circle, 33 Rockingham Lane, Sheffield S1 4FQ, and would welcome attendance from members of CCG staff and Governing Body.

There was no further business to discuss this month.

251/13 Date and Time of Next Meeting

Thursday 5 December 2013, 2.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Appendix A

Questions from Mike Simpkin, Sheffield Save Our NHS, questions to the Governing Body 7 November 2013

Question 1: In evaluating the PPI plan, will there be some process to identify where and how PPI has actually made a significant difference?

CCG response*: The CCG will put in place a reporting process to collate information about our PPI activity and what it has influenced, which will be both about corporate events and activity and portfolio-specific information.*

Sheffield HealthWatch is responsible for ensuring that patients and public have a voice in developing and monitoring Sheffield health and social care. Their strategy, which is published on their website, provides information on the processes that they use and the priorities that have been selected for attention at this time. They have developed relationships with many voluntary agencies across Sheffield as well as recruiting volunteers to assist them in monitoring or contributing to other bodies to monitor, e.g., CQC, services. Their newsletter and annual report provides information on where they have, or have not, made a difference. This is still early days for Healthwatch and they are still developing the best ways to identify where they have made a unique contribution.

Question 2: In the paper being presented on MSK services, the CCG seems to be saying that it will follow a Prime Contractor model, whether with the current main provider, or some other organisation if that doesn't work. However, from the paper it is not really clear whether the proposed relationship with STHFT is continuance of main provider but with different specifications; a realignment of STHFT as Prime Contractor which will then subcontract; or some sort of partnership. We are concerned that the Prime Contractor model will dilute transparency of the commissioning process. Has the CCG weighed up the pros and cons of alternatives to the Prime Contractor model such as Alliance Contracting?

CCG response: *STHFT is currently the predominant provider for the full range of MSK and related services, both within the hospital and community based. However, this covers a range of services currently specified separately and none under contracts that are based on outcomes for patients (most notably contracts for inpatient work that pay on an activity basis using the national tariff). It is the intention of the CCG to pursue a prime contractor model for MSK services rather than continue existing arrangements with different contractual specifications and payment models.*

As STHFT is the predominant provider it is intended to work in partnership with STHFT, (rather than adopting alliance contracting with/or carrying out open tendering of services), in order to develop a new single contract with payment linked to outcomes for patients. If successful this will provide a significant opportunity to develop new ways of providing the care that patients need, and in a way that avoids

very lengthy alternative contractual processes and potential transfer of services between providers. Currently providers may already sub-contract work. Our view is that a single outcome based contract with STHFT will not dilute transparency of the commissioning process. Indeed, as a prime purpose of commissioning is to improve patient outcomes the process will be more transparent than the current national tariff system of paying for activity.