NHS
Sheffield Clinical Commissioning Group

Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 2 May 2013 in the Boardroom at 722 Prince of Wales Road, Darnall, Sheffield, S9 4EU

A

Present:
Dr Tim Moorhead, GP Locality Representative, West (Chair)
Dr Amir Afzal, GP Locality Representative, Central
Dr Margaret Ainger, GP Elected City-wide Representative
Ian Atkinson, Accountable Officer
John Boyington, CBE, Lay Member
Kevin Clifford, Chief Nurse
Dr Richard Davidson, Secondary Care Doctor
Amanda Forrest, Lay Member
Tim Furness, Director of Business Planning and Partnerships
Dr Anil Gill, GP Elected City-wide Representative
Idris Griffiths, Chief Operating Officer
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:
Tony Clarke, HealthWatch representative
Katrina Cleary, Locality Manager, Hallam and South
Rachel Dillon, Locality Manager, West
Sue Fiennes, Independent Chair, Sheffield Adult Safeguarding Partnership (SASP) and Sheffield Safeguarding Children Board (SSCB) (for item 104/13)
Joe Fowler, Director of Commissioning, Sheffield City Council (on behalf of the Executive Director – Communities)
Carol Henderson, Committee Administrator
Simon Kirby, Locality Manager, North
Gordon Laidlaw, Communications Manager
Sue Mace, Designated Nurse, Safeguarding Children (for item 104/13)
Alistair Mew, Senior Commissioning Manager (Elective Care) (for item 112/13)
Linda Tully, Company Secretary and Head of Corporate Governance
Rachel Welton, Designated professional, Safeguarding Adults (for item 104/13)
Dr Jeremy Wight, Sheffield Director of Public Health
Paul Wike, Locality Manager, Central

Members of the public:

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

99/13 Welcome

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

100/13 Apologies for Absence

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chairman, Sheffield Local Medical Committee and Richard Webb, Executive Director – Communities, Sheffield City Council

101/13 Declarations of Interest

There were no declarations of interest.

102/13 Minutes of the CCG Governing Body meeting held in public on 4 April 2013

The minutes of the Governing Body meeting held in public on 4 April 2013 were agreed as a true and correct record and were signed by the Chair.

The Chair drew members' attention to Appendix A, detailing a number of questions that had been submitted at the meeting and the CCG's responses to these, which had either been given orally at the meeting or emailed following the meeting.

103/13 Matters arising from the minutes of the meeting held in public on 4 April 2013

a) CCG Commissioning Intentions for 2013/14 (minutes 73/13(b) and 81/13 refer)

The Director of Business Planning and Partnerships advised members that the public facing summary had been shared with volunteers who had offered to act as a Reading Group and would be re-drafted in the next few days. **TF**

He also advised members that he was still awaiting clarification from the Area Team as to where the commissioning responsibility lies for Hepatitis B Screening – Roma Slovak population and for the Latent TB community testing service. **TF**

b) Accountable Officer's report (minute 77/13 refers)

The Company Secretary and Head of Corporate Governance confirmed that she had circulated a summary of the National Director of Commissioning Development's letter setting out the duties of a CCG.

c) Risk Management Strategy (minute 80/13 refers)

The Company Secretary and Head of Corporate Governance advised members that the strategy had been reviewed to make it clearer about how the organisation manages external risks, and now made reference to the CCG's Assurance Committee's role in managing risk. It would also form part of a Governing Body OD session.

d) Communications and Engagement Strategy (minute 84/13 refers)

The Chief Operating Officer welcomed any final comments on the draft strategy. A final iteration would be presented to the Governing Body in June. **IG**

e) Quality and Outcomes Report (minute 87/13(d) refers)

The Chief Operating Officer advised members that higher level data broken down for the range of outcomes from specialties would be incorporated into his report in due course.

The Chief Nurse advised members that there had been a mistake in the paper presented in April in that the numbers of informal and formal complaints at Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) had been transposed. The increased level of complaints about the trust were mainly minor and largely related to the reconfiguration of services but they had committed to provide us with detail on all of these, which the Chief Nurse would report to the Governing Body in due course. **KeC**

104/13 Safeguarding

Sue Fiennes, Independent Chair, Sheffield Adult Safeguarding Partnership (SASP) and Sheffield Safeguarding Children Board (SSCB), Sue Mace, Designated Nurse, Safeguarding Children, and Rachel Welton, Designated Professional, Safeguarding Adults, attended for this item. Ms Fiennes gave a presentation that updated members on the emerging priorities for safeguarding adults and children for the CCG for the coming year, and the key national documents they would need to take account of, including the new Adult Safeguarding legislation that would be published in the summer.

Key highlights included the Adult Safeguarding Board was reviewing its governance arrangements as they had not been reviewed since 2005, NHS England requesting representation on both Safeguarding Boards, the learning from safeguarding and domestic homicide reviews that was an ongoing process, and the important role that GPs have to play. Training and development programmes were robust and cover as wide as possible the health professionals in the city. Both Boards commission the training, which is the one commissioning function they have. The Chief Nurse commented that there were times when the

CCG would use its commissioning influence if it was thought that Foundation Trusts were not undertaking dealing with any issues of safeguarding, but also to fulfil a wider leadership role for safeguarding in Health.

The Accountable Officer asked about information sharing for child sexual exploitation and what else we could do as a CCG. Ms Fiennes responded that it would be useful to have named professionals to have access to these routes and to have these assurances and responsibilities taken at a local level. She advised members that a manager for child sexual exploitation would be appointed who would have the duty to start the mechanisms to share this information.

The Chair asked if Ms Fiennes foresaw any problems with the CCG delivering more services in the community. Ms Fiennes responded that this as in any other service area could always carry a risk but the same principles for staff confidentiality and triggers should apply.

The Governing Body received and noted the report and presentation.

105/13 Chair's Report

The Chair presented his report and offered to expand on any issues if members so wished.

In addition to his report, he reported that members of the Governing Body had met with the Board of Voluntary Action Sheffield (VAS) the previous day. It had been a useful meeting with outcomes in terms of further meetings arranged, and we would now be exploring how this could be developed into meaningful contractual arrangements.

The Governing Body received and noted the report.

106/13 Accountable Officer's Report

The Accountable Officer presented his report. He advised members that the Chair had approved his objectives for 2013/14, which he would circulate to Governing Body members. **IA**

The Governing Body received and noted the report.

107/13 CCG Governance

The Company Secretary and Head of Corporate Governance presented this report. She highlighted the key issues which included:

- The report aimed to assure members that the CCG was able to meet its statutory duties from 1 April 2013.
- An OD session for members would take place in June on managing conflicts of interest. In this respect, the Locality Manager, HASC, advised members that HASC had held a consultation with their practices about their commissioning plan as a locality and, although

further work needed to be done, practices understood and were mindful of the conflict of issues as commissioners.

- The ballot for the city-wide elected Governing Body GPs would be open from 1 to 23 August 2013. A communication for GPs that wished to put themselves forward was being devised in line with the agreed proposals. **LT**
- Member practices had agreed to the proposed changes to the CCG Constitution as set out in the paper.

The Governing Body received and noted the report.

108/13 CCG OD Plan

The Chief Operating Officer gave a presentation that updated the Governing Body on the CCG's organisational development plan and engaging for success.

Key highlights included the employee voice was critical, we need different ways of working and be more flexible and adaptable as an organisation, and the culture needs to change. We need to create an organisation where people want to come and work, and create a change of pace for the organisation. We also need horizontal communications throughout the organisation and make sure we get city-wide consistency in our communications, which will be drawn out in the development programme work we will be doing with the Leadership Academy to become a clinically engaged and entrepreneurial CCG. There will also be an opportunity to challenge ourselves on how we communicate with our practices.

The Company Secretary and Head of Corporate Governance advised members that any GPs that expressed an interest in becoming Governing Body members would be invited to take part in the CCG OD sessions that were taking place over the summer.

The Governing Body received and noted the presentation.

109/13 Finance Report

The Director of Finance presented this report which provided the 2012/13 financial position for the year ending 31 March 2013, based on draft accounts which had been submitted to the Department of Health by the national deadline. The PCT was reporting, subject to external audit review, that it had met all its financial statutory duties for 2012/13, with an overall £478k surplus at year end, very close to the planned surplus.

The Chair thanked the Director of Finance and her team for all their hard work in achieving this very positive position.

The Chair referred to the table on page 5 that showed the 2012/13 monthly prescribing trend and asked how much of our prescribing spend was attributed to national measures. The Director of Finance

responded that c.£1 million was attributed to national pricing, but would see if she could give a more accurate breakdown of this. **JN**

She drew members' attention to Appendix F of her report and initial revenue budgets for 2013/14, which had previously been considered in private, and reported that she had not made any significant changes to those she had presented in April. She also drew members' attention to one of the key risks for 2013/14; the uncertainty that remained on the impact of the new commissioner arrangements from April 2013 and whether budgets and related responsibilities have been fairly aligned, particularly with regard to specialised services. She advised that NHS England was expecting a further joint review with CCGs of the impact at Month 4 in relation to specialised services and that the Sheffield finance team were working closely with the NHS England Area Team on the detail relating to both local and out of area trusts.

The Governing Body:

- Noted the final 2012/13 outturn position for the PCT, subject to external audit of the accounts.
- Retrospectively approved the budget changes made at Month 12, detailed in Appendix D.
- Approved the revised initial budgets for the CCG, as set out in Appendix F.

110/13 Quality and Outcomes Report

The Chief Operating Officer presented this report which reflected the CCG's statutory responsibilities. He presented the key performance issues as at Month 12 and drew members' attention to the following key highlights.

a) Highest Quality Health Care: Patient Experience of GP Practices

He drew members' attention to an amendment on the final graph of page 12 of his report which should read: *"whether patients were satisfied with the service at their Out of Hours GP service".*

He reported that there had been a general decline in confidence in the NHS, and the performance in Sheffield was no different to elsewhere in the country.

He would also ensure that the graphs included in his next report were produced in order of chronology. **IG**

b) Quality Premium Dashboard (QPD)

The quality premium is intended to reward CCGs for improvements in the quality of services they commission and for associated improvements in health outcomes and reducing inequalities, but the CCG would only be eligible for payment for the four specified rights and pledges that need to be met if it managed within its total resources envelope for 2013/14.

c) A&E

Although performance at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) had improved, it was still only at 94.28%, with Sheffield Children's NHS Foundation Trust performing at 94.45%. We were working with both trusts to identify reasons and solutions for this and improvement plans had been developed, with more information to be presented to the Governing Body on the systems to address this. We were monitoring the additional consequences of this underperformance, particularly with regard to the potential impact on meeting 18 weeks waiting time targets, especially for orthopaedics, plastic surgery and neurology.

The Chief Operating Officer reported that the discussion in the private session in April with the Chief Executive and Chair of STHFT about A&E had focused mainly on issue of the flow of patients through the acute health care system, and the issues within the trust about triage and who should be seeing and treating which patients. Dr McMurray commented that the growth in numbers of people attending A&E had been broadly static over the past 18 months, although admissions had increased by 10 - 19%.

Members asked about public awareness of A&E. The Chief Operating Officer responded that awareness campaigns had not had any major impact that could be discerned and there was no reliable evidence linking the awareness campaign with any major impact on A&E.

d) Public Health information

The Director of Public health reported that data for public health would be provided in June and from then on on a quarterly basis.

e) Quality

The Chief Nurse drew the Governing Body's attention to the following:

(i) Eliminating Mixed Sex Accommodation

Although there had been no breaches in March 2013 in any of the Sheffield-based Foundation Trusts, the one breach in 2012 meant that the indicator showed Red for the whole year.

(ii) Care Quality Commission (CQC) Inspections

Claremont Hospital were fully compliant against all standards on inspections carried out on 4 January and 15 February 2013

Two inspections had been carried out at Thornbury Hospital on 15 February and 22 February 2013. The inspection carried out on 22 February had shown they were non compliant against the safety, availability and suitability of equipment standards. This had been dealt with and an action plan submitted to the CQC.

(iii) PALS Data

The Chief Nurse reported that although Foundation Trusts were under no obligation to provide a PALS service, he would be meeting with them to discuss their plans, as we were determined, as a CCG, that we were aiming not to be as reliant on the FTs to provide us with that information. **KeC**

In addition to his report, the Chief Operating Officer would ask our neighbouring CCGs if they would share the information they used to collate their own Quality and Outcomes reports. He would also discuss with his team the suggestion to change the approach to the way outcomes were reported in future, including an A4 narrative that highlighted where services were exceptional and positive. **IG** **IG**

The Governing Body received and noted the report.

111/13 Update on the Implementation of the new NHS111 Service in South Yorkshire and Bassetlaw

The Accountable Officer gave an oral update on progress. He reminded members that this was a service commissioned by CCGs, but mobilised by NHS England, and their recent Board paper described their Director of Commissioning's role in this. There is a phased roll out plan, which reflects the fact that the provider has found during mobilisation, call times are longer than originally modelled and thus requiring more staff to deal with the demand. This is likely non-recurrent.

Dr Oliver reminded members that South Yorkshire and Bassetlaw CCGs had agreed to roll the service out together, and the service had been due to launch on 9 March, but as there had been a number of concerns about the implementation process the service had only gone live in Bassetlaw, and in Leeds and North Bradford on that date. NHS Direct (NHSD) had been de-commissioned on 19 March so from that date patients who called the NHSD number were being advised to call 111 where they would be taken through the national pathways to a route of disposition. Performance data confirmed progress was being made, such that there was sufficient confidence to allow Barnsley to go live on 14 May. Depending on continued good performance a decision would be taken in early June about Sheffield going live. Practices and providers would be fully informed of any such decision.

Patient and professional feedback on the service is welcomed and will help both evaluate and improve the service. The feedback mechanism has been standardised for the whole of the Yorkshire and Humber region with forms being available on-line.

The Governing Body noted the report.

112/13 Commissioning of Non Therapeutic Male Circumcisions

Alistair Mew, Senior Commissioning Manager (Elective Care), was in attendance for this item.

Dr Ainger presented this report. She advised members that all previous papers presented to the Governing Body had been included, and she was asking them to approve the decommissioning of the service provide for non clinical reasons. She advised members that the legal opinion that had been sought on whether decommissioning the service could be an infringement of human rights, had been supportive of right to decide to decommission. She confirmed that those offers of circumcisions that had already been made to parents would be carried out and honoured, and that a contract notice period of six months would be given.

Dr Afzal raised concerns that some patients would have the procedure carried out by someone other than in a hospital setting as there was no legislation stating that people carrying them out had to be qualified, and asked if the CCG had any remit to oversee these. The Accountable Officer responded that the CCG was not responsible for private services, however, the Care Quality Commission would be responsible for ensuring that any health care provider carrying out the procedure was appropriately registered.

The Director of Public Health commented that he was still of the view that if SCHFT was successful in setting up and offering a private service the CCG should not be involved. He also commented that displaying leaflets at the Town Hall about a private service would endorse the CCG to have favouritism over one provider.

The Governing Body:

- Approved that circumcisions for non therapeutic reasons would no longer be locally funded by the NHS and formal contractual notice should be served to this effect.
- Approved that the CCG would honour offers of circumcisions that have already been made to parents.

113/13 Audit and Integrated Governance Committee (AIGC)

The Chair of the Audit and Integrated Governance Committee (AIGC) presented the unadopted minutes of the meeting held on 28 March 2013.

The Governing Body received and noted the minutes.

114/13 Quality Assurance Committee (QAC)

a) Revised Terms of Reference

The Chair of the Quality Assurance Committee (QAC) presented the Committee's revised Terms of Reference which had been changed to reflect the new ways of working and the commencement of the Quality Assurance Business meetings in April. She commented that the QAC minutes were currently presented to the Governing Body separately to the quality item in the Quality and Outcomes report and thought needed to be given as to how to bring them both together in future.

The Governing Body received and noted the changes.

b) Proposals for Monitoring Foundation Trust Cost Improvement Schemes

The Chief Nurse presented this report which provided details of the outcomes of the process undertaken by the CCG in February and March in relation to its duty to carry out a clinically-led quality impact assessment of Foundation Trusts' Cost Improvement Programmes (CIPs). He reported that it was the intention to continue to review the CIPs through the regular governance and contractual quality meetings with the trusts. He thanked the GPs that had been involved in the useful and constructive process.

The Governing Body:

- Noted the assurance in relation to quality and safety of provider CIPs.
- Endorsed the proposals for monitoring CIPs.

c) New National Guidance on Safeguarding Adults and Children

The Chief Nurse presented this report which summarised the three new national guidance documents. He advised members that he had met with SCHFT earlier in the week to explore a number of options for appointing to the vacant Designated Doctor for safeguarding children post, and had received a commitment from the trust to work with him on this.

The Governing Body received and noted the report.

115/13 Updates from the Locality Executive Groups (LEGs)

a) Central

The Locality Manager gave an oral report. Key highlights included meeting with practice managers and representatives from the district nursing service on 12 principles to share with practices city-wide for agreement. Discussions were also taking place with public health, the voluntary and community and religious sector, and the Local Authority.

They were also looking at service redesign including a roving GP service, accelerated discharge, and Quality Premium Quality and Outcomes (QoF) Framework for 2013/14. Conflicts of Interest were also a regular topic of discussion.

The Governing Body noted the report.

b) HASC

The Locality Manager gave an oral update. She advised members that HASC had held a Protected Learning Initiative (PLI) planning session in March. They had discussed their commissioning plan and how this might be developed further, but practices were worried about implications on workload and taking on more responsibility, although the practice nurses group had shown real enthusiasm to do something different to work more collaboratively.

The Governing Body noted the report.

c) North

The Locality Manager gave an oral update. He reported that in their programme of practice visits they were discussing engagement, preparing now for 2013/14, and the need to capture information as a CCG and in a consistent way.

The Governing Body noted the report.

d) West

The Locality Manager presented the minutes of the meeting held on 7 March 2013. She reported that the West Executive earlier in the day had received the recent evaluation of the Dykes Hall Medical Centre Multi-Disciplinary Team (MDT) meetings project, which would also be presented to the Commissioning Executive Team (CET) on 14 May.

The Governing Body received and noted the minutes.

The Chair advised members that he and the Company Secretary and Head of Corporate Governance had met with three of the Locality Managers the previous day to discuss their attendance at Governing Body meetings and they had been challenged to provide a view on a key strategic issue each month.

116/13 Reports for Noting

The Governing Body received and noted the following reports:

- Key highlights from Commissioning Executive Team and Planning and Delivery Group meetings.
- Summary report on Specialised and Collaborative Commissioning
- Report from the Joint Clinical Directors

117/13 Feedback from GPs and Lay Members

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

118/13 Questions from the Public

Mike Simpkin, Sheffield Save our NHS had submitted a question prior to the meeting. The CCG's responses to this will be included with the minutes of the meeting.

The Chair, Accountable Officer and Company Secretary and Head of Corporate Governance would discuss the suggestions to move questions from members of the public to the beginning of the agenda of future meetings, and also to holding meetings in private prior to the meeting in public. **TM/IA /LT**

119/13 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.

120/13 Any Other Business

a) Measles Outbreak

The Director of Public Health advised members that there were two outbreaks around the country, the underlying cause of which was the low uptake of the MMR vaccine in previous years. His estimation was that 15% of the 10-16 year olds in Sheffield were non immune to measles. Colleagues from NHS England were working with the NHS Commissioning Board on a catch up campaign and practices would be asked to identify those children not immune. He reported that evidence showed that this was the most effective way to do this, although it could not be done until discussions with the General Practitioners' Committee (GPC) had been resolved.

b) Venue for Future Meetings of the Governing Body

The Company Secretary advised members that she was proposing to hold several meetings in alternative venues to 722 Prince of Wales Road, and would advise members once these were arranged. She also advised members that as the Chair had sent apologies for the 6 June Governing Body meeting, it would be chaired by Mr Boyington, Vice Chair. **LT**

121/13 Date and Time of Next Meeting

Thursday 6 June 2013, 1.30 pm, 722 Prince of Wales Road..

Appendix A

Mike Simpkin, Sheffield Save Our NHS, question to the Governing Body 2 May 2013

The CCG's commissioning intentions include proposals covering dementia services and intermediate care. However over in the last fortnight new concerns have been publicly voiced about admission and referral issues at Birch Avenue and Woodland View, following on the CCG's decommissioning of one of their potential feeder units at Grenoside partly because of inappropriate admissions. Meanwhile progress on the promised intermediate care unit has been deferred time after time. We are extremely concerned at the continuing potential for ad hoc closures of facilities catering for people with dementia, leading to a significant diminishing of service. What priority is the CCG giving to achieving a consistent, agreed and broadly acceptable approach to dementia services as a whole?

CCG response:
Dementia has been a priority for the shadow CCG and is clearly identified as a priority in our commissioning intentions for 2013/14. The CCG is currently developing its commissioning plan for dementia services for 2013/14, which we are doing jointly with Sheffield City Council (as we have for a number of years). A proposed plan will be considered by our Commissioning Executive Team in the next few weeks. Key strategic objectives remain

- ***Early diagnosis and treatment*** *– Sheffield currently ranks 2nd in England and Wales for diagnosis against predicted prevalence with 63.6% diagnosed. We plan to make further improvement on that rate.*
- ***High quality care in hospital*** *– STH is working hard to ensure that people with dementia and their carers have a good experience of hospital care. The Call to Action on Dementia Friendly Hospitals will also help with progress. In 12/13 we invested an additional £250k for a Liaison service for Older People in order to ensure that people with dementia are only admitted to STH where absolutely necessary and that if required, their length of stay is as short as possible. We also invested in additional community support to enable rapid supported discharge back home.*
- ***Support for people with dementia and their carers to live well in their own home –*** *this includes recent work on developing dementia Friendly Communities in Sheffield as part of the Prime Minister's Challenge. This work is also key to reducing hospital admission and supporting people in their community*
- ***Care home quality –*** *aimed at ensuring that people with dementia have high quality, personalised care in care homes.*
- ***Reduction in the use of antipsychotic medications –*** *audit data in Sheffield shows that we have a relatively low prescribing rate of antipsychotic medication and we continue to work to ensure this remains low*

Our need to ensure value for money from all our services is not inconsistent with the above – we must ensure cost effective services in all areas of healthcare. Our decision to decommission the service at Grenoside West Wing was based on clear evidence-based rationale that showed the service no longer met people's needs well. There is no link to that decision and demand for places at Birch Avenue and Woodland View – few, if any, discharges from West Wing were to those two homes, although a number of referrals to the homes are made from the acute dementia ward at Grenoside, which is not affected by our decommissioning of West Wing and remains open.