

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 4 April 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
Ian Atkinson, Accountable Officer
John Boyington, CBE, Lay Member
Amanda Forrest, Lay Member
Tim Furness, Chief of Business Planning and Partnerships
Idris Griffiths, Chief Operating Officer
Dr Andrew McGinty, GP Locality Representative, Hallam and South
Dr Zak McMurray, Joint Clinical Director
Julia Newton, Chief Finance Officer
Dr Marion Sloan, GP Elected City-wide Representative

In Attendance: Karen Curran, NHS Commissioning Board Area Team (for item 74/13)
Rachel Dillon, Locality Manager, West
Dr Mark Durling, Chairman, Sheffield Local Medical Committee
Cathy Edwards, NHS Commissioning Board Area Team (for item 74/13)
Sir Muir Gray, Better Value Healthcare (for item 75/13)
Jane Harriman, Deputy Chief Nurse (on behalf of the Chief Nurse)
Carol Henderson, Committee Administrator
Andy Smith, COBIC Solutions Ltd (for item 75/13)
Gordon Laidlaw, Communications Manager
Mike Smith, HealthWatch representative
Linda Tully, Head of Corporate Governance and Company Secretary
Dr Jeremy Wight, Sheffield Director of Public Health

Members of the public:

10 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

69/13 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.

70/13 Apologies for Absence

Apologies for absence had been received from Dr Margaret Ainger, GP Elected City-wide Representative, Kevin Clifford, Chief Nurse, Dr Richard Davidson, Secondary Care Doctor, Dr Anil Gill, GP Elected

City-wide Representative, Dr Richard Oliver, Joint Clinical Director,
Dr Leigh Sorsbie, GP Locality Representative, North and
Dr Ted Turner, GP Elected City-wide Representative

Apologies for absence from those who were normally in attendance
had been received from Katrina Cleary, Locality Manager, Hallam and
South, Simon Kirby, Locality Manager, North, Richard Webb,
Executive Director – Communities, Sheffield City Council, and
Paul Wike, Locality Manager, Central

71/13 Declarations of Interest

There were no declarations of interest.

**72/13 Minutes of the CCG Governing Body meeting held in public on
7 March 2013**

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

The Chair drew members' attention to minute 65/13, 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 to questioners following the meeting.

**73/13 Matters arising from the minutes of the meeting held in public on
7 March 2013**

a) Patient Experience (minute 52/13(d) refers)

The Chief Operating Officer advised members that an update on data
reporting of patient experience would be included in the Quality and
Outcomes report in May.

**b) Development of CCG Commissioning Intentions for 2013/14
(minute 54/13 refers)**

The Chief of Business Planning and Partnerships advised members
that the summary of the Commissioning Intentions for members of the
public would be shared in the public domain once it had been
discussed in the private session.

TF

c) Proposals for Public Engagement (minute 55/13 refers)

The Chief of Business Planning and Partnerships advised members
that it was hoped to have proposals for the development of a Patient
Engagement Panel in time for the CCG's first public meeting on
18 April. There would also be integral engagement work with the
CCG's portfolio groups.

TF/GL

74/13 NHS Commissioning Board Area Team Commissioning Plans for 2013/14

Cathy Edwards and Karen Curran from the NHS Commissioning Board (NCB) Area Team (AT) attended for this item to present the NHS England commissioning plans for South Yorkshire and Bassetlaw for 2013/14. Ms Edwards apologised for the lack of joint working in the 13/14 process due to very restricting timescales, this would be remedied for the coming year with a more joined up approach, and a degree of reflection across all CCGs and Health and Wellbeing Boards' plans. Identified risks included issues for resource and ensuring this resource was in the right place.

Specialised Services programme

This is a Yorkshire and Humber-wide programme. A lot of work needs to be done to understand the impact of the implementation of the new national commissioning policies and service specifications. Organisations need to maintain and meet 18 week waiting times in certain specialties, some national priorities are reflected in the plan, and underpinning it all are the recommendations from the Mid Staffordshire NHS FT Public Inquiry (Francis report).

Public Health programme

There needs to be a safe transfer of existing programmes. There have been staffing issues with delays in recruiting public health staff, and there are risks around the need to develop business intelligence support. There are variations in current provision.

The Director of Public Health commented that there was a need to ensure proper join up for areas of clinical activity to be assured it is all in place and working properly.

Primary Care programme

The programme includes all four individual contractor groups. It identifies variations, establishes benchmarks throughout the programme, and addresses how they are funded. A primary care strategy was being developed and co-produced with the CCGs.

Offender Health programme

They were looking at a Single Operating Model. The funding of the new Sexual Assault Referral Centre (SARC) service at Sheffield Children's NHS Foundation Trust (SCHFT) for new paediatric referrals had been secured and the service would be going live from April 2014.

The Chair of Sheffield Local Medical Committee (LMC) commented that there was no local knowledge about improving communication on

discharge from prison, and suggested the plan include a strategy for this. Ms Edwards would discuss this with the Area Team.

Military Health programme

This was being led by the North Yorkshire and Humber team and would be implemented as a Single Operating Model.

In addition to the report, members asked for an update on the position relating to children's specialist cardiology services at Leeds General Infirmary. Ms Edwards responded that there had been a number of compounding issues identified the previous week, including concerns from patients, families and clinicians that had led to the NHS Chief Medical Director suspending services until a proper systematic investigation had been carried out. Urgent cases were being transferred to other centres, patient care was not being compromised and patients were being clinically and appropriately supported. This was being handled now through a national formal process.

The Governing Body received and noted the report.

75/13 Musculoskeletal (MSK): Fit for Purpose – the case for change

Sir Muir Gray, Better Value Healthcare, and Andy Smith, COBIC Solutions Ltd, presented findings from their scoping work undertaken on behalf of the CCG to review alternative approaches to commissioning MSK services. This had involved analysis of information relating to MSK services in Sheffield, action learning sets with clinicians and meetings and discussions with key stakeholders and CCG managers.

Mr Smith explained that the Capitation Outcome Based Incentivised Contracts (COBICs) approach was a process done in three stages over 12 months with checkpoints at each stage: Stage 1 is to establish the governance structure of the programme, Stage 2 to get contractual and payment mechanisms established, and Stage 3 to get ready for the tender process. This form of commissioning already has support from the NHSCB and Department of Health (DH).

Sir Muir Gray advised members that this new approach focuses on population based systems of care, with a new culture that focuses on getting value, and a leadership role to bring together clinicians and patients to design the system pathways.

Members asked if this new approach had been implemented in other areas of the country. Mr Smith reported that it had been successfully established in Milton Keynes, making 15% and 20% savings respectively in the first two years. There were also strands of work taking place in Oxfordshire and Northumberland. System design workshops had been organised and he had discussed with the Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trusts (STHFT) about working with the trust's specialists about how to get

better value from the system.

The Governing Body received and noted the report and tasked the Commissioning Executive Team (CET) and the Elective Portfolio to look at this paradigm shift in approach to commissioning services in more detail.

76/13 Chair's Report

The Chair presented his report and offered to expand on any issues if members so wished. He drew members' attention to his report at Appendix A that had been submitted to the Cluster Board for its final meeting.

In addition to his report, he drew members' attention to an article that would be published in the Sheffield Star over the coming weekend following his interview with them about the role of the newly established CCG.

The Governing Body received and noted the report.

77/13 Accountable Officer's Report

The Accountable Officer highlighted the following key issues from his report:

- A letter had been received from Dame Barbara Hakin, National Director Commissioning Development, setting out the duties of a CCG, to which he had responded directly with confirmation that the CCG was ready to take on its new statutory duties and responsibilities.
- He drew members' attention to section 4 of his report and the suggested preferred option for the CCG strapline

The Governing Body:

- Received and noted the report.
- Approved the CCG strapline as "*Working with you to make Sheffield healthier*"

78/13 CCG Governance

The Company Secretary Head of Corporate Governance presented this report. She highlighted the key issues which included successful handover of the CCG's corporate and quality handover documents, which she had emailed to members on 2 April.

She drew members' attention to Annex 1 of her report, listing the NHS Sheffield PCT policies that had been reviewed to ensure they were fit for purpose for the CCG, which the Governing Body was asked to adopt to assure itself that the CCG was able to operate safely and meet its statutory duties and obligations. She advised members that

the four detailed financial policies at numbers 8,9,10 and 26 had been approved by the Audit and Integrated Governance Committee on 28 March through delegated authority via the Scheme of Delegation and Reservation, and also that the Lease Car Policy (number 46) would be deleted.

The Governing Body:

- Noted the arrangements for the handover of functions and responsibilities from 1 April 2013, through the Transfer Schemes for human resources and property, assets and liabilities, issued by the Secretary of State.
- Was assured that the CCG was able to operate safely and meet its statutory obligations through the adopted of the relevant NHS Sheffield PCT policies.
- Noted the transfer of the Responsible Officer role, previously held by Dr Richard Oliver, to Dr David Black at the NHS Commissioning Board.

79/13 CCG Assurance Framework

The Head of Governance and Company Secretary presented this report. She asked members to note that the majority of lines were rated Green at the end of the financial year and that she was developing a new Assurance Framework (AF) for the CCG. An OD event for Governing Body members, to gain an understanding of how to assure themselves that the CCG's corporate objectives and risks to their achievement were accurately reflected and effectively managed, would take place on the afternoon of 9 May, to which members of the CCG's Internal Audit team had also been invited to attend.

The Governing Body::

- Received and noted the report.
- Noted the OD event taking place on the afternoon of 9 May to gain an understanding of how to assure themselves that the CCG's corporate objectives and risks to their achievement were accurately reflected and effectively managed
- Agreed that the principle objectives of the AF for 2013/14 should comprise the four key objectives of the 2013/14 Business Plan.

80/13 Risk Management Strategy

The Head of Governance and Company Secretary presented this report, identifying and managing internal risk to the organisation. She advised members that the standard reporting template would be reviewed to be more explicit about how the organisation managed external risks and needed to make reference to the CCG's Quality Assurance Committee's role in managing risk. It was suggested that this should also form part of a Governing Body OD session.

LT

The Governing Body approved the Risk Management Strategy and Action Plan for 2013/14, subject to the review that would be taking place.

81/13 Commissioning Intentions 2013/14

The Chief of Business Planning and Partnerships presented a final draft of the CCG's Commissioning Intentions for 2013/14. With regard to the proposals for urgent consideration of business cases and investment as soon as resource was available (page 15), he advised members that discussions needed to take place with the Area Team as to where the commissioning responsibility would lie for Hepatitis B Screening – Roma Slovak population and for the Latent TB community testing service. The Director of Public Health commented that he would be happy to be part of these discussions.

TF

Members noted that the graph at section 7 of the report summarised very well how the CCG would invest more in community services, consistent with the CCGs key aims.

The Chief of Business Planning and Partnerships advised members that he planned to start the 2014/15 commissioning process with an OD session in July.

TF

The Governing Body :

- Approved the Commissioning Intentions for 2013/14
- Noted the intent to base the organisation's business plan on its Commissioning Intentions

82/13 CCG Response to Sheffield City Council Fairness Commission report

The Chair presented this report

The Governing Body approved the draft response to the Fairness Commission.

83/13 Developing the CCG's Membership Office

The Company Secretary, Head of Corporate Governance presented this report which described the concept of a Membership Office comprising three areas : engagement, knowledge management, and governance. She advised members that she would be meeting with the four Locality Managers to agree the work plan and way forward.

LT

An event for practice staff would take place on the afternoon of 25 April to discuss developing a mechanism for electronic communications across the CCG, with a similar event for CCG staff on the afternoon of 2 May. All intelligence would be brought together to decide how to provide a service that was fit for purpose.

The Governing Body approved the implementation and development of the membership office.

84/13 Communications and Engagement Strategy

The Chief Operating Officer presented the first draft of the strategy for note and comment, which would then be reviewed for capacity, skills and the right approach to ensure it was delivered. He asked for comments to be sent to him in the next couple of weeks.

All

The Chair welcomed the strategy and commented that communication was absolutely crucial, especially as the CCG is an organisation about change.

The Locality Manager, West asked if thought could be given to public membership and drawing a panel from this membership to be able to comment on the CCG's Commissioning Intentions and into how services are provided.

TF

The Chief Operating Officer advised members that a further iteration of the strategy would be presented to the Governing Body in June. This would include the patient engagement principles agreed by the Governing Body in March, how the strategy will be resourced, and the implementation capability. This work would be overseen by the Commissioning Executive Team (CET) to ensure there was no delay in implementation prior to June.

IG

The Governing Body received and noted the report.

85/13 Election of Governing Body GP Members

The Chair presented this report, which outlined options and preferences, and which took account of comments received on previous drafts. The proposals would be revisited as necessary.

The Chair of Sheffield LMC asked if the role and process for the appointments panel for the city-wide GP election process could be made as transparent as possible, with core principles for those that put themselves forward as members.

The Locality Manager, West, advised members that the West Executive had asked if the Governing Body could consider practice manager attendance at the Governing Body. The Chair responded that a case for change would need to be presented as to why and what this would bring to the Governing Body, as it would mean a change to the CCG's Constitution.

The Head of Corporate Governance and Company Secretary also advised members that the CCG's OD Steering Group had agreed that the annual OD development plan for Governing Body members would be opened up to all Sheffield GPs.

The Governing Body:

- Approved that all GPs on the Medical Performers' List for Sheffield, regardless of contract status, be eligible as candidates for the city-wide election.
- Approved a three year tenure for all GPs on the Governing Body, with locality and city-wide members staggered.
- Approved a simple counting system of "first past the post"
- Approved that the Electoral Reform Service be commissioned to undertake the administration of the ballot and returning officer arrangements.

86/13 Finance Report

The Chief Finance Officer presented this paper detailing the financial position to 28 February 2013 and the forecast for the 2012/13 financial year. She advised members that delivery of the planned £0.5 million surplus remained on track with additional pressures from activity levels at Sheffield Teaching Hospitals NHS FT mitigated by release of reserves. She advised members that she would present the final outturn for 2012/13 for the PCT and CCG in shadow form in May and confirmed that the final accounts for the PCT would go to a special audit committee at PCT cluster level in June 2013. They would also be made available for information to the CCG's Audit and Integrated Governance Committee at its June meeting.

In response to a query from the Chair, she confirmed that the initial budgets for the CCG for 2013/14 had been presented to the Governing Body in private session and slightly updated budgets were again being presented in private session to this meeting. This was due to the budgets for key providers being deemed confidential whilst contract negotiations for 2013/14 remained in progress. She confirmed that she hoped to be in a position to present initial budgets in public to the May meeting. The first set of actual expenditure would be month 1 data to the June meeting but this would be limited as for most contracts financial information is not produced until month 2 results are available and no prescribing data will be available until later in June.

The Governing Body:

- Noted the position at Month 11.
- Approved the budget changes made since the last report.

87/13 Quality and Outcomes Report

The Chief Operating Officer presented the new CCG report, which reflected the CCG's statutory responsibilities. He presented the key performance issues as at Month 11 and drew members' attention to the following key highlights.

- a) Page 12 of his report gave a breakdown of the Quality Premium that was intended to reward CCGs for improvements in the quality

of the services they commission and for associated improvements in health outcomes and reducing inequalities, which a CCG could only be eligible for if they managed within their total resources envelope for 2013/14. Page 1 of his report, showed how CCG delivery of the 25 NHS Constitution Rights and Pledges for 2013/14 was progressing, and highlighted 11 areas we did not have a position for as they were either not yet being measured or were due to commence in 2013/14.

- b) A&E waiting times: Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) had achieved only 88.28% in the first few days of April. A joint plan had been developed with the aim of improving performance.
- c) Members noted the significant progress Sheffield had made in relation to it now ranking second, compared to other PCTs in England and Wales, in the Alzheimer's Society dementia prevalence and diagnosis rates for 2012, with an estimated 63.6% of people with dementia diagnosed.
- d) Summary hospital mortality indicator: the Chair of Sheffield LMC asked if the CCG had given any thought as to how they could look at data on more sophisticated models, broken down for the range of outcomes from specialties, as this needed to be developed in light of the Francis report, and was about reducing the risks in Sheffield. The Chief Operating Officer responded that the higher level data with each of the providers was reviewed but not brought here to that level but would look into providing this information. **IG**
- e) Patient Complaints: members asked if there was a significant reason for the increase in the number of complaints at Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) in January compared to the previous month. The Deputy Chief Nurse would explore this further. **KC(JH)**

f) Quality

The Deputy Chief Nurse advised members that she had nothing specific to draw their attention to this month.

In addition to his report, the Chief Operating Officer advised members that he was working with the Area Team regarding the primary care information that could be made available for future reporting. **IG**

The Governing Body:

- Noted how the CCG compared to other similar CCGs on key areas of Health Outcomes.
- Sheffield's performance, from 2012/13 data, on delivery of NHS Rights and Pledges.
- The key issues relating to Quality, Safety and Patient Experience.
- The initial assessment against measures relating to the Quality Premium.

88/13 Update on the Implementation of the new NHS111 Service in South Yorkshire and Bassetlaw

The Accountable Officer presented this report which provided an update of progress with implementation of NHS111 across Yorkshire and the Humber. He advised members that the decision not have a full soft launch across the region on 5 March had been taken on clinical grounds and reported that a meeting was taking place that afternoon with the NHS111 clinical leads, when it was hoped that the Ambulance Service would state their position to go live on 9 April. Dr Gill would provide feedback once the meeting was concluded.

AG

Members raised concerns about implementing a system that was not clinically sound as it would reflect adversely on activity, and our current out of hours providers. The Accountable Officer commented that assurance to the Governing Body on this was provided by its Clinical Leads, Dr Gill and Dr Oliver.

The Chair of Sheffield LMC asked if there would be any learning points and transparency from the delay in implementation of the service as practices had incurred costs, changed staffing arrangements and been let down twice which had caused significant discomfort and disquiet. He asked if practices could have plenty of forewarning about the new date for implementation.

The Governing Body received and noted the report and the risks identified.

89/13 Audit and Integrated Governance Committee (AIGC)

The Chair of the Audit and Integrated Governance Committee (AIGC) reported from the meeting that had taken place on the afternoon of 28 March 2013. As noted under minute 78/13, four detailed financial policies had been approved. The Committee had also reviewed and proposed changes to the CCG's Standing Orders, and Prime Financial Policies which it is understood will come to Governing Body for consideration in May or June. The Committee had also received positive preliminary year end reports from the Internal and External Auditors.

The Governing Body noted the report.

90/13 Quality Assurance Committee (QAC)

a) Quality Assurance Committee minutes 28 March 2013

The Chair of the Quality Assurance Committee presented the minutes. Although she had no particular issues to draw to the Governing Body's attention, she advised members that the Committee was trying to create a balance between receiving assurance on quality and needed robust processes that were real.

The Governing Body received and noted the minutes.

b) Quality Impact Assessment of Foundation Trust Cost Improvement Schemes

The Deputy Chief Nurse presented this report which detailed the process being undertaken by the CCG in relation to its duty to carry out a clinically-led quality impact assessment of Foundation Trusts Cost Improvement Programmes (CIPs), which was now a national requirement. High level meetings had taken place with our Foundation Trusts and we were significantly assured they have robust clinical assurance processes in place, which will be reviewed in-year, and would present a paper to the May meeting to this effect. She also advised members that she had shared her report with the Quality Surveillance Team.

KC(JH)

The Governing Body:

- Noted the process for assurance of provider cost improvement programmes.
- Endorsed the proposals for monitoring cost improvement programmes.

91/13 Remuneration Committee

GP Governing Body Members Contract Status

The Chair of the Remuneration Committee presented this report which had been discussed by the Remuneration Committee on 13 March. He advised members that paying GP Governing Body members via organisational payroll and issued with a contract of employment would be marginally more expensive for the CCG but would give them more protection, for example in sickness absence pay, maternity leave and redundancy pay.

The Governing Body approved the recommendation of the Remuneration Committee in relation to the payment and employment status of GP Governing Body members with effect from 1 April 2013.

92/13 Updates from the Locality Executive Groups

a) Central

The Governing Body received and noted the report.

b) West

The Governing Body received and noted the report.

93/13 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
- Local Improvement Finance Trust (LIFT) update

94/13 Feedback from GPs and Lay Members

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

95/13 Questions from the Public

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

96/13 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.

97/13 Any Other Business

The Chair advised members that an event to launch the Health and Wellbeing Board would take place on 25 April, with the first meeting of the Board held in public taking place that afternoon.

98/13 Date and Time of Next Meeting

Thursday 2 May 2013, 2.00 pm, in the Boardroom at 722 Prince of Wales Road.

Mike Simpkin, Sheffield Save Our NHS, questions to the Governing Body
4 April 2013

- 1) For what reason is the Governing Body having a discussion in private with the Chairman and Chief Executive of STHFT about the trust's A&E waiting times position?

CCG response: *Although some of the issues we are having with the lead officers of the trust are confidential and not in the public domain, there is nothing else on A&E waiting times that is not included on the quality and outcomes report, that will be discussed with them in private*

- 2) Health and Social Care Act S75 regulations. There is widespread concern that the amended regulations for S75 of the HSC Act are at best confusing and at worst not much better than the original. It is our view that the regulations, even as amended, severely threaten the promised independence of CCG commissioning and drive a coach and horses through Sheffield CCG's stated intention to try and keep some stability in the Sheffield health economy, whilst pursuing change. Have CCG members appraised the contribution to this debate of Lucy Reynolds <http://www.bmj.com/content/346/bmj.f1848> plus the video link contained therein? Is the CCG as concerned about these developments as such diverse bodies as the BMA and the House of Lords Secondary Legislation Scrutiny Committee? Will the CCG make (or has it made) any representations, public or private to the Department of Health requesting the withdrawal of these amended regulations?

CCG response: *The CCG has made no representations to the Secretary of State or the Department of Health regarding the Section 75 Regulations. The CCG is waiting for the further national guidance due from Monitor shortly relating to the Regulations before updating its procurement strategy. The CCG remains committed to delivering its strategic ambitions as set out in its published prospectus and Commissioning Intentions documents.*