

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 5 September 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
John Boyington, CBE, Lay Member (Vice Chair)
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
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 (from item 186/13)
Dr Leigh Sorsbie, GP Locality Representative, North
Dr Ted Turner, GP Elected City-wide Representative
- In Attendance:** Heather Burns, Senior Commissioning Manager (for item 188/13)
Katrina Cleary, Programme Director
Katy Davison, Communications and Engagement Manager
Rachel Dillon, Locality Manager, West
Dr Mark Durling, Chairman, Sheffield Local Medical Committee
Professor Pam Enderby, HealthWatch representative
Dr Ollie Hart, CCG Representative, NCSEM Executive Committee (for item 187/13)
Carol Henderson, Committee Administrator
Gordon Osborne, Acting Locality Manager, Hallam and South
Linda Tully, Head of Corporate Governance and Company Secretary
Richard Webb, Executive Director – Communities
Dr Jeremy Wight, Sheffield Director of Public Health

Members of the public:

Eleven 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

175/13 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.

He also welcomed Professor Mark Gamsu, Lay Member, and Gordon Osborne, Acting Locality Manager, Hallam and South, to their first meeting.

176/13 Apologies for Absence

Apologies for absence had been received from Dr Margaret Ainger, GP Elected City-wide Representative.

Apologies for absence from those who were normally in attendance had been received from Simon Kirby, Locality Manager, North.

177/13 Declarations of Interest

Amanda Forrest, Lay Member, declared a conflict of interest in the following item:

- Update on the National Centre of Excellence for Sport and Exercise Medicine (NCESEM) (paper J)

There were no further declarations of interest.

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>

178/13 Minutes of the CCG Governing Body meeting held in public on 4 July 2013

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

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

179/13 Matters arising from the minutes of the meeting held in public on 4 July 2013

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

The Director of Public Health advised members that he had met with Dr Margaret Ainger and a member of the CCG's finance team to discuss a business case for Hepatitis B screening for the Roma Slovak population. This would be presented to the CCG's Commissioning Executive Team (CET) and Governing Body in due course.

JW

**b) Venues for future Governing Body meetings
(minutes 102/13(b) and 151/13(d) refer)**

Members agreed that, as this was continuing work in progress, it could be removed as a matter arising.

c) CCG Assurance Framework and Risk Register (minute 155/13 refers)

The Company Secretary advised members that the revised Risk Management Strategy would be presented to Governing Body in October.

She also advised members that Risk 5.3 Ineffective Succession Planning for Clinical Engagement, was the subject of an Organisational Development (OD) update to the CET on 10 September and a locality OD session on 25 September.

d) Quality and Outcomes Report: Patient Compliments and Complaints (minute 158/13(d)(iii) refers)

The Chief Nurse reported that he had met with the Local Authority and Foundation Trust complaints managers to discuss whether some of the complex multi-agency complaints could be separated out. They had agreed to trial a new system, which would include an early meeting with the complainant to identify the lead organisation.

180/13 Chair's Report

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

In particular, he thanked Dr Margaret Ainger, who had decided to step down as city-wide elected member of the Governing Body with effect from 18 October but would continue to lead the Children and Young People agenda, for her contribution to the CCG over the past two years. He advised members that a process would be put in place to replace her on the Governing Body, potentially from November 2013 onwards.

The Governing Body received and noted the report.

181/13 Accountable Officer's Report

The Accountable Officer presented this report. He drew Members' attention to the following key highlights.

- Fundamental Review of Allocations Policy: NHS England were arranging a series of engagement events with CCGs and area teams responsible for direct commissioning of services to consider how resources should be allocated between different commissioning streams and geographically across CCGs prior to

making decisions for 2014/15 and beyond. The CCG would be taking part in the consultation.

- Health and Social Care Integration Transformation Fund (ITF): Further clarification on the timing, process and expected performance related element had been received from NHS England (letter attached at Appendix A), which confirmed that it would not come into full effect until 2015/16, consequently there would be substantial joint work for the CCG and Sheffield City Council over the next two years. The Director of Finance would send a briefing note to Governing Body members that explained the complex detail behind the formula.

JN

Professor Gamsu asked whether the ideas from our unsuccessful bid to become an Integrated Care Pioneer Pilot would now carry forward into the Public Service Transformation Network we have been successful in. The Accountable Officer responded that he expected to have conversations with Sheffield City Council in this regard.

The Governing Body received and noted the report.

182/13 Governance Report

The Company Secretary presented this report. She advised members that NHS England had approved the proposed changes to the CCG Constitution. She also advised members that Drs Margaret Ainger, Anil Gill, Marion Sloan and Ted Turner were unopposed in the recent election and therefore were considered mandated as city-wide clinical leads of NHS Sheffield CCG Governing Body for a period of up to three years, ending 1 October 2016.

The Governing Body received and noted the report.

183/13 The Talbot Trusts – Appointment of Nominated Trustees

The Company Secretary presented this report. She reminded members that Sheffield Primary Care Trust (PCT) had previously been given authority to appoint three of the six nominated trustees to the Talbot Trusts, and that it was a matter of law that the CCG as the continuing body for the Sheffield PCT would continue the arrangement. She confirmed there would be no other function or responsibility for the CCG as this was an appointing role only.

The Governing Body:

- Approved that, with effect from 1 April 2013, the Sheffield CCG would take on the role of appointing the Nominated Trustees to the Talbot Trusts, a role previously undertaken by the former Sheffield Primary Care Trust.
- Confirmed the reappointment of Dr Brenda Jackson as a Nominated Trustee for a further four year period until November 2017.

184/13 NHS Sheffield Business Calendar from April 2014 to March 2015

The Company Secretary presented the proposed schedule of dates, times and venues for Governing Body meetings for 2014/15. She advised that, in accordance with the CCG Constitution, any changes to venues would be notified in advance of the meeting.

The Governing Body approved the business calendar for 2014/15.

185/13 Procurement Update including 2013/14 Procurement Strategy

The Director of Finance presented this report. She drew members' attention to the key highlights.

- The contract for the Adult Autism and Neurodevelopmental Diagnostic and Post Diagnostic Service had been awarded to Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) following the recent competitive procurement. The service was due to start from November 2013.
- She recommended to members to agree a contract variation with all voluntary sector providers in 2013/14 as detailed in the report, as part of providing greater stability to third sector providers, at low risk for the CCG.
- With technical input from the Commissioning Support Unit (CSU) a new procurement strategy had been produced. It should be viewed as a framework for Governing Body to use to support making decisions on procurement issues going forward. The procurement team would keep under review as national policy in this area was expected to continue to emerge and develop. She confirmed that the CCG had a separate contract monitoring programme for procured services, which the Chief Nurse would discuss with Professor Enderby outside of the meeting.

KeC

The Governing Body:

- Approved the updated CCG Procurement Strategy in the context of new legal requirements and Monitor guidance.
- Noted the delegated decision to award Sheffield Health and Social Care NHS Foundation Trust the contract for the Adult Autism and Neurodevelopmental Diagnostic and Post Diagnostic Services following the recent competitive procurement.
- Agreed to a contract variation with all voluntary sector providers in 2013/14 as part of providing greater stability to third sector providers.

Dr Sloan entered the room at this stage.

186/13 NHS Sheffield CCG draft response to the Consultation on the NHS Mandate

The Director of Business Planning and Partnerships presented this report and drew members' attention to the link on the cover page to the consultation document. He advised that the refresh would add a

lot of “must be done’s” to the CCG’s mandate, had risk of reduced flexibility, and in his opinion felt prescriptive in the level of detail and the number of requirements.

The Accountable Officer advised members that the Department of Health usually published their response to consultations.

Members were asked to send any further comments to the Director of Business Planning and Partnerships within the next few days, who would then send a revised draft to the Chair and Accountable Officer for their final comments prior to the submission deadline of 27 September. **All TF**

The Governing Body received and noted the report.

187/13 Update on the National Centre of Excellence for Sport and Exercise Medicine (NCESEM)

Dr Ollie Hart, CCG Representative, NCSEM Executive Committee, presented this report. He reminded members that the aim of the project was to create a culture of physical activity in Sheffield. The project consists of two workstreams; a) capital and b) physical. He advised members that “Move More – Do Something’ had been launched as the communications brand and strategy for the physical workstream. Dr Hart would be chairing the Physical Activity Board, and Mr Graham Moore, Chairman of Westfield Health, would chair the Physical Activity and Food Board.

Professor Gamsu asked about the capital project and the investment to develop the four new sites, and if the richness of current community activity was being recognised in the approach to developing services. Dr Hart responded that it was intended to be a ‘bottom up’ approach and to look at ways of engaging the whole population. Ms Forrest reported that Sheffield Cubed would be doing some partnership working with ‘Move More’. She also reported that the Cubed Board felt there were complex governance arrangements relating to the project and she would be happy to work with Dr Hart on this, and with the Director of Public Health to discuss how to make food and physical activity work better in the city. **AF**

The Chair asked about the link to general practice. Dr Hart responded that a revamped activity referral scheme had been agreed and there would be other projects that ‘Move More’ could integrate into primary care.

The Governing Body received and noted the report, and requested updates be presented to them on a quarterly basis.

188/13 Mencap Getting it Right Charter

Heather Burns, Senior Commissioning Manager, gave a presentation that explained why Mencap was introducing the Charter for CCGs and

the implications for CCGs signing the pledge. She advised members that she would be preparing a supporting action plan which she would present to Governing Body at a later stage.

Members discussed the difficulties patients with complex needs had in being able to access services, for example in undergoing an annual health check. Ms Forrest asked that the difficulties in getting access to services be woven into the action plan.

The HealthWatch representative reported that her Board members had identified two key issues, which she would pick up with the Senior Commissioning Manager outside of the meeting, as part of the action plan.

PE

The Governing Body received and noted the update.

189/13 Finance Report

The Director of Finance presented this paper reporting the financial position to the end of 31 July 2013 and an assessment of the key risks and challenges to deliver the planned 0.5% or £3.5 million surplus at year end. She advised members that although the CCG remained on track to deliver the overall planned surplus, there continued to be budgetary pressures in some areas in particular the STHFT acute contract and it was likely that she would be advising later in the autumn that Governing Body approve utilising some of the CCG's commissioning reserves to increase the budget for STH.

She advised members that the national profile for prescribing expenditure had just been received. Using this profile would suggest a significant under spend by year end but this was due to more budget being profiled into early months of the year than our local work suggests is prudent. As a result, more joint work with the Medicines Management team is being undertaken to assess different options. She would present further information to the next meeting.

JN

With regard to the Quality Innovation, Productivity and Prevention (QIPP) programme savings there were £250k (or 15%) below target at end of month 4, giving the CCG an Amber / Green rating for this issue by NHS England. However, it was felt that this position could be improved by year end and hence the forecast is still to fully deliver QIPP for the year.

She also drew members' attention to section 3, Key Budget Movements and, in line with the Scheme of Delegation, she requested Governing Body approve a move of £2.7 million from Continuing Healthcare for Sheffield to Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) in relation to the new management arrangements for Detained Patients.

The Governing Body:

- Noted the Month 4 financial position for the CCG and the risks and

- challenges which needed to be managed during the year.
- Approved the budget changes over £2 million, set out above.

190/13 NHS Sheffield CCG Governing Body Business Plan 2013/14: Quarterly Exception Report

The Director of Business Planning and Partnerships presented this report, which summarised those areas of the Business Plan where progress was reported by the Planning and Delivery Group as being at risk, and the group's response and remedial action to be taken. He advised that the report should give Governing Body assurance that all actions were being addressed, and that Planning and Delivery Group had thoroughly considered those actions considered to be at risk. He noted that the actions that could only take place with investment were separately identified in the plan and had not been considered as the CCG is not yet in a position to make the required investments. He reported that any quality or safety issues would probably not be picked up by this mechanism, but would instead be identified by the CCG's quality mechanisms.

The Governing Body received and noted the report.

191/13 Quality and Outcomes Report

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

- a) Quality Premium: performance was summarised on page 2 of his report, and reported predominantly Green, good in-year performance. He advised members that the CCG's first quarterly review with NHS England would take place on the morning of 16 September.
- b) A&E: we were still achieving the 95% four hour wait in A&E target. An urgent care action plan was being reviewed through the Urgent Care Board, which was also overseeing the production of the Winter Plan made up of individual plans of the providers that would interface. The first draft of the action plan would be reviewed at the next meeting of the Board, with a sub group to be established to go through the detail of that.
- c) Replacement of Home of Choice: We were near to conclusion on a re-ablement model to replace Home of Choice.
- d) Teenage Pregnancy and Under 18 Conception Rates: The Director of Public Health advised members that he was concluding negotiations with STHFT as to future funding of the service. He reported that whilst the outputs of the service would remain as high as they were now, he did not want to see a reduction in quality and quantity of the service provided, but could not give any commitment that he would increase the spend.

e) Quality

- (i) Friends and Family Test: although STHFT had not achieved the inpatient and outpatient response rate target of 15% in April, they had achieved it in May and June, with scores at or above 70. The Chief Nurse advised members that anything above zero was regarded as positive, with anything above 50 regarded as excellent. He advised members that this was seen politically as very important, was a requirement, and has to be reported.
- (ii) Complaints: Members asked about the increase in complaints at SCHFT during Quarter 4 of 2012/13, and about the low numbers of Patient Advice and Liaison Service (PALS) contacts. The Chief Nurse responded that the majority of complaints about SCHFT were due to the lack of car parking space at the hospital. He also reported that there was no requirement for trusts to provide a PALS service.
- (iii) Healthcare Acquired Infections (HCAIs): Clostridium Difficile (C.Diff) was showing as Red and was marginally over the target set for this year (which was a significant reduction on last year). As there was now a zero tolerance target for MRSA we were required to undertake a Root Cause Analysis (RCA) for the one case at STHFT that had occurred.
- (iv) Mortality Rates: Members discussed the increase in mortality trend that had recently been identified in the national press. The Director of Public Health reported that he had asked his information team if there was any localised data available for him to some bespoke analysis if it showed an increase in numbers. Members noted that mortality rates at STHFT were consistently below where we would expect them to be.

The Accountable Officer asked to see something captured in the report about the new Care Planning Approach (CPA) service across primary care, which he thought was worth further scrutiny.

IG

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.

192/13 Quality Assurance Committee (QAC)

Serious Incident Reports

The Chief Nurse presented these reports which provided updates on

new Serious Incidents (SIs) from April to July 2013. He advised members that it was the first time the report had been presented in public and that Governing Body's responsibility was about the management of and learning from incidents, not about the incidents themselves.

The Governing Body:

- Noted the reports and position for each provider.
- Supported the development of revised data reporting.

193/13 Audit and Integrated Governance Committee (AIGC)

The Chair of the AIGC advised members that the next meeting of the Committee would take place on the afternoon of 19 September 2013.

194/13 Updates from the Locality Executive Groups (LEGs)

a) Central

The Governing Body received and noted the report.

Dr Afzal commented that in Central there was frustration that innovations were not carried out at speed, leading to a feeling that schemes were not worth pursuing or rolling out further.

b) HASL

The Governing Body received and noted the report.

c) North

Dr Sorsbie advised members that North had a similar approach to care planning as West locality and had explored whether the two should be amalgamated. They had discussed with public health about the impact on the emerging risk group and agreed to pilot a scheme to look at a lower risk group, with a different template than North's. An evaluation of the scheme would take place at six months and the following quarter, prior to rolling out. The Director of Finance advised members that as it was a pilot it should come back to Governing Body for a commissioning investment decision.

d) West

The Governing Body received and noted the report.

The Locality Manager, West, advised members of five key areas that the localities were focussing on over the next few months: Protected Learning Initiatives (PLIs), Quality Peer Review Groups, implementation of the care planning scheme, starting engagement with practices for 2014/15, and continued support of GP Associations (GPAs). The Chair hoped that these mechanisms would deliver more services out in the community.

The Governing Body received and noted the report.

The Chair and Accountable Officer would discuss how there could be more formality about rolling locality plans out.

TM/IA

195/13 Reports for Noting

The Governing Body received and noted the following reports:

- South Yorkshire and Bassetlaw Footprint Divert Policy
- Key highlights from Commissioning Executive Team and Planning and Delivery Group meetings.
- Summary report on Specialised and Collaborative Commissioning.

196/13 Feedback from GPs and Lay Members

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

197/13 Questions from the Public

There were no questions from members of the public this month.

198/13 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.

199/13 Any Other Business

There was no further business to discuss this month.

200/13 Date and Time of Next Meeting

Thursday 3 October 2013, 2.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU