

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 6 March 2014
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 (from item 49/14 onwards)
Ian Atkinson, Accountable Officer
John Boyington, CBE, Lay Member
Dr Richard Davidson, Secondary Care Doctor
Amanda Forrest, Lay Member
Tim Furness, Director of Business Planning and Partnerships
Professor Mark Gamsu, Lay Member
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: Helen Cawthorne, Locality Manager, Hallam and South
Katrina Cleary, CCG Primary Care Programme Director
Katy Davison, Head of Communications
Rachel Dillon, Locality Manager, West
Dr Mark Durling, Chairman, Sheffield Local Medical Committee
Professor Pam Enderby, Chair, Sheffield Healthwatch
Jane Harriman, Deputy Chief Nurse (on behalf of the Chief Nurse)
Carol Henderson, Committee Administrator
Simon Kirby, Locality Manager, North
Linda Tully, Company Secretary and Head of Corporate Governance
Dr Jeremy Wight, Sheffield Director of Public Health
Paul Wike, Locality Manager, Central

Members of the public:

Seven 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

42/14 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.

The Chair also welcomed Helen Cawthorne, Locality Manager, Hallam and South, to her first meeting.

43/14 Apologies for Absence

Apologies for absence had been received from Dr Nikki Bates, GP Elected City-wide Representative, Kevin Clifford, Chief Nurse, and Dr Anil Gill, GP Elected City-wide Representative.

Apologies for absence from those who were normally in attendance had been received from Laraine Manley, Executive Director – Communities.

44/14 Declarations of Interest

There were no declarations of interest this month.

The full Governing Body Register of Interest is available at:
<http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/Feb%202014%20Board%20Papers/CCG%20Dec%20of%20Interest%20revised%2025%20February%202014.doc>

45/14 Minutes of the CCG Governing Body meeting held in public on 6 February 2014

The minutes of the Governing Body meeting held in public on 6 February 2014 were agreed as a true and correct record and were signed by the Chair, subject to the following amendment.

South Yorkshire and Bassetlaw Commissioners' Draft Joint Primary Care Strategy (minute 28/14 refers)

First sentence of 13th paragraph to read as follows:

Dr Oliver asked if a global point could be included stating that it could not sit in isolation from any other plans in the health economy and a primary care strategy for Sheffield had to take account of the peculiarities associated with a teaching hospital and university centre.

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

46/14 Matters arising from the minutes of the meeting held in public on 6 February 2014

Development of CCG Commissioning Intentions for 2013/14 (minutes 126/13(a), 151/13(a), 205/13(a), 231/13(a), 256/13(a), 05/14 refer, 27/14(a))

The Director of Business Planning and Partnerships advised members that the issue of where commissioning responsibility for hepatitis screening for the Roma Slovak population lies remains unresolved and he had asked colleagues at NHS England to consider additional recent information.

TF

47/14 Chair's Report

The Chair presented this report and offered to expand on any issues if members so wished. In addition to his report, he advised members of current work to review the Governing Body Meetings, including an audit of papers presented to Governing Body this financial year. To make better use of Governing Body time we need to focus on our leadership of the health economy through a significant period of change. Future meetings would focus on strategic issues and transformational change. To reduce the burden on Governing Body members it is intended to reduce the amount of meeting papers, and all committees supporting the Governing Body are being reviewed to ensure appropriate delegation. It is also proposed that from April the meeting held in public would start at 4.00 pm, with any business of a confidential nature will be discussed in a private session commencing at 2.00 pm. A paper to describe the full recommendations would be presented to Governing Body in April.

LT

The Director of Finance advised members that she was consulting with Internal Audit to ensure that any changes to the way Governing Body members receive and consider papers which form part of the assurance processes with regard to the CCG's Assurance Framework would still offer the appropriate level of governance and assurance. The next meeting of the Audit and Integrated Governance Committee (AIGC) would also consider this issue.

JN

The Company Secretary was asked to confirm the new timings to members and invited attendees by email the following day.

LT

Finally, on behalf of Governing Body, the Chair expressed his thanks to Dr Richard Oliver, who was stepping down from his role as Joint Clinical Director at the end of March, for his support to the CCG over the years.

The Governing Body received and noted the report.

48/14 Accountable Officer's Report

The Accountable Officer presented this report.

The Chair asked whether the CSU Alliance would be of great significance and if a further discussion was needed at Governing Body. The Accountable Officer responded that there was much national policy work on this and he had spoken to the Managing Director of West and South Yorkshire and Bassetlaw Commissioning Support Unit who had indicated that it seemed broadly consistent with the concept of commissioning support offered at scale. The Chief Operating Officer advised members that he would be providing information for the Commissioning Executive Team (CET) on the national framework agreement for commissioning support, which would also be presented to Governing Body in June, along with an update on what the broader implications of externalisation might be.

IG

The Governing Body received and noted the report.

Dr Afzal joined the meeting at this stage.

49/14 Planning for 2014/19

The Director of Business Planning and Partnerships presented the first full draft of the CCG's Commissioning Intentions, based upon the ambition and summary intentions previously agreed at Governing Body. He advised members that our financial and five year plans would be incorporated into the final version.

The following issues were raised and discussed:

Professor Enderby noted that the priorities of the Health and Wellbeing Board are really outcomes rather than priorities.

Dr Oliver referred to the first bullet point on section 3. He advised that primary and community care was already the setting of choice, but felt the sentence implied this was not the case. He also advised that with regard to communication, we needed to acknowledge the move towards single patient records.

The Director of Public Health expressed disappointment that four of the five ambitions for 2019 at page 10 of the report were about the process and the way business is done rather than the outcomes. Only one referred to outcome, which he felt was weak and asked that we be more ambitious and definitive about outcomes. The Director of Business Planning and Partnerships responded that these were the ambitions that Governing Body had discussed at their OD sessions over the summer, but was happy to seek further advice on this from public health colleagues. The Chair drew members' attention to page 31 of the report which set out more specific outcome targets, including those of the Health and Wellbeing Board.

TF

Professor Gamsu asked that we have clear definition of holistic approaches and hoped that this would address people's socio economic circumstances.

TF

Professor Enderby referred to the ambitions to improve patient and public experience and asked if we could measure and confirm this has happened, which she would be happy to help with. She warned there could be unintended consequences on patient experience and the document should describe how we will monitor that over time.

PE/TF

The Chair advised members that section 4, portfolio projects and efficiency plans, had been supplied by our portfolio teams, CET and Planning and Delivery Group and was happy to receive any other comments from members on these.

All to note

The Director of Public Health questioned the number of projects listed in sections 4.1 to 4.6. The Director of Business Planning and Partnerships described how portfolios had been challenged to assure their capacity to deliver all the projects. Projects will be robustly managed and performance monitored. The Chief Operating Officer advised members that a discussion about the information behind these

IG

will be a future agenda item for Governing Body.

Dr Oliver asked whether public health projects such as Move More and Smoking Cessation could be included. The Director of Business Planning and Partnerships agreed we need to demonstrate commitment to such projects and to all our major partnership projects and he would give thought about how to reference this. **TF**

The Locality Manager, West, advised members that the Stocksbridge Community Forum had responded positively and felt they were the right priorities and ambitions. However, there needed to be good public transport links to be able to successfully bring services closer to the community. The Director of Business Planning and Partnerships reported that public feedback was demonstrating a desire to get below the detail of the projects, which illustrated the scope for engagement benefitting the projects.

Dr McGinty asked if section 5 could include reference to the research and training that was going on in primary care and with our providers.

Professor Enderby felt it was very disappointing that only 44 people had responded during the engagement period. She was happy to have a conversation with the CCG about how she might help to improve the reporting of this feedback and that from any other consultation and patient engagement in the future. **PE/TF**

The Director of Finance advised members that the key principles of our five year financial plan were included. She drew attention to the table at page 28 of the document which provided high level information on changes in spend for each of the years but explained that further information on changes to total spend by the CCG over the next five years would be included in the next version of the document and would be discussed in more detail with Governing Body members potentially at the Organisational Development event on finance in May.

The Director of Business Planning and Partnerships advised members that, once updated, the document would be submitted to NHS England for comment, then finalised, published, and discussed with our providers as part of our contract negotiations. His thoughts were that triangulation with partnership arrangements would be one of the issues that NHS England would raise. **TF**

The Governing Body agreed to adopt the plan, and to only re-present at Governing Body meetings by exception.

50/14 NHS Sheffield CCG Business Continuity Policy, including NHS Sheffield CCG Emergency Responsiveness Policy

The Director of Business Planning and Partnerships presented these policies. He advised members that both policies had been developed in conjunction with colleagues in South Yorkshire and Bassetlaw CCGs.

The Director of Public Health asked who the Accountable Emergency

Officer would be. The Director of Business Planning and Partnerships responded that this was not a specific post and would either be himself or the Accountable Officer.

The Director of Public Health also asked about the role of the Accountable Emergency Officer in ensuring the organisation and any providers it commissions has robust business continuity planning arrangements in place which reflect standards set out in the Framework for Health Services Resilience (PAS 2015) and ISO 22301. The Director of Business Planning and Partnerships responded that it was our responsibility as commissioners to make sure our providers have these plans in place.

Finally, the Director of Public Health asked that some points of wording be changed, and he would email some proposed amendments, and advised that the plans needed to be seamless with public health and NHS England plans. The Director of Business Planning and Partnerships responded that if changes needed to be made then they would need to be reflected in all South Yorkshire and Bassetlaw CCGs' plans.

JW

TF

The Governing Body:

- Approved the NHS Sheffield CCG Business Continuity Policy
- Approved the NHS Sheffield CCG Emergency Responsiveness Policy

51/14 Finance Report

The Director of Finance presented this paper reporting the financial position to the end of January 2014, with an update on the year end forecast position. She advised Governing Body that the key message was that the potential pressure reported in February on prescribing had materialised, with a £1.1m adverse movement. She explained that this could be covered by our contingency reserves. She also advised members that the national issue she had reported to Governing Body in February relating to cash management with NHS England had now been resolved.

Ms Forrest referred to section 2.2.3 and the forecast underspend of £325k for Sheffield Teaching Hospitals community services which seemed disappointing. The Director of Finance responded that we had been working with them to deliver performance but had applied contractual penalties where appropriate and reduced funding where activity was below contracted levels.

The Governing Body:

- Noted the Month 10 financial position and forecast outturn position.
- Noted the draft financial plan to NHS England had been submitted but would require changes before the final submission on 4 April.
- Noted that detailed budgets for 2014/15 would be submitted for approval by the Governing Body at its 3 April meeting.

52/14 Month 10 Quality and Outcomes Report

The Chief Operating Officer presented this report which reflected the CCG's statutory responsibilities. He reported that despite some of the pressures, we remained in a favourable position as a health community, with performance fairly consistent throughout the year, presented the key performance issues and drew members' attention to the following key highlights.

a) A&E four hour waits and 18 weeks targets

We were still under similar pressures as last month in terms of acute activity which was having an impact on A&E and 18 week targets. Performance in Quarter 4 so far was just below 95%, which was a similar picture across the region and the north of England. He reported that Sheffield Children's NHS Foundation Trust (SCHFT) remained the best performing hospital across South Yorkshire and Bassetlaw in terms of A&E waiting times.

b) CCG Assurance and the Balanced Scorecard

Our next quarterly review meeting with NHS England to discuss both our Quarter 3 performance and operational and strategic planning for 2014-19 would take place on 24 March.

At the February Governing Body meeting, members had asked about the deterioration in performance on reducing emergency admissions for children with lower respiratory tract infection. He advised members that data showed fairly high levels of admissions at SCHFT in comparison to hospitals in other parts of the country, but a large part of this related to how admissions were recorded and, in this respect, there were contracting discussions with the trust, so it was possible that this information could change in the future

JN

c) Patient Experience of GP Services

A national survey of one million patients, conducted by IPSOS MORI, was carried out twice a year. The CCG's report contained information about the overall experience of patients. The Chief Operating Officer advised that trends over time were incredibly stable, with very little variation over the time the survey had been carried out and, as a result, the performance indicator was rated as amber as there had been no significant improvement. He advised members that about 86% of patients rate GP services as being fairly good or very good which can reasonably be said is a high satisfaction rating.

d) Mental Health Trust Performance Measures

The Chair asked members to note Appendix B and the good progress that was being made by Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) with the services they are providing.

e) Summary Hospital Mortality Indicator – Performance Update and Benchmarking

Dr Oliver, Joint Clinical Director, drew members' attention to figures at page 14 that supported that the scheme to allow people to die at home rather than in hospital has been reasonably successful, with data for Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) remaining below the expected level and being the best ranked trust within the North of England.

f) NHS Health Checks

The Director of Public Health advised members that these were funded out of the public health grant and were not performance managed as there was no framework for it for public health, however, we cannot decline to undertake these as they are a mandatory legislative requirement. He reported that in Sheffield we have been incentivising our practices to invite people from the more deprived postcodes in Sheffield to attend for health checks, which could be described in the metrics in the planning paper discussed earlier in the meeting.

g) Quality

The Deputy Chief Nurse reported that there was little in terms of trend change to report since last month. She advised that Clostridium Difficile targets for 2014/15 had been received, which were less challenging and would be presented to Governing Body in April.

KeC

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.

53/14 Quality Assurance Committee (QAC)

a) Serious Incident (SIs) Reports

The Deputy Chief Nurse presented this report which provided updates on new SIs in January 2014. She advised members that there had just been one SI reported in January

The Governing Body received and noted the report.

b) Sheffield CCG Clostridium Difficile Action Plan Assurance

The Deputy Chief Nurse presented this report which updated Governing Body on the outcome of the peer review of the 2013/14 plan which had

been undertaken as our targets had been so challenging. Our plans were confirmed as very reasonable and on the right track. She advised members that this year to date 167 cases had been reported compared to 269 in the same period last year.

The Governing Body received and noted the report.

54/14 Updates from the Locality Executive Groups (LEGs)

a) Central

The Locality Manager reported on the communication problems between NHS England and practices around payments and year end processes, especially as this would impact on the CCG as a commissioning organisation in the future. The Chair and Accountable Officer agreed to take this forward.

TM/IA

b) HASL

The Locality Manager advised members that they were reviewing the membership of their LEG to make sure it was representative, this also included looking at people's specific roles and how they could be strengthened.

c) North

The Locality Manager advised members that their last Council meeting had asked the CCG to consider how it supports its membership and to acknowledge the pressures they were under as they have taken on board everything the CCG had asked them to do, with limited resources.

d) West

The Locality Manager reported that practices were considering their Commissioning Intentions for next year, and were undertaking a number of audits on patient records from which key data would be fed back into each of the portfolios. They had also been considering their role as a LEG which included understanding their health needs, however, they would appreciate it if the reinstatement of public health input could be considered.

The Chair of Sheffield Local Medical Committee supported the comments from Locality Managers and acknowledged the intense pressures in practices. He also thought that there was an inherent mismatch in the direction of travel in the CCG's Commissioning Intentions and the challenges experienced in practices and would welcome a discussion as to the difficulties this could create.

The Chair agreed to write out to practices acknowledging all of the above.

TM

The Governing Body noted the reports.

55/14 Reports for Noting

The Governing Body received and noted the following report:

- Key highlights from Commissioning Executive Team and Planning and Delivery Group meetings.

56/14 Questions from the Public

A member of the public had submitted a number of questions prior to the meeting. The CCG's responses to these are attached at Appendix A.

57/14 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.

58/14 Any Other Business

There was no further business to discuss this month.

59/14 Date and Time of Next Meeting

Thursday 3 April 2014, 4.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Questions from Mr Peter Hartley to NHS Sheffield CCG Governing Body
6 February 2014

Question 1: Does my primary care local GP offer psychotherapy or psychoanalysis, or do I have to privately pay for these two services?

CCG response:

In Sheffield we have a small number of GPs who are trained in psychotherapy and are able to offer this service to their patient without referring them on. However, all GP surgeries in Sheffield are able to refer patients to mental health services and psychotherapy is one of the options available. The CCG commissions a specialist psychotherapy service, within which psycho-analysis services are provided

You may find the following links helpful:

<http://www.phs-sheffield.nhs.uk/home>

<http://www.sct.nhs.uk/our-services/psychological-services>

There are also services available through registered charities and the following link may be of interest to you

<http://www.sharepsychotherapy.org>

Question 2: Because I have never married or had children, and if I have no friends or other family, to whom can I turn to when I can no longer feed myself or walk or buy food? Is it my own local GP?

CCG response:

Your local GP would be involved in dealing with the medical reasons behind the inability to walk or buy food. Your social care requirements would be addressed by the Local Authority. Under the NHS & Community Care Act 1990 all Local Authorities have a duty to carry out an assessment of need where a person's circumstances may require community care services.

Question 3: I realise the last question (2) is hypothetical, as is this question, but how do I diagnose myself if I am suffering from dementia or are not able to decide sensible clinical decisions for myself?

CCG response:

NHS Choices gives a lot of helpful pointers as does the Alzheimer's website. For those who are not able to access the internet then their GP would help. In Sheffield, GPs participate in the "Care Planning" approach which aims to identify people who are potentially at higher risk of developing conditions and allows them to be reviewed in a more systematic manner.

**Questions from Mr Peter Hartley to NHS Sheffield CCG Governing Body
6 March 2014**

Question 1: How do you intend to reduce waiting times for the dentists practicing in Sheffield? One can wait as long as nine months to get a new dentist.

CCG response: *As you will be aware, from April 2013 the NHS Commissioning Board (known as NHS England) took commissioning responsibility from Primary Care Trusts / Clinical Commissioning Groups for all NHS dental services provided in high street dental practices, community dental services, dental services at general hospitals and dental hospitals, and dental out of hours and urgent care*

There are 75 dental practices in Sheffield and information on these practices can be found on NHS Choices website www.nhs.uk. The website presents information on which practices are taking on new patients currently and which are not. At any one time there are usually at least around 20 practices which are taking on new patients. Of these 20 practices some will be able to offer appointments within a relatively short time (one or two weeks) and for some a longer time (nine months as you describe). This varies from week to week so we also advise that people looking for a new dentist may wish to telephone dental practices in their area to find out whether a practice is able to take them on as a new patient.

If a person has an urgent dental care need we advise that they telephone 111 to access the dental urgent care services.

Question 2: How does one make a formal complaint against a dentist?

CCG response: *You can either make a complaint directly to the dental practice in question or alternatively through NHS England by contacting:*

*NHS England
PO Box 16738
Redditch
B97 9PT*

*England.contactus@nhs.net
0300 311 22 33 (Monday to Friday 8am until 6pm excl. bank holidays)*

More information on <http://www.england.nhs.uk/contact-us/complaint/>

Question 3: When one is registered with a dentist – how does one get a second opinion when the patient disagrees with the dentist?

CCG response: *A second opinion can be requested through the Business Services Authority NHS Dental Services Division. For more information see <http://www.nhsbsa.nhs.uk/DentalServices/789.aspx> or telephone Helpdesk 0300 330 1348.*

A patient can request this second opinion at any time whether they are part way through a course of treatment or whether they have finished their course of treatment

Question 4: How does one get to see the written contract that a named dentist has with the NHS or with the Sheffield CCG (with confidential information removed from the contract)?

CCG response: *Contracts are held between NHS England and the dental provider. Information about the contract could be raised through a Freedom of Information request to NHS England,*

*NHS England
PO Box 16738
Redditch
B97 9PT*

More information on <http://www.england.nhs.uk/contact-us/foi/>