

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 6 November 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
Ian Atkinson, Accountable Officer
Dr Nikki Bates, GP Elected City-wide Representative
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
Professor Mark Gamsu, Lay Member
Idris Griffiths, Chief Operating Officer
Dr Zak McMurray, Clinical Director
Julia Newton, Director of Finance
Dr Marion Sloan, GP Elected City-wide Representative

In Attendance: Sarah Baygot, Senior Communications Manager (Acting)
Rachel Dillon, Locality Manager, West
Professor Pam Enderby, Chair, Healthwatch Sheffield
Carol Henderson, Committee Administrator
Simon Kirby, Locality Manager, North
Professor Jeremy Wight, Sheffield Director of Public Health
Paul Wike, Locality Manager, Central
Moira Wilson, Director of Care and Support, Sheffield City Council

Members of the public:

Five 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 Director of Business Planning and Partnerships.

ACTION

165/14 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.

The Chair also welcomed Moira Wilson, Director of Care and Support at Sheffield City Council (SCC) who was attending her first meeting as SCC representative.

166/14 Apologies for Absence

Apologies for absence had been received from Dr Anil Gill, GP Elected

City-wide Representative, Dr Andrew McGinty, GP Locality Representative, Hallam and South, 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 Helen Cawthorne, Locality Manager, Hallam and South, Katrina Cleary, CCG Programme Director Primary Care, and Dr Mark Durling, Chairman, Sheffield Local Medical Committee.

167/14 Quoracy of the Meeting

The Director of Business Planning and Partnerships relinquished his voting rights at the meeting to ensure quoracy of the meeting, with regard to the balance between clinical and non-clinical members of the Governing Body present.

168/14 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/about-us/declarations-of-interest.htm>

169/14 Chair's Opening Remarks

In addition to his Chair's report, appended as part of item 10 on the agenda, the Chair advised Governing Body that the following four GPs had been ratified by their respective locality as their nominated GP lead on Governing Body: Dr Amir Afzal, Central Locality, Dr Andrew McGinty, Hallam and South Locality, Dr Tim Moorhead, West Locality, and Dr Leigh Sorsbie, North Locality.

170/14 Questions from the Public

The Director of Business Planning and Partnerships reported that a member of the public had submitted two questions in writing before the meeting. The CCG's responses to these are attached at Appendix A.

171/14 Minutes of the CCG Governing Body meeting held in public on 2 October 2014

The minutes of the Governing Body meeting held in public on 2 October 2014 were agreed as a true and correct record and were signed by the Chair.

172/14 Matters arising from the minutes of the meeting held in public on 2 October 2014

a) Month 4 Quality and Outcomes Report: Other Issues (minute 144/14(c) refers)

The Director of Business Planning and Partnerships advised Governing Body that he had discussed how we might report on the extent to which services are meeting need in the city. He noted that the Joint Strategic Needs Assessment and the CCG Outcome Framework both help us understand this, and that the CCG's plans are intended to meet that need, so that successful delivery of those plans can reasonably be considered a proxy for success. However, none of these fully answer the question and the Consultant in Public Health would be undertaking a piece of work to further explore the issue.

JW(SH)

b) Involve Me (minutes 135/14 and 152/14(a) refer)

Professor Gamsu advised Governing Body that constructive discussions were ongoing to resolve the confusion about the respective roles of Healthwatch and Involve Me.

c) Public and Patient Experience and Engagement Report (minute 157/14 refers)

The Director of Care and Support, Sheffield City Council, suggested that it would be helpful if she was included, as the Local Authority representative, in the discussions about extending the NHS Engagement debate wider.

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d) Communications and Engagement Strategy (minute 158/14 refers)

The Chief Nurse advised that he would continue to look at how good patient experience could be captured as part of the Quality and Outcomes report.

173/14 South Yorkshire Emergency Preparedness, Resilience and Response (EPRR) Assurance 2014-15

The Director of Business Planning and Partnerships presented this report which included a proposed statement of compliance with national EPRR standards which, he reported, had been done in collaboration with the South Yorkshire and Bassetlaw CCGs. The assessment spreadsheet demonstrated the collective view that the CCGs are fully compliant with the national requirements.

He advised Governing Body that a confirm and challenge meeting

would take place with the Area Team of NHS England on the afternoon of 10 December. The CCG's out of hours on call arrangements would be part of that discussion as, with other CCGs, we may need to review arrangements in light of changes to the organisation of NHS England. He noted that we had responded positively to any requirements by NHS England as part of emergency planning.

He advised members that the EPRR plan was about the CCG's organisational arrangements. He advised that he had taken part in an exercise earlier in the week to assess the NHS's plans for responding to any cases of Ebola.

The Director of Public Health commented that he was assured that the preparations for dealing with Ebola in the city were as good as they could be. The Chief Operating Officer reinforced this message and commented that the arrangements were very robust and he had confidence in all of the services that would be involved.

The Governing Body:

- Noted the self assessment detailed on the attached spreadsheet.
- Approved the proposed statement of compliance.

174/14 2014/15 Finance Report

The Director of Finance presented this paper confirming the financial position to the end of September 2014 and the risks and challenges for managing the delivery of the CCG's overall planned 1% surplus for 2014/15. She advised Governing Body that the CCG remained on track to deliver its overall 1% surplus, with the RAG ratings remaining as per last month as there had been no material changes to forecast spend.

She highlighted that for Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) the forecast overspend had increased, attributable largely to the number of emergency admissions. She confirmed that contract queries had been raised in relating to the overspend on maternity services which was believed to relate to changes in clinical coding. Dr Bates advised members that she would be involved in an clinical review audit of these changes in the next few months.

The Director of Finance also advised Governing Body that the Medicines Management Team had undertaken some work relating to the national change in costs of the prescribing of some drugs, which would mean an additional pressure of c£0.75m to £1m to the CCG and was now included in the financial plan.

The Director of Finance clarified that the second column of the Quality Innovation, Productivity and Prevention (QIPP) programme table at the top of page 5 referred to the Net Savings Plan for the whole year

Finally, she advised members that she would present a first draft of the 2015/16 financial plan to Governing Body in January 2015.

JN

The Governing Body received and noted the report.

175/14 **Month 6 Quality and Outcomes Report**

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

- a) Good News: Waiting times for suspected cancer rates and cancer treatments remained within the required timescales, we had seen some improvements in terms of diagnostic waits, and those patients that had been waiting 52 weeks or longer for treatment were either now being seen or treated.
- b) A&E Maximum Four Hour Waiting Times: Sheffield Children's NHS Foundation Trust (SCHFT) were achieving 98.14%, however, the year to date position for STHFT was below 95%, which was a deterioration since Governing Body last met. Hospital activity and the number of ambulance journeys had increased, and more patients were being admitted. However, service resilience money had now been released and was being put into place so we hoped to see a recovery of that position.

The Chair commented that the GP referral rate seemed to be increasing at the same time as A&E performance was deteriorating, which may be an indication that it was not just the hospitals that had pressure in the system. The Chief Operating Officer acknowledged that primary care was under an extreme amount of pressure at the moment, and clarified that the increase in referrals was limited at the moment to a few specialties, however, referrals for most specialties were still being managed very well in Sheffield. The position city-wide was being reviewed, which would be fed back through the localities.

- c) Quality Premium: Although we had been reporting for some time a fairly positive position it remained a significant pressure. We had just received an indication from NHS England that our Quality Premium payment earned for 2013/14 would be c£1.4m, just below our prediction of £1.7m. This funding has already been committed with some of this deployed on the primary care quality incentive scheme, with the rest to support our overall financial position.
- d) Quality

The Chief Nurse advised members of the following:

- (i) Patient Complaints: Up to date data for SCHFT and Sheffield

Health and Social Care NHS Foundation Trust (SHSCFT) was now available and would be included in next month's report.

- (ii) Clostridium Difficile (C.Diff): Although we had been struggling with the number of STHFT and CCG attributable cases against the revised trajectory this year, this had settled down in the past few weeks. A lot of work was taking place with STHFT including reviewing prescribing across the board which had, to date, not found any major prescribing anomalies. He reported that there had been a change from Monitor in that trusts were being encouraged to monitor avoidable and non avoidable cases, so in future there would be two trajectories.
 - (iii) Friends and Family Test (FFT): As reported to Governing Body in October, due to a national decision taken following a review undertaken in the summer, the scoring now only showed the percentage of patients who either did or did not recommend a service, and data was now available for staff employed by the trusts. Governing Body noted the high response rate from staff employed by SHSCFT, compared to other trusts, who would recommend their trust as a place for treatment and as a place to work
 - (iv) Yorkshire Ambulance Service NHS Trust (YAS): The Good Governance Institute review was now complete and was with the trust for accuracy checking, before being presented to the commissioners for consideration.
 - (v) Patient Experience of GP Services: The Chief Nurse agreed to ascertain whether or not it was possible to determine whether the reduction in numbers regarding the proportion of patients who felt supported to manage their condition was because we were identifying patients that have got more need or if there was a drop in the number of patients being supported
- e) Other Issues
- (i) Child and Adolescent Mental Health Services (CAMHS): Professor Enderby advised Governing Body that concerns had been reported to Healthwatch about long waiting lists and times from referral to first appointment for CAMHS. The Director of Business Planning and Partnerships explained that the CCG has a monthly performance review meeting with the CAMHS team, who had previously done some work to lower their waiting times, but would raise this with them again.

KeC

TF

The Governing Body:

- Noted Sheffield performance on delivery of the key NHS 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 assessment against measures relating to the Quality Premium

176/14 Reports circulated in advance of the meeting for noting:

The Governing Body formally noted the following reports:

- Chair's Report
- Accountable Officer's Report

In addition to his report, the Accountable Officer advised Governing Body that the Wicker Pharmacy was the first, and currently the only, pharmacy in the country to have been judged as 'Excellent' by the General Pharmaceutical Council, which was an excellent achievement.

The Governing Body formally noted the following reports

- Key Highlights from Commissioning Executive Team and CET Approvals Group meetings
- Personal Health Budgets
- Updates on Serious Incidents
- Locality Executive Group reports

177/14 Confidential Section

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.

178/44 Any Other Business

a) Cycle Boost Programme

Dr Sloan advised Governing Body of this programme that had been running all summer and was led by Sheffield City Council (SCC) who had funded providing loan bicycles for Sheffield residents. She reported that 44 GPs had taken up this challenge and there was a leader board for the number of miles cycled by each GP, who had now been invited to buy their bike. The programme would be repeated next year if it evaluated well. The Governing Body expressed support for the programme.

b) Meeting with GPs

Professor Gamsu advised Governing Body that a successful workshop, attended by eight GPs, the voluntary sector, the CCG's Programme Director Primary Care and Sheffield City Council's Consultant in Public

Health, had recently taken place to start to try and get GPs working in disadvantaged communities to come and work together and raise the profile of that particular aspect of general practice. A report would be produced, that may eventually be presented to Governing Body for information.

There was no further business to discuss this month.

179/44 Date and time of Next Meeting

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

**Questions from Mike Simpkin, Sheffield Save our NHS, to the CCG Governing Body
6 November 2014**

Question 1: Given that Sheffield GPs have, over the years, posted one of the highest rates of dementia diagnosis in England without any specific financial incentive, is the CCG Governing Body willing to suggest to CCG members that NHS England's reported incentive fee to GPs of £55 per dementia diagnosis, widely branded as obnoxious and unethical, should not be applied for in Sheffield; or, alternatively, that any payments are placed in a general fund to support community services for those who are diagnosed with dementia.

CCG Response: *The CCG supports the overall aims in the initiative to ensure that as many people as possible in Sheffield, who are living with Dementia, are diagnosed and have early access to appropriate services.*

Although the overall diagnosis rate for Sheffield is encouraging, there is still variation by practice and we see the Enhanced Service as one way of ensuring that we do all that we can to raise the ratios and have more equitable provision for Sheffield citizens.

The Enhanced Service does bring with it a focus and we would hope that practices will use the opportunity to work with us to go beyond the modest ambition rate of 67%. The details provided by practices as a part of the application process for the Enhanced Service will enable the CCG, with the Area Team, to have a view on progress across the city and to provide help and support to practices where it appears to be most needed.

We will not, therefore, be suggesting to practices that they should not participate in the scheme. With regard to the creation of a general fund, given the recent (high) level of diagnosis rate in Sheffield, we can't be sure of the amounts that may be generated across Sheffield and thus whether that could be of practical use as a community fund. Accounting and governance arrangements would inevitably add further burdens on practices at the end of the accounting year for what may turn out to be relatively small amounts. We will not therefore be proposing this.

Question 2: As part of the CCG engagement strategy will the CCG consider holding a public workshop, perhaps organised jointly with other agencies, to consider the possible implications for Sheffield of the recently issued Five Year Forward View by Simon Stevens?

CCG Response: *Yes, we will consider that suggestion as part of a Governing Body discussion of the Five Year Forward View in December.*