

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group  
Governing Body held in public on 5 December 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 (from item 262/13)  
Ian Atkinson, Accountable Officer  
John Boyington, CBE, Lay Member  
Kevin Clifford, Chief Nurse  
Tim Furness, Director of Business Planning and Partnerships  
Idris Griffiths, Chief Operating Officer  
Professor Mark Gamsu, Lay Member  
Dr Anil Gill, GP Elected City-wide Representative  
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:** Dr Margaret Ainger, GP, Page Hall, CCG Children and Young People lead (for item 260/13)  
Katrina Cleary, CCG Programme Director  
Rachel Dillon, Locality Manager, West  
Dr Mark Durling, Chairman, Sheffield Local Medical Committee  
Professor Pam Enderby, Chair, Sheffield Healthwatch  
Carol Henderson, Committee Administrator  
Susan Hird, Consultant in Public Health (on behalf of the Sheffield Director of Public Health)  
Simon Kirby, Locality Manager, North  
Gordon Osborne, Interim Locality Manager, Hallam and South  
Linda Tully, Head of Corporate Governance and Company Secretary  
Paul Wike, Locality Manager, Central

**Members of the public:**

Six 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

**252/13 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.

**253/13 Apologies for Absence**

Apologies for absence had been received from Dr Richard Davidson, Secondary Care Doctor, Amanda Forrest, Lay Member, and

Dr Andrew McGinty, GP Locality Representative, Hallam and South

Apologies for absence from those who were normally in attendance had been received from Richard Webb, Executive Director – Communities, and Dr Jeremy Wight, Sheffield Director of Public Health.

## **254/13 Declarations of Interest**

Dr Sorsbie declared an interest in the following item:

- A New Local Enhanced Service for Hepatitis B Screening and Vaccination in the Sheffield Roma Slovak Community

Dr Sorsbie declared that her practice, Firth Park Surgery, was one of those that has a high registered population of Roma Slovak patients.

The Company Secretary asked GP members of the Governing Body that had not been party to the discussions at the pre-meet to also carefully consider whether they had any potential or real conflict with this item.

After due consideration the Governing Body agreed that this would not require Dr Sorsbie's exclusion from the discussions.

There were no further declarations of interest this month.

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>

## **255/13 Minutes of the CCG Governing Body meeting held in public on 7 November 2013**

The minutes of the Governing Body meeting held in public on 7 November 2013 were agreed as a true and correct record and were signed by the Chair, subject to the following amendments:

### **NHS Sheffield CCG Public and Patient Involvement (PPI) Plan (minute 239/13 refers)**

Three specific actions to be recorded as follows:

- The Director of Business Planning and Partnerships would establish a Public and Patient Involvement Task and Finish Group. **TF**
- The Director of Finance was asked to identify non recurrent resources to support the launch of the plan. **JN**
- The Chief Operating Officer would review portfolio plans and consider how the portfolios could be resourced to ensure PPI was embedded in their work. **IG**

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.

**256/13 Matters arising from the minutes of the meeting held in public on 7 November 2013**

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

The Chair advised members that a legal opinion on where commissioning responsibility for Hepatitis screening for the Roma Slovak population lies was still awaited.

**JW**

**b) NHS Sheffield CCG Public and Patient Involvement (PPI) Plan (minute 239/13 refers)**

The Director of Business Planning and Partnerships advised members that the inaugural meeting of the Patient and Public Engagement Task Group had been arranged for 14 January, and Terms of Reference would be drafted. He also advised members that the non recurrent resources to support the launch of the plan had been identified, and that the portfolio work to ensure PPI was embedded with them was ongoing.

**TF**

**257/13 Chair's Report**

The Chair presented this report and offered to expand on any issues if members so wished. He drew members' attention to the key issues which included his involvement in how the Integration Transformation Fund (ITF) would be run, with discussions taking place at national and local level. This had also been discussed when he and other CCG leaders had met with the Advisor to the Secretary of State at Downing Street to discuss CCG business generally.

He asked members to prioritise attendance at the Governing Body's OD session taking place on the afternoon of 18 December to review the effectiveness of the Governing Body, its committees, and its general working practices.

The Governing Body received and noted the report.

**258/13 Accountable Officer's Report**

The Accountable Officer presented this report. He had nothing further to add to his report, except to congratulate Dr Steve Thomas, GP and member of the CCG's Commissioning Executive Team (CET), on his incredible achievement in winning the 'Emerging Leaders Award' at the Yorkshire and Humber NHS Leadership Recognition Awards ceremony held on 13 November.

The Governing Body received and noted the report.

**259/13 Company Secretary's Report**

The Company Secretary presented this report including an update on

progress with the election for the vacant GP position on Governing Body. She advised members that two nominations had been received and approved to go forward for election. The ballot, which would run from 5 to 24 December, was being run on our behalf by the Electoral Reform Service who would be emailing all Sheffield GPs with their specific log in password and link. We had taken every precaution to ensure that as many GPs as possible would be able to vote.

The Governing Body received and noted the report.

## **260/13 Hepatitis B Business Case**

Dr Margaret Ainger, GP, Page Hall, Children and Young People Lead, attended for this item.

The Director of Business Planning and Partnership presented this report, following on from the conversation at Governing Body in July addressing the urgent health need of the prevalence of Hepatitis B in the Sheffield Roma Slovak community. He advised that if Governing Body agreed the proposal it would be making an early commitment against funding we would have available next year, in advance of any full prioritisation of proposals.

The proposal was for a mainstream primary care based service targeted to a section of the population with high prevalence for the new arrivals into Sheffield, estimated at 1,200 per annum. The proposal was to screen and vaccinate both children and adults, including a catch-up service for the existing population, estimated at 3,000, as a one year pilot. This would be evaluated after nine months.

A local enhanced service would be required because the prevalence of Hepatitis B in this population is such that it is considered beyond the normal level of GMS services offered by practices and reimbursed through the 'global sum'. However, it is unclear whether NHS England or CCGs have statutory responsibility for local screening and vaccination services and it has been agreed with the NHS England Area Team that the CCG will accept responsibility provisionally, with funding to be reimbursed by NHS England if it is established that the commissioning responsibility is with that body.

Dr Ainger advised members that, in the absence of any national vaccination schemes, they had looked pragmatically at how they could make the scheme workable on a local basis. This was a high risk group which had not been widely recognised before and this was a city-wide proposal as it was recognised that there were Roma Slovak patients in other areas across the city, not just north.

The Chair raised concerns that the proposal did not include an estimate of how mobile this particular population is, and could result in people receiving only one vaccination. Dr Ainger responded that whilst a lot of this mobility was between England and Slovakia, we should be able to monitor where people move within the Sheffield area, although it would fall outside of our remit if people moved outside of Sheffield.

As there was uncertainty on the number of people that were likely to be screened and vaccinated, the Chair asked if clarification could be given as this would affect the funding that was required. The Chair commented that it was a worthwhile project but Governing Body needed to be aware that this would pre-commit funds for 2014/15 and beyond prior to completion of the planning and prioritisation process.

The Chair of Sheffield Local Medical Committee's supported full implementation, and the Consultant in Public Health advised members that public health supported the proposals.

On the basis of the discussions it was agreed that further work was needed to confirm likely numbers of people involved and whether this changed the funding requirement. It was agreed that if this work showed a significant difference in cost, this would need to come back to Governing Body for approval.

TF

The Director of Business Planning and Partnerships advised members that it was hoped to start the catch up programme soon after Christmas, which would mean a small financial commitment this year.

The Governing Body approved the business case in principle, subject to clarification on figures and a re-working of the costings, as necessary.

## **261/13 Working Together Programme**

The Accountable Officer presented this report. He reminded members that the programme was about working together across South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire. The paper recognises two fundamental streams – what providers can do to reduce the system costs, and what services do we need to look at to see what can be commissioned together the most effectively. The five prioritisation areas for this are cardiac, stroke, small specialties, paediatrics / neonates, and out of hospital care. The paper also set out the next steps and the associated leads within the particular areas.

Professor Enderby commented that it was disappointing that Healthwatch had not been involved in the discussions regarding priorities, and that the priorities listed did not tie in with those of the Health and Wellbeing Board. However, she felt that all of the issues had common integration, but was particularly surprised that mental health was not identified. The Accountable Officer responded that there was a view that Healthwatch needed to be engaged at the next stage. He reported that there would be a conversation about integration and what the collaborative arrangements would look like, and also conversations in every community about integration with social care and providers. Professor Enderby advised members that Healthwatch would be happy to work with the CCG on the high level requirement to look at integration on stroke services.

The Governing Body received and noted the report.

## 262/13 Planning for 2014/16

The Director of Business Planning and Partnerships presented this report which provided an update to Governing Body on progress in developing our plans for 2014/16, following that provided in October and November, reflecting the strategic direction set by Governing Body OD session in September. He drew members' attention to Appendix 1, the set of slides that had been used and revised and were presented to Governing Body for consideration and discussion.

Dr Afzal entered the room at this stage.

The Director of Business Planning and Partnerships advised members that the slides would be published on the on the CCG website and sent out to our patient and public groups for comment, Healthwatch was supporting him in this work. He asked that Locality Managers and Locality Leads discuss the proposals with practices and report back practice views to Governing Body, and advised that he would circulate a copy of the project plan and Gantt chart to members.

TF

LMs

TF

The Accountable Officer was asked to feedback to the CET that members were clear that that there would need to be an evidence base to give a sense of our ambition and imagination.

IA

The Chair of Sheffield LMC supported the strategy of improving patient outcome, satisfaction, and care closer to home but wanted to see a shift in resource to primary care and the tools to deliver those services.

The Locality Manager, North advised members that feedback from North Locality Council was that practices are overwhelmed by the complexity and it was extremely difficult to understand this high level and had asked the CCG to give thought on how to articulate the specifics of the plan.

The Director of Finance reminded members that we needed to plan over five years and be realistic that we might have to go with some double running costs.

The Director of Business Planning and Partnerships would amend the slides and present a first draft of the Commissioning Intentions to Governing Body in January or February.

TF

The Governing Body:

- Noted the guidance received on this year's planning process.
- Approved the draft Commissioning Intentions as set out in the attached presentation, subject to amendments being made to the CCG's ambitions for the next five years.

## 263/13 Update on Equality and Diversity

The Director of Business Planning and Partnerships presented this report which set out two aims – to demonstrate the progress being made on the CCG's equality actions and to describe the refresh of the delivery and equality system and our self assessment which would

inform our next year's objectives and be done through the CCG's Equality Action Group.

Dr Turner advised members that the Equality Delivery System (EDS) 2 was being promoted, and is a refresh of the original EDS. It contained four goals with 18 outcomes and starts to define the type of services we want to commission.

He drew members' attention to the attached Red Amber Green (RAG) rating of the action plan and the three amber areas: encouraging equality champions to operate within the workplace to raise awareness of equality issues and promote understanding amongst wider team members, scoping exercise on the types of information that are available from service providers on the range of activity information we have about patients in protected groups and how this is being used, and developing strong and consistent leadership on equality issues across the health economy. He was keen that equality champions had a strong clinical aspect and would be asking portfolio leads to give their steer and views on this. It was crucial to get some useful information and identify gaps where people have difficulties in accessing services.

TT

The Governing Body:

- Received and noted the report and action plan.
- Tasked the Equalities Action Group to implement the refreshed EDS 2 against its current equality objectives and to report back to Governing Body at six monthly intervals.
- Tasked the Equalities Action Group to contribute to the draft Equality and Health Inequalities Strategy.

TF

TF

## **264/13 General Practice Associations (GPAs) Programme Update and GPA Support to Care Planning**

The CCG Programme Director presented this report. She informed the Governing Body that the programme of workshops was now complete, had been well attended and well received, with some lively debate. It was hoped to arrange a further session in January. The key thing was to recognise was that this was the start of the work to step us up to a different level of engagement. She advised members that there would be a city-wide representative group of GPs, which had considerable potential, and were currently looking at what level of support they would need from the CCG.

Dr Oliver, Joint Clinical Director, asked about the final bullet point at the end of section 3: if GPAs were to enter into collaborative arrangements with other providers, to determine what they might require from such collaboration. The CCG Programme Director responded that it would be through the alliance type arrangement to have these sorts of conversations. The Accountable Officer explained that it was important to distinguish that GPAs are fundamentally providers and we were trying to make sure there was a vehicle for them to come together with other providers, even though some things would be best done at practice level, some at GPA level, some at locality level, and some at city-wide level.

The Chair of Sheffield LMC commented that he would like to see a clear proposal, have a clear opportunity to discuss the shift in resources to a primary care model, and did not want to see investment in primary care services diverted to other providers. He requested appropriate time for debate about the future of Directed Enhanced Services and Local Enhanced Services. The CCG Programme Director responded that she had offered to discuss this with him.

**KCI**

The Locality Manager, North, commented that we did not want to lose the opportunities for GPAs as commissioners as well. They are also our GPs within the CCG and would need some help as to how they manage this, and we should not to miss the opportunity to do both.

The Governing Body received and noted the report.

## **265/13 Finance Report**

The Director of Finance presented this paper reporting the financial position to the end of October 2013 and an assessment of the key risks and challenges to deliver the forecast year end surplus. She advised members that there were no major new issues to bring to their attention based on Month 7 information. October had been a busy month activity wise at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and hence the increase in forecast spend with the trust.

She reported that the initiatives to support winter resilience previously supported by Governing Body were commencing and that following the recent announcement of national funding (£1.9m for Sheffield) work had commenced with providers to understand how this would be deployed to dovetail with previously agreed actions.

**JN/IG**

Mr Boyington asked about the current Quality, Innovation, Productivity and Prevention (QIPP) position (section 2.2.7) which suggested a year end shortfall of £891k and asked if this was due to over ambition. The Director of Finance provided further explanation as to the causes of the shortfall which included the longer lead time to fully implement some initiatives particularly where this required changes to current clinical practice. She confirmed that the likely shortfall had been taken into account in the forecast year end position and could be covered by contingency reserves.

The Governing Body:

- Noted the Month 7 financial position.
- Noted the budget changes highlighted in section 4 of the report.

## **266/13 NHS Sheffield CCG Governing Body Business Plan 2013/14: Quarterly Exception Report**

The Director of Business Planning and Partnerships presented this report. He reminded members that they had delegated oversight of delivery to the Planning and Delivery Group. He asked that any specific questions on the content of the report be directed to him outside of the meeting.

**All**



The Governing Body received and noted the report.

## 267/13 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, presented the key performance issues and drew members' attention to the following key highlights.

a) Winter Plan: We had fully signed off our winter plan and were well in-train implementing the use of the winter monies, and would be receiving proposals from the trusts for utilisation of the national £2.9m winter monies with a view to implementing these as soon as possible, and which should alleviate the ongoing pressure to meet the 95% four hour wait in A&E target. In this regard, the Urgent Care Working Group had met to go through the implementation of the A&E action plan. The meeting had also been attended by Professor Keith Willett, National Director Domain 3 Acute Episodes of Care, to discuss both Sheffield's performance and his *Transforming Urgent and Emergency Care Services in England* report. He also reported that, at this point in time, STHFT had just reached its 100,000th patient going through A&E this financial year, 95.5% of patients this year have been seen at STHFT within four hours, and 97.43% seen within four hours at Sheffield Children's NHS Foundation Trust (SCHFT), which remained the best four hour performances across South Yorkshire and Bassetlaw.

b) CCG Assurance and the Balanced Scorecard

The CCG's second quarterly assurance review with NHS England had taken place on 4 December. A number of areas had been discussed in detail and although we had not yet received formal written feedback as yet, expected it to be positive.

c) Quality

(i) Methicillin-resistant Staphylococcus Aureus (MRSA)

As requested at the November meeting, the Chair had asked NHS England to reconsider the target as it felt like we were being penalised for past good performance, and not achieving the target could also affect our financial allocations next year. The Chief Nurse reported that a response had been received saying that our representations were well received but reminding us that this was a nationally set target.

He advised members that we were the second best performing CCG in the core cities on this target.

(ii) Clostridium Difficile (C.Diff)

The Chief Nurse at South Yorkshire & Bassetlaw Area Team of NHS England and a Bacteriologist from Leeds had reviewed our revised

action plan and had both confirmed there was nothing further they were aware of that was not included in the plan. He reported that lots of genuine efforts were still going on and we continued try to meet our trajectory.

(iii) Friends and Family Test

In October, STHFT had achieved the required 15% response rate for the first time. The positive feedback about them as an organisation continued.

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.

**268/13 Quality Assurance Committee (QAC)**

a) Serious Incident Report

The Chief Nurse presented this report which provided updates on new Serious Incidents (SIs) in October 2013 for which the Governing Body has either a direct or a performance management responsibility. In addition to his report, he advised members that there had been a Care Quality Commission (CQC) inspection at STHFT, who had been given a clean bill of health on all their sites. The reports from the visits had now been published and we were working with them on an action plan.

He also advised members that he would present a report to Governing in January on the Government's final response to the Mid Staffordshire NHS FT Public Inquiry (Francis report).

**KeC**

The Governing Body received and noted the report and the position for each provider.

**269/13 Updates from the Locality Executive Groups (LEGs)**

a) Central

The Locality Manager presented this report. He also advised members that representatives from the locality would be meeting with CCG colleagues to discuss expanding the locality's gastroenterology service city-wide.

b) HASL

The Locality Manager presented this report. He reported that a practice learning initiative on care planning had taken place, one of their GPAs

had held an integration workshop, and they were also looking at having an association of nurses to ensure they understand the commissioning role.

c) North

The Locality Manager advised members that he would give an informed update at the next meeting.

d) West

The Locality Manager presented this report. She advised members that they were just reviewing locality commissioning intentions for 2014/15, and were keen to bring practice nursing into their commissioning forum and so were supporting a practice nurse to become part of their commissioning team.

The Governing Body noted the reports.

**270/13 Reports for Noting**

The Governing Body received and noted the following report:

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

**271/13 Feedback from GPs and Lay Members**

Dr Oliver, Joint Clinical Director, advised members that the Protected Learning Initiative (PLI) programme had been running for over five years, and were now becoming so popular that 60 people had had to be turned away from the latest event due to lack of capacity at the venue. Accommodation for around 400 people for future events was now being sought. .

Professor Gamsu advised members that he had attended a 'Positive Practice' event in Sheffield a few days previously when Norman Lamb, Minister of State for Care and Support, had launched the Sheffield Mental Health Citizens Advice Bureau which is now part of Sheffield Citizens Advice and Law Centre. He advised members that the CCG funds this service, it is almost unique in this country, and is a good news story for Sheffield

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

**272/13 Questions from the Public**

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

**273/13 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.

**274/13 Any Other Business**

There was no further business to discuss this month.

**275/13 Date and Time of Next Meeting**

Thursday 9 January 2014, 2.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

**Questions from Mike Simpkin, Sheffield Save Our NHS, questions to the Governing Body 5 December 2013**

**Question 1: The BBC File on 4 programme last month highlighted the anonymity and inapproachability of the South Yorkshire and Bassetlaw office of NHS England which commissions important specialist services in Sheffield as well as primary care. As part of the CCG commitment to PPI, does the CCG consider it should have some role in influencing or insisting on a greater degree of transparency from this office?**

*CCG response: NHS England has direct commissioning responsibility for commissioning specialist services and primary care. We work with them in discharging this responsibility as co-commissioners. We contribute to the decisions and the development of their approach, and do so through the collaborative commissioning arrangements we have in place, which are routinely reported to Governing Body. We cannot insist upon specific actions, but we can and do work with our colleagues to plan PPI around areas of work that we both have an interest in.*

**Question 2: Why are the proceedings of the Sheffield Urgent Care Board not formally reported to the public meeting of the CCG. Given that changes in Urgent Care remain a priority, can the CCG confirm the assurance previously given to Nick Clegg MP that these changes will be subject to public and timely consultation?**

*CCG response: The title 'Urgent Care Board' was determined at a national level but this has been reviewed and renamed to the Sheffield Urgent Care Working Group as it does not have any statutory authority and is not a sub-committee of the Governing Body. The proceedings of groups that are not sub-committees of the Governing Body are not all routinely reported at Governing Body. However, many of the outcomes of the Sheffield Urgent Care Working Group are reported, for example, as part of the Quality and Outcomes report. Much of the work carried out by the group has so far focused on both an action plan at operational level to support improvement against the standard of no less than 95% of patients waiting a maximum of 4 hours in A&E and the development of a system wide winter plan. The CCG will make the winter plan available on its website. Any potential future changes to the overall provision of urgent care services would be subject to both discussion in the public session of Governing Body and wider public involvement. To date, this issue has not been discussed in the Urgent Care Working Group.*