Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Central Locality

Item 11h

Local Executive Team Meeting

Tuesday 3 June 2014

In attendance – P Wike, M Wilde, C Nicol, Drs Afzal, O'Connor and Read

1. Declaration of interest – All attendees declared their interest in agenda items 2, 3, 4, 5, 6 and 7 in their roles as Primary Care providers and commissioners

2. City-wide LEG Meeting
Representatives from the Locality have met with the other LEGs across the city and an action plan is being produced.

The meeting was positive and there was a willingness to work more collaboratively on citywide issues.

3. Quality Improvement Scheme
This scheme was discussed and all felt that the scheme would provide an opportunity for Central Practices to work together, share best practices and improve the quality of Primary Care given provided to patients.

However, it was felt that there were too many areas for Practices to engage with and having fewer items with more funding attached to the remainder
would be a better option.

4. Central Locality Business Plan 2014/15
Michelle has been working on a Locality Business Plan, this was discussed and has been disseminated to Practices for their comments before presenting the Plan to the CCG Planning and Delivery Group Meeting.

5. DN Service
Ongoing issues were discussed. A survey has been sent to all Practices to ascertain their views on the Service and to what extent the Service is working with Practices on the standard operating principles that have been agreed.

Representatives from the Locality are working on an updated service specification.

6. Service Redesigns for 2014/15

It was decided that the June Clinical Council Meeting would focus solely on potential service redesigns and Practices will be asked to come with ideas and initiatives that will impact on the commissioning spend.

7. Commissioning Incentive Scheme

Work is underway to develop a citywide commissioning incentive scheme, there is commitment from the other Localities to work with Central Locality to develop a scheme which will impact not only on a reduction in activity but to improve quality standards in Primary Care.

Date and time for next meeting:

Tuesday 9.00am, 8 July 2014, Dovercourt Surgery

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

NORTH LOCALITY

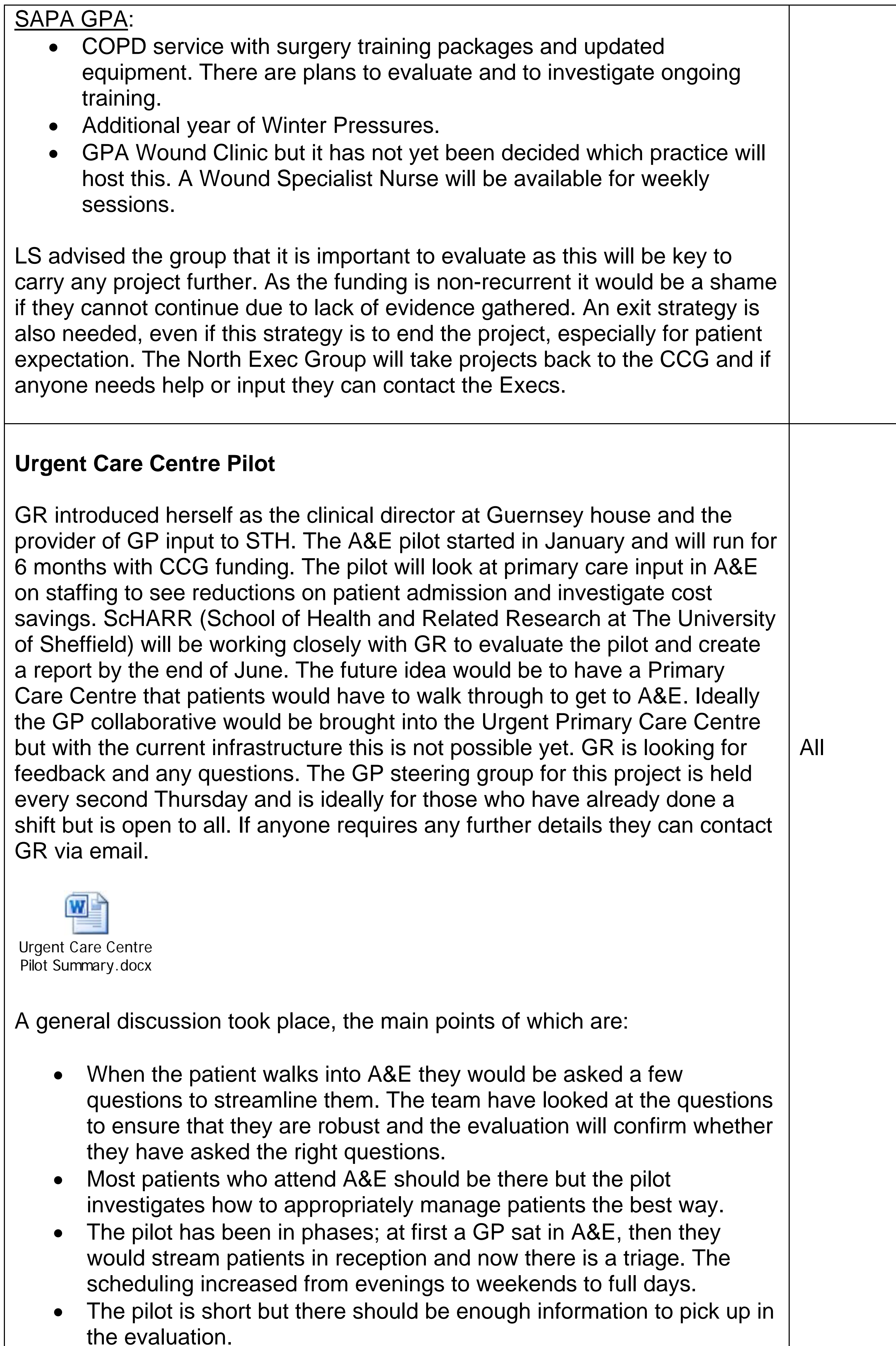
COUNCIL MEETING AT ST THOMAS MORE COMMUNITY CENTRE

Wednesday 2 April, 08.30 – 11.00

Agenda Item	Action
Welcome, introductions and apologies TE welcomed everyone to the meeting and asked for any apologies. ***GP Attendees***: Dr M Ainger (MA), Dr W Chatterjee, Dr R Corker, Dr L Cormack, Dr R Deslandes, Dr N Field, Dr A Grover, Dr P Johnstone (PJ), Dr R Kemp, Dr H Key, Dr P Kumar, Dr S Lupton, Dr A McCoye, Dr A Rosario, Dr A Shirley, Dr T Turner (TT). ***PM Attendees:*** J Burgar, D Emmas, B Foster, K Green, S Grundy, P Hardy, A Hartley, C Hitchmough, J Jude, J King, M Neville, C Normington, N Normington, M Payling (MP), L Platts, J Stevens, C Stocks (CSt), T Tate, M Tindall. ***North LEG Members:*** Dr T Edney (TE) & Dr L Sorsbie (LS) ***Other Attendees***: R Crosby (RC), K Dunne (KD) & L Liddament (LL) (SCCG) C Shaw (CSh) (Sheffield City Council) G Radley (GR) (STH) ***Apologies from:*** N Alneami, Dr W Carlile, Dr K Donaghy, Dr E Gabrawi, L Houldsworth, Dr D Keating, S Kirby, Dr P Mooney, Dr C Nwafor, Dr R Panniker, M Richards, Minutes of the last meeting 19/02/2014 were accepted. There were no matters arising.	
Medicines Management RC gave a presentation on the current status and the future of the Medicines Management team. Medicines Management Report RC advised that there will be one session per week per practice of pharmacy and technician time which is a basic offer that will be tailored if more work is needed. If practices want more nursing team work the nurses are keen to engage and will adjust depending on greater or lesser need in individual	

practices. Regarding the progress on electronic prescribing RC will feedback to the group once he has an update. TE advised that practices should manage 80% adherence to the recommendations. If practices do not pay attention to the Medicines Management Team's suggestions then it would reflect poorly on the rest of the service provided. RC added that if there are complaints regarding medicine above practice level then the team will want to hear it. Ultimately, it is the practice's decision as to what they want to prescribe but it would be best to heed the recommendations.	 RC
Health Improvement – Poor Housing and Poor Health LS advised that she had met with CSh to discuss a small pilot that would address the impact of poor housing on both physical and mental health focussing on North Sheffield. This pilot is being set up and work on a referral form is taking place. There is a possibility that the referral form would link to a question within long term conditions referrals, such as asthma and COPD. CSh has spoken with SOAR for signposting and the service is already available for the public to self-refer. LS will update the group on the pilot via the Practice Managers meeting. The Warm Homes service will provide insulation and support the Private Sector Enforcement Team to ensure landlords keep standards of living at the requirements. There will be a team to enforce and a team to offer help. CSh urged GPs to ask questions regarding their patients' housing situation at consultations if their situation could be exacerbated or caused by poor housing. The service is already running and practices can speak to CSh about direct referrals. His contact details are available in the attached presentation. Proposal for north east locality council re A question was raised over the patient's fear of reprisal from landlords by contacting the service. CSh responded that this is a valid fear but there is security. The team are sensitive to this issue and this is why they have proposed helping the landlord improve conditions and providing opportunities via the insulation programme. The team would help enable properties to get to the best standard and they are discreet and experienced.	 LS

Follow up Referrals (FURS) TE suggested that each GPA should give a short explanation of their FURS proposals. <u>High Green GPA</u>: • Patient Liaison Service Nurse for post-discharge patients who are discharged to the community without follow-up. The Nurse will work four days full time. This proposal will also focus on re-admission and have an ongoing capture of information. Patient questionnaires will be developed to support the evaluation along with training of current nursing staff to ensure that this project will be worthwhile even after the funding has ended next year and the need for any new equipment will also be identified. The Patient Liaison Service Nurse is under a fixed-term contract with Ecclesfield Group Practice for 12 months. TE stated that the CCG are interested in this project as there are current discussions regarding the District Nursing specification. <u>Firth Park GPA</u>: • Roman Ridge Care Home who house 30 people with care of an equivalent level as those in residential homes. The funding is similar to the Nursing Home LES with weekly visits to the residents, some of which are not Firth Park GPA's patients. • Vulnerable Families project that Firth Park Surgery worked on a couple of years ago. The Safeguarding Leads will work together on this project • Willowbeck Care Home which is currently not under the Care Home LES. MA advised that it would be useful to keep in touch with the Children's Portfolio for the Vulnerable Families project. <u>Pitsmoor GPA</u>: • A group led by Will Carlile will perform research in practices over the GPA area on a new care plan to manage Vitamin D deficiency. TE advised that the GPA should work closely with Heidi Taylor from the Medicines Management Team and consult with the Children's Portfolio as midwives are centrally based. • Supporting the Care Home LES and the increase in demand at Norbury Court Care Home. Recruitment will start next week for a GP to work alongside the current GP. • The Burngreave Exercise programme will be funded for an additional 12 months. • Additional funding will be used to provide a further year of Winter Pressures money. • An ongoing project led by Page Hall for education sessions. Clarification is needed as to whether funds will be carried over for the DVDs and health education services. NN will investigate and feedback at a later date.	NN



SAPA GPA: • COPD service with surgery training packages and updated equipment. There are plans to evaluate and to investigate ongoing training. • Additional year of Winter Pressures. • GPA Wound Clinic but it has not yet been decided which practice will host this. A Wound Specialist Nurse will be available for weekly sessions. LS advised the group that it is important to evaluate as this will be key to carry any project further. As the funding is non-recurrent it would be a shame if they cannot continue due to lack of evidence gathered. An exit strategy is also needed, even if this strategy is to end the project, especially for patient expectation. The North Exec Group will take projects back to the CCG and if anyone needs help or input they can contact the Execs.	
Urgent Care Centre Pilot GR introduced herself as the clinical director at Guernsey house and the provider of GP input to STH. The A&E pilot started in January and will run for 6 months with CCG funding. The pilot will look at primary care input in A&E on staffing to see reductions on patient admission and investigate cost savings. ScHARR (School of Health and Related Research at The University of Sheffield) will be working closely with GR to evaluate the pilot and create a report by the end of June. The future idea would be to have a Primary Care Centre that patients would have to walk through to get to A&E. Ideally the GP collaborative would be brought into the Urgent Primary Care Centre but with the current infrastructure this is not possible yet. GR is looking for feedback and any questions. The GP steering group for this project is held every second Thursday and is ideally for those who have already done a shift but is open to all. If anyone requires any further details they can contact GR via email. Urgent Care Centre Pilot Summary.docx A general discussion took place, the main points of which are: • When the patient walks into A&E they would be asked a few questions to streamline them. The team have looked at the questions to ensure that they are robust and the evaluation will confirm whether they have asked the right questions. • Most patients who attend A&E should be there but the pilot investigates how to appropriately manage patients the best way. • The pilot has been in phases; at first a GP sat in A&E, then they would stream patients in reception and now there is a triage. The scheduling increased from evenings to weekends to full days. • The pilot is short but there should be enough information to pick up in the evaluation.	All

• Practices will be receiving the traditional A&E referral slips from the pilot. • Sheffield CCG are investing funding for each patient twice; both as an A&E patient and for the pilot. They will be double funded for the six months of the pilot. GR agreed that the way the patients are being paid for is not efficient at the moment.	
Winter Pressures NN has received 90% of the figures and will chase up the remainder via email but the feedback has been positive. At the moment it is unclear whether there will be another citywide Winter Pressures, an evaluation will be done as to whether A&E attendance has lowered. TE added that later in the year there will be another discussion as to whether any unspent FURS money can be set aside to provide a North Locality Winter Pressures if the citywide scheme does not happen.	NN
CCG Governing Body Update All practices were congratulated on reaching the 40% target for the North Locality Care Planning scheme. The CCG Governing Body are mindful of the pressure that practices are under and there are no delusions of the difficulties with the increase in workload and the decrease of funding. A financial pressure is being discussed nationwide for £7 million of CHC funding which has to be reimbursed. The CCG are pushing back and there is a possibility of changing minds but LS wanted to make the group aware of this. On April 30th 2014 there will be a CCG members meeting which is open to all members. There is a smartphone application available on both the intranet and the internet for patients to see what services they are able to access. The app is available for both Android and iPhone and is being promoted across the city. Posters and leaflets will be sent out to practices shortly to be put into waiting rooms. The app is currently only available in English but does contain links to NHS Direct which has other language options. There is a new CCG campaign called Involve Me which is directed at patient and public involvement to sign up to receive information about the health service or a specific health area interest. Involve Me leaflets will be sent to practices soon.	All

CET Update TE thanked the group for the good engagement at the E-Referral events. Soon practices will be receiving letters regarding the Enhanced Services and Care Home LES. TE advised that the Care Home LES may change as there might be conflict with the upcoming Admission Avoidance DES. It has been confirmed that the Basket of Services will have five services; DMARDs, Ring Pessaries, Hep B Vaccination for the Roma/Slovak population, Follow-up to Colorectal Cancer Screening and NHS Health checks. The issues behind sub-contracting and whether each GPA can provide all of these services should be talked about in the GPA discussions. TE updated the group on the District Nursing Survey where only 9 Practices responded. Another survey has been planned for the future and TE urged the group to respond to this survey.	All
AOB LL thanked the group for the attendance to the E-Referral meetings and asked each practice to nominate a contact for the distribution list. Six practices have yet to provide a contact and LL will remind these practices via email.	LL
Date and Time of Next Meeting Wednesday 14th May 2014 8.30 – 11am at Norwood Medical Centre	

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

NORTH LOCALITY

COUNCIL MEETING AT NORWOOD MEDICAL CENTRE

14th May 2014, 08.30 – 11.00

Agenda Item	Action
Welcome, introductions and apologies TE welcomed everyone to the meeting and asked for any apologies. TE apologised for the agenda being sent late due to various holidays. ***GP Attendees***: Dr M Ainger (MA), Dr W Chatterjee, Dr R Corker, Dr L Cormack, Dr K Donaghy (KD), Dr N Field, Dr E Gabrawi, Dr A Grover, Dr P Johnstone (PJ), Dr R Kemp, Dr H Key, Dr S Lupton, Dr A McCoye, Dr P Mooney, Dr R Panniker, Dr A Rosario & Dr S Zafar. ***PM Attendees:*** J Burgar, D Emmas (DE), K Green, S Grundy, P Hardy, A Hartley, C Hitchmough, L Houldsworth, J Jude (JJ), J King, M Neville, N Normington, M Payling (MP), L Platts, M Richards, J Stevens, C Stocks (CS), T Tate (TT) & M Tindall. ***North LEG Members:*** Dr T Edney (TE), S Kirby (SK) & Dr L Sorsbie (LS) ***Other Attendees***: R Barnes (RB) & K Dunne (SCCG) T Whiting (TW) (Healthwatch Sheffield) ***Apologies from:*** N Alneami , Dr W Carlile, Dr R Deslandes, B Foster, Dr D Keating, Dr P Kumar, L Liddament, C Normington, Dr C Nwafor, Dr A Shirley & Dr T Turner. Minutes of the last meeting were accepted. There were no matters arising.	
Quality Improvement Scheme Sheffield CCG will offer practices a Quality Improvement Scheme which can be thought of as a local Q&P for work in individual practices and GPAs as well as supporting the GP Provider Assembly (GPPA). The four portfolios (Acute, Long Term Conditions, Children and Mental Health) and the Medicines Management department will each form three ideas for the practices or GPAs to accomplish. • The scheme will be ready to be signed off by the end of this month • Practices will not be penalised as they have missed the first quarter. • The criteria to apply to the Quality Improvement Scheme are to be a member of the CCG and are actively engaged in a GPA. ***Post-meeting note: Practices must also secure delivery of the Basket of Services.* • The funding will be pro rata dependent on list size. ***Post-meeting*	

note: This has now been changed and no longer applies. TE added that because the topics for the QIS are set by the portfolios she is hoping they will be GP friendly, relevant, attainable and worthwhile. Further details from the portfolios will be available by the next Council meeting in June. Any feedback is wanted.	
Contracts 10 practices have signed to the Basket of Services. The deadline is the end of June with a hope that the services will start from 1st July 2014. If practices do not sign because of subcontracting issues the CCG need to know. There will be a meeting between the CCG and LMC later today and the Basket of Services is on the agenda. TE hopes that some agreement will be had as to what the LMC think practices should do. DE asked whether it could be raised at the LMC meeting what happens to the Basket of Services 6, 9 or 12 months down the line. A query was raised regarding the one service (health checks) out of five in the Basket of Services being funded by Sheffield City Council. A discussion was had concerning whether the Medical Defence Union has been contacted regarding insurance for non-registered patients. TE will take these questions back to the LMC today and will advise them to contact the two main organisations of MPS and MDU to check. It would be best to do it this way instead of each practice asking individually. A query was raised regarding the payment for a neighbouring practice and whether the patient should be registered as a temporary resident. MP stated that it is important to not put the patient as a temporary resident on the register. If all of these patients register as a temporary resident then the payment increases so they should be put under 'other' within the temporary register. A query was raised regarding the pricing. TE responded that the CCG and the GPs who set the prices thought the price covers administration and subcontracting. DE responded that it is not just administration costs, but additional extras. For example with DMARDs there are additional calls and recalls. MP asked whether the Locality knows the patient numbers for DMARDs and how much pressure this will put on practices. LS advised that practices can search for their own patients on DMARDs already.	

MA responded that there are still pricing issues. Some services are definitely under-priced. For example the DMARDs pricing had not factored in call and recall. There needs to be a mechanism to review the pricing plus some way to persuade the CCG if practices are making a loss. If nobody takes this on it should be raised as an issue. CS asked how many practices are currently subcontracting. In the past practices just referred with no administration costs. What percentage would be taken off for administration before the subcontracting is agreed by all? TE added this is the reason that the GPPA is evolving; because practices need a provider body to negotiate with commissioners. As commissioners the Exec group cannot go back to the CCG and tell them that they are not giving enough money to practices because the Exec group are representing the commissioning side at that time. The practices need a provider voice. JJ asked whether information has been sent to providers to show how the pricing for services has been calculated. TE responded that this has been raised with the Pipelle biopsy. The response received was that the person setting the figures looked at equipment and clinician time then added admin and got to £40. LS added that the lab costs are not included as the CCG pay for this TE mentioned that there is a possibility of the GPPA working with the CCG to calculate costs. CS advised that Sheffield CCG are working in isolation when it is not only Sheffield having these conversations. Private companies would not go near a service that would not give them profit. The CCG have to learn. SK will take back these comments. Any specific questions should be sent to SK or Katrina Cleary.	
CCG Members Meeting TE gave her perspective that there were few GPs in attendance which was a shame. The agenda was agreed upon late and it was not clear what the point of attending was. The questions asked were interesting but as the majority of attendees were CCG staff answers from questions such as ‘Do you meet with your health visitor’ made no sense. LS added the next CCG Members Meeting will probably be in October. TE advised that the group can discuss possible topics for the CCG Members Meeting at the September Council meeting.	

Care Planning/Unplanned Admissions The bypass telephone number, MDMT meetings and the register with reviews are the most important elements of this DES. However, part of the nationwide DES on Admissions Avoidance asks for a Care Plan to be created for the patients. In Sheffield, the citywide Care Plan scheme could have some crossover. The CCG met with NHS England to discuss where the two can dovetail as there will be patients in both cohorts and it was decided that practices can claim twice as the DES and LES are two wholly different schemes. Care Planning is in the DES but is not the main thrust whereas the citywide and North schemes engages the patient, enables them to manage their own long term conditions and has a much wider Care Planning scope. • The citywide LES will last until at least September, hopefully further after an evaluation. • The national DES is happening now with the register needing to be in place by 30th June 2014. This register needs to be reviewed monthly. • The DES guidelines recommend the top 2% but, due to possible deaths in this patient cohort, Sheffield CCG have advised to run the top 2.5% for the whole month. • There is a .2% variance so the cohort can drop to 1.8%. SK added that questions were also asked regarding the risk stratification tool which the CCG is obliged to provide. If practices feel that more information is required the CCG should be informed. A question was raised regarding care home patients. TE responded that again it was decided that the Care Home LES is different to the nationwide DES. The bypass telephone number needs to be available to care homes. NHS England will collate a list of phone numbers. CS asked about the decline read code. If the top 2.5% equates to 120 patients for example, what if 10 of these are decliners? LS responded that this is not voluntary. The care plan can be made without patient involvement. TE added that using the decline code will be frowned upon. SK advised that this is an opportunity to use what is already in place to support the DES. Sheffield CCG wants Care Planning to continue but there will be a conversation around whether the extra work is required if practices are already picking up this cohort through the DES. Practice feedback and views are welcomed. MA raised a question regarding the North scheme and advised that it might be difficult for practices to get through the citywide Care Planning scheme as they were concentrating on the North scheme.	

SK responded that the North Locality totals for the citywide scheme may appear low but the Locality have produced more Care Plans in total with the North scheme. SK urged practices to continue to do both.	
Outpatient First Attendances RB gave a presentation on Outpatient First Attendances. 1-North OPFAreport 1314m11.xls RB also gave a presentation on the RES Service progress in comparison with Outpatient First Attendances. 2-RES progress report Mar 14 - North 3-North OPFAgpref12131314 There have been 2,800 referrals to the RES in 2013/14. A third of these are for ENT, 30% Gynaecology, 10% Orthopaedics, 10% Urology and 15% General Surgery. ENT had a third of these referrals being retained in primary care or referred to a different service instead of secondary care. Orthopaedics had a third, Gynaecology 20%, Urology 23% and General Surgery 13%. This is just the citywide usage but more details will follow. SK asked for the group's view on the RES. In October there will be an agreement regarding whether to carry on or go out to tender. TE asked whether the 6 practices that use the service regularly have lowered referral rates. RB will talk to the operations team to find out. TE added that it is beneficial to know whether practices who are using the service think it is useful. Feedback is also appreciated from the practices who are not using the service at all. The RES will often ask whether the GP has tried other options. It can be used as a personal study reference. LS added that, ultimately, if the referral rate is down then the CCG will have the answer of whether the RES is useful.	

NHS England/CCG Co-Commissioning Discussion

2014 05 09 CCG co-commissioning lett

TE advised the group that, as they are not divided in GPAs, it was decided to ask for thoughts as a Locality group on a set topic. David Nicholson has now left NHS England and Simon Stevens is the new Chief Executive. Simon Stevens has suggested that CCGs should join with NHS England to co-commission primary care. At the moment most services such as GMS, PMS, DES and QOF, are commissioned by NHS England and the CCG do Locally Commissioned Services. The CCG perspective is that with co-commissioning it becomes easier to boost activity in general practice without constraints and interference by GMS or PMS. The CCGs across South Yorkshire met to discuss any issues around working together. The Local Area Team work with the whole of South Yorkshire and each CCG has a local variation. It is possible that the GPPA will become an important part of negotiating co-commissioning contracts. In principle the CCG will work with NHS England in co-commissioning services in primary care. There are governance, quality and management problems.

A question was raised as to whether this applies to the national contract.

LS responded that there could be a type of GMS+ with the services being taken out of secondary care. The GMS contract would be decided by NHS England but 'plus' services would be decided on a local level. There would also be an opt-out option. This is currently being developed in Liverpool CCG.

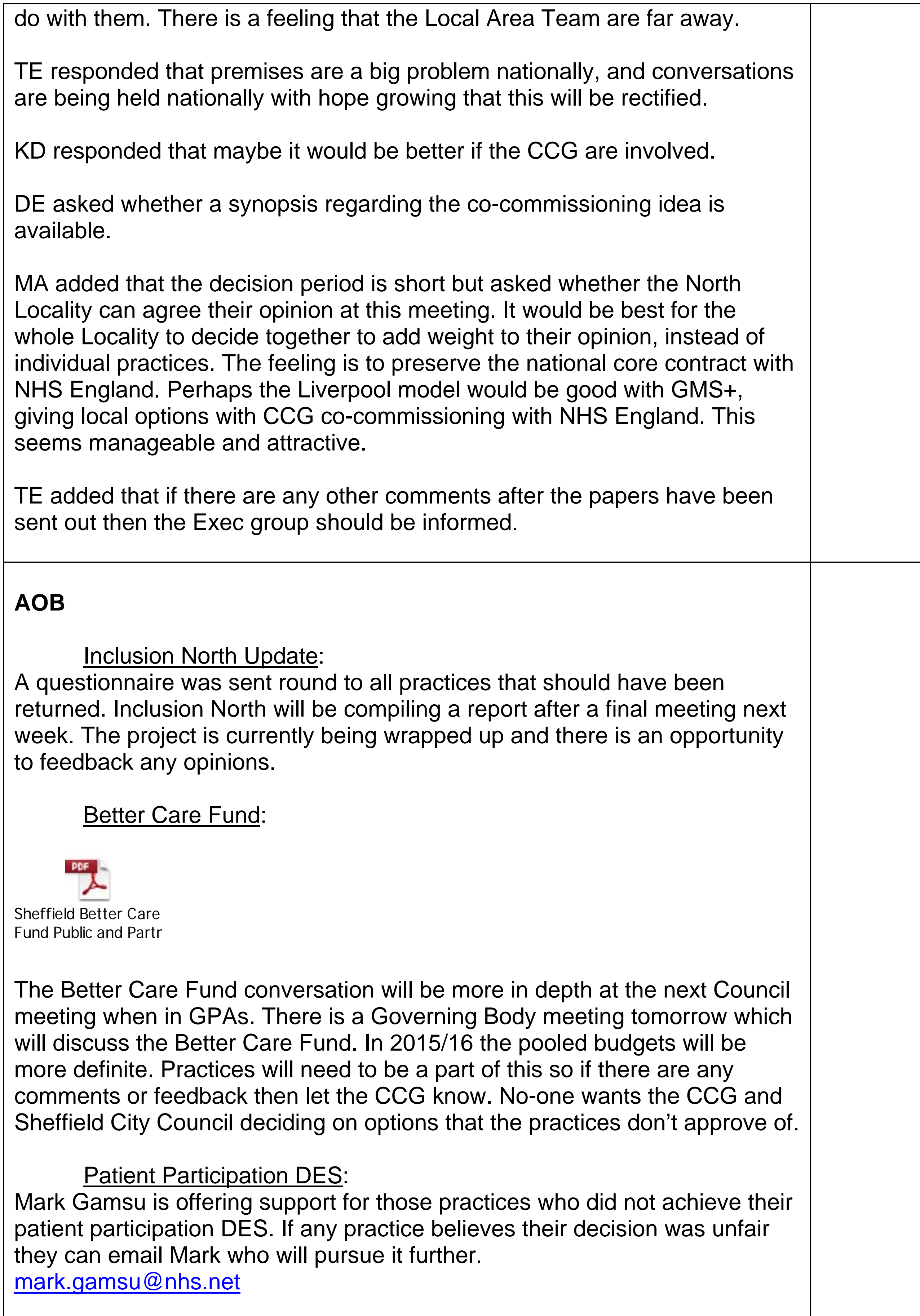
TE advised the group that it would be a powerful message to respond to the CCG and LMC that the North Locality want the GMS contract unaltered but possibly with 'plus' services. If the North Locality does not want the CCG to take over the GMS contract, again this is a powerful message.

PJ advised that if NHS England steps away from the national contract then there is a danger of losing negotiation power. On the other side, responding to local need more easily is appealing.

DE added that issues such as the governance of co-commissioning needs to be identified. There will be uncomfortable discussions regarding negotiating prices for ourselves. There is not the time or resources to do it properly. DE believed that the CCG would not be worse if they joined in with co-commissioning but there needs to be an understanding of conflicts of interest.

TE asked whether this would be a step back to the PCT model.

KD added that there is frustration with the CCG when raising questions, for example about premises and out of hours work, and they reply that it isn't to



do with them. There is a feeling that the Local Area Team are far away.

TE responded that premises are a big problem nationally, and conversations are being held nationally with hope growing that this will be rectified.

KD responded that maybe it would be better if the CCG are involved.

DE asked whether a synopsis regarding the co-commissioning idea is available.

MA added that the decision period is short but asked whether the North Locality can agree their opinion at this meeting. It would be best for the whole Locality to decide together to add weight to their opinion, instead of individual practices. The feeling is to preserve the national core contract with NHS England. Perhaps the Liverpool model would be good with GMS+, giving local options with CCG co-commissioning with NHS England. This seems manageable and attractive.

TE added that if there are any other comments after the papers have been sent out then the Exec group should be informed.

AOB

Inclusion North Update:
A questionnaire was sent round to all practices that should have been returned. Inclusion North will be compiling a report after a final meeting next week. The project is currently being wrapped up and there is an opportunity to feedback any opinions.

Better Care Fund:

The Better Care Fund conversation will be more in depth at the next Council meeting when in GPAs. There is a Governing Body meeting tomorrow which will discuss the Better Care Fund. In 2015/16 the pooled budgets will be more definite. Practices will need to be a part of this so if there are any comments or feedback then let the CCG know. No-one wants the CCG and Sheffield City Council deciding on options that the practices don't approve of.

Patient Participation DES:
Mark Gamsu is offering support for those practices who did not achieve their patient participation DES. If any practice believes their decision was unfair they can email Mark who will pursue it further.
mark.gamsu@nhs.net

Date and Time of Next Meeting 25th June 2014, 8.30 – 11am at St Thomas More Community Centre	

WEST LOCALITY
Executive Team meeting Public Key Points
Wednesday 1st May 2014
8.00am Fairlawns

Members Attending: Dr Nikki Bates, Kate Carr, Diane Dickinson, Rachel Dillon, Dr Julie Endacott, Dr Mike Jakubovic, Dr Tim Moorhead, Dr Jenny Stephenson, Dr Steve Thomas

In attendance: Richard Crosby, Kerry Dunne, Lynda Liddament, Jayne Taylor

Apologies: Dr John O'Connell, Susie Uprichard, Fiona Walker

Welcome and Apologies:

1. The apologies above were noted. Joanna Rutter was welcomed by the group. Members will remember that at the OD session, members wanted input from PH at locality executive meetings. Richard Crosby from Medicines Management was also welcomed back.

Minutes of meeting 3rd April 2014 and Matters Arising:

2. There were some amendments made to the minutes of the last meeting.
   - Paragraph 3 – it should state Primary Care development nursing team,
   - Paragraph 13 – it should read the practice budget is in the process of being set this year.

3. Rachel has started to develop a discussion paper to discuss the healthcare for the homeless from Paragraph 21 of the previous minutes. This paper has been sent to Dr Allsop for her comments. Rachel will make links with Public Health.

4. **Action: Rachel to liaise with public health regarding healthcare for the homeless.**
Action: Rachel Dillon

Medicines Management Update:

5. The Medicines Management team has now moved to the CCG and integrated with the Primary Care Nurse Development team to liaise with practices. Richard gave a brief overview of the plan for 14/15.

CRG/CET/CCG Update

CRG Update:

6. Dr Richard Oliver has now left most of his CCG role of clinical director. Dr Zak McMurray has increased his time as clinical director of the CCG.
7. Children's protocols are being developed with SCH. The Portal formatting is being looked into. Pathways are working well but there has been no comparative data as yet.

Community Nursing Update

8. The Joint Operating Board which had an overview of community nursing has come to an end. Other mechanisms will be put in place for the future.

9. Rachel advised that Maria Read and Paul Wike continue to lead citywide discussions regarding the delivery of district nursing. Jenny will keep in touch with Maria and Paul as conduit for West and practice developments.

Action: Jenny to contact Maria Read and Paul Wike regarding District Nursing discussions.

Action: Jenny Stephenson

CET & Planning and Delivery Update:

10. Reviewed the revised approach to the role of the Clinical Director in supporting the Clinical Reference Group.
11. CET discussed and made recommendations regarding adolescent mental health.
12. Planning and Delivery agreed that all portfolios will work with Susan Hird from Public Health to prevent deaths from causes amenable to healthcare, such as housing problems.
13. Planning and Delivery also agreed to release non-recurrent funding for a project which is investigating the Care Planning approach in A&E.

    Action: Steve to confirm practice involvement with the A&E Care Planning Project.

    Action: Steve Thomas

CCG Governing Body Update:

14. The Better Care Fund has been established with around £280 million next year to aid joint commissioning of Health and Social Care. Rachel added that together both organisations had agreed to prioritise five areas; keeping well in the community, intermediate care, independent living solutions, long term high support and governance & contracts. Rachel is taking forward keeping well in the community for the CCG working with the lead from the Council. Further information will be circulated later and the Exec should decide whether it would be necessary to have an OD session on integration.

Finance Update:

15. Jayne talked through the finance report which details the West Locality position and asked for any questions to be sent to her via email or she can come to practices if required. There was a brief discussion about STH performance on 18 week targets.

£25k Innovation Fund:

16. Following Executives' decision to use the remaining £25k to fund a commissioning GP, the locality manager wished to revisit the decision because of developments elsewhere. Following assessment of each of the options presented, the Exec remained satisfied that their original decision for funding the commissioning GP was the right decision.

    Action: Julie and Jenny to liaise to discuss the role of the Commissioning GP further.

    Action: Julie Endacott and Jenny Stephenson

Ian Atkinson and Tim Moorhead Discussion:

17. Tim and Ian wanted to tour around the Localities to understand the general feeling across the Localities.
18. Ian updated the group on the integration of some of the Health and Public Health budgets through the Better Care Fund. Ian outlined the opportunities and risks and relationships needed to develop in order to benefit both patients and organisations within increasing financial constraints.

19. Ian informed the group of the commissioning expectations of the GP Provider Assembly to act as a single body representing citywide practices in discussions with other providers across the city around integration.

20. Julie Endacott informed the Exec that Chris Stocks, a practice manager in the North Locality, had been chairing the assemblies. There needed to be representation of all providers including GPs when discussing future provision in the Sheffield system. There will be another GP Provider Assembly meeting on 19th May with the LMC invited. The Assembly will be discussing mandate etc with the LMC.

AOB:

21. The Council meeting will be held on the 15th May. Rachel is thinking of splitting the meeting and will contact the group regarding this.
22. A question was raised whether Rivelin was attending. Diane will ask John O'Connell to attend but advised that it might be difficult for him to do so.

Action: Diane Dickinson to confirm John O'Connell's attendance to the Council meeting.

Action: Diane Dickinson

Date and Time of next meeting:
15th May 2014, Boardroom, Fairlawns after the Council Meeting