

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group  
Governing Body held in public on 4 September 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 (up to item C71/14)  
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  
Dr Anil Gill, GP Elected City-wide Representative  
Idris Griffiths, Chief Operating Officer  
Dr Andrew McGinty, GP Locality Representative, Hallam and South  
Dr Zak McMurray, Clinical Director  
Julia Newton, Director of Finance  
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:** Sarah Baygot, Senior Communications Manager (Acting)  
Katrina Cleary, CCG Programme Director Primary Care  
Rachel Dillon, Locality Manager, West  
Professor Pam Enderby, Chair, Healthwatch Sheffield  
Simon Kirby, Locality Manager, North  
Kate Laurance, Senior Commissioning Manager for Children, Young People and Maternity (for item 138/14)  
Karen Shaw, PA to CCG Chair and Accountable Officer  
Professor Jeremy Wight, Sheffield Director of Public Health

**Members of the public:**

Three 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**

**130/14 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.

**131/14 Apologies for Absence**

Apologies for absence had been received from Dr Mark Durling, Chairman, Sheffield Local Medical Committee, Laraine Manley, Executive Director - Communities, Sheffield City Council, and Mr Paul Wike, Locality Manager, Central.

**132/14 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>

**133/14 Chair's Opening Remarks**

The Chair did not have any additional remarks and referred members to his Chair's report appended as part of Item 12 on the agenda.

**134/14 Minutes of the CCG Governing Body meeting held in public on 3 July 2014**

The minutes of the Governing Body meeting held in public on 3 July 2014 were agreed as a true and correct record and were signed by the Chair.

**135/14 Matters arising from the minutes of the meeting held in public on 3 July 2014**

**a) Questions from Amanda Peirson, Takeda to the CCG Governing Body 3 July 2014 - Question 2**

Professor Pam Enderby referenced the above question in relation to patient stories and said she did not think it appropriate that these be raised as part of the Governing Body meetings. She was concerned that the focus of the development of Involve me, had never been discussed at Governing Body and that the development of this network, may affect the relationship with Healthwatch.

Mark Gamsu, Lay Member, advised that a Patient and Public Involvement (PPI) Steering Group had been formed, to which Healthwatch was invited, and a quarterly report of patient and public engagement (PPE) activity would be presented to Governing Body in October.

It was agreed that further conversations would be held outside of the meeting.

**TF**

b) **Minute 121/14 – 4<sup>th</sup> paragraph** – The Director of Public Health enquired if discussions had been held with the Local Authority to discuss how the CCG's OD Strategy is applicable to the Local Authority and was advised that this would be brought to the next meeting of the Governing Body.

IG

#### **136/14 Governance Report**

The Director of Business Planning and Partnerships presented this report which updated Governing Body on four areas of governance:

- NHS England's approval for minor revisions to the CCG's Constitution;
- The tenure of locality nominated GP members of the Governing Body and possible impact on the current Chair role;
- The process for planning the October Members' Council;
- Arrangements to cover the Company Secretary/Head of Corporate Governance role following their departure.

He highlighted that the current Chair of the Governing Body is mandated to 31 October 2015 and is also a Locality nominated GP. Should Dr Moorhead decide not to put himself forward for locality nomination, or fail to be nominated by the locality, the position of the Chair will become vacant. The Chair confirmed that he would be seeking re-election as a locality GP for a two year period and that the Executive in the West Locality have supported his nomination. The Chair advised that the three remaining Localities should be using a similar mechanism for nominating their GP representatives.

The Governing Body:

- Noted NHS England's approval of the CCG's revised Constitution
- Considered the implications of the terms of office for GP members of the Governing Body
- Noted the arrangements for planning of the next Members' Council
- Approved the dates for Governing Body meetings in 2015/16

#### **137/14 Equality and Diversity update**

The Director of Business Planning and Partnerships presented this report. The report included an updated Equality Objectives Plan for 2014/16 with refreshed underpinning actions that are linked to some of the outcomes of the Equality Delivery System (EDS2) Framework. This had been developed by a group of CCG officers, led by Dr Ted Turner.

The Governing Body:

- Approved the Equalities Action Plan for 2014/16
- Agreed delegated tasks to the Equalities Action Group to achieve

the actions outlined in the plan and report back to the Governing Body at six month intervals

- Supported the proposed change in remit for the Equalities Action Group.

**138/14 Update on Children and Families Bill, Special Educational Needs and Disability (SEND)**

Kate Laurance, Senior Commissioning Manager for Children, Young People and Maternity attended for this item.

Ms Laurance and Dr Nikki Bates introduced this paper which updated Governing Body on the two main policy changes impacting on the reform of SEND, both of which include legislative changes that became statute on 1 September 2014, with full transfer to the new system by April 2017.

The main areas of legislative changes to note included:

- Changes to the statutory assessment process
- Introduction of the Education, Health and Care Plan
- Publication of a Local Offer of provision
- Development of Joint Commissioning arrangements
- Strengthening parental rights and involvement in decision making

Governing Body discussed the paper in detail but noted that at the current time, the full impact of the financial risk with regard to the introduction of personal health budgets is not fully understood.

Professor Pam Enderby highlighted that Healthwatch had received a number of concerns relating to personal health budgets and suggested that thought be given to communication when the impact of the introduction of personal health budgets was known.

The Governing Body:

- Noted the formal duties on health set out in the Children and Families Bill and the Indicative SEN Code of Practice
- Acknowledged the impact and challenges the new duties and ways of working will pose across Children's and Adult health services
- Requested that a further update be brought to Governing Body in three months (December) and April 2015.

**139/14 2014/15 Finance Report**

**NB/KL**

The Director of Finance presented this paper confirming the financial position to the end of July 2014 and the risks and challenges for managing the delivery of the CCG's overall planned 1% surplus for

2014/15.

She highlighted to Governing Body that whilst the executive summary showed a full set of green RAG ratings, and thus if everything remained as currently forecast the CCG would deliver on its statutory duties and financial plan, there were a number of key financial risks where clarity was unlikely before late 2014. In particular, she highlighted that the national risk management process for retrospective continuing health care (CHC) claims meant the CCG would not know whether its current contribution of £2.7m for 2014/15 was too little/too great until December. The second area of significant uncertainty was spend on elective activity for the second half of the year to ensure delivery of 18 week targets. Until September, activity data is available in October it will not be possible to confirm the split of national funding across commissioners including NHS England and the scale of activity still required post September to deliver 18 weeks on a sustainable basis. Currently, a number of factors are also meaning it is difficult to predict the month on month trend in spend on prescribing and CHC. As a result, she highlighted the importance of maintaining risk and contingency reserves, but with the ability to prioritise potential non recurrent investment initiatives in Quarter 4.

The Governing Body received the report and noted the risks and challenges to delivery of the financial plan based on Month 4 results.

#### **140/14 Month 4 Quality and Outcomes Report**

The Chief Operating Officer presented this report which reflected the CCG's statutory responsibilities.

- a) **18 Week Waits:** In response to the difficulties being experienced nationally, funding has been allocated for health care providers to undertake additional hospital activity.
- b) **Diagnostic Waits:** The provision of diagnostic waits, particularly ultrasonography has improved.
- c) **Ambulance Response times:** This has now been escalated through the contracting process.
- d) **NHS Sheffield CCG Quarter 1 Assurance:** The NHS Sheffield CCG Assurance meeting with NHS England was due to be held on 11 September. There were no significant issues to address.

#### **e) Quality**

The Chief Nurse advised members of the following:-

- f) **C. Difficile:** Although there had been a slight improvement, the target was still over trajectory. Sheffield Teaching Hospitals (NHS)

Foundation Trust had identified 25 root cause analyses for Quarter 1, and it had been agreed that 17 of these were unavoidable.

- g) **Friends and Family Test (FFT):** A summary of the national review is included in the FFT.

Professor Gamsu, Lay Member, observed that the numbers that were provided by the Trusts were shown in percentage terms; there was no feeling of scale. Also, Sheffield Health and Social Care NHS Foundation Trust had received more compliments than Sheffield Teaching Hospitals(NHS) Foundation Trust and therefore posed the question, do they see more people, what is the information telling us?

Dr Sorsbie asked how the FFT target would work for general practice – would it be based on head of population and how would this work since their contracts were held by NHS England.

She also raised an issue relating to immunisation rates for Children under 2 years as this was rated red and wondered if this reflected a change of demographics. She also raised an issue relating to chlamydia. The Director of Public Health agreed to follow this up and advise.

**JW**

Professor Enderby commented that it was difficult to correlate the information in the quality provider section but that she had appreciated the insight given to her by the Chief Nurse into how the report was drawn together.

#### **141/14 Accident and Emergency Situation Report**

The Chief Operating Officer presented this report which provided information on local performance at Sheffield Teaching Hospitals (NHS) Foundation Trust (STHFT) against the national A & E operational standard for patients to be seen and discharged within four hours of arriving in A & E, and to provide details of actions that are being implemented to sustain the achievement of the standard.

STHFT is currently maintaining 95% performance for A & E performance year to date and in the current quarter. An informal site visit was planned to explore with senior clinical and managerial staff recent issues in meeting the A & E standard.

**IG**

The Governing Body noted the report.

#### **142/14 Reports circulated in advance of the meeting for noting:**

The Governing Body noted the following reports:

- a) Chair's Report
- b) Accountable Officer's Report
- c) Key Highlights from Commissioning Executive Team and Planning and Delivery Group meetings
- d) Update on Serious Incidents
- e) Family and Friends Test update
- f) CCG Annual Audit Letter
- g) Specialised Commissioning Oversight Group
- h) Locality Executive Group reports
- i) Quarterly Communications update

**143/14 Questions from the Public**

A member of the public had submitted a question prior to the commencement of the meeting. The CCG's response to this is attached at Appendix A.

**144/14 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.

**145/44 Any Other Business**

- a) The Chair reminded members that the Annual General Meeting was scheduled to take place on 11 September.
- b) Dr Andrew McGinty, on behalf of the CCG, congratulated Dr Anil Gill on his appointment as Joint Clinical Director for NHS Pathways (111).

**146/44 Date and time of Next Meeting**

Thursday 2 October, 4.00 pm Boardroom, 722 Prince of Wales Road, Sheffield, S9 4EU

**Questions from Natalie Yarrow, PACES Sheffield, to the CCG Governing Body  
4 September 2014**

Regarding the prevalence of people with high level support needs in assessment and treatment units. There are a number of articles doing the rounds regarding the inappropriate” placement of some people in assessment and treatment units, along with calls to bring those people closer to their communities of origin; is the CCG able to:

- **Make known the numbers of Sheffield people currently in assessment and treatment units?**
- **Say what is happening in Sheffield to address the matter of bringing people closer to home?**
- **Suggest how local providers can aid this process?**
- **Give details of the people best placed to have this conversation with providers?**

**CCG Response:** *NHS Sheffield CCG and its partners are committed to ensuring people with high level and complex support needs receive a holistic and individualised care and treatment plan.*

*A new £3.3m development commissioned by Sheffield CCG has recently been opened by Sheffield Health and Social Care NHS Foundation Trust. The Firshill Intensive Support Service Centre, based in Firshill, is a state-of-the-art eight bed inpatient assessment and treatment unit, including two self-contained step-down flats. The aims of the service is to prevent inappropriate admissions into a hospital environment or ensure service users spend the least amount of time there and are able to return home sooner.*

*For patients who have been placed out of city, their placement-appropriate plans are developed for their return as and when they are able to do so. In response to the Winterbourne View Concordat, seven patients were identified as being prepared for their return back to Sheffield when appropriate accommodation has been identified. Sheffield CCG is working with Sheffield City Council to address the lack of appropriate accommodation currently available in Sheffield.*

*Organisations who wish to provide health care and support for people with complex needs can apply to the Local Authority to become a preferred provider. As a provider you may wish to consider becoming a proactive member of the Learning Disabilities Partnership Board.*

*You can contact them by email on [LDPartnershipBoard@sheffield.gov.uk](mailto:LDPartnershipBoard@sheffield.gov.uk) or visit their website: [www.signpostsheffield.org.uk](http://www.signpostsheffield.org.uk) .*

*Providers can also sign up to the health charter for providers supporting people who having learning disabilities, recently published by Public Health England on [www.vodg.org.uk/health-charter/health-charter-home.html](http://www.vodg.org.uk/health-charter/health-charter-home.html).*