NHS
Sheffield Clinical Commissioning Group

Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 4 December 2014 in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

A

Present:
Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Ian Atkinson, Accountable Officer
Dr Nikki Bates, GP Elected City-wide Representative
John Boyington, CBE, Lay Member
Kevin Clifford, Chief Nurse
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:
Dr Margaret Ainger, CCG GP (for items 187/14 and 188/14)
Sarah Baygot, Senior Communications Manager (Acting)
Katrina Cleary, CCG Programme Director Primary Care
Professor Pam Enderby, Chair, Healthwatch Sheffield
Carol Henderson, Committee Administrator
Kate Laurence, Senior Commissioning Manager (for items for items 187/14 and 188/14)
Alastair Mew, Senior Commissioning Manager / MSK Programme Manager (for item 195/14)
Professor Jeremy Wight, Sheffield Director of Public Health
Moira Wilson, Director of Care and Support, Sheffield City Council

Members of the public:
Four 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

180/14 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 thanked Professor Enderby, who was attending her last meeting as Chair of Healthwatch Sheffield, for her contribution to the CCG over the past year, and welcomed Dr Maggie Cambell, who would

be undertaking this role from January 2015. Professor Enderby thanked Governing Body for all the work they had undertaken with Healthwatch during this period.

181/14 Apologies for Absence

Apologies for absence had been received from Dr Amir Afzal, GP Locality Representative, Central and Dr Richard Davidson, Secondary Care Doctor.

Apologies for absence from those who were normally in attendance had been received from Rachel Dillon, Locality Manager, West, Dr Mark Durling, Chairman, Sheffield Local Medical Committee, Simon Kirby, Locality Manager, North, and Paul Wike, Locality Manager, Central.

182/14 Declarations of Interest

Professor Gamsu and Ms Forrest declared a conflict of interest in the following item:

- Best Start Strategy (paper D)

It was agreed that Ms Forrest's interest, as Chief Executive of the lead organisation that had led the development of the bid for Best Start Sheffield - Big Lottery Fund Fulfilling Lives a Better Start in January 2014, should not prevent her from participating in the discussion.

All GP members declared a conflict of interest in the following item:

- Remuneration of GPs Undertaking Commissioning Work for the CCG (paper L)
  and would be asked to leave the room for this discussion due to conflict of interest issues in that they either undertake or may undertake sessional work for the CCG.

  It was noted that the Clinical Director did not have a conflict of interest as his remuneration was not subject to the outcome of this discussion as he is a salaried employee of the CCG.

There were no further 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

183/14 Chair's Opening Remarks

The Chair reported that he had nothing to bring to members' attention in addition to his Chair's report, appended as part of item 17 on the agenda.

184/14 Questions from the Public

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

185/14 Minutes of the CCG Governing Body meeting held in public on 6 November 2014

The minutes of the Governing Body meeting held in public on 6 November 2014 were agreed as a true and correct record and were signed by the Chair.

186/14 Matters arising from the minutes of the meeting held in public on 6 November 2014

a) 2014/15 Finance Report (minute 174/14 refers)

The Director of Finance advised that it was possible that she may only be able to give an oral update at the next meeting on the first draft of the 2015/16 financial plan due to a delay in publication of the Operating Framework for 2015/16.

b) Month 6 Quality and Outcomes Report: Patient Experience of GP Services (minute 175/14(d)(v) refers)

The Chief Nurse advised members that, due to difficulties interpreting the source data, it was not 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 greater need or if there was a drop in the number of patients feeling that they are being supported. He reported that it had been a poor response rate of c.30%, which was less than half a percent of the population, and that any practice that had 10 or less responses were excluded from the data. However, when looking at the city-wide figures, there had not actually been a reduction in numbers.

c) Month 6 Quality and Outcomes Report: Child and Adolescent Mental Health Services (CAMHS) (minute 175/14(e)(i) refers)

The Director of Business Planning and Partnerships advised that although waiting times from referral to first appointment for services had increased to 16-18 weeks, it did not seem to relate to an increase in the number of referrals and it was thought that some of this increase could be due to training that was taking people away from providing front line services, which should therefore be a temporary effect. This would be followed up with the service by the CCG's contracting team.

187/14 Update on Children and Families Bill, Special Educational Needs and Disability (SEND)

Dr Margaret Ainger, CCG GP, and Kate Laurance, Senior Commissioning Manager, attended for this item.

Dr Bates, CCG Governing Body Portfolio Lead for Children and Families, presented this report which provided an update on where we are to date in meeting our statutory duties, the next steps required to ensure compliance, and risks to delivery. She advised that our implementation was in line with the national programme, that eligible children would need an education and health care plan, and the main pressures on the CCG identified at this stage would be around the implementation of personal budgets, although it was difficult at this stage to quantify what that might mean for the organisation

Ms Laurance reported that further work had been undertaken with the Local Authority on the numbers of children this would affect, which may be in excess of 11,000, which was more than the current children with SEND statements, but not all of these would need a health assessment of need. She clarified that it applied to people up to the age of 25.

The Chair of Healthwatch Sheffield advised Governing Body that concerns had been expressed to Healthwatch about the impact of personal health budgets and how staff should refer or respond to requests, also that it was hard to find out who would be affected, and what was in scope, for example the specialist equipment that was being commissioned by NHS England, and about the lack of good clear communication. There was also no timeline of what is happening included in the report around the second phase of implementation and she asked if this could be addressed

Ms Laurance responded that this was probably an articulation of where the programme was up to at this stage. She commented that it was not yet fully understood what will be in scope for the future in terms of personal budgets as an impact assessment on those services had not yet been undertaken. However, it could be useful to communicate that it is a work in progress at the moment and she would raise this with the programme team

The Chair commented that it felt like it was primarily aimed at recognising new statutory requirements and putting arrangements in place to satisfy that but what was wanted was a range of measures to suit the people that need these services. There was nothing included about cost or where the CCG was on the schematic (governance model). The Director of Business Planning and Partnerships clarified that the Clinical Executive Team referred to on the schematic was incorrect and would be replaced with Commissioning Executive Team /

CCG.

The Chief Nurse commented that there are so many ages at which transition happens that it can be complicated and that people in the 18-25 age range are currently included in the Better Care Fund with regard to long term care but decisions regarding younger people still need to be made. However, joint commissioning arrangements between the CCG and the LA will be needed to implement the new arrangements, whether this is within the Better Care Fund or outside of it.

The Governing Body:

- Noted the progress being made in delivering the reforms and next steps.
- Asked to receive an update report in June 2015.

188/14 Best Start Strategy

Dr Margaret Ainger, CCG GP, and Kate Laurance, Senior Commissioning Manager, attended for this item.

Dr Ainger presented this report which gave an update on the development of Sheffield's "Best Start" Strategy for the delivery of "Early Years Services – a strategy for a great start in life". It is a joint strategy with the Local Authority and Public Health, and builds on the £50m Lottery bid developed and co-produced by Sheffield City Council (SCC) and Sheffield Cubed, which was being revised in the absence of this Lottery support.

She reported that they had a clearly defined vision for what they wanted to achieve, with a single outcome across the city that all children in Sheffield will have the best possible start in life, with the priorities built on the latest neurophysical theories of brain development, and is the establishment for the whole of life. It will be an intervention programme, a community programme with peer support, the work will be undertaken with the parents and the key focus will be the challenge of identifying the most vulnerable parents and the children of those parents. There will need to be top quality antenatal care with early access to this. There is a lot of interest from an organisation called the Wave Trust, an organisation which was set up to tackle the root causes of damaging family cycles, including child abuse and neglect, which works in partnership with local areas to implement best practice and develop pathways that most suit the needs of local communities.

She advised Governing Body that the programme would be focused on the three deprived wards that had been selected for the Lottery bid – Shiregreen / Brightside, Manor / Castle and Darnall / Tinsley, as all the preparatory work was already done. There were a further seven wards we wanted to roll the programme out to and it would be a challenge as to how quickly this could be done. The key factor would be bringing in the age 2 years assessments, which were likely to be joint assessments with

the Health Visitor and a Local Authority worker. She also advised that governance for the programme would sit within the Children's Health and Wellbeing Programme Board.

Ms Forrest commented that this programme would give the city more freedom for what was right for the city, than if it was funded with Lottery support. A big strength for getting this programme up and running was the engagement with the families, who have been hugely influential.

Professor Gamsu commented that it would be good to have the ambition to pick up people's financial problems as part of those assessments.

The Director of Public Health commented that it was good to see this being taken forward and his understanding was that there would be a formal consultation process with the strategy. His thoughts were that the governance mechanisms around this could do with tightening up, which were complicated and needed to be stricter.

The Chair asked to see more detail than was included in the paper, as it was CCG business and Governing Body needed to be appraised of the details. In this respect, he asked if the consultation document could be presented to Governing Body for comment in February and approval in April. **NB/TF**

The Chair of Healthwatch Sheffield commented that she was encouraged by the direction of travel but felt there was insufficient detail, not enough about outcomes and how information would be gathered together, which would assist Healthwatch to be able to consult on the strategy more broadly.

The Governing Body received and noted the report.

189/14 Climate Change and Health: Director of Public Health Report for Sheffield 2014

The Director of Public Health presented his report and gave a presentation that highlighted that, although we were seeing a continuing steady improvement in the headline health indicators, climate change has the potential to threaten all of the core determinants of a healthy life; what we can expect in Sheffield; the potential impact of climate change on health; and how we can respond to climate change.

With regard to adopting more active travel, Professor Gamsu commented that it was disappointing to see that Sheffield was rated last in a cycle tourist campaign and there were some real challenges around that needed to be reflected back. He commented that bus usage was strongly related to people walking and if it was reducing it was strongly related to climate change. The Director of Public Health responded that he had seen figures that advised that bus patronage was beginning to increase again.

Dr Sorsbie commented that it was a challenge for us as a CCG and as a Governing Body as to what we could do to reduce greenhouse gas emissions.

Dr Sloan advised members that the Sheffield Green City Group was actively looking at what more we can do, but the NHS has to lead by example and be proactive.

The Chair advised members that he would consider Governing Body's response to the report. **TM**

The Governing Body received and noted the report and the recommendations it makes.

190/14 2014/15 Finance Report

The Director of Finance presented this paper confirming the financial position to the end of October 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.

Professor Enderby asked about section 2.1.4 Continuing Health Care / Funded Nursing Care which reported a slightly higher forecast year end expenditure based on month 7 results and in particular mental health patients under 65 years and the four new patients with enhanced care needs in placements in the £1-2k cost per week category. She commented that after the Winterbourne View review it had been suggested that highly dependent people needing expert care should be housed more locally and asked if this was the case with these patients. The Chief Nurse responded that he could not comment on specific cases but clarified that Sheffield had no inappropriately based out of area patients.

The Governing Body received and noted the report.

191/14 Month 7 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: At our Quarter 2 assurance review with NHS England the previous week we had been able to report an improved position, relating to continued improvement around diagnostic waits particularly around echocardiology, for those patients waiting a considerable length of time for procedures to be carried out, and continued good performance for cancer waits which remained within

the required timescales.

b) A&E Maximum Four Hour Waiting Times: Year to Date performance had dropped to below 95%. Despite having an action plan in place, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) would also miss the target for Quarter 3. Our understanding was that this position would improve in Quarter 4, partially helped by the non recurrent winter investments that have been put into the system.

c) 18 Week Waits: There were a number of specialties such as orthopaedics, cardiology and cardiac surgery where performance continued to be poor and was not expected to meet the targets for several months. We were undertaking contractual escalation with both acute trusts which would require them to respond with action plans, however, there were also financial penalties we could and would proportionately apply. There was also an increase in escalation and scrutiny around monitoring the system flow and how the non recurrent winter investments were being utilised.

d) Ambulance Services: The Yorkshire Ambulance Service NHS Trust (YAS) performance outside of Sheffield was worse than it is in Sheffield. We were also seeing a very high use of the service, which was causing a cost pressure, on occasions up to 40-50% of patients attending A&E were coming in by ambulance. We were working with our fellow commissioners on this.

Dr Sorsbie asked if it was worth looking at where this demand was coming from. Dr Gill responded that on looking at the data there had not been a significant change in urgent (111) demand on the ambulance service and reported that YAS had advised them that 111 had not been detrimental.

The Chief Operating Officer was asked to closely monitor YAS performance on red 1 and red 2 calls as the position did not seem to be improving. **IG**

e) Quality

The Chief Nurse advised members of the following:

(i) Clostridium Difficile (C.Diff): This continued to be above trajectory but we had seen an improvement in recent months, and he hoped that the trend seen in previous years, in that the number of cases would continue to reduce towards year end, would continue.

(ii) Summary Hospital Mortality Indicator: STHFT were performing below the expected level, which was a positive position for Sheffield residents, and were the best ranked trust within the north of England and 16th on a national level.

(iii) Friends and Family Test (FFT): The percentage of respondents who would recommend A&E services had fallen, this had directly mirrored the decreased performance against the 4 hour target previously reported by the Chief Operating Officer.

(iv) Patient Experience: The Chief Nurse asked Governing Body to consider a proposal to change the way that patient experience was reported, to have an in-depth 'deep dive' report on each provider in turn and on the fourth month in every cycle to have a report on the smaller providers. This would hopefully give more depth and meaning to this reporting.

This was approved by Governing Body.

(v) Reduction in Infant Mortality: The Chair of Healthwatch Sheffield reminded members that she had raised concerns at the October meeting about the performance for the reduction in infant mortality rates suddenly changing from red to green. The Chief Nurse responded that the death of children was rare and that having one death at the Children's Hospital at the wrong time of year could skew their death rates. He suspected that the position had changed as there had been a lot of scrutiny about the data but would investigate this further and report back to the next meeting. **KeC**

f) Other Issues

(i) Care Quality Commission (CQC): The Accountable Officer reported that work was underway on behalf of our Locality Managers to understand the CQC's report around primary care and the associated rankings and risks. The outcome of this would be presented to the Quality Assurance Committee and back to Governing Body in due course. **KeC**

(ii) Public Health: The Director of Public Health advised members that the public health element of this report would be changed to include a quarterly narrative report on the work of the public health team.

(iii) Good News Stories: Dr McGinty asked Governing Body to note the improved position for STHFT for reporting of patient experience and continued good performance for cancer waits for patients with breast symptoms, for which the Chief Operating Officer confirmed had all been seen within a fortnight of GP referral to first outpatient appointment.

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

192/14 Five Year Forward View

The Director of Business Planning and Partnerships presented this report. He asked Governing Body to consider where we are in Sheffield in terms of the five year forward view, and how closely our ambitions match in terms of model and approaches. He proposed that the CCG should lead a collective conversation between the NHS in Sheffield and the public. If Governing Body approved the latter, he would put a proposal to our providers to hold a half day conversation event on what it means for Sheffield, as part of an engagement process.

Professor Gamsu commented that we should get on with this in terms of our response. The Director of Care and Support, Sheffield City Council, welcomed the conversation event, but did not see in the report the connection to the Better Care Fund (BCF) which she thought would be good to do in one event.

The Chair of Healthwatch Sheffield asked Governing Body to think how they were going to train health and social care individuals separately and how could this be incorporated into the strategy. The Chief Nurse responded that he had had conversations with both Sheffield Universities who were aware of the need to change.

The Director of Public Health suggested that the forward view be made central to what we do and that there needed to be a conversation at the Health and Wellbeing Board, so there should be little dissent to it when it was published.

The Accountable Officer commented that it was about solutions for Sheffield, worked up in Sheffield and delivered in Sheffield.

The Governing Body:

- Received and noted the report.
- Asked the Director of Business Planning and Partnerships to put a proposal to our providers to hold a half day conversation event on what it means for Sheffield **TF**

193/14 Proposed Changes to Sheffield CCG Constitution

The Director of Business Planning and Partnerships presented the proposed changes to NHS Sheffield CCG which, he advised, had been approved by the CCG membership at the Members' Council meeting on 16 October 2014.

The Governing Body:

- Approved the proposed revisions to the NHS Sheffield CCG Constitution.

- Asked the Director of Business Planning and Partnerships to ensure that the changes be incorporated into the Constitution and submitted to NHS England by the deadline of 6 January 2015. **TF**

194/14 Co-Commissioning Primary Care Services

The CCG Programme Director Primary Care presented this report which outlined the content of the further guidance that had recently been received and set out what each of the three proposed models of co-commissioning entailed. She reported that there were still some unknowns, with further guidance expected on assurance levels, conflicts of interest, etc.

With regard to what it means for Sheffield, she reported that each level of co-commissioning had been reviewed, we were at an interesting point with the emerging Provider Board in Sheffield, but had not yet had an opportunity to engage with our membership since the guidance was issued. She reported that, at this stage, she was recommending Level 1 as the CCG's preferred co-commissioning model as there was nothing in our Commissioning Intentions that required us to be at Level 2 or 3 next year.

Ms Forrest advised Governing Body that she had attended a couple of meetings with NHS England and the CCGs in our area, but it was not clear as to the direction of travel and what the benefits might be to go with other levels. Her thoughts were to bide our time and get greater involvement. Local commissioning always has the potential to be better but members need to understand the rationale.

The Chair commented that, whilst there might be some benefits for practices if the CCG was able to co-commission at Level 2, he could not see the benefits for patients, and reported that he had been asking GPs for their views, which were wide ranging. He agreed with the recommendations and suggested that the CCG Programme Director Primary Care formally ask the localities for their views at their next Locality meetings. **KCl**

The Director of Public Health commented that he was happy with the recommendation to go for Level 1 but asked that consideration as to how public health could be included be given as he felt that during the last two years the strong link between primary care and the public health had been weakened.

The Governing Body:

- Approved that for the financial year 2015/16 the CCG's preferred co-commissioning model be level 1: greater involvement in primary care decision making with NHS England.
- Approved that, should our wider commissioning agenda require an increased level of co-commissioning in year, such a submission would be made at that time.

195/14 Musculoskeletal Care in Sheffield: Commissioning for Outcomes

Alastair Mew, Senior Commissioning Manager / MSK Programme Manager, attended for this item.

The Clinical Director presented this report. He drew Governing Body's attention to the key highlights which included details of the significant work that had been undertaken to agree the clinical model with STHFT clinicians; the outcome measures to be used, which had been informed by significant involvement of public and patients; and refining the contract model and financial framework. He commented that the brevity of the paper underplayed the amount of work that had taken place behind the scenes and, in this respect, thanked Alastair Mew, MSK Programme Manager, Lynda Liddament, MSK Engagement Lead, Ian J Atkinson, Head of Contracting, and Dr Ollie Hart, MSK Clinical Lead, for all their hard work and contribution to the programme. Mr Mew thanked Healthwatch for their support, which had given the CCG a solid foundation for this work. Professor Gamsu drew members' attention to the appendix that summarised the engagement and commented that this work was important and would help the CCG to be clear about what was good engagement when undertaking other pieces of commissioning work. He acknowledged the contribution and the way we had worked with Healthwatch with a critical friend approach and it was important that this continued.

The Director of Finance advised members that this paper focused on the clinical work and engagement that has taken place and that a paper containing detail on the contractual and financial aspects of the proposal had been presented in the private session. She reported that Governing Body had approved the proposed terms.

The Accountable Officer advised Governing Body that the proposals would be presented to STHFT's Board on 17 December and the CCG expected their contracting team to recommend approval to their Board.

The Governing Body approved the award of a five year contract to STHFT as prime contractor for musculoskeletal services in Sheffield using an outcome based commissioning approach for the service delivery.

196/14 Remuneration of GPs Undertaking Commissioning Work for the CCG

Drs Bates, Gill, McGinty, Moorhead, Sloan, Sorsbie, and Turner withdrew from the meeting at this stage due to their conflict of interest, in that they either undertake or may undertake sessional work for the CCG in addition to their remuneration as Members of Governing Body.

As noted under minute 182/14, the Clinical Director is a salaried employee of the CCG and hence the proposals in the paper do not

represent a conflict of interest.

Mr Boyington took over as Chair of the meeting.

The Director of Finance presented this report and advised Governing Body that the Remuneration Committee wanted to regularise the remuneration arrangements for the individual GPs which the CCG formally requests to undertake commissioning work and other ad hoc pieces of work, the rate for which was previously agreed by the Remuneration Committee.

Mr Boyington, Chair of the Remuneration Committee, advised members that the final proposals in the report had been 'tested out' through the CCG's Clinical Director, with senior HR manager support from the Commissioning Support Unit (CSU), and through some informal consultation with other GPs in the city and also looked at examples of approaches in the other CCGs.

The Director of Finance advised that this approach did not have to be GP-specific and could be adapted to suit work undertaken by other health care professionals.

The Chief Operating Officer confirmed his support for the proposals but asked if clarification could be given as to whether the employment length would start from the first day of the contract, as inheriting continuous periods of employment etc, could lead to high cost redundancy payments**.** **JN**

The Governing Body approved the proposed remuneration arrangements set out in section 3 of the report, subject to clarification as to whether the employment length would start from the first day of the contract, as noted above.

The Governing Body GPs were invited to return to the meeting at this stage.

197/14 Reports circulated in advance of the meeting for noting:

The Governing Body formally noted the following reports:

- Chair's Report
- Accountable Officer's Report
  He drew attention to section 6 of his report: 16 Days of Action Against Domestic Abuse, and the pod cast for staff and managers on the second day of the campaign detailing support the organisation can offer to staff who are victims of domestic abuse including flexible working, time off, additional support in relation to personal safety whilst in work (accompanied to and from vehicle, screened calls at work, alert to reception etc), counselling, time during working hours to access practical support e.g. financial, housing advice, medical advice, contacting the police.

The Governing Body formally noted the following reports

- Key Highlights from Commissioning Executive Team and CET Approvals Group meetings
- Update on the Work of the Clinical Director and Clinical Reference Group
- Updates on Serious Incidents
- Locality Executive Group reports
- Quarterly Communications Update
- Integrated Commissioning Programme (ICP) / Better Care Fund Update
  The Director of Business Planning and Partnerships advised Governing Body that the bid for £1.0m to the Transformation Challenge Award had been successful, which would kick start 'Keeping People Well in the Communities'. A discussion would take place at the Integrated Commissioning Programme Board later in the month to discuss how this would be spent.

198/14 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.

199/14 Any Other Business

Carers' Centre Annual General Meeting (AGM)

Ms Forrest reported that she had attended the Carers Centre AGM a couple of weeks ago and has an interest in this as she does unpaid work at the centre. The AGM was hosted by Rony Robinson from Radio Sheffield and the discussions included how carers access mainstream services and the impact it has on their life. It was a powerful meeting and the needs of carers were set out.

The Director of Business Planning and Partnerships advised Governing Body that there is a Carers Board, led by Sheffield City Council, which is charged with agreeing Sheffield's Carers Strategy. He represents the CCG on the Board. .

Professor Gamsu commented that it was important that this information from the carers was fed back into the Carers' Strategy. Ms Forrest responded that for the last two years the integrated carers in Sheffield had been giving detailed feedback to the City Council.

There was no further business to discuss this month.

200/14 Date and time of Next Meeting

Thursday 8 January 2015, 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 4 December 2014

Question 1: MSK - The CCG's decision to work with STHFT on the recommissioning of Musculoskeletal Services has been widely welcomed. What proportion of services are expected to be provided directly by the Trust? Are there any provisions in the final contract to monitor, control or otherwise limit possible subcontracting by STHFT to non NHS providers?

CCG Response: *It should be noted that in relation to the services identified within the scope of MSK Outcomes Based Commissioning (Community MSK, Elective Orthopaedics, Rheumatology and Pain Management) in 2014/15 approximately 85% of services are delivered by NHS providers with 15% of provision delivered via the Independent Sector.*

The contract will be held between NHSS CCG and STHFT but will not limit or restrict the number of sub-contracts held by STHFT with other providers (NHS or Independent Sector). However, in the short term, given the volume of activity expected to be undertaken and available capacity within existing providers, we are not anticipating a material change to the pattern of activity in 2014/15. A key part of the contract agreement is to ensure that all patients who require a consultant led service are offered clear informed 'Choice' of which provider they can access for treatment.

Question 2: Primary Care

a) Given the current pressures on primary care from all sides, including two current proposals by NHS England for GP surgery closure, what steps is the CCG taking to ensure that the primary care system in Sheffield is robust enough to deliver its ambitions for community-based services?

CCG Response: *The CCG continues to work closely with NHS England colleagues, the Local Medical Committee and individual practices to understand more fully the pressures being faced within primary care and to assess how they might impact on our wider commissioning plans.*

Through our locality structure and various provider-based fora we continue to explore how the current service might adapt in order to meet the potential of delivering more community-based services. Via our integrated commissioning work with Sheffield City Council we are developing robust plans to support people to live well and in their own homes. This is strongly predicated on support services wrapping around general practices to support them in this work, rather than the practices directly taking on this work.

b) Many community nursing services for both adults and children are provided by the three local Foundation Trusts, commissioned by the CCG. What has been the trend in the numbers of district and community-based nurses working in Sheffield over the last five years for both physical and mental health and is the CCG satisfied that there is sufficient nursing support available for community-based services?

CCG Response: *The CCG does not hold data on the number of community based nurses as this is not information collected as part of standard contract monitoring, which focuses on outcome and output performance measures. The CCG has invested in community services over the last two years, in particular those providing intermediate care to prevent admission to hospital or facilitate supported discharge from hospital on a timely basis. The CCG is currently reviewing adult community nursing and intermediate care services as part of a wider review with Local Authority colleagues with the intention of jointly commissioning enhanced integrated care services during 2015/16.*

Question 3: GP Support Services - Is the CCG aware of significant public concern that GP Support Services currently provided within the NHS are reportedly being put out to tender by NHS England amongst only private sector bidders, thus potentially allowing G4S, Serco, the arms manufacturer Lockheed Martin, or a similar company access to patient information and records held by GPs and, following any integration of services, by social care agencies?

CCG Response*: The CCG is aware that concern has been expressed. However, the responsibility for this service and the procurement decision is that of NHS England and not the CCG and this is national issue on which the CCG has very limited influence. For a fuller response on the concerns raised you might wish to contact Richard Armstrong, Head of Public Health and Primary Care at NHS England (SYB). His email address is* Richard.armstrong1@nhs.net