Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 4 June 2015 in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

A

Present:
Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Dr Ngozi Anumba, GP Locality Representative, Hallam and South
Dr Nikki Bates, GP Elected City-wide Representative
John Boyington, CBE, Lay Member (up to item 115/15)
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
Rachel Gillott, Interim Chief Operating Officer
Idris Griffiths, Interim Accountable Officer
Dr Zak McMurray, Medical 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, Acting Head of Communications
Dr Maggie Campbell, Chair, Healthwatch Sheffield
Rachel Dillon, Locality Manager, West
Dr Anthony Gore, CCG Commissioning Lead for Cancer Care (for item 111/15)
Marianna Hargreaves, Senior Commissioning Manager (for item 111/15)
Carol Henderson, Committee Administrator / PA to Director of Finance
Susan Hird, Consultant in Public Health (on behalf of the Director of Public Health)
Moira Wilson, Director of Care and Support, Sheffield City Council

Members of the public:
There were four members of the public 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

102/15 Welcome

The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Governing Body and those in attendance to the meeting.

103/15 Apologies for Absence

Apologies for absence had been received from Dr Amir Afzal, GP Locality Representative, Central.

Apologies for absence from those who were normally in attendance had been received from Katrina Cleary, CCG Programme Director Primary Care, Dr Mark Durling, Chairman, Sheffield Local Medical Committee,

Simon Kirby, Locality Manager, North, and Paul Wike, Locality Manager, Central.

104/15 Declarations of Interest

Professor Gamsu declared a conflict of interest in item 7: NHS Sheffield CCG Premises Liabilities (paper C), as a Trustee of Darnall Wellbeing (which is based in Darnall Health Centre).

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

105/15 Chair's Opening Remarks

The Chair had no further comments to make in addition to his report appended at item 15a.

106/15 Questions from the Public

A member of the public had submitted questions before the meeting. The CCG's responses to these are attached at Appendix A.

107/15 Minutes of the CCG Governing Body meeting held in public on 7 May 2015

The minutes of the Governing Body meeting held in public on 7 May 2015 were agreed as a true and correct record and were signed by the Chair.

The Chair drew members' attention to Appendix A, detailing questions that had been submitted before the meeting and the CCG's responses to these, which had been posted following the meeting.

108/15 Minutes of the CCG Governing Body meeting held in public on 21 May 2015

The minutes of the Governing Body meeting held in public on 21 May 2015 were agreed as a true and correct record and were signed by the Chair

109/15 Matters arising from the minutes of the meetings held in public on 7 May and 21 May 2015

a) How Health and Social Care Services Should Look in Sheffield in 2020: Developing a Sheffield View in Partnership (minute 85/15 refers)

The Acting Director of Care and Support, Sheffield City Council, advised Governing Body that although the paper had been discussed at the Health and Wellbeing Board summit the previous week, she would ascertain as to **MW**

whether Councillor Lea would also like the report to be presented to full Council.

110/15 NHS Sheffield CCG Premises Liabilities

The Director of Business Planning and Partnerships presented this report. He reminded Governing Body that the CCG had inherited the liability for void space (i.e. unlet) in the premises that the former Sheffield Primary Care Trust (PCT) had been responsible for and used to pay for. Responsibility for managing the premises had been transferred to NHS Property Services (NHSPS) and Community Health Partnerships (CHP) on 1 April 2013. Although the CCG did not have control of these buildings they had to pay for that void space that was not specifically identified for primary care services.

He drew Governing Body's attention to the list of premises and the cost of the CCG's liability for void space in 2014/15 that was set out on page 3 of his report. His report set out the longer term actions for a Sheffield Health and Wellbeing Estates Plan (section 3.1), using a whole system approach to develop a collective view of our estate and a shared plan to ensure the most efficient use of our estate to meet our strategic objectives to improve care, reduce health inequalities and ensure affordable services. He reported that this was unlikely to produce practical results in this financial year.

He reported that some tenants that had been renting space in these premises had moved out due to the high cost and prospective tenants that would like to move in could not as they had indicated that rents were too expensive. He asked for Governing Body's approval to offer CCG subsidy of the rents, so that he can ask NHSPS and CHP to negotiate market rents with prospective tenants, with the CCG paying the remainder, as this would reduce the CCG's costs. This commitment would be time limited as it was expected that the responsibility for the cost of this void space would eventually go to the bodies that have responsibility for the buildings.

It was possible that this approach could result in inequity for existing tenants that were not being offered a reduced rent. The Director of Business Planning and Partnerships commented that this was something that needed to be thought through, but most of the existing tenants would be GPs whose rents were reimbursed by NHS England. With regard to section 3.2 short term actions, he advised Governing Body that NHSPS and CHP now had some capacity to deal with local issues and in this respect he had met with them to address the cost of void space in 2015/16.

Professor Gamsu commented that the commitment to these high cost buildings by the predecessor organisations was costing the CCG a lot of money that could have been spent on patient care. The Director of Business Planning and Partnerships advised that if we look at the benchmarking on a like for like basis, the rents were not as high cost as they may appear for such high quality new premises, but that

prospective tenants primarily looked at direct costs.

Professor Gamsu noted that Governing Body had not discussed the way that these premises were managed in the provision of services. Ms Forrest commented that whilst it was acknowledged this problem was not of the CCG's making, she was aware that there was no infrastructure in some community and voluntary groups and we had some fantastic vacant premises where some of these groups could go and could we not support these groups with subsidised use of the premises

The Locality Manager, West, advised that practices in West locality had been considering how Fairlawns could be utilised in getting services closer to the community. She asked if she could be part of the discussions as to how its void space could be utilised as we need to focus on getting some more services in there.

The Chair commented that there could be some procurement competition implications in that it might give an unfair advantage if we offered space at a reduced rate to someone who then bid for a contract. There was also a risk that we would not be offering the opportunity to other commercial landlords to site services in their properties at a much lower cost to the NHS. The Director of Finance advised that we would not be subsidising the landlords, and noted that hopefully our liability as a CCG would come to an end at the end of March 2016.

The Governing Body:

- Noted the CCG's liability for premises previously owned or leased by Sheffield PCT.
- Approved the proposed subsidy of rental costs, subject to the Director of Business Planning and Partnerships with support from the Director of Finance agreeing terms that addressed the issues raised in the discussion

111/15 Sheffield's End of Life Care Strategy Refresh 2015-18

Dr Anthony Gore, CCG Commissioning Lead for Cancer Care, and Marianna Hargreaves, Senior Commissioning Manager, were in attendance for this item.

Dr Gore presented the refresh of the End of Life Care Strategy for 2015-18 which, he advised, had previously been presented to the CCG's Commissioning Executive Team (CET) for comment, and was a continuation of, and included learning from, work already ongoing.

Dr Gore also gave a short presentation that included information on where we are now with end of life care compared to at the outset in 2010. The key highlights included in 2010 the end of life Quality and Outcomes Framework (QoF) register had a city-wide prevalence of 0.12%, compared to 0.47% in 2013/14, and 62% of Sheffield end of life deaths had occurred in hospital, compared to 49.4% in 2014. He advised that the numbers of practices signed up to the register had always been historically low in Sheffield, which was reflected in the relatively high number of deaths in

hospital. .

Mrs Hargreaves advised Governing Body that, although Sheffield had a higher than average hospital death rate, we had started to see some changes across the city as a whole but there was still a great deal of work to do as we still have a high proportion of people dying in hospital that do not either want, or need to, die in hospital. The direction of travel was that most people do not want to die in hospital, but people do change their minds so it becomes complicated, and so it is about making sure that we listen to people's preferences and where it is clinically appropriate for them to die, and do our best to meet those preferences.

She advised Governing Body that they hoped to develop a multi-agency plan based on the strategy, and they were looking to Governing Body as to how to get city-wide sign up to the strategy, to enable them to do the best they can from a service perspective, and really listen to the views of people.

Professor Gamsu asked about bereavement counselling and support and drew attention to the mention in the report of Cruse bereavement, which receives approximately 1,000 referrals a year, most of which come from general practice, but which has waiting times of approximately eight weeks, but is not funded by the CCG. Mrs Hargreaves advised that they have in the past looked at how they can potentially link Cruse with other organisations, such as hospices, that provide an end of life service, but which was an area they know where there is potential scope for improvement. Professor Gamsu commented that he felt this this should be described more as an area of challenge, and that the CCG should maybe consider or have a clear view about how we commission bereavement counselling services. Dr Gore commented that the Improving Access to Psychological Therapies (IAPT) service used to support people in a crisis situation; however they also direct people to Cruse.

Professor Gamsu commented that he did not see the Yorkshire Ambulance Service (YAS) referred to in the report and felt this role should be included as some people's experience of end of life might be an ambulance being called out to take them / their relative to a hospital or hospice, etc. Mrs Hargreaves responded that they have worked closely with YAS about putting together an alternative pathway and about giving the ambulance crews an alternative mechanism for getting people at end of life to hospital, by utilising the services that already exist.

The Locality Manager, West, commented that the strategy did not specifically mention the homeless and was not included the equality impact assessment, which she would raise with Dr Gore and Mrs Hargreaves outside of the meeting. **RD**

The Governing Body:

- Approved the vision and direction of travel set out in the strategy.
- Approved the development of a multi-agency plan to enable continued delivery of the strategy (informed by the equality impact assessment).

- Approved the plan to include, where appropriate, aspects to be taken forward through integrated commissioning mechanisms.

112/15 NHS Sheffield CCG Procurement Strategy

The Director of Finance presented the refreshed Procurement Strategy which had been updated on a number of technical areas (detailed at page 3) for the CCG to be compliant with the changes to the Public Contract Regulations (2006).

The Governing Body:

- Approved the refreshed Procurement Strategy which had been updated to reflect changes to the Public Contract Regulations (2006).
- Noted that a further amendment would be required when Part B services are affected by the Public Contract Regulations in 2016 and, as a result, in future the strategy would be refreshed at the beginning of every financial year.

113/15 2015/16 Finance Report

The Director of Finance presented this report which provided Governing Body with information on the financial information for Month 1, the key risks and challenges to deliver the planned year end surplus of £7.4m (1%) and the annual budgets that were approved by Governing Body in April.

She advised Governing Body that, as was usual at this very early stage of the financial year, very little activity data was available and so in the body of the report under section 2 she had tried to give a flavour of those areas that we needed to particularly focus on throughout the year. She highlighted that the format of the report was very much like previous years, except for Appendix E which included a memorandum table on the Better Care Fund.

The Governing Body received and noted the report.

114/15 Quality and Outcomes Report

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

a) <u>A&E 4 Hour Wait Target</u>

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) were still just below the required standard, although it was a steadily improving picture but very variable. As a result, we had issued a contract notice as performance had not reached the required 95%, which would be monitored through contract monitoring meetings. A Tripartite A&E meeting would also take place between the trust, Monitor, Sheffield City Council and ourselves on 16 June.

Sheffield Children's NHS Foundation Trust (SCHFT) had achieved the required standard.

b) 18 Weeks: SCHFT had achieved the overall trust targets for April, with an improved position at specialty level, a live contract performance notice is still in place which would continue to be monitored.

STHFT were still underachieving but this reflected the agreed improvement trajectory.

The Interim Chief Operating Officer advised that we had received 18 week trajectories and that the dip in STHFT's performance was due to them working through their list of patients waiting a longer time, with a timescale agreed that they would do this by the end of Quarter 1. This would be challenged if we believed it would not be achieved.

Mr Boyington asked what would happen if this was not achieved and about the implications for the trust on the contract notice we had issued. The Interim Chief Operating Officer explained that this required them to give us a level of detail we had not received before and allowed us to impose contract penalties which would be applied if performance did not improve, as we have a duty to understand why they are not performing.

The Interim Accountable Officer advised that over a period of time we could impose greater financial sanctions and we might involve Monitor and advise them as to the contractual sanctions we are taking. It was quite right that we had escalated the contractual notice and would continue with that robust approach.

c) Waiting Times and Diagnostics: This was being underachieved by both acute trusts, which we continued to monitor under the contract monitoring arrangements.

d) Yorkshire Ambulance Service NHS Trust (YAS): YAS continued to fall short of the 75% pledge for responding to emergency calls within eight minutes. The commissioners with YAS had invested in three key demand management schemes for this year, and continued to work with YAS to improve performance.

e) Cancer Targets: As a health economy we continued to achieve all the cancer targets.

f) Quality

The Chief Nurse advised members of the following:

(i) Clostridium Difficile (C Diff) / MRSA: Eight cases of C Diff had been reported in April, six of which were community associated and two were STHFT reported cases. There had been one MRSA community

case reported in April but as the individual concerned had not had any contact with health services this had been classed as not attributable.

(ii) Regulations: Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) had held their Care Quality Commission (CQC) quality summit earlier in the day. The CQC's findings would be published on 9 June. Confirmation has also been given that the YAS CQC quality summit would take place on 15 June.

Post meeting note: the YAS CQC quality summit planned for 15 June was cancelled. The reason for this is unknown as yet.

The Chair reminded Governing Body that they had discussed before about how much influence we have as commissioners and his thoughts were that we have a limited impact, and suggested that this be discussed as part of the Governing Body OD session taking place the following week, along with what levers we have and what other levers we have in the system.

The Chair commented that there was value in receiving the same report month on month which he did not think should change as Governing Body needed to be appraised, but it was frustrating that the trusts were stilling failing to meet these targets even though we had been, and still were, providing additional funding.

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

Mr Boyington left the meeting at this stage.

115/15 Update on Governing Body Assurance Framework and Risk Register

The Director of Business Planning and Partnerships presented the 2014/15 Quarter 4 update which, he reported, demonstrated how the CCG had managed risks in 2014/15. He advised that, at the end of Quarter 4, there remained a total of 17 risks facing achievement of the organisation's five strategic objectives, there were no new risks added and no risks closed during this period, and confirmed that the two gaps in control that remained open had been disclosed within the 2014/15 Annual Governance Statement.

The Governing Body received and noted the report.

116/15 Sheffield's Tackling Poverty Strategy 2015-18

The Director of Business Planning and Partnerships presented this report which proposed the vision and strategy for tackling poverty in the city. He

advised that a number of conversations had taken place with Sheffield City Council (SCC) about the process, it was intended to be a city-wide strategy, a lot of the actions were for SCC, and it was important that we demonstrated our commitment to working in partnership. He was asking Governing Body to sign up to the strategy and adopt the actions for the CCG that were detailed in the appendix at page 27.

The Chair said that it was appropriate for the CCG to take some responsibility for tackling poverty as it was a key determinant of health inequalities, which we are committed to reducing. The Director of Business Planning and Partnerships advised that the NHS had a key role as a major employer in the city, and that the NHS, and other partners, needed to support SCC as they would not achieve this on their own. Professor Gamsu suggested that members read the related King's Fund report. It contains a lot of examples of good practice, especially about practices playing a strategic role and responding to the challenge

Ms Forrest asked why it was seen as a long term challenge that all council contractors, every GP practice and each foundation trust and their suppliers pay a living wage. The Director of Business Planning and Partnerships explained that it takes time to manage the cost of this but it could be medium to long term and there were longer term financial benefits to employers in paying the living wage, in increased productivity and reduced turnover of staff.

The Medical Director suggested that realistic timescales be included on the action plan.

Dr Sorsbie reminded Governing Body about the OD session taking place on 8 October 2015, part of which would be to look at how we were tackling health inequalities.

The Governing Body:

- Endorsed the vision and strategy for tackling poverty in the city.
- Approved the actions in the strategic programmes to which the Clinical Commissioning Body has committed, within existing resources.
- Supported continued work with partners on developing the ambitious approaches required to achieve further impact over the lifetime of the strategy.
- Agreed to participate in reviews and reports on an annual basis to Sheffield Executive Board with other partners.

117/15 Update on Special Educational Needs and Disability (SEND)

Dr Bates presented this report which provided an update on how the concerns raised by Governing Body in December 2014 (set out in section 2.2) were being addressed and an update on where we are in meeting our statutory duties, and the next steps required to ensure compliance and reduce risks in delivery.

She advised Governing Body that the reforms were a complex set of regulations and it was a challenging reform nationally. Sheffield was also

finding it challenging to meet some of the timeframes, which were ambitious, with the children's portfolio working closely to support Sheffield City Council who was leading this work, with a lot of work still to be done.

She advised that we have a designated Medical Officer in place, which not all areas have, had met immediate requirements on the local offer, and were working with SCC to get the pathways and processes for single EHC plans firmed up and working as best as they could for children and their families.

The Director of Care and Support, Sheffield City Council, agreed that the targets are challenging. One of the practical things to do would be to work together to get assessments undertaken on those children that were at an age where they were coming through into adult services and on those children of the highest need, which would be a challenge due to staff resource problems.

The Chair asked if it could be itemised as to what resource was needed to ensure those assessments were carried out. The Chief Nurse advised that a quarter of those were adults, not children, and was anxious that there were different systems and different eligibilities in place for this transition from child to adult.

The Chair asked what the risks were to the CCG and SCC on missing statutory requirements. The Chief Nurse advised that there was a risk of judicial review, but we needed to be clear as to what the CCG was obligated to do. We needed to support SCC in the whole programme but focus on the things we need to do and to make sure we were having the discussions at the right level. The Director of Business Planning and Partnerships advised that the programme manager would present a plan to the next meeting of the Children's Joint Commissioning Group.

Members asked for a further update in October, to include an update on timescales and / or an indication of what targets were not going to be met. It needed to set out the risks and be clear as to what the risks are to the children in the city. **NB/TF**

The Governing Body:

- Noted the progress made in delivering the reforms.
- Asked to receive a report in October 2015 with a further update.

118/15 Reports circulated in advance of the meeting for noting:

The Governing Body formally noted the following reports:

- Chair's Report
- Interim Accountable Officer's Report
- Key Highlights from Commissioning Executive Team and CET Approvals Group meetings
- Update on Serious Incidents (SIs)
- Unadopted Minutes of the Quality Assurance Meeting held on 8 May 2015

  Ms Forrest, Chair of the Quality Assurance Committee, drew Governing

Body's attention to the committee's four key concerns which included the timeliness of Care Quality Commission's (CQC) reports to providers after visit inspections, which was a risk to both the reputation of the CQC and to the provider who could be operating with risks within their organisation. The Chief Nurse advised that he had formally raised this with the Deputy Chief Inspector of hospitals who had agreed to take this forward and a response from this was still awaited. Ms Forrest also advised that the committee's other concerns included a lack of data on staff training, the monitoring of dignity and eliminating mixed sex accommodation, and making sure that our local provider trusts learn from complaints.

The Governing Body formally noted the following reports:

- Unadopted Minutes of the Audit and Integrated Governance Committee held on 20 May 2015
- Locality Executive Group (LEG) reports
- Communications Quarterly Update

119/15 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.

120/15 Any Other Business

a) Tenure of CCG Chair

The Director of Business Planning and Partnerships advised that he was starting the process of electing the CCG Chair as Dr Moorhead's tenure as CCG Chair would come to an end in October 2015. A paper would be presented to Governing Body in July with a separate email sent to Governing Body members in advance of that to begin the process. **TF**

b) Director of Adult Care at Sheffield City Council

The Director of Care and Support, Sheffield City Council, advised Governing Body that Mr Phil Holmes had been appointed as Director of Adult Care at Sheffield City Council, and would be attending Governing Body meetings from July as SCC representative.

The Chair thanked Ms Wilson for her contribution to the Governing Body over the past few months.

There was no further business to discuss this month.

121/15 Date and time of Next Meeting

The next meeting will take place on Thursday 2 July 2015, 4.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Appendix A

Questions from Mr Mike Simpkin, Sheffield Save Our NHS to the CCG Governing Body 4 June 2015

Sheffield Save Our NHS have been dismayed to learn of the premises issues raised in Paper C of today's agenda, resulting in costs to the CCG of over to £1.3m for last year and a possible £1.5m for this year which goes to property managers, both private sector and NHS agency, when it could have been used directly or indirectly for patient services.

We brought the likely problems to the attention of NHS Sheffield in July and December 2012 (when many of the current CCG Governing Body members were present) and to the Council's Health and Social Care Scrutiny Committee which spent months trying to get answers from NHS England and Community Partnerships. We regard this, and in particular the NHS Property Services Agency inefficiencies, as an example of the waste instituted by the previous government's NHS reforms.

Question 1: Why, when the costs of voids were not the CCG's responsibility, has the CCG seemingly been made liable for the full amount?

CCG response: *The cost of voids were the responsibility of the predecessor body, Sheffield PCT. NHS Property Services and Community Health Partnerships were given responsibility for the estate held by the PCTs, but the national policy decision was these companies could recharge out the full costs for all space, including void space. The rationale was that the funding to cover the cost of the estate was split across relevant NHS commissioners and CCG baseline funding therefore included the funding to cover void space for other than primary care services at the point at which CCGs were created. This is why CCGs inherited this liability. We understand it was intended to be an interim position and 2015/16 may be the last year of this liability.*

Question 2: Whilst we welcome the efforts made by the CCG to achieve a constructive solution for this year, including a recommendation to continue the previous policy of subsidy, what effective local influence is there now on the Board of Community Health Partnerships Ltd to ensure that the interests of Sheffield patients are fully maintained?

CCG response: *The CCG has some influence through a good working relationship with the CHP local director, through CHP's facilitation of the work to develop a health and social care estates plan for Sheffield, and through its nominated member of the Board of Community First Sheffield (the local LIFT Company). We do not, however, have any formal influence on the actions of CHP.*