Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 5 February 2015 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 32/15)
Ian Atkinson, Accountable Officer
Dr Nikki Bates, GP Elected City-wide Representative
John Boyington, CBE, Lay Member (up to item 31/15)
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 (from item 26/15 onwards)
Idris Griffiths, Chief Operating Officer
Dr Andrew McGinty, GP Locality Representative, Hallam and South
Julia Newton, Director of Finance (up to item 33/15)
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 Maggie Campbell, Chair, Healthwatch Sheffield
Helen Cawthorne, Local Manager, Hallam and South
Katrina Cleary, CCG Programme Director Primary Care
Rachel Dillon, Locality Manager, West
Dr Mark Durling, Chairman, Sheffield Local Medical Committee,
Carol Henderson, Committee Administrator
Simon Kirby, Locality Manager, North (up to item 33/15)
Dr StJohn Livesey, Clinical Lead for the Urgent Care Portfolio (on behalf of the Clinical Director)
Alastair Mew, Senior Commissioning Manager and Management Lead for the Urgent Care Portfolio (for item 32/15)
Professor Jeremy Wight, Sheffield Director of Public Health
Moira Wilson, Director of Care and Support, Sheffield City Council

Members of the public:
Five 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

19/15 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.

20/15 Apologies for Absence

Apologies for absence had been received from Dr Zak McMurray, Clinical Director.

Apologies for absence from those who were normally in attendance had been received from Paul Wike, Locality Manager, Central.

21/15 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

22/15 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 14a on the agenda.

23/15 Questions from the Public

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

24/15 Minutes of the CCG Governing Body meeting held in public on 8 January 2015

The minutes of the Governing Body meeting held in public on 8 January 2015 were agreed as a true and correct record and were signed by the Chair.

25/15 Matters arising from the minutes of the meeting held in public on 8 January 2015

a) Urgent Care / Acute Pressures (minute 12/15 (a) refers)

The Chief Operating Officer advised Governing Body that although we did not have information as yet for January, preliminary information for December showed an increase in mortality rates at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) for patients aged 75 and above, particularly for those aged over 85, however, it was not unusual to see such an increase in the winter months. He reported that diagnosis details had not yet been received but it was thought that a large number of the deaths would show they had been related to respiratory problems, etc.

The Director of Public Health advised that it had been reported that nationally there had been a big increase in deaths, with a 20-25%

increase in deaths in each week in January compared to the same time last year, with the additional deaths appearing to be largely related to respiratory problems, however, he did not know as yet as to whether a similar increase in deaths had been reported in Sheffield. He advised Governing Body that Sheffield's winter death index was the best of all the core cities in the country and had been for some years, which he thought was likely to be attributed to initiatives such as the affordable warmth initiative implemented by Sheffield City Council in 2014 and would discuss this with the Chief Operating Officer in the next couple of weeks. **IG/JW**

Professor Gamsu raised the potential impact of the Government welfare cuts that may have had an impact on earlier older people mortality. The Director of Public Health would consider this with his colleagues.

Dr Gill joined the meeting at this stage.

26/15 Governing Body Organisational Development (OD) Programme 2015/16

The Chief Operating Officer presented this report. He reminded Governing Body that they had discussed the wider organisational OD plan in previous meetings, but this one looked at Governing Body OD specifically. He reported that a member of his team had undertaken a review with individual Governing Body members, who had suggested some improvements, including dividing that time into two types of session - greater opportunity for reflection and considering the strategic and wider issues (which was a common theme during the review), plus the essential knowledge and mandatory training.

The Chair commented that we would need to factor in that we would continue to change and grow and develop internally, people's roles will change, and we will develop new relationships. We should also be thinking about how we play in some of our external patient experts.

Ms Forrest asked if consideration could be given to opening up some of the sessions to our Local Authority colleagues, especially those relating to integrated commissioning / Better Care Fund. **TF/IG**

The Director of Public Health and the Director of Care and Support, Sheffield City Council, welcomed this strategic thinking with the Local Authority.

The Governing Body:

- Approved the proposed key approach to Governing Body organisational development for 2015/16.
- Approved the proposed schedule of OD sessions for 2015/16.
- Approved the proposal for the 12 March 2015 OD session to be used to co-produce the programme content for April to August 2015.

27/15 Procurement Strategy

The Director of Finance presented the refreshed Procurement Strategy to reflect the most recent national guidance and the review undertaken by the CCG's procurement advisers in the Commissioning Support Unit (CSU). She highlighted that the amendments were only minor. She advised Governing Body that once the new Public Contract Regulations had been received and reviewed, the strategy would be updated again and represented to Governing Body.

In answer to a query, the Director of Finance confirmed that the draft Better Care Fund Section 75 Agreement between the CCG and Sheffield City Council had been discussed in the private session, and would be presented to Governing Body for approval in March. This would reflect the procurement requirements of both organisations and, when the CCG's Procurement Strategy was next reviewed, she would ensure that it reflected any particular issues emerging from the final Section 75 agreement.

Mr Boyington asked if there could be a way of capturing that any procurement activity we undertake will focus on the bullet pointed principles set out in section 2 of the cover report.

The Director of Public Health asked about section 1.5.1 Quality, Innovation, Productivity and Prevention (QIPP) and the meaning of Prevention which was different to what was included in the five year forward view. The Director of Finance agreed that the definition in the procurement strategy was a fairly narrow procurement one and could be revisited for the next iteration of the Procurement Strategy. **JN**

The Governing Body:

- Approved the refreshed Procurement Strategy
- Noted the the Public Contract Regulations, which become law during 2015, would require the strategy to be amended and hence a revised version would be presented when further information on the implications for the CCG were available, which was expected to be early in the new financial year.
- Noted that a further amendment would be required when Part B services were affected by the Public Contract Regulations in 2016 and as a result we intend to change the annual cycle of refresh of our procurement strategy to early in each financial year.

28/15 Update on 2014/15 Procurement Plan

The Director of Finance presented this report. She reminded Governing Body that the detailed plan was published on the CCG's website and advised that we had progressed with most things on the plan. However, some procurement would now take place in 2015/16 (for example active support and recovery) which would feature in the 2015/16 plan.

The Chair of Healthwatch Sheffield asked if an alternative service would be put in place following the decommissioning of the Headache and Migraine Service. The Chair of Sheffield Local Medical Committee (LMC) advised that a communication to GPs had been sent out through the CCG's bulletin to practices, suggesting that GPs read the headache and migraine guidelines, refer patients to neurology if needed, but to be aware that referrals would be rejected if had they failed to complete all the pre-requisites for referral. He asked if the CCG could reconsider this decommissioning, provide a better level of support to GPs and withdraw the statement that referrals would be rejected. The Chair advised Governing Body that this decommissioning had not been initiated by the CCG and clarified that it was the existing provider of the service that had terminated the contract.

The Chief Operating Officer was asked to review the communication (and the supporting process) about the headache and migraine service decommissioning, especially with regard to the statement that referrals to consultants would be rejected. **IG**

Ms Forrest advised Governing Body that users of these services had been consulted with about their perceptions of the service and this had been going on for a number of years.

Professor Gamsu commented that it would be helpful at a future Governing Body meeting to have a view about how our future procurements relate to the current strategic plans across the city. The Director of Finance advised that this might best be included as part of the CCG's Commissioning Intentions.

The Governing Body:

- Considered the updated procurement plan for 2014/15.
- Noted that the 2015/16 procurement plan would be presented for approval early in the new financial year.

29/15 2014/15 Finance Report

The Director of Finance presented this paper confirming the financial position to the end of December 2014 and the key issues to be managed during the final quarter of the financial year. She advised Governing Body that due to the reduction in the CCG's required contribution to the national Continuing Health Care retrospective claims risk pool, the CCG had agreed with NHS England to increase its planned surplus by £1.3m to £8.5m. At the same time, a business case had been submitted to NHS England requesting its return in 2015/16 as transitional support to our significant service change programme.

She advised Governing Body that with regard to GP prescribing during the winter months, we officially had only received November data although our Medicines Management Team (MMT) had indicative figures for December and January that showed that prescribing costs were high during these months, linked to both volume and case mix of drugs prescribed, giving an increase in the average price. The Chief Nurse

reminded Governing Body that 30,000 additional GP appointments had been put into the system in December but at this stage was not sure what the impact on prescribing would be.

The Chair drew attention to the second paragraph at section 2.1.1 of the report, acute hospital activity, and expressed disappointment that the impact of the extra funding the providers had received for the 18 week referral to treatment initiative had not seemed to have made an impact in that the outpatient waiting list at STHFT still remained higher than the target waiting list of 14,331 patients.

The Chief Operating Officer reported that elective activity had largely been sustained over the winter period and was just under 3% above our original trajectory. However, this had not fully addressed the volume of patients waiting over 18 weeks in certain specialties.

The Governing Body:

- Considered the risks and challenges to delivery of the increased planned surplus based on Month 9 results.
- Approved a budget change over £2m in line with the CCG's Scheme of Delegation.

30/15 Month 8 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) 18 weeks: We were continuing to target long waiters in cardiology and orthopaedics, and were trying to utilise some of the private sector capacity for orthopaedic services but had only had a limited number of patients taking up this offer of private treatment.

b) A&E maximum 4 hour wait: An update on the recent challenges to A&E centres locally and nationally was included at page 5 of the report. He advised Governing Body that year to date performance at STHFT was 93%, but the previous quarter had seen performance at just lower than 90%. He also reported that Sheffield Children's NHS Foundation Trust (SCHFT) currently had a year to date performance of just short of 98%.

c) Delayed Transfers of Care: There were a number of reasons for delaying patient transfers, related to either clinical or patient choice. Although we had seen a significant improvement in the last part of the last calendar year we had seen a deterioration in the last six weeks of this year, some of which was due to lack of capacity in the independent sector to provide domiciliary care assistants, for which there was now an action plan in place.

The Director of Care and Support, Sheffield City Council, advised Governing Body that one off funding had been provided across the country to all health and social care systems to ease some of the pressures and would be working through the system resilience group

as to how that would be spent.

d) Diagnostic Waits: For the first time in a number of months we had seen an improvement and considerable reduction in the number of patients waiting over six weeks for diagnostic tests, with only 96 patients now waiting over six weeks. A large part of this was due to improvements in waiting times for echo cardiology and cardiology diagnostics.

e) Quality Premium: We were likely to see a reduction in the Quality Premium next year which the Director of Finance would build into the CCG's financial plan.

f) Other Issues – positive news

We had seen a reduction in the number of cancelled operations, which was pleasing to see

Dr McGinty drew members' attention to the reductions in emergency admissions for children with Lower Respiratory Tract Infections (LRTI) and the reduction in unplanned hospitalisation for asthma, diabetes and epilepsy in children under the age of 19, which had both gone to green from amber and red.

g) Quality

The Chief Nurse advised members of the following:

(i) Eliminating Mixed Sex Accommodation: There had been two breaches at STHFT in December. The trust had advised us that these were due to short term sickness cover and assured that this had been addressed.

(ii) Clostridium Difficile (C.Diff): Although there had been 14 reported cases in December, the number of cases seemed to go down in the winter, with the end of January position showing STHFT position to be under their target for the first time this year. Community cases were showing a similar pattern in that they were under the target for January but still over for the target for the year, however, if this pattern continued for the rest of the year they would be close to target.

(iii) Patient Experience: This month it focused on patient experience of STHFT. He reported that the trust was not dissimilar to other trusts in the country in the percentage of respondents who would recommend A&E services.

The Chair of Healthwatch Sheffield commented that the people of Sheffield should have some reassurance that the A&E system in Sheffield had held together better in Sheffield than in many places in the country, which was due to people working together and working over and above what they should have. She asked if Governing Body could be reassured that the CCG was looking at the day to day capacity in the system. The Chief Nurse responded that it was very

difficult to build resilience when talking about small staff groups as they do not have a supply of people they can bring in so it does rely on people working longer hours. He advised that STHFT did have sufficient staff to be able to meet the normal levels of activity.

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.

31/15 Patient, Carer and Public Engagement Report

Professor Gamsu presented this report which detailed progress with the patient and public involvement plan and summarised issues raised by patients, carers and the public. He drew Governing Body's attention to the key issues which included a second engagement summit which would involve the Local Authority and a range of other people including the voluntary and community sector, academics and Sheffield First; recognising the work that has been led by Sheffield City Council about community resilience; and an increasingly positive relationship with Healthwatch Sheffield. He reported that the engagement group has started to bring in examples of good practice and the challenge is how to put out some of that work to the CCG. He also reported that Internal Audit had undertaken a review of the approach being taken and the engagement group would reflect on the report at their next meeting.

Ms Forrest noted that whilst we have established a strong internal working group, this would not have any meaning unless changes were made throughout the organisation. She reflected on the staff engagement events that had taken place the week before Christmas, the evaluation of which had been very positive.

The Director of Business Planning and Partnerships commented that we were starting to develop a model approach to standardise how we engage people in all our commissioning projects and, in preparation for next year, our engagement lead has discussed with the CCG's portfolio teams what engagement support they will need, which will inform the group's workplan for next year.

The Chair asked if the group could demonstrate how the CCG's investment in patient and public engagement could be measured. He also asked if the group could consider what could be done to further reach and engage with Hard to Reach groups. **TF/MG/TT**

The Chief Operating Officer commented that with regard to our five year forward view, he welcomed bringing in a system wide approach to engagement and having one conversation with the public.

The Governing Body:

- Considered the activity highlighted against the patient and public involvement plan.
- Considered what had been heard from local people.

Dr Afzal left the meeting at this stage.

32/15 Outline Proposal to Review Urgent Care Services

Alastair Mew, Senior Commissioning Manager and Management Lead for the Urgent Care Portfolio attended for this item.

The Clinical Lead for the Urgent Care Portfolio presented this report, which outlined the proposal to undertake a review of the current urgent care services in Sheffield. He advised that nationally urgent care systems had seen unprecedented levels of demand and had shown significant strain.

Rather than simply giving more money to existing services, he requested Governing Body to approve a review of the urgent care system in Sheffield. It was felt that the key to this review would be to look at integration across primary and secondary care, and health and social care.

He reported that it was proposed to have a patient and public engagement exercise which would be key to capture the patient voice and insight, and to understand the needs of local patients

The Chair commented that the review was really welcomed and helpful. His thoughts were that the experience people had had in Sheffield during the winter had not been acceptable, the service had nearly 'fallen over', and not been good enough for the people of the city.

The Clinical Lead for the Urgent Care Portfolio confirmed that as GPs provide most of the first contact urgent care in the city they would be included in the review. He wanted GPs to be involved in the leadership of first contact urgent care but commented that there was sometimes an unsubstantiated perception in A&E that it 'falls down' because GPs are not delivering that care.

Although it was not included in the report, the Clinical Lead for the Urgent Care Portfolio confirmed that, following the discussion that had taken place at Governing Body in private in January, the urgent care of patients with mental health problems would also be part of the review.

Ms Forrest asked if the review would take into account the needs of carers as there were some issues about carers' assessments.

The Accountable Officer proposed that the review team have an early discussion with the Academic Health Science Network (AHSN) who would have some very practical / analytical support they could offer **ZM (StJL/AM)**

The Clinical Lead for the Urgent Care Portfolio asked Governing Body to note that the proposed six month extension to the contract for the Broad Lane Walk in Centre services was to bring it into line with the timing of the review.

The Governing Body:

- Supported the proposal for a review of city-wide urgent care services.
- Supported the underlying set of principles outlined in the paper.
- Agreed to a six month extension of the contract for the Walk in Centre services at Broad Lane.
- Agreed to receive an update paper at the May Governing Body meeting.

Ms Newton and Mr Kirby left the meeting at this stage.

33/15 Reports circulated in advance of the meeting for noting:

The Governing Body formally noted the following reports:

- Chair's Report
- Accountable Officer's Report
- Key Highlights from Commissioning Executive Team and CET Approvals Group meetings
- Updates on Serious Incidents
- Locality Executive Group reports

34/15 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, section (2) Public Bodies (Admission to Meetings) Act 1960.

35/15 Any Other Business

Venues for Future Governing Body Meetings

The CCG's Engagement Group was tasked with considering alternative venues for future Governing Body meetings. **TF/MG/TT**

There was no further business to discuss this month.

36/15 Date and time of Next Meeting

Thursday 5 March 2015, 4.00 pm Boardroom, 722 Prince of Wales Road, Sheffield, S9 4EU

Appendix A

Questions from Mike Simpkin, Sheffield Save our NHS, to the CCG Governing Body 5 February 2015

Question 1: The CCG will be aware of the current campaign to save the services being provided in the City Centre by the Devonshire Green Practice which is losing the MPIG. The NHS Head of Primary Care Commissioning, Dr David Geddes, said last year that he was willing to see practices close as part of the changes to GP funding and that he wanted to work with CCGs to establish better ways of managing the situation for practices who have 'identified an additional service they provide, or quality they can deliver'. So what practical work is the CCG undertaking to support Devonshire Green and does the Governing Body envisage that this could involve financial support?

CCG Response: *Although MPIG is a national funding issue via NHS England, the CCG is supporting Devonshire Green Medical Centre to identify the long term options for the future. We are part of, and facilitate, a multi-agency group including NHS England and the Local Public Health team, which meets the practice on a regular basis to fully understand their situation, the service they provide, the impact of the withdrawal of funds on the practice and the patients they provide for.*

As a result of this, the multi-agency group have pooled some funding to fund a short term project to inform the medium and long term options for the practice and commissioners which meets the needs best for the patient community. We look forward to the results of the project to inform our next steps.

In the meantime, NHS England has provided interim funding to the value of their MPIG withdrawal for 2014/15.

Question 2: Are the NHS GPs who promote themselves as part of the Claremont Private Practice Consortium also members of the CCG, and if so, is it appropriate for them to have an influence on NHS commissioning, even if this is indirect

CCG Response: *Claremont Private Practice Consortium is not a member of the CCG. The GPs in question (as named privately by the questioner) are all members of practices that are members of the CCG (CCG membership is by practice, not individual GP). Their involvement with Claremont Private Practice Consortium does not make it inappropriate for their practices to be members of the CCG. It may create an additional interest which may lead to a conflict of interest if the individuals were in decision making positions, i.e. in CCG posts or on CCG committees that can commit resources. If that were the case, our Conflict of Interest procedures would ensure such interests were disclosed and, if necessary, the individuals excluded from decisions where the interest applies. However, none of the individuals are in such a position*

Questions from Mr C Khan to the CCG Governing Body 5 February 2015

Question 1: Why aren't there notices up in every GP practice advising people how and who to make a complaint to, and what they should do if they are not happy with the outcome of the decision, ie next steps.

CCG Response*: All practices should have details of the complaints process in their practice leaflet and details of how to escalate the issue if they remain unsatisfied. Practices should also have a copy of their complaints process available on request. Practices are not required to publicise the complaints process in a poster form, however, some choose to do so.*

The Friends and Family test is now part of the core contract and is an opportunity for patients to feed back issues (positive and negative) to the practice.
Most practices have Patient Participation Groups which could be another avenue for patients to raise concerns / issues.

Question 2: Why does no-one follow up with a patient about why they do not turn up for GP appointments (there are notices up in practices saying how many people did not turn up for appointments, but they do not say why), as a lot of Did Not Attends (DNAs) could be down to people not getting on with the GP they are booked in to see, so they just don't turn up

CCG *Response:* *There is no requirement for practices to follow up non-attendance with individual patients, although many choose to write to patients to inform them that persistent DNAs could result in them being removed from the practice list. There is no evidence to suggest there is a direct correlation between a patient's relationship with their GP and DNAs.*

Questions from Mr P Hartley to the CCG Governing Body 5 February 2015

Question 1: Page 4 of the Governing Body Paper H: Patient, Carer and Public Engagement Report, says at line 5 of paragraph 1.8 that "*The Mental Health Partnership Board (MHPB) meeting where the strategy was agreed was dedicated to how ongoing patient and carer engagement across the voluntary, private and public sectors can be implemented. More than half of those present were service users*".

When (time and date) and where does the Mental Health Partnership Board meet? Can the service users participate in the Mental Health Partnership Board Meetings?

CCG response: *The Mental Health Partnership Board meets every other month, on a Thursday afternoon, 2.00 pm – 4.00 pm. The last meeting was held on Thursday 15 January 2015 and the next meeting will take place on Thursday 12 March 2015.*

The Mental Health Partnership Board has six places for service users or carers, who were recruited by advertisement and interview, carried out jointly with Healthwatch Sheffield. They are full members of the Board and fully entitled to participate. They are supported by a meeting with the manager who supports the Board immediately before the Board itself,

to help prepare for the meeting, and the Chair seeks to ensure that all members of the Board can speak and are listened to equally.

On occasion, including the meeting referred to in the paper that prompted the questions, other service users, carers or members of the public may be invited to attend and contribute.

The meeting is not, however, held in public, so attendance is by membership or invitation only. Further to the discussion at Governing Body, the Chair of the MHPB will discuss the arguments for and against holding meetings in public with members of the Partnership Board.