Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee Report
5 October 2016

Item 15c

Governing Body meeting

1 December 2016

Author(s)	Carol Henderson, Committee Administrator
Sponsor	John Boyington, Chair Primary Care Commissioning Committee

Is your report for Approval / Consideration / Noting

Noting

Are there any Resource Implications (including Financial, Staffing etc)?

No resource implications outwith currently identified budgets

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?
4. To ensure there is a sustainable, affordable healthcare system in Sheffield.

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached?
Individual issues considered by the Primary Care Commissioning Committee will, when necessary, have Equality Impact Assessments carried out. Where appropriate EIAs have been carried out on specific agenda items.

PPE Activity

How does your paper support involving patients, carers and the public?
Individual issues considered by the Primary Care Commissioning Committee will determine how patients, carers and the public will be engaged.
.

Recommendations

The Governing Body is asked to note the decisions of the Primary Care Commissioning Committee.

Primary Care Commissioning Committee (PCCC)
Key Messages/Decisions from the 5 October 2016 meeting

Month 5 Financial Position
The Committee received the report on the financial position for primary care budgets at month 5 (August 2016) including key risks and challenges.

The Committee was reminded that this was reporting on the CCG's formal delegated expenditure position and other spend on primary care services, and members were advised that an underspend was now being forecast on the delegated budget and the CCG parts of the budget, due in part to the closure of a GP practice which had resulted in the dispersal of patients and an underspend on premises charges. The Committee discussed at what point it may be known as to when and if that underspend would be deployable and what could be spent. The Senior Finance Manager explained that there were clear rules around if it could be spent and what it could be spent on, however, as the CCG was only just receiving Month 6 data it was too early in the year to say if it could be spent.

Review of Papers Presented in the Private Session
The committee received a report which outlined the considerations of the small group the committee had charged to further explore the approach taken to date to ensure that the committee's business was open and transparent and to assure itself that the items on the private part of the agenda had been included within that part of the meeting appropriately. The group had included members of the committee, a Locality Manager, a representative from Healthwatch and a member of the public, Mike Simpkin, and had reviewed the list of items discussed in the private part of the meeting since the committee's establishment and the explanation of the rationale for presenting them in the private session. The report confirmed that the committee's approach had been seen as appropriate and the group had come up with some suggested improvements for the committee's consideration, including a recognition that, if an item was being discussed in the private session, it would be helpful at the start of the meeting being held in public if a summary could be given with more information on the issue and, where an issue had been considered / decided upon in the private session, an update be given as soon as possible to the next meeting being held in public, and that it would seem sensible to review this process every six months.

Primary Care Commissioning Committee: Draft Internal Audit Report
This report advised members of the outcomes of the review undertaken by Internal Audit on primary care co-commissioning and the governance arrangements to ensure that the CCG complied with the requirements for an organisation with delegated responsibility for commissioning GP services. **Significant Assurance** had been provided advising that there was a generally sound system of control designed to meet the system's objectives. There were some minor weaknesses in the design, or inconsistent application of controls that put the achievement of particular objectives at risk. These would be taken forward outside of the meeting.

Proposed Practice Visits Programme

This report set out the proposed approach to developing a practice visiting programme commencing in October 2016. The aim was to engage in two-way conversations with Member practices, supported by appropriate evidence and intelligence, for both parties to understand the contracting issues, the other services the CCG commissions, where the system is going, the issues that are important to the practice, and more specific issues, for example complaints, any quality issues we might have been advised of by the CCG's Quality Team, and access in terms of availability of appointments. This would all form part of our overall governance approach, with visits minuted, and summary reports presented to the PCCC. Depending on the issues raised, and the willingness of the practices, there should be no reason why these reports should not be brought into the public domain.

NHS
Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee
Adopted minutes of the meeting held in public on 5 October 2016
Boardroom, 722 Prince of Wales Road

Present:	Professor Mark Gamsu, Lay Member (Chair)
(Voting Members)	Mr John Boyington CBE, Lay Member Mrs Penny Brooks, Chief Nurse Mrs Diane Mason, Senior Finance Manager (on behalf of the Director of Finance) Mrs Maddy Ruff, Accountable Officer (from item C90/16)
(Non Voting Members)	Dr Nikki Bates, CCG Governing Body GP Dr Trish Edney, Healthwatch Sheffield Representative Dr Devaka Fernando, Secondary Care Doctor Ms Victoria Lindon, Senior Primary Care Manager, NHS England Dr Zak McMurray, Medical Director
In Attendance:	Ms Sarah Baygot, Communications Mrs Katrina Cleary, Programme Director Primary Care Ms Carol Henderson, Committee Administrator Mr Gordon Osborne, Locality Manager, Hallam and South (observing) Mrs Rachel Pickering, Primary Care Co-Commissioning Manager (observing)

Members of the public:
There were no members of the public in attendance.
A list of members of the public who have attended CCG Primary Care Commissioning Committee meetings is held by the Director of Finance

Minute		ACTION
82/16	**Welcome and Introductions** Professor Gamsu, Deputy Chair, advised members that he would be chairing today's meeting. The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee and those in attendance to the meeting.	
83/16	**Apologies for Absence** Apologies for absence from voting members had been received from Ms Julia Newton. Apologies for absence from non voting members had been received	

from Dr Amir Afzal, CCG Governing Body GP, Mr Greg Fell, Sheffield Director of Public Health, Ms Amanda Forrest, Lay Member, and Dr Mark Durling, Chair, Sheffield Local Medical Committee.

The Chair confirmed that the meeting was quorate as the Senior Finance Manager was attending the meeting on behalf of the Director of Finance.

84/16 Declarations of Interest

There were no declarations of interest this month. The Chair reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this.

85/16 Questions from the Public

There were no questions from members of the public this month.

86/16 Minutes of Previous Meeting

The minutes of the meeting held on 8 September 2016 were agreed as a true and accurate record, subject to the following amendments:

Neighbourhood Locally Commissioned Service (LCS) (minute 78/16 refers)

Final sentence of third paragraph to read as follows:

She advised that practices would be asked to complete a template stating what they intend to do with regard to innovation change so we could work out what extra support they needed.

87/16 Matters Arising

a) Future of Westfield Practice (minute 76/16 refers)

The Programme Director Primary Care advised members that there had been considerable activity since the last meeting following the committee's approval for the development of the plan to cease service provision within the Westfield Health Centre over the next two to three months, and to disperse the remaining list on the date of the Westfield closure to the Owlthorpe practice. She reported that two letters had been drafted and checked with Healthwatch Sheffield and subsequently issued to the patients that would be affected by the closure of Westfield / transfer to Owlthorpe. The letters had been sent to those patients that currently resided within the Owlthorpe practice boundary and one to those outside the practice boundary advising them they needed to find a local practice to register with. The practices

that may have some patients coming to them to register had also been advised.

She also advised the committee that they were now in the process of advising key stakeholders, including NHS Property Services (NHSPS) that it had been agreed that services at Westfield would cease to be provided by the end of October, and had conversations with Westfield staff about the messages they needed to put on their telephone lines, and information they would need to display in waiting rooms, etc.

She advised members that no comments from patients had been received by the CCG in respect to the changes, although it was early days at this stage.

b) Neighbourhood Locally Commissioned Service (LCS) (minute 78/16 refers)

The Programme Director advised members that the LCS had been reworded to state that payments in advance to third parties could not be made. She confirmed that the LCSs would be issued to practices by the end of the week.

88/16 Month 5 Financial Position

The Senior Finance Manager presented this report which provided members with an update on the financial position for primary care budgets at Month 5 together with a discussion on the key risks and challenges to deliver a balanced position at year end. She reminded members that she was reporting on the CCG's formal delegated expenditure position and other spend on primary care services.

She advised members that an underspend was now being forecast on the delegated budget and the CCG parts of the budget, due in part to the closure of a GP practice which had resulted in the dispersal of patients and an underspend on premises charges. This underspend had been slightly offset by an overspend on General Practice Information Technology (GPIT) as a result of additional costs that had emerged under the new contract arrangements.

Mr Boyington asked at what point would it be known as to when that underspend would be deployable and what could be spent. The Senior Finance Manager explained that there were clear rules around if it could be spent and what it could be spent on. She advised that the CCG was only just receiving Month 6 data so it was too early in the year to say if it could be spent.

The Medical Director commented that it was about the balance of risk and when the money could be freed up, as practices were really struggling and it would be good if the CCG could help.

The Programme Director commented that, assuming there was an underspend, and it was ring fenced for primary care, there was something about thinking about what our resilience plan would look like, drawing down some Sustainability and Transformation Plan (STP) money, and to start sourcing things that could be activated very quickly, for example practice manager leadership training. She also asked if there could be an indication of what it could be spent on.

Dr Bates advised members that the City-Wide Locality Group (CLG) the previous week had been advised that there would be no winter pressures monies available for primary care this year which, she commented, had been beneficial in previous years and would be sorely missed, especially for creating extra appointments.

The Chief Nurse advised members that the Local Workforce Action Board for South Yorkshire and Bassetlaw was looking at developing a sustainable workforce for the future, so there be might be an opportunity to come up with options of what we might need in Sheffield to develop our primary care.

Professor Gamsu suggested that one of things that could be progressed now was to come up with a 'shopping list' of what we could do, which would help our thinking, and how to manage some of the background things that would always be there. The Programme Director stated that options in this respect would be presented to the next meeting. **KaC**

The Chief Nurse commented that it was really important that the GPs were actively engaged in this going forward.

The Primary Care Commissioning Committee:

- Noted the financial position at Month 5.
- Considered the risks and challenges to delivery of a balanced financial position against primary care budgets.

C89/16 **Review of Papers Presented in the Private Session**

The Programme Director presented this report which outlined the considerations of the small group the committee had charged to further explore the approach taken to date to ensure that the committee's business was open and transparent and to assure itself that the items on the private part of the agenda had been included within that part of the meeting appropriately. She reminded members that the group had included members of this committee, a Locality Manager, a representative from Healthwatch and a member of the public.

She advised members that the group had reviewed the list of items discussed in the private part of the meeting since the committee's establishment and the explanation of the rationale for presenting them

in the private session, and had come up with some suggested improvements for the committee's consideration, that were listed at section 3. These included a recognition that, if an item was being discussed in the private session, it would be helpful at the start of the meeting being held in public if a summary could be given with more information on the issue and, where an issue had been considered / decided upon in the private session, an update be given as soon as possible to the next meeting being held in public.

She also advised that there was a challenge for the committee to test out proportionality of items being presented in both meetings.

The Chair commented that the summary of items discussed in both meetings was very useful and helped the committee's transparency. He also commented that the report confirmed that the committee's approach had been seen as appropriate, with some suggestions for improvement that we needed to make sure were doable, and that it would seem sensible to review this every six months.

The Primary Care Commissioning Committee received and noted the report.

C90/16 **Primary Care Commissioning Committee: Draft Internal Audit Report**

The Programme Director presented this report which advised members of the outcomes of the review undertaken by Internal Audit on primary care co-commissioning and the governance arrangements that had been established to ensure that the CCG complied with the requirements for an organisation with delegated responsibility for commissioning GP services. She advised the committee that, although **Significant Assurance** had been provided that there was a generally sound system of control designed to meet the system's objectives, there were some weaknesses in the design, or inconsistent application of controls that put the achievement of particular objectives at risk.

She drew members' attention to the table at section 1 that gave a Red Yellow Amber Green (RAG) rating for each review criteria and drew their attention to the following key issues.

Yellow (minor action):

The Committee's Terms of Reference need to be updated to include, in particular, specific reference as to how it would be monitoring delivery of the Primary Care Strategy on behalf of the Governing Body. She commented that this was absolutely relevant and they also needed to discuss at some point as to how the STP fitted in with the work of this committee. They would also need to work out where Active Support and Recovery (AS&R) fitted in and take that forward.

The Programme Director also advised the committee that she would need to have a conversation with the Accountable Officer with regard to the above, especially around how she envisaged those elements fitting in, where our influence would be, being clear where decisions were taken, relationships between organisations, structures, the South Yorkshire and Bassetlaw footprint, and locally in terms of the Sheffield Transformation Board, and where there were direct lines of influence to the Governing Body.

Mr Boyington commented that we needed to be careful about creating more work than was required as we did not want to replicate or confuse what else was happening within the CCG. The Chief Nurse suggested that it was about being able to demonstrate that the committee had had a discussion and that it was being fed up into a variety of routes, and being clear about how we do influence.

The Accountable Officer commented that it was also about how the committee feeds back to its Member practices and to the Local Medical Committee (LMC) on the decisions its takes. The Programme Director reminded members that the minutes from the meeting held in public were made available on the CCG's website, including a summary briefing note provided by the communications team, which could also be included as part of the weekly e-bulletin to practices. The Accountable Officer suggested that it should also be an item on Locality meeting agendas, which the Programme Director would discuss with the Communications Lead outside of the meeting. **KaC/SB**

There was a recommendation that the implementation plan for the transfer of responsibilities from NHS England to the CCG was brought back to the committee after the final target date for actions had passed. She suggested that this could either be done virtually or presented to the next meeting. **KaC**

The Programme Director advised members that this rating was incorrect and would be turned to Green as the NHS England representative on the committee had completed a declaration of interest form in March 2016 and her interest was also included on the PCCC's summary Register of Interest that was circulated to members with the papers prior to each committee meeting.

The final Yellow recommendation was to ensure that, where a conflict of interest in an agenda item being discussed in a meeting had been declared, the agreed action to manage that conflict was always recorded. The Programme Director advised that, as the Chair had done exactly that at the meeting held on 8 September (under minute 72/16), she hoped that the rating in the audit could now be changed to Green.

She also suggested that the CCG's corporate governance colleagues

	review the committee's agendas prior to meetings for a view as to whether an item could represent a serious conflict of interest. **Amber (more action required)**: The committee needed to have a clear, more explicit workplan that set out what its approach was going to be which, she thought, needed to be widened to include sustainability and new models of care, etc. In this respect, she reported that the primary care team would shortly be meeting to discuss their own workplan; this, and her own objectives, which would all feed into the committee's workplan that would be discussed at the December committee meeting.	**KaC**
	The Accountable Officer joined the meeting at this stage. Dr Bates asked if comparator information with other CCGs was available. The Senior Primary Care Manager responded that her thoughts were that the other CCGs seemed to operate in a similar way but was not aware that any comparator information was available. However, she could seek to clarify what Internal Audit was doing in terms of reviewing other PCCCs and if any comparator reports would be made available.	**VL**
	The Primary Care Commissioning Committee: • Considered the contents of the draft report. • Provided comments, as noted above, to be fed back to Internal Audit.	**KaC**
C91/16	**Proposed Practice Visits Programme** The Programme Director presented this report which set out the proposed approach to developing a practice visiting programme commencing October 2016, as discussed at a recent Governing Body strategic development session. She advised members that the aim was to engage in two-way conversations, supported by appropriate evidence and intelligence, for both parties to understand the contracting issues, the other services the CCG commissions, where the system is going, the issues that are important to the practice, and more specific issues, for example complaints, any quality issues we might have been advised of by the CCG's Quality Team, and access in terms of availability of appointments. With the latter in mind, she explained that before every meeting the practice might be asked what appointments they have offered and what the waiting time was for a non urgent appointment, for us to be able to get a feel of the wider access problems within the practice, for example were they related to patient demand. This would all form part of our overall governance approach, with every conversation minuted, and summary reports presented to the PCCC. Depending on the issues raised, and the willingness of the practices, there should be no reason why these reports should not be brought into the public domain.	

She advised that the next meeting of the Primary Care Co-Commissioning Sub Group would be discussing how to pull all that intelligence together.

She advised the committee that she was suggesting that the core visit team would include herself, the Medical Director or Clinical Director Out of Hospital Care, and the Primary Care Co-Commissioning Manager, with support from the quality team and members of the PCCC and Governing Body as required. She would be writing to practices to forewarn them that we would be visiting and, in this respect, suggested that this was with the support of the LMC. The Accountable Officer suggested that, depending on the circumstances, not every visit would need clinical input. **KaC**

The Healthwatch representative advised the committee that Healthwatch undertake a series of 'enter and view' visits, with one of the big issues being the Did Not Attend (DNA) rate for urgent appointments, which seemed to cause considerable problems on both sides as it influences access. Her thoughts were that reports from these visits were sent to members of the CCG's quality team but would seek to clarify as to whether this was the case. The Accountable Officer commented that the LMC had also noted this, but there was a question as to how access was perceived by the public. **PE**

The Healthwatch representative also suggested that prior to visits the CCG review comments on the specific practice via Patient Choice and Healthwatch's website. **KaC**

The Chair suggested that it would be helpful for the committee and CCG membership to have a clear programme of visits that gave a statement of our intent, with dates, times, etc, in the public domain and to have an ambition to finish the series of visits by the end of March. The Programme Director explained that it would be a rolling programme of visits. **KaC**

The Secondary Care Doctor asked if the CCG had a feel for a visit burden for practices, as there might be a feeling they were a duplication of those being undertaken by the relevant Locality Manager. He also commented that it would be very easy for a visit from the CCG to be perceived as an assessment instead of it being a supporting and shared conversation.

The Accountable Officer reminded members that the CCG had a contract with its primary care providers, as it did with all its providers, and it was about assurance and having those robust conversations, and would primarily be a supportive visit to help them do their job.

The Primary Care Commissioning Committee:

- Considered the briefing.
- Supported the reporting to the Committee of any key primary care issues raised during practice visits.
- Requested a clear programme of visits that gave a statement of our intent, with dates and times, etc.

C92/16 **Business Intelligence for Primary Care**

The Chair advised members that this item had been deferred to a future meeting.

93/16 **Any Other Business**

The Chair reported that he had not been advised of any items to be discussed under this item, therefore, there was no further business to discuss this month.

94/16 **Confidential Section**

The Committee resolved that representatives of the press, and other members of the public, be excluded from the following item, having regard to the confidential information being presented as part of the business to be transacted, publicity on which would be prejudicial to the public interest.

The Chair drew attention to the item that would be discussed in the private session: presentation and discussion on emerging intelligence regarding locality practices – Hallam and South (HAS).

95/16 **Date and Time of Next Meeting**

Please note that the meeting originally scheduled to take place on Friday 16 December 2016 has been rescheduled to take place on Wednesday 4 January 2017, 2.00 pm – 4.00 pm, Boardroom, 722 Prince of Wales Road