Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 26 May 2016 in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

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Present:
Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Dr Amir Afzal, GP Locality Representative, Central
Dr Ngozi Anumba, GP Locality Representative, Hallam and South
Dr Nikki Bates, GP Elected City-wide Representative
Mr Kevin Clifford, Chief Nurse,
Dr Devaka Fernando, Secondary Care Doctor
Ms Amanda Forrest, Lay Member
Mr Tim Furness, Director of Delivery
Professor Mark Gamsu, Lay Member
Mr Idris Griffiths, Director of Health Reform and Transformation
Dr Zak McMurray, Medical Director
Ms Julia Newton, Director of Finance
Mrs Maddy Ruff, Accountable Officer
Dr Marion Sloan, GP Elected City-wide Representative.
Dr Ted Turner, GP Elected City-wide Representative.
Mr Phil Taylor, Lay Member

In Attendance:
Mrs Katrina Cleary, CCG Programme Director Primary Care
Ms Katy Davison, Communications and Engagement Lead
Mrs Rachel Dillon, Locality Manager, West
Mrs Nicki Doherty, Deputy Director of Delivery and Strategy (for item 77/16)
Dr Mark Durling, Chair, Sheffield Local Medical Committee
Ms Carol Henderson, Committee Administrator / PA to Director of Finance
Mr Simon Kirby, Locality Manager, North
Dr StJohn Livesey, Clinical Director Urgent Care (for item 77/16)
Ms Becky Meadows, Attain (for item 77/16)
Mr Alastair Mew, Head of Commissioning Urgent Care (for item 77/16)
Mr Peter Moore, Director of Integrated Commissioning
Mr Gordon Osborne, Interim Locality Manager, Hallam and South

Members of the public:
There were three 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 Delivery.

ACTION

70/16 Welcome

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

71/16 Apologies for Absence

Apologies for absence had been received from Mr John Boyington, CBE, Lay Member, Dr Anil Gill, GP Elected City-wide Representative, and Dr Leigh Sorsbie, GP Locality Representative, North.

Apologies for absence from those who were normally in attendance had been received from Mr Greg Fell, Sheffield Director of Public Health, Mr Phil Holmes, Director of Adult Services, Sheffield City Council, Ms Judy Robinson, Chair, Healthwatch Sheffield, and Mr Paul Wike, Joint Locality Manager, Central

72/16 Declarations of Interest

The GPs and Locality Managers employed in general practice declared a conflict of interest in item 7 (paper D): Primary Care Strategy. Governing Body noted, however, that there was nothing in the document that would affect or benefit individual members of the Governing Body.

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

73/16 Questions from the Public

A member of the public had submitted questions relating to item 7 (papers D to F) on the future direction of out of hospital care, before the meeting. The CCG's responses to these are attached at Appendix A.

The Accountable Officer suggested that it may be helpful for the member of the public to meet with the CCG Directors leading on the future direction of out of hospital care for a more in depth discussion

74/16 Adoption of NHS Sheffield CCG Audited Financial Accounts for 2015/16

The Director of Finance presented the final audited annual accounts for 2015/16. She reminded members that they had reviewed the pre-audited draft accounts at the 5 May Governing Body meeting, and reported that nothing material had changed from the draft accounts to those being presented for approval today and no changes to the previously reported surplus. She confirmed that, as documented in her report, a few minor presentational changes that had been agreed with the CCG's auditors had been made to the accounts, as detailed in section 2. The Director of Delivery advised members that he had reviewed the draft minutes of the 5 May meeting and confirmed with the Director of Finance that all agreed actions had been taken.

The Director of Finance also presented the Letter of Representation which the auditors asked the Chair and Accountable Officer to formally sign on behalf of Governing Body. This states that we have provided access to all information and persons required to enable the auditors to undertake their audit.

She also confirmed that individual Governing Body members, including those not present at the meeting, had all signed a Statement of

Disclosure to the auditors to say "*that as far as they were aware there was no relevant audit information of which the Clinical Commissioning Group's auditors were unaware. In addition, that they had taken all the steps that they ought to have taken as a member of Governing Body in order to make themselves aware of any relevant audit information and to establish that the Clinical Commissioning Group's auditors were aware of that information".*

Mr Taylor, Chair of the Audit and Integrated Governance Committee, advised Governing Body that the audited accounts had been received and reviewed by the Audit and Integrated Governance Committee (AIGC) earlier in the day and AIGC had recommended them to Governing Body for formal approval, as per the requirement of the CCG's Constitution. He drew Governing Body's attention to the paper that had been received from our external auditors confirming that they would be giving us an Unqualified Opinion on the accounts and concluding that the CCG had made proper arrangements to secure economy, efficiency and effectiveness in its Value for Money and Use of Resources.

Mr Taylor, Chair of the Audit and Integrated Governance Committee, thanked everyone involved in preparing the precise and accurate accounts and undertaking the audits

He recommended the audited annual accounts to Governing Body for approval.

The Governing Body:

- Approved and Adopted the Annual Accounts for the financial year 2015/16.
- Recommended that the Accountable Officer and Chair sign the Letter of Management Representations on behalf of Governing Body. **TM/MR**

75/16 NHS Sheffield CCG Annual Report for 2015/16

The Director of Health Reform and Transformation presented the annual report for 2015/16. He advised Governing Body that it was in a new format that met all the statutory requirements, and was more accessible and easy to read than in previous years. He reminded Governing Body that they had been given the opportunity to comment on the draft copy in May, which had also been reviewed by NHS England and our internal and external auditors. It would be our formal report to be published on our website in June together with a user friendly summary document, and formally presented at our Annual Public Meeting (APM) in September.

The Director of Delivery advised members that the comments made at the last Governing Body meeting had been acted upon, together with helpful comments and suggestions from the auditors.

The Communications and Engagement Lead advised that a few further minor tweaks, including some replacement photographs, would be made. The Accountable Officer commented that she welcomed the new format **KD**

and looked forward to receiving public and patient feedback.

The Communications and Engagement Lead advised Governing Body that the final Annual Report would be published on CCG website by 10 June. Copies would be sent out to general practices for their waiting rooms, to voluntary sector organisations, and to all key stakeholders. **KD**

The Director of Finance advised Governing Body that External Audit had audited the relevant sections of the Annual Report and had confirmed they were content with these sections. She also confirmed that AIGC had reviewed the annual report at its meeting earlier in the day and recommended approval of the report to Governing Body.

Finally, she drew Governing Body's attention to the Annual Governance Statement (AGS) included in the report, which was an important statutory requirement and provided details on the CCG's governance arrangements, internal controls and processes. The final Head of Internal Audit Opinion which was a good report and provided a Significant Assurance Opinion, was appended, along with the External Auditor's Unqualified Opinion on the annual accounts.

The Governing Body approved the formal adoption of the Annual Report for 2016/16.

76/16 Proposed Changes to the NHS Sheffield CCG Constitution

The Director of Delivery presented this report which set out, at Appendix 1, proposed revisions to the Constitution. He advised Governing Body that if they approved the proposed changes we would need to ask our member practices to also approve them by the way of voting slips and then ask NHS England for final approval. **TF(CRH)**

The Governing Body approved the proposed revisions to the NHS Sheffield CCG Constitution set out in Appendix 1.

77/16 Care Outside of Hospital: Primary Care Strategy, Strategy for Urgent Care, and Active Support and Recovery Update

Mrs Nicki Doherty, Deputy Director of Delivery and Strategy, Dr StJohn Livesey, Clinical Director Urgent Care, Ms Becky Meadows, Attain, and Mr Alastair Mew, Head of Commissioning Urgent Care, were in attendance for this item.

The Accountable Officer introduced these reports and gave a presentation that provided Governing Body with an overview of Care Outside of Hospital, including primary care, urgent care, active support and recovery, the CCG's approach to elective care, and neighbourhood working, and key milestones for implementation. She drew Governing Body's attention to the key highlights which included a reminder of the CCG's aims that were the same as when the CCG started (set out in slide 2), a much bigger role for primary care, and a much more holistic patient centred approach with the patient being able to see the right person to meet their

needs.

The Director of Health Reform and Transformation gave an update on progress with the active support and recovery programme. He reminded Governing Body that the aim of active support and recovery was to provide a range of services (ie social care, community nursing, integration of physical and mental health care) to support people in their homes to enable them to remain as independent as possible. It was about being proactive in looking at risk stratification and identifying those people most at risk of admission to hospital, with care being provided rapidly and appropriately. He advised Governing Body that patients were saying that it was about independence and having care in their own home.

He explained that an alliance of providers would work together collaboratively to come up with new models of care. We would be working with our Member practices, who have defined populations, and in practice neighbourhoods of between 30-50k patient population. Work at neighbourhood level will allow effective multi-agency engagement of teams providing care to the same population. It is intended that this process is inclusive and will involve wider public services and the voluntary sector. He advised Governing Body that we have very disparate neighbourhoods in Sheffield in terms of supporting patients with needs and this approach will also allow care to be designed around the particular needs of a neighbourhood.

He also advised Governing Body that Sheffield City Council (SCC) were using the same risk stratification approach to their People Keeping Well programme, and we were working with them with regard to aligning their community partnerships with the health and social care needs in the neighbourhoods.

Governing Body raised and discussed the following issues.

Professor Gamsu supported the direction of travel and the narrative set out in the attached papers, which set out some opportunities in terms of funding. He commented that the challenge would be, when going out to consultation, if people felt the narrative was convincing. There was also a development challenge in terms of our Membership and, as a system, how they would view our roles in that, as we have to support our membership in terms of delivery. He also asked, as a standard, that Equality Impact Assessments (EIAs) stated what had been considered and what initial views there had been.

Dr Afzal commented that it was nigh on impossible to get it 100% right on paper and so we needed to start putting it into place and practice, but it would have to be a continuing, evolving, process.

Dr Turner advised Governing Body that there was a real appetite and hunger in general practice to change the way GPs work. It was about making sure that people have enough skills to be able to do the back up work, as patients would want to retain that intimate relationship with the practice, even though they would be adopting a new way of working.

Mr Taylor's view was that neighbourhood working would be the keystone to this. The three strands of work needed to be seen together, the direction of travel was right, and it was complemented by most of the strategies coming from the Department of Health (DH). However, it represented a tremendously complicated and complex system and, in this respect, he suggested if the work could be 'chunked up into bits'. He also asked it could include what the outputs would be / demonstrate what the impact will be.

Ms Forrest commented that there were issues around organisations working in silos still, even though everyone needed to have the same goals in mind and there were all sorts of incentives in the system for them to do things differently things. It was difficult at the moment in the city to keep the flow of patients going through the system and we needed to give it a kick start so we could really make headway.

Dr Bates commented that the metrics were really important to be able to determine how things were progressing. She also commented that some neighbourhoods might not be geographical, for example the two student practices, which meant there were different kinds of challenges.

The Director of Integrated Commissioning advised Governing Body that there needed to be one clear plan as to how to shift the provision of services in the city, which was being discussed at the Sheffield Transformation Board, the first meeting of which had taken place earlier in the week. He also advised Governing Body that the Executive Management Group (EMG) was discussing how to integrate the commissioning functions. By September we would need to be telling every part of the system what is going to change.

Dr Sloan advised Governing Body that primary care were very ready to work in teams but needed the Information Technology (IT) to be able to do that. There also needed to be some enablers, including a Protected Learning Initiative (PLI) for primary care. The Programme Director Primary Care advised that this PLI would take place on the afternoon of 28 June and would be a sense check, rather than a finished plan.

The Chair commented that we needed to consider Governing Body involvement in helping to push this along. He requested an update, including some outcome measures, metrics, and funding if possible to be presented to Governing Body in July, and also that further development take place over the summer, with a further report to Governing Body in September (October at the latest in time for the contracting round) with Commissioning Intentions and a range of options on what we are going to commission differently. The Accountable Officer advised that this had been discussed as an Executive Team, who had agreed that in September they would present Commissioning Intentions and a range of options. She also commented that a lot of this was about credibility as an organisation and, in this respect, suggested that Governing Body held Executive Directors to account to provide them with regular updates.

The Director of Delivery advised Governing Body that ongoing

engagement was taking place with members of the public.

Finally, the Accountable Officer thanked Becky Meadows from Attain, who was in attendance at the meeting, for her help in writing the Primary Care Strategy.

The Governing Body:

- Approved the Primary Care Strategy.
- Approved the Strategy for Urgent Care
- Received and noted the update on Active Support and Recovery
- Requested a further update be presented to Governing Body in July. **EDs/CDs**

78/16 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.

79/16 Date and Time of Next Meeting

The next full meeting in public will take place on Thursday 7 July 2016, 2.00 pm – 5.00 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 26 May 2016

Question 1

The papers on the future direction of out of hospital care are complex and place a good deal of reliance on so-called 'national givens' and challengeable assumptions (e.g. definitions of neighbourhood, scope of hospital services) which are not necessarily shared by the public.

a) There is reference to a formal consultation on Out of Hospital Care. What will it cover and when will it take place?

CCG response: *We will undertake formal consultation in line with national guidance and following discussion with the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee. This is likely to be when/if we have specific proposals to significantly change services. We are due to meet with the new Scrutiny Committee Chair to talk to her about the CCG's plans, and care outside of hospital specifically Our current view is that the proposals considered by Governing Body today do not meet the criteria for formal consultation, but will discuss this with the Scrutiny Committee Chair.*

It is possible that the proposals due to be brought to Governing Body in September will require formal consultation – the process for this would be set out as part of the proposal, so that Governing Body would be asked to approve the consultation, and to consider the proposals in the light of the outcome of that consultation.

More importantly, we will continue to engage with the public and clinicians about our proposals, which we believe reflect and respond to concerns we have heard.

b) What sort of detailed risk analysis is intended since the top level risk analysis presented to the last meeting appears too general to make an adequate assessment of these far reaching proposals? Will it be made public?

CCG response: *We would expect to make a risk assessment public as part of any formal consultation.*

Question 2

The Primary Care Strategy paper consultee list appears to reference only Healthwatch as a public participant though many other groups are referenced in the other papers. The Patient Participation Group at my GP surgery last Monday backed a suggestion that the CCG organise joint PPG meetings either centrally or, preferably, in the designated neighbourhoods (with the local community invited) to explain the implications of the Strategies and canvas views about implementation. Will the CCG consider this positively?

CCG response*: The CCG recognises whilst PPGs are rightly focussed on practice issues, many members will be interested in contributing to other healthcare issues. We are planning to organise an event to bring together PPGs in the way you propose.*

Question 3

Three years ago Sheffield Save Our NHS ran a public campaign to preserve the Minor Injuries Unit at the Hallamshire so for us the service provided by the MIU is a lodestone for the potential impact and success of the proposals. However the way in which facilities are presented in the Urgent Care Strategy lumps the MIU in with A&E meaning that it appears to be overlooked. We want to know how this kind of valued service fits between the desire to make services available closer to home and the CCG's long stated intention to focus on improving the profile of the GP unit at NGH. (Ironically the paper refers readers to a separate part of the CCG website which contains a positive patient comment about the MIU).

CCG response: The *MIU is part of the current network of urgent care services outside A&E. Although it is included in the activity and expenditure figures with A&E, this is a feature of how we currently collate that data, rather than intended to imply equivalence with A&E. We see the services provided by the Minor Injuries Unit as part of the clinical model for urgent but non-life threatening needs referred to in the paper and it will be included in the planned review of community urgent care services.*

Question 4

One net effect of the proposed structures appears to be the removal of the formal commissioning body further and further from the action. How will commissioning actually take place and to what extent does the planned participation of Healthwatch in certain of the Boards being created make those meetings public?

***CCG r**esponse**: We do not agree that the proposals move the CCG further from the action. We will be very much leading change, working with our providers. Commissioning will take place through leadership of the clinical conversations leading to development of the new models in practice, continued engagement with the public, and implementation of the new models in contracts with providers, through new service specifications and potentially new models of contracting.*

With regard to Healthwatch, their involvement in meetings does not make those meetings public. We value Healthwatch's input to the many meetings they attend that are not held in public. While such meetings are not open to members of the public, the Healthwatch representative will often need to discuss issues with others, such as Healthwatch members, outside the meeting so that they can contribute effectively, although occasionally the Chair of a meeting will ask for an issue to be treated confidentially.