Dr Tim Moorhead, GP Locality Representative, West (Chair)
Ian Atkinson, Chief Operating Officer
Dr Margaret Ainger, GP Elected City-wide Representative
Kevin Clifford, Associate Director of Clinical Quality and Improvement
Dr Anil Gill, GP Elected City-wide Representative
Mohammed Ismail, Lay Advisor (for part of the meeting)
Malcolm Lindley, Lay Advisor
Dr Zak McMurray, Joint Clinical Director
Julia Newton, Chief Finance Officer
Dr Richard Oliver, Joint Clinical Director
Dr Ilyes Tabani, GP Locality Representative, North
Dr Ted Turner, GP Elected City-wide Representative

Anne Ashby, Sheffield LINk Member (on behalf of the LINk Chair)
Katrina Cleary, Locality Manager, Hallam and South
Fiona Day, Consultant in Public Health (for item 189/12)
Rachel Dillon, Locality Manager, West
Tim Furness, Associate Director of Business Planning and Partnerships
Idris Griffiths, Associate Director of Commissioning Services and Compliance
Dr Ollie Hart, GP, Central (on behalf of Dr Amir Afzal, GP Locality Representative, Central) (for part of the meeting)
Carol Henderson, Personal Assistant
Sophie Jones, Communications (on behalf of the Head of Communications)
Simon Kirby, Locality Manager, North
Linda Tully, Company Secretary / CCG Authorisation Project Director
Richard Webb, Executive Director – Communities, Sheffield City Council (for part of the meeting)
Dr Jeremy Wight, Director of Public Health
Paul Wike, Locality Manager, Central

Six members of the public were in attendance.
A list of members of the public who have attended CCG Committee meetings is held by the Company Secretary

173/122 Welcome

The Chair welcomed members of the NHS Sheffield Clinical Commissioning Group (CCG) Committee, those in attendance and observing, and members of the public to the meeting.

174/12 Apologies for Absence

Apologies for absence had been received from Dr Amir Afzal, GP
Locality Representative, Central, Dr Andrew McGinty, GP Locality Representative, Hallam and South, Dr Marion Sloan, GP Elected City-wide Representative, and Professor Malcolm Whitfield, Lay Advisor.

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chairman, Sheffield Local Medical Committee

175/12 Declarations of Interest

The GPs and Joint Clinical Directors declared a conflict of interest in the following items:

- Pre-application Phase for Authorisation (oral report)
- Healthcare Procurement Work Plan (paper H)

The Chief Operating Officer and Chief Finance Officer declared a conflict of interest in the following item:

- Establishment of the Senior Appointment Group (paper E)

The Executive Director – Communities, Sheffield City Council, declared a conflict of interest in the following item:

- Update on Implementation of Personal Health Budgets (paper G)

176/12 Minutes of the CCG Committee meeting held in public on 7 June 2012

The minutes of the Committee held in public on 7 June 2012 were agreed as a true and correct record and were signed by the Chair, subject to the following amendments:

a) 2012/13 Business Plan (minute 154/12 refers)

Second paragraph to read as follows:

It was noted that the processes for reporting and managing performance against the business plan objectives would be similar to that employed in 2011/12, with quarterly reporting to CET and to CCG Committee, starting in September 2012.

b) Questions from Members of the Public (minute 169/12 refers)

Paragraph to read as follows:

The Company Secretary highlighted to the Committee that the two questions that had been received after the April meeting, and the CCG's responses, had been included in the minutes of the meeting of 3 May 2012.
177/12 Matters arising from the minutes of the meeting held in public on 7 June 2012

a) Pre-application phase for Authorisation (minute 148/12 refers)

The Company Secretary advised the Committee that the date for the one day site visit from the National Commissioning Board (NCB) team of assessors was expected to be confirmed within the next two weeks.

b) Delivery and Quality Report: Quality (minute 152/12(c) refers)

The Associate Director of Clinical Quality and Improvement advised the Committee that the issue of quality of hospital food and nutrition generally would be raised at the next meeting of the Assurance Committee.

c) Update on Emergency preparedness, Resilience and Response (minute 156/12 refers)

The Director of Public Health advised the Committee that a briefing had yet to be sent by email to Committee members on what it would mean for CCGs being designated as Category 2 responders under the Civil Contingencies Act (CAA).

d) Right First Time Programme Update (minute 157/12 refers)

The Company Secretary was asked to send the LINk Member a copy of the June Right First Time (RFT) programme newsletter.

e) Research Management Arrangements after 31 March 2013 (minute 158/12 refers)

The Director of Public Health advised the Committee that the first meeting of the working group to discuss and understand the statutory responsibilities had yet to take place.

178/12 Chair’s Report

The Chair presented his report and offered to expand on any issues if members so wished. He highlighted the successful practice engagement event on the evening of 27 June and welcomed questions on the Chair’s report which had been submitted to the Cluster.

The Committee received and noted the report.

179/12 Chief Operating Officer’s Report

The Chief Operating Officer, informed the Committee of the following matters:

- A letter had been received from the NHS Commissioning Assembly inviting a clinical representative from each emerging CCG in the
country to establish a Clinical Assembly to take forward an initial shared work programme for building effective relationships between CCGs and the NHS Commissioning Board.

- NCB Gateway Document 153: *Securing Excellence in Commissioning Primary Care*, had been sent to members for information. It set out the key requirements and a different approach to enhanced services. The Committee had previously discussed producing a primary care strategy, and an introductory paper in this regard would be presented to the Committee in September.

- He drew the Committee’s attention to the June newsletter from Primary Care Commissioning (PCC) (a network group of the Department of Health (DH)), which included a focus on Sheffield, in particular an article on Sheffield’s new approach to back pain and other musculoskeletal (MSK) problems.

The Committee noted the report.

**180/12 Progress in the Pre-application Phase for Authorisation**

The Company Secretary updated the Committee as follows:

- The Commissioning Executive Team (CET) would be holding a development session on 24 July to quality assure collated evidence to date for authorisation. Evidence could be logged on the National Portal from 16 July.

- The 360 stakeholder survey commences on 15 July and will close on 27 July. A reminder letter would be sent to GP practices and stakeholder partners by the end of the week. Ipsos MORI would be carefully monitoring the returns.

The Committee noted the report.

**181/12 NHS Sheffield Clinical Commissioning Group Constitution**

The Company Secretary updated the Committee as follows:

- Work continued to develop the Constitution, in consultation with the Local Medical Committee (LMC), localities and the PCT’s legal advisors.

- From advice taken from Committee members and the PCT’s solicitors, an executive summary / practice guide was being developed.

- A Memorandum of Understanding (MoU) was being developed which would allow more flexibility as it would be difficult to change the Constitution once signed off.

The Committee noted the report.
182/12 Update on the Review of Governance Arrangements

The Company Secretary presented this report. She drew the Committee’s attention to the key issues which included a review of the governance structure (Appendix A). She asked the Committee to consider how patients and public engagement should be reflected in the structure, and proposed a Patient Engagement Panel, which would be responsible for ensuring public and patient engagement was embedded in commissioning decision making.

The close relationship between commissioners and providers required a clear Conflict of Interest (CoI) Policy, a draft of which was enclosed at Appendix 2. The amount of ‘legal’ language used in previous policies had been reduced. The national Code of Conduct for managing conflicts of interest where GP practices were potential providers of CCG-commissioned services, and the PCT’s Gifts and Hospitality and Commercial Sponsorship Policies would be cross referenced in the CoI policy. The draft policy also described the power of a waiver that the chair of a meeting might use.

The Committee:
- Noted the requirement for a practice guide to the Constitution.
- Noted the recommendation that the agenda for meetings of the Governing Body should comprise 60% strategic objectives.
- Noted the governance structure at Appendix 1.
- Agreed the Conflict of Interest Policy at Appendix 2, prior to submission to the PCT Cluster for approval, subject to cross-referencing to the national Code of Conduct.

183/12 Update on Establishment of the Senior Appointment Group

The Vice Chair presented this paper which updated the Committee from the first meeting of the group held on 14 June 2012 and presented the Terms of Reference for the Group for approval.

The Committee:
- Received and noted the report.
- Approved the Terms of Reference for the Senior Appointment Group

184/12 Finance Report

The Chief Finance Officer presented this paper which provided the Committee with information on the financial position to the end of May 2012 and a first assessment of the possible outturn position against plan. She advised the Committee that at this early stage in the year she was reporting a position which was overall in line with plan both in terms of a £nil variance at the end of month 2 and a £0.5m surplus at year end.

However, the Chief Finance Officer highlighted that there were some early pressures emerging, in particular against the Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) contract. She explained that
significant data validation was currently in progress to understand what was causing the apparent over performance on both elective and unscheduled care. The initial indications were that the Right First Time (RFT) projects were not having the anticipated impact but this would be investigated further. She also highlighted early pressures on the emergency ambulance contract, which again were under review. She went on to explain that these pressures were being counterbalanced by underspends against Continuing Health Care (CHC) and corporate budgets and the ability to release some uncommitted reserves.

The Committee:

- Noted the position at Month 2 and the risks to delivery of the financial plan.
- Approved the budget changes made at Month 2 detailed in Appendix D.
- Noted the work to determine the split of PCT resources across the new commissioning framework for a submission to the Department of Health (DH) on 23 July 2012.

185/12 Update on Implementation of Personal Health Budgets

The Associate Director of Clinical Quality and Improvement presented this report which gave an update on the introduction of Personal Health Budgets (PHBs) and progress in Sheffield on the national requirement to introduce PHBs in Continuining Health Care (CHC) by April 2013. He advised the Committee that it was currently not legal for PCTs to make Direct Payments to individuals for personal health budgets. We are collaborating with Sheffield City Council as part of a national pilot.

The Committee:

- Noted the changes required for delivery of PHBs in line with national expectations, as detailed on the risk register attached to the report and the controls in place to manage this.
- Noted the need for co-production and alignment with the Local Authority.
- Noted the Equality Impact Assessment had been accepted and would be monitored by NHS Sheffield Corporate Equality and Human Rights (CEHR) Group.
- Noted the next stage would commence the project working groups and the patient and public involvement.

186/12 Healthcare Procurement Work Plan Update

The Chief Finance Officer presented an update on progress on the 2012/13 procurement work plan. She advised the Committee that good progress was being made on a number of the projects in the plan. A DH procurement workshop had been arranged for 19 July and any key messages will be fed back to the Committee. She also advised the Committee that the procurement strategy, which was one of the documents required to be in place as part of the CCG Authorisation process, was in the process of being revised and would be presented to the Committee in August.
With regard to establishing timetables for future procurements, she would discuss this with the Locality Manager, North, outside of the meeting.

The Committee received and noted the report.

187/12 **Month 2 Delivery and Quality Report**

The Associate Director of Commissioning Services and Compliance presented the key performance issues as at Month 2. He drew the Committee's attention to the following key highlights.

a) **Quality, Innovation, Productivity and Prevention (QIPP):** Some specialties were seeing a significant increase in the number of referrals, with referrals to general medicine 500 over plan for the first two months. The increase in first outpatient appointment following referrals followed the same pattern. Members raised concerns about the increase in GP referrals and it was suggested that discussions take place with practices to make sure they were following patient pathways. This would be discussed further in the private session.

b) **Urgent Care:** There had been an increase in activity, with the rate of admissions also increasing in some key areas, as was Length of Stay (LOS). The reasons for a significant increase in gastroenterology cases were being investigated. The new Executive Review Group (STHFT and CCG representatives) had met and members noted a summary of the key actions appended on page 3 of the report.

c) **18 Weeks:** A considerable amount of work was being undertaken to understand the detail as to whether the reported significant ‘backlog’ of patients was due to poor data or not.

d) **A&E:** STHFT performance against the 95% 4 hour target continued to be very variable on a daily basis (although it was achieved at the end of Q1 as a whole). Actions were in place to improve this position.

e) **Under 18 Conception Rates:** up to date information would be included in the next report to the Committee.

f) **Mental Health Referrals:** Details of what constituted a mental health referral would be included in the next report to the Committee.

g) **Quality**

The Associate Director of Clinical Quality and Improvement drew the Committee's attention to the following:

**MRSA Bacteraemia Targets**

STHFT had reported a second case, which had occurred on the same ward as the first case. The Root Cause Analysis (RCA) relating to this had been received and the PCT was working with the trust to prevent further cases. Any actions would be added to the existing Action Plan.
h) Smoking Quitters

The Associate Director of Commissioning Services and Compliance was asked if he would present data for individual Consortia as percentages as it was thought that it would show a better proportionate ratio, due to the differing Consortia populations.

The Committee:
- Noted the progress relating to delivery the 2012/13 QIPP.
- Noted the key performance issues for Month 2.
- Noted the contracting performance as at Month 2.
- Noted the key issues relating to Quality.

188/12 Report from CCG / CET Development Workshops

The Company Secretary presented an update on the progress to implement the Organisational Development (OD) Plan, which reported 11 events had been delivered since February 2012. There were five levels of OD that covered two distinct time phases - pre and post authorisation. It was intended that the focus would now move onto engagement with staff and practices.

The Company Secretary advised the Committee that the OD Steering Group would be refreshing the plan and would present a revised plan to the Committee in September.

The Committee received and noted the report.

189/12 Reducing Health Inequalities in Sheffield

Fiona Day, Consultant in Public Health, was in attendance for this item.

The Associate Director of Business Planning and Partnerships presented this report and drew the Committee's attention to the key messages which included the CCG's commitment to working with Sheffield Council and other partners to reduce health inequalities in Sheffield.

The Director of Public Health tabled a paper which was based on the submission to the Fairness Commission and outlined the 'downstream' healthcare inventions to reduce health inequalities and he presented data on health inequalities in Sheffield, describing the current position, the progress made in the recent past and what was known about the causes of health inequalities.

What can CCG do?

A detailed discussion took place to consider how the CCG, as clinical commissioners, could contribute to reducing health inequalities in Sheffield. The following issues were raised and discussed.
The Government was asking CCGs' support for the introduction of plain packaging for cigarettes. It was the view of the Committee that cigarettes should not be sold in packs of less than 20 (England was the only country in Europe to sell them in packs of 10 or less).

There was an uneven distribution of nursing and residential homes due to variation in land value across the city, resulting in distortion of some data. Data could be improved if it was people rather than postcode based.

People's awareness of their own health and their aspirations was important.

Access was hugely important, as patients did not always get the services they needed.

There were preventable illnesses, and a whole system approach to this was essential.

Having the main driver more controlled by GPs was a real opportunity.

Infant mortality in the south east community was lower than in other areas, probably because it was a comparably less diverse population.

In relation to tackling obesity in children and working with schools, the Director of Public Health reported that the Change for Life (C4L) programme, which had had fixed term funding, had been used in ways to have longer term benefits for children.

There needed to be more community based interventions as they seemed to have more of an impact.

There needed to be a link to Equalities.

The Associate Director of Business Planning and Partnerships was asked to present a strategy paper to the Committee in September, highlighting what the CCG needed to do as a clinical commissioner, which would differ to what would be provided by public health.

The Committee:

- Noted the supporting information presented in the paper
- Agreed to support the Government's proposal for the introduction of plain packaging for cigarettes.
- Requested a draft strategy to be presented to the September Committee meeting.

### 190/12 Public Health Business Plan

The Director of Public Health presented a summary of the Public Health Business Plan for 2012/13, which included a summary of the public health core offer. He advised the Committee that it was different from previous years, due to transition to the Local Authority. He confirmed that he anticipated he would continue to meet with the other Yorkshire and Humber and Core Cities Directors of Public Health.

The Committee received and noted the plan.

### 191/12 Right First Time (RFT) Programme Update

The Joint Clinical Director presented this report. He advised the
Committee that the three projects were progressing well. However, the full impact and benefit of the predicted 40% reduction in admission rates through the use of the frailty unit at STHFT was yet to be demonstrated. Evidence of services being delivered would be essential before further commitments of longer term commissioning intentions, including intermediate care beds, could be considered.

The Committee:
- Noted the updates for the current phase of the programme.
- Noted the early signs of impact with the programme and the risks that existed within the STHFT contract position.
- Endorsed the outlined strategic aims.

**192/12 Update on Progress of National Centre for Sport and Exercise Medicine**

Dr Ollie Hart, GP, Central Locality, updated the Committee on progress of the NCSEM in Sheffield to deliver the health legacy to the 2012 Olympics and Paralympics games. He advised the Committee that it had been an inclusive piece of work involving all the key stakeholders. The key highlights included a commitment from the DH of £10 million capital funding for Sheffield for the development of a venue to facilitate the uptake of physical activity. This was a 20 year project, aimed at improving the health of the population, and in Sheffield would focus around community engagement, shaping services to what people wanted, in consultation with voluntary and community groups.

Dr Hart commented that there was a risk that organisations could inherit some financial obligations, but all organisations involved would share this risk. The Chief Operating Officer advised the Committee that he was working with the Project Team to make sure the CCG was not left with an unaffordable legacy and the commissioning position reflecting this stance was clearly documented within the programme.

A business case providing a framework for national and local sponsorship engagement would be developed further to meet the needs of local stakeholder partners. A further update would be reported in due course.

The Committee:
- Supported all bids to national and local sponsors.
- Agreed to provide support and input for preparation of the business case for NCSEM in relation to health commissioning as appropriate.
- Agreed to provide their support and input into the capital project, noting that this was not financial support.

**193/12 Audit and Integrated Governance Group**

a) Unadopted Minutes of the Audit and Integrated Governance Group meeting held on 14 June 2012

The Chair of the Audit and Integrated Governance Group presented the unadopted minutes. He had no particular key issues to draw to the
Committee’s attention this month, except to say that the PCT had had a good year end audit of its financial accounts

The Committee received and noted the minutes.

b) **Assurance Framework and Risk Register**

The Company Secretary presented the Assurance Framework. A review of controls and assurances had been undertaken by risk leads and the Operational Management Group. The CCG’s objectives had been refreshed against the business plan and no risks had been escalated to the cluster this year. Principal risks and scores had been reviewed. Key controls, assurances and gaps in controls and assurances were in the process of being reviewed.

The Committee received and noted the report.

**194/12 Assurance Group**

The Associate Director of Clinical Quality and Improvement advised the Committee that the next meeting of the Assurance Group would take place on 16 August 2012.

**Clinical Audit and Effectiveness Priority Programme 2013/14**

The Associate Director of Clinical Quality and Improvement presented this report which advised the Committee of the process of developing and agreeing the programme for 2013/14.

The Committee agreed the proposal to continue with the systems for developing and managing the priority programme.

**195/12 Commissioning Executive Team**

The Chair of the Commissioning Executive Team advised the Committee of the following matters:

a) **Commissioning Executive Team (CET) and Planning and Delivery Group (P&DG) Update**

The Chief Operating Officer presented this report. In response to a question from the LINk representative, he advised the Committee of a review of rehabilitation services at Grenoside Grange.

The Committee received and noted the report.

b) **Report on the Protected Learning Initiative (PLI) (Clinical Education)**

The Joint Clinical Director presented an update on the PLI programme for 2011/12 and plans for the remainder of 2012/13. He advised the Committee that themes generally so far supported pathway redesign and primary care provision. He advised the Committee that although the programme was aimed at GPs, practice nurses, health visitors and
other practice staff were invited to attend where appropriate.

The Committee received and noted the report.

196/12 Locality and Practice Reports

The Locality Manager, Central, reported on GP Practice Associations, integrated care teams and risk stratification. He expressed concern that patients who were allegedly reported fit for discharge were being kept in hospital. He would investigate and advise the Committee over the next few weeks if this was still the case. This would be discussed further in the private session.

There were no further reports this month.

197/12 Specialised and Collaborative Commissioning Summary Report

The Chief Operating Officer presented this report. There were no particular issues to draw to the Committee’s attention this month.

The Committee received and noted the report.

198/12 Development of a Major Trauma Network

The Chief Operating Officer presented an update on the milestone plan for the development of a Major Trauma Network across Yorkshire and the Humber. He asked the Committee to note that business cases for 2013/14 would be agreed, and the commissioning position was that best practice tariffs would cover the cost of major trauma activity.

The Committee received and noted the report.

199/12 Update on the Local Improvement Finance Trust (LIFT) Schemes

The Chief Operating Officer presented an update on the current position regarding the four Sheffield LIFT schemes. He advised the Committee that all schemes were currently on programme, although there was a possibility that the Darnall scheme might incur a delay.

The Committee received and noted the report.

200/12 Feedback from GPs and Lay Advisers

The Company Secretary advised the Committee that Dr Amir Afzal, GP Locality Representative, Central, had attended a meeting of the Adult Partnership Board on 19 June. There had been healthy discussion around the Right First Time programme, and the value of the third sector in the preventing of admissions. She advised the Committee that the next meeting had been cancelled while a new structure was being agreed.

There was no further feedback from GPs or Lay Advisors this month.
Questions from the Public

A member of the Sheffield Save our NHS had asked a number of questions in relation to the estate (land and buildings) held by NHS Sheffield. A formal response would be sent following the meeting, and included in the minutes of the meeting and presented to the Committee in September.

Q1) What is the current value of the estate (land and buildings) held by NHS Sheffield?

Response:
The Net book value of Land and buildings owned by Sheffield PCT is £18,890k (as at 31 March 2012). In addition to this we also have access to a large amount of leasehold property.

Q2) What proportion of this is currently surplus to requirements, being prepared for sale or currently on the market?

Response:
There are currently two properties which are being prepared for sale (value £567K, as of 31 March 2012; equal to 3%). These are properties which are no longer fit for purpose and will be replaced by new and much needed purpose built primary care facilities.

Q) What steps will the CCG Committee be taking to ensure that as much value as possible is retained within Sheffield to benefit NHS services in Sheffield, rather than being transferred to the new national NHS property organisation or, as surplus revenue, to the Department of Health when the PCT is wound up at the end of March 2013?

Response:
This is in accordance with National Directions concerning property transfers issued by the Department of Health. These Directions can be found at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133129.pdf

We are working very closely with the Foundation Trusts in Sheffield to ensure that properties from which community services are delivered will transfer to them on 1st April 2013. A small number of properties will transfer to NHS Property Services, only two of which are freehold.

Confidential Session

The Committee 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.
Any Other Business

There were no other items of business to discuss this month.

Date and Time of Next Meeting

The next meeting would take place on Thursday 6 September 2012 at 2.00 pm in the Boardroom, 722 Prince of Wales Road.