NHS
Sheffield
Clinical Commissioning Group

Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 2 November 2017 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 (Chair)
Dr Ngozi Anumba, GP Locality Representative, Hallam and South
Dr Nikki Bates, GP Elected City-wide Representative
Dr Gasan Chetty, GP Locality Representative, Central
Mrs Nicki Doherty, Interim Director of Delivery - Care Outside of Hospital
Ms Amanda Forrest, Lay Member
Professor Mark Gamsu, Lay Member
Dr Terry Hudsen, GP Elected City-wide Representative
Mr Brian Hughes, Director of Commissioning and Performance
Dr Annie Majoka, GP Elected City-wide Representative,
Dr Zak McMurray, Medical Director
Ms Julia Newton, Director of Finance
Ms Mandy Philbin, Acting Chief Nurse
Mrs Maddy Ruff, Accountable Officer
Dr Leigh Sorsbie, GP Locality Representative, North
Mr Phil Taylor, Lay Member
Dr Chris Whale, Secondary Care Doctor
Mr Tony Williams, Lay Member

In Attendance:
Mrs Katrina Cleary, Programme Director Primary Care
Mrs Rachel Dillon, Locality Manager, West
Mr Greg Fell, Director of Public Health, Sheffield City Council,
Mrs Carol Henderson, Committee Secretary / PA to Director of Finance
Mr Phil Holmes, Director of Adult Services, Sheffield City Council
Mr Nicky Normington, Locality Manager, North
Ms Susan Norton, Strategic Communications and Engagement Lead
Mr Gordon Osborne, Locality Manager, Hallam and South
Mrs Judy Robinson, Chair, Healthwatch Sheffield
Mr Paul Wike, Joint Locality Manager, Central

Members of the public: There were six 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 Finance.

		ACTION
118/17	**Welcome** The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Governing Body and those in attendance to the meeting.	
119/17	The Acting Chief Nurse introduced a patient story short film made jointly by the CCG and NHS England. The Accountable Officer asked members if they would welcome receiving more patient stories at the beginning of future Governing Body meetings	**All to**

and asked them to contact either her or the Acting Chief Nurse with their thoughts on this. **note**

120/17 Apologies for Absence

Apologies for absence had been received from Dr Marion Sloan, GP Elected City-wide Representative.

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

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The Chair declared the meeting was quorate**.**

121/17 Declarations of Interest

The Chair reminded Governing Body members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). He also 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. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

Declarations made by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link:
http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm

Governing Body GPs and Locality Managers declared a potential conflict of interest in item 8 (Paper D): Primary Care Estates Strategy.

It was agreed that, unless there were any specific issues relating to their own GP practices, GPs and Locality Managers could contribute to the discussion on the strategy document.

There were no further declarations of interest from items to be discussed at today's meeting.

122/17 Chair's Opening Remarks

The Chair advised Governing Body that Mrs Penny Brooks would be stepping down from her role as Chief Nurse at the end of December 2017 due to ill health. He thanked Mrs Brooks for her excellent contribution to the CCG over the past few years and also thanked Mrs Mandy Philbin for stepping up to the role as Acting Chief Nurse during this time.

The Chair also advised Governing Body that, following a rigorous recruitment process, Mrs Nicki Doherty had been offered the substantive

role of Director of Delivery – Care Outside of Hospital.

123/17 Questions from the Public

A member of the public had submitted a question before the meeting. The CCG's responses are attached at Appendix A.

124/17 Minutes of the CCG Governing Body meetings held in public on 5 October 2017

The minutes of the Governing Body meeting held in public on 5 October 2017 were agreed as a true and correct record and were signed by the Chair, subject to the following amendments.

a) Sheffield's Accountable Care Partnership (minute 114/17 refers)

Fourth sentence of second paragraph to read as follows:

The Healthwatch Chair asked that consideration be given at an early stage as to the wider representation on the shadow ACP Board

Third paragraph to read as follows:

The Accountable Officer reported that the ACP Board meeting would consider how to truly engage the public and its next tranche of work would include the establishment of a website and its minutes being open to the public, with meetings being held in public at some point in the future.

125/17 Matters Arising

a) Quality and Outcomes Report: Other Issues (minutes 100/17(iv) and 113/17 refer)

Ms Forrest advised Governing Body that, at the August meeting of the CCG's Quality Assurance Committee, they had discussed issues relating to the CCG's nursing home team which, at that time, they did not have all the assurance on they sought. However, since the meeting that assurance had been received.

b) Sheffield's Accountable Care Partnership (minute 114/17 refers)

The Accountable Officer advised Governing Body that each organisation had taken or were taking the Statement of Intent and Memorandum of Understanding through their individual Board / Governing Body. Those that had already done this had provided feedback to the ACP Programme Director, who would be collating all comments and sharing with the ACP Board. She thanked members for their comments and advised that the revised document would be presented to Governing Body in due course so they would see how their points had been taken into consideration.

She also advised Governing Body that how the ACP arrangements would

ensure that each organisation held each other to account for delivery of the Sheffield Plan had been discussed at the ACP Board, which would then need to be built into our commissioning intentions. An update would be given under minute 127/17: Commissioning Intentions, as to the work going on with the Chief Executives going forward.

126/17 Suspension of Gluten Free Prescribing for Adults in Sheffield Policy

The Director of Commissioning and Performance presented this report which provided Governing Body with the results of the formal consultation on the proposal to suspend the availability of gluten free substitute products on NHS prescription to adults in Sheffield, approved by Governing Body in September. He advised that NHS England's recommendations were not yet available, so we had felt it appropriate to proceed with local proposals.

He reminded members that the team had looked at issues raised through the consultation, and costs and outcomes, and had consistently said GPs could prescribe these products in circumstances where they thought a patient was vulnerable. The CCG acknowledged that the cost of substitute products were higher than on prescription but were readily available, although not everywhere, and there were also many products available that were naturally gluten free. He reminded members that this was a difficult decision driven by the CCG's financial position, and it was a decision that had been taken by many CCGs across the country. Signposting and advice would be available via the CCG's website, and dietetic advice would also be available.

He advised that the consultation had gone live for six weeks from 8 September 2017 to seek people's view and help inform the decision to be made by Governing Body. Target groups included patients with coeliac disease, Patient Participation Groups (PPGs), through the website, and GPs had been asked to encourage their patients to take part. Information received had been considered and addressed, with lots of feedback covering the points raised in a previous exercise. 376 survey responses had been received, a significant number of which had been supportive. 65% of responses had been received from people with coeliac disease, 7% from clinicians, and other comments received from organisations including the Coeliac Society. The appendices to the report provided information on all the comments and feedback received.

The Chair asked that it be acknowledged and respected that it was not the first time Governing Body had debated this, both in private and public and outside of Governing Body meetings.

Members discussed and raised the following key issues and concerns:

- There were some voices missing, especially from Black and Minority Ethnics (BMEs), and people with English as a second language.
- 85% of the respondents with coeliac disease did not agree with the proposal, and some people not receiving prescriptions currently, did not agree with the proposal

- Inequalities had not been addressed significantly.
- The CCG needed to meet with people on low incomes to discuss what the implications of this would be to them as the additional cost of c.£10 per week would be a significant amount for someone on a low income to be paying out.
- Lots of people had said how traumatic it was to be diagnosed with coeliac disease and would value more support, and was the CCG confident that there were people, particularly in primary care, that could help patients come to terms with their diagnosis.
- It was hard to generalise as Governing Body GPs all had examples and differences in their areas
- People cannot get these foods in food banks and it was hard for people to change their diets, but there were other ways we could help people manage their diets and provide better support.
- Grateful for the clarification that a GP could use their discretion to prescribe if they thought there was a genuine risk that a patient could become malnourished, but it was fraught with difficulties
- The process was really important, the outcome matters a lot, and the organisation has a duty not to make inequalities worse.
- There was no consistency of policy and it would have a disproportionate effect on other groups.

The Director of Commissioning advised Governing Body that, if the proposal was approved, a full review on the impact of the recommendation would be undertaken and presented to them in 12 months time for a decision on future arrangements. The review would include following coeliac patients through the next 12 months, although the full details of this had not been worked through as yet, and he suggested that Ms Forrest and Professor Gamsu may wish to be involved in that review. He would also send Dr Sorsbie details of the stopping prescribing evidence that had been presented to Governing Body in September. **BH** **AF/MG** **BH**

The Chair advised Governing Body members that, due to dissenting views, it was evident that a decision would not be reached by consensus, therefore he asked voting members to vote on the recommendations by a show of hands.

Of the 18 voting members in attendance, one member dissented, one member abstained, and 16 members approved the recommendations, with the proviso that a full review of the impact of the recommendations be undertaken and presented to Governing Body in 12 months time for a decision on future arrangements.

The recommendations were as follows:

- The CCG will ask GP practices to stop prescribing gluten free products on NHS Prescription for adults (aged 18 or above).
- Where a GP prescriber is sufficiently convinced that there is a genuine risk that a patient with a diagnosis of coeliac disease is, or will become undernourished, then the GP may prescribe ‘NHS Drug Tariff listed’ gluten free products for that individual alone. It is anticipated that this exceptionality will be very rare.

- The CCG recommends that coeliac patients continue to follow a gluten free diet, with advice available through various patient support organisations, like Coeliac UK, on how to achieve an appropriate diet through natural and manufactured gluten free foods. This lifestyle management should help to reduce the risk of long-term complications associated with poor nutrition.
- The CCG will undertake monitoring of the impact of the recommendations and a full review will be presented to Governing Body in 12 months for decision on future arrangements.

127/17 Primary Care Estates Strategy

As noted under item 121/17, Governing Body GPs and Locality Managers declared a conflict of interest in this item. It had been agreed that, unless there were any specific issues relating to their own GP practices, GPs and Locality Managers could contribute to the discussion on this document.

The Programme Director Primary Care presented this strategy which had been recommended by the Primary Care Commissioning Committee (PCCC) to Governing Body for approval. She reminded Governing Body that the CCG had had a city-wide estates strategy for a number of years but which had lacked a degree of specificity regarding primary care, which was recognised as a need in the CCG's Primary Care Strategy and the GP Forward View (GPFV), and we had significant void space in our Local Improvement Finance Trust (LIFT) buildings that we needed to fill.

She advised Governing Body that in 2016 Willowbeck Management and Technical Consultants had been commissioned to work with the CCG to develop the strategy. We had engaged at local level, with the Localities, at the City-wide Strategic Estates Group, with the Local Medical Committee (LMC) and on behalf of Governing Body through the Primary Care Commissioning Committee (PCCC), and all points had been widely supported, with progress being made with some of the key aspects of implementation. She reported that the strategy had been written at a time when the Accountable Care Partnership (ACP) was beginning to develop. It was recognised that a further revised version would be placed on the website. **KaC**

Members discussed the strategy and agreed that it was a well written, interesting, and helpful document, however, they raised concerns about statutory compliance (assessment against a range of building related statutory requirements) being an issue in some buildings, and about backlog maintenance costs (only minor defects or improvement required) for physical condition (state of repair of each element of the building) and statutory compliance as this was described as very high risk. The Programme Director Primary Care explained that these two issues were being taken forward with Willowbeck Management who would be presenting to the PCCC an update report on the practices we think we have issues with.

Members agreed that they would be interested in knowing how a practice

with poor facilities affected patient experience and outcomes.

The Director of Adult Services, SCC, advised members that SCC had a commitment to a joint approach on estates and we needed to make sure we seized opportunities jointly where services were being reviewed. He also advised that SCC's Capital Estates Group were looking to a section 106 grant as a way of supporting the provision of health services and infrastructure. The Interim Director of Delivery - Care Outside of Hospital advised members that the City-wide Strategic Estates Group were discussing offers around active conversations regarding co-location of services.

The Director of Finance advised Governing Body that it was the PCCC that submitted requests to NHS England, as the holders of capital funding . The PCCC also considered merger applications and contracting issues for providing services from these premises. The Primary Care Programme Director advised members that a Primary Care Estates Group had been established, which fed into the CCG's Senior Management Team (SMT).

The Accountable Officer asked that, at the next PCCC meeting, an update was presented on the actions that had been / were being taken, and also an update that specifically reported on improvements that had been made by practices to their premises. **KaC**

The Governing Body approved the Primary Care Estates Strategy, as supported by the Primary Care Commissioning Committee.

128/17 2018/19 Commissioning Intentions (CIs) and Financial Plan

The Director of Commissioning and Performance presented this report which set out the proposed approach to refresh and update both the operational and financial plan for 2018/19 to reflect any changes required to the CCG's commissioning plans, in the context of changes in national policy and guidance, the increased financial challenges the CCG faced and work which had started to be progressed through the Sheffield ACP and South Yorkshire and Bassetlaw Accountable Care System (ACS) arrangements.

He reminded Governing Body that they had discussed this in private in October and based the CIs on the six ACP priorities, the details of which were still being worked through. The CCGs and providers would then need to look at the shared challenge they have to be able to understand collectively what that was and how they could like it up with their ambition. He reported that each of the workstream leads had asked for more time to work that detail up.

The Accountable Officer reminded members that the Sheffield plan was about Sheffield, not the ACS and, whilst that plan had not changed, it had now been taken into the ACP.

The Director of Finance reminded Governing Body that they had also

discussed the opening financial position for 2018/19 in private in October. The paper outlined an incremental view of how things might change next year, but the CCG had a difficult cash uplift of just under £13m and significant pressures this year. All of this meant that we had a potential £20m efficiency target and the paper discussed how that might be delivered. Table 2 on page 8 gave a suggestion as to how those savings might be delivered.

The Lay Members asked if it could be factored into the work plan to describe the plans in a way that the public could understand, including what and how the CCG was doing them.

Mr Taylor commented that he was concerned that the potential QIPP target of £20m would be deliverable given the level of savings projected to achieve this year and highlighted that he would want to make sure we were looking to reduce all the potential pressures as much as possible first. It was noted that any recurrent improvements that we could make in this financial year would have a beneficial impact on next year's financial position. The Director of Finance gave reassurance that everything possible was being done, but was not yet assured as to how this year's financial position would be delivered.

The Governing Body:

- Considered and endorsed the approach being taken to refresh the 2018/19 plans and the key priorities identified.
- Considered and approved the initial assumptions being used for the financial plan refresh including the proposed QIPP target of £20.5m, but requested that efforts should be made to reduce the target.

129/17 Month 6 Finance Report

The Director of Finance presented this report which provided Governing Body with the Month 6 results and the key risks and challenges to deliver the planned year end surplus of £13.2m. The executive summary at section 1 of her report highlighted that there were still some Red ratings as we were still not assured of delivering the financial position due to uncovered risk and further urgent actions that were needed to mitigate the risks.

The Director of Finance advised members that the CCG had now received a response from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) in relation to levels of activity and clarification as to why the inpatient waiting list, based on the initially shared data, appeared to have reduced by 20% since March. She reported that the CCG had now received updated data which showed that the correct position was a 5.1% reduction..

The Director of Commissioning and Performance explained that the CCG continued to be in discussion with the trust to reprofile some of this activity as a result of the trust being well ahead against the 18 weeks target and hence previously agreed activity plans.

Dr Sorsbie asked about the 4.4% increase in outpatient follow ups as the CCG's ambition was to reduce these by 20%. The Director of Commissioning and Performance explained that this was a cumulative effect at the start of the year as there had been a hyper spike in activity that occurred early in the year but the monthly trend was now where we expected it to be. The Medical Director explained that as people started to get used to there being more capacity in the system we should see that spike beginning to fall.

The Governing Body:

- Considered the risk assessment and existing mitigations to manage the risks to deliver the CCG's year end control total of a £13.2m surplus.
- Approved the Better Care Fund (BCF) budget changes set out in Section 6.

130/17 Update on Quality, Innovation, Productivity and Prevention (QIPP) Plan

The Director of Commissioning and Performance presented this report which provided an update on the position against the QIPP target and the agreed QIPP plan at Month 6. He advised members that, at September 2017, the QIPP plan stood at £19.7m, with £1.9m as yet unidentified, and that the two biggest challenges were on planned and unplanned care, with actions underway to address those. He reported that the CCG was trying to focus as much effort as it could on the existing schemes, and on how to accelerate some of the schemes we had into primary care.

He advised Governing Body that clinical variations within primary care had been identified for internal focus and targeted for support from the national QIPP team. He reported that the CCG was about to launch the second set of data on this to go back out to practices to help them understand it and where there was an opportunity to change it. With the support of the national team, the CCG was trying to identify additional QIPP schemes to ease the financial pressure next year.

Members discussed the setting up of pilots in groups of practices for displacing services activity into the community from secondary care. The Chair commented that when pilots had been undertaken, evidence had shown that they were feasible, safe and beneficial, but we had not been able to stop the secondary care activity that ran alongside of it.

The Secondary Care Doctor asked about the concept of treatment being deferred to the next financial year, was it overall financially beneficial, would it make targets even more challenging next year, and what could be deferred that would have no impact on the patient. The Director of Commissioning explained that we had needed to review with the trust the services where the waiting list was very low, the main one being in ophthalmology, but had not concluded if we could do that or not.

The Governing Body considered and noted the forecast outturn position

for 2017/18 QIPP and the risks and mitigations.

131/17 Performance, Quality and Outcomes Report: Position Statement

The Director of Commissioning and Performance presented the new-style report which reflected the CCG's statutory responsibilities. He drew members' attention to the following key issues.

i) A&E Maximum 4 Hour Waits: As at September 2017 Sheffield Children's NHS Foundation Trust (SCHFT) had achieved 97.7% (which should have been rated as Green, not Red, on the report). There were still challenges at STHFT in terms of their overall performance and actions were underway to address that including GP streaming which had now gone live and had led to an improvement in performance.

ii) Ambulance Handover Times: Work was ongoing to improve performance.

iii) Diagnostic Waits: There had been a large number of waiting time breaches in STHFT echocardiography and Dexa scanning, some of which was due to national staff shortages in these specialties. The trust had plans in place to increase their capacity in these specialties in the short term.

iv) Quality

The Acting Chief Nurse advised Governing Body of the following:

a) Clostridium Difficile (C.Diff): There had been 24 cases reported in September, 12 of which had been non-hospital contact related.

b) Serious Incidents (SIs): there had been some improvement in the reporting of community patient deaths, many of which had been deemed not to meet SI criteria.

c) Safeguarding Quarterly Report: We had not been identifying safeguarding around the Sheffield area for beds we did not commission but needed to offer some assurance to Governing Body around that, There had been some issues around Cygnet Hospital following a Care Quality Commission (CQC) inspection in the summer. Although the CCG did not have any of its adult or children patients commissioned in the hospital as this was commissioned by Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) for the CCG, it had a duty to oversee the services commissioned for Sheffield patients. This would be factored into the report at some stage.

The Acting Chief Nurse suggested to present a quarterly report identified by exception on any areas identified by the CQC as requiring improvement.

Finally, the Acting Chief Nurse dew members' attention to the focus on

patient experience at STHFT detailed at pages 12 to 16, the key highlight of which was that the trust did some really good work around themes and trends of complaints, especially around the family and friends test.

v) Other Issues

The Director of Adult Services, SCC, welcomed a discussion with Ms Forrest in relation to an approach for a city-wide perspective on care in care homes. **AF/PH**

The Director of Commissioning agreed to check with the mental health portfolio as to whether there were local waiting times available for improving access to psychological therapies (IAPT) or whether these were only available on a city-wide basis. **BH**

Finally, Dr Hudsen advised Governing Body that the format of the report was gradually being changed and through time they would see the themes and trends becoming more obvious.

The Governing Body:

- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges.
- Noted the key issues relating to Quality, Safety and Patient Experience.

132/17 NHS Sheffield CCG 2017/18 Procurement Plan Update

The Director of Commissioning and Performance presented the CCG's updated Procurement Plan for 2017/18. He reminded members that it was a requirement of the 2012 NHS Act for the CCG to provide a Procurement Plan for Governing Body to approve and then publish on its website. With regard to collective procurement across South Yorkshire and Bassetlaw, he advised that for a while there would be a blend of procurements, but would depend on what the item was as to whether Governing Body decided whether to procure individually or collectively. For the latter, it would be made clear on the plan as to which CCG was the lead commissioner, however, Governing Body would want to see them all.

The Governing Body:

- Approved the updated procurement plan for 2017-18.
- Noted that the next step would be to publish the plan on the CCG's website.

133/17 Sheffield Director of Public Health Report 2017

The Director of Public Health presented his report and reminded Governing Body that he had a statutory duty to produce an annual report on the health of the local population and that Health and Wellbeing Boards had a duty to agree a Joint Strategic Needs Assessment (JSNA).

He advised Governing Body that the JSNA was a strategic document,

broadly split into chapter headings, with each of those headings containing a raft of things that could be added to at any point. The key issue for him personally was the life expectancy and healthy life expectancy story and, in this respect, reported that this had 'ground to a halt' as had how long people live before getting poorly, which was broadly due to consequences of lifestyle habits and austerity policies over the past few years. What to do about this was reasonably clear, with some of the themes set out in the public health strategy.

The Director of Public Health advised Governing Body that his DPH report focused on telling a story, with the key themes as noted above. He particularly drew attention to the mental health themes, where we had got good services but not a good story to tell on mental health wellbeing. With regard to multi-morbidity, the implications were around prevention and shifting the delay on that. He commented that it was not about how old we were but about how poorly we were.

Members welcomed the report and suggested sharing it with the CCG's Membership through the weekly GP bulletin. The Director of Public Health advised that he would also be willing to visit practices to present his report.

The Director of Public Health also encouraged Governing Body to review the very user friendly cumulative data that was accessible on the JSNA website, the public health outcomes framework, and the Local Authority health profiles.

The Governing Body:

- Supported that the CCG and SCC should request Public Health England to co-ordinate further research into identifying and describing the long term return on investment and effectiveness of models for preventing Adverse Childhood Experiences (ACEs).
- Supported that the CCG and SCC should review the Sheffield mental health strategy and evaluate the city's approach to mental health and wellbeing against the current evidence base for high impact / high value interventions, including developing the economic case for investment in good mental health.
- Supported the CCG and SCC should commission more in-depth analysis of changes in multi-morbidity and ways to enhance Sheffield's approach to healthy ageing, including care of people who have multiple illnesses.

134/17 Prevention Update

The Director of Public Health presented this report which provided Governing Body with an update on the approach being taken to public health in the city. He advised that the report gave an overview of their approach, a sense of what was included in the public health grant, and what services it commissions or provides, as set out in Appendices 1 and 2. He reported that the sum of money was quite small as significant cuts had been made to that grant over the past few years, with more cuts to be made. Section 2.6 set out the scope of public health more broadly,

and the last part of the paper was around SCC being a more preventative organisation than they were now and they were exploring what this means. They had tried to focus on the spending power of SCC and how that could be focused so that every penny could be spent strategically and he asked if there was something the CCG could do to promote prevention at every step of care.

The Secondary Care Doctor asked which of the recipients of the public health grants, as set out in Appendix 1, had been most affected by the cuts this year. The Director of Public Health explained that there were some efficiencies that could have and had been made but the individual decisions as to which services to cut had been made by people across the organisation. With regard to the cut of £0.5m to the Healthy Child Programme, the people that were closest to children's services would have made that decision. He advised that there was a mechanism for the commissioners that lead the relevant services to look at this and submit a case to the relevant director in SCC which would then be presented to SCC's Cabinet where ultimately it was their decision. He commented that he would envisage more of these conversations taking place through the ACP as it was unclear as to how this chunk of money would be funded in the future. The Accountable Officer suggested that she discuss this with the Director of Public Health outside of the meeting with a view to presenting some proposals to the Health and Wellbeing Board time out session. **MR/GF**

The Interim Director of Delivery – Care Outside of Hospital commented that this fitted in with the conversations that had taken place at the CCG's SMT and Clinical SMT, and advised that she had made a commitment to share the prevention framework within the CCG.

The Governing Body:

- Noted the issues in the paper, particularly the implications of the public health grant cuts.
- Noted the ongoing challenge of achieving tangible improvement through a health in all policies approach.
- Agreed that prevention needed to be embedded as a core aspect of NHS services.

135/17 Commissioning for Social Value Action Plan

The Director of Public Health gave an oral update. He reminded Governing Body that the CCG had a social value policy approved in October 2016, and reported that, whilst many of the commitments in there were being implemented, it was an area where the context was changing faster than the policy as there was an increasing interest in the area of economic growth. He reported that there was an event for health services taking place later in the month to explore this further and that the Partnership Board was keen to sponsor it further.

With regard to the policy, the Director of Public Health advised that, implicitly, they had got on with implementing it but there were always areas to improve and there were a number of things that would stop this,

for example a lack of infrastructure to move it on, data and metrics including how we know we have got better and what does this look like, and external partnership working.

The Accountable Officer reported that she had been advised that SCC was developing something similar as one organisation could not do it on their own. The Director of Public Health reported that SCC had some areas of great practice and some where they needed to improve, and they also tried very hard when doing procurements to weight them in a certain way. Professor Gamsu suggested that it would be helpful if a briefing note could be circulated showing the progress of each organisation.

The Director of Adult Services, SCC, explained that SCC was no further forward than the CCG and the organisations needed to do some joint procurements, etc, where they could collectively demonstrate their commitment to a social strategy. The CCG also needed to be more explicit about weighting in its social strategies if it was going to procure. The Chair of Healthwatch Sheffield suggested that the organisations needed to do more on co-producing and working out what social value looked like on a range of perspectives.

Governing Body requested an update in three to four months times. **BH/GF**

136/17 Better Care Fund Programme Update following on from Internal Audit 2016/17 Review

The Director of Finance presented this report which, she advised, was being presented at the request of the CCG's Audit and Integrated Governance Committee (AIGC) to provide assurance to Governing Body that actions had been taken to address the issues raised by the CCG's Internal Auditors in their report looking at delivery of the 2016/17 Better Care Fund (BCF) action plan. She advised Governing Body that the audit had been given Limited Assurance for weaknesses in the design or inconsistent application of controls which put the achievement of the system's objectives at risk in the areas reviewed, and the AIGC had suggested that any audits receiving Limited Assurance should be brought to Governing Body's attention. The ask of the AIGC had been if the CCG and Sheffield City Council (SCC) could demonstrate what had been happening since the audit.

The Interim Director of Delivery – Care Outside of Hospital updated Governing Body on actions that had taken place in 2017/18. These included the Executive Management Group (EMG) Working Group bringing together progress updates for each of the BCF programmes, with standard management documents that looked at progress on delivery of the programmes and realising the impact. Examples of the strategy documents were included in the appendices to this report and the Terms of Reference had been revised for both the EMG and the working group. A clear governance programme had been established, with ACP governance diagrams mirrored into how the BCF would ultimately fit as there was some significant overlap. A summary of

recommendations and actions had also been included.

The Director of Finance advised members that this was the first Limited Assurance given to the CCG. She confirmed that Internal Audit would be asked to undertake a follow up audit. She also reported that she had spoken to the Director of Finance at SCC who had advised that there had been some liaison with their own Internal Auditors, and advised that we had now shared this report with them.

The Governing Body:

- Noted the recommendations of the audit report and the actions and improvements that had been put in place in 2017/18.
- Did not advise on any further appropriate action that it considered necessary.

137/17 Accountable Care Partnership Update

The Accountable Officer gave an oral update and advised members that an appointment had been made to the ACP Programme Director role, who had been released almost immediately from their current post to start an in-depth induction programme in early January, and would be supported by the team at 722 but would be line managed by the Chief Executive of SHSCFT.

She also advised Governing Body that, as the ACP Delivery Group had not been able to meet in October, there would be two meetings in November. The ACP Programme Board meeting had agreed to move to bi-monthly meetings. Some work had been undertaken on what the key priorities were, which they were just working through with the new programme director. The Director of Finance had been asked to co-ordinate the Director of Finance membership on the Delivery Group and SHSCFT's Medical Director had put himself forward as the Board's Medical Director representative.

The Governing Body noted the update.

138/17 Reports Circulated in Advance for Noting

The Governing Body formally noted the following reports:

- Suspension of Gluten Free Prescribing for Adults Policy Appendices *(to support main agenda item 7 (paper C*)
- Chair's Report
- Accountable Officer's Report
- Report from the Primary Care Commissioning Committee
- Report from the Audit and Integrated Governance Committee

139/17 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.

140/17 Any Other Business

Hyper Acute Stroke Unit

The Accountable Officer advised members that there had been a debate at the Joint Commissioning Committee of CCGs (JCCC) and concerns had been raised from a number of CCGs regarding affordability of the model, however, they had to find a way of doing this and a decision had been made in principle to go ahead. An extraordinary meeting of the JCCC would take place in public on 15 November, and she would share these papers with members once they were in the public domain. She commented that Governing Body needed to discuss how to have risk share arrangements around this and similar decisions like this. **MR**

There was no further business to discuss this month.

140/17 Date and Time of Next Meeting

The next full meeting in public will take place on Thursday 11 January 2018, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Questions from Mr Mike Simpkin, Sheffield Save our NHS, to the CCG Governing Body 2 November 2017

Question: SSONHS has received numerous comments from the public, NHS staff and significant stakeholders in the city that they know nothing about the CCG's autumn consultations or have not been formally consulted (*cf* the letter from Louise Haigh MP about the gluten-free consultation contained in the consultation report Item 19a on this agenda). The list of formal consultees for the shorter gluten-free consultation is very limited and it would appear that the formal consultees for Urgent Care may not have been very much different. If significant bodies in the city ranging from MPs to voluntary organisations and trade unions have not been formally and directly asked their views on a matter affecting all Sheffield citizens, the consultation process could be open to significant challenge

CCG response: *NHS Sheffield CCG takes its duty to consult on any changes very seriously, not just because it is a legal requirement but because we are committed to ensuring the views of people in Sheffield shape and inform our commissioning. To help ensure high quality and meaningful consultation, we tailor our approach to make sure that the activity is proportionate to the scale and scope of the changes proposed and focused on reaching the people most likely to be impacted by the changes.*

The gluten free and urgent care consultations are very different in terms of scope so we have taken very different approaches. Furthermore, the gluten free proposal is to suspend prescribing and review this after 12 months, while the urgent care proposals are for permanent changes.

Suspending gluten free prescribing for adults

For the gluten free consultation, the priority was to reach those who would be affected by the proposed change and ensure we heard their views about the impact this would have on them. Due to data protection rules, we were not able to contact people directly but we asked our GP practices to share this information with their patients and encourage them to participate. We are also grateful to Coeliac UK for helping to make people aware of the consultation.

The consultation was primarily run online and was promoted through the CCG's website, Coeliac UK, local media and social media. Information was also sent to Involve Me and Patient Participation Group networks and GP practices and the proposal was discussed at the CCG's Annual Public Meeting.

We received 376 responses in total, which we feel is a good response rate for this sort of consultation. Importantly, 203 of these were from people with coeliac disease and 42 from parents or carers of people with this condition; in Sheffield, it is estimated that there are around 1600 adults receiving repeat prescriptions for gluten

free products so we feel we succeeded in hearing from a good proportion of those who would be directly affected by the proposed changes.

Proposed changes to urgent care services

The proposed changes to urgent care would obviously impact on far more people – in fact the whole population of Sheffield – so we have taken a different approach.

The consultation is 12 weeks, in line with recognised good practice for consultations of this scale. We have an extensive programme of activities to raise awareness of the proposals and encourage people to take part and contribute their views. This was shared with the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee at the beginning of the process and we are grateful for their input.

The main focus of the first month has been to get information out as widely as possible. We have set up a dedicated section on our website as a central public resource for all information relating to the proposals and consultation and during this time we have distributed 11,000 summary consultation documents, 750 full consultation documents, plus 30,000 postcards and 1500 posters advertising the consultation to locations across the city. These include GP practices, pharmacies, optometrists, community centres, leisure centres, libraries, lunch clubs, hospitals and university students unions. This month we will also be handing out information to publicise the consultation at the markets, bus and train stations, universities and supermarkets.

We have worked with local media to publicise the consultation, with features in the Sheffield Star and a radio interview on BBC Sheffield, which also publicised the public meeting dates. Social media has also been a key tool for getting information out and has so far generated the most responses.

We have also written to all our stakeholders in the city, including MPs, Councillors, voluntary organisations and trade unions, to provide information on the consultation and ask for their support to help raise awareness of the consultation. Similarly, we are working closely with service providers, including GPs and the hospitals, and meeting with them throughout the consultation period to discuss the proposals and get their views.

We are currently focusing on hard to reach and vulnerable groups to ensure their views are well-represented and working with community and voluntary sector groups to help us achieve this.

To date we have received 199 completed surveys, in addition to feedback collected via the meeting and drop-ins. We want to increase this and are getting regular updates from the company analysing the responses so that we can take any necessary actions to reach any under-represented groups.

We appreciate there may be people who have not seen the information but feel we are doing everything possible to publicise the consultation and encourage responses and hope this reassures you about the approach being taken.

We are grateful for the support we've received from other parties to help us spread the word about this important piece of work and would be happy to consider any other suggestions for how we can do this.

We hope this information is useful and provides some reassurance about the approaches we have taken to these consultations and the rationale behind this.