

Sheffield Clinical Commissioning Group

Chair's Report

Governing Body Meeting

3 October 2013

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This report summarises the business that I have conducted on behalf of the CCG during September.

Working with city-wide partners, I and other CCG colleagues attended the Sheffield Executive Board on 11 September. Members will be aware that myself and Ian Atkinson have been attending the Sheffield Executive Board (SEB) for some time and I thought I would take the opportunity to update members in more detail about this Board as I feel that it may become more influential.

SEB meets about 10 times a year and brings together senior representatives from a range of bodies in the city, and from a range of backgrounds and sectors. The Council is represented by both Council Members (i.e. politicians) and Executives. NHS representation includes CCG and Sheffield Teaching Hospitals NHS Foundation Trust (STHFT). Education is represented by both Universities and the Sheffield College. Police and Fire are also represented, as are some important other public sector functions e.g. the Department of Work and Pensions (DWP). The Board is run as part of the Council but with support, including some financial support, from all parties.

A lot of the value of this group comes from the other representatives from private industry (and the Chamber of Commerce), the voluntary sector and faith communities.

The aim of the group is to be influential among all agencies and groups in the city in getting the best for Sheffield and its citizens. There may sometimes be an opportunity to have regional and national influence also. It is not about performance managing or calling people to account (with one exception in carrying on some of the influence of the Fairness Commission, because officially that has finished its work).

Discussions are usually on planning and strategy based on cross-cutting themes, not based on reaction to Government policy, the latest employment or other statistics or other reactive agendas. Having said that, there are some issues that concern primarily one agency that may have implications across the city, such as cuts in the welfare budget which benefit from thinking across all sectors, and these do get debated.

This approach to planning has helped us in the CCG to think about integration being a bigger issue than the Health and Wellbeing Board alone, and we were already developing our thinking about these issues some time before the recent Government policy announcements, partly because of the activity of SEB. There have been other practical consequences of SEB discussions, such as the establishment, by the Council, of the Sheffield Credit Union, following the lead given by the Fairness Commission.

Much of the discussion is aimed at trying to take the policy initiative, and this requires that we attempt to formulate an overall strategy for the city that sits well with all the major players.

Although this discussion is rather of the "blue skies thinking" variety, at the same time there does not seem to be any other influential forum trying to do this for the fourth largest city in England, and the aim is to fill this perceived policy gap.

As partners have seen the increasing value of SEB, so its influence has spread. For example, more of the papers published by SEB are being debated outside SEB. This is a real example of the "dispersed leadership" model working in practice. I believe that there has probably been some indirect influence of this sort on the Council in making recent proposals around Local Area Panels, devolving increased powers to local communities and to other partners in the city. For the CCG, this proposal might help us in thinking about building more resilient communities and perhaps promoting wellbeing and reducing dependency on services when possible.

In conclusion, this Board seems to have proved its worth and may become more useful as time goes on.

My regional work continues as in previous reports and included the South Yorkshire and Bassetlaw Collaborative Commissioning Board (CCG COM) which I attended on 6 September, and the Yorkshire and Humber CCG Collaborative Forum on 27 September. I also attended the CCG Core City Network Group meeting on 18 September at which Bob Ricketts CBE, Director of Commissioning Support Services Strategy and Market Development at NHS England, joined us by teleconference to share his thinking on the core city approach to CSUs.

My national work also continues as in previous reports and included the 2nd NHS Commissioning Assembly on 25 September, which provided an opportunity for all members to come together and work in the protected environment of the NHS Commissioning Assembly 'one team', to shape and influence our own national programme of work and to share our learning and experiences as commissioning leaders.

Nearer to home, I met with local MPs on 13 September and attended the Health and Wellbeing Board on 26 September. The CCG Organisational Development Programme continues and, since I last reported, the Governing Body and Commissioning Executive Team spent some time working together on setting the direction for more detailed planning for 2014-15.

I am pleased to be able to report that Sheffield CCG has been shortlisted for two Health Service Journal (HSJ) awards. The first is a joint nomination with Sheffield City Council for Developing Sheffield's Health and Wellbeing Board. The second nomination is for Sheffield CCG's Medicines Management Team for applying technology to free up clinical time whilst ensuring patients receive the best value medications. This work has saved millions of pounds. The winners will be announced on Tuesday 19 November.

I am happy to answer any questions or provide further information on any of the above points.

Dr Tim Moorhead
Chair, NHS Sheffield Clinical Commissioning Group
September 2013