Company Secretary Report

Governing Body meeting

3 July 2014

C

Author(s)	Linda Tully, Company Secretary and Head of Corporate Governance
Sponsor	Ian Atkinson, Accountable Officer

Is your report for Approval / Consideration / Noting

Approval

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

None

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?

This paper supports the following principal risks identified in the assurance framework
1.1   Supports public confidence through good communication
5.4   Supports the development of leadership
5.5   Adheres to governance arrangements to support the Nolan Principles

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached? No

If not, why not? Not applicable

PPE Activity

How does your paper support involving patients, carers and the public?
Not applicable

Recommendations

The Governing Body is asked to:
• Note the key messages from the Ipsos MORI 360° Stakeholder Survey summary
• Consider key messages for the CCG from the Members' Council meeting
• Note the proposed revisions to the NHS Sheffield Constitution

Company Secretary Report

Governing Body meeting

3 July 2014

1. Introduction / Background

This report updates the Governing Body on three areas of governance:

- The second Ipsos MORI stakeholder survey.
- Key messages form the Members' Council meeting 30 April 2014
- Revision of NHS Sheffield CCG Constitution

2. Ipsos MORI

Clinical Commissioning Groups (CCGs) need to have strong relationships with a range of health and care partners in order to be successful commissioners within the local system. Such relationships provide CCGs with ongoing information, advice and knowledge to help them make the best possible commissioning decisions.

The second national CCG 360° stakeholder survey undertaken by Ipsos MORI and commissioned by NHS England, allows stakeholders to provide feedback on working relationships with CCGs. The results serve two purposes:

- Provides data to help support the CCGs ongoing organisational development evaluate their stakeholder management and inform their organisational decisions.
- Feeds into assurance conversations between NHS England Area Teams and CCGs.

Fieldwork was conducted between 12 March 2014 and 8 April 2014. It is important to note that nationally the response rates were lower than previous, and may impact on some analysis. 71 stakeholders completed the survey for Sheffield CCG. The overall response rate was 58% which varied across the stakeholder groups including:

- GP member practices
- Health and Wellbeing Board
- Local Healthwatch / patient groups
- NHS providers
- Other CCGs
- Sheffield City Council
- Other wider stakeholders

Key messages from the analysis indicate:

- Most stakeholders feel they have been engaged either a great deal or a fair amount and around half say that the CCG has listened to their views and acted on their suggestions.
- Most stakeholders have a good working relationship with NHS Sheffield CCG, and 50% say relationships have improved

- Most stakeholders have confidence in the CCG to commission high quality services for the local population.
- The majority of stakeholders felt they had opportunity to influence the CCG's plans and priorities, and felt the CCG had taken on board their comments.
- Around half of stakeholders agree that the CCG's plans will deliver continuous improvement in quality within available resources.
- Most stakeholders agreed they were able to raise any concerns about the quality of services with the CCG and were confident that the CCG would act on feedback it received about the quality of services.
- The majority of stakeholders have confidence in the leadership of the CCG to deliver its priorities and improved outcomes

The full report is available on the internet http://www.sheffieldccg.nhs.uk/our-information/strategies-and-policies.htm

3.   Key messages for the CCG from the Members' Council meeting 30 April 2014

In line with the CCG's constitutional requirements, the third Members' Council meeting took place at the Mega Centre on 30 April. The format of the meeting included presentations from the Accountable Officer and Chair followed by interactive discussions on a number of topics utilising electronic voting around a number of topics.

38% of practices (33 out of 88) were represented. Portfolio Clinical Leads and Senior Commissioning Managers facilitated the table discussions and are responsible for ensuring the key themes (Appendix 1) are now considered in the appropriate forum to inform a response at the next Members' Council Meeting.

4. Revisions to the NHS Sheffield CCG Constitution

Minor revisions to the NHS Sheffield CCG Constitution have been submitted to NHS England for approval. The proposed changes have no significant impact on the CCG's ability to discharge its functions or those of its governing body. The proposed changes have been requested to reflect the following:

- Changes to reflect the Clinical Director role – ie previously two, now one Clinical Director
- Strengthening of Committee and Sub-committee Terms of Reference
- Amendments throughout with regard to reference to NHS Commissioning Board now NHS England
- Changes to reflect number of GP practices from 88 to 87
- Removal of reference to both the four Locality Executive Groups and the Commissioning Executive Team – these will instead be posted onto the CCG website to enable more frequent review and allow them to adapt their Terms of Reference quickly to respond to emerging needs at speed.
- General formatting throughout the document including slight changes to the NHS Sheffield CCG logo

All member practice representatives were invited to vote on the proposals and voting slips were sent out to all 87 practice representatives. In accordance with the Constitution, proposals put to a vote are determined to be agreed based on a two thirds majority (67%) or more of votes cast. Having followed due process, a total of 65 votes were cast with 97% (ie 63 votes) supporting the amendments to the Constitution.

The proposed amendments were formally presented at the Members' Council meeting on 30 April 2014. As the changes only seek to enhance and strengthen the current constitution, and following a local impact assessment, we are confident that the changes do not impact on the CCG's ability to discharge its functions or those of its governing body. Early indication from NHS England is that these changes will be formally approved by 28 July 2014.

5.   Dates for Diaries

Members are reminded that the Annual General Meeting will take place on Thursday 11 September, from 2.00 pm to 4.00 pm, at the Workstation, 15 Paternoster Row, Sheffield S1 2BX.

6.   Recommendations

The Governing Body is asked to:

- Note the key messages from the Ipsos MORI 360° Stakeholder Survey summary
- Consider key messages for the CCG from the Members' Council meeting
- Note the proposed revisions to the NHS Sheffield CCG Constitution

Paper prepared by Linda Tully, Company Secretary and Head of Corporate Governance

On behalf of Ian Atkinson, Accountable Officer

23 June 2014

APPENDIX 1

Discussion Topic	Key Themes
1. Spread and adoption of new services, clinical pathways, etc.	• Members would like to see improvements to SysemOne and the PRESS portal. • Clinical Reference Group could be more proactive in securing clinician buy in more broadly at the design stage • Evaluations of new pathways should be disseminated to incentivise wider take up.
2. Reducing the number of attendances for minor illness at Emergency Department	• Self-care amongst the public, including use of pharmacy (eg minor ailment schemes) should be promoted • We should support and empower A&E to redirect inappropriate attendance
3. Primary care capacity to meet demand, when work transfers	• Balancing a generalist role with increasing trend towards specialisation is a pressure. • There are capacity and demographics issues, particularly for practice nurses; we need to plan for succession to expand numbers and build skills. • Practices may not be able to sustain delivery by working alone (eg diagnostics) and collaboration will become more important
4. GP commissioners reducing health inequalities	• GPs must work collaboratively with the City Council (eg determinants of health and wider social factors) • GPs need to work at a macro level by targeting more resources on populations that need a higher level of health intervention • At practice level GPs can proactively case find and deliver effective care and support for people at risk
5. Cancer care reviews	• The short time-window in which to carry the review out poses practical difficulties for the practice. • Method of review delivery should be re-appraised to improve the current methodology and add more clinical value.
6. Care Planning	Positives: - • Care Planning has discovered some undiagnosed conditions which needed treatment; • Care Planning assists goal setting for the patient around quality of life. Negative:- • The reviews are time consuming. The template is long and difficult to use. • The reviews are not adequately reimbursed, leading to a loss of income for practices • Patient engagement can be low with high number of DNAs.

7. Early deaths in people with learning disability and people with mental illness	• More training and awareness raising (eg reasonable adjustments and about risk factors) required for all primary care staff. • Improve liaison with secondary care (eg in referral letters) needed when planning an admission • Improve planning to support patients and families through the hospital episode of care needed.
8. Linked health visitors	• Desire for improvements to service re continuity of staffing, communication • Desire to improve focus on preventative work • Issues re teams not fully coterminous with some practices.