

Interim Accountable Officer Report

Governing Body meeting

Item 13b

2 July 2015

Author(s)	Idris Griffiths, Interim Accountable Officer
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications	
No	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
This paper provides assurance that risks will be identified and managed to help ensure the achievement of the CCG's objectives.	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No	
There are no specific issues associated with this report.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
None required.	
Recommendations	
The Governing Body is asked to note the report.	

Interim Accountable Officer's report

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1.0 End of Quarter 1

The end of the first three months of the financial year provides a useful opportunity to take stock and reflect on the rest of the coming year. Activity and financial information starts to provide early indications for the year's performance. There are no major deviations from plans but neither can we be complacent as there are clear signs that pressure, particularly from acute hospital activity, are continuing from last year. We will need to remain focused on meeting our financial and activity targets, not least the delivery of our Quality, Innovation, Productivity and Prevention (QIPP) objectives. Performance against the NHS Constitution commitments remains strong but 18 week and A&E performance remains fragile. During Quarter 2 we must improve in these areas, before we face further winter pressures.

2.0 Listening and Discussion

Work is being carried out on establishing a step change in our engagement with practices and it is essential we work to deliver this in the coming months. Over the last three months I have also invested much time in meeting, listening and discussing issues with people within and outside of the CCG. We have established regular 'exec to exec' meetings (which have already taken place with the Council's children's services team and with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)). I have met with each of the Clinical Directors to discuss their new and developing roles. The Locality Managers and I now meet on a monthly basis and we have had very productive conversations that are leading to improvements in the way the CCG works. We have also been able to make time for more 'open ended' discussions at both Governing Body and Commissioning Executive Team (CET). I believe we must engage far more widely and invest more time and effort in discussing the issues we face.

3.0 General Practice under Pressure

A recent King's Fund report provided evidence of the significant increase in work being carried out by General Practice at the same time as receiving a reduction in the share of NHS funding. Changes to GP contracts, particularly Personal Medical Services (PMS) but also General Medical Services (GMS) contracts, will add further and significant financial pressure for a number of practices. Whilst the CCG does not manage GP contracts we must take these changes into account when assessing our ability to deliver our core commissioning intentions, and in particular our aim of providing more care nearer to patients' homes. We will be considering immediate steps to take with regard to the distribution of funding from

NHS England over the next three years as a consequence of the changes to the PMS contract. However, we must look more comprehensively at our ability to transfer the funding required so that practices can sustain and support the delivery of more care outside of hospital. We must link our key areas of work, including the review of acute services and the active support and recovery project in the Better Care Fund programme. This combined strategy will provide the best opportunity to develop strong and sustainable locally based services for the people of Sheffield. The next quarter will be critical in establishing this strategy.

4.0 Working Together Programme

A strategic review across the Working Together footprint is now underway. This desk top exercise is intended to develop a clear picture of the challenges and opportunities to support local priorities and to inform the Five Year Forward View and CCG plans. Clinical CCG Leads, supported by the Kings Fund, are beginning to develop collective thinking and ambitions across Working Together and potential new models of care outlined in the Five Year Forward View.

Communications and engagement colleagues, Healthwatch, and clinical engagement leads, are coming together at an event in late June to start to shape the Commissioner Working Together engagement plan, in readiness for pre-consultation and consultation phases for the workstreams. Further updates on these workstreams will be provided separately.

5.0 Recommendation

The Governing Body is asked to note the report.

Idris Griffiths
Interim Accountable Officer
June 2015