

## Interim Accountable Officer Report

Governing Body meeting

Item 15b

4 June 2015

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

## **Accountable Officer's report**

### **Governing Body meeting**

**4 June 2015**

#### **1.0 Provider Contracts**

Each year the account management and finance teams lead the negotiation of our contractual terms with our providers. This is a difficult and arduous task and this year has been even more demanding due to the national situation regarding disputes for proposed tariffs. We should not underestimate the challenges our team at Sheffield CCG face in ensuring that we have financially affordable contracts. I am proud to say that we have a highly professional and dedicated team who have once again succeeded in finalising acceptable contracts with each of our providers. Of course this is not the end of their work and they will continue to support our wider commissioning intentions throughout the year. This includes, and is planned to commence in July, an outcome based contract for MSK services with Sheffield Teaching Hospitals – one of the most significant shifts away from activity based tariffs in the country. It is by establishing new local contractual agreements that we can best ensure that payments are not activity based – which in turn supports our drive to move resources and services closer to the patient.

#### **2.0 Members' Engagement**

Whilst we have extremely strong clinical leadership within the CCG I believe we need to do more to ensure effective engagement with our member practices. We are taking steps to significantly strengthen our work in this area and are working with the localities to ensure the steps we take are effective. We must provide opportunities for anyone working in our practices to be involved in any of our work from the outset and through to implementation and review. At the next Governing Body's public session we will set out the initiatives that will be undertaken so that we can debate them, add to them, and to seek assurance that they are sufficient to significantly strengthen our engagement with our members.

#### **3.0 System Wide Engagement**

We continue to provide an active role across CCGs in the region, such as the Working Together Programme and the Commissioning Support Services review. In the last month I have had the opportunity to attend formal meetings (such as the Sheffield Executive Board) and I have had informal discussions with each of the Chief Executives in health and the city council. Our engagement is a positive one, based not on protecting the interests of individual providers but on developing better services for Sheffield residents despite the unprecedented pressures facing the public sector. I have no doubt that this year we will see significant developments in the design and delivery of services, particularly those outside of hospital, and we will be at the centre of those changes.

#### **4.0 Recommendation**

The Governing Body is asked to note the report.

Idris Griffiths  
Interim Accountable Officer  
May 2015