NHS
Sheffield Clinical Commissioning Group

Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 1 October 2015 in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

A

Present:
Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Dr Amir Afzal, GP Locality Representative, Central
Dr Nikki Bates, GP Elected City-wide Representative
John Boyington, CBE, Lay Member
Kevin Clifford, Chief Nurse
Amanda Forrest, Lay Member
Tim Furness, Director of Business Planning and Partnerships
Professor Mark Gamsu, Lay Member
Dr Anil Gill, GP Elected City-wide Representative
Idris Griffiths, Chief Operating Officer
Dr Zak McMurray, Medical Director
Julia Newton, Director of Finance
Maddy Ruff, Accountable Officer
Dr Marion Sloan, GP Elected City-wide Representative (up to item 182/15)
Dr Ted Turner, GP Elected City-wide Representative

In Attendance:
Katrina Cleary, CCG Programme Director Primary Care
Will Cleary-Gray, Working Together Programme Director (for item 175/15)
Katy Davison, Head of Communications
Rachel Dillon, Locality Manager, West
Carol Henderson, Committee Administrator / PA to Director of Finance
Dr Stephen Horsley, Interim Sheffield Director of Public Health, Sheffield City Council
Simon Kirby, Locality Manager, North
Alison Knowles, Locality Director South, NHS England Yorkshire and the Humber (for item 181/15)
Dr StJohn Livesey, Primary Care Clinical Lead (for item 173/15)
Dr Victoria McGregor-Riley, Deputy Chief Operating Officer (for item 176/15)

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 Business Planning and Partnerships.

ACTION

164/15 Welcome

The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Governing Body and those in attendance to the meeting.

165/15 Apologies for Absence

Apologies for absence had been received from Dr Ngozi Anumba, GP Locality Representative, Hallam and South, Dr Devaka Fernando, Secondary Care Doctor, and Dr Leigh Sorsbie, GP Locality Representative, North.

Apologies for absence from those who were normally in attendance had been received from Dr Maggie Campbell, Chair, Healthwatch Sheffield, Dr Mark Durling, Chairman, Sheffield Local Medical Committee, Phil Holmes, Director of Adult Services, Sheffield City Council, Gordon Osborne, Interim Locality Manager, Hallam and South, and Paul Wike, Locality Manager, Central.

166/15 Declarations of Interest

The GPs and Locality Managers that were employed in general practice declared a potential conflict of interest in item 7: Update on the Redistribution of Personal Medical Services (PMS) Premium Funding, but this was in very general terms as the update would be on the process and Governing Body would not be asked to make any decisions.

There were no further declarations of interest this month.

The full Governing Body Register of Interest is available at: http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm

167/15 Chair's Opening Remarks

The Chair had no further comments to make in addition to his report appended at item 17a.

168/15 Questions from the Public

A member of the public had submitted questions before the meeting. The CCG's responses to these are attached at Appendix A.

169/15 Minutes of the CCG Governing Body meeting held in public on 3 September 2015

The minutes of the Governing Body meeting held in public on 3 September 2015 were agreed as a true and correct record and were signed by the Chair.

170/15 Matters arising from the minutes of the meeting held in public on 3 September 2015

a) The arrangements for the CCG's Annual Public Meeting (APM) (minute 157/15 section 5 refers)

Professor Gamsu commented that he thought that the APM was better than the previous year, with good involvement and engagement. The Director of Business Planning and Partnerships advised that the location for future APMs would be kept under review. **TF**

b) 2015/16 Finance Report (minute 158/15 refers)

Dr Horsley asked about the further work Governing Body would be doing

in relation to the Better Care Fund (BCF). The Director of Business Planning and Partnerships advised that Governing Body had discussed this in the private session and suggested that they may need to devote a whole Governing Body session to this. Financial planning and position would be on the Governing Body agenda for the next few months.

171/15 Update on the Redistribution of Personal Medical Services (PMS) Premium Funding

The Programme Director Primary Care gave an oral update on progress with the CCG's approach to enabling practices to demonstrate their special circumstances for consideration and how it affected the practices identified as losing substantial funding.

She advised Governing Body that practices had been sent a copy of the proposed locally commissioning service for consideration to sign up to, with a three week turn around. Locality Managers would be helping them with the understanding, etc, of this.

The Special Cases Advisory Group had met on 17 September to consider each of the 14 submissions and were now in a position to be able to make recommendations to the Primary Care Commissioning Committee, when established. She reported that the Commissioning Executive Team would work through action plans associated with the cases, if approved. She advised Governing Body that practices that had submitted an application for consideration had received a communication advising them of their outcome of their individual submission, and advising that it would be the end of October at the earliest before the Primary Care Commissioning Committee would be able to meet and consider the recommendations from the Special Cases Advisory Group.

The Governing Body noted the update.

172/15 Co-commissioning of Primary Care Services 2016/17

Dr StJohn Livesey, Primary Care Clinical Lead, was in attendance for this item.

The Programme Director Primary Care presented this report which provided Governing Body with the background to the commissioning of primary care approach, advised on the co-commissioning options, and sought their approval to apply for co-commissioning Level 3 arrangements with effect from 1 April 2016. She reminded Governing Body that in October 2014 they had taken the view to assume Level 1 co-commissioning responsibility for 2015/16 but the time had now come to decide what to do for 2016/17 and beyond.

She advised Governing Body that a lot had happened in the past year, with starting to look at how to work with a bottom up approach on a Primary Care Strategy, the redistribution of Personal Medical Services (PMS) Premium funding which continued to be an ongoing issue for the CCG, an increase in engaging in collaborative commissioning approach.

She also advised the practices were experiencing extreme frustration in dealing with two organisations in a fragmented sort of way.

She advised that three possible models of co-commissioning still remain: Level 1 greater involvement in primary care decision making, Level 2 joint commissioning arrangements, Level 3 delegated commissioning arrangements. Level 2 would mean that practices would still have to deal with both the CCG and NHS England, with Level 3 allowing us to take on delegated commissioning responsibility even though we would still have to report to NHS England. The latter would be the most workload heavy, but could not advise on this yet as conversations still have to take place with NHS England as to what the workforce implications will be. There are also financial risks we are not clear on yet but no significant financial implications that we are aware of as yet.

Ms Forrest commented that she had been involved in the discussions last year and one of the reasons that we had not gone for Level 3 was because it was a very onerous process. She asked if the CCG thought that NHS England had learned from the problems experienced last year and if they would be willing to work with us on this. The Programme Director responded that we did not know if they were proposing to work differently as yet but were willing to have those discussions. It has to fit our wider strategic context and not as purely operational just to 'tick the box'. Dr Livesey commented that it would be a heavy administrative burden, GPs need to be central to the care of duty to their patients, practices are really struggling, and we need to make sure they are the centre of care. This could start the signal to make that shift of services to primary care.

Dr Afzal commented that the paper talked about co-commissioning taking over the core services and asked how that tied in with the national contract. The Programme Director advised that the CCG would have delegated authority to manage the national contract. A letter would be sent out to practices the following day saying that the CCG would be basically managing that core contract, with any minor changes the CCG would do in consultation with the Local Medical Committee (LMC).

Dr Afzal raised the issue of budgetary and financial considerations and asked if any progress had been made on the three areas remaining where further information was required. The Programme Director advised that this was around what the responsibility of the CCG was in helping NHS England with payment for pieces of equipment, premises, and what money is where and who would be approving which bit in terms of business cases. She advised that the CCG's Primary Care Strategy would have to include what kind of premises we were going to support.

Dr Afzal asked if there was any learning from the 63 CCGs that had assumed delegated responsibility for commissioning of general practice services from 1 April 2015. The Programme Director advised that there two CCGs locally and a number throughout the Core Cities network that we could speak to, and reported that the latter had used it to springboard their Primary Care Strategies and some to progress their working with

practices. She advised that no-one had reported to her that they wished they had not taken it on. The Chair also reported that this had been discussed at a national conference he had attended the previous day.

Professor Gamsu commented that it was really important that we see it in the context of all the other things we want to do in terms of developing primary care and also in the start of developing our Primary Care Strategy, and how do we develop GPs as providers in terms of all our other plans, and how we support GPs in terms of all those other issues, ie workforce. It was part of a whole strategy and how we want to support and develop and nurture primary care and about us having that one conversation with primary care.

Dr Gill asked if individual practices could decide not to go with the Level 3 co-commissioning. The Programme Director explained that it was a CCG rather than a practice decision and the contract with practices would technically remain the NHS England but we would be acting on their behalf. This would mean that practices' line of sight would be to one organisation which would be an immediate benefit to practices not to have to contact two separate organisations and would have one point of contact.

Professor Gamsu commented that one of the risks was that we would end up managing that relationship and put a lot of administrative effort into it. It was part of strengthening our relationship with them and we would be in a better position to advocate the Sheffield position and would be able to build up how we articulate and communicate with our practices.

The Locality Manager, West, advised that she had heard of an example where there was financial risk and NHS England had issued a QIPP target. She asked if there was a risk of this and we have to issue some plan would that be part of our whole budget. The Programme Director advised that it would have to consider as if it was a risk worth taking but we also have to deliver on balancing the books at year end. The Director of Finance advised that that budget would not be able to be used for anything else in the CCG due to the way that it was delegated.

The Locality Manager, North, advised that practice premises was a really important issue, and he expected that one of the advantages of Level 3 would be enabling the CCG to support the necessary improvement of primary care premises.

The Governing Body:

- Noted the requirements of each level of co-commissioning.
- Discussed the content of the report, particularly as to how co-commissioning can support the CCG's wider strategic direction.
- Approved the proposed approach of applying for Level 3 co-commissioning (delegated authority) from NHS England with effect from, 1 April 2016, subject to the majority of the CCG's member practices giving their support.

173/15 Proposed Changes to the CCG Constitution

The Director of Business Planning and Partnerships presented this report and advised that the proposed changes related specifically to delegated commissioning arrangements and supported the recommendation of an application to NHS England for Level 3 delegated commissioning (as discussed under minute 172/15). He reported that the amendments to the Constitution also included proposed Terms of Reference for the establishment of a Primary Care Commissioning Committee, and had been reviewed by the CCG's legal representatives and amendments recommended by them were also included. The legal advice was that these needed to look as much as possible like the NHS England model otherwise it could delay the approvals process and so delay a final decision. This would mean that if the proposed changes were approved the Primary Care Commissioning Committee would be able to meet at the end of October / early November

Dr Horsley asked about public health membership of the committee. The Director of Business Planning and Partnerships advised that this had been considered but the national template terms of reference did not include them. However, it may that the Health and Wellbeing Board would decide that it would be appropriate appoint the Director of Public Health as its representative. However, there would be many other times when public health would be asked for their input and advice.

He advised Governing Body that if they approved the proposed changes we would need to ask our member practices to also approve them by the way of voting slips and then ask NHS England for final approval. He and the Programme Director would discuss the timing of when to write out to practices. **TF/KaC**

The Chair advised Governing Body that as a consequence of this decision it may be appropriate to appoint a further Lay Member to Governing Body to cover the additional workload this would create. Mr Boyington advised that all the advice and pressures suggested that the CCG needed to appoint a lay member that was financially qualified, which he would discuss further with the Chair and Accountable Officer. **JB/TM/MR**

Dr Bates asked how the Committee would be constituted. The Director of Business Planning and Partnerships advised that it would be as proposed in schedule 3 of appendix 2 but discussions would need to take place with the lay members about their representative. The voting members would be Governing Body members apart from the NHS England representative, and Governing Body would delegate co-commissioning decisions to this committee, then the committee would inform Governing Body of those decisions, which would be taken into the context of the CCG's strategic direction. He would consult with the Chair about the Governing Body GP membership of the committee.

The Governing Body approved the proposed revisions to the NHS

Sheffield CCG Constitution as set out in Appendices 1 and 2.

174/15 Emergency Preparedness, Resilience and Response (EPRR) Assurance 2015/16

The Director of Business Planning and Partnerships presented this report which asked Governing Body to note the attached self assessment and approve the proposed statement of compliance with national EPRR standards, which was part of our assurance process to NHS England. He advised Governing Body that this had been prepared largely in collaboration with the other CCGs in South Yorkshire, was very similar to last year, and we were confident that, where we have a role, that we are fully prepared for that role.

The Director of Public Health asked about fires in practices which could cause significant problems but was one area that CCGs were not asked to plan for. The Director of Business Planning and Partnerships explained that this was not part of the plan currently as it is outside the CCG's formal role as a commissioning body, but if the CCG agreed to move to Level 3 commissioning from next year then it would become part of its business.

The Governing Body:

- Noted the self assessment.
- Approved the proposed statement of compliance.

175/15 Working Together Transformation Programme: Hyper Acute Stroke Units (HASU)

Mr Will Cleary-Gray, Working Together Programme Director, was in attendance for this item.

The Chief Operating Officer presented this report which updated Governing Body on the outcome of the first phase of the review of hyper acute stroke units (HASU) across South Yorkshire, Bassetlaw and North Derbyshire undertaken with our partner CCGs within our collaborative programme *Commissioners Working Together*. This was one of a number of priorities that had been identified that the CCGs would need to work on collectively.

Mr Cleary-Gray advised Governing Body that the review had focused on one particular part of the stroke pathway – the first 72 hours of care. The key driver had been that there were a number of key challenges facing all our organisations in terms of getting access to our stroke units within four hours, meeting one hour scanning target times, and having sufficient numbers of staffing and resources to ensure the patient has optimum care. He reported that they had spent last year working closely with their provider organisations on what the key issues were and what some of the potential solutions might be, and the paper outlined the future direction of travel they ought to be taking. He reported that other areas around the country had done this successfully, and it was not an option not to do nothing. However, we did not compare very well with other areas and part of the driver for this review was that we benchmark in the lowest

quintile.

He advised that all Governing Bodies were now being asked to consider supporting the team to go through to the next stage to undertake a detailed options assessment and bring back a model of best fit to improve stroke services.

The Chief Operating Officer advised Governing Body that the benefits would be huge as it was about clinical quality and outcomes to improve patient mortality. He asked about patient and public engagement. Mr Cleary-Gray explained that at this stage they had consulted Healthwatch and The Stroke Association, and a public and patient engagement plan was now being drafted and this next stage would include to approve that. Professor Gamsu suggested that it would be helpful if that plan was presented to the CCG's Patient Experience and Engagement Group (PEEG) for a detailed discussion. **AF/TF/MG /IG/TT**

The Governing Body:

- Noted the work to date.
- Considered and approved the Case for Change.
- Supported the next phase of delivery.

176/15 Corporate Organisational Development Plan 2015/16

Dr Victoria McGregor-Riley, Deputy Chief Operating Officer, was in attendance for this item.

The Chief Operating Officer presented this report which, he advised, focused around the CCG's corporate organisational development plan, ie the staff that the CCG employs.

Dr McGregor-Riley reminded Governing Body that they had already approved the CCG's Organisational Development (OD) Strategy and this paper focused on those aspects that related to the ongoing Commissioning Support arrangements. As the CCG is going to have a significant change in staffing , we had taken this opportunity to reinvigorate our plans. It was a dynamic in an ever changing environment and we were a successful organisation and wanted to nurture that success.

She drew members' attention to the road map for further development at page 3 which detailed what was working well and where we could make improvements. She advised that she had thought about how we put more energy into working better and faster and what looks good for organisations and had developed a plan that outlined those key activities we intend to take. We also needed to take this one step further and engage much more with our member organisations and bring it into a corporate body.

Dr Horsley commented that it was the business of the CCG to work closely with Sheffield City Council and suggested that sharing OD would be useful to both organisations. The Accountable Officer explained that

this OD strategy related to the staff at 722, that we were building it into all our transformation programmes. However, there was a separate OD need on how to get staff in partner organisations to work together, train together and understand each other's roles. Dr McGregor-Riley commented that there would be plenty of opportunity to orchestrate for a more joined up approach to OD.

The Chair drew members' attention to the lack of an Equality Impact Assessment (EIA) and advised that the Leadership Academy had been very clear that NHS organisations were not recruiting enough people from different backgrounds. He also commented that there were a number of papers presented today that did not include an EIA, he would prefer to see all papers having an EIA built in, even for those that had a neutral impact.

Dr McGregor Riley explained that an EIA was not necessary on this occasion as it was not necessarily changing the way we do things but absolutely would be for including in the future.

Professor Gamsu suggested that Governing Body should be testing itself on the development of its staff and how to bring this in more. The Director of Business Planning and Partnerships advised that the CCG put a lot of effort into getting its staff through equality and diversity training and could pick this up as part of the next equality update report to Governing Body and would welcome a discussion. **TF**

The Governing Body:

- Noted the evolving organisational development of the CCG in 2015/16.
- Noted the intent to broaden the CCG's organisational development agenda to prioritise a locality approach to clinical commissioning and the continuation of the CCG's strategic leadership across our health and social care environment.
- Approved the proposed actions / initiatives to promote the development of the CCG's corporate staff development for 2015/16 to 2016/17.

177/15 2015/16 Finance Report

The Director of Finance presented this report which provided Governing Body with information on the financial information for Month 5 and the key risks and challenges to deliver the planned year end surplus of £7.4m (1%). She advised Governing Body that there had been no material changes since last month in terms of the forecast spend on individual budget lines.

However, she highlighted that she now thought it appropriate to "RAG" rate delivery of a 1% underlying surplus as Amber. She explained that CCGs are expected to keep 1% of their resources for "one off" or non recurrent spend each year, to create this underlying surplus in addition to maintaining our 1% historic "bottom line" surplus. The level and nature of pressures particularly in relation to unplanned care, prescribing and continuing health care (CHC) at the moment mean that some of these resources are being used for what look like recurrent pressures. As a

result, a number of clinical and managerial actions were being considered and / or implemented to mitigate those risks and to reduce the financial challenges carried forward into next financial year.

The Chair noted that whilst we are increasing prescribing of new drugs in primary care which help prevent against stroke and the number of admissions to hospital due to stroke appear to be reducing, this benefit has been offset by other forms of emergency admissions.

The Governing Body considered and noted the risks and challenges to delivery of the planned 1% surplus.

178/15 Quality and Outcomes Report

The Chief Operating Officer presented this report which reflected the CCG's statutory responsibilities and drew members' attention to the following key issues.

a) 18 Weeks: Part of the CCG's quarterly assurance meeting with NHS England the following day would focus on 18 weeks. He advised that whilst all of the standards had been met in July they had not been met in month 5. As a result, the CCG had issued a formal contract performance notice, for both 18 weeks and A&E, to Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), which would result in a director level meeting and action plans for improving performance. He advised that the CCG had already discussed 18 weeks with the trust with a view to all of the specialties meeting all of the targets within this financial year.

b) Cancer Waits: There were a number of challenging areas, including a number of patients breaching the 62 day maximum wait from referral to treatment, which related primarily to those patients referred from out of area. He reported that a Task and Finish Group had been established to review cases on a pathway by pathway basis to make sure the issue was addressed. He would keep Governing Body advised of progress. **IG**

c) Improving Access to Psychological therapies (IAPT): Although access was improving in some areas, the 18% target was not being met but was on trajectory to be met by the end of the year.

d) Public Health Quarterly Report: The report this month (detailed at page A11) contained some really interesting information. Members noted that there had been an increase in the number of reported cases of TB, with investigations taking places in three areas particularly.

Members were asked to raise any issues / comments with either the Chief Operating Officer or Director of Public Health.

e) Quality

The Chief Nurse advised members of the following:

(i) Patient Experience of NHS Trusts: The report this month focused on patient experience at Sheffield Health and Social Care NHS Foundation Trust (SHSCFT). In addition to the report, he advised members that a number of complaints had recently been received about Forest Lodge low secure unit. He reported that the facility was perceived by some carers as a long term solution for some clients, which was picked up by the CCG in their recent inspection and is now being picked up by the trust on an individual client basis.

f) Other Issues

(i) Excess Bed Days: Dr Bates asked about the unusual occurrence of an increase in excess bed days at Sheffield Children's NHS Foundation Trust (SCHFT) over the summer holidays. The Director of Finance explained that this could sometimes relate to the discharge of one or two patients that had been in hospital for a long period of time. The Chief Nurse also advised that there had been a couple of very expensive SCHFT continuing health care patients which could be linked. The Director of Finance agreed to raise this through the normal contracting route. **JN**

The Governing Body:

- Noted Sheffield performance on delivery of the key NHS Outcomes
- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Noted the key issues relating to quality, safety and patient experience
- Noted the assessment against measures relating to the Quality Premium

179/15 Update on Governing Body Assurance Framework and Risk Register

The Director of Business Planning and Partnerships presented the 2015/16 Quarter 1 update which, he reported, demonstrated how the CCG was managing its risks in 2015/16. He advised that, at the end of Quarter 1, there were 13 principal risks to achievement of the organisation's five strategic objectives. He advised that two of the risks were rated as very high and related to the CCG's financial and performance position, which should reduce as time goes on so it was not unusual for it to be red at this stage.

He advised Governing Body that, as a result of the dates of high level committee meetings, the quarterly reporting period would close two weeks prior to the meeting of the Governance Sub Committee which would help ensure more timely and up to date reporting of the high level risk position.

The Governing Body received and noted the report.

180/15 Reports circulated in advance of the meeting for noting:

The Governing Body formally noted the following report:

- Chair's Report
  The Director of Business Planning and Partnerships reported that he

had received an email from the Chair of Healthwatch Sheffield saying that she was particularly pleased to see in his report that he had particularly drawn attention to the Sheffield Health and Wellbeing Board meeting with providers and the point that Sheffield people need to be genuinely involved in this in every step of the way

The Governing Body formally noted the following reports

- Accountable Officer's Report
- Key Highlights from Commissioning Executive Team and CET Approvals Group meetings
- Unadopted Minutes of the Quality Assurance Committee meeting held on 28 August 2015
  Ms Forrest reminded Governing Body that the committee had requested the nomination of an additional GP to act as nominated deputy for Dr Afzal on the committee. The Director of Business Planning and Partnerships advised that he would discuss this with the Chair and Accountable Officer. **TF/TM/MR**

The Governing Body formally noted the following reports:

- Unadopted Minutes of the Audit and Integrated Governance Committee meeting held on 17 September 2015
  The Director of Finance drew members' attention to the AIGC's review of the Financial Control Environment submission to NHS England as outlined in the covering report and that there was one potential action which the Chair of AIGC would be raising with the Accountable Officer for further consideration.
- Locality Executive Group (LEG) reports
- Update on Serious Incidents (SIs)
- Quarterly Update on Safeguarding
- Equality and Diversity Update
- Patient Experience Strategy
- Update on Special Educational Needs and Disability (SEND) Reforms
- Annual Fire Safety Report 2014/15
- Complaints and MP Enquiries Quarterly Update
- CCG Annual Audit Letter 2014/15
- Communications Quarterly Update

181/15 Operational Guidance – Assurance Framework 2015/16

Alison Knowles, Locality Director South, NHS England Yorkshire and the Humber, attended for this item and gave a presentation that summarised the key points of the CCG Assurance Framework for 2015/16. She reported that it would be a more informal way of assuring CCGs as it had been recognised that CCGs had undertaken a lot of organisational development over the last three years and so did not need that kind of regular assessment, although some were struggling due to the financial regime.

She drew members' attention to the quick overview of the principles set out in the framework and particularly to the five components of assurance. She advised that there would be four levels of assessment, and there

would also be the introduction of special measures for those CCGs where they have a particular concern about finance or governance going forward, with the opportunity for the CCG to respond to any areas of concern. A formal assessment would not be issued until the end of the financial year.

She advised members that the first meeting with the CCG as part of the new assurance framework regime would be taking place the following day, although would only be reviewing four of the components of assurance as the fifth applied to delegated functions, which the CCG did not have as yet. She reported that, overall, the CCG was Good but there were concerns about performance that would be discussed at the meeting.

The Chief Nurse raised concerns that he could not see reference to quality in any of this process. Ms Knowles explained that her presentation was just about numbers but the process was all about the outcomes for patients.

The Chair commented that he would like the CCG to be as public as it could about its assurance processes and thought we should be having a conversation with the public in the city to say that the CCG was doing its best to meet the needs of its population. He would like to get to the point of saying and seeing the kind of measure as to what the impact this CCG has on the city.

Ms Knowles advised Governing Body that during the following week NHS England would publish the ratings for each CCG and would write these ratings in a way that was understandable for members of the public. She also advised that they looked at the underlying health in each city and what the respective CCG was doing to help this improve. She reported that the clusters of CCGs allowed them to benchmark similar CCGs.

Professor Gamsu commented that it was more about responsibilities for the CCG. He reported that Healthwatch was just about to pilot a number of policy statements and were undertaking a 360 assurance reviewed, which the CCG could consider doing in the future, which help us to get a local view on how well we are doing in the city. The Chief Operating Officer advised that the 360 assurance work the CCG undertook each year did include requesting views from its stakeholders. The results of this focused on our member practices, as we were disappointed with the results of what they had said. However, they did include assessments from a much wider range of stakeholders. The external assurance should be helpful for the Governing Body as well and we published the results on the website.

Dr Sloan left the meeting at this stage.

The Chair commented that there had been frustration in the CCG a few months back in that it was performing as well as it had been for a long time, but the assurance ratings had gone down, along with those of other CCGs, which he felt was not helpful if ratings from NHS England were being influenced by others perhaps for political advantage.

The Chair thanked Ms Knowles for her presentation and for attending the meeting.

182/15 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.

183/15 Any Other Business

There was no further business to discuss this month.

184/15 Date and time of Next Meeting

The next meeting will take place on Thursday 5 November 2015, 4.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Appendix A

Questions from Mr Mike Simpkin, Sheffield Save our NHS to the CCG Governing Body 1 October 2015

Question 1: **Does the CCG's proposed move to level 3 co-commissioning of primary care mean that the CCG (via the Primary Care Commissioning Committee and its support mechanisms) will be the first or main port of call for the public wishing to raise issues (including complaints) about primary care in Sheffield?**

CCG response*: Complaints are outwith the delegated responsibility of a CCG and will technically remain the responsibility of NHS England. However, the CCG intends to be the primary organisation for patients and practices to contact on issues regarding primary care. We will therefore continue to discuss with NHS England how we can offer a seamless service to patients who contact us wishing to make a complaint or raise any other issue regarding primary care services.*

Question 2: Does this change in commissioning mean that the CCG will be actively involved in the forthcoming contracting decisions affecting the Clover Practice currently run by Sheffield Health and Social Care Trust?

CCG response*: The re-procurement of the services offered by the Clover Group will be concluded before the CCG takes on co-commissioning responsibility. However, the CCG is currently working with NHS England to co-design the specification for the new provider, and will be actively involved in that procurement exercise.*