

Accountable Officer Report

Item 22b

Governing Body meeting

6 October 2016

Author(s)	Maddy Ruff, 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.	

Accountable Officer's report

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6 October 2016

Changes to CCG leadership structure

We implemented a new leadership structure in September, which is designed to support the way we need to work to deliver our transformation agenda. This has included some changes to the areas each director is responsible for and introducing a joint Director of Commissioning & Performance role with Barnsley CCG (Matt Powls), who will also be responsible for contracting. We have also appointed Diane Meddick as interim QIPP Director, a temporary role to help us deliver our QIPP programme and tackle the financial challenges we face.

Additionally, I would like to congratulate Idris Griffiths, who has been successfully appointed to the post of Accountable Officer at NHS Bassetlaw CCG on a 12 month secondment basis. This is a fantastic opportunity for Idris and I am sure you will join me in wishing him well. He will start his secondment on 1st October 2016 and I am making the necessary arrangements to cover his substantive role for 12 months.

Meeting with STHFT governors

Members of the Governing Body and the Executive team met with Governors from Sheffield Teaching Hospitals (NHS) Foundation Trust and discussed how the CCG intended to deliver its transformation agenda working in partnership to transform future services through improved engagement with GPs and citizens. This included looking at Care Outside of Hospital, Urgent Care Strategy, Primary Care Strategy and the Integrated Commissioning Programme, as well as the financial challenge the CCG is facing. The event was very well received with positive feedback from those attending.

APM

The CCG held its Annual Public Meeting on 13 September. Over 100 people attended the event, where Sheffield Star editor Nancy Fielder chaired a Q&A session with members of the governing body. As well as highlighting achievements from the past year, we launched our communications around the financial challenge and how we are planning to tackle this. This generated a lot of positive discussion and was covered in several features in The Star. Feedback from attendees was extremely positive, with people valuing the opportunity to put their questions directly to the CCG and all indicated that they would be interested in attending similar events in the future.

STP

Feedback on the South Yorkshire and Bassetlaw STP high level draft plan submission at the end of June to NHS England, NHS Improvement and the Local Government Association was positive. We also submitted a high level financial analysis of the gap in resources during the summer and by mid-October, expect local conversations across with patient and voluntary groups and partners across all areas in South Yorkshire and Bassetlaw to have progressed across to a place where there are more detailed local

plans which will then inform the regional STP. The next detailed submission is on 21 October, with expectations that we will pre-consult on the plans widely with the public in the New Year.

In addition, new planning guidance issued by NHS England and NHS Improvement is built around Sustainable Transformation Plans – enabling the commitments and changes coming out of the plans to translate fully into operational plans and contracts.

A&E Delivery Board

NHS England and NHS Improvement advised health economies in summer that System Resilience Groups would be replaced with A&E Delivery Boards. The focus of the A&E Delivery Board is to improve the A&E performance in the short-term but to remain focussed on the transformation of the Urgent and Emergency Care system for the medium and long-term, with specific focus on implementing the local elements of the national Urgent and Emergency Care Review. The membership of the boards is required to be at Chief Executive or Director level across the health and social care system. I will be chair of this meeting in Sheffield with Sir Andrew Cash at Sheffield Teaching Hospitals (NHS) Foundation Trust being the deputy chair. In addition to the local A&E Delivery Board, NHS England and NHS Improvement have established regional and national A&E Delivery Boards. I am delighted to have been asked to represent CCGs on the North region A&E Delivery Board, where I am able to present a commissioner input into the debates and discussions about securing A&E performance against the 4 hour target.

This new infrastructure has increased the scrutiny on A&E performance and much work is now ongoing to assess our baseline position against best practice recommendations in order that we can develop local system- wide improvement plans to secure excellent A&E performance for the patients of Sheffield.

Shaping Sheffield

At the time of writing final arrangements are being made for the next Shaping Sheffield event on 29 September. At the first event in April, key issues around eight themes were identified. Work has been progressing around the city to address these and the event will include updates from those leading on key pieces of work. There will be also be updates from the local 'place based' planning team looking at integrating health and social care in Sheffield as well as the wider Sustainability and Transformational Plan, with the opportunity to input and ask questions.

Conference for Leadership

Peter Moore and I attended the Annual Conference for Leadership at Sheffield Hallam University and led a workshop on leadership for commissioning and transforming services. I also judged the poster presentations, which showed the amazing amount of innovation that is taking place in Sheffield, and Jane Howcroft and Julie Glossop presented a workshop on the work the CCG has been doing to support staff health and wellbeing.

Members' Council Meeting

The second members' council meeting of the year took place on 29 September. Agenda items included the new GP contract, neighbourhoods, primary care workforce development and system transformation.

Meeting with local MPs

The Executive Directors and I met with some of our local MPs at the end of August to update them on the CCG's work and specific areas they requested information on. These included mental health spending, GP funding and the neighbourhood approach, and updates on our financial position and the STP.

Consultations on proposed changes to hyper-acute stroke services and children's surgery and anaesthesia services for our region are due to start in October. The aim is to ensure high quality care is consistently available for all patients and both propose to create specialist services across the region which. For hyper acute stroke services, the preferred option is to have two specialist centres in Sheffield and Doncaster. Similarly, children needing a general anaesthetic at night or a weekend, or to stay in hospital overnight after certain procedures, would be seen at Sheffield Children's Hospital, Doncaster or Pinderfields (Wakefield). The consultation is being led by the Working Together communications and engagement team, and we will be supporting with publicising the consultation and by holding a local public meeting.

Westfield practice

Following the provider of GP services at Westfield Health Centre being placed in administration in March, the CCG has been exploring options for providing services to Westfield patients. An emergency contract was agreed with Owlthorpe practice to support patients while this was carried out. However, there were no expressions of interest in providing services at the practice due to the list size, which has decreased significantly over recent years and is currently 845 patients (compared to the average list size in Sheffield of 6634). Similarly, none of the neighbouring practices are able to take on Westfield as a branch surgery on a long-term basis. It was therefore agreed at the Primary Care Commissioning Committee that the surgery would have to be closed and patients moved to other local practices. Patients have been kept informed of the changes throughout the process and are being contacted to explain the situation and given information on alternative practices and transport links. It is expected that the majority will transfer to Owlthorpe, whose boundary overlaps the Westfield practice area. Any patients who do not select an alternative practice will be automatically transferred to Owlthorpe to ensure they can continue to receive services.

Recommendation

The Governing Body is asked to note the report.

Maddy Ruff
Accountable Officer
23 September 2016