Sheffield Clinical Commissioning Group

Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 6 October 2016 in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

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Present:
Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Dr Amir Afzal, GP Locality Representative, Central (from item 110/16)
Dr Nikki Bates, GP Elected City-wide Representative
Mr John Boyington, CBE, Lay Member
Mrs Penny Brooks, Chief Nurse,
Dr Devaka Fernando, Secondary Care Doctor
Ms Amanda Forrest, Lay Member
Professor Mark Gamsu, Lay Member
Dr Zak McMurray, Medical Director
Ms Julia Newton, Director of Finance
Mrs Maddy Ruff, Accountable Officer
Dr Marion Sloan, GP Elected City-wide Representative.
Mr Phil Taylor, Lay Member

In Attendance:
Ms Gilly Brenner, Specialist Registrar in Public Health (for item 117/16)
Mrs Katrina Cleary, Programme Director Primary Care
Mrs Rachel Dillon, Locality Manager, West
Mrs Nicki Doherty, Deputy Director of Strategy and Integration (for item 116/16
Mr Greg Fell, Sheffield Director of Public Health
Ms Carol Henderson, Committee Administrator / PA to Director of Finance
Ms Susan Hird, Consultant in Public Health (for item 117/16)
Mr Phil Holmes, Director of Adult Services, Sheffield City Council
Mr Simon Kirby, Locality Manager, North (up to item 135/16)
Ms Diane Meddick, Interim Deputy QIPP Director (for item 134/16)
Mrs Eleanor Nossiter, Acting Head of Communications and Engagement
Mr Peter Moore, Director of Strategy and Integration (up to item 117/16 and from item 133/16)
Ms Judy Robinson, Chair, Healthwatch Sheffield (up to item 135/16)
Mr Paul Wike, Joint Locality Manager, Central (up to item 135/16)

Members of the public:
There were four 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 Finance.

ACTION

107/16 Welcome

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

The Chair welcomed Mrs Eleanor Nossiter, Acting Head of Communications and Engagement, to the meeting.

108/16 Apologies for Absence

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

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chair, Sheffield Local Medical Committee, Mr Gordon Osborne, Interim Locality Manager, Hallam and South, and Mr Matt Powls, Interim Director of Commissioning and Performance.

109/16 Declarations of Interest

There were no 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

110/16 Chair's Opening Remarks

In addition to his report appended at item 22a, the Chair advised Governing Body of the following:

Dr Anil Gill and Dr Ted Turner, Elected Governing Body GPs, had both chosen to step down from the Governing Body at the end of September 2016 when their current tenures had come to an end. The Chair thanked them for their contribution to Governing Body.

Professor Gamsu commented that the departure of Dr Turner had left a gap, not only on Governing Body and the Health and Wellbeing Board, but also in that he had been a key figure in terms of championing inequalities. The Accountable Officer reminded members that she and the CCG Chair were currently undertaking a piece of work on the roles and responsibilities of Governing Body members, which would take this into account.

The Chair advised members that there was now an opportunity to introduce other GPs that might have an interest in becoming a member of the Governing Body and, in this respect, asked members to contact either himself or the Accountable Officer if they knew of anyone suitable that might have the resource to take on the role, and for them to start to understand what the role entailed. **All to note**

The Director of Finance advised Governing Body that, due to the departure of the two GPs and the Directors of Health Reform and Transformation and Business Planning and Partnerships, there were now 15 core Governing Body members, nine of which were clinicians. She reminded members that quoracy for meetings meant keeping the clinical majority and advised that the meeting today was only just quorate, with seven clinicians and six non clinicians in attendance. She stressed the importance of their attendance at the next two Governing Body meetings,

especially in light of the important decisions that would need to be made. She advised that Governing Body could also choose to suspend the Standing Order around quoracy at meetings, if necessary.

The Chair suggested that, due to the number and length of some documents included with this month's pack of papers at today's meeting, consideration should be given as to the format and presentation of papers to future meetings, including as to whether or not some decisions that were asked of Governing Body could be made further down the organisation, with a summary of those decisions to be presented at Governing Body meetings. The Director of Finance reminded Governing Body that, under the Scheme of Reservation and Delegation, which forms part of the CCG's Constitution, a whole range of decision making powers were reserved to Governing Body and so any proposal to delegate could result in the need for CCG to consult on a change to Constitution. **JN/MR**

Mr Taylor supported this, including reducing the size and content of some papers, and those papers that were including for noting and information. However, he commented that it not be very helpful to eliminate the inclusion of unadopted minutes of committee meetings as most of these meetings only took place on a quarterly basis so the minutes would be out of date if they were only received once adopted. The Chair asked that this be taken into account in the above discussions.

Finally, members agreed to formally stand down the 1.30 pm – 2.00 pm pre-meets prior to Governing Body meetings. The Chair advised that the Boardroom would still be available for members' use between 1.00 pm – 2.00 pm on Governing Body days.

The Governing Body received and noted the report.

111/16 Questions from the Public

There had been no questions from members of the public this month.

112/16 Minutes of the CCG Governing Body meeting held in public on 7 July 2016

The minutes of the Governing Body meeting held in public on 7 July 2016 were agreed as a true and correct record and were signed by the Chair.

113/16 Matters Arising

a) Proposal for the Extension of Tenure of Elected Governing Body GPs (minute 89/16 refers)

The Chair advised members that a communication would shortly be sent out to the CCG Membership regarding the election of the four elected Governing Body GPs. **JN**

b) Children and Young People's and Mental Health Services: Integrated Commissioning between NHS Sheffield CCG and Sheffield City Council (SCC) (minute 90/16 refers)

The Director of Strategy and Integration advised members that a paper on risk sharing and governance would be presented to Governing Body in November. **PM/JN**

c) CCG Procurement Strategy (minute 91/16 refers)

The Director of Finance advised members that responsibility for procurement had now transferred to the CCG's Director of Commissioning and Performance.

114/16 Sheffield Director of Public Health Report 2016: A Matter of Life and Healthy Life

The Director of Public Health presented his report and gave a brief presentation with the key highlights. He advised that it was a forward looking report on the health of the population in Sheffield and this year there had been an opportunity to refresh the Joint Strategic Needs Assessment (JSNA), which had to be refreshed every couple of years

Key highlights included that healthy life expectancy was not going up, there were significant inequalities between the richest and poorest areas of the city, a proportion of deaths and illnesses were preventable, and certainly delayable, and the rate of children's obesity had stopped increasing. He commented that a healthy population was a more productive population.

He drew Governing Body's attention to the recommendations in his report:

1. Appreciative enquiry - what does cutting edge look like in different aspects of health and wellbeing. He advised that he would be asking the Health and Wellbeing Board to lead the process for this enquiry, exploring different approaches to health and wellbeing and what optimising "health and wellbeing" could look like in a number of key policy areas.
2. Rethink health from something that is seen as a cost to something that is seen as an investment in infrastructure.
3. The heart of Sheffield - healthy lifestyles.
4. Neighbourhood model of services. Not just services, but addressing citizen engagement and power.

and five words to remember:

- **Opportunity** - healthy population is an investment not a cost. Times are hard, this is an opportunity
- **Value** - prevention gives more value, need to change focus
- **The total -** "public health" is not "the DPH" but the total sum of activities across Sheffield
- **Transforming** – moving from an old model of "public health" so

something fit for the future
- **Integration** – current model works well. It presents great potential

Professor Gamsu commented that he was heartened by the two Locally Commissioned Services (LCSs) the CCG had developed to encourage practice engagement in key commissioning priority areas. He also commented that it was very difficult to find the cause and effect of inequalities.

The Director of Adult Services, Sheffield City Council, commented that we have to ask ourselves why some things were not being prevented, for example falls, when there was an evidence base.

The Chair commented that, whilst the CCG had plenty of resource, it did not feel like it was having the impact we wanted it to have to improve the health of the population. The Director of Public Health commented that most health care systems focused on the 'right here, right now' instead of on the long term preventative things, and sometimes it required a leap of faith. We needed to consider what we needed to do differently as commissioners to make a difference, including the way we use our money to invest and achieve the best health outcomes.

The Director of Strategy and Integration commented that achievement of the 18 weeks was a blanket instruction by which we have to deliver health care, and neighbourhood working was central to this as it would give us the opportunity to invest in the areas of need to get more equitable outcomes in the population.

The Medical Director commented that it was about being brave enough to change the system and investing in other areas to get the health gain we wanted, but we have to do it together.

The Governing Body:
- Received and noted the report
- Supported the recommendations the report makes.

115/16 Primary Care Strategy and GP Forward View Update

The Programme Director Primary Care gave a presentation that updated Governing Body on progress with implementation of the GP Five Year Forward View and the Primary Care Strategy they had approved earlier in the year.

With regard to increasing awareness in our Member practices, she advised members that a Protected Learning Initiative (PLI), with workshops and key speakers, to launch the strategy had taken place in July, and had been well attended. Engagement remained key and this was all underpinned by ongoing discussions with member practices, neighbourhoods and the Members' Council.

She drew members' attention to the key highlights which included the six new requirements in the NHS standard contracts, which we could only

engage and monitor with our practices.

With regard to sustainability and resilience, she advised that the GP Improvement Programme (GPIP) for the 10 highest financial losing practices had evaluated really well. She reported that 50 practices had taken up the offer to undertake the Productive General Practice Programme, with all five cohorts expected to finish by the end of this financial year. We now needed to consider what sort of offer we could make to the 35 practices that had not taken up this offer. She also advised that the LCS offer made to practices (as noted above) was about supporting sustainability as well as the neighbourhood approach. All practices were now part of a neighbourhood and making progress at this early stage.

A local workforce response / model was being developed that would also feed into the Sustainability and Transformation Plan (STP). The Chief Nurse commented that it was about developing a sustainable workforce in primary care, heavily supported by others, ie the voluntary sector. The Programme Director also advised that we would need to look at how we maximise the existing space for primary care through a Primary Care Premises Strategy, which would need to be at a neighbourhood level.

The Programme Director advised that there was an open invitation to practices to attend the CCG's Primary Care Commissioning Committee (PCCC) meetings when the committee would be considering any specific practice items, to ensure a transparency of decisions taken. She also advised that there had been a positive Internal Audit report on the first few months of operation of the PCCC

With regard to the potential linkage to a city-wide social investment portfolio, the Accountable Officer advised that we have a very vibrant plethora of voluntary sector organisations and we would need to look at how we invest in them to provide social prescribing services.

The Chair of Healthwatch commented that there was an assumption that the voluntary sector organisations were just 'going to be there' to provide these services, but there were some real assets in primary care and the CCG could think about the workforce much more widely, and the neighbourhoods were there to be able to do that.

Professor Gamsu commented that we have to be really robust in evidence as to the quality of our engagement with our Member practices and, going forward, we would need to have more of a shared understanding about who had engaged with us at a system level. Ms Forrest commented that the recent Members' Council meeting had felt more positive than in previous years, however, not all practices were attending meetings, and so we needed to have structures to be able, collectively, to understand the issues.

The Locality Manager, North, asked that the CCG be mindful of the conversations that had / were taking place with primary care, and that the neighbourhoods might need some support.

The Chief Nurse advised that she was doing some work to piece together what quality issues there were between primary and secondary care and suggested that it would be helpful for her to be able to gather intelligence / evidence in this respect from GPs for her to be able to take it forward in a more structured way. **PB**

The Governing Body received and noted the update.

116/16 The Sheffield Plan

Mrs Nicki Doherty, Deputy Director of Strategy and Integration, was in attendance for this item and presented this report that summarised the latest position on the development of the south Yorkshire and Bassetlaw Sustainability Transformation Plan (STP) and the Sheffield Local STP, key next steps and points for discussion.

She advised Governing Body that the Place Based Plan brought together key strategies and programmes from across the city including for example the out of hospital strategy, health and wellbeing strategy, neighbourhoods and the four children's workstreams. It was also about connecting health and employment together, and tackling poverty and housing as well as tackling inequalities head on in a way that targets resource at services where people most need them. The most significant and important part of the plan would be the way we work together as a system to tackle all of these and unblock the barriers that have previously prevented us seeing the full impact of the changes we have made, essentially moving our resource from high cost reactive services we could prevent the need for into the early help and prevention services that keep people well. In addition, there is a clear commitment across the city to develop a strong financial strategy to support this. The Accountable Officer advised that it would also be our response to the GP Five Year Forward View. She also advised that it was the first time we have had a single Sheffield plan with priorities that had been agreed by all the Chief Executives across the city and was very much about how we work with our providers as a collective of system leaders to manage the financial risk.

Mrs Doherty advised Governing Body that next steps included the final draft of the plan that should be available later in the month, which would be circulated to members for comment. The STP had to be submitted to NHS England by 21 October, and essentially would be setting out the strategic case for change. The collaborative approach to a single Sheffield plan has been followed through into the development of our 2017/19 commissioning intentions and fed into the contracting intentions and negotiations. The Director of Finance advised that she would need to join this up with the financial plan. With regard to contracting, she reminded Governing Body that it was an NHS England requirement this year that all contracts needed to be signed off by 23 December 2016. **JN**

Professor Gamsu commented that he could see that there was an emerging narrative between the three plans and there were challenges for Governing Body for the next time it was presented to them. The

Accountable Officer reassured members that there was a coherent framework around both strategic and deliverable plans. In that the plan would give more detail and be the project plan that included copies of the other plans.

The Director of Strategy and Integration advised that they could, as a Governing Body, pick this up over the next few months and monitor how it was going to be delivered.

The Accountable Officer advised that it was very clear in the planning guidance that we have got to have our contracts signed by 23 December and in this respect reported that contracting discussions, led by the Director of Finance, Interim Director of Commissioning and Performance, and Director of Strategy and Integration had already commenced with our main providers, including looking at different models to deliver the transformation we needed to see. She suggested this be discussed further at the Governing Body session taking place in November. **PM/JN/MP**

Ms Forrest asked where we were with specialised co-commissioning with NHS England. The Director of Finance explained that they had advised that it was not up for discussion at this stage.

Dr Bates asked if there had been any feedback from the Musculoskeletal (MSK) contact regarding block contracting, which could be one of the different models of contracting, noted above. The Director of Finance advised that some of the learning from this could be used, however, there were still some contracting issues that were being worked through.

Mr Boyington asked if there was a realistic sense that some providers would have to downsize their contracted activity. The Accountable Officer advised that through the STP they had done all the financial modelling and it was very clear that there would have to be radical change to service provision, however, there were some areas where activity and demand would continue to grow.

Finally, the Director of Strategy and Integration advised that, in the past, contracting had been the interface by which to share our plans, which we had not, as yet, done this time round. This time the detailed preparation had been done in advance and this work would be started in summer, six months ahead of previous years.

The Governing Body:

- Noted the context in which the STP was being developed and the challenging timescales that have been set.
- Noted that many of the constituent parts of the plan reflect plans that are already in train, both at south Yorkshire and Sheffield level.
- Noted that the plan represented an opportunity to transform service provision in a way that better enables us to meet the three goals of improved health and wellbeing, improved service quality and improved efficiency.
- Considered whether there were any improvements to the way the plan was being developed that would enable greater involvement and

engagement of groups not currently involved.
- Considered whether there were elements of the plan or process that needed to be made more visible and explicit.

The Director of Strategy and Integration left the meeting at this stage.

117/16 Commissioning for Social Value Strategy

Ms Gilly Brenner, Specialist Registrar in Public Health, and
Ms Susan Hird, Consultant in Public Health, were in attendance for this item.

Ms Hird reminded members that they had agreed at the end of 2015 that the CCG should develop and implement a Commissioning for Social Value strategy and delivery plan in accordance with the Public Services (Social Value) Act 2012), and in order to reduce health inequalities. She presented the draft strategy and the report that described the process already made towards a social value approach in the CCG and presented a plan for delivery of the strategy (attached at Appendix 1).

She advised Governing Body that, using the six policy objectives set out in the Marmot review of health inequalities in England, they had honed in their focus on health inequalities, and advised that they had already begun to embed this and social value into the CCG's procurement system. She advised that she considered the CCG to be fully compliant with the Social Value Act but requested a steer in terms of moving forward, but particularly with regard as to whether they would like to be more specific in in what to put in the procurement process, and how Governing Body sees this sort of commissioning sit with the work it does on co-commissioning.

The Chair of Healthwatch welcomed the strategy and commented that where there was an opportunity to do more collaborative work with the community and voluntary organisations and around the organisational stand and she felt that more partners could really add value to the process.

Professor Gamsu commented that he liked the potential performance measures part of it and that we could really start to test it out, and felt it was really helpful as there were some practical ideas, it was about the cultural change of the organisation, and it complemented well the Director of Public Health report and Sheffield Plan.

Ms Forrest expressed disappointment that it wasn't a joint strategy with Sheffield City Council. Her thoughts were that it was about commissioning as well as procurement , but if we were going to be thinking about commissioning in neighbourhoods then the strategy needs to be more explicit about commissioning as well as procurement The Programme Director advised that in the near future we may be in the position where we have to procure GP contracts such as Personal Medical Services (PMS) so there were real opportunities here to explore how we could do general practice procurement differently. **MP(SH)**

The Director of Public Health commented that the weighting criteria for social value indicators should be applied rigorously with big, as well as small, contracts.

The Director of Adult Services, Sheffield City Council, advised that most departments in local councils had approaches to procurements and that it was a much more fundamental opportunity than just procurement.

Dr Bates was really pleased to see this paper presented to Governing Body, especially as they had signed up to the principles. She asked how important social value contracting was for the organisation. The Accountable Officer commented that it was extremely important and that we needed to make our approach to this part of our STP submission. We should set ourselves some targets and, in this respect, she advised that she had asked the Interim Director of Commissioning and Performance to lead this and report to Governing Body the improvements that had been made and what evidence there was available to support this. **MP**

Finally, the Locality Manager, West, asked what was included in current contract for providers providing access to services for patients that do not currently access care. In this respect she asked if contracting discussions could include something about providers revisiting the referral criteria, for people to be able to access care.

The Governing Body approved the Commissioning for Social Value Strategy, subject to any amendments made as noted above.

118/16 Establishment of Commissioners Working Together Joint Committee of Clinical Commissioning Groups

The Accountable Officer presented this report. She reminded members that they had discussed the proposal in length in private in September and given their support for the joint committee's establishment.

Mr Taylor asked if the Accountable Officer could give clarity could be given on the Right of Veto. **MR**

Post meeting note: The Terms of Reference propose that recommendations can only be approved if there is approval by more than 75% which could lead to a situation where the majority decision carries where organisations do not support a decision. Following discussions with neighbouring CCGs, it was agreed that a clause would be included which meant that we would have to follow due diligence where a decision was made where an organisation did not agree to show that concerns had been heard and understood. This is the approach we have taken rather than a Right to Veto.

The Governing Body:

- Formally supported the establishment of the Joint Committee of CCGs and its inaugural meeting on 4 October 2016.
- Agreed for the commencement of the necessary governance steps to establish this joint committee, specifically updating the CCG's

constitution and Scheme of Reservation and Delegation, within the timescales as reported in paper G: Proposed Changes to NHS Sheffield CCG Constitution.
- Delegated to the CCG Chief Officers and Clinical Chairs the action of taking forward the development of, and the approach to, any process for the Scheme of Delegation for the Joint Committee beyond the current terms of its reference and manual agreement.

119/16 Proposed Changes to NHS Sheffield CCG Constitution

The Director of Finance presented this report which set out, at Appendix A, proposed revisions to the Constitution. She 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.

She advised Governing Body that a thorough review of the Constitution, including Standing Orders, Scheme of Reservation and Delegation, Terms of Reference of the Governing Body's Committees and Sub committees had been undertaken. With regard to the Terms of Reference, it was proposed that these be removed from this and future versions of the Constitution, which would facilitate an easier process for updating them, but noting that any future changes would still have to go through a rigorous governance process and then be made publically available.

Ms Forrest suggested describing people by roles and responsibilities instead of job titles. The Director of Finance responded that she would seek advice as to whether this could be done. **JN**

The Locality Manager, West, asked for clarification on a couple of proposed changes relating to changes to an appointment process and the inclusion of neighbourhoods on the map of practices, which she would discuss with the Director of Finance outside of the meeting. **RD/JN**

The Governing Body:
- Approved the proposed changes to NHS Sheffield CCG's Constitution and supporting documents, subject to any final changes following discussions, as noted above.
- Agreed that any further minor changes were agreed by the Governing Body chair, Accountable Officer and Director of Finance.
- Recommended to Member practices that they accept the proposed changes for final approval by NHS England.

120/16 Review of the Suspension of Standing Order 2.2.4

The Director of Finance presented this report. She reminded members that in July they had agreed to a recommendation to suspend Standing Order (SO) 2.2.4, Elected GP Representatives, pending the conclusion of the CCG's internal review of the roles and responsibilities of the Governing Body GPs, which coincided with the election of the four city-wide Governing Body GPs, three of whose tenure were due to conclude on 30 September 2016 and one on 1 January 2017. As it was important

that Governing Body maintained a level of continuity and stability during this time, Governing Body was also now being asked to agree an extension of the tenure of two of the city-wide Governing Body GP's terms of office.

The Governing Body:

- Noted the short term extension of two of the city-wide Governing Body GP's terms of office.
- Noted the end of the term of office for one of the city-wide Governing Body GP's term of office on 30 September 2016.
- Noted the election process for the four city-wide GP positions would now commence.
- Approved that the suspension of Standing Order 2.2.4 was lifted from 6 October 2006 to enable the election process for the four city-wide GP members of Governing Body to commence.

121/16 Proposed Dates for Governing Body Meetings and Strategic Development Sessions for 2017/18

The Director of Finance presented this report. She advised Governing Body that it was most likely that the deadline for submission of the CCG's financial accounts to NHS England would be at the end of week commencing 22 May 2017, therefore, at this stage, she was suggesting that the meeting of Governing Body to formally approve the accounts take place on Thursday 25 May 2017.

The Governing Body:

- Approved the proposed dates of future Governing Body meetings to be held in public in 2017/18.
- Approved the proposed dates of future Governing Body strategic development session in 2017/18.

122/16 Yorkshire and the Humber Emergency Preparedness, Resilience and Response (EPRR) Assurance 2016/17

The Director of Finance presented this report. The Accountable Officer advised members that this was a robust piece of work to ensure the CCG was able to provide assurance to NHS England of its readiness to respond to emergency situations, but had to be presented to Governing Body for approval instead of being delegated elsewhere. She advised that she would discuss this with NHS England when they next met. **MR**

The Governing Body:

- Noted the self assessment as detailed on the attached spreadsheet.
- Approved the proposed statement of Compliance.

The Director of Strategy and Integration rejoined the meeting at this stage.

123/16 2016/17 Finance Report

The Director of Finance presented this report which provided Governing Body with the Month 5 results and the key risks and challenges to deliver

the planned year end surplus of £3.5m (0.5%). She advised Governing Body that, overall, at this stage she was advising that we could still deliver the planned surplus, even though there were areas of over and underspend. However, delivery of the Quality, Innovation, Productivity and Prevention (QIPP) programme the rate of Sheffield Children's NHS Foundation Trust (SCHFT) admissions, and funded nursing care due to the nationally agreed 40% increase in the weekly rate for clients all remained a major risk, but at this stage she was not asking Governing Body to make any major decisions, as they were all forecast to be manageable within the scope of underspends on other budgets and available contingency reserves.

Mr Taylor asked about Appendix D: Sheffield CCG commissioned activity and costs – July 2016, and the increase of c.40% in elective excess beds days (xbds). The Director of Finance explained that this was about financial values, and also that outpatient follow ups had increased 9%.

The Director of Finance drew members' attention to section 2.1.9: 1.0% non recurrent reserve, which was a requirement of NHS England that all CCGs hold back at least 1% of the primary care co-commissioning revenue resource limit to be used on a non recurrent basis and, in response to a Her Majesty's (HM) Treasury) requirement they have changed the business rule which for this year requires CCGs to hold and not commit any of the resource until agreed by NHSE. She advised that there was no guarantee that this funding would be available as it would be dependent on how well all organisations in the STP were performing, however, if they were all demonstrating they were on plan, this funding may be available to spend on non recurrent initiatives later in the financial year. However, we did know as a South Yorkshire system that there were significant risks and we should not have any expectations that we would be able to spend any of it.

The Governing Body considered the risks and challenges to delivery of the planned £3.5m surplus identified, as noted above.

124/16 Update on Quality, Innovation, Productivity and Prevention (QIPP) Plan for 2016/17

Ms Diane Meddick, Interim Deputy QIPP Director, was in attendance for this item and presented an update on progress with implementation of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) Plan for 2016/17.

She advised Governing Body that overall there had been a slight improvement, although it was not meeting our £19.4m trajectory. She advised that there had been a series of next steps agreed at the QIPP sub group meeting that had taken place the previous week, including reviewing all the schemes that were appearing Red, setting in-train a series of reviews with directors to try and understand where there were any barriers, etc, to getting plans back on track. She advised that additional work was in place that was being taken through the CCG's Medicines Management Team (MMT) to look at additional schemes in

other areas and at best practice prescribing within our secondary care sector. She reported that, at the Members' Council meeting the previous week, practices had suggested some really good ideas and in this respect she was now in the process of going out to visit the localities in October and November

She advised that she was trying to co-ordinate what were a lot of good programmes of work but were at risk of working in silos, and had started to focus on the strategic areas rather than just the isolated schemes. Grouping individual schemes into key focus areas:

- Keeping people well and supported in the community, ie pathway redesign.
- Streamlining A&E and signposting to alternative care.
- Improving patient flow.
- Implementing Discharge to Assess (D2A).
- Reducing re-admissions through Active support and Recovery (AS&R).

A service review programme paper on proposals for the shift of services from secondary to primary care had been presented to, and well received, by Sheffield Teaching Hospitals NHS Foundation Trust (STHFT). Within the organisation we had also looked at how we could deliver some key programmes of work, for example People Keeping Well, which meant that internally people would be working together as the programmes cut across portfolios.

Mr Taylor advised Governing Body that, from a management team perspective, the second QIPP meeting had felt more reassuring than the first one, however, there was still a very significant and high degree of risk in the current plan.

Ms Forrest asked how this all fitted in with STHFT's plan to recover its contract position. Ms Meddick advised that there had been a lot of good work undertaken on pathway development by specialty and a lot of emphasis would be on how we move the specifications to the right place. A lot of work was being undertaken with the current contract that needs to change and turning it to changes within their actual contract for next year, through the Memorandum of Understanding.

The Director of Finance advised Governing Body that we were aware that the trust was behind on elective activity trajectories and our plan made an assumption that there would be some catch up. The Accountable Officer advised that we were working with the trust on areas such as follow ups and where they were a long way from trajectory.

Finally, the Accountable Officer advised Governing that there was an enormous amount of work going on and congratulated Ms Meddick on the significant difference she had already made in a very short space of time.

The Governing Body:

- Noted the total QIPP programme for 2016/17.
- Noted the year to date position.
- Noted the forecast outturn for 2016/17.

- Noted the actions that were being taken by the QIPP sub group to mitigate the current forecast shortfall.
- Noted the plans that were currently being formed for 2017/18.

The Chair of Healthwatch, Locality Manager, North, and Locality Manager, West, left the meeting at this stage.

125/16 Quality and Outcomes Report

On behalf of the Interim Director of Commissioning and Performance, the Accountable Officer presented this report which reflected the CCG's statutory responsibilities. She drew members' attention to the following key issues.

a) Diagnostic Test Waiting Times: STHFT were currently not meeting the national standard. We continued to monitor progress with their recovery plan through our monthly Contract Management Board (CMB) meetings and were anticipating that data for September would show a significant improvement in the position.

b) Accident and Emergency (A&E) Waits: Performance at STHFT continued to be variable, and the Director of Commissioning and Performance was now in receipt of a detailed recovery plan. The Accountable Officer advised that the system wide approach to emergency care was huge and a real priority for the CCG. Nationally it was a massive issue and we were being monitored by NHS England on our approach.

c) 62 Day Cancer Waits from Urgent GP Referral: In light of STHFT taking referrals from other hospitals and specialist centres and the trust being below the national standard as at July and for the year to date, we would be taking a different approach in discussion with the other CCGs to look at how we could rectify the position.

d) Ambulance Handover Times: Delays in ambulance handovers remained a problem for the Yorkshire Ambulance Service NHS Trust (YAS), with a reduction in performance in July for both those over 30 minutes and those over one hour, however, their performance remained above expected levels. The Accountable Officer advised that a significant amount of work was being undertaken as part of the whole A&E approach.

e) Contract Notices: Since Governing Body last met, two contract notices had been issued to STHFT relating to their performance against A&E and 18 weeks targets. A contract notice had also been issued to SCHFT for information breaches and especially why they had consistently failed since July to provide information to the CCG. The Chief Nurse advised Governing Body that the Trust had now established an internal working group to review this, but we still needed to hold them to account in a timely manner.

The Director of Finance advised Governing Body that the CCG was in

receipt of STHFT's remedial action plan (RAP), which had been discussed with STHFT at the CMB meeting held earlier in the day. Ms Forrest commented that she was pleased that these issues had been taken forward through the contracting route.

f) Quality

The Chief Nurse advised Governing Body of the following:

(i) Clostridium Difficile (C.Diff): The number of cases was increasing, with 20 cases reported in August, nine of which had occurred at STHFT. The Chief Nurse advised that the CCG was reassured about the trust's approach to the actions they were taken to address the issues.

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.

126/16 CCG Improvement and Assessment Framework (IAF) for 2016/17

On behalf of the Interim Director of Commissioning and Performance, the Accountable Officer presented this report. She advised Governing that this was the CCG's new annual assessment framework that became effective from 1 April 2016, replacing the CCG Assurance Framework. However, it was still in the process of being developed and we were still receiving information on what was going to be assessed against 42 of the 60 metrics She advised that the Interim Director of Commissioning and Performance would be leading the process on behalf of the CCG and she would be expecting to receive updates on progress and regular discussions within the Senior Management Team (SMT) meetings.

The Accountable Officer drew Governing Body's attention to Section 4 and the initial review of the CCG's starting position against the 42 published indicators. She advised that we were rated as Red for our financial plan sustainability, which we were already aware of in light of our financial challenges and because we were not compliant with NHS England's business rule that we had to report in our plan a minimum 1% surplus based on the previous year's position (£7.5m) but had had to submit a plan with a £5.6m deficit. She also advised Governing Body that some work would have to be undertaken to understand further what needed to improve the position on sustainability of the digital interactions between primary and secondary care, especially as the CCG was the lowest amongst 10 commissioning for value comparator CCGs. Other areas that required improvement and further work were around the effectiveness of working relationships in the local system (taken from the CCG's annual 360 stakeholder survey).

The Governing Body:

- Noted the content of the paper and the latest position relating to the CCG IAF process and published data.
- Noted the initial assessment (and the basis on which this has been undertaken) of the initial published CCG IAF indicators has been undertaken and the actions already taken (outlined in section 4)
- Noted the published baseline assessment for three of the six clinical areas (outlined in section 5).
- Agreed the recommended future actions, as outlined in section 7.

137/16 Quarterly Update on NHS Sheffield CCG Governing Body Assurance Framework and Risk Register

The Director of Finance presented this report which provided an update with regard to the Governing Body Assurance Framework and arrangements in place for managing strategic risks during Quarter 1 and up to and including 30 August 2016.

She highlighted that the risk scores had not reduced during this period, and five of the 16 strategic risks had been identified as having both gaps in control and assurance, which were being followed up by the Deputy Directors' Group. At the end of Quarter 1, a total of five risks had been rated as 'serious', the scores of which had been reviewed and agreed as correct by the Governance Sub committee. She advised Governing Body that the GBAF had now been updated to reflect the changes in leadership but did not believe that any of the principal risks had been changed as a result.

The Accountable Officer requested a more detailed discussion at the next Senior Management Team meeting, especially around the gaps in control and assurance. **JN**

The Governing Body:

- Noted the position with regard to the GBAF and arrangements in place for managing strategic risks during Quarter 1 and up to and including 30 August 2016.
- Noted activity with regard to risk management during Quarter 1 with regard to the Operational Risk Register.

138/16 Report from the Primary Care Commissioning Committee meetings held on 29 June 2016, 21 July 2016, and 8 September 2016

Mr Boyington, Chair of the Primary Care Commissioning Committee (PCCC) presented this report. He had no particular issues to draw to Governing Body's attention this month except to advise that, that, for future meetings, the summary sheet and minutes would be included in the Governing Body noting pack. **KaC (CRH)**

The Governing received and noted the minutes.

139/16 Reports circulated in advance of the meeting for noting

The Governing Body formally noted the following reports:

- Chair's Report
- Accountable Officer's report
- Locality Executive Group reports
- Update on Serious Incidents
- Quarterly Safeguarding Update
- Complaints and MP Enquiries Quarterly Report
- Unadopted Minutes of the Quality Assurance Committee meeting held on 26 August 2016
  Ms Forrest advised Governing Body that, with regard to domiciliary care providers, three organisations had ceased business in the city, which meant that the pressure on the STIT service and the remaining organisations to provide services for vulnerable people remained high. The Director of Strategy and Integration advised that there was a range of actions currently being discussed by the Accountable Officer and the Chief Executives of STHFT and SCC as to how to tackle this issue on a short term basis and, on a medium term basis, how the market could be reinvigorated, and it was important to bring back a shared city view.
  The Director of Adult Services advised Governing Body that he would discuss this with Sheffield City Council Director of Communities, and circulate a briefing note to members outside of the meeting. **PH**

The Governing Body formally noted the following reports:

- Unadopted Minutes of the Audit and Integrated Governance Committee meeting held on 15 September 2016
  The Director of Finance advised Governing Body that she would be presenting recommendations for the appointment of the CCG's external auditors to Governing Body for approval in November. **JN**

The Governing Body formally noted the following reports:

- CCG Annual Audit Letter 2015/16
- Update on Special Educational Needs and Disability (SEND) Reforms
- Director of Public Health Report 2016
- Shaping Sheffield Plan

140/16 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.

141/16 Any Other Business

There was no further business to discuss this month.

142/16 Date and Time of Next Meeting

The next full meeting in public will take place on
Thursday 1 December 2016, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU