

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 5 May 2016
in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU**

Ai

Present: Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Dr Ngozi Anumba, GP Locality Representative, Hallam and South
Dr Nikki Bates, GP Elected City-wide Representative
Mr John Boyington, CBE, Lay Member
Mr Kevin Clifford, Chief Nurse,
Ms Amanda Forrest, Lay Member
Mr Tim Furness, Director of Delivery
Professor Mark Gamsu, Lay Member
Mr Idris Griffiths, Director of Health Reform and Transformation
Dr Zak McMurray, Medical Director
Ms Julia Newton, Director of Finance
Dr Leigh Sorsbie, GP Locality Representative, North
Dr Ted Turner, GP Elected City-wide Representative.
Mr Phil Taylor, Lay Member

In Attendance: Mr Will Cleary-Gray, Commissioners Working Together Programme Director (for item 66/16)
Ms Katy Davison, Communications and Engagement Lead
Mrs Rachel Dillon, Locality Manager, West
Mrs Nicki Doherty, Deputy Director of Delivery and Strategy (for item 66/16)
Dr Mark Durling, Chair, Sheffield Local Medical Committee
Mr Greg Fell, Sheffield Director of Public Health
Ms Carol Henderson, Committee Administrator / PA to Director of Finance
Dr Victoria McGregor-Riley, Deputy Director for Transformation (for item 62/16)
Ms Sue Metcalfe, PTS Review Programme Lead (for item 60/16)
Mr Peter Moore, Director of Integrated Commissioning Programme
Mr Gordon Osborne, Interim Locality Manager, Hallam and South
Ms Hilary Porter, PTS Review Project Manager (for item 60/16)
Ms Judy Robinson, Chair, Healthwatch Sheffield
Mr Paul Wike, Joint Locality Manager, Central

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 Delivery.

ACTION

48/16 Welcome

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

49/16 Apologies for Absence

Apologies for absence had been received from Dr Amir Afzal, GP Locality Representative, Central, Dr Devaka Fernando, Secondary Care

Doctor, Dr Anil Gill, GP Elected City-wide Representative, Mrs Maddy Ruff, Accountable Officer, and Dr Marion Sloan, GP Elected City-wide Representative.

Apologies for absence from those who were normally in attendance had been received from Mrs Katrina Cleary, CCG Programme Director Primary Care, Mr Phil Holmes, Director of Adult Services, Sheffield City Council, and Mr Simon Kirby, Locality Manager, North.

The Chair welcomed Ms Judy Robinson, Chair, Healthwatch Sheffield, to her first meeting.

The Director of Delivery advised members that, as there was an equal number of Governing Body clinicians and officers at the meeting, in the event of an agenda item requiring a vote, he would relinquish his voting rights in order to maintain the clinical majority.

50/16 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>

51/16 Chair's Opening Remarks

The Chair had no further comments to make in addition to his report appended at item 18a.

52/16 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.

53/16 Minutes of the CCG Governing Body meeting held in public on 3 March 2016

The minutes of the Governing Body meeting held in public on 3 March 2016 were agreed as a true and correct record and were signed by the Chair.

54/16 Minutes of the CCG Governing Body meeting held in public on 7 April 2016

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

55/16 Matters Arising

a) City-wide Record Sharing Programme (minutes 16/16 and 26/16(f) refer)

The Director of Health Reform and Transformation advised members that he would speak to the Chair of Healthwatch Sheffield regarding the CCG's intention to work with the citizens of Sheffield in relation to this programme, especially around sharing of information.

IG

b) Stocktake of National Initiatives (minutes 16/16 and 26/16(g) refer)

The Director of Health Reform and Transformation advised that he would be producing a document that reflected some of the latest information, especially around the Better Care Fund (BCF). This would be circulated to members separately to Governing Body papers and be available on the CCG's website.

IG

c) Minutes of the Primary Care Commissioning Committee (PCCC) 18 February 2016 (minute 29/16 refers)

The Chair advised members that this action was not yet complete as the highlight report on the key issues that he had requested at the last meeting had not been included with the latest minutes presented to Governing Body.

KaC

d) Quality and Outcomes Report: A&E Maximum Four Hour Waits (minute 31/16(d) refers)

The Chair of Healthwatch drew members' attention to their recent report on A&E. The Chief Nurse advised members that the report from Governing Body and staff members' visits to A&E would be presented to the Quality Assurance Committee (QAC) meeting taking place the following day.

e) Quality and Outcomes Report: Public Health Report (minute 31/16(g)(i) refers)

The Director of Public Health advised members that he thought reports would lose the significance of any changes if he reported public health data more frequently than on a quarterly basis, as not much changed from one month to another. He also advised members that, as requested in March, he had included some comparisons / a breakdown of some of the indicators against some of the other core cities in his report this month.

Members agreed that this could be taken off matters arising.

f) NHS Sheffield CCG 2016/17 Operational Plan, including Financial Plan 2016/17 (minute 43/16 refers)

The Director of Delivery advised Governing Body that a proposed decision

making and prioritisation framework would be presented to the Commissioning Executive Team (CET) on 17 May, with the framework then coming to Governing Body at the next meeting for consideration and approval.

TF

g) Establishment of an Auditor Panel and Change of Terms of Reference for Audit and Integrated Governance Committee (minute 44/16 refers)

The Director of Finance advised members that this would be included as part of the next round of proposed changes to the Constitution, the paper for which would be presented to Governing Body for approval on 26 May.

TF

56/16 Adoption of NHS Sheffield CCG Unaudited Financial Accounts for 2015/16 and Month 12 Finance Report

The Director of Finance presented this report that included the draft unaudited accounts for 2015/16 and the final Month 12 finance report for 2015/16.

Part A: Unaudited Accounts for 2015/16

The Director of Finance presented the CCG's unaudited financial accounts for 2015/16. She reminded members that it was good practice to present the draft accounts to Governing Body before they were audited. She confirmed that the auditors would prepare their formal report on the accounts which would be considered at the Audit and Integrated Governance Committee (AIGC) meeting on the morning of 26 May, prior to the audited accounts being presented to Governing Body for formal adoption on the afternoon of 26 May, alongside the final version of the CCG's Annual Report including the Annual Governance Statement.

Mr Taylor asked about page 1 of the accounts and the increase in expenditure on employee benefits from 2014/15. The Director of Finance explained that this was due to in year transfer of a large number of Commissioning Support Unit (CSU) staff to the CCG, and would add an explanatory note to this effect in the accounts.

JN

Part B: Month 12 Finance Report

The Director of Finance presented the Month 12 Finance report. She advised that, subject to audit review, the CCG would deliver all its statutory financial duties for 2015/16 and achieve our surplus forecast of £7.49m. She advised Governing Body that there had been no surprises in Month 12. The main change at month 12 was that the actual spend with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) in Month 12 had been slightly less over budget than in previous months.

The Chair asked if figures were available on lower expenditure to the CCG in light of the junior doctors' strikes. The Director of Finance explained that while this might have slightly reduced elective activity (and hence

spend) on the days of the strike, this activity would need to take place at some point and so there was no overall saving to the CCG. The Director of Health Reform and Transformation advised that there had been reductions in elective activity to the numbers of patients going to A&E and to the numbers of patients being admitted.

Mr Taylor asked about section 2.1.6 and the prescribing expenditure graph that showed the fluctuation in prescribing expenditure during 2015/16 compared to the previous two years, and if the figures had been adjusted for the number of days in the month, especially February. The Director of Finance explained that spend by prescribing day data was available, including data on when prescribing prices were low.

Professor Gamsu asked if information could be included in future reports describing what the CCG's spend was with the voluntary sector. The Director of Finance confirmed that, although the spend with St Luke's was shown as a separate line, this spend was shown as planned care other providers. Professor Gamsu commented that, given the CCG's ambition about moving services out to the community, this would be one of the ways we could challenge ourselves as to whether we were doing what we said we would about innovation.

The Governing Body:

- Approved adoption of the 2015/16 pre-audited annual accounts.
- Noted the final 2015/16 outturn position for the CCG, subject to the external audit of the CCG's annual accounts.

57/16 NHS Sheffield CCG Draft Annual Report for 2015/16

The Director of Health Reform and Transformation presented the draft annual report. He advised Governing Body that it was in a prescribed format following national guidance and would be reviewed by our auditors before the final version was presented for approval to Governing Body on 26 May. He advised that this year we had been able to make it a more accessible, user friendly report as the guidance had been slightly less restrictive than in previous years, though there was still a checklist of everything required to ensure it meets statutory requirements. The Communications and Engagement Lead advised members that infographics, easy read and shorter versions with bigger type-face would be made available, however, we were not required to publish the report in different languages. Professor Gamsu asked if the sections encouraging people to engage with the CCG and those giving helpful links could be retained in the shorter versions.

The Chair commented that was a very good accessible report, even with the sections still to be completed and typographical amendments to be made.

Ms Forrest asked if an amendment could be made to the table at section 4.4 that set out the details of membership and attendance at each of the CCG's committees, in relation to her attendance at Audit and Integrated Governance Committee (AIGC) meetings.

TF(CRH)

The Governing Body:

- Approved the CCG's draft Annual Report for 2015/16, noting the final amendments which still needed to be made.
- Noted that a final version (post external audit review) would be presented to 26 May Governing Body alongside the CCG's audited accounts for final approval and formal adoption.

58/16 NHS Sheffield CCG 2016/17 Budgets

The Director of Finance presented an update on the financial planning process for 2016/17, including updated 2016/17 budgets which reflected the CCG's financial plan submission to NHS England on 18 April 2016. She reminded members that a discussion had taken place at the last Governing Body private session about the difficulty in putting together a plan that met NHS England's three key business requirements, in particular delivery of a 1% surplus. She further reminded that Governing Body had agreed that the Accountable Officer, Chair and herself would look at a number of key issues before the final submission. This had included amending the plan to show a 0.5% or £3.5m surplus at year end, which had been extremely challenging.

She also advised Governing Body that the CCG had recently appointed a Quality, Innovation, Productivity and Prevention (QIPP) Director who would be undertaking some further confirm and challenge sessions. In this respect, she would discuss with the QIPP Director as to how best present an analysis of the QIPP to Governing Body as part of a further report.

Mr Taylor commented that regular reporting back on the QIPP to Governing Body was very important as it was a big risk for the CCG this year, and a critical issue in delivering our financial plan.

The Director of Finance advised members that, although formal feedback from NHS England had not been received as yet, because the final plan did not comply with the business rule of planning for a 1% surplus, it was likely that NHS England would require the CCG to submit a formal recovery plan to demonstrate what actions and by when the CCG would be able to meet this business rule.

The Governing Body:

- Noted the changes made to the financial plan submitted to NHS England on 18 April 2016.
- Approved the CCG's updated 2016/17 budgets as set out in Appendix A.

59/16 Update on NHS Sheffield CCG Governing Body Assurance Framework (GBAF) (including 2016/17 refresh) and Risk Register

The Director of Delivery 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 4 and up to 31 March 2016, and a refresh of the framework for 2016/17.

JN

He highlighted that all high level risks had been reviewed by Directors during this period. Three of the 14 strategic risks had been identified as having both gaps in control and assurance which had been included within the Annual Governance Statement. At the end of Quarter 4, one risk had been rated as very high and two as high and five risks had reached their risk target or appetite score in year.

Governing Body Assurance Framework 2016/17 Refresh

He advised Governing Body that the CCG directors had met to review the principal risks against the objectives set out within the Five Year Plan and the CCG's eight goals. As a result of the review, three additional risks around Parity of Esteem, Children's Services, and Sustainability and Transformation had been identified. Directors had met again, supported by internal audit colleagues, to review and challenge risks and risk scores which had resulted in further amendments to wording, scoring and rationale.

He drew Governing Body's attention to the key highlights.

Risks 2.1 and 2.2 around improving the quality and health inequalities of healthcare in Sheffield were very similar to last year, which he would discuss separately with the Director of Public Health.

TF

The Director of Public Health (DPH) commented that the appointment of a DPH did not necessarily mean it would significantly reduce the risk of health inequalities so did not feel the risk score was appropriate in how it had been taken down.

The wording of risk 5.1 had been changed to reflect that the CCG had now taken on co-commissioning of some general practice services with NHS England.

Mr Taylor asked about the additional risk 5.2 Unable to secure timely and effective commissioning support to enable us to adequately respond and secure delivery to existing and new emerging requirements. Quality of externally purchased commissioning support (IT and data management) falls below required levels. The Director of Health Reform and Transformation explained that this risk related to a new CCG contract with a new provider who had not worked in the NHS before but provided IT support to general practice. Because, theoretically, a failure to support primary care could adversely affect the provision of healthcare it had been rated as a high risk.

The ICP Director asked how 'live' the document was, how much of this report raised awareness of the risks, what level of risks was acceptable and what the mitigating plans were to get us back to the position where we feel comfortable. The Director of Delivery explained that the GBAF was scrutinised quarterly by the Governance Sub Committee and directors and risk owners were encouraged to review the framework regularly. However, there sometimes issues in keeping the document up to date.

Dr Bates asked if a reference to how risks were rated could be included. The Director of Finance advised that this was included in the CCG's risk strategy document and also appended to the GBAF refresh at Appendix 3. The Table of Consequences in the CCG's Risk Management Strategy also described what consequences, etc, might mean, and was also available on request.

The Governing Body:

- Noted the activity with regard to risk management during Quarter 4 with regard to both the GBAF and Operational Risk Register.
- Approved the content of the refreshed GBAF for 2016/17.

60/16 South Yorkshire Patient Transport Services (PTS) Review

Ms Sue Metcalfe, PTS Review Programme Lead, and Ms Hilary Porter, PTS Review Project Manager, were in attendance for this item.

The Director of Finance presented this report which provided Governing Body with an update on the outcome of the South Yorkshire-wide review of patient transport services. She advised Governing Body that it built on the paper presented to them in March and was being presented in parallel to all Sheffield, Rotherham, Barnsley and Doncaster CCGs.

She reminded Governing Body that the team had looked at issues around the underfunding of the service, the opportunity to be more consistent, and at eligibility criteria. This was a national criteria which the team had agreed needed to stay in place. Any changes would likely require consultation.

Ms Porter advised Governing Body that they had spent the day at the Northern General Hospital site speaking to PTS patients in the outpatient departments. She reported that very similar issues to those reported by Healthwatch following their PTS survey in 2014 had been raised, for example the patient liked the service but not the lengthy wait for return transport after the end of their appointment, and around the improvements that could be made in terms of communication.

Ms Porter advised Governing Body that the overarching recommendation of the review was that the CCGs need to go out to procurement to put in place revised arrangements for patient transport services which met the current and future needs of South Yorkshire patients. It was proposed to do this through a competitive dialogue, which would give an opportunity to iron out some of the financial issues, and to build in some flexibility due to the changing agenda. This would enable us to have some structured dialogue with shortlisted bidders.

Professor Gamsu commented that it was a really good report, was strong on voice and, in his opinion, was one of the best reports he had seen that gave prominence to patient and public voice. He also liked the collaboration on building on the work that Healthwatch Sheffield had undertaken in 2014.

Ms Metcalfe advised Governing Body that there was nothing to say that elements of the contract could not be revisited once it was in place, but would have to give notice to this effect. Patient involvement was really important in procurement and in the longer term it was envisaged that the patient representatives would help to manage the contract and important that they were part of contract review meetings.

The Director of Public Health asked what the interface would be with Local Authority transport. Ms Metcalfe responded that they had been speaking to South Yorkshire Passenger Transport Executive (SYLTE) about the total patient transport scheme, and about the opportunities to bring in the voluntary / community sector to work with the lead provider of the service.

The Chief Nurse raised the issue of them making sure that people knew what their rights were with regard to their eligibility for PTS, however, the key to this was patient reassessment. He suggested that a review of Did Not Attend (DNAs) on return journeys be undertaken, especially after 9.30 am from which time free travel for older people was available.

Finally, the Integrated Commissioning Programme (ICP) Director commented that they needed to make sure there were real financial and local incentives in the procurement specification.

The Governing Body:

- Agreed that patient transport services should be procured on a South Yorkshire CCG wide basis (Sheffield, Rotherham, Doncaster and Barnsley CCGs). 13.2
- Agreed the procurement route should be the Competitive Dialogue procedure carried out in accordance with The Public Contracts Regulations 2015.
- Agreed Lot 2 (set out in section 9.2) for core PTS services should be procured on the basis of a Lead Provider Model.
- Agreed that the length of contract should be five years plus an option to extend for a year and then a further year after that (5+1+1).
- Agreed that there should be a separate Any Qualified Provider (AQP) procurement for a 'Take, Go and Collect' service for repatriations and transport to care homes out of area from hospital to put in place a framework of qualified providers who can undertake these journeys.

61/16 Yorkshire and the Humber Collaborative Commissioning – Yorkshire Ambulance Service NHS Trust (YAS)

The Director of Delivery presented this report which set out, for each of the CCG in Yorkshire and the Humber that commissioned the YAS, proposed changes to the way 999 and NHS 111 services were commissioned and managed, and outlined further changes in the future. Current arrangements were set out in section 2.1 and a draft strategic approach to the proposed changes was set out in Appendix A. He advised Governing Body that this report was being presented to all the Y&H CCGs' Governing Bodies by the end of May.

He drew Governing Body's attention to the key issues which included

further public and patient involvement that was required, an action plan that would be overseen through the Urgent Care Network (UCN), and changes to collaborative working arrangements that would go to one single commissioning arrangement for YAS, which were set out in Appendices B to D, and which he was happy to recommend to Governing Body for approval.

He advised Governing Body that a Joint Committee would be established, that would require members to act on their own authority or bring issues back to their respective Governing Body. A Joint Commissioning Board and Contract Management Board would also be established. He advised that, although Governing Body was not being asked to delegate any authority at this stage, it was likely that a further proposal to Governing Body in a few months' time would seek delegation of authority to a joint committee.

TF

The Director of Health Reform and Transformation asked what, if anything, the CCG would be required to change in its Constitution and Scheme of Delegation to give effect to the scheme of delegation in the Memorandum of Understanding (MoU). The Director of Delivery explained that changes would be needed to the section of the Constitution that referred to CCG Com (CCG Commissioners) so it would be a relatively minor change). He would also clarify if there was a legal requirement for Governing Body to receive the full MoU. With regard to the Constitution, he also advised Governing Body that he was seeking advice as to whether the Terms of Reference for Governing Body's Committees and Sub Committees could be taken out and placed elsewhere, thus eliminating the need for a formal submission to be made to NHS England every time an amendment was required to be made.

TF

TF

The Governing Body:

- Approved a strategic approach to Commissioning Ambulance 999 & NHS 111 Services in Yorkshire and the Humber 2015-2019
- Noted the report for Governing Bodies which set out the proposal for the collaborative commissioning of 999 & NHS 111 services by Yorkshire and Humber CCGs, with a lead commissioner/contractor.
- Approved the Memorandum of Understanding for the collaborative commissioning of 999 ambulance services between Clinical Commissioning Groups across Yorkshire and the Humber.
- Approved the Memorandum of Understanding for the collaborative commissioning of NHS 111 services between Clinical Commissioning Groups across Yorkshire and the Humber.

62/16 Digital Road Map

Dr Victoria McGregor-Riley, Deputy Director for Transformation, was in attendance for this item and presented an update on development of the Local Digital Road Map (DRM). She advised Governing Body that the deadline for submission of the DRM had been extended to 30 June 2016, the same as the one for submission of the Sustainability Transformation Plan (STP). With this in mind, she advised Governing Body that, due to timescales and the scheduling of meetings, she was asking them to give

delegated authority to the CCG's Accountable Officer to sign off the DRM on their behalf.

She drew Governing Body's attention to the key issues which included the need to outline the work being undertaken across the Sheffield health and social care system, and making sure there was an alignment with the STP as there was an increasing expectation that DRMs would sit within the STPs. We would continue to meet the requirements of the DRM guidance and make sure it also met the requirements of the STP. She also drew Governing Body's attention to the engagement event that had taken place in December 2015, and the further engagement with the CCG's wider stakeholder community that was planned to be undertaken within the next few months.

The Chair commented that this was an enabling workstream and asked if any funding was available to allow this to happen. Dr McGregor-Riley responded that we did not have a 'pot' of funding for this, but there was a requirement that we start to articulate what the investment would be. She drew Governing Body's attention to sections 2.8 to 2.15 that set out progress with the development of the Sheffield region's Test Bed programme, which was running in parallel with the DRM, and which had an investment fund of £1.8m (given to Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) as local co-ordinator), and reminded them that this programme had been established to accelerate commercial/public partnerships which both promoted innovation in technology and accelerated implementation at pace and scale to meet the government's digital ambitions.

The Governing Body:

- Noted the progress in the development of the Local Digital Roadmap.
- Approved the proposed digital priorities currently identified for primary care and across our wider Sheffield footprint as a result of the recent baseline assessment work.
- Approved the proposed sign-off process to support submission of the Local Digital Roadmap by 30 June 2016.

63/16 Public Contract Regulations (2015): CCG Obligations from 18 April 2016

The Director of Finance presented this report which advised Governing Body of changes to the Public Contract Regulations (2015), the impact on contractual reporting and the advertising of contract opportunities.

The Director of Health Reform and Transformation drew Governing Body's attention to section 1 that advised that, from 18 April 2016, the threshold for those contracts that should be advertised in the Official Journal of the European Union (OJEU) had increased from £113k to £589k. However, there were different bands in the OJEU, depending on the requirement.

The Governing Body:

- Recognised the CCG's obligations under Regulation 84 and to ensure that all procurement decisions were adequately documented.

- Recognised the changes to legislation and agreed to the publication of the outstanding contract award notices for all contracts above the relevant thresholds.
- Agreed that these amendments could be incorporated into the CCG's Procurement Strategy (and to accept a revised version of the strategy for formal agreement at the Governing Body meeting in June or July)

JN

64/16 Quality and Outcomes Report

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

- a) 2016/17 Quality Premium: Since the report had been written, Delayed Transfers of Care (DTOCs) had been included as an additional proposed local measure for Sheffield.
- b) Quality

The Chief Nurse advised members of the following:

- i) Infection Control: Clostridium Difficile (C.Diff): The CCG had had its best year ever, missing the target by 12 cases. STHFT had seen a reduction in the number of cases against the previous year, and Sheffield Children's NHS Foundation Trust (SCHFT) had had eight cases. Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) had had four cases attributed to Sheffield, but in three of these cases it had been deemed that the patient had not had any contact with any of our health services.
- c) Public Health Quarterly Report (Appendix E, page A12)

Professor Gamsu asked if it might be worth Governing Body reviewing this report in more detail. He also asked the Director of Public Health if he could give a definitive definition of what homelessness was.

GF

Professor Gamsu also advised Governing Body that, at the Primary Care Commissioning Committee (PCCC) meeting on 4 May 2016, they had discussed, as part of an update, the Sheffield Practice Champions Programme. He suggested that it might be worth, at a future PCCC meeting, asking them to consider how the programme might be sustained and rolled out to other practices in the City.

The Director of Public Health advised Governing Body that he had deliberately taken the view to move the way in which he reported key public health topics and/or public health outcomes in the City which were of relevance and importance to the CCG, including required improvement actions to just a narrative, and towards the health of the public, not what the public health department does.

- d) Other Issues

The ICP Director asked members if they thought the report clearly

demonstrated what had changed on performance in the past month and if they were confident on what would be changing next month. The Chair commented that, as it did not contain sufficient detail, the report did not tell Governing Body what the month on month change was and so could not anticipate what changes they were likely to see next month.

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.

65/16 Unadopted Minutes of the Primary Care Commissioning Committee Meeting held on 1 April 2016

Mr Boyington presented the minutes. He had no particular issues to bring to Governing Body's attention.

The Chair asked that, for reports to future Governing Body meetings, a highlight report on the key issues be included with the minutes

KaC

The Governing Body received and noted the minutes

66/16 South Yorkshire and Bassetlaw Sustainability Transformation Plan Update

Mr Will Cleary-Gray, Commissioners Working Together Programme Director, and Mrs Nicki Doherty, Deputy Director of Delivery and Strategy, were in attendance for this item, and presented an update on progress with development of the South Yorkshire and Bassetlaw Sustainability Transformation Plan (STP). Mr Cleary-Gray advised Governing Body that this was the first update and was a consistent paper going to all Governing Bodies of the CCGs. They drew Governing Body's attention to the key issues.

The STP was being developed from the bottom up and was an umbrella plan that covered the wider geographical footprint. All the statutory bodies and key providers were involved and they were making best use of the existing collaboration, however, it was a huge challenge and task to deliver the plan within the short, nationally set timescale. The established approach had been developed to move forward at a pace.

Key features of the plan included priority workstreams, with CCG based plans the cornerstone of the STP. The Chair asked that the profile of the primary care workstream, specifically general practice, be made more explicit.

TF(ND)

Mrs Doherty advised Governing Body that the initial draft STP had been shared with all stakeholders, with good initial feedback received. A meeting with the national team would take place the following week to

discuss the planned submission and the programme of work that had taken place since April. She advised that, by the time of the next footprint-wide event on 10 June, it was hoped to share a more refined plan, prior to the final submission deadline of 30 June.

She also advised Governing Body that the Transforming Sheffield Programme Board was our own delivery mechanism, with the neighbourhoods forming a key part of delivering it. A summary of Shaping Sheffield themes would be available on the CCG's website the following day, and a piece of work was also being undertaken that mapped into the Engagement Strategy, as following the event there had been a great deal of interest from across the city in working with us to deliver.

The Director of Health Reform and Transformation gave an update on neighbourhoods.

It was proposed that neighbourhoods would have a population of between 30-50k people, with practices the core of that; noting that we were in the process of agreeing a set of outcomes they would aim to deliver. There would be a reduction on the reliance of secondary care, which meant that these resources could be moved out to the community. He reported that we have at least three neighbourhoods that were already agreed across the system, with further ones possible, and these would cover approximately two-thirds of the city in the first tranche if it is all agreed to go ahead. He would email members a list of the practices in the first tranche, along with a copy of his presentation from today's meeting.

IG

Professor Gamsu suggested to build in to the timeframe for Governing Body to have good thorough discussions on progress at key points throughout the year.

The Director of Public Health commented that it was a really good opportunity to be radical. The business end of this was in the provider model so the onus was on the commissioner to push hard for delivery.

The Chair of Healthwatch asked if the voice of citizens and patients could be included more strongly as it was about people who were not necessarily providers. She also asked if Healthwatch could be part of the STP Executive Co-ordinating Group in addition to the patient/public representative.

The Chief Nurse commented that we needed to ensure that learning disabilities were included in our planning, as there was a parallel process around this, outside of the STP, with a different footprint, aligned to providers.

The Governing Body received and noted the report and presentation.

67/16 Reports Circulated in Advance for Noting

The Governing Body formally noted the following reports:

- Chair's Report

- Accountable Officer's report
- Key Highlights from Commissioning Executive Team (CET) and CET Approvals Group meetings
- Managing Conflicts of Interest Revised Statutory Guidance for CCGs
The Director of Delivery advised Governing Body that this report included a provisional list we would have to complete if the guidance became confirmed.

The Governing Body formally noted the following reports:

- Locality Executive Group reports
- Update on Serious Incidents
- Unadopted Minutes of the Quality Assurance Committee meeting held on 4 March 2016
- Unadopted Minutes of the Audit and Integrated Governance Committee meeting held on 24 March 2016
- Audit and Integrated Governance Committee Annual Report 2015/16
- Remuneration Committee Annual Report 2015/16
- Gifts and Hospitality and Commercial Sponsorship Annual Report 2015/16
- Staff Survey Results
- Commissioners Working Together Board Minutes

68/16 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.

69/16 Date and Time of Next Meeting

An additional meeting of the Governing Body will take place in public on Thursday 26 May 2016, 2.00 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU, to approve the CCG's 2015/16 Annual Accounts and Annual Report

The next full meeting in public will take place on Thursday 7 July 2016, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Questions from Mr Mike Simpkin, Sheffield Save our NHS, to the CCG Governing Body 5 May 2016

Question 1

a) Which parts of the Sustainability and Transformation Plan governance system, as outlined in Paper M, involve delegated powers from participating organisations?

CCG response: *There is no delegation of powers from participating organisations to the STP system. Decisions will either be taken with the authority that individual officers (Accountable Officer, Chief Finance Officer) have, as set out in the Scheme of Delegation, or will be referred back to each organisation's Governing Body or Board for approval.*

b) Does the CCG consider that any of the groups or bodies in the STP structure are or should be subject to the provisions of the Public Bodies (Admission to Meetings) Act 1960 as amended by subsequent legislation, including the Health and Social Care Act 2012?

CCG response: *Because there is no delegation of powers to the groups in the structure, and no new statutory bodies, we do not consider that the meetings taking place under the STP structure are subject to the Public Bodies Act*

c) What is the role of CCG Lay Members in the groups and bodies outlined?

CCG response *Currently, CCG Lay Members have limited involvement in the groups and bodies, which, as noted above, have no decision making powers beyond the authority of individual officers.*

Question 2

Paper J on changes to procurement regulations implies that the only significant changes to current practice are the requirements to publish contract tender and award information more widely. Does the CCG expect that the changes will have no other effect on its current practice, for example in the assessment of local capable providers, the importance of partnership and the use of social value in commissioning?

CCG response: *The paper presented to the Governing Body on 5 May was intended to highlight an immediate compliance risk around new reporting procedures. As you have rightly noted, the Public Contract Regulations (2015) have wide ranging implications for the CCG; these have, however, been absorbed into the procurement processes used by the South Yorkshire Procurement Service to ensure that NHS Sheffield CCG fulfils its obligations.*

If you require specific details regarding any aspect of the Public Contract Regulations and how we have implemented them, please do not hesitate to ask.