Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 7 April 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
Dr Ngozi Anumba, GP Locality Representative, Hallam and South
Dr Nikki Bates, GP Elected City-wide Representative
Mr Kevin Clifford, Chief Nurse,
Mr Tim Furness, Director of Delivery
Professor Mark Gamsu, Lay Member
Dr Anil Gill, GP Elected City-wide Representative
Mr Idris Griffiths, Director of Health Reform and Transformation
Dr Zak McMurray, Medical Director
Ms Julia Newton, Director of Finance
Mrs Maddy Ruff, Accountable Officer
Dr Marion Sloan, GP Elected City-wide Representative
Dr Ted Turner, GP Elected City-wide Representative.
Mr Phil Taylor, Lay Member

In Attendance:
Mrs Katrina Cleary, CCG Programme Director Primary Care
Ms Katy Davison, Communications and Engagement Lead
Mrs Rachel Dillon, Locality Manager, West
Mrs Nicki Doherty, Deputy Director of Delivery and Strategy (for item 43/16)
Mrs Carol Henderson, Committee Administrator / PA to Director of Finance
Mr Simon Kirby, Locality Manager, North
Mr Peter Moore, Integrated Commissioning Programme (ICP) Director
Mr Gordon Osborne, Interim Locality Manager, Hallam and South

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 Delivery.

ACTION

39/16 Welcome

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

The Chair also welcomed Mr Phil Taylor, Lay Member, to his first meeting.

The Director of Delivery explained that today's meeting would normally have been a Governing Body strategic session under the new meeting arrangements. A public business meeting had been arranged to discuss matters of an urgent nature where a decision had to be made prior to the next full meeting of the Governing Body held in public on 5 May. The minutes of the March full Governing Body meeting held in public on 3 March would be presented to the next full meeting taking place on

5 May. He advised that there should not be any business affected today by the lack of the minutes at today's meeting.

40/16 Apologies for Absence

Apologies for absence had been received from Mr John Boyington, CBE, Lay Member, Dr Devaka Fernando, Secondary Care Doctor, Ms Amanda Forrest, Lay Member, 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 Greg Fell, Sheffield Director of Public Health, Mr Phil Holmes, Director of Adult Services, Sheffield City Council, Ms Judy Robinson, Chair, Healthwatch Sheffield, and Mr Paul Wike, Joint Locality Manager, Central.

41/16 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

42/16 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.

43/16 NHS Sheffield CCG 2016/17 Operational Plan, including Financial Plan 2016/17

(i) Operational Plan

The Accountable Officer presented this item. She introduced Mrs Nicki Doherty, Deputy Director of Delivery and Strategy, who had taken the lead on writing the operational plan for the CCG this year.

Mrs Doherty presented this report. She advised Governing Body that the plan had been driven by both local and national priorities, including the national guidance that had asked us to achieve the nine "must be dones", some of which were particularly challenging. The plan set out was in line with the sustainability and transformation plan, a five year plan across the wider South Yorkshire and Bassetlaw footprint, and described our commissioning intentions, how we were going to address new models of care, our approach to assuring performance and delivery, and how we were going to achieve financial balance.

The Accountable Officer commented that although logically we would have undertaken the bigger footprint work first, because of the planning timescales – the need for operational and financial plans for 2016/17 to be completed by the end of March - the CCG's operational plan had to

be drafted first. Mrs Doherty advised Governing Body that, due the differing footprints for cancer, sustainability and transformation, and Working Together, responding to these and the different demographics was not going to be straightforward.

Professor Gamsu commented that, whilst it was a really comprehensive document, he would like to see some parts of it strengthened. He felt that it did not focus on Sheffield but on the "must be dones" and read like a document aimed at NHS England (NHSE) rather than the public as they expected us to produce it and demonstrate our competence to them. It needed to energise and motivate our partners in the city, saying what we were going to do and how they needed to change, and say what the three or four priorities were that we had to do to drive the system. With regard to engagement, he commented that this section included principles but no actions, some of which could be included from the CCG's engagement plan that Governing Body had approved in a previous meeting. Finally, he commented that the CCG's ambitions about its relationships with the voluntary sector had not been made clear.

Mrs Doherty explained that there were lots of things that underpinned delivering the plan, that were too numerous to fit into the document. There were areas that could have been more detailed but the document had deliberately kept them "high level" for brevity. The plan had been drafted in conjunction with other partners but she had been limited in terms of how much she had been able to reflect that in the body of the document. In terms of engagement, this included discussions taking place about having a person centred city and holding a city-wide event with the leaders of partner organisations across the city. She also advised Governing Body that officers would be reviewing the detailed plans for next year, with a view to determining what documents would needed to be included on the portal. With regard to public engagement and communications, we would make sure we were clear on what we would be doing and there would be a public engagement plan to support that.

The Accountable Officer advised Governing Body that we wanted a Sheffield transformation approach, not just a CCG plan, by June. We would then need to establish how that fitted in with the broader South Yorkshire and STP plans, which would then be presented to Governing Body in due course. This was stage one of a five stage process.

The Director of Health Reform and Transformation advised Governing Body that the Sheffield place based strategy would be a very inclusive strategy and would be built on public engagement. In this respect, he reported that the event on 21 April includes a wide range of community and voluntary groups, and would be one of the most comprehensive engagement events the CCG had held. This could be built into a truly Sheffield plan.

The Chair commented that he welcomed the 'plan on a page', however, felt the outcomes were mostly processes. He also commented that whilst there were quite specific things in each some section, there were some that were not quite so specific. He suggested that it would be helpful for

Governing Body if, in the next round of papers, it could specify the size of the scope, what decisions needed to be made about pace and prioritisations, and if there were things the CCG needed to investment in to make them happen, or disinvest in.

Mrs Doherty responded that this was already in train, with further internal discussions taking place followed by a discussion at the Commissioning Executive Team (CET). She confirmed that the outcomes would be redefined to make them more clinically described.

Finally, the Accountable Officer thanked Mrs Doherty and her team for the huge amount of work undertaken so far.

The Governing Body:

- Received the commissioning plan for 2016/17, noting the further work to be undertaken as noted above.
- Noted the risks around capacity to deliver and the plans to address this.

(ii) Financial Plan for 2016/17

The Director of Finance presented this report. She drew Governing Body's attention to the Initial Revenue Budgets for 2016/17 set out at Appendix B (which was marked up as Annex A) and advised that these remained work in progress particularly where contract negotiations were ongoing and QIPP schemes were still being finalised and because the plan did not fully comply with NHSE business rules for 2016/17.

She reported that she and the Accountable Officer had met with regional directors at NHS England earlier that morning to review progress and that while NHSE acknowledged that the CCG had made substantial progress from the original c£6m deficit position in February, we had been challenged to improve from a plan currently delivering statutory breakeven to one which is closer to the business rule of a 1% surplus. This would require further consideration prior to the revised deadline of 18 April for submission. NHSE had put back the deadline a week due to the scale of unresolved contracts and other issues across the country in what was proving to be an exceptionally challenging planning round.

On the upside, further guidance on likely prescribing prices had been received the previous week, which could benefit the CCG. On the downside, NHS England were challenging all CCGs whether sufficient hospital activity was being included in contracts based on current trends.

She advised Governing Body that the technical guidance advising how allocations had been calculated should be published later in the week, and whilst this would be important to review it was highly unlikely that we would identify any issues that would mean our allocation should be revisited.

Mr Taylor commented that it was interesting that NHS England been able to give us a financial settlement without the data behind it. However, the

Director of Finance and her team had done really good job to get us to where we were at the moment. It was important that we were actually complying with the statutory duty and had got an interim budget to work with.

The Accountable Officer's noted that there was a high level of assurance that we had been through a robust process in terms of numbers, and in capacity and capability, and that there was a significant QIPP programme, but NHS England would still like to see us move to show a better position than we were in currently, which we thought was challenging. She advised that we had many unknowns at the moments, with changes coming in, even as late as yesterday, so it was very much a fluid situation.

Dr Gill asked how long we could remain non compliant against delivering the cumulative surplus of 1% (£7.5m). The Director of Finance explained that Sheffield was understood to currently be one of nine CCGs in Yorkshire and Humber not fully complying with the business rules and there would be a significant cohort of other CCGs across the country in this position. Formal feedback would not follow until after 18 April but was likely to require a recovery plan but there was potentially several months of process.

Dr Bates asked if the position could worsen. The Director of Finance drew attention to section 4 of her report that highlighted the risks and a number of areas that could get worse. The Accountable Officer advised Governing Body that they were asked by NHS England at the meeting earlier in the day as to what could get worse or better and the mitigations that could be put in place. She advised that all our trusts were feeling under significant financial pressure and were trying to work together as a city but the trusts had got what they considered to be very large control totals. The ask was massive, especially as the CCG had been hit very badly due to its allocations.

In summary, the Director of Finance advised that she was asking Governing Body to approve the initial budgets as set out in Appendix B as we needed to start to make payments in April. She also asked that Governing Body give delegated authority to herself with the Chair and Accountable Officer to agree any late changes to the plan before submission on 18 April. She confirmed that a summary of any changes would be presented to the May meeting of Governing Body. **JN**

The Governing Body:

- Approved the key principles and assumptions underpinning the CCG's 2016/17 financial plan
- Approved the CCG's initial 2016/17 budgets as set out in Appendix B, noting that revised budgets would be presented to them in May
- Gave delegated authority to the Chair and Accountable Officer with the Director of Finance to agree any late changes to the plan prior to submission on 18 April.

44/16 Establishment of an Auditor Panel and Change of Terms of Reference for Audit and Integrated Governance Committee

The Director of Finance presented this report which asked Governing Body to approve, subject to further approval by the CCG's Member practices, changes to the Terms of Reference of the Audit and Integrated Governance Committee (AIGC). She advised Governing Body that the changes had previously been considered by members of the AIGC on 24 March, who had recommended the changes to Governing Body.

She explained that with effect from 2017/18 financial year CCGs had the authority to appoint their own external auditors. Guidance on how to do this had been received from NHS England, and the first action was the establishment of the Auditor Panel. The paper set out the recommendation that the membership and terms of reference of the CCG's AIGC was amended to allow it to also act as the Auditor Panel.

The Governing Body

- Approved that the CCG's Audit and Governance Committee (AIGC) Terms of Reference were amended to also allow the AIGC to act as the CCG's Auditor Panel
- Approved the other minor changes to the Committee's Terms of Reference, as shown in track changes.

45/16 CCG Assurance – 2015/16 Annual Review: Well Led Organisation

The Accountable Officer presented this report. She reminded Governing Body that they had reviewed the draft self assessment in public on 3 March and had agreed that it needed a lot more work before submission to NHS England. In this respect, they had delegated authority to the Accountable Officer to approve the revised assessment for submission on 31 March and to receive the final assessment for ratification at today's meeting.

She advised Governing Body that following the March meeting a further review and challenge had been undertaken by lead directors and managers, with numerous revisions made to support the validation of the assessment and supporting evidence. This had resulted in an overall self assurance assessment of Good, with a number of areas identified as Outstanding, which was a big improvement from the previous draft.

The Governing Body ratified the completed Well Led Organisation template submitted to NHS England on 31 March 2016.

46/16 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.

47/16 Date and Time of Next Meeting

The next full meeting in public will take place on Thursday 5 May 2016, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Question from Mr Mike Simpkin, Sheffield Save our NHS, to the CCG Governing Body 7 April 2016

Question 1: Mental Health Trusts are generally recognised as having experienced significant funding reductions over the last few years and Sheffield's is no exception. At the same time certain indicators of community mental health are worsening such as the male suicide rate. A campaign currently being run by Unison highlights rises in reported incidents of violence and self harm between 2013 and 2015 and places the Sheffield Health and Social Care Trust in the bottom national quintile for violence at work.

Papers before the CCG today talk about new investment for parts of the mental health service and the Quality and Performance Report Appendix B suggests that home interventions have increased above target. This seems hard to reconcile with a reported staffing reduction of at least 10% in community mental health teams plus an overall sickness rate for the Trust currently running at 7%. It is not clear that this bare activity statistic represents better quality or outcomes. Is the CCG confident that its commissioning approach can lead to an overall improvement in mental health services?

CCG response:

Reductions in Community Staffing

We do not necessarily recognise the '10%' figure you quoted. It would be useful to know the source of this.

However, we should stress that as clinical commissioners, we do not buy staff, we commission services that deliver the requisite outcomes in line with the needs of our patients. This may on occasions mean we need less staff, but with a different skill mix, to achieve better outcomes.

We acknowledge that certain services within the Trust do operate on relatively small staffing ratios (the CRHT at night for example). However, through negotiations we have agreed with the Trust that, as a result of their Acute Care Reconfiguration programme, at least £1.3m will be invested into community provision (with a possible further investment for s136 facilities). This is in keeping with national guidance and a local ambition to deliver more care outside of hospital.

Sickness Levels

*According to the Performance Report that is being taken to SHSCs Trust Board on 13 April (*http://shsc.nhs.uk/wp-content/uploads/2016/04/Item-8ib-Performance-Report-Dashboard.pdf*), the current sickness rate is 6.11% (February 2016). This time last year it was 6.53%. The proportion of this that is related to long term absence has also reduced since last year.*

We accept, however, that even though the sickness rate is reducing, it is still high, and we know this is having an impact on the level of agency spend. As commissioners, however, our role in managing sickness is limited, although we have attempted to provide some level of stability, and hence some level of security for the Trust by:

- *Offering a two year contract (thus providing a financial commitment);*
- *Providing a longer term view on the strategic future of mental health services (allowing them to begin planning for the future); and*
- *Working jointly with the Trust with regards to large scale transformation (thus demonstrating collegiate working).*

Our aim is to make Sheffield a place where people want to work and enjoy a productive fulfilling working life. We also want to attract the best people to work here. As noted above, our role in achieving this is by making the health economy robust, resilient and forward thinking – not by micro managing individual providers sickness policies and procedures.

Violence and Aggression

According to the same performance report as noted above, the levels of 'Verbal, Physical Assault and Intimidation – Patients' and 'Verbal, Physical Assault and Intimidation – Staff', do fluctuate significantly, although generally speaking the position has remained fairly consistent over the last 24 months.

We accept this does not justify any incident involving verbal or physical abuse (we should clearly aspire towards having no incidents. If trends did start to develop (as they did recently in regards to seclusion), these are always discussed in the first instance at the Clinical Quality Committee, and if needed at the Contract Management Group. There hasn't, however, been an identified need to take any action on this issue.

Question 2: What are the expected timetables for consultation on 1) the Primary Care Strategy and 2) The Urgent Care Strategy?

CCG Response: *We are intending to bring the three strategies (Active Support and Recovery, Primary Care, and Urgent Care) that form part of the overarching Care Outside of Hospital Strategy to either the 5 or 26 May 2016 meeting of the Governing Body. The overarching strategy will outline what the future engagement process will be. There will be a formal consultation regarding any substantial change to current services and that will be addressed by the strategy. This future work should be seen in the context of the engagement that has already taken place over that last 12 months regarding the 2020 Vision; Active Support and Recovery; urgent care and primary care. This has involved a wide range of approaches - from public meetings and stalls at public events, to working with Healthwatch and the Citizens' Reference Group. We are committed to comprehensive engagement in identifying priorities for change, through to options and into the implementation of improvements in services.*