

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group  
Governing Body held in public on 25 May 2017  
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 (Chair)  
Dr Ngozi Anumba, GP Locality Representative, Hallam and South  
Dr Nikki Bates, GP Elected City-wide Representative  
Mr John Boyington, CBE, Lay Member  
Mrs Penny Brooks, Chief Nurse  
Mrs Nicki Doherty, Interim Director of Delivery - Care Outside of Hospital  
Ms Amanda Forrest, Lay Member  
Professor Mark Gamsu, Lay Member  
Dr Terry Hudson, GP Elected City-wide Representative  
Dr Annie Majoka, GP Elected City-wide Representative  
Dr Zak McMurray, Medical Director  
Mr Peter Moore, Director of Strategy and Integration  
Ms Julia Newton, Director of Finance  
Mrs Maddy Ruff, Accountable Officer  
Dr Marion Sloan, GP Elected City-wide Representative (from item 57/17)  
Dr Leigh Sorsbie, GP Locality Representative, North  
Mr Phil Taylor, Lay Member

**In Attendance:** Mr Steve Ashmore, Commissioning Manager, Urgent Care (for item 57/17)  
Mr Gary Barnfield, Head of Medicines Management (for item 62/17(b))  
Mr Duncan Campbell, Deputy Director of Contracting (for item 63/17)  
Mrs Rachel Dillon, Locality Manager, West  
Mr Greg Fell, Director of Public Health, Sheffield City Council  
Ms Carol Henderson, Committee Secretary / PA to Director of Finance  
Ms Jill Lomas – MSK Programme Manager, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) (for item 57/17)  
Dr Peter Magirr, Medicines Management Team (for item 62/17(b))  
Mr James Maxwell – Clinical Lead for MSK Outcomes / Consultant Rheumatologist, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) (for item 57/17)  
Mr Alastair Mew, Head of Commissioning, Urgent Care (for item 57/17)  
Mr Nicky Normington, Locality Manager, North  
Mrs Eleanor Nossiter, Strategic Communications and Engagement Lead  
Mr Gordon Osborne, Locality Manager, Hallam and South  
Mrs Judy Robinson, Chair, Healthwatch Sheffield  
Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning (on behalf of the Director of Commissioning)  
Mrs Suzie Tilburn, Head of Human Resources (HR) and Organisational Development (OD) (for item 65/17)

**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.

**50/17 Welcome**

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

The Chair advised Governing Body that the CCG had recently appointed to the vacant Secondary Care Doctor post, but he had unfortunately been unable to attend today's meeting.

**51/17 Apologies for Absence**

Apologies for absence had been received from Dr Amir Afzal, GP Locality Representative, Central, and Mr Brian Hughes, Director of Commissioning (Designate).

Apologies for absence from those who were normally in attendance had been received from Mrs Katrina Cleary, Programme Director Primary Care, Dr Mark Durling, Chair, Sheffield Local Medical Committee, Mr Phil Holmes, Director of Adult Services, Sheffield City Council, Sheffield City Council, and Mr Paul Wike, Joint Locality Manager, Central.

The Chair declared the meeting was quorate.

**52/17 Declarations of Interest**

The Chair reminded Governing Body members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). He also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

Declarations made by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link:

<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

Mr Boyington advised Governing Body that he had been appointed as Chair of Primary Care Sheffield (PCS), however, there were no specific items on today's agenda that would create a conflict of interest.

There were no further declarations of interest from items to be discussed at today's meeting.

**53/17 Chair's Opening Remarks**

The Chair advised Governing Body that he had no particular issues to advise them of this month, except to thank Mr Boyington, who would be

leaving the CCG at the end of May, for his contribution to the CCG over the past few years.

**54/17 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.

**55/17 Minutes of the CCG Governing Body meetings held in public on 6 April and 5 May 2017**

The minutes of the Governing Body meeting held in public on 6 April 2017 were agreed as a true and correct record and were signed by the Chair, subject to the following amendment:

Dr Terry Hudson, GP Elected City-wide Representative, to be added to the list of members present at the meeting.

Mr Greg Fell, Director of Public Health, to be added to the list of those in attendance at the meeting.

The minutes of the Governing Body meeting held in public on 5 May 2017 were agreed as a true and correct record and were signed by the Chair.

**56/17 Matters Arising**

**a) Review of Governing Body Committees and Sub Committees Terms of Reference (ToR) (minutes 09/17 and 26/17(e) refer)**

The Strategic Communications and Engagement Lead advised Governing Body a paper would be presented to them in due course proposing that the Strategic Public Experience Engagement Equality Group (SPEEEG) be established as a committee or sub committee of Governing Body. It would then need to go through due process as part of the next round of changes to the CCG's Constitution.

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**b) Mental Health (minutes 11/17 and 26/17(h) refer)**

The Director of Strategy and Integration advised Governing Body that progress on the completion of the Quality Impact Assessment (QIA) on the 2017/18 Quality, Innovation, Productivity and Prevention (QIPP) with Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) was impressive and consistent. He advised that he would confirm how the QIA process would work.

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**c) Future Child Health Service Model (Acutely Unwell Child) (minute 28/17 refers)**

The Deputy Director of Strategic Commissioning and Planning confirmed that she had received a timetable for this review, which she would circulate with the minutes of this meeting.

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**d) Strategic Public Equality Engagement Experience Group (SPEEEG) (minute 29/17 refers)**

Governing Body agreed that this item could be removed from matters arising as the risk relating to patient engagement was included on the Governing Body Assurance Framework (GBAF).

**e) Improvement and Assessment Indicator relating to the proportion of people with a learning disability on the GP register receiving an annual health check (minute 34/17(i)(b) refers)**

Dr Sorsbie advised Governing Body that Sheffield had a higher than average uptake (39.4%) of people with a learning disability on the GP register receiving an annual health check, which meant that we were only within the second quartile. However, as uptake had gone down in previous years, the CCG was looking to do some work with the localities on this. Governing Body agreed that this could be taken off as a matter arising.

**f) Improvement and Assessment Indicator relating to people with diabetes diagnosed less than a year ago who attend a structured education course (minute 34/17(i)(c) refers)**

The Deputy Director of Strategic Commissioning and Planning advised members that, with regard to seeking clarity on where these people were coming from, and the comment that if they spoke no English then they had no access to that course, a briefing was being drafted which would include accessing more granular practice level data, and also that the CCG would be looking at education in different languages as part of this funding. She would circulate this briefing to Governing Body. The Director of Finance advised that it was her understanding that £0.5m of funding was provided and that going forward the monthly finance report would include an update on additional funding coming to the CCG and how it was being deployed.

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**57/17 Musculoskeletal Services (MSK) – My Pathway**

Mr Steve Ashmore, Commissioning Manager, Urgent Care, Dr Charles Heatley, Clinical Director, Elective Care, Ms Jill Lomas – MSK Programme Manager, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), Mr James Maxwell – Clinical Lead for MSK Outcomes / Consultant Rheumatologist, STHFT, and Mr Alastair Mew, Head of Commissioning, Urgent Care, were in attendance for this item. Dr Heatley introduced this item and thanked both teams for their collaboration in doing an incredible job to get things in place.

Dr Sloan joined the meeting at this stage.

Mr Maxwell gave a presentation that outlined the current position.

Dr Bates asked is this meant that there would be no clinical triage and / or where did that happen. Mr Maxwell explained that the patient was referred initially, then triaged on the clinical information that was sent, with the patient then receiving a message inviting them to book into the relevant service. Ms Lomas advised that, as soon as the referral was made, a message was sent to the patient saying that they would be in contact within the next 10 days when they were ready to book in, which meant that the journey was being tracked from the very beginning. The critical part of this was getting practices to make sure they recorded mobile telephone numbers, and email addresses, etc.

Dr Sorsbie asked about patients that did not speak English or found it difficult to read. Mr Maxwell explained that the first thing was to work out the proportion of people that could use the system and then those that couldn't, however, there was the potential to convert the system into any language. It was a process that supported those that could not interact with the system so there would still be the existing way to work through the system and his thoughts were that they did not think that 100% of people would be able to use the system so would need to find ways of helping to support them.

Ms Forrest commented that they may be a digital patient but may not be able to access their telephone due to money issues, etc. Mr Maxwell responded that there were lots of issues like this they needed to understand and address.

Professor Gamsu commented that he was very pleased as to the way the team was taking this forward, and that it was a tremendous opportunity. As a CCG we should be receiving the first report about data and need to understand the inequalities dimension.

The Director of Strategy and Integration asked how transferrable this system was to managing on the day urgent care. Mr Maxwell responded that we needed to think of the system as a secure digital link to your patient.

The Chair of Healthwatch asked how much patients had been involved in the design and evaluation of the system and what had been the advantages. Mr Maxwell explained that patients were involved in the selection of the product and had been involved in selecting and scoring the product and making the look and feel of the product as robust as it could. Hopefully it would be relatively easy to transfer into other areas.

The Medical Director commented that it was recreating some of the clinical relationships that had been absent over the past few years and was a good example of generally collaborative working.

The Chair asked what the outcomes were that we were going for and how to decide if it was value for money. Dr Heatley advised that there were debates ongoing on what they were using, how they were going to measure it, and what they were going to use to measure it.

The Chair wondered how money the CCG was spending in this way was going to have an impact on health disabilities. Dr Heatley responded that one thing that had been suggested was to link it to Move More. The Director of Public Health commented that if we can measure it that we can do something about it and can plot our trajectory.

Mr Maxwell advised that there was the potential for huge clinical benefits as the clinician did not need to see the patient as they could follow their pathway digitally, and the huge potential for efficiencies as well as doing things differently. With regard to integration with the independent sector, he advised that there were a number of independent sectors that provided activities but they needed to be able to integrate with their IT systems, and in this respect had already started these conversations.

The Chair thanked both teams for their presentation and for attending the meeting.

**58/17 Adoption of NHS Sheffield CCG Audited Financial Accounts for 2016/17**

The Director of Finance presented the final audited annual accounts for 2016/17. She reminded members that they had reviewed the pre-audited draft accounts at the 4 May Governing Body meeting, and was pleased to be able to report that nothing material had changed from the draft accounts to those being presented for approval today and no changes to the previously reported surplus. She advised that there was some further commentary at the front of the accounts which was intended to make them more user-friendly. She advised that the accounts had been reviewed by the CCG's Audit and Integrated Governance Committee (AIGC) earlier in the day. Mr Taylor, Chair of the Audit and Integrated Governance Committee, advised Governing Body that the AIGC had recommended them to Governing Body for formal approval, as per the requirement of the CCG's Constitution.

The Director of Finance drew Governing Body's attention to the paper that had been received from our external auditors confirming that they would be giving us an Unqualified Opinion on the accounts and concluding that the CCG had made proper arrangements to secure economy, efficiency and effectiveness in its Value for Money and Use of Resources. She advised that auditors had drawn to AIGC's attention that while they were assured on the CCG's own systems and controls, they had had to undertake considerable additional work in relation to the £70m budget for co-commissioning primary care as the audit results for data requested through the contract between Capita and NHS England (NHSE) had not been sufficient to give assurance to KPMG. She advised that she would be raising this with NHSE partly because there was the potential for the CCG's external auditors to raise a small additional fee on the CCG. Finally, the Director of Finance drew Governing Body's attention to Appendix 1 which provided benchmarking information around the split of spend on the £70m budget, which basically showed that the way NHS Sheffield CCG spent this budget was

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broadly in line with other CCGs.

The Director of Finance presented the Letter of Representation which the auditors asked the Chair and Accountable Officer to formally sign on behalf of Governing Body. This states that we have provided access to all information and persons required to enable the auditors to undertake their audit.

She also confirmed that individual Governing Body members, including those not present at the meeting, had all signed a Statement of Disclosure to the auditors to say *“that as far as they were aware there was no relevant audit information of which the Clinical Commissioning Group’s auditors were unaware. In addition, that they had taken all the steps that they ought to have taken as a member of Governing Body in order to make themselves aware of any relevant audit information and to establish that the Clinical Commissioning Group’s auditors were aware of that information”*.

Mr Taylor advised that the CCG had also received a positive report from internal audit. He observed the CCG’s various teams had worked together to get everything completed on time. He recorded his thanks to everyone involved in preparing the accurate accounts and undertaking the audits.

The Governing Body:

- Approved and adopted the final audited Annual Accounts for the financial year 2016/17.
- Approved that the Accountable Officer and Chair sign the Letter of Management Representations on behalf of Governing Body.

## **59/17 NHS Sheffield CCG Annual Report for 2016/17**

The Interim Director – Care Outside of Hospital presented the CCG’s annual report for 2016/17. She advised Governing Body that it was in the new format that met all the statutory requirements, and was more accessible and easy to read than in previous years. She also reminded Governing Body that they had been given the opportunity to comment on the draft copy on 4 May, which had also been reviewed by NHS England. She advised members that the comments made at the last Governing Body meeting had been acted upon, together with helpful comments and suggestions from our internal and external auditors both of which had responsibility to review the report. It would be our formal report to be published on our website at the end of Purdah, together with a user friendly summary document, and would be formally presented at our Annual Public Meeting (APM) in September.

The Director of Finance advised Governing Body that External Audit had audited the relevant sections of the Annual Report and had confirmed they were content with these sections. She also confirmed that AIGC had reviewed the annual report at its meeting earlier in the day and recommended approval of the report to Governing Body.

Finally, the Director of Finance drew Governing Body's attention to the Annual Governance Statement (AGS) included in the report, which was an important statutory requirement and provided details on the CCG's governance arrangements, internal controls and processes. The final Head of Internal Audit Opinion which was a good report and provided a Significant Assurance Opinion, was appended, along with the External Auditor's Unqualified Opinion on the annual accounts.

The Strategic Communications and Engagement Lead advised Governing Body that the final Annual Report would be available for distribution to general practices for their waiting rooms, to voluntary sector organisations, and to all key stakeholders, the following day, and would be published on the CCG's website at the end of Purdah.

The Governing Body approved the formal adoption of the CCG's Annual Report for 2016/17.

#### **60/17 Better Care Fund (BCF) Section 75 agreement including Mental Health Risk Share**

The Director of Strategy and Integration presented this report which outlined the key changes proposed to the Better Care Fund Section 75 Pooled Budget Agreement, including the revised budget for 2017/18. He advised members that there had not been huge structural changes to the previous version they had approved and what would change was how the programme was actually delivered. In this respect, he advised that a process had been undertaken during the previous few months to moving the Executive Management Group (EMG) away from a collaborative partnership to a more specific programme board. He also advised Governing Body that they needed to be mindful that this was fundamentally an enabler to how we have a place based plan, and it linked to our accountable care in general.

The Director of Finance reminded Governing Body that this was the legal document which underpins the BCF arrangements and that the main changes were new budgets for 2017/18 together with the financial risk share agreements for the new mental health pool.

Professor Gamsu commented that there was a concerted effort to ensure there was an EIA, and that human rights would expect this to be seen to have a positive impact on. He also commented that we needed to be stress testing what we do. The Chair advised that we would have to work through the technical difficulties first before we could get to it having an impact on patients. He asked members how real they thought this was and if it would actually help us to deliver.

Ms Forrest asked that we ensured that we had ways of checking patient and user experience as we would be dealing with people in all sorts of situations, and we remained accountable to the public, especially those with mental health needs, on this.

Finally, the Chief Nurse commented that it gives us the impetus to work

together and the blueprint to go forward.

The Governing Body:

- Approved the proposed arrangements for inclusion of a pooled budget for mental health services.
- Approved the proposed risk share arrangements for jointly managing mental health expenditure with Sheffield City Council (SCC).
- Approved the BCF for 2017/18 budget
- Approved the other amendments to the S75 Agreement which were principally a refreshment to bring the schedules up to date.

#### **61/17 Revised Terms of Reference for Joint Committee of Clinical Commissioning Groups (JCCCG)**

The Director of Finance presented the revised set of Terms of Reference, however, she advised that a further revised set had been received shortly before today's meeting which she would circulate to members following the meeting.

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She advised members that the ToR had been revised in light of Hardwick CCG deciding not to participate as a formal member of the Joint Committee, which had also provided the opportunity to amend two other paragraphs, as set out in the cover report. She advised that the ToR also included some words to say that Hardwick CCG would participate in a common process and would make decisions at the same time as the other CCGs, but as a separate organisation.

Mr Taylor commented that the relationship with Hardwick CCG seemed a little odd but did not think that it put the CCG at any risk. The Accountable Officer responded that her thoughts were that it related to the CCG being located in a different Sustainability Transformation Plan (STP) area.

Mr Boyington was pleased to see that there was an agreement that the committee's Lay Members would not be chosen from existing CCG Lay Members but would be separately appointed. However, his thoughts were that they should be made voting members as, at the moment, the committee was entirely officer and executive-led. He asked that his comment be recorded in the minutes and be fed back to the Chair of the committee. Mr Taylor reminded members that they had agreed to review the Terms of Reference once the two Lay Members had been appointed. Ms Forrest advised that the South Yorkshire and Bassetlaw (SYB) CCGs' Lay Members met on a regular basis and the two JCCCG Lay Members would join that group.

The Chair advised members that a representative from Healthwatch attended JCCCG meetings, who attended in communication with the other Healthwatches in SYB.

The Accountable Officer explained that the expectation of the direction of travel would be the strategic review of hospitals, which we would then need to review our commissioning of, and what would be of benefit to commission at a SYB level. The review was due to complete later in the

year and the report would be presented to Governing Body in due course. The Accountable Officer commented that we needed to be ready for the big changes in how our providers worked together and the committee was trying to work through what the benefits would be to commission together.

The Governing Body approved the attached revised Terms of Reference for the Joint Committee of Clinical Commissioning Groups.

## **62/17 Update on Quality, Innovation, Productivity and Prevention (QIPP)**

### **a) Oral Update on QIPP Plan for 2017/18**

The Director of Finance gave an oral update and advised Governing Body that it had been the original intention to sign off the QIPP plan in public this month but because substantial work still needed to be undertaken there would be a progress report to private session.

The Governing Body noted the update.

### **b) Presentation from Medicines Management Team (MMT) on 2016/17 and 2017/18 QIPP Plans**

Mr Gary Barnfield, Head of Medicines Management, and Dr Peter Magirr were in attendance for this item and gave a presentation that updated Governing Body with a summary of 2016/17, an update on 2017/18, and the value of clinical engagement. He drew members' attention to the key highlights.

In 2016/17, the MMT had made £2.4m of savings. The GPs had demonstrated their commitment to the Prescribing Quality Improvement Scheme (PQIS) by successfully reducing the prescribing of antibiotics by 1% and analgesics by 4%. In addition, the growth in pregabalin prescribing was significantly reduced, finishing with around 1% growth compared to 11% and 22% in the previous years. Mr Barnfield commented that this showed that when we get our GPs engaged, it can make a massive difference to prescribing patterns in the city. The CCG could not do this alone and has to work collaboratively with its GPs, and it is hoped to build on this success in 2017/18 and gain more benefits.

Mr Barnfield also advised members that a new Prescription Order Line established in 2016/17 and was expanding to cover new neighbourhoods.

Mr Barnfield advised Governing Body that the MMT had a total QIPP target of £2.5m in 2017/18, from a total prescribing budget of c.£97m. There was the opportunity and potential to achieve these savings and he advised that they were already considerably above their target.

The Accountable Officer congratulated and thanked the team for all their hard work and commented that this was true QIPP as it was all about improving the quality for patients, with the plans really well thought through. She also expressed thanks to Mr Barnfield on behalf of the

CCG's executive team on how he leads the team.

Ms Forrest advised Governing Body that Mr Barnfield had given a similar presentation to the city-wide forum of Patient Participation Groups (PPGs), and would like to see some of it accelerated.

The Chair explained that for some very low cost drugs, for example paracetamol, it was up to the individual GP as to whether to prescribe them or not, but advised that some GPs felt that the CCG should take a policy decision on this. The Medical Director commented that he would be happy to support this and, as a GP, was also prepared to have those difficult discussions with other GPs and patients, but it needed to be a Governing Body, not a medicines management team, decision. However, his thoughts were that there could be some opposition to this from a number of GPs and possibly the Local Medical Committee (LMC) but this was not the reason for not doing it. The Director of Public Health supported this but commented that this could not be contractualised or turned into a cast iron policy. Mr Barnfield advised members that there was a Sheffield 'stop' list signed up to by the CCG and primary care, which was the nearest we could possibly get to. The Director of Strategy and Integration suggested that this also be considered as part of the procedures of limited clinical (plcv) value policy.

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Finally Dr Hudson commented that we had to make sure, as a CCG, that this would have to be a concerted effort with our secondary care providers, especially following all the hospital services reviews, etc.

The Chair thanked Mr Barnfield and his team for attending the meeting and for their presentation.

## **63/17 Quality and Outcomes Report**

Mr Duncan Campbell, Deputy Director of Contracting was in attendance for this item and presented this report which reflected the CCG's statutory responsibilities. He drew members' attention to the following key issues.

- a) Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment: The 18 week RTT target had been achieved consistently over the year, however, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) had not been meeting the target for all specialties throughout the year, but had finished the year meeting it for every specialty.
- b) 52 Week Wait Breach: The Deputy Director of Contracting explained that this was more due to a data reporting error and that pathway had now been closed.
- c) Diagnostic Waits: 99% of patients wait six weeks or less from the date they were referred: STHFT had sustained this target for six consecutive months (October 2016 to March 2017). However, they had had an issue with two machines temporarily out of action so we may see a dip in performance in April.

- d) A&E Maximum 4 Hour Waits: STHFT had only achieved 89% in March so were not meeting the required standards as we moved into 2017/18. However, they had achieved 92% (unvalidated) in April and a similar position in May.

The Accountable Officer advised Governing Body that, at the regional board for urgent and emergency care, they had noted that STHFT was the fourth most improved trust in the country in terms of A&E performance. She advised that the trust had undertaken a huge amount of work, especially to improve the flow through the hospital, which was recognised by Governing Body. She also advised Governing Body that the CCG had an open contract performance notice and an action plan with the trust and we had accepted their remedial action plan, which would be monitored through the contractual routes we have in place.

The Accountable Officer also commended Sheffield Children's NHS Foundation Trust (SCHFT) which consistently met the 95% A&E target and were the best performing trust in the country, consistently achieving at least 98%.

- e) Ambulance Handovers and Crew Clear Delays: Between January and February there had been a significant improvement in performance on delays in ambulance handovers, although performance was still above trajectory. The number of crew clear delays had increased and also remained above trajectory.
- f) Cancer Waits: The CCG had met all of its cancer waits standards for 2016/17.
- g) Two Week Breast Symptom Treatment Standard: STHFT had failed to meet the 93% standard due to radiotherapy capacity issues. The CCG had been assured the trust had plans in place to address this.
- h) Improving Access to Psychological Services (IAPT): Access rates continued to be met and, although we had seen an improvement in patients moving to recovery, it was not enough for us to meet the year in total.
- i) Quality

The Chief Nurse advised Governing Body of the following:

- (i) Clostridium Difficile (C.Diff): Page 20 gave a summary of performance for 2016/17. Sheffield as a whole had had 218 cases against a target of 194, above the core cities average, and both acute trusts had been above target. We would be keeping the situation monitored and present an update in the next report. Further work needed to be undertaken on the reasons behind the increase in the number of cases.

**PB**

(ii) Prevent Training: The CCG had a duty in light of Manchester that everyone attended training. A two hour training session for GPs, who had a duty to attend, had been arranged for 11 July, with a theatre company attending to make the training more interactive. The Chief Nurse advised she would ensure that a reminder was sent out to all GPs.

PB

The Director of Public Health commented that it was a really good report, being really strong on quality, however, it included nothing on health inequalities.

Finally, the Deputy Director of Contracting drew Governing Body's attention to the recommendation in the report asking members to help define the structure and content of the proposed revised report by being part of a Task and Finish Group.

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to Quality, Safety and Patient Experience
- Assessment against measures relating to the Quality Premium

#### **64/17 Update on Commissioning for Social Value Action Plan**

The Director of Public Health gave an oral update and advised Governing Body that, whilst enacting a social plan was difficult, plans were written and agreed but not yet active, they needed to reflect on how to move it forward, and the action plan had no ownership.

The Accountable Officer reminded Governing Body that we had looked at how to do things differently and suggested that the plan was presented to the Senior Management Team (SMT) for them to review and discuss how to work on it with Sheffield City Council (SCC), for it to then come back to Governing Body in September.

MR

The Governing Body noted the update.

#### **65/17 Report from 2016 NHS Staff Survey**

Mrs Suzie Tilburn, Head of Human Resources (HR) and Organisational Development (OD) was in attendance for this item, and presented this report which provided Governing Body with a summary of the key findings from the 2016 Staff Survey and asked them to agree a recommended timeline for action in relation to sharing the results and a staff survey action plan with staff. She drew members' attention to the key headlines.

It was the fourth survey undertaken as an organisation, with all staff within the organisation asked between September and December 2016 to complete the survey. 81% of staff had completed the survey. The summary showed this and the previous year's scores and gave a wide range of issues and key findings. She advised that, at the time the survey had been undertaken, the CCG was going through organisational change,

so the survey was a point in time, which meant they had looked at other information when they had put the action plan together. The survey would be repeated again this year.

Mrs Tilburn advised Governing Body that the areas the CCG needed to look at included acting on staff feedback, communication with senior managers, and the decline in the number of appraisals being undertaken. She advised that there had been active discussion at the SMT, and directorate level reports had been discussed with individual directors, with them taking forward specific actions with their teams, and an overall action plan that had been split into key themes. The results had also been discussed at the Joint Staff Consultative Forum (JSCF), a good forum for two-way communication.

The Accountable Officer commented that the CCG was an organisation that was under stress so the results were understandable as there had been significant change within the organisation, but Governing Body needed to look at what it tells us for next year. She also advised that staff morale had been quite low just before Christmas, and a number of senior changes, especially those directors leaving or coming into post, had definitely had an effect on staff. She advised that we hadn't had the right staffing levels within our teams so people may now think they were not as much under pressure. She advised that she had been disappointed with the results and was very keen to use staff meetings and forums to continually get feedback from staff, which she assured Governing Body she was doing on an ongoing basis.

Ms Forrest commented that the issue that had stood out for her was the significant drop in the number of staff saying they did not feel able to make improvements in their area of work. She felt that this was a risk to the CCG and one that the executive team should keep under review.

Mrs Tilburn advised members that one of the areas being focused on was to make sure that staff appraisals were taking place, that staff were really clear about their objectives, and that appraisals were a positive experience.

Dr Sloan commented that she had the impression that staff morale had improved after the New Year and that people felt valued, especially during the staff wellbeing event.

The Director of Strategy and Integration felt that there were contradictions between some of the positives and the real negatives, however, would take a lot of heart that people felt they were making a real impact on the patients, which was a huge positive.

The Governing Body:

- Noted the content of the report.
- Agreed the timeline for action.

## 66/17 City-wide Locality Group Update

Dr Sorsbie presented this report which provided Governing Body with the key highlights, progress and risks in localities. She advised that it was a vehicle to get dialogue happening between Governing Body and the localities and to inform them of all the work being undertaken.

Dr Sorsbie advised Governing Body that an amazing amount of work was going on in the localities, and the engagement, enthusiasm and interest was phenomenal, given the amount of stress they were under. She drew Governing Body's attention to the key highlights.

North Locality were looking at the new primary care mental health model which would support the needs of patients with severe and enduring mental illness. It had the potential to be quite high level even though it was only in a few practices at the moment.

A neighbourhood integrated care team, known as the virtual ward, would be rolled out across Central locality in the first instance. The team was made up of all services, voluntary, health and care coming together to focus on their patients in a more co-ordinated way to increase primary and community care and support to reduce inappropriate admissions and reduce unnecessary stays in hospital. Latest data suggested that the number of inappropriate admissions were reducing.

Members discussed how practices realise the savings that were being made by initiatives such as this, and how they start to generate something that was sustainable. They also discussed that practices were being asked to work differently in a new way they had not done before, and the premises strategy would play a huge part in that. The Chair commented that Governing Body needed to take a view on how to realise the savings that were to be made, as this was a real concern for the city-wide localities group and for practices.

The Interim Director – Care Outside of Hospital advised that there were three major themes coming from practices: workforce, flow of money and finance, and estates, and commented that we needed to get the definitive view from our legal advisors on how we manage our estates and how we can work together to use any vacant space to our collective benefit.

Governing Body also discussed how to stop the savings from be 'sucked' into secondary care, however, it was not just about the money but also about engaging directly with practices and making sure this approach was magnified.

The Interim Director – Care Outside of Hospital advised that, with regard to active support and recovery (AS&R) they had recognised a lot of schemes, and conversations were taking place with STHFT colleagues to agree the conditions required to make a scaleable impact on hospital based provision and what the consequential action plan would be to

achieve that. This would need to be built into a citywide position.

Finally, the Chair advised Governing Body that, at the West Council meeting the previous week, a practice manager had expressed their thanks for the support and resource that was being given / received.

The Governing Body:

- Considered and noted the update from the City-wide Localities Group
- Responded to the questions listed in the report.

#### **67/17 Communications, Engagement, and Equality and Diversity Update**

The Strategic Communications and Engagement Lead presented this report which provided a summary of communications and engagement activity and impact between January and March 2017. She drew members' attention to the key highlights.

The team continued to try and align this with the objectives of the CCG, and had tried to include more around the impact of the CCG's engagement. With regard to communications and media handling, there were a lot of things they couldn't, or was hard to, capture, and there were also lots of misconceptions about things that were happening.

The Interim Director – Care Outside of Hospital commented that, looking at the size of the communications and engagement team and some of the challenges they had faced, what they were doing was remarkable, including reflecting too that it was important now to share learning across the teams in the organisations

Professor Gamsu commented that their work was about relationships with the public and trying to sustain something that was a long term agenda. He also commented that if we set the tone, we actually empower other organisations and the challenge for us was to sustain this.

Dr Sorsbie advised Governing Body that the mental health portfolio had invited service users to attend the mental health commissioning team meeting earlier in the day, who had been really surprised at how much engagement was at the heart of patient care.

The Chair asked about the interface between the STP communications team. The Strategic Communications and Engagement Lead explained that the CCG team was working very closely with them, and also had the advantage of them working in the same building.

The Governing Body noted the work undertaken and its impact.

#### **68/17 Reports circulated in advance of the meeting for noting**

The Governing Body formally noted the following reports:

- Accountable Officer's Report
- Chair's Report
- Accountable Officer's Report

- Report from the Primary Care Commissioning Committee meeting held in public on 29 March 2017
- Joint Commissioning Committee of CCGs (JCCCCG) Minutes
- South Yorkshire and Bassetlaw Collaborative Partnership Board Minutes
- Report from Audit and Integrated Governance Committee meeting 30 March 2017
- Audit and Integrated Governance Committee Annual Report 2016/17
- Remuneration Committee Annual Report 2016/17
- Serious Incidents Quarterly Report
- Complaints and MP Enquiries Annual Report 2016/17
- Gifts, Hospitality and Sponsorship Annual Report 2016/17

**69/17 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.

**70/17 Any Other Business**

There was no further business to discuss in public this month.

**71/17 Date and Time of Next Meeting**

The next full meeting in public will take place on Thursday 7 September 2017, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU