Sheffield Clinical Commissioning Group

Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 2 February 2017 in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

A

Present:
Dr Tim Moorhead, CCG Chair, GP Locality Representative, West (Chair)
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 John Boyington, CBE, Lay Member
Mrs Nicki Doherty, Interim Director - Care Outside of Hospital (from item 12/17)
Ms Amanda Forrest, Lay Member
Professor Mark Gamsu, Lay Member
Dr Terry Hudsen, 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
Mr Matt Powls, Interim Director of Commissioning and Performance.
Mrs Maddy Ruff, Accountable Officer
Dr Marion Sloan, GP Elected City-wide Representative.
Dr Leigh Sorsbie, GP Locality Representative, North.
Mr Phil Taylor, Lay Member

In Attendance:
Mrs Katrina Cleary, Programme Director Primary Care
Mrs Rachel Dillon, Locality Manager, West (from item 14/17)
Mr Greg Fell, Sheffield Director of Public Health
Ms Carol Henderson, Committee Administrator / PA to Director of Finance
Mrs Eleanor Nossiter, Strategic Communications and Engagement Lead
Mr Gordon Osborne, Interim Locality Manager, Hallam and South
Mrs Mandy Philbin, Deputy Chief Nurse (on behalf of the Chief Nurse)
Ms Judy Robinson, Chair, Healthwatch Sheffield
Mr Paul Wike, Joint Locality Manager, Central

Members of the public:
There were three members of the public in attendance.
A list of members of the public who have attended CCG Governing Body meetings is held by the Director of Finance.

ACTION

01/17 Welcome

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

02/17 Apologies for Absence

Apologies for absence had been received from Mrs Penny Brooks, Chief Nurse.

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chair, Sheffield Local Medical Committee, Mr Phil Holmes, Director of Adult Services, Sheffield City Council, and Mr Simon Kirby, Locality Manager, North.

The Chair declared the meeting was quorate.

03/17 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.

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

There were no declarations of interest from today's meeting.

04/17 Chair's Opening Remarks

The Chair advised Governing Body that he had no particular issues to advise them of this month.

05/17 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.

06/17 Minutes of the CCG Governing Body meeting held in public on 1 December 2016

The minutes of the Governing Body meeting held in public on 1 December 2016 were agreed as a true and correct record and were signed by the Chair.

07/17 Matters Arising

a) Format and Presentation of Papers for Future Governing Body Meetings (minutes 110/16 and 149/16(a) refer)

The Director of Finance advised that, as part of the next phase of the governance review, she and members of the CCG's corporate governance team had met to review Governing Body cover sheets and agree a number of proposed changes. She suggested that these should be used with immediate effect and did not need to be presented to Governing Body for approval.

Governing Body agreed that this item could now be removed as a matter arising.

b) Establishment of Commissioners Working Together (CWT) Joint Committee of Clinical Commissioning Groups (CCGs) (JCCC): Right of Veto (minutes 118/16 and 149/16(b) refer)

The Director of Finance advised that, following queries raised by members of the Governing Body at its meeting on 7 October 2016 relating to the operation of the JCCC, and following a further separate meeting with Mr Boyington, Mr Taylor and the Interim Director of Commissioning and Performance, advice had been sought from the lawyers who had prepared the Joint Committee Establishment Agreement for the CCGs, which provided helpful clarity on the operation of the committee going forward. Clarity had also been sought from the Sustainability Transformation Plan (STP) Programme Director on a number of process issues, including clarity around the formal appointments process for the committee's two Lay Members and as to when the committee would start to meet in public.

She advised members that, at its meeting on 6 December 2016, the Joint Committee had agreed that there would be a joint formal appointments process for the Lay Members, and that meetings would be expected to be held in public from April 2017.

Mr Taylor advised members that he and Mr Boyington felt reassured with the legal advice given and were satisfied with the arrangements for the present time. He reminded members that the CCGs, as a Joint Committee, had collectively agreed to only consider business cases for hyper acute stroke services and children's surgery at the moment, and that arrangements set out in the Agreement would be reviewed before any further commissioning responsibilities were delegated to the Joint Committee for consideration. Further discussion in this respect would need to take place at Governing Body once these two issues had been resolved.

On the basis of the above, the Director of Finance advised that they were recommending to Governing Body to proceed as per the Agreement they had considered on 7 October, but with the changes that had been subsequently agreed by all CCGs at the Joint Committee meeting on 6 December relating to the formal appointments process for the two Lay Members and that meetings would start to be held in public. This was approved by Governing Body.

The Director of Finance advised that she would now complete her briefing paper on the Joint Committee of CCGs and the question of Right to Veto, including the legal advice, and circulate to members for information. **JN**

Members thanked the Director of Finance and Interim Director of Commissioning and Performance for all their hard work in getting the CCG to this position.

Governing Body agreed that this item could now be removed as a matter arising.

c) Domiciliary Care Providers in the City (minutes 139/16 and 149/16(e) refer)

Ms Forrest expressed concern that Governing Body was still not in receipt of the briefing note from Sheffield City Council (SCC) that related to the lack of domiciliary care providers in the city including how SCC would tackle this issue on a short and medium term basis and how the market could be reinvigorated. The Director of Strategy and Integration advised that he would follow this up with SCC's Director of Adult Services and aim to circulate something to members prior to the next Governing Body meeting in public in April. **PM/PH**

Governing Body agreed that this item should be kept as a matter arising.

The Director of Strategy and Integration drew members' attention to the update on the Active Support and Recovery (AS&R) programme (paper Bi) he had agreed to circulate to members. He advised members that the Delayed Transfers of Care (DTOCs), position had improved over the past few weeks due mainly to a short term task team put in place to actively support discharges from hospital. He also advised members that a three point plan, managed on a weekly basis at Chief Executive level, had been put in place, looking at discharges from hospital to community services, activity that had been commissioned for next year, and a broader plan.

Professor Gamsu commented that one of the challenges we faced related to increasing our community / independent sector support and, in this respect, he expressed concerns that we did not regularly describe how much funding we invested in these two areas, and that there was no way of measuring if we were starting to achieve our ambition of moving services from the hospital to the community, as the data did not provide that test. The Director of Strategy and Integration advised that a lot of work was being undertaken around this as part of our joint custodian of the Better Care Fund (BCF) role, which would be part of future updates to Governing Body. **PM**

Ms Forrest reminded members of the link to neighbourhood development, which was really important to the success of this, and commented that we absolutely had to make sure that the people that attended those development meetings were those that could make decisions, which could be a really good lever if properly resourced and supported. The Director of Strategy and Integration responded that the Interim Director of Care Outside of Hospital had been asked to lead on this, at director level, for the CCG.

The Interim Director of Commissioning and Performance advised that, although the Interim Director of Care Outside of Hospital was the responsible director for neighbourhoods, he could provide examples to Governing Body of measuring success and where we had truly shifted **MP**

resources as part of our commissioning.

The Governing Body received and noted the update.

d) Update on Winter and Urgent Care (minute 152/16 refers)

The Director of Strategy and Integration advised members that, with regard to updates against the metrics relating to the six key focus areas, details of the full first month of impact were in the process of being collated and would either be presented to the next meeting or circulated to members separately. **PM**

e) Improving Access to Psychological Therapies (IAPT) (minute 156/16(f) refers)

The Interim Director of Commissioning and Performance advised members that, in respect of the feeling of general practice that the IAPT service was not doing as well as was reported and that the data might not be capturing everything that it should, he had spoken to members of the mental health portfolio team who had advised that some of this related to staff resourcing, moving the team around, and staff sickness. He reported that he had asked the team to work with the provider and to provide the CCG with a locality by locality data set which would help us to start to address the problems, and to target improvements in a specific area if required.

The Accountable Officer advised Governing Body that an update report on mental health services would be presented in public in April, including an update on whether or not our bid for IAPT funding had been successful. **PM**

f) Feedback from West Locality Meeting 1 February 2017 (minute 160/16 refers)

Governing Body asked that an update be given at the next meeting on the response from the CCG's elective care team to the letter from the West Locality expressing their frustration on the lack of pace of delivering gynaecology services from the hospitals into the community, and as to how this could be moved on at pace. **RD** **MP/MR**

08/17 Standards of Business Conduct and Conflicts of Interest Policy and Procedure

The Director of Finance presented this policy and procedure which, she advised, had been produced based on revised national statutory guidance from NHS England in June 2016 and which brought together a number of existing CCG policies into one document. She reminded members that, due to the size of the supporting documentation, this had been circulated separately to them by email as part of the Governing Body meeting papers supporting information pack.

The Director of Finance advised that the documentation had been

circulated to key people within the organisation for comment and had also been received and reviewed by the CCG's Audit and Integrated Governance Committee (AIGC) at its meeting on 15 December 2016, which had recommended the policy to Governing Body for approval.

The Chair thanked the CCG's corporate governance team for all their hard work in pulling this document together.

The Governing Body approved the Standards of Business Conduct and Conflicts of Interest Policy and Procedure.

09/17 Review of Governing Body Committees and Sub Committees Terms of Reference (ToR)

The Director of Finance presented the revised terms of reference for the Governing Body committees and sub-committees, following a full review by each respective committee / sub-committee which all now recommended them to Governing Body for approval. She reminded members that, due to the size of the supporting documentation, this had been circulated separately to them by email as part of the Governing Body meeting papers supporting information pack. She also reminded that Governing Body, Member practices, and NHS England had previously agreed that the ToR could be removed as appendices to the CCG's Constitution, whilst still referenced in it, which would enable them to be updated and amended quickly and effectively to reflect current circumstances, subject to undergoing a rigorous governance process.

Professor Gamsu advised Governing Body that he had discussed the status of the CCG's Strategic Public Experience Engagement Equality Group (SPEEEG) with the Accountable Officer as his thoughts were that it was important, due to the nature of its business, to be established as a committee or sub-committee of Governing Body. The Accountable Officer advised members that she would discuss with the CCG's Strategic Communications and Engagement Lead how to take this forward. She suggested that, as establishment of a formal committee or sub-committee of Governing Body would mean a change to the CCG's Constitution, a proposal should be presented for Governing Body to recommend to Member practices and NHS England for approval.

EN/MR

JN

The Governing Body:

- Approved the proposed changes to the Terms of Reference for the Audit and Integrated Governance Committee.
- Approved the proposed changes to the Terms of Reference for the Remuneration Committee.
- Approved the proposed changes to the Terms of Reference for the Quality Assurance Committee
- Approved the proposed changes to the Terms of Reference for the Primary Care Commissioning Committee
- Approved the proposed changes to the Terms of Reference for the Governance Sub-Committee

10/17 Operational Plan and Commissioning Intentions 2017/18 and 2018/19

The Interim Director of Commissioning and Performance presented this report. He reminded Governing Body that they had approved the proposed process for sign off of the plan before submission to NHS England on 23 December 2016, in private on 1 December 2016, which included giving delegated authority to the CCG Chair and Accountable Officer to sign off the final plan on their behalf, prior to submission. Governing Body had also noted that the final plan would be brought to Governing Body in public in February 2017 for formal ratification. He reminded members that, due to the size of the supporting documentation, this had been circulated separately to them by email as part of the Governing Body meeting papers supporting information pack. He advised members that NHS England had fed back that they were impressed with the plan and that it gave a cogent story.

The Chair of Healthwatch drew members' attention to Enabler 3: Communications and Engagement (page 69). She commented that Healthwatch had not been mentioned as a formal body in the CCG's approach to this engagement, and also expressed surprise about the wording of the first bullet point in this section that stated that: "Will focus on the contents of the plan – what we will be doing and what this will mean for children, young people and adults in Sheffield. This takes into account the general public apathy towards 'plans and strategies' and will aim to provide a more tangible picture of the outcomes we are working towards". She also commented that she could not see reference to social value and commissioning and to the shift in culture and way the CCG commissions. The Interim Director of Commissioning and Performance welcomed a conversation with her to discuss suggested amendments / rephrasing to the wording in these relevant sections. He advised that the plan would not be formally signed off by NHS England until its next meeting with the CCG as part of the CCG's formal assurance process, and that it was likely that the plan would be signed off only as partially assured as the CCG did not meet all of NHS England's Business Rules. **MP**

The Strategic Communications and Engagement Lead advised members that she was currently in discussions with external designers / printers in relation to a brief / executive summary of the plan, which she hoped would be complete by the end of March. **EN**

The Governing Body:

- Reviewed the Operational Plan 2017/19 that had been submitted to NHS England on 23 December 2016.
- Noted the anticipated assurance rating of the Operational Plan by NHS England.
- Formally ratified the final Operational Plan, as signed off by the CCG Chair and Accountable Officer on 22 December 2016.
- Noted the risks to delivery and actions taken to address these.

11/17 2017/18 Initial Budgets

The Director of Finance presented the detailed initial budgets for 2017/18 (attached at Appendix B) which, she advised, had been discussed in private on 12 January 2017. She reminded Governing Body that they had previously approved the CCG's financial plan in private, prior to submission to NHS England on 23 December 2016; however, this had not been officially signed off as yet. She advised that there were encouragements from NHS England to see if all CCGs could increase their Quality, Innovation, Productivity and Prevention (QIPP) planned levels, however, we were saying that we had a plan that needed to be challenging but affordable and doable. This was currently 2.6% (£21.6m) of our total budget, which was shown in the budgets presented today, but we were benchmarking it to see if we could get it to 3%.

Mr Taylor, Chair of the QIPP Sub Group advised members that we might be coming under some pressure to increase the level of the QIPP but he would suggest that we resist doing this and, instead, that any additional QIPP should be put in a contingency reserve that was not offered up to NHS England. The Director of Finance advised that it would be helpful to have Governing Body endorsement on a letter she had just written to NHS England in this respect.

The Director of Finance advised Governing Body that a huge amount of work had been undertaken to get to the current position with these budgets, they reflected the outcome of our contract negotiations, reflected our view of the QIPP, and where we needed to provide investment. With regard to the latter, she advised that not all investment was shown through on the budget lines as yet as there was still work to be undertaken on the commissioning reserve for community development, which would not be shown until those plans had been finalised. She advised that it was a formal requirement of Governing Body to approve the initial budgets that were input to the CCG's financial ledger and the CCG's budget holders, ready for 1 April 2017.

The Director of Finance advised members that, whilst the paper demonstrated how we managed the budget, it did not show the CCG's intended transfer of resources which she could present as a separate piece of analysis. However, in the QIPP column of the budgets, it did show the amount of savings we were asking our secondary care colleagues to make.

Dr Afzal suggested that it would be helpful to give our Member practices some notion of the intended transfer of resources. The Accountable Officer also welcomed sight of the total spend on primary care to use as part of her practice visits programme and meetings with practices through the localities, but recognised the difficulty in pulling this together as the funding came from many different 'pots'.

Dr Bates suggested that it would be very helpful if the CCG put on a workshop on how to interpret a financial paper. The Director of Finance explained that she always welcomed requests for informal discussions **JN**

through her 'open door' policy and her thoughts were that people would come to a workshop with different levels of knowledge, however, could do this as a combination of the two. Mr Taylor suggested that it would also be helpful to reinforce and reiterate the principles, go into more description about the management accounting information, and discuss how information could be presented in a different way. He also advised members that the Healthcare Financial Management Association (HFMA) had a good range of e-learning packages and seminars which were available free to the CCG as it had a partnership membership.

The Chair of Healthwatch welcomed the idea of this workshop as there was a lot of misinformation around, and personally would like to be able to explain to people what the CCG's financial reports really meant. She commented that it would be helpful if a summary guide could mirror the clear guide included on the back of the Sustainability Transformation Plan (STP), and, in this respect, would be more than happy to help test something out.

The Accountable Officer suggested that it may also be helpful if the Strategic Communications and Engagement Lead look into SCC's approach to describing financial information. She also advised that she had received a formal request from SCC to brief the Governing Body on their business and financial strategy and provide some information on their funding and spending levels. **EN**

Ms Forrest reminded members that they had agreed at the strategic OD session held in private on 12 January 2017 to form a small group to discuss mental health investment, and the need to have a better understanding of what we really mean about mental health. Dr Sorsbie advised that she had recently taken part in a teleconference with a number of the CCG's Executive and Clinical Directors, which had given her a short overview of this and been very reassuring, although they had questioned as to whether we were really moving towards Parity of Esteem. The Director of Strategy and Integration advised members that, as part of that discussion, they had suggested having a proper Quality Impact Assessment (EIA) on the 2017/18 QIPP with Sheffield Health and Social Care NHS Foundation Trust (SHSCFT), which would be taken forward outside of the meeting. **PM**

The Director of Strategy and Integration agreed to brief Ms Forrest fully on the discussions outside of the meeting. **PM**

The Director of Finance advised members that, with regard to the financial plan, we were one of the very few geographical areas that had sent in financial plans that met their Sustainability Transformation Plan (STP) control total. Feedback from NHS England was that the South Yorkshire and Bassetlaw (SYB) area was the only one that had got to an aggregate position across its control total and she explained that the five CCGs had worked together to agree how they might achieve that particular figure. The Chair advised that NHS Clinical Commissioners (NHSCC) had been undertaking a high profile media campaign to talk about the problems in budgeting and commissioning services and he would circulate the **TM**

summary of this to members.

The Accountable Officer advised members that the SYB Accountable Officers would shortly be meeting with the Chief Executive of the STP to discuss his paper setting out proposals to NHS England (NHSE), assuming that NHSE would confirm that SYB was one of the areas that was further ahead with its STP than others, in respect of the permissions these CCGs would have as part of their delegated authority so they did not have to abide by all the business rules. **MR**

Finally, the Chair thanked the Director of Finance and her team for all their hard work in pulling this report and initial budgets together.

The Governing Body approved the 2017/18 initial budgets and budget holders (as set out in Appendix B), noting the risks and issues to delivery of the overall financial plan for 2017/18.

Mrs Doherty, Interim Director – Care Outside of Hospital, joined the meeting at this stage.

12/17 2016/17 Finance Report

The Director of Finance presented this report which provided Governing Body with the Month 9 results and the key risks and challenges to deliver the planned year end surplus of £3.5m (0.5%). She advised Governing Body that there had been a slight improvement since the previous month mainly due to a reduction in activity at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) during December. She also drew members' attention to section 2.1.6 that confirmed the CCG's Quality Premium (QP) allocation for 2015/16 performance indicators was £1,780k and advised that we were required to publish where this had been spent on improvement in health services, which was detailed on page 5. She explained that this funding was always available non recurrently as every year we had to achieve a variety of measures.

Dr Sorsbie asked about the underspends in primary care and the Locally Commissioned Services (LCSs) and asked if these would either offset some of the total CCG overspend or be recycled back into the primary care budgets. The Director of Finance explained that the CCG was not allowed to carry these underspends forward and that, as she had to have some leeway, at this stage in the year they would be used to offset overspends and to balance the totality of the budgets.

Dr Bates asked why the CCG had given £1m to STHFT for winter resilience. The Director of Strategy and Integration reminded members that the decision had been taken the previous year not to have winter resilience money, however, following further review on a range of possible investments whereby people would not be waiting around in A&E, the CCG had felt that patients could come to harm if additional winter resilience was not provided and therefore had agreed to provide this funding to STHFT, an additional £360k to primary care, and some funding into reducing DTOCs, through AS&R, by providing additional health care

associates and creating step up and down beds in a concerted effort to get people discharged from hospital as safely and effectively as possible. He advised that, however, there was still significant pressure in the system as activity was still going through the hospital and people were still turning up at A&E.

The Interim Director of Commissioning and Performance advised members that, in terms of investment, looking at performance data between December and January, there was a 3.5% improvement in waiting times in A&E in terms of the four hour target. He was supportive of the investment that had been made at STHFT and the performance improvements that had been made.

The Accountable Officer advised Governing Body that it had been a huge success story that had improved performance, including flow through the hospital and discharge, and it was a good example of how the whole health and social care system had come together and formed a multi-disciplinary council. She commented that, even though the whole country had been under a massive amount of pressure this year, the Sheffield system had not collapsed due to the way organisations had worked together as a team to put in place much better systems and processes.

Ms Forrest reminded Governing Body of the problems in provision of domiciliary care, which was unstable at the present time, and was now costing considerably more than when it was provided in-house by SCC. Her thoughts were that the system was not running smoothly all the time and that the CCG and SCC were having to invest more money all the time to ensure we have a stable sector to improve the flow through the hospital, which was an expensive solution to a problem that might have been more anticipated.

The Director of Strategy and Integration reminded members that the problems with the provision of domiciliary care had had been ongoing for a number of years but this winter we had found an effective way of improving the situation. This could be included as part of the briefing note requested from SCC relating to domiciliary care providers in the city (as noted under minute 07/17(c)).

The Medical Director commented that everyone was aware of the political pressure to invest in the hospitals, and especially around achievement of the maximum four hour wait in A&E target but sometimes as a CCG we had to do some pragmatic things and the system change we were starting to see was worth the investment, including finding that secondary care was starting to engage much more with us so that we could collectively manage the system.

The Governing Body received and noted the report.

13/17 Update on Quality, Innovation, Productivity and Prevention (QIPP) Plan for 2016/17

The Interim Director of Commissioning and Performance presented an update on progress with implementation of the CCG's Quality, Innovation, Productivity and Prevention (QIPP) Plan for 2016/17. He drew Governing Body's attention to the key highlights.

At this stage of the year we should have delivered £12.28m but had actually delivered £8.374m, which meant that we were currently £3.91m behind plan, a deterioration of £1.5m compared to last month. This meant we were now forecasting year end gross savings of £13.5m, compared to the £19.491m originally forecast.

He reminded Governing Body that, at the last meeting, they had asked the QIPP Sub Group to start to look at the QIPP programme for 2017/18, suggesting a working target of £25m. He advised that next year we would need to achieve a minimum of £21.4m and that £25m was a stretch target, and reported that, at the time of writing, there were both some identified and unidentified schemes, with other projects going on that had not yet arrived at either the approval or planning stage. He commented that QIPP was a challenge across the STP footprint so they were coming together as CCGs to look at where they might be able to undertake joint QIPP schemes or share ideas.

The Interim Director of Commissioning and Performance advised Governing Body that the Clinical Assessments, Services, Education and Support (CASES) elective care model, which aimed to provide a genuinely joined up approach to delivering patient care, had been held up by NHSE as a good example of the work we were doing. He advised that, with regard to evaluation of the pilot it would be undertaken when the full complement of data was available in March 2017. In response to a question relating to health optimisation he stated that it was not driven by cost savings. The Accountable Officer advised members that NHSE had asked SYB CCGs to look at this under quality of services and that proposals would be presented to Governing Body in due course following discussions at a SYB level.

The Interim Director of Commissioning and Performance advised Governing Body that, with regard to the CCG being responsible for the cost of the rooms (void space) in the primary care Local Improvement Finance Trust (LIFT) buildings under the terms of the lease arrangements, as we could not withdraw from this and so generate a cash saving this was not a QIPP scheme per se, but we were trying to optimise this void space and were in the process of taking legal advice as to how best we could do this. **MP**

The Interim Director of Commissioning and Performance also advised Governing Body that, as set out in section 2.8, as part of the planning for the 2017/18 programme, a review of the Programme Management Office (PMO) had been undertaken to ensure that all programmes that were undertaken had a uniform approach and process. The Accountable

Officer also reiterated that it was about planning, and building on ideas that were already there, working those ideas up into delivery plans that would be monitored by the QIPP Sub Group. A series of workshops for staff were just in the process of being finalised for them to understand this new way of working. The Interim Director of Commissioning and Performance suggested that the QIPP Sub Group's summary report be appended to the Governing Body report which would give them a quick overview of progress.

Finally, Mr Taylor, Chair of the QIPP Sub Group, congratulated the PMO on the way it was improving the robustness of the way projects were managed and commented that it would greatly enhance the CCG's chances of delivering.

The Governing Body:

- Noted the revised forecast in relation to the total amount that was due to be achieved in 2016/17.
- Noted the work that was ongoing in order to maximise the CCG's potential of achieved savings.
- Noted the work that had been completed and ongoing to date to develop the 2017/18 QIPP programme and supporting processes.

Ms Dillon, Locality Manager, West, joined the meeting at this stage.

14/17 Quality and Outcomes Report

The Interim Director of Commissioning and Performance 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: Whilst Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Children's NHS Foundation Trust (SCHFT) had both met their targets for 92% of all patients to be waiting less than 18 weeks for treatment, performance in gynaecology and oral surgery at remained below the standard. The Interim Director of Commissioning and Performance was asked to seek clarity as to whether the waiting times for oral surgery included children, especially as Sheffield children had the highest prevalence of tooth decay in the country. **MP**

b) A&E Maximum 4 Hour Wait: The Interim Director of Commissioning and Performance advised Governing Body that STHFT had achieved 94.3% on 27 January, although weekly performance for January was at 83.8%, an improvement on the 80.3% achieved in December 2016. He advised that this was, in part, down to the work that the Director of Strategy and Integration and his team were doing with the trust to help improve the position.

The Director of Strategy and Integration reported that, during January, there had been three 12 hour trolley wait breaches within A&E, which had not resulted in any harm being caused to the patients. He would **PM**

report on this in the next report.

c) Cancer Waits: It was expected that the target for 62 day patient waits from GP referral to treatment would be met for the quarter for Sheffield. However, there were ongoing problems within STHFT relating to late inter-trust referrals. He advised that the CCG's Interim Deputy Director of Contracting was taking forward discussions within the Cancer Alliance about establishing a joint inter-provider transfer policy and common approach to the performance management of cancer waiting times.

d) Mental Health: Three of the four nationally mandated targets for Improving Access to Psychological Therapies (IAPT) were being met. With regard to Early Intervention in Psychosis (ETP), the access target of 50% of people being seen within two weeks was being met, however, it was unlikely that this would improve significantly due to higher demand on the service than initially predicted.

e) Quality

The Deputy Chief Nurse advised Governing Body of the following:

(i) Clostridium *difficile*: There had been 169 cases attributable to the CCG so far this year, against a target of 194 for the whole year. STHFT had incurred 27 more cases than in the same period last year and SCHFT had incurred four, which was eight fewer than in the same period last year, but above the full year target of three. An update would be given to the next meeting.

(ii) Meticillin-Susceptible Staphylococcus Aureus (MSSA): STHFT had had 49 reported cases, which exceeded their annual internal target of 42 cases. The CCG was assured on the work the trust was undertaking relating to the practicalities of implementing a patient decolonisation scheme, and on possibility undertaking a Root Cause Analysis (RCA) for each attributable case to identify any possible learning.

(iii) Care Quality Commission (CQC) Regulatory Reviews: There were ongoing actions for SCHFT following their inspection undertaken between 14 and 17 June 2016, delivery of which were being monitored by the CCG. SHSCFT were expecting a report in March from their inspection undertaken in November 2016 and would expect an action plan to be supporting that. The report from the inspections of Yorkshire Ambulance Service NHS Trust (YAS) 999 and 111 services were expected to be received within the following week.

(iv) Complaints: Seventy four complaints had been received during the first two quarters of 2016/17, and there had been an increase in the number of oral or fast track concerns with 110 being received during the first two quarters of the year. Work continued to try and improve our response rates within the agreed timescales, which were improving from the 45% reported in 2015/16.

(v) Previously Un-assessed Periods of Care (PUPOC) for Continuing Health Care (CHC): NHSE had set a trajectory for each CCG to ensure completion of initial assessment of all cases. The Deputy Chief Nurse advised Governing Body that we were completely on track and likely to deliver ahead of time.

f) Other Issues

The Director of Public Health presented the Public Health quarterly update and drew Governing Body's attention to the following key highlights.

- A revised strategy on oral health would be presented to the Health and Wellbeing Board within the next couple of months.
- It was too early to say whether the rate of people being tested for Tuberculosis (TB) screening was increasing or not.
- The Sheffield Alcohol Strategy had been revised and refreshed, with five priorities agreed.
- The Tobacco Control Strategy for Sheffield was about to be reviewed and refreshed.

The Governing Body:

- 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.

15/17 NHS Sheffield CCG Response to the GP Five Year Forward View

The Programme Director Primary Care presented this report which provided members with an update on the CCG's response to the GP Five Year Forward View that had been submitted to NHS England (NHSE) on 23 December 2016 via the Primary Care Commissioning Committee (PCCC), which had delegated authority from Governing Body to approve this, and to give Governing Body assurance that we were in line with the process that was required of us.

She advised Governing Body that we had received feedback from NHSE on submission which had been assessed against a 26 point framework. Whilst our plan had been given a GREEN rating, there were four areas where NHSE had requested further clarity, which the primary care team had now reviewed and submitted an addendum to the submission, with a plan for each one that would be discussed at our next assurance meeting with NHSE.

She advised Governing that the CCG's Primary Care Co-Commissioning Manager was currently developing real implementation plans for how this ambition could be achieved and implementation would be monitored through the PCCC. We were engaging with interested people, had had a discussion at the City-wide Locality Group (CLG) earlier in the week, would be discussing it with the Locality Managers on 23 February, and

should be sharing it at the next Members' Council meeting. She advised that, at this stage, it was difficult to confirm what financial resource was already available and what may become available to fund key proposals.

The Governing Body received and noted the report.

16/17 Reports circulated in advance of the meeting for noting

The Governing Body formally noted the following reports:

- Standards of Business Conduct and Conflicts of Interest Policy and Procedure (to support main agenda item 7 (paper C))
- Review of Governing Body Committees and Sub Committees Terms of Reference (to support main agenda item 8 (paper D))
- Operational Plan and Commissioning Intentions 2017/18 and 2018/19 (to support main agenda item 9 (paper E))
- Report from the Quality Assurance Committee meeting held on 25 November 2016
- Report from the Audit and Integrated Governance Committee meeting held on 15 December 2016
- Report from the Primary Care Commissioning Committee meetings held in public on 17 November 2016 and 4 January 2017
- Locality Executive Group reports
- Neighbourhood Report
- Joint Committee of CCGs Minutes
- South Yorkshire and Bassetlaw Collaborative Partnership Board Minutes
- A Great Start in Life - Best Start Programme Update
- Quarterly Update on Safeguarding
- Update on Serious Incidents
- Accountable Officer's Report

17/17 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.

18/17 Any Other Business

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

19/17 Date and Time of Next Meeting

The next full meeting in public will take place on
Thursday 6 April 2017, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Appendix A

Questions from Mr Mike Simpkin, Sheffield Save our NHS, to the CCG Governing Body 2 February 2017

Question 1 Part 1: There is considerable public concern about mental health services in Sheffield. Despite some successes, accounts of poor access especially for young people are compounded by a more general constriction of services because of cuts; the withdrawal of some community-based clinical staff; and increasing stress on those who are left - especially given the rise in need indicated in this month's Quality and Outcomes Report.

CCG Response:

Children and Young People

In Sheffield we are implementing our local transformation plan to improve children and young people's mental health. We have improved access to mental health treatment and to the citywide early intervention offer. We will continue to improve provision in line with our plan.

Adults

With regards to cuts into community services in adult teams, we have actually invested into Home Treatment Teams in mental health and out of hours community responses over the last 12 months. SHSC have themselves done work on pathway design which may have seen changed configuration, but there is now £750k more invested into community services than in 2015/2016.

The 'rise in need' referred to in the Quality and Outcomes Report relates to the performance against the 2 week wait for Early Intervention in Psychosis assessment. Whilst the target was still being met in November, our provider is receiving a far higher-than-anticipated level of demand. This is an issue recognised by NHS England and will be the focus of a meeting hosted by them scheduled for 17 March. It is nationally recognised that the prevalence rates on which the service provision was developed reflected those experienced in the south of England, and are below those which many CCGs in the north are experiencing. SHSC has been asked to develop a business case to develop the service to meet local demand.

Question 1 Part 2: Recent attempts to explain or justify the closure of beds and more at Hurlfield View, Birch Avenue and Wainwright Crescent have produced seemingly contradictory accounts from commissioners and providers.

CCG Response:

Hurlfield View

NHS Sheffield CCG does not commission services at Hurlfield View; these are commissioned by Sheffield City Council. We are however continuing to work closely with colleagues at both the council and Sheffield Health and Social Care NHS Foundation

Trust (the provider) to ensure that the health needs of those individuals who currently use Hurlfield View continue to be met.

Birch Avenue

There is no intention to close Birch Avenue, we know there is a need for this service and do not want it to close. The safety and welfare of patients remains paramount, and ensuring they continue to receive high quality care that meets their needs is our priority. We are not changing the service provided; this will continue to be nursing care for people with enhanced dementia needs as it is now. The tender process that South Yorkshire Housing Association are currently undertaking is about seeking a new staffing provider, not changing the actual service.

Family members and carers will be invited to take part in the evaluation process. We hope that we will be able to retain many of the same staff and would be looking for them to transfer to the new provider so they could continue caring for residents.

Wainwright Crescent

NHS Sheffield CCG has no plans to disinvest from the service currently provided at Wainwright Crescent. We are aware however that the 'step down' beds at Wainwright Crescent which are commissioned by Sheffield City Council will not in future be block purchased. The service will instead be provided in a number of different ways, depending on personal choice and the specific needs of each individual. This may mean that some people can be cared for in their own home, rather than within a ward type setting; underpinning the person centred approach to better supporting people in the least restrictive environment within their own community.

Question 1 Part 3: Continuing poor outcome statistics for IAPT suggest problems either in appropriate referrals or the quality of service offered - as well as longstanding weaknesses in the IAPT model.

CCG Response:

The IAPT performance data reported in the Quality and Outcomes Report: Month 8 - 2016/2017 for Governing Body meeting 12 January 2017 related to the August 2016 national data. Sheffield is in fact held up as a beacon of good performance particularly in relation to supporting people with more complex needs. In December 2016 the service was invited by the National IAPT Director to write a case study on the service changes that have been implemented and the outstanding performance achieved recognising that the service offered which embraces medically unexplained symptoms (MUS) and long term conditions (LTC) is considerably more comprehensive than that in most other areas.

Summary of IAPT Performance using locally captured data

TARGET PERFORMANCE	Actual performance		
	November 2016	December 2016	January 2017
Access to first treatment - 18wk (95% per month)	100% - October	99% - Nov 16	99.36% - Dec 16
Access to first treatment - 6wk (75% per month)	89% - October	88.5% - Nov 16	89.1% - Dec 16
Waiting clearance times (<10 weeks)	4.36 – Oct 16	5.17 – Nov 16	5.56 – Dec 16
Recovery rate (50% monthly)	50.3% - October	50.3% - Nov 16	50.17% - Dec 16
Access rate (3.75% quarterly, suggested 1.25% monthly)	1.55% - October	1.88% - Nov 16	1.05% - Dec 16

Question 1 Part 4 Whilst welcoming the CCG's intention, reported in the Operational Plan, to restore financial parity of esteem and (with cautions) deliver other improvements, the robustness of the overall targets seems far from secure. Can the CCG undertake to bring to a meeting in the near future a specific paper concentrating on adult mental health services in the city, outlining needs, resources and more specific plans to deliver the improvements in Sheffield's mental health which it is seeking.

CCG Response:

The Mental Health Commissioning Team has set its operational plans against the national 5 Year Forward expectations relating to our investment and local performance. However, these national expectations do not all come with investment. Therefore we have to bid for national money when we can against the national targets, which we plan to deliver, whilst also reviewing how we spend our money to ensure that we are achieving outcomes and best value overall in mental health. There is also the need imposed on us by NHS England to balance our books overall as a health care system. This has led to a resource gap for the CCG as a whole, and meant the organisation had to make decisions on investment in 2016/17. Due to this and the expected phasing of investment the increase in Mental Health spend in 2016/17 is 1.6% against a target of 2.1%. The 5 years financial plan has been based on a gap analysis resulting in expected areas of investment within the Mental Health Five Year forward Year. This means that the CCG is unlikely to meet the Mental Health - Investment Standard in 2017/18 alone (0.7% increase against a target of 1.6%) however the standard will be met over the two year planning and contract planning for the CCG of 2017-19.

All of this investment is with a backdrop that Sheffield CCG is within the top 10 CCG in terms of percentage of overall spend spent on Mental Health, Learning Disability and Autism. Sheffield CCG currently spend 18% of its allocation on Mental Health, Learning Disability and Autism compared to a region average of 13%.

As previously stated to Governing Body, we recognise that addressing mental health from a CCG perspective alone will not enable us to achieve the plans that we intend to deliver, especially in the context of the impact of austerity measures on our Local Authority. Therefore we plan to deliver our investments and savings plans jointly, and to identify new models of service that enable us to jointly achieve the Five Year Forward Vision.

We would be happy to attend Governing Body as a Joint MH CCG/LA team in coming months and we will table a discussion at GB in the near future around mental health provision across Sheffield.

Question 2: ***The October minutes of the Joint CCGs Committee brought to this agenda state that from December it would be no longer shadow but be operating according to the agreed terms of reference. These should include the manual for the Working Together JCCCG agreed by Sheffield CCG in October which says that meetings will be held in public (Appendix 2 10.1) Yet the answer to the question I asked at the last Governing Body meeting stated that there would be no public meeting at least until March. It seems clear that the JCCCG, once formally operating, comes under legislation requiring meetings to be held in public e.g. Public Bodies (Admission to Meetings) Act 1960 and that the same could apply to the STP Board. Can the CCC GB confirm that no binding decisions regarding public services will have been made until the JCCCG begins formally to meet in public.***

CCG Response: *Following queries raised by members of the Governing Body relating to the operation of the Joint Committee of CCGs (Joint Committee), advice was sought from the lawyers who had prepared the Joint Committee Establishment Agreement for the CCGs, which provided helpful clarity on the operation of the committee going forward. Further clarity was also sought from the Working Together Programme Director on a number of process issues, including clarity around the formal appointments process for the committee's two Lay Members and as to when the committee would start to meet in public.*

At its meeting on 6 December 2016, the Joint Committee agreed that there would be a joint formal appointments process for the Lay Members. The Working Together Programme Director has confirmed that the Joint Committee is properly constituted and that it will make no binding decisions until it is meeting in public. The first such meeting is expected to be in April 2017.

The CCGs, as a Joint Committee, have collectively agreed to only consider business cases for hyper acute stroke services and children's surgery at the moment, and that arrangements set out in the Agreement will be reviewed before any further commissioning responsibilities are delegated to the Joint Committee for consideration.