

**Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 24 May 2018
in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU**

A

Present: Dr Tim Moorhead, CCG Chair, GP Locality Representative, West (Chair)
Dr Nikki Bates, GP Elected City-wide Representative
Dr Gasan Chetty, GP Locality Representative, Central
Mrs Nicki Doherty, Director of Delivery - Care Outside of Hospital
Professor Mark Gamsu, Lay Member
Dr Kirsty Gillgrass, GP Locality Representative, Hallam and South
Dr Terry Hudson, GP Elected City-wide Representative
Mr Brian Hughes, Director of Commissioning and Performance
Dr Jennie Joyce, GP Locality Representative, North
Dr Annie Majoka, GP Elected City-wide Representative (from item 80/18)
Ms Julia Newton, Director of Finance
Mrs Maddy Ruff, Accountable Officer.
Dr Marion Sloan, GP Elected City-wide Representative (from item 77/18(d))
Mr Phil Taylor, Lay Member
Dr Chris Whale, Secondary Care Doctor (from item 78/18)

In Attendance: Mrs Carol Henderson, Committee Secretary / PA to Director of Finance
Ms Scarlett Milward, Children's Commissioning Manager (for item 81/18)
Mrs Debbie Morton, Interim Deputy Chief Nurse (on behalf of the Chief Nurse)
Mrs Eleanor Nossiter, Strategic Communications and Engagement Lead
Mr Gordon Osborne, Locality Manager, Hallam and South
Mrs Judy Robinson, Chair, Healthwatch Sheffield

Members of the public: There was one member 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

71/18 Welcome

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

The Chair welcomed Dr Kirsty Gillgrass to her first formal meeting of the Governing Body. He explained that, from 14 May 2018, she had been appointed as the Hallam and South (HAS) Locality Appointed GP on Governing Body, replacing Dr Ngozi Anumba who had stepped down from her role on 13 May 2018 when her tenure ended.

72/18 Apologies for Absence

Apologies for absence had been received from Ms Amanda Forrest, Lay Member, Dr Zak McMurray, Medical Director, and Ms Mandy Philbin, Chief Nurse.

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

The Chair declared the meeting was quorate.

73/18 **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>

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

74/18 **Chair's Opening Remarks**

The Chair had no further issues he wished to draw to Governing Body's attention at this stage.

75/18 **Questions from the Public**

A member of the public had submitted questions before the meeting and a member of the public asked a question at the meeting. The CCG's responses to these are attached at Appendix A.

76/18 **Minutes of the CCG Governing Body Meeting held in Public on 3 May 2018**

The minutes of the Governing Body meeting held in public on 3 May 2018 were agreed as a true and correct record and were signed by the Chair, subject to the following amendment.

Application of the National Framework for NHS Continuing Healthcare (CHC) and NHS Funded Nursing Care (2012, Revised) (minute 53/18 refers)

First sentence of sixth paragraph to read as follows:

The Secondary Care Doctor reflected on a case in Doncaster the previous week where he had felt how difficult it must be for someone who was not au fait with the system, and when he had felt that the communication about the system not what it should have been, as it should be about making it easier to understand the process.

77/18 Matters Arising

a) Application of the National Framework for NHS Continuing Healthcare (CHC) and NHS Funded Nursing Care (2012, Revised) (minute 53/18 refers)

The Director of Finance advised Governing Body the Continuing Healthcare (CHC) team were in the process of aligning CHC services which would hopefully make the CHC application and appeals processes much easier to understand. This would include publishing easy-readable leaflets for members of the public leaflets, which would be shared with the Readers' Panel for comment in the first instance. A progress report would be presented to Governing Body in November.

MP(DM)

b) NHS Sheffield CCG Draft Annual Report for 2017/18: Pop Up Cancer Hub (minute 55/18 refers)

The Director of Commissioning and Performance advised Governing Body that discussions were still ongoing with regard to securing funding for the pop up cancer hub, which hopefully would be concluded by the time Governing Body next met.

BH

c) NHS Sheffield CCG Procurement Strategy and 2018/19 Procurement Plan (minute 58/18 refers)

The Director of Commissioning and Performance confirmed that social value as part of the CCG's procurement process would be reflected in the next iteration of the Procurement Strategy.

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

Dr Sloan, GP Elected City-wide Representative, joined the meeting at this stage.

d) Performance, Quality and Outcomes Report: Position Statement: Reducing Health Inequalities (minute 64/18(vii)(a) refers)

The Director of Delivery – Care Outside of Hospital advised Governing Body that her team was in the process of identifying what could be easily reflectable in future reports on the work that was being undertaken to the prevention agenda and what we were doing to reduce health inequalities.

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

arising.

Dr Whale, Secondary Care Doctor, joined the meeting at this stage.

78/18 Adoption of NHS Sheffield CCG Audited Financial Accounts for 2017/18

The Director of Finance presented the final audited annual accounts for 2017/18. She reminded members that they had reviewed the pre-audited draft accounts at the 3 May Governing Body meeting and was pleased to be able to report that along with some minor presentational amendments there was only one significant presentational change following late guidance from NHS England on how CCGs were to present prior year end surpluses. There were no changes which impacted on the financial position of the CCG reported on 3 May.

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 (VfM) and Use of Resources. She highlighted that they had brought one issue to AIGC's attention, when they had reviewed the accounts earlier in the day, regarding the estimations included for prescribing costs for March, which were higher by £900k (or circa 1% of this budget) than the final actual costs. She reported that we, as had been the case in a number of other local CCGs, had made an assumption on higher prescribing activity leading up to the Easter period than had materialised, but which had been based on previous experience. She advised that the external auditors had accepted that we had made a prudent assumption and reported that we did not need to change the accounts. She also advised that the benefit would be felt in the 2018/19 financial position but may be needed if April costs proved higher than expected as a result of lower than expected March costs.

The Director of Finance also advised that the VfM audit had particularly focused in on the Quality, Innovation, Productivity and Prevention (QIPP) and that the external auditors had reflected some concerns about the percentage of the QIPP we had achieved. They had, however, made positive comments about our management of the QIPP, and had been content with how, as a Governing Body and CCG, we had managed the QIPP process.

Mr Taylor, Chair of the Audit and Integrated Governance Committee, advised Governing Body that the AIGC had recommended the accounts to Governing Body for formal approval, as per the requirement of the CCG's Constitution

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, in accordance with national guidance, 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 that would be relevant for the purposes of their audit report. In addition, that they had taken all the steps that they ought to have taken as a member of the 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 2017/18.
- Approved that the Accountable Officer and Chair sign the Letter of Management Representations on behalf of Governing Body.

79/18 NHS Sheffield CCG Annual Report for 2017/18

The Director of Finance presented the CCG’s annual report for 2017/18. She reminded Governing Body that they had been given the opportunity to comment on the draft copy on 3 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. She advised members that the AIGC, which had had reviewed the annual report earlier in the day, had agreed a couple of late changes to the report relating to a change on page 89 regarding the remit of the Remuneration Committee, and to the inclusion of staff sickness absence data on page 95. Governing Body also noted a further late change in relation to Dr Hudson’s individual declaration of interests.

She advised members that this would be our formal report to be published on our website, together with a user friendly summary document, and would be formally presented at our Annual Public Meeting (APM) in July.

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.

As noted above, the Director of Finance confirmed that that the AIGC had reviewed the annual report at its meeting earlier in the day and she advised they had recommended approval of the report to Governing Body.

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, and would be published on the CCG's website.

The Governing Body approved the formal adoption of the CCG's Annual Report for 2017/18.

80/18 2018/19 NHS Sheffield CCG Quality, Innovation, Productivity and Prevention (QIPP) Plan

The Director of Commissioning and Performance presented the proposed QIPP Plan for 2018/19, which included an assessment of the current risks to the plan and the processes in place to ensure the plan was achieved. The planned QIPP was £18.5m (2.2% of the CCG's total allocation), which included £3.4m of unidentified QIPP. He drew members' attention to the key issues.

He advised Governing Body that already this year a number of the proposed schemes had gone through the development stage, and he had tried to outline where the risks within each of the portfolios lay. We had adopted a new process utilising the Aspyre programme management software to ensure that programme information was easily accessible across the CCG, and reported on the programme risks and achievements each month, and through internal scrutiny and within the CCG's Clinical Senior Management Team (CSMT). He advised Governing Body that the Red Amber Green (RAG) rating of the proposed schemes (Appendix 1) was an opening assessment but would demonstrate through monthly reporting as to where we think we were in each of those schemes.

The Director of Finance drew members' attention to section 5 which set out details with regard to the unidentified QIPP, which, she advised, had been split into three categories: mental health (£1m), elective care (£1.4m), and general unidentified (£1m). She reported that the mental health portfolio team were working with our partner organisations to try and build up efficiencies within the mental health schemes, and the elective care portfolio team were trying to maintain the ambition set out in the Shaping Sheffield Plan.

She also explained that the latest assessment post the finalisation of the 2017/18 financial position, was that there was scope to increase efficiencies in certain areas, including running costs, prescribing and continuing health care (CHC), an area where there had been a considerable net increase in its budget from last year and, as such, as part of the month 2 reporting to NHS England, she anticipated reporting QIPP proposals to remove the £1m unidentified QIPP. Nevertheless, this left

the CCG, in her view, with a significant efficiency challenge for 2018/19 which would need to be closely monitored throughout the year.

Finally, the Director of Finance advised Governing Body that a formal response was still awaited from NHSE on the CCG's resubmitted financial plan including QIPP, but we were expecting that having any level of unidentified QIPP would mean that the CCG was RAG rated as Red in the NHSE's assessment of the financial plan and might mean the CCG was under closer scrutiny during 2018/19.

Dr Majoka, GP Elected City-wide Representative, joined the meeting at this stage.

Mr Taylor, Lay Member, advised Governing Body that he had been assured about the Aspyre programme management system and by how much it would help the CCG keep track of progress throughout the year. He also commented that we needed to be very clear as to what we had learned from the process last year and how we were going to change that.

The GP Locality Representative, Hallam and South, raised the issue of Prescribing Quality Incentive Scheme (PQIS) and a suggestion that practices were being incentivised to download and use Eclipse software. The Director of Commissioning and Performance explained that this was NHS digital software which meant that it should be General Data Protection Regulations (GDPR) compliant, but would seek clarification in this regard.

BH

The Governing Body:

- Considered the current risks and issues identified and the actions being taken to reduce unidentified QIPP within the plan.
- Considered the actions put in place to learn from previous performance and to manage delivery of QIPP in 2018/19.
- Approved the initial QIPP plan for 2018/19.
- Requested this level of detail to be provided to them throughout the year.

81/18 Service Redesign of Children's NHS Funded Short Breaks (formerly Respite) Services

Ms Scarlett Milward, Children's Commissioning Manager, was in attendance for this item and presented this report with provided Governing Body with the findings following the public consultation, which ran from 15 February 2018 to 28 March 2018, to progress service change for a new assessment process, resource allocation system, and service model for children's short-breaks provision in Sheffield, and was seeking their approval to progress the service change. She drew members' attention to the key highlights.

Three parts to service change, as set out in section 2, had been proposed and outlined to families in the consultation.

- A single, joined-up (with Children's Continuing Care and Sheffield City Council short breaks) assessment process.

- The introduction of a resource allocation system.
- The mobilisation of a mixed model of service provision that includes overnight home- and bed-based provision and Personal Health Budgets (PHBs).

Eighteen responses to the consultation had been received, although some other families had felt that had already responded to the consultation through engagement work that had been undertaken in 2017. Fifty four children currently accessed the service, although there were 118 in the scope of services. She advised Governing Body that some concerns had been raised during the consultation, and the key findings from the consultation were summarised in the report at section 5.1. The themes from the findings of the consultation were section out at section 6, and next steps, as set out in section 7, included implementing meetings with families to discuss eligibility criteria and resource allocation bandings.

Professor Gamsu, Lay Member and Chair of the Strategic Patient Engagement, Experience and Equality Committee (SPEEEC) advised members that the SPEEEC had discussed the proposals several times, including who might use the service in the future, and how to ensure that users could access the service. He reported that the CCG's communications team were already undertaking some work to ascertain as to whether potential new users of the service had been involved in the pre-consultation undertaken in 2017. The Patient Forum would be involved in working out the detail of this.

The Governing Body:

- Considered whether the public consultation undertaken had provided enough opportunity and time for the public to feedback, and whether the feedback is enough to progress service change.
- Considered the findings and key themes from the public consultation and the proposed future service offer.
- Considered the recommendations and next steps to develop and implement the three elements of service change:
 - a single, joined-up (with Children's Continuing Care and Sheffield City Council short breaks) assessment process.
 - the introduction of a resource allocation system.
 - the mobilisation of a mixed model of service provision that includes overnight home- and bed-based provision and Personal Health Budgets (PHBs).
- Approved the recommendation to progress service change.

82/18 Urgent Care Winter Review

The Director of Commissioning and Performance presented an update on the experiences of the urgent care system in Sheffield during the winter period, the lessons learned, and the actions that would be undertaken in the future. He drew members' attention to the key highlights.

The report showed and demonstrated the actions that each organisation had taken, and felt that had needed to take, in times of pressure, and highlighted and acknowledged that the system had held together despite

all the pressures. The Urgent and Emergency Care Transformation Delivery Board (UECTDB) would be undertaking a more qualitative review in overseeing the lessons learned from the winter period with a view to looking at what could be taken forward to next winter.

Following discussion, members suggested that, in future, this report be written from a system view rather than from an individual organisation view, and to be made more objective instead of reporting metrics. They would also welcome complementing some of the failures with some system success measures, and a focus on where the solutions were.

Governing Body GPs asked that practices be advised as soon as possible if additional practice appointments would be put in place this coming winter. They also asked if information was available on whether the number of people that had used the Walk in Centre during the winter period was the same as the previous year, and as to whether there had been a flexible use of both the GP Collaborative and hub resource.

BH

BH

The Director of Commissioning and Performance advised Governing Body that a workshop had taken place the previous week with partner organisations to discuss developing a Sheffield city-wide plan for a resilient winter response in light of transformational change, to explore the opportunities to move the resource and effort across the system, and to explore the changes that could be made in-year.

In response to the question on whether additional practice appointments funding could be confirmed as soon as practical, the Director of Finance reported that NHSE were advising that there would be no extra winter resilience money in the system this year for either the acute or primary care sectors. She explained that, as previously reported to Primary Care Commissioning Committee, until the CCG had information on what was happening with the GP core contract and the national pay awards, the uncommitted reserve within primary care budgets of c£0.7m needed to be held intact as the first call had to be to fund core contract commitments.

The Governing Body:

- Considered the report on the recent experience of winter.
- Supported the Urgent and Emergency Care Transformation Delivery Board (UECTDB) in developing a Sheffield city-wide plan for a resilient winter response.

83/18 General Data Protection Regulations (GDPR): Update on Progress and Next Steps for NHS Sheffield CCG

The Director of Commissioning and Performance presented this report which provided Governing Body with an update on the key components of General Data Protection Regulations (GDPR), provided them with assurance on the preparedness of NHS Sheffield CCG to become GDPR compliant, and simplified what the obligations and responsibilities were to us as a CCG. He advised Governing Body that, as part of the requirements of GDPR, a Data Protection Officer (DPO) had been appointed for the CCGs within South Yorkshire and Bassetlaw (SYB), as

we were similar organisations, a post that had been offered from eMBED for a trial period of two years. .

He advised Governing Body 360 Assurance, the CCG's internal auditors, had undertaken an audit on the CCG's preparedness for the implementation of GDPR. He reported that, whilst the level of assurance was still awaited, they had recommended that Governing Body be informed of the actions being taken.

He also advised Governing Body that there remained uncertainty as to what GDPR means for general practice. Governing Body GPs reported that Member practices had expressed concerns about the impact GDPR might have, and suggested that, from a practice relationship point of view, it would be helpful for the CCG to send out information detailing what they should and should not be doing. The Director of Commissioning and Performance responded that the key messages had been outlined at the last Members' Council meeting, had been included in the weekly practice bulletins sent out by both the CCG and eMBED, and were included on the agenda for the next practice managers' Protected Learning Initiative (PLI) taking place on 5 June 2018.

Finally, the Director of Commissioning and Performance advised members that, as a National Health Service organisation, we already did most of what was requested by GDPR.

The Governing Body:

- Noted the information, as detailed within the paper, on the key components of what GDPR means to NHS Sheffield CCG and the actions that had been undertaken to date.
- Noted that, as part of the internal audit process, an audit had been completed on the CCG's preparedness for the implementation of GDPR in which the level of assurance was yet to be returned, and that a further audit would be completed in the summer on the CCG's compliance of the legislation.
- Took assurance on the steps that the CCG's information governance team had taken to ensure compliance to the new GDPR legislation, and the ongoing review of all data and information within the organisation.

84/18 Setting the Scene: What Can NHS Sheffield CCG do to Take Action on Health Inequalities?

The Director of Delivery – Care Outside of Hospital presented this report which updated Governing Body on the work of the Health Inequalities Steering Group, highlighted some of the areas of support / future work that were identified by GPs and voluntary and community sector (VCS) colleagues during a series of round table events, highlighted areas of current work including the Deep End Patient Involvement Panel, highlighted concerns around the Universal Credit roll out, proposed some areas of future focus for the CCG in relation to its work to tackle health inequalities in Sheffield, and aimed to provide clarity on what was meant by health inequalities and what our role was as an organisation was and

lay the foundations for further action in this area. She drew members' attention to the key highlights.

Professor Gamsu Lay Member, advised Governing Body that NHS England's Board had suggested three useful ways to consider health inequalities: Inequality; Inclusion Health; and Equality, as set out in section 2.

The Director of Delivery – Care Outside of Hospital drew Governing Body's attention to section 4 that outlined the work being undertaken and overseen by the Health Inequalities Steering Group, and section 5 which set out examples of the CCG's commissioning approach to date. She advised that, moving forward, they had identified and were committed to a move into Prevention in a targeted way in our commissioning role.

The Chair welcomed this report. He reported that the Sheffield NHS organisations employed approximately 12-16% of the Sheffield adult population, and a further significant percentage indirectly. He reported that he had attended a King's Fund event that had discussed spreading best practice in primary care, that health outcomes and expenditure were not related, and that we had to be quite specific about the things we wanted to achieve. Next steps would need to include us stating what we were going to do, but not to tell our practices how to do that, and for them to work out how to do it and by what point in time. This could be included in the next iteration of the plan for discussion by Governing Body at a future meeting.

ND

The Director of Delivery – Care Outside of Hospital advised Governing Body that it was the intention to present a report to a future meeting that described our approach to taking this forward, including how we were going to work with practices, our work with our commissioning portfolios and contracting teams, with a view to including some expectations in our contracts about how we could look at our role as employers in the city.

ND

Dr Hudson, GP Elected City-wide Representative, welcomed the definitions of the three issues. He asked how much as an organisation did we want to adopt a system-wide approach to this especially as there were a number of factors, for example housing and the environment, we may not be able to influence. He commented that the real challenge was for the CCG to determine what the priorities were and what might have the biggest impact early on. The Director of Delivery – Care Outside of Hospital advised that discussions were already taking place at the Health and Wellbeing Board in relation to the availability of cheap housing for parts of the city where there were high proportions of people on low incomes, and about refreshing the Sheffield Health Inequalities Strategy.

The Chair reminded members that they had requested at the last meeting for data to be included in future performance reports to start to monitor progress towards reducing health inequalities. The Director of Delivery – Care Outside of Hospital advised that one of the measures that could be included was around where the 'hotspots' were in relation to air quality breaches, and suggested starting to consider now as to what could be

measured that was not a gap.

The Chair of Healthwatch Sheffield welcomed the report, and especially the opportunities for the GPs and local voluntary sector colleagues to come together and discuss the challenges faced in tackling health inequalities at a neighbourhood level, which she felt was important as not everyone identifies health inequalities in that way. She commented that, although it was pleasing that the voluntary sector was included as a partner, the CCG needed to be mindful that it was a sector that was under great pressure.

Dr Bates, GP Elected City-wide Representative, asked if children living in poverty could feature in the plan. The Director of Delivery – Care Outside of Hospital advised that this would be the case as it had a connection to the roll out of Universal Credit from November 2018 which would have an impact mainly on those patients living in areas of social disadvantage.

Finally, the Director of Delivery – Care Outside of Hospital thanked Ms Joanne Rutter, Health Improvement Principal, Sheffield City Council, Professor Gamsu, and other contributors, for their hard work and time in pulling this report together.

The Governing Body:

- Noted the call for a greater focus on the needs and interests of people who experience socio-economic disadvantage or those in Inclusion Health groups given the comparatively weak legislative focus.
- Considered how the CCG could respond to the areas of focus for the future suggested / highlighted in the paper.
- Noted and supported the ongoing work described in the paper and the future opportunities.
- Requested a more detailed action plan to be produced jointly by the CCG, Local Authority and voluntary and community sector that set out potential short and medium term actions that would be taken to address this agenda, and which should align to the refresh of the Sheffield Health Inequalities Strategy (due September).

85/18 Reports Circulated in Advance for Noting

The Governing Body formally noted the following reports:

- a) Service Redesign of Children's NHS Funded Short Breaks (formerly Respite) Services (*to support main agenda item 11 (paper F)*)
- b) Performance, Quality and Outcomes Report: Position Statement
The Director of Commissioning and Performance advised Governing Body that the next report would highlight the improvements that had been made to clear the backlog of waiters for Dexa scanning.

86/18 Any Other Business

Mrs Eleanor Nossiter, Strategic Communications and Engagement Lead

Professor Gamsu, as Chair of the Strategic Patient Engagement, Experience and Equality Committee (SPEEEC), thanked Mrs Nossiter,

who was attending her last meeting of Governing Body, for her energy and constant determination to better develop the CCG's communications and engagement agenda.

There was no further business to discuss this month.

87/18 Date and Time of Next Meeting

The next full meeting in public will take place on Thursday 5 July 2018, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Questions Mr Mike Simpkin, Sheffield Save our NHS to the NHS Sheffield CCG Governing Body 24 May 2018

Question 1: Are any parts of the Sheffield health system covered by an aligned incentives contract taken out either by the CCG or by any of the wider commissioning partnerships covering the Sheffield area? Are there any plans which the CCG is engaged in or aware of to develop aligned incentives contracts for health services delivered in Sheffield?

CCG response: *For this response we have assumed that an aligned incentives contract is one which replaces a traditional national tariff based contract with an arrangement which includes shared risk and benefit to secure agreed outcomes.*

The following aligned incentive contracts are currently in operation and are commissioned by NHS Sheffield Clinical Commissioning Group (NHSSCCG) or commissioning partnerships operating across Sheffield:

- *Sheffield Health and Social Care Contract which is commissioned by NHSSCCG and Sheffield City Council (SCC) (this contract has been in place since April 2017);*
- *Sheffield musculo-skeletal service contract between NHSSCCG and Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) as prime provider (this contract has been in place since April 2017).*

We are currently working across the Accountable Care Partnership (ACP) to identify other opportunities to apply this approach to incentivise service improvement and improve outcomes and manage risk across the system more effectively.

Question 2: In March 2012 the CCG Committee of NHS Sheffield and its Continuing Health Care team recognised that residents of Birch Avenue and Woodland View dementia care homes, who were admitted under CHC funding, might not meet CHC funding criteria at later stages in their lives but should not be required to move on.

What steps is the CCG taking to achieve satisfactory and acceptable person-centred solutions for current residents of these homes (and their families) who face losing their CHC support as a result of the recent wave of reassessments and to avoid legal action which may carry heavy costs for all concerned?

CCG response: *The points that you refer to that were raised in March 2012 refer to “patients who may not continue to meet the admission criteria towards their end of life but that the model takes this into account and it would be inappropriate to ask residents to move from the home at that stage in their life”.*

The CCG is working in collaboration with Social Services to complete CHC reviews in keeping with the National Framework. Detailed work and further guidance is being undertaken to support any actions or recommendations particularly in respect of residents who have been in the nursing home pre-2012 and, as with all CHC assessments, full consideration and clinical judgement would be made for any individual for whom any change in residence placement should be considered. This is in keeping with social care practice of a ‘Best Interest’ meeting. Obviously, this would identify anyone who would be considered to be at their end of life.