

**Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
 Governing Body held in public on 1 March 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, 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
 Mr Brian Hughes, Director of Commissioning and Performance
 Ms Julia Newton, Director of Finance
 Ms Mandy Philbin, Acting Chief Nurse
 Mrs Maddy Ruff, Accountable Officer.
 Dr Marion Sloan, GP Elected City-wide Representative (from item 27/18)
 Mr Phil Taylor, Lay Member

In Attendance: Mrs Katrina Cleary, Programme Director Primary Care
 Mrs Rachel Dillon, Locality Manager, West
 Mrs Carol Henderson, Committee Secretary / PA to Director of Finance
 Ms Susan Hird, Consultant in Public Health (on behalf of the Director of Public Health)
 Ms Rebecca Joyce, Programme Director Sheffield Accountable Care Partnership (shadowing)
 Mr Gordon Osborne, Locality Manager, Hallam and South
 Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning (for items 32/18 and 33/18)

Members of the public: There were two 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

23/18 Welcome

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

In particular, he welcomed Ms Rebecca Joyce, Programme Director Sheffield Accountable Care Partnership, who was shadowing the Accountable Officer, to the meeting.

24/18 Apologies for Absence

Apologies for absence had been received from Dr Ngozi Anumba, GP Locality Representative, Hallam and South, Dr Annie Majoka, GP Elected City-wide Representative, Dr Zak McMurray, Medical Director, Dr Leigh Sorsbie, GP Locality Representative, North, and

Dr Chris Whale, Secondary Care Doctor.

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chair, Sheffield Local Medical Committee, Mr Greg Fell, Director of Public Health, Sheffield City Council, Mr Phil Holmes, Director of Adult Services, Sheffield City Council, Mr Nicky Normington, Locality Manager, North, Ms Eleanor Nossiter, Strategic Communications and Engagement Lead, Mrs Judy Robinson, Chair, Healthwatch Sheffield, and Mr Paul Wike, Joint Locality Manager, Central.

The Chair declared the meeting was quorate.

25/18 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 declarations of interest from items to be discussed at today's meeting.

26/18 Chair's Opening Remarks

In addition to his report appended at item 19b, the Chair advised members of the following:

Due to the size of today's agenda, several items would be deferred to the next meeting. The Director of Commissioning and Performance suggested that the update on the Test Bed Programme now be presented to Governing Body in May.

BH

Mr Tony Williams had resigned from his post as CCG Lay Member due to ill health. On behalf of Governing Body, the Chair and Accountable Officer had formally accepted his resignation and thanked him for his contribution to the CCG over the past few months. The recruitment process for appointment of a new Lay Member was now in-train.

Dr Leigh Sorsbie, GP Locality Representative, North Locality, was currently absent from work due to ill health. The Director of Finance was working through due process with North Locality to provide GP cover to

JN

Dr Sorsbie's role for the next six months.

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

27/18 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.

28/18 Minutes of the CCG Governing Body meetings held in public on 11 January 2018

The minutes of the Governing Body meeting held in public on 11 January 2018 were agreed as a true and correct record and were signed by the Chair, subject to the following amendment.

Dr Marion Sloan to be added to the list of those present at the meeting.

29/18 Matters Arising

a) Questions from Members of the Public (minute 05/18 refers)

Ms Forrest, Lay Member, questioned whether the response to Ms Sue Harding, representative for relatives and carers of patients at Woodland View and Birch Avenue care homes had been fully answered in relation to the request that assessments of patients be undertaken in a more timely manner.

The Chief Nurse advised Governing Body that discussions in this respect were still ongoing and she would be speaking to the families and carers to explain the documentation and process for assessment.

MP

b) 2018/19 Planning, Commissioning Intentions and Governing Body Assurance Framework (GBAF) (minute 12/18 refers)

The Director of Commissioning and Performance advised Governing Body that discussions had taken place at the CCG's Contract Management Board (CMB) meetings with our provider trusts in relation to the possibility of arranging Board to Board meetings. He advised that, on reflection, they had suggested these take place after contract negotiations had finished, which the Accountable Officer agreed to take forward. The Chair advised that he and the Accountable Officer were considering how to get best value from these meetings

**MR
TM/MR**

30/18 Governing Body Assurance Framework for 2018/19

The Director of Finance presented the Governing Body Assurance Framework (GBAF) for 2018/19. She reminded members that they had already approved the CCG's strategic objectives and goals in January 2018, followed by a strategic session with the CCG's Internal

Auditors in February 2018. The CCG's Senior Management Team (SMT) had met several times to collectively revisit, restate and rescore the principal risks.

She advised Governing Body that the framework was an assessment at the start of the new financial year, with a lot of challenges and some of the risks substantial, with six of the 17 risks scored very high and seven scored high.

The Director of Finance also reported that there were some gaps in control and assurance which SMT would continue to address.

The Governing Body approved the content of the refreshed Governing Body Assurance Framework for 2018/19.

31/18 Remuneration Committee Terms of Reference Revised Terms of Reference

The Director of Finance presented proposed changes to the Remuneration Committee's Terms of Reference, which were recommended to Governing Body for approval following review by the Remuneration Committee at its meeting on 11 January 2018, in line with the CCG's governance arrangements. She advised members that the proposed changes were minor, for example reference to the CCG's Vice Chair changed to Deputy Chair, in line with the CCG's Constitution.

The Governing Body approved the proposed changes to the Terms of Reference for the Remuneration Committee.

32/18 South Yorkshire and Bassetlaw (SYB) Commissioning for Outcomes Policy

Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning, was in attendance for this item.

The Director of Commissioning and Performance presented this report which sought Governing Body's approval for a revised clinical commissioning policy covering clinical thresholds and procedures not routinely commissioned by the CCG and the continuation of the CCG suspension of gluten free prescribing for adults. He advised members that this report had been jointly sponsored by himself and the CCG's Medical Director and now reflected the changes that had been agreed through clinical discussion at Governing Body in January.

The Deputy Director of Strategic Commissioning and Planning drew members' attention to an important amendment to be made to the first bullet point on page 7: ... SY&B policies do **not** specify an upper age limit.

The Deputy Director of Strategic Commissioning and Planning reminded members that the two main areas that had been subject to discussion were musculoskeletal (MSK) / orthopaedic policy thresholds and cataract surgery guidelines. In respect to MSK / orthopaedics, she reported that

further discussions had taken place with secondary care clinicians and there was a shared consensus that, at present, in Sheffield we had assurance that clinicians were applying appropriate clinical decisions and that patients were being assessed. The CCG was assured that patients were being treated appropriately within the guidelines, but we were not recommending that GPs follow the guidelines but that all patients were referred through MSK.

In respect of cataract surgery, she advised Governing Body that should a GP be referring a patient for surgery, they should continue to have a conversation with the patient and refer them as usual if they wished to do so.

The Deputy Director of Strategic Commissioning and Planning also advised that discussions with the Local Medical Committee (LMC) were now complete, with a revised implementation timetable agreed to allow the information to be shared with primary and secondary care which would include sharing this information through Protected Learning Initiative (PLI) events, etc.

She reminded Governing Body that it was proposed to standardise, with minor tweaks, 32 existing policies across South Yorkshire and Bassetlaw, with five new clinical thresholds and one new procedure for Sheffield to be implemented. The assessment of the impact of these new thresholds / procedures were summarised at table 2 on page 9, and it was thought that the impact for GPs would be relatively minor.

With regard to procedures that were not routinely commissioned and therefore would require prior approval through the Individual Funding Request (IFR) panel, the Acting Chief Nurse clarified that Sheffield hosted the IFR process, and that the panels had medical leadership from the CCG and were drawn from the whole of SYB.

The Director of Commissioning and Performance reminded Governing Body that when they had met in November 2017, they had taken the decision to ask GPs in Sheffield to suspend the prescription of manufactured gluten free products to adults for 12 months from December 2017, but had noted that the Department of Health (DH) had still to conclude a consultation on gluten free prescribing in primary care at that time. He advised Governing Body that the DH had published their report of responses in January (attached at Appendix 3), which he would also make available on the CCG's website. Although responses to the DH's consultation had been taken into consideration by the CCG, he was suggesting that Sheffield continued with the suspension it already had in place even though the Minister's preferred options were to reduce the range of bread and mix products available on prescription for children and adults. He also advised that there wasn't a consistent level of care for people with coeliac disease across Sheffield, but there was an appetite to look at that in the coming months and develop a comprehensive pathway which he would bring back to Governing Body, as part of a full report, for approval in November 2018.

BH

BH

Governing Body noted that the DH's report confirmed that the decision to revise the drug tariff to limit the availability of gluten free foods on NHS prescription did not affect the statutory responsibility of each CCG to commission services to meet the needs of their local population and that it would be up to individual CCGs to make their own decision regarding their position on gluten free prescribing if they wished.

Governing Body noted the difficulties in monitoring the impact of the suspension of gluten free prescribing on the patient. The Deputy Director of Strategic Commissioning and Planning explained that blood tests were not the most reliable to do this, so the gastroenterologists had been asked to monitor this in their patients with coeliac, alongside looking at patient experience and the impact on individual patients and lifestyles.

Dr Bates reminded members that GPs had been given the caveat to carry on prescribing to those patients they thought could come to harm if the prescribing of these products was withdrawn.

The Governing Body:

- Approved the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy.
- Approved the proposed implementation of the policy from May 2018.
- Approved the proposed process for future review and approval of amendments to the policy by the CCG.
- Approved the continuation of the CCG's suspension of gluten free prescribing for adults.

33/18 2018/19 Operational Plan

Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning, was in attendance for this item.

The Director of Commissioning and Performance presented this report. He advised Governing Body that the guidance had been published in February, with no big changes in terms of policy direction nationally, and that the first draft of the plan was due to be submitted to NHS England on 8 March 2018. He advised that the paper outlined the national expectations and asks, most of which were familiar to the CCG, and also referred to technical guidance, which had now arrived. He also advised that the CCG expected and planned to meet all the national priorities and targets. The guidance had also not been specific about winter pressures although there was no winter money due, however, we were being asked to start planning for 2018/19 winter pressures in April 2018.

He advised that we were now on a path to deliver a set of trajectories and numbers by 8 March 2018 for the first submission and ultimately, 30 April 2018 for the final submission.

With regard to section 2.4 emergency care and community providers being invited to participate in a new local incentive scheme where savings from acute excess bed day costs could be reinvested to expand community and intermediate care, the Director of Commissioning and

Performance advised that we were waiting for clarification of this in the technical guidance. He also advised that we were waiting for the technical guidance for the Quality Premium but that in 2018/19 it would be based on a whole level of targets that we had achieved in 2017/18.

The Director of Finance drew members' attention to Table 1 on page 7 which highlighted Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) draft contract growth for 2019/19 activity before QIPP compared to national assumptions, and advised that CCG was planning on less elective activity than the national average but were planning to spend slightly more on non elective activity next year..

Finally, the Chair commented that it was a helpful summary of the guidance, with the flavour of it being very national, but a lot of it was about hospital outcomes and not outcomes for patients or inequalities, and not much was included about primary care.

The Governing Body:

- Noted the NHS England and NHS Improvement guidance "*Refreshing Plans for 2018/19*" and the milestones set out within it.
- Approved the approach taken by the CCG to enable Governing Body to approve refreshed CCG plans before 30 April 2018.

34/18 2018/19 Financial Plan and Initial Budgets

The Director of Finance presented the detailed initial budgets for 2018/19 (attached at Annex B), and a summary of the main assumptions used to develop the financial plan for 2018/19 (attached at Annex A). She reminded members that they had discussed the draft plan and budgets a number of times before the revised guidance and allocations had been issued. She was now able to report that NHS England (NHSE) had released extra resource in that the 0.5% that CCGs had previously been required to contribute from their allocation to a national risk pool had been suspended for 2018/19. This meant that the CCG now had a reserve of £3.9m that could be deployed to help meet cost pressures. This, with the change in the CCG's allocations and other business rules for 2018/19 (as set out in section 2 to 4), resulted in c£11.5m of additional resources. The refresh of 2017/18 out-turn and new cost pressures for the plan were broadly cost neutral. Thus the additional resources had reduced the financial gap in 2018/19 from the £28m reported in January to £16.5m.

The Director of Finance reminded members that in January 2018 Governing Body had approved a £15m QIPP plan and that this would need to increase to £16.5m so that the CCG could submit a financial plan that met NHSE requirements. She reflected that this felt the only option at present while cost pressures continued to be "stress tested" and there was no certainty on any in year transformation funding. If the latter could be secured in due course it may be an alternative way of closing the financial gap.

She highlighted that increasing the QIPP target to £16.5m would result at the moment in £1.5m of unidentified QIPP on top of areas of the current

QIPP plan which had a high risk of non delivery. She informed members that all SY&BL CCGs were subject to an assurance visit from the national QIPP team at the request of NHSE and any findings from the visit would be reported to Integrated QIPP Group and a report on the updated QIPP plan for 2018/19 would be made to Governing Body in due course.

She drew Governing Body's attention to the other key points in the paper which included that the CCG still does not meet NHSE's business rule of a minimum 1% cumulative surplus at the end of each financial year, but that for 2018/19 NHSE had confirmed that the CCG can plan on an in-year breakeven control total which still leaves the CCG circa £1.5m below a 1% cumulative surplus.

Table 1 on page 7 summarised the key changes from the plan Governing Body had received in private in January, with the key assumptions made set out in Annex A. The table on page 15 set out the planned spend on mental health in 2018/19 which would achieve the Mental Health Five Year Forward View (FYFV) investment requirement

Tables 3 and 4 on pages 9 and 10 set out the CCG's main spending areas and broadly that we were endeavouring to meet the key national requirements, and page 11 set out the non recurrent investment we were planning to make, including protecting the £3 per head to be spent on transformation in primary care over the 2 years 2017/19. There were a range of pressures, with the key risks set out in section 9.

With regard to the £400m Commissioner Sustainability Fund (CSF), the Director of Finance explained that this was only made available to CCGs if they had an NHSE approved deficit plan for 2018/19. In future years the expectation is that it should be available more widely and potentially available to all CCGs.

Mr Taylor, Lay Member, expressed his thanks to the Directors of Finance, and Commissioning and Performance and their teams respectively, for the comprehensive and well set out set of proposals for both the financial and operational plans.

Finally, the Director of Finance advised Governing Body that, as with the Operational Plan, the initial financial plan and budgets had to be submitted to NHSE on 8 March 2018, with the final plan submitted to NHSE on 30 April 2018.

The Governing Body:

- Approved the key assumptions used to complete the draft financial plan for submission to NHS England on 8 March 2018, noting that an update on any material changes required for the final submission on 30 April would be discussed with members at the private development session on 5 April.
- Approved the initial 2018/19 budgets and budget holders as set out in Annex B.
- Noted and considered the key risks and issues to the delivery of the overall financial plan for 2019/19.

South Yorkshire and Bassetlaw Integrated Care System (ICS) - Public and Patient Involvement Update

The Director of Finance presented this report which asked Governing Body to consider and approve the recommended approach to engagement at ICS level, especially in relation to the legal responsibilities, and it only applied to those areas we would do as a collective set of commissioners in the ICS. She advised members that the same paper had been presented to all Governing Bodies in the ICS for approval.

Professor Gamsu advised Governing Body that the report had been discussed by the CCG's Strategic Patient, Engagement, Experience, Equality Committee (SPEEEC) which had agreed that there was a challenge around engagement, and on the importance of a clear engagement strategy if we were going to engage with the public. The Committee also agreed that it was important that what was happening at a sub regional level connected with what was happening within the CCG, even though we did not necessarily have to use this in Sheffield.

The Interim Director of Delivery – Care Outside of Hospital advised Governing Body that the approach had been supported by the SPEEEC as it was limited to the hospital services review (HSR) and that the Committee would like to work more closely with the Associate Director of Communications and Engagement from SYB ICS to develop the overall approach further in order to be suitable for a wider remit.

She also advised Governing Body that the feedback from SPEEEC had included that when going through a consultation process we needed to demonstrate that we would actively respond to feedback, and that this would be fed back to the Associate Director of Communications and Engagement from SYB ICS.

The Accountable Officer advised Governing Body that the ICS's priorities and work programme had not changed, but the Government had decided that the name would change from Accountable Care System (ACS) to ICS.

Ms Forrest advised Governing Body that public and patient involvement had been discussed over the past few months at the SYB network of Lay Members, with some of the conversations quite tense as they did not want systems imposing upon us, however, there were some things we needed to engage on, and some we would need to consult on locally.

The Accountable Officer advised Governing Body that feedback on this proposal had been received by the Chair of Health Sheffield who had not been able to attend today's meeting and that ... (?)

At the invitation of the Chair, Mr Mike Simpkin, Sheffield Save Our NHS (SSONHS) commented that it was the same at public level with patients across each of the regions and it corrupted the whole process of engagement itself.

The Chair and Accountable Officer agreed to feedback issues raised on the discussion to the ICS communications team.

TM/MR

The Governing Body:

- Approved the engagement framework and South Yorkshire and Bassetlaw public and participation 14Z2 form.
- Approved the Citizen's Panel approach and recommended approach to public and patient involvement in workstreams.

36/18 Yorkshire and the Humber Integrated Urgent Care: Service Development and Procurement

The Director of Commissioning and performance presented this report which updated Governing Body on the requirement to formally procure the nationally specified Integrated Urgent Care (IUC) model. He advised that all CCGs were being asked to ratify the decision made by the Yorkshire and Humber (Y&H) Joint Strategic Commissioning to proceed to a formal competitive procurement exercise commencing in April 2018 leading to an award of a new contract for NHS 111 call handling and core clinical advice services across Yorkshire and the Humber. He advised Governing Body that the specification supported the Urgent Care service model proposed in Sheffield.

He advised Governing Body that seven Expressions of Interest in bidding to provide the service from April 2019 to 31 March 2024 had been received and this process would allow us to be able to have the dialogue to get to a preferred provider, but the existing contract with Yorkshire Ambulance Service (YAS) may need to be extended for an interim period from 1 April 2018 to 31 March 2019 to allow that dialogue to continue.

Members raised concerns regarding the Clinical Advice Service (CAS) that would be provided by a range of staff offering advice, guidance and complete episodes of care to callers of 111 within Yorkshire and the Humber, as some of these would not be skilled enough to be able to offer robust clinical advice. The Director of Commissioning and Performance advised that, although they would be looking at nurse practitioners or practitioners to provide the service, the skill mix would have to be increased.

The Locality Manager, West, commented that the new service would have an impact on primary care and would ask the CCG's Head of Commissioning (Urgent Care) to attend a meeting of the City-wide Locality Group to provide a clarification update.

Professor Gamsu referred to section 5.2 and the requirement to undertake a competitive procurement process and asked if there would be patient representation throughout the process. The Director of Commissioning and Performance advised that this reflected the question raised earlier in the meeting by a member of the public and would seek clarification and agreement on this from Greater Huddersfield CCG who were leading the procurement process on behalf of the Y&H CCGs. .

BH

The Governing Body:

- Ratified the recommendation of the Commissioner only Joint Strategic Commissioning Board (JSCB) that the appropriate route to market was through a competitive procurement process and instructed the JSCB to implement this decision.
- Ratified the recommendation of the use of a dialogue based process to deliver the service model.
- Ratified the recommendation to negotiate an interim contract with the current 111 provider for 2018/19, that had the ability to be extended for six months as a means of mitigating any risks relating to continuity of service, should unavoidable slippage occur.
- Noted the risks associated with the procurement process and supported the core team to mitigate these.
- Agreed to confirm their decision in writing to Greater Huddersfield CCG.

BH

37/18 Month 10 Finance Report

The Director of Finance presented this report which provided Governing Body with the Month 10 results and the key risks and challenges to deliver the planned year end surplus of £13.2m, and asked them to approve a proposed change to the budget relating to Better Care Fund (BCF) grant funding and the re-profiling of £3.5m of the 2017/18 budget into future years (as set out in section 6). She advised members that there were no material changes since her last report, and the assessment remained that the CCG should achieve the year end planned position.

The Governing Body:

- Noted the risk assessment and existing mitigations to manage the risks to deliver the CCG's year end control total of a £13.2m surplus.
- Approved the Better Care Fund budget changes outlined in section 6 of the report.

38/18 Performance, Quality and Outcomes Report: Position Statement

The Director of Commissioning and Performance presented the new-style report which reflected the CCG's statutory responsibilities. He drew members' attention to the following key issues, as detailed on the front page of the report.

- Diagnostic Waits: The capacity of the DEXA scanning service across South Yorkshire and Bassetlaw (SYB) had been utilised to better effect to help reduce waiting times across Sheffield.
- Cancer 62 Day Waits: There were still issues in three specialties which were leading to breaches of this standard.
- New Performance Measure for Ambulance Response Programme: There had been four changes to the way ambulance services prioritised their work, which were highlighted on page 2. More detail would be included in future reports as those categories were

embedded in the system.

iv) Quality

The Acting Chief Nurse advised Governing Body of the following:

Family and Friends Test: Although this had an Amber rating, it was good to note the actions organisations were putting in place to capture patient experience, which was pivotal given the pressures staff were working under.

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.

39/18 Communications and Engagement Quarterly Update

The Interim Director of Delivery – Care Outside of Hospital presented this report which provided Governing Body with a summary of communications and engagement activity and impact between August 2017 and January 2018. She drew members' attention to the key highlights.

The overarching message was that a lot of work was being undertaken within the team, a summary of which was attached at Appendix 1, and we had managed to increase our proactive media campaign. However, there had been more negative media coverage than in previous quarters, which was related to the urgent care consultation.

Professor Gamsu commented that some members of Governing Body were actively involved in communications and engagement as members of the CCG's Strategic Patient, Engagement, Experience, Equality Committee, and that it was important that communications resources were allocated as part of the process. He reminded members that Governing Body needed to make a final decision in November 2018 regarding recommendations from the urgent care consultation but, in the interim, needed to consider when and how to share the findings of the consultation wider.

In addition to section 2.3.2 Internal Communications with Member Practices, the Locality Manager, West, advised Governing Body that routine engagement with Member practices also took place through Locality Council and Executive meetings.

The Governing Body received and noted the work undertaken and its impact.

40/18 Integrated Care System and Accountable Care Partnership (ACP) Update

The Chair gave an oral update and advised members that a full review of governance arrangements for the ACP was underway and currently out to consultation with the ACP organisations. Recommendations for the new financial year would be presented to the ACP Board on 29 March 2018 and then to individual Governing Bodies / Boards for approval.

The Accountable Officer advised members that the ACP workstreams already agreed would continue, including the new workstream for primary care, which had held one meeting at this stage.

The Governing Body noted the update.

41/18 Reports Circulated in Advance for Noting

The Governing Body formally noted the following reports:

- Integrated Care System and Accountable Care Partnership Update (*in support of main agenda item 18*)
- Minutes of the Collaborative Partnership Board 8 December 2017
- Integrated Care System Chief Executive Lead Report 12 January 2018
- Chair's Report
- Accountable Officer's Report
- Report from the Primary Care Commissioning Committee
- Report from the Quality Assurance Committee
- Report from the Strategic Patient, Engagement, Experience, Equality Committee
- Serious Incidents Quarterly report

42/18 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.

43/18 Any Other Business

There was no further business to discuss this month.

44/18 Date and Time of Next Meeting

The next full meeting in public will take place on Thursday 3 May 2018, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Questions to the NHS Sheffield CCG Governing Body 1 March 2018

Question 1: In relation to next year's planned spending, what amount (presumably under running costs) will be payable to the South Yorkshire and Bassetlaw Integrated Care System, for example to contribute to office costs and salaries. Where can up to date information about this body's activities and finances be found?

CCG response: *The South Yorkshire and Bassetlaw Integrated Care System (ICS) is not an organisation in its own right. It is a group of organisations coming to work together in partnership under a Memorandum of Understanding within current statutory guidance. Sheffield CCG acts as the host organisation for the ICS in the sense of hosting staff on our payroll as required and processing financial transactions related to any national transformation funding or funding from the partner organisations. The core ICS team is based in the same building as Sheffield CCG at 722 Prince of Wales Road and relevant accommodation and office costs are charged to the ICS budget. The ICS does have some designated staff working either full or part time on its range of functions, but with other staff contributing at no charge from their organisations, as part of the partnership arrangements. The 2018/19 budget for the ICS partnership arrangements has not yet been finalised but we anticipate all partner organisations within the ICS making a contribution to the operational costs, as well as some of these being funded by national transformation funding. For the last few years there has been a commissioner "working together" team to support the strategic commissioning functions of the CCGs and this team is now part of the ICS. Each of the CCGs contribute to the costs of this team and Sheffield CCG has currently budgeted £200k as part of our financial plan for our contribution to this team and the wider ICS work.*

The ICS team put the South Yorkshire & Bassetlaw ICS Collaborative Partnership Board minutes onto the ICS website. The latest sets from December 2017 and January 2018 (there was no meeting in November) have recently been uploaded. The link is:

<https://www.healthandcaretogethersyb.co.uk/index.php/about-us/how-were-run/minutes-and-meetings>

Question 2a) The CCG is being asked to approve regional arrangements for urgent care including a competitive tender for NHS 111. This service is a key component of the Urgent and Emergency Care system being proposed for Sheffield by the CCG but no obvious mention of this retender was made during the recently ended formal consultation. There was a hint for those in the know in a paper to the Primary Care Co-commissioning Committee in December entitled "Contracting Options Appraisal for Urgent Primary Care" but this only referred to the drawing up of a new specification. In fact during the consultation there appeared to be an underlying assumption that the provision of new requirements would need to be renegotiated with the existing provider. We are now faced with the possibility that any new system for Sheffield implemented by the CCG will have to depend on a new and possibly private sector provider decided on by a regional grouping of

commissioners. Given the problematic history of NHS111 provision by non NHS providers elsewhere plus the problems experienced when Emergency Services provision has been transferred to different providers, a whole new dimension to which the CCG did not draw attention is added to the Urgent Care proposals. Does the CCG not feel this should have been made clearer during the consultation and recognise that the failure to do so may render the process subject to further challenge?

CCG response: *NHS England produced a set of national guidelines for Urgent and Emergency Care in April 2017. This included some changes to 111 (namely increasing the number of clinicians who speak to patients over the phone, trying to resolve as many cases as possible over the phone and working far closer with Out of Hours (OOH) services) but these were in line with the approach we were already developing for Sheffield. NHS England have subsequently produced a national service specification for the Integrated Urgent Care service (111 and OOH) which local CCGs will be following. This, crucially, supports the Sheffield proposed service model as outlined in the consultation documentation.*

The CCG did not feel it was necessary to highlight that the re-specified IUC (111 and OOH) service would be subject to a procurement process as part of the current urgent care consultation. This is because whichever service provider wins the contract, they will be required to work to the service specification and this specification supports the service model proposed in Sheffield. It is not appropriate for CCG to comment on who may win the tender as the result of a competitive tender process.

Question 2b: During the recent and more local retendering of Patient Transport Services patient representatives were closely involved in the appraisal process. Will anything similar be happening for the NHS111 tender if the current proposal goes ahead?

CCG response: *As discussed at the Governing Body, we will be seeking agreement with Greater Huddersfield CCG, who are the lead commissioner and responsible for the procurement exercise, to ensure appropriate patient representation through the procurement process.*