

**Unadopted Minutes of the Meeting of NHS Sheffield Clinical Commissioning Group
 Governing Body held in public on 4 July 2019
 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 Nikki Bates, GP Elected City-wide Representative
 Ms Nicki Doherty, Director of Delivery - Care Outside of Hospital
 Ms Amanda Forrest, Lay Member (Deputy Chair)
 Professor Mark Gamsu, Lay Member
 Dr Terry Hudson, GP Elected City-wide Representative
 Mr Brian Hughes, Director of Commissioning and Performance / Deputy
 Accountable Officer
 Ms Jackie Mills, Director of Finance
 Ms Anthea Morris, Lay Member
 Ms Chris Nield, Lay Member
 Ms Mandy Philbin, Chief Nurse
 Dr Marion Sloan, GP Elected City-wide Representative
 Ms Lesley Smith, Accountable Officer
 Dr Leigh Sorsbie, GP Locality Representative, North
 Dr Chris Whale, Secondary Care Doctor

In Attendance: Mr Nigel Boswell, Programme Management Support Officer (for item 81/19)
 Ms Sandie Buchan, Deputy Director of Commissioning and Performance (for
 item 82/19)
 Ms Lucy Ettridge, Deputy Director of Communications, Engagement and
 Equality
 Mr Greg Fell, Director of Public Health, Sheffield City Council (SCC)
 Ms Carol Henderson, Committee Secretary / PA to Director of Finance
 Ms Alison Kuppusamy, Business Manager to CCG Chair and Accountable
 Officer (for item 81/19)
 Ms Sarah Neil, Quality Manager, Patient Experience (for item 81/19)
 Mr Nicky Normington, Locality Manager, North
 Mr Gordon Osborne, Locality Manager, Hallam and South
 Mr Mike Potts, Independent Development Director (for item 81/19)
 Ms Judy Robinson, Healthwatch Sheffield Representative
 Ms Lorraine Watson, Locality Manager, West

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

75/19 Apologies for Absence

Apologies for absence had been received from Dr Zak McMurray,
 Medical Director.

Apologies for absence from those who were normally in attendance had

been received from Dr Mark Durling, Vice Chair, Sheffield Local Medical Committee (LMC), and Mr Paul Wike, Locality Manager, Central.

The Chair declared the meeting was quorate.

76/19 **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.

77/19 **Chair's Opening Remarks**

In addition to this report attached at item 19d, the Chair advised members of the following key issues.

This was the Chair's last formal Governing Body meeting as he had given notice at the last Governing Body meeting held in private that he would be standing down from Governing Body from September 2019. He thanked everyone, including those not in attendance at today's meeting, and those from across the city and wider, for their support over the past few years.

The Chair thanked Ms Maddy Ruff, outgoing Accountable Officer, who had now moved on to a new position within another NHS organisation, for her contribution to the CCG over the past few years.

The Chair welcomed Ms Lesley Smith, Interim Accountable Officer, to the CCG and to her first formal Governing Body meeting. He thanked Mr Brian Hughes, Director of Commissioning and Performance, for acting as Interim Accountable Officer during the past few months.

The Chair also welcomed Ms Jackie Mills, Interim Director of Finance, to her first formal Governing Body meeting.

The Chair advised members that Dr Annie Majoka, city-wide elected Governing Body GP, Dr Leigh Sorsbie, North Locality nominated Governing Body GP, and Dr Chris Whale, Secondary Care Doctor, would all be standing down from Governing Body. The Chair thanked them for

their significant contribution to the CCG over the past few years.

Members noted that a process was now underway for replacing three of the eight Governing Body GPs as well as a process for electing the new CCG Chair would commence. A process would also commence to replace the Secondary Care Doctor.

78/19 Questions from Members of the Public

A member of the public had submitted questions before the meeting. The CCG's response to these is attached at Appendix A.

79/19 Minutes of the CCG Governing Body Meeting held in Public on 23 May 2019

The minutes of the Governing Body meeting held in public on 23 May 2019 were agreed as a true and correct record and were signed by the Chair, subject to the following amendment.

Adoption of NHS Sheffield CCG Audited Financial Accounts for 2018/19 (minute 70/19 refers)

Mrs Morris to be changed to Ms Morris throughout this minute.

80/19 Matters Arising

a) Gluten Free Prescribing Impact Update (minutes 29/19, 45/19(b), and 69/19(b) refer)

Dr Sloan, GP Elected City-wide Representative, advised Governing Body that an update on the services the community dietetics team could offer, including coeliac review, and enclosing the referral form, would be circulated via the weekly GP bulletin.

Governing Body agreed this item could now be closed.

b) Special Educational Needs and Disability (SEND) Written Statement of Action (WSOA) – Progress Update (minute 72/19 refers)

The Chief Nurse confirmed that a quarterly update on progress on the action plan would be presented to Governing Body from September 2019.

Governing Body agreed this item could now be closed.

81/19 Improvement Plan

Mr Nigel Boswell, Programme Management Support Officer, Ms Alison Kuppusamy, Business Manager to CCG Chair and Accountable Officer, Ms Sarah Neil, Quality Manager, Patient Experience, and Mr Mike Potts, Independent Development Director, were in attendance for this item.

MPh

The Chair clarified that it had originally been the intention to present the plan in public on 2 May but a decision had been taken to defer this until the July meeting to ensure that the issues raised could be responded to appropriately. He explained that the plan had been developed with the CCG's staff and partner organisations across the city.

The Director of Commissioning and Performance presented this report which asked Governing Body to confirm its support and commitment to delivering the final improvement plan. He reminded members that the independent assessment of the CCG's leadership and culture had been undertaken during November 2018 to January 2019, with the report and recommendations arising from that assessment presented to them in private in March 2019. Governing Body had accepted the recommendations and taken the time to develop the right plan that would be owned by all CCG staff, including Governing Body, and our stakeholders and partner organisations. He introduced members of the CCG's staff group who were attending the meeting to explain the journey taken so far and how the plan had been developed.

Ms Alison Kuppusamy, Business Manager to the CCG Chair and Accountable Officer, presented information that highlighted the key themes from the independent report and staff surveys that had been explored and tested by the CCG's staff forum. Two sessions, facilitated by members of the CCG's HR team, had subsequently been arranged for staff to leave their comments either there and / or in a designated area in the staff kitchen area.

Ms Sarah Neil, Quality Manager, Patient Experience, drew members' attention to slide three which reported that 842 views had been expressed. The next challenge had been how to analyse that feedback and summarise it without losing the strength of feeling. A focus group had been established that mapped and analysed comments and feedback against the five improvement areas that were then presented back to staff in a variety of ways. The feedback confirmed that staff were broadly in agreement once some minor changes were made. A draft of the improvement plan, with the themes outlined, had then been shared with staff at drop-in sessions, where they could see the relationship between the different themes and agreed that they could not be addressed in isolation. Ms Neil also advised members that there had been a high response to the 2018 staff survey, and review of those responses was being undertaken to see if they were consistent with the analysis undertaken.

Governing Body raised and discussed the following issues.

The Director of Commissioning and Performance reminded that the OD session on 6 June had focused primarily on the plan and requested their commitment to delivery of the plan as it was important that the plan was owned by the Accountable Officer and across the organisation. With regard to staff feedback, he asked members to note that it was important that whilst some staff had reported that they had a good experience of working within the organisation, this had not been universal across the organisation. He apologised that some people felt they had not been

treated fairly, and so it was important that we demonstrated that the actions to address this would make a difference – a culture that needed to be embedded in everything we did. His thoughts were that the plan was really clear, with a clear strategy and good supporting narrative, containing real clarity on roles and responsibilities of Governing Body and the Senior Management Team (SMT), and with an OD programme that supported improvement. Both as a Governing Body and as individuals, members needed to be responsible for owning the plan and the actions contained within it as each of the actions were sponsored by individual Governing Body members. The plan would also be significantly influenced by both staff involvement and feedback and our stakeholders. The Improvement Plan Steering Group would still meet and have oversight of the implementation of the plan, and progress against the actions would be monitored by the Governance Sub-committee.

Members agreed that they saw reviewing an effective leadership as the most important issue as they had failed to pick up on issues, and going forward needed to be honest about how they ensured the accountability of the Accountable Officer and CCG Chair, by supporting them to take things forward.

Governing Body appreciated having access to the individual comments from staff, which was a rich source of data and consideration needed to be taken as to how to take these forward as the voice of the staff really added a strength of value to the plan. Mr Nigel Boswell, Programme Management Support Officer, advised Governing Body that staff had welcomed the Steering Group, especially in that its membership was from all levels of the organisation, and had fed back that the focus group worked really well, and felt that communications with, and the level of confidence about, Governing Body had improved.

The Chair of Healthwatch Sheffield commented that, as one of the early analyses had been around culture and cultural change, it would be interesting to see if a member of the public that read Governing Body papers and attended meetings would see a difference. She had also noted that there was no external independent representative included in the membership of the Improvement Plan Steering Group and wondered how that independent voice might give a different perspective and provide a different intelligence the CCG could make use of.

The Director of Commissioning and Performance explained that independent scrutiny was part of Mr Mike Potts, Independent Development Director's role and this, together with the external stakeholder review, meant there was very valuable independent scrutiny.

Mr Potts explained that his role was to put that independent challenge into the system and to help pull the action plan together with vigour. He was confident that the organisation had embraced the recommendations in the 360 report, and that all the actions in the plan were the right ones and had not perceived any resistance to that. His thoughts were that taking the plan through the process at a slower pace had been more helpful to the

organisation and felt that it would be owned and as such could be confident that the leadership was tackling the issues that were important to staff, and not just those important to the Governing Body. He commented that the organisation had received the challenge constructively and had embraced the openness and challenge and his thoughts were that the plan would deliver. The CCG was not a failing organisation but had somehow lost its way in how it conducted its business. He had observed that staff were already starting to say the organisation felt different, but over the next few months there needed to be a real focus on delivering the plan, so the improvement could continue. He was very optimistic that this would be the case and would continue to work with the organisation until October 2019 to put that external challenge in.

The Chair of Healthwatch Sheffield welcomed the external challenge and asked how the organisation would embed and structure this into the way it worked. The Director of Delivery – Care Outside of Hospital explained that the CCG had systematic working with its partners to develop the plan, and how we embedded this into the way we were working, with most of the actions to be undertaken in partnership. This also needed to be embedded within the Integrated Care System (ICS), and in the focus on place. One of the responsibilities of Governing Body would be to make sure we engaged with the public on what the CCG was doing, with one of the actions being around starting that process. As the Steering Group would be time limited, the organisation would then need to be looking at how effective its engagement was with members of the public and voluntary organisations etc.

Ms Nield, Chair of the Steering Group, thanked CCG staff for their engagement, feedback into the process, good quality conversations and honest responses. It was really important that we had measures to show the differences and improvements that had been made, and work had already commenced on planning what the next phase would be.

Governing Body welcomed the measuring of how people feel about working for the CCG, but were reminded that the organisation was there to serve the people of Sheffield and that we should still be having a good impact on that population, and needed to reflect on whether the organisation was continuing to make a difference. It was about making it better for the population of Sheffield and not just making the CCG a nice place to work, but also to forge the link between leadership and culture within the organisation, and then a link between culture and performance and the service transformation we were trying to do, alongside delivering the constitutional standards.

With regard to reporting to Governing Body, the Director of Delivery – Care Outside of Hospital suggested quarterly updates as part of the part of the audit cycle, and regular reporting through performance and HR reports, which would be monitored through Governing Body's committees and sub-committees

Finally, the Accountable Officer thanked members of the Improvement

Plan Steering Group for attending the meeting and providing feedback on the process, and all other members of the group for their continued hard work and input. She also thanked Ms Nield for chairing the group, and Mr Potts for supporting the process. She commented that she could see that the organisation had taken the time to listen to its staff and partner organisations and had pulled this all together into a really comprehensive plan. It was clear to her that there was an abundance of talent within the organisation and was really pleased to have been chosen to be its Accountable Officer. The organisation's 330 staff should know how their role fitted in and feel valued for what they do, and if we did that well, that would be how our partner organisations and members of the public would see how we were making a difference. In this respect, she suggested that the Independent Development Director test out in six months time as to whether or not the plan was really making that difference.

The Governing Body:

- Confirmed that the actions and timeframes in the improvement plan were correct, robust, realistic and achievable.
- Confirmed the commitment off each of its members to ensure the delivery of the actions within the improvement plan.
- Confirmed support for the monitoring mechanisms and measures of success.
- Approved the Improvement Plan.
- Suggested that the Independent Development Director test out in six months time as to whether or not the plan was really making a difference.

82/19 Public Health Core Offer

Ms Sandie Buchan, Deputy Director of Commissioning and Performance, was in attendance for this item.

The Director of Delivery – Care Outside of Hospital presented this report which identified the public health core offer from Sheffield City Council (SCC) to support the CCG to fulfil its health improvement responsibilities in Sheffield. She explained that the offer was a refresh of the existing Memorandum of Understanding (MoU), which had expired at the end of March 2019, and that it was important that the CCG was getting the services it needed and was asking for in terms of health improvement. The report linked with our planning process and commissioning cycle.

The Director of Public Health explained that, although legally Local Authorities were required to undertake a Joint Strategic Needs Assessment (JSNA), good strategic relationships were what really mattered, which we had genuinely got right, along with good technical competencies.

Professor Gamsu, Lay Member, commented that the report did not mention either the cuts the Government had made to the public health grant or the increase in activity through the Integrated Care System (ICS). The Director of Public Health confirmed that the consequences of the cuts were hardest felt on the core public health team, as front line services had

been deliberately protected. As a consequence, the team did face limitations of the work that they could undertake.

Ms Nield, Lay Member, praised the work the Local Authority had undertaken with the communities, and especially congratulated the wider work that had been undertaken with them to help reduce the prevalence of smoking as part of the NHS QUIT programme.

The Accountable Officer commented that it was important to remember that we were all part of the ICS, and that there had been some resources come down through the NHSE funding route, some of which had funded a public health consultant post. There would also be financial resource to support social prescribing. She advised that a Long Term Plan (LTP) response was something that was required from the ICS and that there were some opportunities in there that we as commissioners would not want to miss. The implementation of that plan should evidence the shift of services from secondary to primary care and the focus on prevention, and doing that as a system in our response could reap some huge benefits for us, which she would want to discuss further with the Director of Public Health.

LS/GF

The Governing Body approved the Public Health Core Offer within the Memorandum of Understanding (MoU), which would enable the CCG to meet its responsibilities.

83/19 Month 2 Finance Report

The Director of Finance presented this report which provided information on the CCG's financial position at Month 2, together with an assessment of the risks and existing mitigations available to deliver the CCG's control total of in-year break even (cumulative year end surplus of £18m). She advised Governing Body that this report gave the first indications on any issues or risk to achieving delivery of our planned surplus, although there was limited information at this stage in the financial year on which to draw firm conclusions on the forecast year end position. Her view was that at Month 2 we were broadly on track to deliver our planned surplus, albeit with limited data to back it up.

The Director of Finance reminded Governing Body that issues relating to the coding of activity at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) had led to estimates for February and March activity being included in the CCG's 2018/19 annual accounts. However, receipt of the final fully coded data showed that it was very much in line our estimates which pleasingly confirmed that our processes were robust. However, uncoded activity continued to be a problem and information received to date related to only one month's fully coded data, which showed over and underspends on planned and urgent care activity respectively. She explained that coding issues related to workforce pressures, which was a common theme across the NHS, and that it took two years to train a coder. With this in mind, the trust had put an action plan in place which the CCG had been monitoring through the contract route, which included how to make the coder role more attractive, etc.

The Director of Finance also drew members' attention to the table at page 6 which provided a summary forecast of an addition to the contract agreement with STHFT relating to "Blended Plus" arrangements, if that any underspend against the elements of the contract included within the threshold would result in the establishment of a gain share investment fund.

She also reminded members that late changes on the CCG's primary care allocation had left us with unfunded cost pressures of c£1m, and so to retain our commitment to primary care funding, the totality of the primary care contingency reserve of £400k had been released, meaning that there was no further reserves available to manage any other risks that may materialise in year. Members were pleased to note that despite the late changes to the primary care allocation the CCG continued to provide this funding.

In response to a question relating to possible overspends on the Section 75 Framework Partnership Agreement (Better Care Fund) (BCF) and pressures within SCC, as set out on page 7, the Director of Finance explained that the CCG and SCC worked very closely which meant that we had a better understanding of their pressures and the potential impact of those.

With regard to children's continuing health care (CHC), the Director of Finance explained that the CCG monitored the numbers of children coming through the system and the current average package cost to date, with a robust programme in place to review the most effective packages of care were in place. This was not about impacting on the quality of their care packages.

Governing Body noted the query about whether funding would be available in 2019/20 to fund a primary care response to winter pressures, as in previous years. The Director of Finance responded that the plans for this needed to be confirmed, and reported that further discussions in this regard would be taking place at the CCG's Primary Care Commissioning Committee (PCCC).

JM

Finally, the Director of Finance drew members' attention to section 6 that requested their approval, in line with the Scheme of Budgetary Delegation, on one budget movement of £2.2m relating to Directed Enhanced Services (DES) for the Network DES new investment.

The Governing Body:

- Considered the risk assessment and existing mitigations to manage the risks to deliver the CCG's year end control total of a £18m surplus, as outlined in section 2.
- Approved the budget movement noted in section 6.

84/19 Update on Month 2 Quality, Innovation, Productivity and Prevention (QIPP) Plan

The Director of Commissioning and Performance presented an update on

progress with the QIPP Plan for 2019/20, 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 £15.24m. He drew members' attention to the key issues

At Month 2 he was reporting delivery of £2.31m against the year to date target of £2.31m which meant that at this stage he was able to forecast achievement of the £15.24m year end target.

As part of the CCG's commissioning cycle, and in line with the CCG's Improvement Plan, work had commenced on the development of the 2020/21 QIPP programme, with an expectation to present a first draft to Governing Body in October.

Governing Body GPs asked how confident the CCG was about managing risks moving forward, especially those relating to some of the prescribing efficiencies GPs were being asked to make, especially in that pharmacists were advising that some cheaper drugs were not now available. The Director of Delivery – Care Outside of Hospital confirmed that the CCG's Medicines Management Team (MMT) was reviewing this.

The Accountable Officer reminded members that QIPP ideas should either be coming through from Governing Body or from the Clinical Commissioning Committee (CCC). The Director of Commissioning and Performance clarified that the monitoring and mitigation of the plan was undertaken by the QIPP Working Group.

The Governing Body considered and noted the reported Month 2 QIPP and the year end forecast position.

BH

85/19 Performance, Quality and Outcomes Report: Position Statement

The Director of Commissioning and Performance presented this report which reflected the CCG's statutory responsibilities. He drew members' attention to the following key issues, as detailed on the first two pages of the report

Areas of concern included three national waiting time standards for cancer that had not been met on a CCG basis in April (in terms of Sheffield residents and STHFT as a regional and national provider of cancer services). Forthcoming Protected Learning Initiatives (PLIs) for GPs would include for them to reinforce the importance to patients why they needed to book their suspected cancer two week wait appointment quickly. Page 2 of the report provided a summary of the new rules for 62 day cancer waiting times for inter-provider transfers that had been introduced.

On a more positive note, performance on 18 weeks, Improved Access to Psychological Therapies (IAPT), and Delayed Transfers of Care (DToc) continued to improve and be maintained. Members noted the sustained improvement each month on DToc's and expressed their thanks to all those that had contributed to this improved position.

The Chief Nurse advised Governing Body of the following Quality issues:

Healthcare Associated Infections: There had been an increase in the number of cases at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) in May, with two trust attributable cases, six trust associated cases, and two other cases.

Never Events: There had been two reported Never Events at STHFT in May. The trust's performance in this area was going to be measured against national performance.

Patient Complaints: Discussions were taking place with Sheffield Health and Social Care NHS Foundation Trust relating to how the trust could improve its compliance rates in responding to complaints within the agreed timescales.

Children and Young People: Education Healthcare Plans (EHCP): Whilst performance was still Amber rated, there had been an improvement in the average timescale for EHCP completion which was now 17 weeks, down from 21 weeks in 2018 and 29 weeks in 2017.

Provider Care Quality Commission (CQC) Ratings: 98% of our GP practices and 82% of our care homes had been rated as 'Good', as significant improvement on the previous year. Members noted the work of the CCG's primary care and quality teams in supporting practices that had contributed significantly to the rating of our GP practices.

Members agreed that further understanding was needed on SHSCFT's rating of 'Requires Improvement' on whether the service was safe, and they noted that there was also a similar rating at Sheffield Children's NHS Foundation Trust (SCHFT). The Chief Nurse reminded Governing Body that they had previously met with the Board of SHSCFT and felt they were aware and on top of the issues, and were following due process for quality measures. Monthly quality meetings were taking place with the trust, and the CCG needed to now follow due process for this through its contractual arrangements with the trust. The Chief Nurse also advised Governing Body that a Quality Assurance Committee (QAC) to QAC meeting had been held with SCHFT, which had been very productive and showed that the trust was sighted on the issues and what the priorities were. She clarified that the ratings related to quality and not poor safe care, and proposed to present a more detailed report to the next meeting around assurance and progress for both trusts.

Patient Experience: Professor Gamsu, Lay Member, commented that feedback on this report relied primarily on the Friends and Family Test (FFT) and expressed concern about the messages it gave out and the way it was represented as it was a very partial view.

Safeguarding: The Chief Nurse advised members that training on the safeguarding duties of Governing Body members would form part of the OD session taking place in October. Members noted the new Sheffield Children's Safeguarding Partnership and Child Death Overview Panel

MPh

(CDOP) arrangements in place, as set out on page 13.

The Governing Body:

- Discussed and noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges.
- Discussed and noted the key issues relating to Quality, Safety and Patient Experience.

86/19 First Update on NHS Sheffield CCG Governing Body Assurance Framework (GBAF)

The Director of Finance presented the first update of the Governing Body Assurance Framework (GBAF) for 2019/20. She reminded members that the framework was a rolling programme that identified any risks to delivery of the CCG's strategic objectives, and that it was important that Governing Body members were sighted on it, in order that they could assure themselves that, as far as possible, the actions were being taken to mitigate those risks. She reported that for the first quarter the report highlighted a number of Very High and High risks, as was usually expected this early in the financial year, and reminded them of the robust process that was in place to manage, discuss, and review the risks by the Senior Management Team (SMT), Governance Sub-committee (GSc) and Audit and Integrated Governance Committee (AIGC). She asked members to note the challenges raised by the AIGC at its last meeting, as set out in section 2.2.

The Governing Body:

- Noted the position with regard to the GBAF and arrangements in place for managing strategic risks up to 20 June 2019.
- Noted the additional gaps in control / assurance identified during the monitoring period.
- Did not identify any additional controls and mitigating actions they felt should be put in place to address identified risks.

87/19 Sheffield's Better Care Fund Annual Report 2018/19

The Director of Delivery – Care Outside of Hospital presented this report which provided an update on progress on the Better Care Fund (BCF) programmes against the 2017/19 narrative plan, performance against the agreed Better Care Fund Key Performance Indicators (KPIs), financial performance of the Better Care Fund Pooled budget for 2018/19, and the Better Care Fund programme budget and high level plans for 2019/20. She drew members' attention to the key highlights, as set out in section 5.2 and Appendix A.

By the end of the financial year the number of delayed discharges days were at the lowest they had been for the past two years. £3.8m of efficiency savings had been made over the year, a Dementia Strategy had been developed, and a Joint Commissioning Committee between the CCG and Sheffield City Council had been established. There had been continued investment to support neighbourhood development, and we had met our targets on the rate of permanent admissions to residential care

and on the proportion of people still at home 91 days after discharge. She acknowledged the huge 'team system' effort that had contributed to achieving this excellent position.

The Director of Public Health advised members that the Health and Wellbeing Board had been very supportive of this work and had made some recommendations for additional areas of work, with very strong support for development work around smarter indicators, and had questioned as to 'what would a good distribution of resource' look like in 2020/21.

With regard to the impact of all the work that had been put into joint commissioning in the past few months, the Director of Delivery – Care Outside of Hospital responded that there hadn't been much in relation to the annual report for 2018/19 as the new committee had only been established in April 2019, but that this was likely to be an increasing focus of work in 2019/20 and beyond.

The Governing Body:

- Considered the report and noted the progress to date on delivery of the Integration and Better Care Fund Narrative Plan
- Noted the outturn on the budget for 2018/19
- Noted the establishment of the Joint Commissioning Committee and its alignment to the Accountable Care Partnership to add pace and scale to address the financial overspends
- Noted the proposed budget and priorities for 2019/20.

88/19 Shaping Sheffield Plan

The Director of Delivery – Care Outside of Hospital presented this report which updated members on the content of the refreshed plan, which had been updated following discussions within the Accountable Care Partnership (ACP) team alongside partner organisations, workstream leads, and strategy directors. She explained that it built on the original Shaping Sheffield Plan, and linked to the Health and Wellbeing Strategy, the Joint Strategic Needs Assessment (JSNA), and the Long Term Plan (LTP), and was an iterative document that would continue to develop. She asked Governing Body to note the ambitions that were set out on page 5, which they were keen to make sure came through strongly, and advised that they would continue in partnership to take that forward by development of a detailed delivery plan. She asked members to note that the ICS plan would be refreshed in the Autumn.

Members expressed confusion at the different groups that were referenced in the timetable in the paper's recommendations. The Director of Delivery – Care Outside of Hospital explained that the CCG's statutory responsibilities and what it had to deliver and was audited on were being kept separate. She advised that through ACP discussions we could start describing the programmes of work and the supporting tools, one of which was the Better Care Fund (BCF), which were mechanisms in an overarching plan, but we had not managed to describe them all in one place as yet.

The Chair explained that there was a degree of consistency with the Health and Wellbeing Strategy as the overarching Place strategy, which had been recently refreshed. He also commented that we were good at writing visions but getting to delivery of them was not always effective so that the challenge remained. The real challenge would be to determine what a good allocation of resource would look like and to consider how successfully we had been in shifting this from secondary to primary / community care year on year.

The Chair of Healthwatch Sheffield suggested that if the CCG needed citizens on board to engage with that, it needed to engage them in a different way, and that if we wanted to change cultures we had to do something differently. It was about bringing the unique place-based priorities for Sheffield or South Yorkshire and stating really strongly what we were going to prioritise.

The Governing Body:

- Confirmed full support and ownership of the plan.
- Noted the timetable for final sign off of the plan through system and partner boards.
- Noted the intended refresh of the SYB ICS plan in early Autumn

89/19 South Yorkshire and Bassetlaw Integrated Care Pathology Transformation Programme

The Director of Commissioning and Performance presented this report. He explained that in 2017 there had been an indication that pathology networks would reform, and this paper provided an update to each CCG on the progress that had been made to make that consolidated model. He advised Governing Body that a working group had been established to consider what the options would be for SYB, with the next steps including the development of an Outline Business Case (OBC) over the coming months which would have close oversight by the South Yorkshire and Bassetlaw (SYB) commissioners. The OBC would be considered by trusts and endorsed by Governing Bodies.

Members discussed what this could mean for the CCG. The Director of Public Health asked that, when discussed where services would be delivered, consideration be given of Sheffield City Council's agreement to set a carbon footprint budget as more institutions in Sheffield would have to work within that budget framework. The Director of Commissioning and Performance agreed to feed this back to the working group.

The Governing Body:

- Supported to progress the transformation programme to Outline Business Case (OBC), as set out in the report.
- Agreed that the implementation of a single organisation form for South Yorkshire and Bassetlaw pathology services should be subject to the completion of an Outline and Full Business case (FBC).
- Supported the resolution of the five identified key enablers set out in the report.

BH

90/19 Developing South Yorkshire and Bassetlaw System Commissioning 2019/20 Priorities, Terms of Reference and Manual Agreement

The Director of Commissioning and Performance presented this report. He reminded members that on 2 May 2019 they had received a paper that set out the approach for developing system commissioning for 2019/20 but that they had requested additional assurance as to how the principles for clinical engagement would be developed. The paper presented today sought to provide those assurances and included more detail around the 2019/20 system commissioning priorities, revised manual agreement and Terms of Reference for the Joint Committee of Clinical Commissioning Groups (JCCCG) and the proposed delegated authority for specific decisions to be devolved to that committee. He drew members' attention to the key issues.

Appendix 4 (page 41) expanded on how the clinical engagement would be deployed, by using the strength of all our Clinical Reference Groups (CRGs), which would have Governing Body representation.

The Director of Public Health questioned where and how this would fit in with the Joint Commissioning Committee in Sheffield as there was no mention of the Local Authority or of place based priorities, and also if there would be one CCG per Integrated Care System (ICS). He advised Governing Body that either he or the Chief Executive of SCC would be writing to the Accountable Officer outlining their concerns including that they were not convinced that doing something on a bigger footprint would mean getting those priorities right.

The GPs acknowledged the additional clinical scrutiny, and the direction of travel, but raised the challenge of maintaining a local focus. The Accountable Officer reminded Governing Body that this was a committee of our own creation in partnership with the other SYB CCGs, and was not the ICS, and so was our committee to influence. It was the evolution of what five CCGs had set in train and a committee that could make collective decisions based on its delegated authority.

In light of the Accountable Officer attending JCCCG for both Barnsley and Sheffield CCGs, Governing Body questioned what might happen if the committee had to take a vote on an issue. The Chair explained that each organisation would have one vote, and would expect that it would be the Chairs of the CCGs that would cast that vote.

The Secondary Care Doctor asked that consideration be given as to having greater representation from secondary care on the committee.

The Director of Commissioning and Performance presented the delegations to the JCCCG, as set out in section 5.1. He also explained that any other priorities that would come through in the next phase would come through Governing Body for approval for delegation to the committee.

The Governing Body:

- Agreed the JCCCG's priorities and the requested areas for delegation for 2019/20.
- Agreed the revised Manual Agreement and Terms of Reference and noted the December 2019 review date.
- Noted the ongoing development of system commissioning in SYB and potential new areas that may be added to the list of priorities over the coming months where agreed by Governing Bodies.
- Noted that a quarterly JCCCG progress report would be provided for Governing Bodies.

91/19 Accountable Care Partnership (ACP) / Integrated Care System (ICS) Update

The Chair gave an oral update and drew Governing Body's attention to the ACP Programme Director's report, circulated as part of the supporting information pack at item 19c(i)(i), which gave the headlines from the programme of the ACP and provided an overview of its activities.

The Director of Finance reminded members that the ICS Standard Operating Procedure (SOP) that had been circulated to them on 24 May 2019 had also now been published on the website as part of the ACP / ICS supporting papers for today's meeting.

The Governing Body noted the update.

92/19 Reports Circulated in Advance for Noting

The Governing Body formally noted the following reports:

- a) Governing Body Assurance Framework (*to support main agenda item 13 (paper H)*)
- b) Shaping Sheffield Plan (*to support main agenda item 15 (paper J)*)
- c) Accountable Care Partnership (ACP) / Integrated Care System (ICS) (*to support main agenda item 28 (oral update)*)
 - i) ACP Programme Director Report
 - ii) Minutes of the ICS Collaborative Partnership Board
8 March 2019
 - iii) Taking Forward South Yorkshire and Bassetlaw's (SYB) Response to NHS Long Term Plan Paper
 - iv) Priorities of Joint Working for Local Authorities
 - (i) Complex Lives
 - (ii) Connectness
 - (iii) Physical Activity / Active Travel
 - v) Toward a South Yorkshire and Bassetlaw New Collaborative Partnership System
 - vi) Update on ICS Prevention and Prevention Priorities within the Long Term Plan
 - vii) Population Health Management
- d) CCG Chair's Report
- e) CCG Accountable Officer's Report
- f) Governance Update
- g) Report from the Audit and Integrated Governance Committee (AIGC)

- h) Report from the Joint Committee of Clinical Commissioning Groups (JCCCGs)
- i) Report from the Primary Care Commissioning Committee
- j) Report from the Quality Assurance Committee
- k) Report from the Strategic Patient Engagement, Experience, Equality Committee
- l) Update on Progress with Special Educational Needs and Disability Service (SEND) Action Plan
- m) Primary Care Nursing Strategy
The Chief Nurse advised Governing Body that the strategy would be presented to the CCG's Primary Care Commissioning Committee (PCCC) later in the month. She advised that the Sheffield nurses would own the strategy by working through a development plan, which they would start to do at a Protected Learning Initiative (PLI) taking place the following week.

93/19 Any Other Business

Primary Care Networks

The Accountable Officer advised Governing Body that NHS England had approved 15 Primary Care Networks (PCNs) for Sheffield.

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

94/19 Summary of Meeting: Three Key Messages from the Chair

- The Governing Body welcomed and has approved the improvement plan, and acknowledged the significant input of staff in the development of the plan. Governing Body members had confirmed their commitment to ensure the delivery of the actions within the improvement plan and confirmed their support for the monitoring mechanisms and measures of success.
- The Governing Body had received the Better Care Fund annual report and noted the progress made, in particular around DToC performance as well as the establishment of the Joint Commissioning Committee and its alignment to the Accountable Care Partnership.
- The Governing Body had received the Shaping Sheffield Plan noting the alignment with the Health and Wellbeing Strategy, the Joint Strategic Needs Assessment (JSNA), and the Long Term Plan (LTP), and that it was an iterative document that would continue to develop.

95/19 Date and Time of Next Meeting

The next full meeting in public will take place on Thursday 5 September 2019, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Appendix A

Questions from Ruth Milsom, Sheffield Save Our NHS, to NHS Sheffield CCG Governing Body 4 July 2019

Question 1: Can the CCG reassure us and the public that they will not allow a local NHS Trust to follow the example recently shown by Warrington and Halton Hospital Trust whereby treatments listed in the SYBICS Commissioning for Outcomes Policy as PLCVs have been marketed as chargeable treatments (scandalously, in WHH Trust's case: "MyChoice – by the NHS, for the NHS") that patients can self-fund?

CCG response: *All policies around commissioning for outcomes relate to where there is clinical evidence that the treatment is not effective and so we would not expect NHS commissioned providers to offer this either through an NHS funded contract or privately funded.*

Question 2: NHS Long Term Plan

- i. Does Sheffield CCG recognise that the Long Term Plan funding average of 3.1% – since 4.2% is widely agreed necessary to just stand still – is totally inadequate to:**
 - a) maintain an efficient and comprehensive free at the point of delivery health service without unrealistic expectations of patient self care or self-financing by moving the goal posts and claiming Limited Clinical Values where none existed before?**
 - b) ensure a safe, stress free working environment for staff ?**
 - c) ensure a safe treatment environment for patients ?**
- i. What steps is SCCG taking to ensure that central funding not only addresses i) a), b) and c) (above), but is set at a level which urgently addresses the workforce shortfall of 106,000?**

CCG response: *NHS Sheffield CCG has had confirmation of our expected cash increase to our allocation for the period 2019/20 to 2023/24 as follows:*

19/20	20/21	21/22	22/23	23/24	Average
5.3%	3.8%	3.7%	3.5%	3.3%	3.9%

This compares to average cash uplift for all CCGs of 4.2% over the same period. Sheffield receives a lower than average increase as a result of the fact that according to the national formula for calculating target CCG allocations, Sheffield is above target and as a result receives lower than average growth.

In terms of how this funding will be used to support the issues identified in this question, we are working with our partners, both within Sheffield as part of the Accountable Care Partnership (ACP) and across South Yorkshire and Bassetlaw as part of the Integrated Care System (ICS) to address these challenges. Whilst money alone will not solve the issues, we are reviewing the totality of our resources (not just the new money) to ensure that we deliver our priorities.