NHS
Sheffield
Clinical Commissioning Group

Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 10 January 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
Mrs Nicki Doherty, Director of Delivery - Care Outside of Hospital
Ms Amanda Forrest, Lay Member
Professor Mark Gamsu, Lay Member
Dr Terry Hudsen, GP Elected City-wide Representative
Mr Brian Hughes, Director of Commissioning and Performance (from item 05/19)
Ms Julia Newton, Director of Finance (from item 03/19)
Ms Chris Nield, Lay Member
Ms Mandy Philbin, Chief Nurse
Mrs Maddy Ruff, Accountable Officer.
Dr Leigh Sorsbie, GP Locality Representative, North
Mr Phil Taylor, Lay Member
Dr Chris Whale, Secondary Care Doctor (from partway through item 07/19)

In Attendance:
Ms Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
Mr Greg Fell, Director of Public Health, Sheffield City Council (SCC) (from item 05/19)
Mrs Carol Henderson, Committee Secretary / PA to Director of Finance
Ms Kath Horner, Sheffield Dementia Action Alliance (for item 10/19)
Howard, Patient Representative (for item 10/19)
Mr Jim Millns, Deputy Director of Mental Health Transformation and Integrated Commissioning (for item 10/19)
Mr Nicky Normington, Locality Manager, North
Ms Judy Robinson, Healthwatch Sheffield Representative
Ms Nicola Shearstone, Head of Commissioning for Prevention and Early Help (All Age), Sheffield City Council (SCC) (for item 10/19
Dt Steve Thomas, Clinical Director Mental Health / Learning Disabilities / Dementia Portfolio (for item 10/19)
Lorraine Watson, Locality Manager, West
Mr Paul Wike, Locality Manager, Central

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

ACTION

01/19 Apologies for Absence

Apologies for absence had been received from Dr Kirsty Gillgrass, GP Locality Representative, Hallam and South Dr Annie Majoka, GP Elected City-wide Representative, Dr Zak McMurray, Medical Director, and

Dr Marion Sloan, GP Elected City-wide Representative.

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Vice Chair, Sheffield Local Medical Committee (LMC), Mr Phil Holmes, Director of Adult Services, SCC, and Mr Gordon Osborne, Locality Manager, Hallam and South.

The Chair declared the meeting was quorate.

02/19 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 declarations of interest from items to be discussed at today's meeting.

The Director of Finance joined the meeting at this stage.

03/19 Chair's Opening Remarks

The Chair advised that he had no further issues he wished to draw to Governing Body's attention at this stage except to advise that …

04/19 Questions from Members of the Public

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

There were no further questions from members of the public asked at the meeting.

Mr Greg Fell, Sheffield Director of Public Health, and Mr Brian Hughes, Director of Commissioning and Performance, joined the meeting at this stage.

05/19 Minutes of the CCG Governing Body Meeting held in Public on 1 November 2018

The minutes of the Governing Body meeting held in public on 1 November 2018 were agreed as a true and correct record and were signed by the Chair.

06/19 Matters Arising

a) Questions from Members of the Public (minute 135/18 refers)

The Director of Commissioning and Performance confirmed that the CCG's responses to the questions relating to urgent care in primary care had been circulated to the Overview and Scrutiny Committee (OSC), to members of the CCG's Urgent Care Programme Board for information, and had been published on the CCG's website as an appendix to the minutes of the CCG Governing Body meeting held on 1 November 2018.

b) Update on Key Issues including New Governance Arrangements for the Sheffield Safeguarding Children's Board (SSCB) and Sheffield Adult Safeguarding Partnership (SASP) (minute 136/18 refers)

The Chief Nurse agreed to arrange a training session, over and above statutory training, for Governing Body members for them to be appraised of what their corporate responsibility was in terms of the changing governance arrangements for safeguarding. **MP**

c) Review of NHS Sheffield CCG Constitution (minute 139/18 refers)

The Director of Finance advised members that, as part of its delegated responsibility from Governing Body to review the CCG's Standing Orders (SOs), Prime Financial Policies (PFPs) and Scheme of Reservation and Delegation (SoR&D) each year, the CCG's Audit and Integrated Governance Committee had considered proposed revisions at its meeting on 13 December 2018. She reported that committee members, including Internal and External Audit, had asked for extra time for detailed scrutiny of the three documents and had been asked to raise any issues with her by 15 January 2019. These, and other key matters relating to the new model Constitution, would be considered by Governing Body in private on 7 February, and then in public on 7 March as part of a full suite of proposed changes to the CCG's Constitution. **JN**

d) Performance, Quality and Outcomes Report: Position Statement - Improved Access to Psychological Therapies (IAPT) (minute 144/18(e)(i) refers)

Members agreed that this item should be kept on matters arising until the meeting to discuss how to improve the performance of the proportion of IAPT patients moving to recovery had taken place, and it had been raised **MG/BH**

with the IAPT service as to whether it was taking on a considerably wider brief than had been stated in the performance report.

Professor Gamsu, Lay Member, advised members that IAPT was one of the focus areas.in NHS England's (NHSE) recently released Inequalities Tool and suggested that this could be a useful tool to look at.

e) Accountable Care Partnership (ACP) / Integrated Care System (ICS) Update (minute 149/18 refers)

The Deputy Director of Communications advised Governing Body that she was taking forward with the ICS Communications Lead, Governing Body's feedback that they sometimes found ICS papers difficult to read. Members agreed that this item could be removed from matters arising.

f) Gluten Free Prescribing Commissioning Policy (minute 151/18(b) refers)

The Director of Commissioning and Performance advised members that as work to conclude a review of the existing policy was still ongoing, an update would be now presented to them in public in March. **BH**

07/19 NHS Sheffield CCG Commissioning Intentions and Key Priorities for 2019/20

The Director of Commissioning and Performance presented this report which detailed the CCG's Commissioning Intentions (Cis) for 2019/20 and requested Governing Body's approval, subject to the caveat that it had been written prior to the publication of NHSE's Long Term Plan (LTP) on 7 January 2019, and to the CCG's financial allocations which had yet to be published which had left us with a slight challenge as to how we moved forward. He advised that the Director of Finance would provide a brief update on current knowledge of the allocations in the private session.

The Director of Public Health advised Governing Body that although public health allocations for 2019/20 had been received, the budgets had not yet been agreed formally and politically by SCC Cabinet. He advised that there would be cuts to services, some of which would be NHS services.

The Director of Commissioning and Performance gave reassurance to Governing Body that, although it would be quite challenging, the LTP contained nothing that was not already within the CCG's plan, objectives, and focus areas. The alignment of the LTP with what we were aiming to do was quite strong, with strong focuses on primary care and the Prevention agenda. He explained that the team had tried to align some of the strategic context that sat with the Sheffield Place Based Plan with the CIs, which would complement what needed to be done.

The Director of Commissioning and Performance drew members' attention to section 3 that summarised details of the 2019/20 national planning guidance that had been published on 21 December 2018, and

included a timetable of key requirement submission dates on page 6, the first of which was the submission of activity data for the 14 January 2019 checkpoint.

Section 4 and the appendices reaffirmed the CCG's vision for what, as an organisation, we were aiming to achieve and the areas we would focus on, for which we would start to develop some measurable outputs and outcomes.

With regard to financial allocations, the Director of Finance advised Governing Body that technical guidance that gave details of what the uplift on the tariff would be had been published. She explained that she had tried to reflect in the finance section of the CIs what some of the new financial pressures would be, and reaffirmed the four areas Governing Body had agreed in December where the CCG needed to invest: mental health, primary care, community care, and anything specific relating to the CCG's Quality, Innovation, Productivity and Prevention (QIPP) plans. She advised that the CIs reflected the CCG's local and national priorities, but could not, at this stage, confirm what investment would be allocated to those areas until the financial allocations had been received.

Members noted the nine-page summary of the plan which distilled some of the key messages of the LTP. The Director of Delivery – Care Outside of Hospital and Deputy Director of Communications would arrange for distribution of the summary to staff and Member practices. **ND/LE**

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

Governing Body raised and discussed the following issues.

The Director of Public Health's thoughts were that NHSE had omitted to include a number of areas relating to primary care in the LTP. With regard to the CIs, he commented that, whilst the CCG should aim to do what was right for the people of Sheffield, it should remember that the Prevention agenda and trying to reduce health inequalities were two different things.

The Director of Delivery – Care Outside of Hospital felt that the CCG was already in a good position to be able to meet the challenge of the LTP and in delivering our plans. She advised Governing Body that it had been questioned at a meeting she had attended the previous day as to whether the ambition in the plan would present a challenge to Sheffield and its ambitions for Person Centred Care, noting that the CCG was a mentor site for Patient Activation Measure (PAM). The Director of Delivery – Care Outside of Hospital's view was that this provided a good foundation that presented Sheffield with the flexibilities it needed to be able to deliver the scale of ambition it had set itself.

Ms Nield, Lay Member, welcomed the inclusion of Prevention and reducing health inequalities in the LTP. Her thoughts were that, as the CCG was already ahead with some of this work, then hopefully we would be able to set our own agenda in Sheffield to do something over and

above our aspirations and in our joint work.

The Chair's thoughts on the LTP were that it was a framework that we could work with and it was significant that it included population health outcomes. There would be a need for us to invest differently but there would be plenty of opportunity for us and it was congruent with our own plan, and he was optimistic that it would make some things easier to achieve. This was supported by the Accountable Officer who felt that we were in a strong position in Sheffield, especially in relation to our development of primary care and neighbourhoods, and that we could really use it to support us in what we wanted to do.

The Governing Body:

- Noted the national planning guidance summary detailed the expectations for 2019/20, including the timetable of required submissions.
- Approved the CCG's Commissioning Intentions and key priorities.
- Acknowledged that when the CCG's financial allocations for 2019/20 were announced there could be a need to make changes to the CIs as the CCG sought to balance investment and QIPP requirements.
- Noted there would be a need to be further development of the specific deliverables once the detailed national guidance was published.

08/19 Month 8 Finance Report

The Director of Finance presented this report which provided information on the CCG's financial position at Month 8, 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 despite a number of financial pressures and risks, and assuming that elective activity at the acute trusts continued as expected, the CCG was on track to deliver the planned surplus. The other main area of spend with the potential for substantial variability was prescribing particularly in relation to price per item. She reported that CCGs were seeing some increases which may partly be linked to actions by suppliers in advance of Brexit.

The Chair asked about the high levels of uncoded activity included for Month 8 (as set out in section 3). The Director of Finance reminded members that she had been reporting this during the year and explained that Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) continued to have problems with staffing capacity to code on a timely basis. However, the trust had implemented an action plan to address the backlog issues but it anticipated it would be Quarter 1 of 2019/20 before coding was back to being undertaken on a timely basis. She explained that the CCG did not pay for activity until it had been coded and reconciled as part of the formal quarterly "freeze" processes.

Finally, the Director of Finance reminded members that the rules in relation to Integrated Care System (ICS) control totals were very complex and appeared to have been changed in-year by NHS Improvement (NHSI) without reference to local systems. This was

making it more challenging for the South Yorkshire and Bassetlaw (SYB) ICS system to deliver an overall balanced position against the overall control total, but subject to a positive response to representations currently being made by ICS leadership team to NHS Improvement, this remained the expectation. However, two NHS provider trusts may struggle to meet their own individual control totals.

The Governing Body considered and noted the risks and mitigations to deliver the year end planned position.

09/19 Update on Month 8 Quality, Innovation, Productivity and Prevention (QIPP) Plan

The Director of Commissioning and Performance presented an overview of the CCG's QIPP position as at Month 8 and an update on the progress of delivery by year end.

He reminded members that they had agreed an £18.5m total at the beginning of the year, and of the unidentified shortfall of £752k against plan. He reported that he was still forecasting delivery of £15.6m, 89% delivery against the overall plan, due to the number of schemes and initiatives it was anticipated would not achieve their expected outcomes. If we could maintain this position to year end, and if the CCG's financial plan was also delivered, it would give the CCG a Green rating within the CCG's overall assurance framework for finance for 2018/19. He advised that the CCG's QIPP Working Group would reflect on the lessons learned from that and how it would impact on next year.

The Director of Finance drew members' attention to table 1 at page 4 that outlined the 2018/19 QIPP plan by area, and especially to GP prescribing, which was over achieving on its plan due to the excellent work being undertaken across the system. She reported that the CCG was also underspending on its running costs.

The Director of Commissioning and Performance advised that work was already underway in the QIPP Working Group, which was supported by members of Governing Body, on forecasting expectations for next year. He advised that, at this stage in the absence of financial allocations, he was reporting there was provisionally c.£11m of unidentified QIPP.

The Director of Finance suggested, that due to the revised year end QIPP delivery position, instead of a full QIPP report to future meetings she include QIPP headlines, including table 1, as part of her finance report, which would allow the team to focus on the QIPP plan for 2019/20. **JN**

Whilst bearing in mind that QIPP was about transformation and not about taking money out of the system, members expressed their thanks to everyone involved, including Member practices particularly in relation to prescribing, in getting the CCG to the positive position of a likely 85% achievement of plan at year end. This reflected lots of hard work undertaken by many colleagues and it was suggested this be communicated to staff and Member practices through team brief, the **ND/LE**

Accountable Officer's blog, and via the Locality Managers, and reflected on at Members' Council in March. A communication would also be prepared for patients and members of the public in the city. Dr Bates, GP Elected City-wide Representative, reminded members that practices put a considerable amount of their income into employing pharmacists, which needed to be recognised, and maybe taken through to next year through the CCG's Primary Care Commissioning Committee (PCCC).

The Governing Body considered and noted the reported Month 8 QIPP position and the revised year end forecast position.

10/19 Development of Sheffield Dementia Strategy

Ms Kath Horner, Sheffield Dementia Action Alliance (for item 10/19), Howard, Patient Representative (for item 10/19), Mr Jim Millns, Deputy Director of Mental Health Transformation and Integrated Commissioning, Ms Nicola Shearstone, Head of Commissioning for Prevention and Early Help (All Age), Sheffield City Council (SCC), and Dr Steve Thomas, Clinical Director Mental Health / Learning Disabilities / Dementia Portfolio, were in attendance for this item to provide Governing Body with an update on the development of Sheffield's Dementia Strategy.

Mr Millns introduced the item. He reminded members of the ambitious programme taking place across Sheffield to improve and transform mental health services, of which dementia was one of the key components. He advised that development of the strategy and its 13 commitments in partnership with service users and experts by experience was an example of a genuinely co-designed piece of work, which the mental health transformation programme was all about, and it would be a strategy that was developed and owned by the city of Sheffield.

Mr Millns introduced Ms Shearstone who in turn introduced Howard and asked him to advise Governing Body of his perspective and experience of dementia services since being diagnosed with dementia in March 2017. He advised Governing Body that after giving up work he and his family had had no support and no care plan and he stressed the importance of providing support from the point of diagnosis as it was very difficult to find out what was available to people, unlike patients diagnosed with cancer who had support immediately put in place. His thoughts were that it was more costly to the CCG by not supporting people and he asked if the CCG could look at their budgets to see what could be achieved in the longer term. Governing Body acknowledged Howard's contribution to the development of the strategy.

Ms Shearstone presented the draft strategy and commitments which had been circulated separately to members and was currently out to consultation. She advised Governing Body that once all the feedback had been received it would impact both on the draft strategy and the plan that sat behind the strategy. This work was being overseen by a multi-agency Implementation Group.

Ms Horner advised Governing Body that a grant from Sheffield City

Council (SCC) had recently been secured to help raise awareness of the strategy across the city, for example in social cafes, etc. She drew members' attention to draft commitment 4: For people with dementia, support in Sheffield will be more personalised, local and accessible to help people to remain independent for as long as possible, and advised that a number of issues had emerged during consultation including the difficulties that Black and Ethnic Minorities (BME) communities faced to access services and choose the care they would like.

Governing Body noted that the methodology used in developing the strategy was good practice, which could be used as a temple for developing future strategies. In terms of the 13 commitments, Governing Body noted that the system needed to treat patients that did or did not have someone to look after them equally and that there needed to be 24 hour contact for both the patients and their families/carers. They particularly welcomed the inclusion of carers in the commitments although did note that there was already a carers' strategy and action plan in existence, they all therefore needed to mesh together.

Governing Body welcomed the strategy and its quality, and that getting early diagnosis and contact with primary care would make a huge difference. They welcomed that vulnerable groups had been identified and that equality impact assessments for them had been developed.

Professor Gamsu advised Governing Body that members of the strategy development team had attended a meeting of the CCG's Strategic Patient Engagement, Experience, Equality Committee (SPEEEC) to discuss development of the strategy and how they were engaging and feeding back what they had learnt from the consultation. He commented that it was a product of what felt like very good partnership working, and that it was a really powerful message that Sheffield was acknowledging the services and feedback and emphasising that Sheffield was a dementia-friendly city.

The GPs asked if there was anything specific the team was looking for in terms of feedback from practices on the draft strategy. Ms Shearstone responded that more than anything it was about raising the awareness of the strategy and welcoming any feedback. Mr Taylor, Lay Member, who was Chair of the Sheffield Hospitals Charity advised Governing Body that the Charity was funding some of the development process and awareness raising and that the team would be employing someone to provide dedicated time to work with the Hospital Charities in this regard.

The Chair suggested that, whilst a number of partners were involved in delivery of the strategy, Governing Body make a commitment to have overall accountability for its delivery, otherwise there could be a risk that not all the good work was being systematically applied. He also felt that there may need to be a process of prioritisation where investment was needed for the 13 commitments, and that the CCG should be committed to that commissioning of prioritisation. He also felt that it would be helpful if service users decided and provided clarity on what was important to them so that metrics could be developed to demonstrate that the strategy

had been successful.

Mr Millns responded that the development and delivery of the strategy was being overseen by the Mental Health, Learning Disability and Dementia Delivery Board, which would own the strategy and in so doing would call individuals to account, which meant that there would be a robust process for accountability in place. He also advised that the Dementia Strategy Implementation Working Group would be making some recommendations to the governance structure in terms of priorities.

Governing Body thanked the team for attending the meeting and providing the excellent update on the development of the Dementia Strategy for Sheffield.

11/19 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 including areas of improvement and challenges, as detailed on the first two pages of the report.

a) Closure of the Hadfield Building at STHFT (Northern General Hospital site): Building work relating to fire prevention measures had commenced in the Hadfield in November. 168 beds in the Hadfield building had been relocated to other parts of the hospital, which had presented a huge challenge for the hospital in that it meant that 'surge' beds for use during times of pressure over the winter period were now not available. The CCG was working with the trust to try and manage the consequences and impact of that.

   The Director of Commissioning and Performance advised members that work to assess the extent of the fire prevention measures that would need to be undertaken was still in-train but with the expectation was that the building may be closed for some months. He reported that measures to look at the impact on patient and staff during their relocation to other parts of the hospital would be undertaken, including the effect on staff that were now displaced and working in other areas of the hospital they did not normally work in.

   The Director of Finance advised Governing Body that an evaluation of the wards that patients had been relocated to would be undertaken as some had originally been scheduled for deep cleaning / to be used as 'surge wards', which would mean rescheduling of deep cleaning and the possibility that some patients could be diverted to other hospitals during times of pressure over the rest of the winter period.

b) Performance over Christmas and New Year / Winter Period: The system had coped well over the holiday period, with the biggest challenge to bed occupancy being Delayed Transfers of Care (DToCs). However, latest information showed that there were only 29 patients (down from more than 80) with delayed discharge, with actions now put in place to try and maintain this performance. .A&E performance at

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) was still a challenge, but a number of actions / options would be implemented if it was felt escalation was needed.

Whilst Governing Body acknowledged the improvement in the reduction in the number of DTOCs, the Director of Delivery – Care Outside of Hospital asked members to bear in mind that there was a cautiousness about how variable this position was . However, there was a real focus on making sure that people were being discharged to the right place, and she would be keen to understand what the increase in the number of discharges had been due to a new model of care that had been put in place as part of a whole system response, which had seen far more people going home without exceptional needs. **BH**

Members questioned what proportion of patients had been discharged through each of the three routes out of hospital and how this had changed. The Director of Delivery – Care Outside of Hospital responded that, in addition to the above, the Chief Executives had requested information to understand what had improved the DToC position this winter, as part of the success story of the reduction of DTOCs over the period, which would be included as part of the next performance and outcomes report.

She advised Governing Body that there were measures automatically in place with regard to domiciliary care and independent sector support for people discharged to their own homes, with new ways of working put in place by the Local Authority (LA) to strengthen that support, building on the work already being undertaken through Active Support and Recovery. Work had also been undertaken with Voluntary Action Sheffield (VAS) who would be working with our voluntary sector organisations to plan what we were doing and to do some work on a longer term model.

The Director of Commissioning and Performance advised Governing Body that, whilst he didn't think bed occupancy had increased significantly during the period, there was no indication that it was significantly higher than if would have been without the change in behaviours across the system to help reduce the DTOC position, and the compliment of hospital staff being significantly better than it had been in previous years.

The GPs asked Governing Body to be mindful that, whilst they had noted that activity in hospitals was being managed well, the feeling in general practice was that activity within primary care had increased significantly. The GP slots in the hubs had been doubled the previous week to increase capacity in response to demand as primary care was running 'hot', and this would have helped to improve the patient experience, one of the CCG's stated aims.

c) <u>Care Quality Commission (CQC) Inspections in Sheffield</u>: Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) had been rated as

'Good' for the domains of safety, effective and a well-led organisation, and 'Outstanding' in terms of their responsiveness to patients, following their CQC inspection in the autumn. Governing Body noted the improvements in the rating of services provided at the Northern General Hospital (NGH) site.

An update on the CQC's inspection of Sheffield's Special Education Needs and / or Disabilities (SEND) would be given to Governing Body in the private session. The CCG was still awaiting receipt of the formal outcome of this inspection.

d) Diagnostics: Significant improvement had been made at STHFT to deliver the six week waiting time standard for diagnostics in October.

e) Elective Referral to Treatment Times (RTT): The 18 week standard for waiting times had been delivered in October, with performance still being closely monitored.

f) Health Care Associated Infections (HCAIs): There had been no reported MRSA bacteraemia infections reported in November.

g) Quality

The Chief Nurse advised Governing Body of the following:

i) Clostridium Difficile: Due to the number of cases within both STHFT and the CCG, a piece of work would be undertaken by the CCG's Clinical Directors for Long Term Conditions and Elective Care respectively on the trends and Root Cause Analysis (RCAs) of these cases, a number of which it had been determined had been related to antibiotic prescribing not being within prescribing guidelines. **MP (CHea/ AMcG)**

h) Other Issues:

Primary Care Information: Members questioned the lack of information and metrics reported for primary care. The Director of Delivery – Care Outside of Hospital responded that some very good metrics around primary care were being taking forward by a small working group within the CCG with a view to establishing a primary care dashboard, and consideration on refining the metrics and type of information that would be useful for them to see was also taking place at the PCCC. The Director of Delivery of Delivery – Care Outside of Hospital and Deputy Chief Nurse were asked to take forward reviewing the business intelligence that was available including, for example, vaccination rates on a quarterly basis, with a view to presenting it to Governing Body for consideration at a later stage. Members noted that discussions on some of the primary care quality outcomes had been discussed by the CCG's Quality Assurance Committee (QAC). **ND/ MP(AW)**

Members discussed how the CCG could support its Member practices to move to an 'Outstanding' CQC rating, and the need to have CQC inspections that were consistent to be able to make a practice

'Outstanding'. The Director of Delivery of Delivery – Care Outside of Hospital clarified that CCG's primary care intelligence group triangulated hard and soft intelligence by practice, and would identify support to practices if and when necessary. She advised that this was also recognised as a key issue for discussion at PCCC meetings. The GPs in particular suggested that it would be helpful if some kind of resilience information, for example what kind of vacancies there were, could be made available for practices for when services were moved from secondary to primary care. The Director of Delivery of Delivery – Care Outside of Hospital advised that the PCCC was understanding of what the CCG was trying to do to support resilience in primary care and explained that this linked into our primary care accountable care partnership programme for which we were identifying a series of things we would wish to do. She advised that she would ensure that the themes and operational areas of this would form part of the feedback to Governing Body. **ND**

The Governing Body:

- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges.
- Noted key issues relation to quality, safety and patient experience.

12/19 Third Update on NHS Sheffield CCG Governing Body Assurance Framework (GBAF)

The Director of Finance presented this report which updated members on the third review of the Governing Body Assurance Framework (GBAF) up to and including 30 November 2018. She advised of the review that had been undertaken by the CCG's Senior Management Team (SMT) as set out in section 3.1, with a summary of the consideration undertaken by the Audit and Integrated Governance Committee (AIGC) of the arrangements in place for managing the organisation's strategic risks set out in section 3.2.

The Director of Finance drew members' attention to section 2.1 which reported that one risk (1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions) had reduced in score from very high to high, partly due to the appointment of the Deputy Director of Communications and other members of the communications and engagement team. As set out in section 3.1, a number of additional actions to mitigate the levels of risk for risks 2.2, 2.3, 4.4, 4.5 and 5.4 had been agreed.

The Director of Finance advised members that the SMT had met the previous week to review the GBAF for 2019/20, and had suggested they may need to have a different way of looking at risk targets and appetites for next year. This would be reflected in the draft 2019/20 GBAF which would be brought to Governing Body at its 7 March meeting.

She advised members that the AIGC had considered whether the possible implications of Brexit to the NHS around risks to medicines supply and

workforce, should be included as a risk on the GBAF or to be included on the operational risk register. The Director of Finance's view was it was sufficient to include on the latter. However, Mr Taylor, Lay Member and Chair of the AIGC, remained concerned on this matter and asked for further consideration be given to including on the GBAF. It was agreed that this would be further discussed at SMT, informed by the work relating to Brexit which the Director of Commissioning and Performance was leading on as part of his emergency resilience role. **BH**

With regard to the ongoing gaps in control and assurance for principal risk 2.3 That the CCG commissioning activities fails to impact on the health inequalities and reduced life expectancy of its citizens who experience mental health conditions, as it is unable to influence the societal attitudes that prevail and lead to disparity of investment in mental health services when compared with physical health services (Parity of Esteem), Mr Taylor, Lay Member, asked if the description of this risk should be reviewed, and how could the gaps be measured.

Dr Sorsbie, GP Locality Representative, North, felt that although the gap was huge, there was (slow) progress being made, and that possibly we should be changing the risk but should also be doing our upmost to take action to close the gap. The Director of Commissioning and Performance reminded members that this was one of the risks that was owned across the city, but would review the gaps against the CCG's Commissioning Intentions to see if any could be closed. **BH**

Finally, members agreed that it was helpful for them to be able to review the GBAF every quarter.

The Governing Body considered and noted the GBAF at the end of the third review period.

13/19 Health and Wealth: Director of Public Health Report for Sheffield 2018

The Director of Public Health presented his report and reminded Governing Body that he had a statutory duty to produce an annual report on the health of the local population and that Health and Wellbeing Boards had a duty to agree a Joint Strategic Needs Assessment (JSNA). As set out in section 1, he advised members that this year the report focused on the relationship between health, work and the economy and made three recommendations to Sheffield City Council (SCC), Sheffield City Partnership, and the Sheffield City Region relating to promoting good work and an inclusive economy for the city, but which we had no power to make work. He drew members' attention to the key highlights, as set out in section 2.

Economy was one of the most determinants of how healthy the population was, however, this was not about work, employment, or activities of the private sector business, but was about everything that happened within the city, although some things were difficult to measure. Good jobs were most important for health and one of most important health investments

we could have, but the Director of Public Health expressed his concern about the big trend towards zero hours contracts. However, he advised that there were more people of working age than elderly people with multi-morbidity, which was unequally spread across the Sheffield population, and that wealth inequality was the key driver of health inequality. He advised that the way in which we measured economic growth needed to change, with us using leverage on the way the economy worked to maximise and optimise our health. Poor health and health inequalities impacted on economic growth and investment in better health could impact on economic growth.

The Director of Public Health advised members that health metrics were now produced by Public Health England (PHE), with three main health metrics: life expectancy, healthy life expectancy, and infant mortality, that were indicator metrics. He reported that the average Life Expectancy of Men increased slightly over the previous period following a period of stagnation, the average Life Expectancy of Women had increased slightly which continued the slowdown in improvement, the average Healthy Life Expectancy of Men had increased slightly following a small dip – continuing what was in effect at static trend, average Healthy Life Expectancy of Women had worsened, continuing the decline, and Infant Mortality Rate had reduced slightly over the previous period but was not quite back on track.

The Director of Public Health drew members' attention to the health summary for Sheffield dashboard at page 8 which highlighted the three key areas for concern that were significantly lower than the English average as the rate of infant mortality, the number of children under 16 in low income families, and the low employment rate of people aged between 16-64. The indicators for NHS health checks and air quality in Sheffield were also areas where we were not performing particularly well, however we were performing particularly well in tobacco control reducing child obesity, and giving children the best start in life.

He advised Governing Body that Sheffield was comparative with the core cities as both had similar inequalities in them, although felt that all of them would have sharp divides. As set out in his key messages, the Director of Public Health reported on the work that would be undertaken around establishing economic anchor institutions at a city and neighbourhood level to ensure the city could capitalise on the social benefit of existing and new resource commitments so it did not solely rely on commercial investment, and he asked that the CCG continue to be committed to this work

Finally, Ms Nield, Lay Member, commented that voluntary sector work often led to people going into training and paid employment, and suggested this contribution to the Sheffield economy be recognised as all this work was taken forward.

The Governing Body:

- Received and noted the report.
- Noted the three recommendations for Sheffield City Council, Sheffield

City Partnership, and the Sheffield City Region, as set out in section 6.

14/19 Accountable Care Partnership (ACP) / Integrated Care System (ICS) Update

The Chair gave an oral update and updated Governing Body on the following key issues.

It had been suggested that there might be some changes to commissioning in light of NHS England's Long Term Plan. This would be discussed by Governing Body in the private session later and in public in March.

The Chair and Accountable Officer reminded members that they were part of the ICS primary care workstream and extended an invitation to members to attend a primary care event taking place on Wednesday 9 January. The Locality Manager, Central, advised that an invitation to attend the event had been sent out to all practices. **ALL to note**

Finally, the Chair advised members that a further £1 per head national funding had been made available to the ICS in 2018/19 to support neighbourhood development.

The Governing Body noted the update.

15/19 Reports Circulated in Advance for Noting

The Governing Body formally noted the following reports:

a) Governing Body Assurance Framework (GBAF) *(to support main agenda item 13 (paper G))*
b) Accountable Care Partnership (ACP) / Integrated Care System (ICS) Papers *(to support main agenda item 15 (oral update))*
c) CCG Chair's Report
d) CCG Accountable Officer's Report
e) Report from the Audit and Integrated Governance Committee (AIGC)
f) Report from the Primary Care Commissioning Committee (PCCC)
g) Report from the Quality Assurance Committee (QAC)
h) Report from the Strategic Patient Engagement, Experience, Equality Committee (SPEEEC)
i) Quarterly Complaints and MP Enquiries Update

16/19 Any Other Business

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

17/19 Summary of Meeting: Three Key Messages from the Chair

- The encouraging financial and QIPP positions.
- Governing Body's approval of the CCG's Commissioning Intentions for 2019/20, which they felt were aligned to NHS England's Long Term Plan.
- The excellent presentation on the draft Dementia Strategy for Sheffield,

which was currently out to consultation.

18/19 Date and Time of Next Meeting

The next full meeting in public will take place on
Thursday 7 March 2019, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU.

Appendix A

Question from Mr Peter Hartley to the NHS Sheffield CCG Governing Body 10 January 2019

Question: Did you have a say in stopping GPs prescribing Vitamin D3 tablets for people lacking this vitamin? Or was it NHS England who made the decision? Did Parliament have a say on this issue? Was there any consultation on this issue?

CCG response: *Thank you for your question. You asked specifically who developed the guidance, whether there was a consultation and whether Parliament and CCGs had an opportunity to comment.*

We can confirm that the guidance was developed and issued by NHS England following a full public consultation which took place between 21 July and 21 October 2017.

CCGs, Parliament, MPs, clinicians, and patients, were all invited to comment and in total 2,638 did.

Of the 1,860 responses to the vitamins section, 76% of respondents agreed with the recommendation that vitamins and minerals should not be routinely prescribed in primary care.

Further details are available at:
https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf