NHS
Sheffield
Clinical Commissioning Group

Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 7 March 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
Mr Brian Hughes, Director of Commissioning and Performance
Dr Annie Majoka, GP Elected City-wide Representative
Ms Julia Newton, Director of Finance
Ms Chris Nield, Lay Member
Ms Mandy Philbin, Chief Nurse
Mrs Maddy Ruff, Accountable Officer.
Dr Marion Sloan, GP Elected City-wide Representative
Dr Leigh Sorsbie, GP Locality Representative, North
Mr Phil Taylor, Lay Member
Dr Chris Whale, Secondary Care Doctor

In Attendance:
Ms Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
Mr Greg Fell, Director of Public Health, Sheffield City Council (SCC) (up to item 32/19)
Dr Charles Heatley, Clinical Director Elective Care (for items 28/19 and 29/19(a))
Mrs Carol Henderson, Committee Secretary / PA to Director of Finance
Mr Nicky Normington, Locality Manager, North
Ms Judy Robinson, Healthwatch Sheffield Representative (up to item 34/19)
Lorraine Watson, Locality Manager, West
Mr Paul Wike, Locality Manager, Central

Members of the public:
There were 12 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

19/19 Apologies for Absence

Apologies for absence had been received from Dr Terry Hudsen, GP Elected City-wide Representative, and 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), Mr Phil Holmes, Director of Adult Services, SCC, and Mr Gordon Osborne, Locality Manager, Hallam and South.

The Chair declared the meeting was quorate.

20/19 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

Professor Gamsu, Lay Member, declared a conflict of interest in the following item:

Item 13 (paper H) Suspension of Standing Order 2.2.5(d) as the paper proposed an extension of 12 months to his term of office.

The Chair agreed that, as the meeting was being held in the public domain, there was no reason why Professor Gamsu could not remain in the room for the discussion. However, he would not be able to take part in either the discussion or the decision making for this item.

The GPs: Drs Afzal, Bates, Majoka, Moorhead, Sorsbie, and Sloan, declared a conflict of interest in item 10 (paper E) 2019/20 Financial Plan and Initial Budgets, as the report referenced the national contract and the money to be spent on primary care.

It was agreed that, as the GPs were not being asked to make any decisions on the national contract and the money to be spent on primary care, they could take part in the discussion.

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

21/19 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 it was Mr Taylor's last meeting of Governing Body as he would be retiring from the CCG when his tenure ended at the end of March. On behalf of Governing Body he thanked Mr Taylor for the support, expertise and commitment, including in his role as the CCG's Deputy Chair, he had given to the CCG during his tenure at the CCG. He advised members that the recruitment process for a new Lay Member was well underway.

22/19 Questions from Members of the Public

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

With regard to the questions asked in relation to the Hospital Services Review (HSR) and Maternity Units, in addition to providing a written response to the questions following the meeting, the Accountable Officer also agreed to raise this as a wider issue with her South Yorkshire and Bassetlaw Accountable Officer colleagues, especially given that the HSR proposals did not affect Sheffield in the same way as the other hospitals in terms of services provided. She explained that if there were proposals relating to Sheffield hospitals these would be presented to Governing Body for discussions and agreement. She reminded members that they had discussed the process for the review in Autumn 2018. **MR**

23/19 Minutes of the CCG Governing Body Meeting held in Public on 10 January 2019

The minutes of the Governing Body meeting held in public on 10 January 2019 were agreed as a true and correct record and were signed by the Chair, subject to the following amendment.

NHS Sheffield CCG Commissioning Intentions and Key Priorities for 2019/20 (minute 07/19 refers)

Second sentence of 10th paragraph to read as follows:

… then hopefully Sheffield would take the opportunity to go over and above the Long Term Plan in its aspirations for Prevention and for reducing health inequalities.

24/19 Matters Arising

a) Improved Access to Psychological Therapies (IAPT) (minutes 144/18(e)(i) and 06/19(d) refer)

Professor Gamsu, Lay Member, advised Governing Body that he had met with the CCG's Deputy Director of Mental Health Services to discuss how to improve the performance of the proportion of IAPT patients moving to recovery. He advised that a meeting would now take place with the IAPT service to take that forward. **BH**

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

The Director of Commissioning and Performance explained that the QIPP headlines would become part of both future Performance, Quality and Outcomes reports and the QIPP Annual Report. Members agreed this item could be removed from matters arising.

c) Performance, Quality and Outcomes Report: Performance Over Christmas and New Year / Winter Period (minute 11/19(b) refers)

The Director of Delivery – Care Outside of Hospital clarified that information on what had improved the Delayed Transfers of Care (DToC) position during the winter period was included in the Performance, Quality and Outcomes Report (paper L).

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

Mr Taylor, Lay Member, advised members that he would be suggesting to members under paper G: Governing Body Assurance Framework (GBAF) that risks relating to Brexit should be included on the GBAF in addition to the corporate risk register.

25/19 360 Feedback and Development of Improvement Plan

The Accountable Officer presented this report which updated members on the outcome of the independent 360 degree assessment of the CCG, and presented a draft outline plan to engage staff and partners on developing an improvement plan to present to Governing Body for approval on 2 May. She explained that the report was linked with the results of the 2018 staff survey (paper D), especially in light of the huge amount of work that had been undertaken with staff on how to raise concerns.

The Accountable Officer explained that the assessment had been requested by NHS England (NHSE), as part of their role as the CCG's Regulator, and had been undertaken between November 2018 and January 2019, with a number of CCG staff, Governing Body members, and staff from partner organisations interviewed by the assessor during this time. She advised that the report had been considered by Governing Body in private in February who had had expressed disappointment at some of the findings. However, whilst the report recognised that the CCG had a great number of strengths, it also made a number of recommendations for improvement, many of which were already being taken forward. In this respect, she reported that discussions had started to take place with CCG staff asking for their feedback on the report, and over the next few months a comprehensive improvement plan would be developed, a draft of which would be presented to Governing Body in private in April, with a full action plan and update report presented to members in public on 2 May. She clarified that, although the plan would need to be agreed with the CCG's stakeholders and NHSE, this would not delay it inappropriately.

Governing Body raised and discussed the following issues.

With regard to the current situation of morale amongst staff, the Director of Delivery – Care Outside of Hospital explained that the Executive Team had been careful to be open and transparent, and advised that a listening exercise was being undertaken with staff, from which it had been recognised there were some recurrent themes, which was helpful

and would be responded to. She explained that part of the response already initiated was the understanding of the wider staff and stakeholder issues that needed to be addressed and, as a leadership team, the Executive Team would take responsibility for that, working with Governing Body. She also clarified that actions to address the concerning increase in the number of staff that had reported they had experienced harassment and bullying from managers (as reported in the 2018 staff survey (paper D)) would be included as part of the improvement plan.

The Director of Public Health agreed that it was heartening to see that there would be a plan to support the report, but felt it was very high level and that there was a level of detail relating to the feedback that was missing. He also reported that no communication had been received by those who had participated in the assessment. The Accountable Officer confirmed that, whilst the author of the report had not communicated the outcome of the assessment herself, the CCG had published the report on the CCG's website, and had sent out a number of communications to key stakeholders including, for example, MPs, Healthwatch, the Overview and Scrutiny Committee (OSC), and South Yorkshire and Bassetlaw partner organisations. However, the report had been written and was owned by the independent assessor, who had shared it with NHSE, who had shared it with the Governing Body.

The Chair of Healthwatch Sheffield asked what sort of cultural improvements the CCG was looking to put in place and how they would demonstrate it had been effective, and if the behaviours of the CCG's leadership team had had an impact on services and people. The Director of Delivery – Care Outside of Hospital responded that the Executive Team would be working with staff and others to understand what the issues were and agree the actions to take to address them and include them in the improvement plan.

The Director of Commissioning and Performance updated Governing Body from his recent directorate meeting at which members of his team, who were responsible for the CCG's improvement framework, had acknowledged the headlines of the 360 report and other articles in the media. They had responded that whilst we were a 'Good' CCG, the terminology in the reporting was that if we did not take action we would decline, and we needed to stop the decline and become an 'Outstanding' CCG. The Director of Commissioning and Performance explained that NHSE's annual assessment of the CCG as part of the Improvement Assessment Framework (IAF) included a well-led CCG function for which we had to submit evidence from the CCG, partner organisations, stakeholders, GPs and the public sector, which contributed to the overall rating.

The Director of Finance also reported back from her recent team meeting in that they valued what they were doing and would carry on doing it, which was what the CCG needed them to do. She commented that it was about recognising that our staff were working really hard and really wanted that encouragement from the leadership to carry on doing that.

Members agreed that part of their role was to be clear on what the CCG's strategy was, to deliver a clear approach to its work, and recognise the areas for improvement as well as areas where there was insufficient capacity to deliver. It was also important for them to understand what the report meant by people not adhering to organisational standards, and to triangulate and agree what to do with the 'soft information' it received from the Human Resources (HR) team.

Finally, members agreed that there was a lot of learning in the report, with some key areas for improvement. There were issues about how the Governing Body worked together which they needed to consider, whilst bearing in mind the ongoing investigation involving Governing Body members which continued to be a strain and, whilst they were limited to what they could say in public, they could acknowledge the content of the report and about embedding its recommendations in the CCG's plans for the future.

The Governing Body:

- Noted the information provided.
- Approved the outline plan to engage staff and partners on developing an improvement plan for approval at 2 May Governing Body meeting once it was agreed with the CCG's stakeholders and NHS England. **ND**

26/19 Results of the 2018 Staff Survey

The Accountable Officer presented this report which provided members with a summary of the key findings from the 2018 staff survey and requested their agreement on a recommended timeline for action in relation to sharing the results and an action plan with staff. She reminded Governing Body that the CCG had chosen to take part in the survey since it had started in 2015, and that an overall response rate of 88% had been achieved in 2018, an increase on previous years.

She advised Governing Body that the CCG had scored better than the average as an organisation to be recommended as a place to work, which was viewed nationally as one of the key indicators of the survey. As noted earlier in the meeting, there had been a concerning increase in the number of staff that had reported they had experienced harassment and bullying from managers and were experiencing stress at work. As a result, a significant amount of work had been undertaken with staff about how to raise those concerns, about managing resilience, and managing stress at work.

Next steps would include results from individual directorates being reviewed by Directors and their deputies and incorporated into directorate plans along with the results of the communications survey undertaken with staff that would feed a comprehensive development plan to be presented to Governing Body in due course. Section 2 of the report set out the key achievements and work that had been undertaken following the 2017 staff survey results, and the improvements that had been made based on staff feedback.

Governing Body appreciated the amount of work being undertaken and recognised that there had been a 20% increase in the number of staff that had completed the staff survey in 2018 from the previous year. They recognised the importance of mental health and wellbeing in the workplace, and that some of the initiatives that had been and would be put in place would have a positive effect on the way people worked together, for example releasing staff to take part in wellbeing, mentoring, and coaching sessions. An evaluation needed to take place of those initiatives that had been put in place to see what had and had not been helpful in supporting staff.

The Governing Body:

- Noted the content of the report.
- Agreed the timeline for action, as set out in section 4.

27/19 2019/20 Financial Plan and Initial Budgets

As noted under minute 20/19, the GPs: Drs Afzal, Bates, Majoka, Moorhead, Sorsbie, and Sloan, had declared a conflict of interest in this item as the report referenced the national contract and the money to be spent on primary care.

It had been agreed that, as the GPs were not being asked to make any decisions on the national contract and the money to be spent on primary care, they could take part in the discussion at today's meeting.

The Director of Finance presented the detailed initial budgets for 2019/20 (attached at Annex B), and a summary of the main assumptions used to develop the financial plan for 2019/20 (attached at Annex A). She reminded members that they had discussed the draft plan and budgets in private on 7 February prior to submission of the draft plan to NHS England (NHSE) on 12 February, that the plan set out the business rules the CCG was obliged to work under, and explained that the plan supported the CCG's Commissioning Intentions (CIs) and Strategy. She also advised members that the final plan would be submitted to NHSE by 4 April 2019.

The Director of Finance drew members' attention to section 4 which set out the key areas we wanted to invest in to support our strategy and the investments we were required to make to meet Government targets. She explained that we were also working with our partner organisations more than before in relation to QIPP and efficiencies, which was summarised at table 3. However, the financial and QIPP plans had still to be finalised as contract negotiations with our provider trusts were ongoing but had to be agreed by 21 March. She explained that a constructive meeting had taken place with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) the previous day to discuss the new contract model, but negotiations had still to be completed, and there was a risk that there was a small amount of unidentified risk in the plan. Notwithstanding the above, she advised that she was sufficiently confident enough to be able to ask Governing Body to approve the initial budgets in time for them to be uploaded into the general ledgers in time for the start of the new financial year, and to present a revised plan to Governing Body in May. **JN**

The Director of Finance also drew members' attention to section 5 on Running Costs, and explained that the budgets for 2019/20 had been set in the context that CCGs have a significantly reduced budget for Running Costs from 2020/21. She advised that scrutiny of the CCG's staff structures and non staff pay by the Executive Team had confirmed a £1m headroom which would be contributed non-recurrently to the 2019/20 QIPP, as set out in Table 4. She advised that with other actions the initial plans indicated that the CCG would also be able to contain costs within the reduced funding from 2020/21.

Mr Taylor, Lay Member, thanked the Director of Finance and her team for the huge amount of work undertaken to get the CCG to the current financial position, and he commended the different way that contract negotiations were now undertaken with our providers. However, he continued to be disappointed in the CCG's position against the fair shares target based on the national allocations methodology.

The Director of Finance explained that, whilst it would be difficult to find the last part of the efficiency target and to achieve agreement of contracts within the funding envelopes included in this report, the teams would work to achieve this, so as to be able to submit an appropriately balanced final financial plan for 4 April deadline.

The Director of Commissioning and Performance agreed that the tone of contract negotiations felt different this year, which was an acknowledgement of how to share risks with other providers and partner organisations, and was a huge stride forward for the whole of Sheffield.

Ms Nield, Lay Member, was pleased to see recognition of the risk in capacity to deliver the CCG's priorities, and also the proposed inflationary increase in voluntary sector contracts, as this was a key area we could engage our communities in. The Director of Finance confirmed that there would definitely be areas of investment in the mental health voluntary sector. Dr Sorsbie also acknowledged this investment and asked that Governing Body consider strategically how to involve them in the future and how their involvement was valued.

In response to a question asking for clarity on the Provider Sustainability Fund, the Director of Finance suggested that, in the interest of time, she would circulate an explanatory note to members. **JN**

The Governing Body:

- Approved the initial 2019/20 budgets and budget holders as set out in Appendix B.
- Considered the key risks and issues to delivery of the 2019/20 financial plan.

28/19 Updating the South Yorkshire and Bassetlaw Commissioning for Outcomes Policy to Incorporate the Evidence Based Intervention Guidance

Dr Charles Heatley, Clinical Director Elective Care was in attendance for

this item.

The Director of Commissioning and Performance presented the updated South Yorkshire and Bassetlaw (SYB) Commissioning for Outcomes Policy, which incorporated the national Evidence Based Intervention (EBI) guidance published in November 2018. He reminded Governing Body that they had approved the original policy in March 2018, that it had been fully implemented from October 2018, and that it was a set of policies to give a consistent approach in all the health economies across SYB. He explained that there had been some changes to the original policy as the system had evolved, with a new set of nationally mandated rules called Evidence Based Interventions (EBIs) published, which meant that the thresholds for thresholds for certain procedures had been revised. He drew members' attention to section 2.3 which explained that the aim of the programme was prevent avoidable harm to patients, to prevent unnecessary operations, and to free up clinical time by only offering interventions that were evidence-based and appropriate. As set out in section 2.5 the national guidance focussed on 17 interventions, four of which should not be routinely offered to patients unless there were exceptional circumstances and 13 that should only be offered to patients when certain clinical criteria were met. As set out in section 4, the CCGs had also reviewed aspects of the policy not covered by the guidance, including local EBIs and specialists plastic policies. The Director of Commissioning and Performance explained that the whole policy was being presented for approval and adoption as incorporating the EBIs had meant a significant rewrite to the overall policy. The Clinical Director Elective Care clarified that Quality, Innovation, Productivity and Prevention (QIPP) was not the driver for this and that any potential financial benefits needed to be understood.

The Clinical Director Elective Care explained that he did not feel there had been an adequate review process and clinical discussion on osteoarthritis hip and knee replacement and varicose vein surgery interventions, where the policies required the patient to have a BMI of 30 or less before surgery. He also advised that lengthy discussion had been undertaken with the Individual Funding Request (IFR) team who could approve exceptionalities for any of the procedures where exceptionality existed. He also advised members that the consensus regarding cataract surgery was that it was a scoring system for referral and that visual acuity played a very small part in referral. He advised that Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) appreciated that it was one set of rules that applied for those referrals.

Dr Sorsbie, GP Locality Representative, North, commented that she understood the need for continuity and conformity across the system, however, Barnsley CCG had an exclusion to the policy in that they had implemented 'Get Fit for Surgery' which other areas had not. The Clinical Director Elective Care responded that he had requested evidence / evaluation on the impact of this as some CCGs continued to use it and promote it actively.

Dr Sorsbie also suggested that clinical evidence on the impact of some of

the other interventions was required as her thoughts were that some of them could lead to an increase in health inequalities and could disproportionately affect some of the population that were not getting the right treatment, therefore she could not at this stage support the proposals as a whole policy. In particular, she commented that there was no evidence to suggest that people with a raised BMI would not be well after surgery, and none to say that delaying treatment would make the patient worse.

The Director of Public Health acknowledged the need for consistency but felt that the exceptionally test was clinically not the right thing to do. However, there would always be some disparity in what clinicians would do with a particular set of circumstances. The Clinical Director Elective Care explained that, whilst the IFR team did meet patients with the most severe difficulties, it was about how the CCG worked with that process. It was also about how it was communicated to GPs, and especially about asking them to make it very clear in referrals as to why they were referring someone with a BMI over 35 for surgery.

The Chair of Healthwatch Sheffield reminded Governing Body that one of the key themes in the Health and Wellbeing Board's Strategy was to reduce health inequalities, which she felt was in conflict with the proposals presented as they could disadvantage the poorest people, however, noted NHS England's equalities and health inequalities analysis, as set out in section 8 of the report. Other members of Governing also felt it was morally, but not clinically, wrong as it would increase inequalities, however, there was an issue about people presenting themselves early enough to be referred.

The Chair reminded members that commissioning was about prioritising and that Governing Body had already agreed the CCG's priorities, which were reflected in its financial plan. He also commented that some of the procedures would give the patient limited clinical benefit, for which the CCG already had a process in place not to approve unless there were exceptionalities.

The Director of Commissioning and Performance clarified that if Governing Body felt they could not approve some of the policies, which he felt might be the case from the discussion, then the existing policies would continue to run.

The Governing Body:

- Agreed to approve and adopt the revised South Yorkshire and Bassetlaw Commissioning for Outcomes Policy, **with the exception** of the policies for osteoarthritis hip and knee replacement, and varicose vein surgery, which means that BMI <35 will not be a primary limitation for referrers for these procedures.
- Agreed that, as there was a risk that of increasing health inequalities for interventions relating to osteoarthritis hip and knee replacement, and varicose vein surgery, and as they had not seen a Sheffield-based impact assessment for these procedures, the CCG would continue to operate with the current policies until a further review had taken place,

which would be taken forward by the Director of Commissioning and Performance and Clinical Director Elective Care. **BH/CHea**

- Agreed to review the Get Fit First intervention being undertaken by Barnsley CCG.

29/19 **Performance, Quality and Outcomes Report: Position Statement**

(continued on page 16)

Gluten Free Prescribing impact Update

Dr Charles Heatley, Clinical Director Elective Care was in attendance for this item and presented an update (as set out at Appendix 1) on the outcomes and efforts to address the possible impact of Governing Body's decision in October 2017 to restrict prescriptions for gluten free products to gluten free bread and flour, except to patients GPs identified as having particular financial or other difficulties making adequate nutrition difficult without prescription.

He advised Governing Body that the review of the outcomes of implementation of the policy showed that there was no valid way to assess whether the impact of the decision had disadvantaged people, however CCG has monitored complaints about the decision. He reported that nine formal complaints had been received, 11 enquiries had been received from MPs advocating on a patient's behalf, and 11 other comments or concerns had been received. However, during the review the poor provision of community dieticians to support patients had been recognised together with the need for a proper system for follow up of people with coeliac disease. With this in mind, the recommendation was for Governing Body to carry on supporting the policy they had agreed in October and to also consider a policy for enhanced dietetic provision.

Professor Gamsu asked the Director of Commissioning and Performance and the Clinical Director Elective Care to consider when would be an appropriate time to present a business case for the latter to Governing Body for discussion, to which an invitation should be extended to the Coeliac Society to attend. **BH/CHea**

Governing Body GPs advised that the policy had been largely accepted by Sheffield's GPs, especially given they had the discretion to prescribe other products as and if appropriate, although it was felt there was some disparity across the city. They supported an enhanced dietician service and a group work model that could be run by the dieticians.

The Governing Body:

- Agreed that the CCG should continue to advise prescribers to only prescribe from a directory limited to gluten free bread and flour (as set out in Appendix 1) to adults, and only to patients they identified as having particular financial or other difficulties making adequate nutrition hard without prescription.
- Asked the elective team to explore the potential for an enhanced community dietician service, with one the aims to enhance care for patients with coeliac disease in deprived communities.

30/19 NHS Sheffield CCG 2018/19 and 2019/20 Governing Body Assurance Frameworks

The Director of Finance presented the Quarter 4 review of the Governing Body Assurance Framework (GBAF) for 2018/19 and the proposed refresh of the framework for 2019/20.

a) 2018/19 Quarter 4 review

The Director of Finance explained that the report updated Governing Body on the risk assessment made on the principal risks for delivery of the CCG's strategic objectives for the current year, and clarified that the two gaps in control and one gap in assurance would need to be reported in the CCG's Annual Governance Statement (AGS) for 2018/19. She also advised members that the Executive Team had reduced risk scores, where they had felt it appropriate to do so, in Quarter 4.

b) 2019/20 Refresh

The Director of Finance advised members that the Executive Team had kept the CCG's five strategic objectives, changed the wording of some of the principal risk descriptions, as outlined in blue at Appendix 1, and slightly changed the wording of some of the eight goals. The framework was an assessment of the CCG' principal risks for the start of the new financial year with initial scoring that six of the 18 risks scored very high and nine scored high. There were also three gaps in control and assurance that the Executive Team would continue to address. Mr Taylor, Lay Member and Chair of the CCG's Audit and Integrated Governance Committee (AIGC) advised members that, due to timing of meetings, the AIGC had yet to review the proposed new framework and do so on 28 March, with any suggested changes to be presented to Governing Body in May.

The Director of Commissioning and Performance explained that risk 5.2: Unable to secure timely and effective shared services in light of required running cost reduction, to enable us to adequately respond and secure delivery to existing and new emerging requirements, related to a number of the CCG's contracts for shared services that we needed to instigate change into as we did not feel we were getting the service we wanted. However, this was difficult to do in terms of changing the specification terms of the contracts, and also some of them were time limited.

The Governing Body:

- Considered the GBAF at the end of the Quarter 4 review for 2018/19.
- Considered and approved the content of the refreshed GBAF for 2019/20.

31/19 Suspension of Standing Order 2.2.5(d)

As noted under minute 20/19, Professor Gamsu, Lay Member, had declared a conflict of interest in this item as the paper proposed an extension of 12 months to his term of office. The Chair had agreed that,

as the meeting was being held in the public domain, there was no reason why Professor Gamsu could not remain in the room for the discussion. However, he would not be able to take part in either the discussion or the decision making for this item.

The Director of Finance presented this report which asked Governing Body to suspend Standing Order 2.2.5(d) of the CCG's Constitution which related to the term of office of Lay Members of the CCG by enacting Standing Order 3.9. She explained that this suspension and enactment would allow an extension to a term of office for Lay Members, and would remain in place until NHS England approved the CCG's revised Constitution in early summer. The paper also requested Governing Body's approval to extend the term of office for Programme Gamsu to 30 June 2020, as set out in section 1.

The Director of Finance also reminded Governing Body that, as set out in Standing Order 3.9, the CCG's Audit and Integrated Governance Committee reviewed each decision to suspend a standing order and would do so at its next meeting on 28 March 2019.

The Governing Body:

- Agreed the enactment of Standing Order 3.9 and the suspension of Standing Order 2.2.5(d) to allow an extension of the term of office for Lay Members.
- Approved the extension of Professor Gamsu's term of office contract for one year until 30 June 2020.

Mr Greg Fell, Director of Public Health left the meeting at this stage.

32/19 Joint Commissioning for Health and Care

The Director of Commissioning and Performance presented this report which provided Governing Body with a set of proposals as to how the CCG's joint commissioning with Sheffield City Council (SCC) could be strengthened, as both organisations had a shared aspiration of how to improve commissioning, through the establishment of a Joint Commissioning Committee from 1 April 2019. He reminded members of the existing joint commissioning arrangements in place through the Better Care Fund (BCF) and the experience we had through collaborative commissioning of mental health services, and drew their attention to section 3.3 which proposed priorities for 2019/20 which would complement, not change, the existing priorities.

Mr Taylor, Lay Member, commented that he did not understand the governance of a joint committee and where it fitted into the governance arrangements of the CCG, and suggested a proposal was needed to develop that. The Director of Commissioning and Performance explained that in the first instance the Governing Body and SCC's Cabinet would start to discuss these areas and propose what they were thinking about delegating.

The Chair of Healthwatch Sheffield welcomed the proposals as a good

way forward. She advised Governing Body that the proposals had been broadly agreed at Health and Wellbeing Board, and would welcome Governing Body's support in recruiting other stakeholders onto the joint committee.

Ms Forrest raised concerns about the proposed core membership of the committee from the Governing Body and Cabinet (as set out in section 4.2 four Governing Body members and four Cabinet members), as she felt they had not got to the position where these had been agreed. The Director of Finance explained that the proposed membership was reflective of the different governance arrangements as SCC's executive team did not sit with a vote at Cabinet meetings, and that equitable votes (four voting members from each organisation) felt fair and reasonable. The CCG would clearly have the ability to take part in discussion, with the committee supported by the Executive Management Group (EMG), an executive group of the joint committee. She asked Governing Body not to underestimate how difficult it would be to bring those two cultures together. She reported that discussions at the March EMG meeting would focus on what the committee's Terms of Reference would be, but nothing would be delegated and they would not be signing up to any governance arrangements or membership at this stage.

Ms Nield, Lay Member, commented that she would like to see our joint commissioning becoming more ambitious, as we had the Long Term Plan (LTP) and the ambitions in our strategy, and so should be having aspirations about reducing health inequalities and deprivation. She welcomed seeing more about valuing and engaging with the communities and building on their assets so we could commission in a better way to bring those communities together and have a different model of working. The Director of Delivery – Care Outside of Hospital explained that this was included as a thread throughout the joint commissioning priorities, but acknowledged that perhaps this had not been clear enough. She committed to ensure that strength of voice and tackling inequalities would be clearer in future iterations . **ND**

The Director of Delivery – Care Outside of Hospital also advised members that one of the reasons we wanted a joint commissioning voice was to help the Accountable Care Partnership (ACP) realise its ambitions. She also confirmed that as a CCG we had supplied Voluntary Action Sheffield (VAS) with some infrastructure funding for them to be able to support their contributions to the ACP and in relation to developing neighbourhoods, and that the CCG intended to continue to support them with that.

Members questioned how the impact of the committee would be measured and monitored and reported to Governing Body and if the decision to form the committee could be reversed if it was found to not be effective. The Director of Commissioning and Performance explained that the committee would be an equal partnership in its constitution and what it was allowed to do, and it provided a real opportunity to have a set of explicit metrics for monitoring and scrutiny. Members agreed that a set of outcomes metrics set around the priorities would be useful and help us going forward to ensure we were measuring the right things. There could

also be outcomes measures for working in this way, which could be about the need for a joint committee.

Finally, Governing Body asked that there be an opportunity to review their decision and to critique the metrics, which the Director of Delivery – Care Outside of Hospital suggested be done at Governing Body in July. **ND**

The Governing Body:

- Approved the establishment of the proposed Joint Committee to be in place from April to lead development of health and care commissioning.
- Agreed to the development of a process to confirm the CCG Governing Body representatives to be on the Joint Committee.
- Delegated the development of more detailed implementation and spending plans to the Executive Management Group in consultation with the Joint Committee.

33/19 Developing System Commissioning Arrangements in 2019/20

The Director of Commissioning and Performance presented this report which set out the approach for expanding commissioning arrangements in South Yorkshire and Bassetlaw in 2019/20, including a proposal to strengthen the delegated decision making of the Joint Committee of Clinical Commissioning Groups (JCCCG). He reminded members that the JCCCG already had authority from the five SYB CCGs to secure single commissioning decisions, and that Sheffield led commissioning 111 for the ambulance service on behalf of the five CCGs, and acted on behalf of the CCGs on stroke services. He advised members that a work plan for 2019/20 for the JCCCG was being developed that would reflect the priorities proposed for SYB, which would be presented to the five Governing Bodies in May 2019. **BH**

The Director of Commissioning and Performance drew members' attention to section 8 that set out the proposed work programme and the areas where the CCGs felt they could work together to build their resilience, with Appendix 1 setting out the existing system commissioning arrangements. He clarified that the individual CCGs would have a voice and route into the decision making and, whilst they were looking at the arrangements as a system perspective, it also looked at the CCG's individual role within the system.

The Chair drew members' attention to the timeline set out at section 9 which suggested that by May would be delegating authority on identified priorities to the JCCCG but would still be responsible for the decisions they made. The Chair of Healthwatch expressed unease about issuing accountability and the new structure being less accountable than it was now. The Chair explained that the JCCCG had decided not to recruit existing Lay Members but to recruit their own, and also to have representation from Healthwatch, and that they would try to conduct some business in public. However, all these governance arrangements and intentions had still to be worked up. He also explained that the current membership of the committee included the Chairs and Accountable Officers of the five SYB CCGs and one of the five Directors of Finance,

which may need to be revised.

Ms Forrest, Lay Member, commented that it was difficult for the two Lay Members of the committee to influence the agenda as they were not anchored to an organisation and were not voting members, which she felt they needed to be in the future, and needed to be included in the review of the membership.

Finally, the Director of Delivery – Care Outside of Hospital commented that as an executive team they needed to make sure that the voice and need of Sheffield people was taken into account, and that Governing Body's role would be to understand the impact on the people of Sheffield of any changes, and that our business model and how we operated would need to feed into any decisions that were made.

The Governing Body:

- Considered the content of the paper and supported the approach to expand on and implement system commissioning in South Yorkshire and Bassetlaw during 2019/20 in line with the NHS Long Term Plan requirements.
- Agreed the draft 2019/20 JCCCG priorities and supported the JCCCG to develop the work programme and propose which priorities should be given delegated authority from CCGs to the JCCCG for 2019/20.
- Supported the next steps and timeline set out in section 9.

34/19 Month 10 Finance Report

The Director of Finance presented this report which provided information on the CCG's financial position at Month 10, 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 there had been no material change to the financial position at this stage of the year, despite a number of financial pressures and risks, and that the CCG was on track to deliver the planned surplus.

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

Ms Robinson, Chair of Healthwatch Sheffield, left the meeting at this stage.

29/19 Performance, Quality and Outcomes Report: Position Statement

(continued from page 12)

The Director of Commissioning and Performance and Chief Nurse presented this report which reflected the CCG's statutory responsibilities. They had no particular items to bring to members' attention this month.

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.

35/19 Accountable Care Partnership (ACP) / Integrated Care System (ICS) Update

The Accountable 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 19cv, which gave the headlines from the programme of the ACP and provided an overview of its activities.

The Governing Body noted the update.

36/19 Reports Circulated in Advance for Noting

The Governing Body formally noted the following reports:

a) South Yorkshire and Bassetlaw Commissioning for Outcomes Policy (*to support main agenda item 11 (paper F))*
b) Governing Body Assurance Framework (GBAF) *(to support main agenda item 12 (paper G))*
   i GBAF 2018/19 Quarter 4 Update
   ii GBAF 2019/20 Refresh
c) Accountable Care Partnership (ACP) / Integrated Care System (ICS) Papers *(to support main agenda item 18 (oral update))*
   i SYB ICS Draft System Operating Plan
   ii SYB ICS Chief Executive Officer Report
   iii ICS January 2019 1st Wave Performance
   iv ICS January 2019 North Performance
   v ACP Programme Director Report January 2019
d) CCG Chair's Report
e) CCG Accountable Officer's Report
f) Report from the Report from the Joint Clinical Commissioning Committee of CCGs (JCCCG)
g) Report from the Primary Care Commissioning Committee (PCCC)
h) Report from the Strategic Patient Engagement, Experience, Equality Committee (SPEEEC)
i) Serious Incidents Quarterly Update
j) Health and Wellbeing Board Terms of Reference

37/19 Any Other Business

Urgent Care Survey

The Director of Finance reminded Governing Body that the closing date for people to share their views on Sheffield's urgent care services was Wednesday 13 March 2019. She encouraged Governing Body members, invited attendees, and members of the public to complete the survey.

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

38/19 Summary of Meeting: Three Key Messages from the Chair

- Governing Body accepted the key findings of the independent 360 report into the leadership and culture of the CCG and confirmed that

would be overseeing the development and implementation of an improvement plan to address the issues raised. At the same time Governing Body noted the outcome of the staff survey for 2018 and that an action plan resulting from the survey would be brought for Governing Body approval in due course.

- Governing Body approved the initial budgets for 2019/20 noting that further work required in particular to complete the contract negotiations and finalise the QIPP projects for 2019/20.
- Governing Body had a good discussion on the proposed South Yorkshire and Bassetlaw ICS Commissioning for Outcomes Policies and approved sign up to most of the policies.

39/19 Date and Time of Next Meeting

The next full meeting in public will take place on
Thursday 2 May 2019, 2.00 pm – 5.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU.

Appendix A

Questions from Members of the Public to NHSSCCG Governing Body 7 March 2019

Question 1 (Rita Brooks, Woodland View Dementia Support Group): The draft commitments in your dementia strategy talk about providing high quality support to families and carers of people with dementia along with specialist personalised care for individuals and much more. The CCG might like to know that one of the residents in Woodland View, from whom CHC had been withdrawn and the appeal refused in the autumn, died on Christmas Day. Fortunately, he died surrounded by a loving family in the place he knew as home. Throughout the last few months of his life the family had been very worried and concerned that they would be asked to move him from the home despite his very frail state of health. Had the CCG had their way, he would have been moved from Woodland View only to die three months later.

We have also been approached by a woman whose husband is suffering from dementia he was sent from NGH to Grenoside Grange and from there has been placed in a nursing home in Rotherham. She is currently undergoing treatment for cancer. She lives very close to Woodland View but was told her husband couldn't go there. No reason was given, she explained that she did not drive and the reply was "you will have to catch a bus or train". In order to visit her husband she has to catch three buses.

Is this the sort of care and consideration vulnerable people with dementia can expect from this CCG under their new dementia strategy? And why are you sending people out of the city whilst you reduce the number of beds available in good nursing homes such as Woodland View?

CCG response: *Last month the Governing Body received a presentation regarding the ongoing engagement work for Dementia. The feedback gained through this city wide engagement process will be fundamental to developing a Sheffield Dementia Strategy.*

The very purpose of this engagement is to gain feedback like the ones mentioned in order to gain a greater appreciation of what families, careers and patients need to help manage their care and in the most appropriate setting.

Although the survey has now closed please feel free to send your views or comments in to: *sheccg.engagementactivity@nhs.net*

Question 2 (Dorothy Dimberline): Could you please explain why the CCG refuses to acknowledge or speak to the people whom relatives of residents at Woodland View and Birch Avenue Dementia Homes have delegated as their representatives, namely Woodland View Dementia Support Group represented by Phil, Frances, Sue and Rita.

Also, is it true that the CCG refused a request from MP Clive Betts to hold a meeting with relatives at Woodland View.

CCG response: *The CCG would like to apologise for your feelings that the CCG has not acknowledged or spoken to Birch Avenue and Woodland View relatives.*

Professor Mark Gamsu, Lay Member, is keen to speak to the representatives and is in the process of confirming a convenient time.

I can confirm that the CCG has previously met with Birch Avenue and Woodland View representatives on separate occasions, with both Angela Smith MP and Clive Betts MP.

Question 3: The "overview of findings – 2" of the NHS England's report states that there are some longstanding issues within the Nursing Directorate, exacerbated by issues related to Continuing Healthcare processes. The report continues that these issues have been reported separately to the Director of Nursing in NHS England (Yorkshire and the Humber) to inform ongoing work between the CCG and the Council.

These issues affect many vulnerable people in Sheffield. Is there going to be a public debate about these longstanding issues in order to reassure those most affected by them?

CCG response: *The issues are being taken very seriously by the Governing Body and assurance can be provided that they will monitor and be actively involved in the support and developments that are being offered to the CHC team. Mrs Forrest, Lay Member, will be the lead Lay Member for this long term piece of work, supporting cultural changes and assurance that service user feedback is being listened to.*

Significant progress has already been undertaken as part of the collaborative working between the local authority and the CCG. This has been based on joint values and behaviours, working with Healthwatch and the public to deepen level of understanding of communication styles and key messages that service users need to have to make the journey through social and health care easier.

Professor Gamsu, Lay Member and Chair of the CCG's Strategic Patient Engagement, Experience and Equality Committee (SPEEEC), will be meeting with yourselves as promised to discuss ways in which communication and engagement can be further improved. The Healthwatch action plan will continue to be overseen by the SPEEEC as the team progress towards improving how they listen to feedback from service users.

Mrs Ruff, Accountable Officer, has already been assured from an NHS England (NHSE) Continuing Health Care (CHC) review in October 2018 that the delivery of CHC for the CCG is meeting all of its statutory duties and application of the NHSE CHC Framework. This report has previously been shared with the MPs.

Question 4: Following the recent report by NHS England into the operation of this CCG, it has been reported (article in Sheffield Telegraph, Sheffield Star and the HSJ) that the culture in the CCG has been described as "toxic" by former and current employees. The report itself does mention some positives but it also highlights a wide range of very serious shortcomings in the management of the CCG. Who exactly is accepting responsibility for these shortcomings? As the issues raised have been accepted by the CCG, can we expect to see some consequences for those managers who have overseen this shocking state of affairs? Will appropriate HR action be taken and can we expect to see some restructuring, transfers, demotions, or even resignations? Expressing disappointment over the findings of

the report doesn't deal with the enormity of the problem which has been reported. How can those leaders who have been involved in these problems be trusted to find solutions?

CCG response: *Governing Body is accepting responsibility for the feedback from the findings from the 360 report. The Governing Body will seek the assurance and continued responsibility for the delivery of the improvement action plan*

The issues raised will be discussed within the Governing Body meeting, but be assured the Governing Body is taking this matter seriously.

It has been made very clear by Denise McLellan that there will be no significant disciplinary sanctions or that there is any risk to patient safety and care.

The CCG has agreed to work with an external senior manager to provide oversight and assurance in the development and progress of the improvement plan.

Question 5 (Alastair Tice (Sheffield Save Our NHS): Given the publicly reported allegations of bullying, favouritism and harassment, cover ups, and a toxic and uncaring attitude within Sheffield CCG; the year long suspension of the CCG's Medical Director after public disagreement over treatment protocols; the expressed concerns of senior Councillors and MPs about the CCG and; the formal NHS England investigation, how can the public have any confidence that the CCG will be able to investigate allegations of its own poor or mis-management, and be self-critical, honest and transparent in putting procedures in place to address all these issues?

CCG response: *Governing Body is accepting responsibility for the feedback from the findings from the 360 report. The Governing Body will seek the assurance and continued responsibility for the delivery of the improvement action plan*

The issues raised will be discussed within the Governing Body meeting, but be assured the Governing Body is taking this matter seriously.

It has been made very clear by Denise McLellan that there will be no significant disciplinary sanctions or that there is any risk to patient safety and care.

The CCG has agreed to work with an external senior manager to provide oversight and assurance in the development and progress of the improvement plan.

Question 6 (Joe Diviney): Has Option 3 of the Hospital Services Review (HSR) Been Ruled Out? Which hospitals / sites will lose their consultant-led maternity units? What was the result of the equalities impact assessment (eia)? Has a risk assessment been performed on transferring patients during labour to another hospital?

CCG response**:** *The Strategic Outline Case on Hospital Services, published in 2018, identified significant challenges in paediatrics and maternity services, amongst other services. The SOC said that the system would look at a range of ways to improve the*

sustainability of these services, including Trusts working together more closely, and, if necessary, changes to the clinical model on some sites.

On paediatrics, the SOC said that the system would look at changing one or two inpatient paediatric units into short stay Paediatric Assessment Units. Interdependencies between paediatrics and maternity mean that changes in paediatrics could mean that the maternity provision on that site also needs to change.

Following feedback from CCG Governing Bodies, the public and Trust Boards, the Hospital Services team have been working with clinicians across the trusts to look at alternative options, to identify ways to maintain obstetrics services on a site even if paediatrics changes.

Commissioners agreed in December 2018 that modelling of changes to obstetrics services should not include Sheffield Teaching Hospital, because of the size of the maternity unit and the number of interdependent specialist services on the site. Changes will be modelled at all other sites in South Yorkshire and Bassetlaw and Chesterfield, in order to ensure that all options have been explored equitably.

The partnership has undertaken extensive discussion with clinicians around the clinical implications of Standalone Midwifery Led Units, in regular meetings of the maternity Clinical Working Group. National guidance on SMLUs has identified that they are a safe option for low risk women to give birth: see NICE guidance https://www.nice.org.uk/news/article/midwife-led-units-safest-for-straightforward-births, and the National Maternity Review https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf (para 2.35).

An assessment of the equalities issues in the Strategic Outline Case was undertaken in the 14z2 for the SOC, which is available on the website https://www.healthandcaretogethersyb.co.uk/application/files/4915/5178/9028/2018-10-23_14z2_Public_assessment_form_for_SOC.pdf. If the partnership identifies options which it thinks would be worth exploring further, an Equalities Impact Assessment will be completed on the shortlisted options.

Question 7 (Lucas Busetto): In light of the consultations done with Rotherham and Chesterfield where they have stated that switching to stand-along midwife-led units would be unsuitable given the majority of pregnant women in these areas being 'high risk pregnancies', are the cuts to these consultant-led units still being considered? If not, which consultant-led maternity units are under consideration?

CCG response: *There are currently no proposals to change the way services are delivered in Rotherham or Chesterfield but there is ongoing work to 'model' what is possible. Staff and the public are involved in the conversations where their contribution is meaningful and can influence developments. If the ongoing work identifies options which then develop into proposals, there could be consultation which the public would have the opportunity to be involved in and have their say.*

The modelling has identified that changes to obstetrics services should not include Sheffield Teaching Hospital, because of the size of the maternity unit and the number of interdependent specialist services on the site. Changes will be modelled at all other sites

in South Yorkshire and Bassetlaw and Chesterfield, in order to ensure that all options have been explored equitably.

Question 8 (Catherine McAndrew, Sheffield Save Our NHS): I recently heard that the Sir Robert Hadfield wing had closed due to not meeting health and safety standards, this is despite paying £3.5m to PFI contract holders, of which £993k has a service element and capital life cycle investment. Does the failure to meet the safety standards constitute a breach of the PFI contract?

CCG response: *CCG response to follow*