

**Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 9 January 2020 in the Boardroom,
722 Prince of Wales Road, Sheffield, S9 4EU**

- Present:**
- Dr Terry Hudson (TH), CCG Chair
 - Dr Amir Afzal (AA), GP Locality Representative, Central
 - Dr Nikki Bates (NB), GP Elected Citywide Representative
 - Ms Nicki Doherty (ND), Director of Delivery – Care Outside of Hospital
 - Ms Amanda Forrest (AF), Lay Member (Deputy Chair)
 - Professor Mark Gamsu (MG), Lay Member
 - Dr Andrew McGinty (AMc), GP Locality Representative, Hallam and South
 - Mr Brian Hughes (BH), Director of Commissioning and Performance/Deputy Accountable Officer
 - Ms Jackie Mills (JM), Director of Finance
 - Ms Anthea Morris (AM), Lay Member
 - Ms Chris Nield (CN), Lay Member
 - Ms Lisa Philip (LP), GP Elected Citywide Representative
 - Dr Leigh Sorsbie (LSO), GP Elected Citywide Representative
 - Dr Marion Sloan (MS), GP Elected Citywide Representative
 - Ms Lesley Smith (LSm), Accountable Officer
 - Dr David Warwick (DW), GP Locality Representative, North
 - Mr Alun Windle (AW), Deputy Chief Nurse
- In Attendance:**
- Ms Rachel Clewes (RC), Senior Programme and Performance Analyst – item 13/20
 - Ms Lucy Ettridge (LE), Deputy Director of Communications, Engagement and Equality
 - Mr Greg Fell (GF), Director of Public Health, Sheffield City Council (SCC)
 - Mrs Alison Garrett (AG), Corporate Secretariat/Business Manager [Minutes]
 - Dr Charles Heatley (CH), GP – item 07/20
 - Ms Jane Howcroft (JH), Programme and Performance Assurance Manager – item 13/20
 - Ms Sapphire Johnson (SJ), Head of Commissioning, Children, Young People & Maternity – item 01/20 and 14/20
 - Mr John Macilwraith (JMac), Sheffield City Council
 - Mr Nicky Normington (NN), Locality Manager North
 - Mr Gordon Osborne (GO), Locality Manager, Hallam and South
 - Ms Judy Robinson (JR), Healthwatch Sheffield Representative
 - Ms Nicola Shearstone (NS), Sheffield City Council – item 07/20
 - Ms Debbie Stovin (DS), Commissioning Manager – item 08/20
 - Ms Liz Tooke (LT), Project Manager Mental Health – item 07/20
 - Mr Paul Wike (PW), Locality Manager, Central
 - Ms Lorraine Watson (LW), Locality Manager, West
- Members of the public:**
- There were two members of the public in attendance. A list of members of the public who have attended CCG Governing Body meetings is held by the Director of Finance.

ITEM NO.	AGENDA ITEM	ACTION
01/20	<p>Patient Story</p> <p>Ms Johnson presented the story of an 11 year old that lives in Sheffield which relates to inclusion and access to services. Services are improving and need to remain on that improvement trajectory. Mr Windle noted the relevance of this story to the later item on the agenda regarding the draft inclusion strategy. It is not an isolated case and there are many children on waiting lists for different services in Sheffield which can be from, for example, 18 weeks to access speech and language, 6 months for CAMHS and as much as 18 months for autism services. Plans are in place to address this issue but there are pressures due to the demand on services and the complexity of issues that young people are presenting.</p> <p>The Governing Body thanked Ms Johnson for the update.</p>	
02/20	<p>Apologies for absence</p> <p>Apologies were received from Dr Zak McMurray, Medical Director and Mandy Philbin, Chief Nurse (Mr Windle deputising). The LMC will no longer attend Governing Body but they will remain in attendance at the Primary Care Commissioning Committee (PCCC) and the LMC/CCG joint meetings.</p> <p>Dr Philip was welcomed to her first Governing Body meeting.</p> <p>The Chair declared the meeting was quorate.</p>	
03/20	<p>Declarations of Interest</p> <p>A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship.</p> <p>The Standards of Business Conduct and Conflicts of Interest Policy and Procedure can be found at:</p> <p>http://www.sheffieldccg.nhs.uk/our-information/documents-and-policies.htm</p> <p>No declarations were made to the meeting.</p>	
04/20	<p>Questions from Members of the Public</p> <p>No public questions were received via e-mail or in person.</p>	
05/20	<p>Approval of Minutes of Previous Meeting</p> <p>Mr McGinty referred to some grammatical errors which Ms Garrett will amend. Ms Nield noted that under Improvement Plan, second paragraph, it should read about the plans effectiveness rather than quality input. Mr Hughes referred to page 5 and his location on the ground floor for a couple of days per week; this should have read Mr Windle.</p> <p>ACTION: Ms Garrett to amend the minutes.</p> <p>The Governing Body agreed that the minutes were a true reflection of the meeting, following the amendments agreed, and the Chair will subsequently sign-off the adopted version.</p>	AG

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06/20	<p>Matters Arising and follow up on reflections from last Governing Body</p> <p>103/19, Hospital Services Programme – Mr Hughes confirmed that data is being collected on a monthly basis and a report will be submitted to the March 2020 Governing Body which will include 6 months of data.</p> <p>122/19, Public Question regarding current levels of vacancies and agency staffing within provider services – Mr Hughes reported that this is being progressed via the Accountable Care Partnership (ACP) to ascertain what data is available to provide a more consolidated workforce report across the system. Will report back to Governing Body in quarter 1, 2020/21.</p> <p>ACTION: Ms Mills will subsequently provide a more comprehensive answer to the member of public who raised the question.</p> <p>126/19, Improvement Plan Update – the Accountable Officer reported that Ms Forrest will be invited to be part of the review of the Whistleblowing policy. A drop-in session has been held before today's Governing Body meeting for staff to meet members. The Chair noted that it was a useful session and it would be helpful for as many members to attend future sessions.</p> <p>132/19, Integrated Urgent & Emergency Care (IUEC) Yorkshire and the Humber Collaborative Commissioning arrangements – Mr Hughes reported that comments by Governing Body with regard to the Memorandum of Understanding have been reported back to the South Yorkshire and Bassetlaw (SYB) Joint Committee of CCG's in preparation for adoption. Work is progressing in terms of linking in with Yorkshire Ambulance Service (YAS) and will report back to the March Governing Body regarding the GP appointments process and Mr Hughes will report back to the March 2020 Governing Body. A process to gather feedback and learning, via contract arrangements with YAS, and ascertain how that can feed into intelligence is being developed. Finally a meeting was held on 7 January with Governing Body GPs and the Medical Director. Dr Sorsbie noted that the issue is with regard to direct access to GP appointments, which are scarce, and how can we engage members with the changes made to meet the needs of the primary care community. It doesn't have to be a face to face appointment and could be conducted via telephone and it will be helpful to engage localities and the membership. Mr Windle confirmed that this will be discussed at the Clinical Leadership Group. Dr Afzal commented that he feels GPs are losing ownership and is sceptical that it is only 1 or 2 appointment slots. Mr Windle responded that the service is hoping for a "one size fits all" but practices may want flexibility which may not be provided. The last action should read November 2019 which Ms Garrett will amend, therefore, action complete.</p> <p>ACTION: Ms Garrett to update the matters arising table.</p> <p>The Governing Body noted the update on the matters arising and will await feedback on the outstanding actions at future Governing Body.</p>	<p>JM</p> <p>AG</p>
07/20	<p>Dementia Strategy</p> <p>The Chair outlined that the Dementia Strategy was presented to the private meeting in November 2019 due to purdah but agreed would bring back to the public meeting.</p>	

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	<p>Mr Hughes noted that he wanted to re-present the strategy in the public arena to outline the commitments and ambitions it sets and acknowledge the importance of the strategy and reaffirm what was discussed at the private meeting. Ms Shearstone outlined that the strategy is a multi-agency piece of work which recognises carers and families and the commitment to breakdown what it means and how it can be implemented to ensure it is embedded across the city.</p> <p>Prof Gamsu suggested that the minutes from the private section at the November 2019 meeting are summarised for the January 2020 minutes.</p> <p>PMN: The minutes from the private section are attached at Appendix A.</p> <p>Prof Gamsu reported that the strategy was submitted to the Strategic Patient Engagement, Experience and Equality Committee (SPEEEC) in March 2019 and feels it would be a useful time to re-submit and share how communication is being rolled out in public. Ms Shearstone responded that a Communications Plan has been drafted which was discussed and agreed at the Dementia Strategy Implementation Group in December 2019 meeting. Meetings have been scheduled with the Dementia Carer Groups in the coming months; therefore, will be able to report back mid-year to provide detail around those discussions.</p> <p>Ms Nield welcomed the report and noted that there is 50% more prevalence of dementia within the poorest 20% of the community and is it possible to look at those groups to ascertain if a difference is being made regarding access to services and the wider support for carers to address the inequality issues. Ms Shearstone confirmed that currently working on the equality impact assessment which will be broken down for all of the dementia commitments.</p> <p>Dr McGinty referred to the third commitment, second paragraph, which states that Sheffield continues to do 'relatively well' (compared to other areas) in diagnosing dementia and finds the wording disappointing and thinks it should state that Sheffield is doing 'very well'. Ms Shearstone agreed that Sheffield is above the national average and the wording could be strengthened within the strategy. Mr Fell cautioned that need to be exceptionally careful around screening and would welcome a definitive statement around that.</p> <p>ACTION: Ms Shearstone and Ms Tooke to take into account the comments from Governing Body and amend the Strategy accordingly and will provide an update to the July 2020 meeting.</p> <p>The Governing Body noted the report for approval and will publish the section from the private minutes of the November 2019 meeting.</p>	NS/LT
08/20	<p>Revised Yorkshire & Humber (Y&H) Access to Infertility Policy</p> <p>Ms Stovin presented the updated Access to Infertility Policy. An engagement exercise was undertaken and carried out across the Integrated Care System (ICS) area. 26 responses were received and feedback was positive in relation to same sex couples and transgender but it was noted that it could put additional pressure on the NHS.</p> <p>Dr Warwicker enquired if the policy was only for transgender couples where both parties are transgendered. Ms Stovin responded that it is a couple's policy and the Chair confirmed that transgender can mean one or both of the couple.</p>	

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	<p>Dr Sorsbie enquired about the impact of Brexit and will those from the EU have to pay the NHS surcharge and if they are partnered with a British citizen will they have access. Mr Hughes responded that do not think it is part of the commitment but need to get through the transition period to see what arrangements will be put in place. Ms Mills outlined that updated guidance will be provided if Britain leave without a deal but will need to see how that works in relation to this area.</p> <p>Prof Gamsu confirmed that the policy was submitted to SPEEEC and a detailed discussion took place, which was positive and welcomed.</p> <p>The GB supported and approved the policy.</p> <p>The Chair commented that in relation to the 2 papers for approval, engagement has been excellent and welcomed the culture shift in the CCG to improved engagement.</p>	
09/20	<p>Improvement Plan Update report</p> <p>The Accountable Officer outlined that currently in month 6 of the improvement plan and this is the third iteration of the report submitted to Governing Body. The actions are now moving into “business as usual” and can bring assurance that this is being taken seriously with regard to the status of 76 commitments, bearing in mind that do not want to overburden Governing Body members with a large amount of evidence. The report shows actions completed, those in progress and those awaiting sign-off at the relevant committees. Enquiring of Governing Body are they the right actions and are they making the right impact.</p> <p>Ms Nield reaffirmed that progress has been made and welcomed the support from colleagues to obtain qualitative feedback. Organisational development training has been well received with positive feedback and actions identified to take forward which will lead to more effective work. Would like to acknowledge that leadership has been key and input from Governing Body and Deputy Directors has helped to progress some of the challenging issues. Have reviewed how take forward urgent care and it has been positive with regard to consistent leadership and engagement with the public with evidence to support how that is making a difference.</p> <p>The role of the Improvement Plan Steering Group will be reviewed at the commencement of the next financial year, ie; if it will continue to meet or if the plan becomes part of normal business. Ms Morris noted that the External Auditors will consider the implementation of the improvement plan as part of their assessment of value for money. She suggested that an exception report is submitted to Governing Body to provide evidence for this assessment. Ms Mills asked for confirmation on how often Governing Body would like to receive the report. The Chair expressed that his preference would be to bring the report back after 31 March 2020 but that most of actions will require to be completed by that time. The Accountable Officer responded that the timescales for the strategy will need to be considered and that universally feedback from staff has been very positive and constructive. Ms Mills commented that the internal monitoring system is progressing and will report back by exception with a formal update to be provided in April 2020 that will provide assurance for the External Auditors.</p> <p>ACTION: an exception report is to be submitted to the April 2020 Governing Body.</p>	LSm

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	<p>The Governing Body considered and accepted the update on the Improvement Plan.</p>	
10/20	<p>Quarterly Update on NHS Sheffield CCG Governing Body Assurance Framework (GBAF)</p> <p>Ms Mills noted that a presentation was made at the Development Governing Body session in December about the purpose of the GBAF. The GBAF is the document that provides assurance to Governing Body around the key risks that require reviewing. The report submitted outlined that there are no new or closed risks but that 5 have reduced in score. The Parity of Esteem risk has been reworded to be more specific as to what more can be done as an organisation, which the Audit & Integrated Governance Committee reviewed and recommended in December 2019. Work is currently underway to review the strategic objectives and once they have been completed the GBAF will be refreshed.</p> <p>The Governing Body considered and accepted the report.</p>	
11/20	<p>Month 8 Finance Report</p> <p>Ms Mills reported that the report includes the period up to the end of November 2019. Delivery of the planned position continues to be rated as “amber” and requires careful management of a number of risks. There was an increase in acute activity in November which was mainly due to elective activity and the pressure on critical care but no common pattern was identified it just appeared to be exceptionally high. Whilst there is a financial risk with regard to QIPP delivery the latest report shows and an improved position.</p> <p>The Governing Body considered and accepted the report at month 8.</p>	
12/20	<p>Update on Month 8 Quality, Innovation, Productivity and Prevention (QIPP) Plan</p> <p>Mr Hughes reported that against the annual £15.2m target, we are reporting 100% delivery, at this stage, which is monitored on a monthly basis. We are anticipating 92% delivery at year end which equates to a total forecast of £13.957m against the target. The position has been mainly due to over performance in a number of programmes, primarily medicines optimisation and running cost schemes. It is notable that despite the significant overspend against the primary care prescribing budget, mainly due to national pricing changes as well as local cost pressures, the programme of prescribing efficiencies are ahead of plan, therefore, mitigating the overall financial pressure.</p> <p>The Chair noted the hard work it has taken to achieve this position. Dr Sloan agreed it has been a team success approach via CCG Officers, locality groups, medicines management, nurses on the ground, etc.</p> <p>The Governing Body considered and accepted the position at month 8.</p>	
13/20	<p>Performance, Quality and Outcomes Report: Position Statement Month 8</p> <p>Ms Clewes outlined the report to the Governing Body and expressed her wish to receive feedback to ascertain if the dashboard meets the needs of members and identify other areas that they feel should be reported. Ms Howcroft noted that</p>	

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	<p>due to the Christmas holiday period A&E performance during that time will be included within the next report. From intelligence received, it has been reported that a high number of patients were conveyed by ambulance and Sheffield Teaching Hospital received a high number of respiratory patients which were not related to flu, therefore, additional beds were required and the hospital was at full capacity. Since the holiday period the hospital is experiencing an improved position and NHS England provided the context that across SYB area it is holding its position and performing well. Whilst it is not hitting the NHS standard but it has been acknowledged that staff have worked very hard. Ambulance diversion work has been carried out to take some of the pressure off which is a good example of systems resilience.</p> <p>Access to IAPT for September remains below the target. The 2019/20 target represents the new national increase and cumulative target of 22% for the year, increased from 19% last year, therefore, there is a need for more people to be referred to IAPT from both primary and secondary care. Dr Afzal noted that there used to be greater dialogue with IAPT providers and he has experienced difficulties with patients bouncing back to primary care. Some of the issue is around communication and there is a need to hold full and frank discussions. He noted that the performance data focusses on A&E and acute pressure and would like to see more information on primary care activity. Ms Howcroft confirmed that she has data from the primary care hubs, for example, the number of appointments available and how they are being used. Mr Hughes confirmed that data is collected and trying to broaden the range of indicators for hub, 111 activity, etc. Dr Afzal noted that it will be difficult to capture data from general practice and that is the bit that is missing.</p> <p>The Accountable Officer suggested that, outside of the meeting, thought is given to how to record demand in primary care which is important for resilience. Previously data was collected from "spotter" practices to look at the demand and the potential indicator for A&E activity. Prof Gamsu noted that this would be useful data to collect.</p> <p>ACTION: Report to be submitted to Governing Body in 3 months.</p> <p>Dr Sorsbie commented that there is a need to hold conversations with Sheffield Health and Social Care Trust with regard to IAPT and the benefit for patients. There are definitely more "reds" in the report in relation to cancer waiting targets and she asked how much is that about demand and how much about workforce? Ms Howcroft responded that the key shortages within the cancer pathway are generally around radiology, radiotherapy and equipment. A lot more patients are coming forward and being referred to complex pathways, which is worrying but nationally not an outlier, although the picture is changing. Dr Sorsbie noted that need to rethink the system due to increased numbers being referred for diagnostics who get ruled in or out. The referral testing to treatment sits around 8% but the target is 3%, therefore, currently the system is moving towards referring more people in.</p> <p>Dr Warwicker enquired if other areas meet the IAPT target and if so how is that achieved. Ms Howcroft responded that performance has been benchmarked against core cities with similar populations and she has asked the national team if there are examples of good practice. Positive feedback has been received from the national team and the recovery target is usually only missed by 1%. The Chair outlined it is a complex area and the access percentage is higher than the national average so Sheffield are being asked to refer more patients to IAPT than currently takes place. The issues require more in-depth discussions with</p>	<p>JH/RC</p>

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	<p>the mental health team, within another forum, due to the complex situation.</p> <p>Dr Bates noted that the narrative above the table on page 12 should read Care Homes, not GP practices, and Ms Clewes agreed to amend. Mr Windle outlined that this data is at a moment in time and some of the 'requires improvement' have now moved to 'good' which is showing an improved picture.</p> <p>Mr Fell commented that it may not be technically possible to ascertain how many GP appointments are available in Sheffield today but, if it is possible, should report that to quantify the demand in the community. Dr Afzal responded that he could have 50 available appointments but if 70 patients attend his surgery that is how many he has to see. Ms Forrest noted that pressure in the assessment centre often leads to admission to hospital, therefore, it would be helpful to obtain the full picture of the pressures over the holiday period and how they were dealt with.</p> <p>The Governing Body noted the report and comments received which will be taken into consideration and update to be provided in 3 months.</p>	
14/20	<p>Draft Sheffield Inclusion Strategy 2020-25 (including SEND) Update</p> <p>Ms Johnson outlined that this is the first draft of the strategy that incorporates issues for children with special education need and disabilities (SEND). Sheffield does not currently have a published strategy which was highlighted by Ofsted following their inspection in 2018. There is a lot of feedback in the system from families around what is working well and what isn't. The draft strategy was launched for consultation in November 2019 which involved active engagement, following purdah, including a focus group and an on-line survey. The majority of feedback received to date is around language/jargon, provision and turning the vision into reality. The joint team across the CCG and Sheffield City Council is reviewing the feedback. The consultation closes on 26 January 2020 and Ms Johnson will provide Governing Body with an update at the February meeting.</p> <p>Ms Forrest referred to commitment 3, page 17, which refers to transitions and education stages and although work has been carried out it has not been clearly communicated and embedded. There remains silos, the joint aspiration needs to be stronger with it being more than an aspiration and the priorities and what will change don't match. Silo working is not good for families and it feels vague so extra thought needs to be given to that area.</p> <p>ACTION: Ms Johnson to review and amend and will provide an update to the Governing Body in February 2020.</p> <p>Dr Bates noted that now we are more aware of the scale of the problem with 12,000 school age children who have an identified SEND and 3,000 children absent or not attending school on a persistent basis, of which 25% will have a SEND, this is a huge problem and currently looking at early years and priorities across the ACP, therefore need to be focussing on those issues for the best start in life for very young children.</p> <p>Prof Gamsu suggested that when the consultation ends it would be helpful to receive an update and schedule in to report back in a years' time as to how the 'voice' has been strengthened to keep it on the agenda.</p> <p>Mr Macilwraith reported that at the Parent Forum the top 3 areas of concern are around Children and Adolescent Mental Health Services (CAMHS), transitions of</p>	SJ

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	<p>children to adult services and post 16 education provision and suggested that when the strategy is brought back to Governing Body the delivery of the “so what” is built in”. There has not been enough impact for children across those service areas when Ofsted re-inspect, therefore, need to keep it on the radar as a system, Governing Body and as a partnership.</p> <p>Ms Nield outlined that one issue is that around 3-4 years ago there were more services and different activities that promoted wellbeing. As demand increases there are areas that could reduce the burden, for example, access to sports activities. Ms Johnson responded that it links to communication with families.</p> <p>The Governing Body thanked Ms Johnson for the update and will consider the feedback following the close of the consultation on 26 January at the February Governing Body meeting.</p>	
15/20	<p>Public Health Intelligence Update</p> <p>Mr Fell outlined that, following a request for an update at the previous Governing Body Public meeting, this report covers how Public Health uses its grant and deploys the public health function across the Council and focuses on the Health and Wellbeing Board strategy. The reports looks at recent trends and Mr Fell outlined the key points which show that 80% of the measures are static or improving, the decreasing ones being vaccinations and immunisations. ‘Fingertips’ is amazing tool and he would encourage members to use and explore this. Key messages are that although the number of people aged over 65 is rising, the age structure remains largely unchanged but the signs are that mental health is beginning to worsen.</p> <p>Ms Nield expressed concern around women’s healthy lives reducing and isolation within the most deprived communities which links to the dementia strategy. She asked whether any work was being undertaken in this area. Mr Fell responded that bereft of good measures in relation to isolation, ie; how many friends do you have? That data is not collected.</p> <p>Dr Sorsbie asked about the rates of statutory homelessness, violent crime and hospital admissions for violence and what is that metric. Mr Fell responded that it was an administrative error within the report but believes that rate is rising slightly although Sheffield is one of the safer places to live in South Yorkshire but will obtain the statistics for the report.</p> <p>Mr Hughes referred to page 8 and the multi morbidity and stalling life and healthy life expectancy which are main drivers of growth in demand for health and social care services. Mr Fell reported that the data underplays the importance of mental health and multi morbidity. Mr Hughes enquired about the impact of smoking. Mr Fell responded that smoking is a good news story in Sheffield, in 2017 the smoking prevalence was 16% and recently that has dropped to 11%, which is a very large shift, and is an equally good news story for smoking in pregnancy.</p> <p>Prof Gamsu noted that with regard to inequalities it would be good to receive the ‘Fingertips’ profile appendix and include an additional column of the bottom 20% in the city and that challenge is required at Governing Body. The percentage of children in low income families seems lower than other areas. Mr Fell responded that he is not in receipt of that data and whether a child is in a low income or affluent family it misses out mental illness data but can think how that can be best addressed.</p>	

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	<p>ACTION: Mr Fell to update the report taking into account the comments provided.</p> <p>The Governing Body thanked Mr Fell for the Public Health Intelligence update.</p>	GF
16/20	<p>Communications, Engagement and Equality Quarterly Update</p> <p>Ms Ettridge provided a summary of activity from the Communications Team and that, in isolation, it is hard to measure the outcome and impact on the reputation of the CCG but there has been a reduction in negative media coverage with a slight increase in positive coverage which includes a front page in the Sheffield Star. Communication has been rolled out on the new staff charter which will be launched in February. Analysing the primary care network to provide robust data on what can help and support those community needs and hard to reach groups and populations. The Communications Engagement Strategy has been slightly delayed and will be submitted to the next Governing Body following publication of the commissioning intentions. A digital campaign on urgent care and community engagement which focuses on a decrease in A&E and PCC walk-in is about to launch.</p> <p>The Governing Body noted their thanks to the previous public body members of SPEEEEC.</p> <p>Dr McGinty reported that Dr Sloan did an excellent piece for BBC news around hair loss.</p> <p>The Chair expressed his thanks for the Communication Team with regard to the urgent care messages and the impact on individual behaviours, which is very different to how the team have worked previously and proved very helpful. Ms Ettridge responded that the team are spending time evaluating that work.</p> <p>The Governing Body accepted the quarterly update.</p>	
17/20	<p>a) Accountable Care Partnership (ACP)/Integrated Care System (ICS)</p> <p>i. ACP Director Report</p> <p>ii. ICS System Leader Update</p> <p>b) CCG Chair's Report</p> <p>c) CCG Accountable Officer's Report</p> <p>d) Report from the Audit and Integrated Governance Committee (AIGC) including the unadopted minutes from the meeting held on 12 December 2019</p> <p>e) Report from the Primary Care Commissioning Committee (PCCC)</p> <p>f) Report from the Strategic Patient Engagement, Experience, Equality Committee (SPEEEEC) including the draft minutes from the meeting held on 10 September 2019</p> <p>g) Report from the Quality Assurance Committee (QAC) including unadopted minutes from the meeting held on 14 November 2019</p> <p>h) Governance Board Assurance Framework</p> <p>No comments were received in relation to the noting papers circulated.</p>	
18/20	<p>To consider items of any other business</p> <p>Mr Windle reported that 2020 is the year of the Nurse and Midwife and that an event is taking place on 12 May 2020 at Sheffield Cathedral, which is Florence</p>	

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	Nightingales birthday, and that Governing Body members will receive invitations.	
19/20	<p>If so determined, to exclude the public to consider business of a confidential nature</p> <p>No business of a confidential nature was discussed at the meeting and the private part of the meeting will follow immediately after closure of the public meeting.</p>	
20/20	<p>Summary of Meeting: Reflections from Governing Body</p> <p>No reflections were made to the meeting.</p>	
21/20	<p>Date and Time of Next Meeting</p> <p>The next full meeting in public will take place on Thursday 5 March 2020,14:00–16:30, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU</p>	

Minute from Private Governing Body Minutes of 7 November 2019**C76/19 – Dementia Strategy**

Mr Jim Millns, Ms Heather Burns and Ms Liz Tooke presented the Sheffield Dementia Strategy, which was previously submitted to Governing Body in January 2019. The strategy sits under the Mental Health Development Programme and has been developed over the past 12 months. The Prime Minister's challenge was to agree a strategy by 2020. It is anticipated that by 2035 there will be a further 2,500 people living with dementia in Sheffield. Ms Tooke referred the Governing Body to the Dementia Strategy and its commitments which incorporate the voluntary sector. Activity is on-going and getting close to launching the strategy and would welcome any comments and suggestions.

Dr Gamsu welcomed the report and its accessibility but one concern is the pathway to isolation and loneliness for people with dementia. We need to think about leisure activities to enable people to connect and receive support, how they link with those services not just from health and social care but those which can contribute to quality of life, particularly for carers. There are also issues around financial security and need to gain improved access to appropriate welfare benefit and support. Ms Tooke noted the comments, which have been raised at various forums, and will ensure they are incorporated into the strategy. She is confident that we are linking in with the wider network and are fortunate that in Sheffield there is a strong impetus from the voluntary sector.

Dr Afzal commented that the strategy is well written. However, there are issues around the responsiveness of services to people in crisis and he would like to understand how that will be measured. Ms Tooke responded that this has been raised during the working groups and she is keen to understand, from a GP perspective, the key challenges and experiences and to monitor the strategy and its implementation. Mr Millns commented that often within dementia care pathways issues are reactionary which only solves the shorter term problem and this strategy provides an opportunity, as a system, to outline what need to do to meet the demand.

Dr Afzal referred to commitment 9 and the sizeable percentage of people who function well for years until they change their environment. Ms Forrest responded that they have received a lot of feedback from carers accessing specialised services that things are improving with the exception of integration of everyday services where staff are not aware of the different pathways, carers tend to have to repeat their stories, therefore, it doesn't feel like a joined-up approach and information and records aren't shared. The Carers Centre are still not receiving referrals from carers who need an assessment. Ms Tooke responded that the comments are helpful and will link with the Carers Centre to look at what can practically be done with regard to people registering.

Dr Sorsbie agreed it is an excellent piece of work and pleased that the Dementia Action Alliance are questioning traditional medical models and the involvement of secondary care. The impact is predominantly social care and referring people into memory services is secondary care.

Dr Warwicker referred to commitment 8, palliative care, do community services accept dementia as an end of life diagnosis and who is the specialist in dementia friendly approach and palliative treatment? Ms Burns responded that not sure what the specialist role will be as yet but it is about people being confident around those conversations as it often defaults to the GP. The Chair reported that the draft version of the Palliative Care Strategy was submitted to the Health and Wellbeing Board (HWBB) and need to see how that can be dovetailed to the Dementia Strategy.

Ms Neild reiterated that it is an excellent report and valued commitment 1, dementia friendly city, which can be seen in shops/markets and has a positive effect. Commitment 5, high quality support to families and carers to maintain independence, there are opportunities to do more with regard to community resilience, the connection and reduction of isolation and engaging with your own community to gain support is important. Commitment 10, care and support services will take account of the needs of people with dementia, without having an experience of dementia it can be difficult for carers and what can be done to move that along for both physical and mental health? Mr Millns commented that a clinician is there to provide a health care service and part of the strategy, wherever anyone goes, they will receive a service or are signposted to the correct service. Within primary care networks the future is

around utilising community assets that exist to ensure they are sustainable and viable, build on the communication and for it to become more of a social approach, it is not just about the doctors, nurses, or clinics. It is an evolving piece of work but receiving general commitment. Ms Burns reported that she is visiting various forums, including libraries and carer groups, and additionally looking at the autism community work and how it responds to vulnerable people in society. Ms Tooke reported that Sheffield Teaching Hospital (STH) is a dementia friendly organisation, albeit there is a long way to go, and the CCG's strategy is for other organisations to take that approach.

Ms Ettridge enquired when the strategy will be launched. Ms Tooke responded that do not want to carry out a big launch, therefore, will undertake a soft launch and have held discussions with the Communications Team to promote new services and wider dementia prevention.

Mr Millns noted that what is currently in place doesn't work and this is an opportunity to do things differently and need to ensure that get better at helping those who have just received a diagnosis so that they can quickly access the correct pathway in Sheffield.

The Governing Body were assured to sign off the Dementia Strategy for wider circulation and requested that focus remains on contact with health and social care and what can be put in place within the community for carers and families.