

**Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 3 September 2020 in the Boardroom,
by videoconference**

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Present: Dr Terry Hudson (TH), CCG Chair
(voting members) Dr Amir Afzal (AA), GP Elected Representative, Central
 Dr Nikki Bates (NB), GP Elected City-wide Representative
 Ms Sandie Buchan (SB), Director of Commissioning Development
 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), Deputy Accountable Officer
 Dr Zak McMurray (ZM), Medical Director
 Ms Jackie Mills (JM), Director of Finance
 Ms Anthea Morris (AM), Lay Member
 Ms Chris Nield (CN), Lay Member
 Dr Lisa Philip (LP), GP Elected City-wide Representative
 Dr Marion Sloan (MS), GP Elected City-wide Representative
 Dr Leigh Sorsbie (LSO), GP Elected City-wide Representative
 Dr David Warwicker (DW), GP Locality Representative, North
 Mr Alun Windle (AW), Chief Nurse

In Attendance: Dr Alastair Bradley, Chair, Sheffield Local Medical Committee (LMC)
 Mr John Doyle, Director of Business Strategy, Sheffield City /council (on behalf of the Executive Director of People’s Services, Sheffield City Council)
 Ms Lucy Ettridge (LE), Deputy Director of Communications, Engagement and Equality
 Mr Greg Fell (GF), Sheffield Director of Public Health, Sheffield City Council (up to partway through item 119/20)
 Ms Carol Henderson (CRH), Corporate Secretariat / Business Manager (minutes)
 Mr Gordon Osborne (GO), Locality Manager, Hallam and South
 Ms Judy Robinson (JR), Chair, Healthwatch Sheffield
 Ms Cath Tilney (CT), Associate Director of Corporate Services
 Ms Lorraine Watson (LW), Locality Manager, West
 Mr Paul Wike (PW), Locality Manager, Central.

Members of the Public:

Members of the public joined the meeting via the livestream on YouTube.

Minute No:	Agenda Item	ACTION
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112/20	Welcome, Introductions, Apologies for Absence and Confirmation of Quoracy	
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The Chair welcomed members and those in attendance to this meeting of the Governing Body.

He also welcomed members of the public to the meeting and explained that due to the current restrictions on social distancing we were now livestreaming Governing Body meetings being held in public.

For the benefit of members of the public and others in attendance, the Chair asked that Governing Body members raise their hands virtually or through the chat function if they wished to speak and identify themselves first with their name and role on Governing Body.

Apologies for absence from Governing Body voting members had been received from Ms Lesley Smith, Accountable Officer.

Apologies for absence from those who were normally in attendance had been received from Mr John Macilwraith (JMcl), Executive Director of People's Services, Sheffield City Council, and Mr Nicky Normington (NN), Locality Manager North.

The Chair declared the meeting was quorate.

113/20 Declarations of Interest

The Chair reminded 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). The Chair also reminded members that not only would any conflicts of interests need to be noted but there would also need to be a note of the action taken to manage this.

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. The Standards of Business Conduct and Conflicts of Interest Policy and Procedure can be found at: <http://www.sheffieldccg.nhs.uk/our-information/documents-and-policies.htm>

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 meeting or the CCG website at the following link: <http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

Ms Forrest, Lay Member, declared a conflict of interest in item 8: Phase 3 Planning for 2020/21 as Table 3 of this update reported on discharge planning funding during COVID for the voluntary sector and the Carers Centre which she is the Chair of, but wanted to clarify the issue at the time the item was discussed. The Director of Finance highlighted that no decision was being asked for in that report.

There were no further declarations of interests made relating to agenda items at today's meeting.

114/20 Questions from Members of the Public

There were no questions from members of the public.

115/20 Chair's Opening Remarks

The Chair advised that he had no additional comments to make at this time except to say that it had been four weeks since the last Governing Body meeting and that much of the work of the CCG had been to concentrate on the restoration of clinical services in light of COVID.

116/20 Approval of Unadopted Minutes of the Previous Meeting

The unadopted minutes of the meeting held in public on 6 August 2020 were agreed as a correct record and would be signed by the Chair at a later stage.

The Chair explained that the post meeting note appended to minute 99/20 relating to the action around the offer of sponsorship over £5k, provided clarity that the Governing Body had been unable to reach consensus to accept that offer. He advised, however, that it brings a question to Governing Body about the ethical framework in which we might look at future sponsorship proposals, which was something we might want to discuss at a future Governing Body Development session.

TH

Action: CCG Chair

117/20 Matters Arising

a) Question About Workforce from Member of Public (minute 122/19 refers)

The Deputy Accountable Officer explained that he would be able to report on current vacancies and agency staffing within provider services at a future Governing Body meeting as information was now being filtered through the Accountable Care Partnership (ACP) and Integrated Care System (ICS) workforce workstream, and therefore was recommending that this action remain open.

b) Performance, Quality and Outcomes Report: Position Statement Month 8 (minute 13/20 refers)

The Deputy Accountable Officer advised Governing Body that he was recommending that the two actions relating to designing feedback from practices into services with the Yorkshire Ambulance Service NHS Trust (YAS) and how to record data on the demand in primary care needed to remain open at the present time as information had not yet been presented to the CCG but hoped to be able to present this to a future Governing Body meeting once the information is available.

c) Operational Plan including Commissioning Intentions (minute 36/20 refers)

The Deputy Accountable Officer explained that the work to ensure that the public facing Commissioning Intentions and Operational Plan documents were easier for the public to digest would form part of the update under Item 8: Phase 3 Planning for 2020/21. He was recommending that this action remain open until those plans had been approved by Governing Body.

d) Feedback from Lay Members (minute 78/20(j) refers)

In the absence of Professor Gamsu until later in the meeting, the Chair suggested that clarity on the action to update Governing Body on his discussion with the Chair of Healthwatch Sheffield about attendance at the Task and Finish Group that had been set up to look at what had happened on equality and engagement during the COVID crisis and the next phase of the work be provided as a post meeting note to the minutes. He recommended that this action remain open.

Post meeting note: Professor Gamsu met with the Ms Robinson, Chair of Healthwatch, and subsequently spoke with the Deputy Director of Communications who has written to Ms Robinson to provide an update on the work the group is doing and how they are taking forward

e) Patient Safety, Quality and Experience Report (minute 83/20 refers)

In relation to the routes for dentistry support in care homes, the Chief Nurse confirmed that their access to dentistry support had continued during the COVID period, unless it was an urgent request. He also clarified that every Sheffield care home was signed up to either Residential Oral Care Sheffield (ROCS) or to a different dental support service. He recommended this action be closed.

f) Safeguarding Assurance Report (minute 84/20 refers)

In relation to concerns that some practice were refusing midwives to access their premises which could have an impact on pregnant women, the Chief Nurse clarified that following investigation it appeared this only related to one or two satellite practices that hadn't been open during the COVID period. He reported that those practice had assured the CCG that services had been maintained but had been delivered from different premises and would be back to normal by November. This action would remain open.

With regard to the Safeguarding Board performance report, the Chief Nurse explained this would be included in the next Governing Body Safeguarding report and was therefore recommending this action be closed.

g) Patient Story (minute 96/20 refers)

The Deputy Director of Communications, Engagement and Equality confirmed that she had passed on thanks to FaithStar from Governing Body and was therefore recommending this action be closed.

h) Standards of Business Conduct and Conflicts of Interest Policy and Procedure (minute 97/20 refers)

Noting that the policy required Governing Body members to sign a statement confirming they understood and were committed to the legal and regulatory framework, the Director of Finance advised that she would shortly be emailing this to all voting members asking them sign and return the statement as soon as practically possible. This action to be added to the matters arising table.

JM/CRH

Action: Director of Finance / Committee Secretariat

i) Governing Body Assurance Framework (GBAF) Refresh (minute 98/20 refers)

The Chair of Healthwatch requested clarity on how a query she had raised at the previous meeting, which was not noted in the matters arising, was being resolved. She had queried how major decisions taken at speed to change services during the initial response were being reviewed, and how we engaged the public more in those decisions.

The Director of Finance explained that the reference in the minute was that the response to this would be covered in the report the Deputy Director of Communications, Engagement and Equality considered later in the agenda. This had confirmed that all major decisions made during the initial response to COVID were temporary and were being reviewed, and that the Strategic Patient Engagement, Equality and Experience Committee (SPEEEC) were overseeing the public engagement in that review.

The Director of Finance confirmed that the other South Yorkshire and Bassetlaw CCG Chief Financial Officers had confirmed that they had either rated their similar financial framework risks as 'Critical' or were intending to do so. She therefore recommended that this action be closed.

j) Sponsorship Proposal Over £5k (minute 99/20 refers)

The Director of Finance advised that although clarification had been provided as a post meeting note to the minute in that Governing Body had not been able to reach a consensus to approve the offer, this action would need to remain open until Governing Body had confirmed the CCG's position in terms of sponsorship.

k) CCG Response to the COVID-19 Pandemic (minute 100/20 refers)

The Deputy Director of Communications, Engagement and Equality advised Governing Body that as she was still awaiting a response to her request for information on swab test being made available to staff from the voluntary sector she was recommending this action remain open.

She also confirmed that she would be emailing Governing Body members to take forward with them the list of points and questions they had raised on her report at the meeting. She was recommending this action remain open.

The Chair of Healthwatch requested clarity on how a query she had raised at the previous meeting, which was not noted in the matters arising, was being resolved. She had asked about Continuing Healthcare (CHC) and the ending of the temporary cessation of funding assessments for care following discharge from hospital during the initial COVID response, and how the CCG was communicating with people affected by a change in their funding. The Chief Nurse explained to the Chair of Healthwatch that he would be providing an update care in his Patient Safety, Quality and Experience Report on additional key points

relating to how we were engaging on continuing healthcare and suggested that she raise any additional questions at that point.

l) Equality Impacts of COVID-19 and Mitigations (minute 101/20 refers)

The Deputy Director of Communications, Engagement and Equality advised Governing Body that she had emailed the Chair of Healthwatch in relation to the points she had raised at the meeting and had received a response with a number of further questions to which she had also responded. The Chair of Healthwatch advised that she would make contact if she had any further questions but asked that it be noted that the most important point was that the CCG was working more closely with Healthwatch. This action was recommended for closure.

m) Month 3 Finance Report (minute 103/20 refers)

The Director of Finance explained that as financial information was still changing rapidly at speed it was difficult at the moment to arrange a masterclass. This action would remain open.

n) Reflections from the Last Meeting (minute 110/20 refers)

The Chair advised that there were lots of thoughts and lots of comments at the last meeting but no particular actions at this stage and hopefully would be able to take those into a Governing Body development session at a later stage. This action to be added to the matters arising table.

**TH
CRH**

Action: CCG Chair / Committee Secretariat

Governing Body agreed that actions 83/20, 84/20 (2nd action), 96/20, 98/20, and 101/20 could be closed.

118/20 Patient Story

The Chief Nurse introduced this item. He presented a case study relating to a Sheffield resident, who he called Mrs J, as told by workers from the Terminus Initiative which had been supporting Mrs J for many years. Mrs J is in her 50s, lives alone, and suffers from a number of long term conditions, taking a lot of medications and has regular hospital appointments. Unfortunately, in the past year she had experienced significant bereavements including the deaths of her parents and her long term partner. Her history is that she was engaged in the community, volunteering in charity shops and attended art and carers groups pre-lockdown.

Just before the pandemic started, the Terminus Initiative encouraged Mrs J to receive help from the Ripple Effect bereavement service, which was a big step for Mrs J as she had suffered from mental health problems in the past and suffered depression sporadically. This was the first time she had agreed to accept any form of counselling or therapy but unfortunately, after just one or two sessions of therapy, it had to stop face to face working due to lockdown. Mrs J had also received a shielding letter due to her conditions, and so in addition had been isolating at home, which she had found extremely difficult.

Mrs J dealt with her emotions by keeping busy, seeing friends, having some social interaction, gardening and doing things around the house, but due to her poor health this made her very tired. These coping strategies were far more difficult to maintain during lockdown.

During lockdown she continued to receive telephone calls from the Terminus and Ripple projects, but wasn't always up to talking and at times had suicidal thoughts. On one occasion she was incredibly upset about an incident with a receptionist at a doctor's surgery but because of the close links Terminus had with the surgery they were able to contact the surgery and the pharmacy on her behalf to help with the problem and sort this out.

The Chief Nurse highlighted that the story showed the impact that COVID had had on one person and how lockdown had exacerbated her mental health and health needs. It also highlighted the role of the third sector in helping her through it,

The Chief Nurse advised that he wanted to present this story to help guide us through the planning discussion and throughout Governing Body agenda moving forward as hearing these kind of stories should be the focus of our work. He advised that he would like to feedback Governing Body's thanks to the agencies and to Mrs J for their bravery in presenting this story.

The Chair thanked the Chief Nurse and commented that the story was a poignant reminder that COVID was a virus that didn't only affect people's lungs.

Governing Body raised and discussed the following issues.

Ms Forrest reported that the Lay Members and Deputy Accountable Officer had met with Voluntary Action Sheffield (VAS) the previous day to talk about how to reset our relationship with the voluntary, community and faith (VCF) sector, recognising the huge amount of work they have undertaken to support citizens during COVID. It was right that Governing Body focused on our responsibility to reduce health inequalities and to have a voluntary sector that could survive, with our commissioning responsibility keeping that at the forefront of everything we were doing.

The Chair of Healthwatch supported Governing Body's comments and advised that those stories had messages for her about strategic partners and how commissioning processes involve people and listen to them in the evaluation stages, and how that feedback shapes what we do although doesn't actually alter the way we do things.

Governing Body asked the Chief Nurse to send their thanks to Mrs J and everyone involved in the story.

AW

Action: Chief Nurse

Finally, the Chair advised that we would continue to hear real life stories in Governing Body which would help us focus on what we were here to do.

119/20 Phase 3 Planning for 2020/21

The Director of Commissioning Development gave a presentation on the CCG's Phase 3 planning for 2020/21 and updated them on the progress that had been made to date on planning requirements, and hopefully throughout the presentation Governing Body would see how the feedback from public engagement was being used to inform what we do and how we do it.

She advised that the progress to date included that the organisational challenges had been reviewed and were fit for purpose. A lot of work had been led by the Deputy Directors to ensure that the challenges and the commissioning principles and objectives approved by Governing Body prior to COVID remained fit for purpose going forward. Noting that there were still some suggested amendments to be made to the CCG's principles, the vision and objectives remained the same.

Following that, the teams had identified the commissioning implications and consequences arising from COVID which will be part of our commissioning intentions going forward. The prioritisation criteria had been reviewed and included greater weighting on reducing health inequalities.

She also reported that discussions had taken place in the health and care system in Sheffield to ensure that not only would we meet the requirements of the Phase 3 letter but that we addressed inequalities across the whole of Sheffield, and also at an ICS level. She advised Governing Body that the first draft of the planning submission we were required to do, including restoring services to pre-COVID levels, had been submitted.

With regard to Phase 3, she advised that the focus on this phase was on recovering and restoring services and preparing for winter alongside a possible second wave of COVID, working with our partners across Sheffield to ensure the appropriate structures were in place, supporting our workforce and aligning that with the NHS People Plan. In order for us to achieve those requirements, she advised that all organisations in Sheffield had agreed that they have to be aligned and work together, as they had demonstrated through the COVID period, and as an ACP had come up with a set of principles developed to support that integrated working and how they approached that together as a system. As noted above, the Deputy Directors with the commissioning portfolios had been working together to look at pulling together our Commissioning Intentions (CIs), which had been drawn up in light of the Phase 3 requirements.

The Director of Commissioning Development presented the draft overarching areas rather than the individual CIs. She highlighted that there were some cross over themes and they were looking at how they work across all the portfolios to make sure they had the capacity to deliver what the CIs set out to do.

The Deputy Director of Communications, Engagement and Equality presented an overview of what we planned to do in terms of the eight urgent actions required to reduce health inequalities. She reminded members that reducing health inequalities had always been high on our

agenda and was the first of our organisational objectives. She advised Governing Body that a new CCG Equality Group had been established and we were also part of the ACP Black, Asian and Minority Ethnic (BAME) Group, with their first piece of work being to develop an action plan, which had been presented to the ACP the previous week. The Health and Wellbeing Board (HWBB) had also issued rapid health assessments, which covered topics such as bereavement poverty, lifecare and mental health and alcohol, and the CCG had been actively involved in those.

She reported that the Senior Management Team (SMT) had committed to being more radical in our work to reduce health inequalities and how to reduce them more quickly. With regard to having a digitally enabled pathway for services, she highlighted that there were a significant number of people in the city that didn't have access to equipment or have the skills to use it so that we would need to be a forefront of any decisions that we make.

Finally, she advised Governing Body that the Deputy Accountable Officer was the Named Board Member for inequalities and he had also agreed to lead on a piece of work for the ACP to oversee the BAME priorities.

In terms of next steps, the Director of Commissioning Development explained that the CCG's Deputy Director of Commissioning was leading on finalising the CIs, ensuring there was alignment to the Phase 3 requirements and included feedback from the public. She was also proposing to present the final operational plan, including the CIs, which would be public friendly and detail what we needed to do for the rest of this financial year, to Governing Body development session in October.

Mr Greg Fell (GF), Sheffield Director of Public Health, left the meeting at this stage.

Governing Body considered and discussed the recommendations in the presentation.

Professor Gamsu, Lay Member, asked if it was possible to pull together a meeting of health inequalities leads of all organisations in the city prior to our submission, as there something about collaboration and having an honest discussion. He expressed concerns about the eight actions in the letter, which were what NHSE/I had said we should be doing and asked if we had more ambition than what was set out in their letter, and also to have a think through about what 'digital' means. He also wanted to understand the relationship between the existing health inequalities group and the new Equality Group and whether the existing group was no longer required.

The Director of Commissioning Development explained that the slides updated on the health inequalities requirements from the Phase 3 letter and that tackling health inequalities had always been an objective of the organisation and that if the CCG felt we needed to be doing more then we needed to understand what that is and work it into our plans. She advised that she would be more than happy to have that conversation outside of the meeting. She explained that we had always aligned our CIs and what we wanted to achieve to each of those objectives and

advised that she could demonstrate which of those CIs could match what the Phase 3 requirements were. She would be happy to discuss this with Professor Gamsu outside of the meeting.

**Action: Director of Commissioning Development /
Professor Gamsu, Lay Member**

SB/MG

The Deputy Director of Communications, Engagement and Equality explained that the new equality group was a new group for people who work for the CCG, have a particular role within the CCG, or are real enthusiasts, but currently the group wasn't formal or didn't sit anywhere within our structures. Her thoughts were that this group would feed into the Strategic Patient Engagement, Equality and Experience Committee (SPEEEC) but would be happy to speak to Professor Gamsu outside of the meeting to discuss how the different groups align.

**Action: Deputy Director of Communications, Engagement and
Equality / Professor Gamsu, Lay Member**

LE/MG

The Deputy Accountable Officer advised that he had met with the Nominated Leads prior to Governing Body and that everyone was aligned to those immediate priorities with an ambition and desire from everyone who sits on that group to take that deeper. He commented that he was excited about the scale of challenge that lies in this and the enthusiasm of the people coming into it.

Professor Gamsu commented that when Governing Body meets again in October to discuss what we will be doing around inequalities, he assumed we would be feeding back to NHS England a picture of what we will be doing across all our organisations. The Deputy Accountable Officer confirmed this would be the case and advised that Ms Jane Ginniver, ACP Deputy Director for Development, would be supporting building that plan and getting some of the depth across all our organisations. The Chair advised that discussions were being picked in the Health and Wellbeing Board and he felt sure that our CIs supported the system-wide view in Sheffield to support health inequalities, and so hopefully that collective view of that would be noted.

The Chair of Healthwatch commented that BAME needs and inequalities were mentioned specifically and thought that was absolutely right but also highlighted that disability and learning disability didn't seem to be mentioned specifically even though the impact of COVID on disabled people in particular had been noticeable. The Deputy Director of Communications, Engagement and Equality explained that they had focused initially on the BAME community but had gone through the plan and the intelligence to identify any gaps in the work they were doing, but realised that one of the biggest gaps related to people with disabilities. The Director of Commissioning Development explained that in the Operational Plan there would be a number of areas heavily focused on mental health and learning disabilities and the requirements we would be asked to deliver on.

Dr Bates, Governing Body GP, welcomed the all age mental health pathways and asked if there were plans for any other all age pathways particularly in community services. The Director of Commissioning Development explained that the transition of children to adults was very

much in our CIs and she had included reference to this in her presentation but would be happy to pick this up with Dr Bates outside of the meeting.

Action: Director of Commissioning Development / Dr Bates, Governing Body GP

SB/NB

Whilst welcoming the emphasis on addressing health inequalities, Dr Sorsbie commented that we hadn't made much headway on reducing them in the last few years. She highlighted that although the Health Inequalities Group had existed for a number of years it had never once been consulted and as there were people within that group that had a huge amount of expertise they would welcome being part of this. She also highlighted that evidence suggested that childhood events and trauma could lead to health inequalities and would be more than happy to take this up with the Director of Commissioning Development outside of the meeting especially as it needed to be woven into each of our CIs.

Action: Director of Commissioning Development / Dr Sorsbie, Governing Body GP

SB/LSo

In summary, the Chair highlighted that he had heard that Governing Body was happy with the process, and that we had clear alignment with the ACP plan and the broader HWBB Strategy. Governing Body had identified that they wanted to go a bit further and be bolder than the actions outlined in the Phase 3 requirements and had highlighted that we would collaborate with our partners in South Yorkshire.

Governing Body agreed that the CIs together with the Operational Plan would be presented for approval to Governing Body in October

SB

Action: Director of Commissioning Development

120/20 Month 4 Finance Report

The Director of Finance presented this report which provided an update on the financial arrangements in place for the period April to July 2020 and the financial position at Month 4. She highlighted the following:

She reminded Governing Body members that we had moved into a revised financial framework for the NHS from April and initially the CCG was only allocated four months' worth of financial allocations. She advised that the good news now was that we had received increased allocations for Months 1 to 3 for the additional expenditure we had incurred for COVID. This meant that the financial risks and variances she had highlighted in her previous report had reduced. She advised that at the time of writing we hadn't received confirmation of Month 4 allocations so were still reporting an overspend of £5.1m.

She explained that NHSE/I had confirmed that the interim financial allocations would continue through August and September but we anticipated from October there would be a new financial regime in place. Confirmation of the likely funding to come into the ICS had also still not been received.

In summary, she highlighted that the financial position was fairly

challenging especially as the Director of Commissioning Development had described planning that included assumptions about activity and workforce that would need financial support. Therefore, a level of uncertainty remained although we did have some good news in terms of having some additional allocations coming through.

Dr Sorsbie questioned why there had been little or no mental health Individual Funding Requests (IFRs) agreed or paid for as the figures in Appendix A reported zero expenditure. The Director of Finance explained that the IFR spend we normally would have had with NHS providers would have been included in their block allocations now, and it was not possible to break down spend within those blocks. However, she would check that this was the current explanation but this was what she would expect.

Action: Director of Finance

JM

The Director of Finance also agreed to seek clarity as to what the large percentage variance on primary care other services referred to but assumed there would be a clear rationale for this.

Action: Director of Finance

JM

The Deputy Accountable Officer welcomed the report and that the Director of Finance had been able to describe a very unique complex scenario as something quite simple. He commented that there was quite a significant risk that we still didn't know what the next financial allocations from October to March would be and a possibility that there might be an impact on what we would be able to do across Sheffield and SYB and Governing Body needed to be sighted on what the possible implications of that might be. Hopefully we may get some greater clarity on this over the coming weeks as we move forward.

Ms Forrest reminded Governing Body that she had declared a conflict of interest in this item under minute 113/20 as Table 3 under the COVID expenditure and the hospital discharge plan, it mentioned that the Carers Centre, which she is the Chair of, had received some money for this. She explained that whilst it hadn't received any money during the COVID period as that project had ended in January, it had received a small amount of money in the past from another pot of money to support dementia patients and their carers.

Ms Forrest also commented that it was frustrating to know that in less than three weeks' time we would have a new financial regime but didn't yet know what that was, which meant we were working in a context where it wasn't clear and we didn't have time to properly plan. As a Lay person she was worried that our ambitions would have to be put on hold as any money we might have would have to be put in to support the COVID Pandemic. The Director of Finance recognised and shared this frustration but gave Governing Body some assurance that we were preparing to be able to respond quickly to whatever comes in.

The Chair thanked the Director of Finance and her team for the uncomplicated way they had managed to present some very complex information.

Governing Body:

- Noted changes to the NHS financial regime and the impact to the CCG's allocation.
- Noted the CCG's year to date spend for Months 1 to 4.
- Noted that there was an expectation that retrospective funding would continue to be received for COVID and non-COVID additional expenditure from July to September.
- Noted the impact of the new financial arrangements for the period October 2020 to March 2021 was still to be confirmed.

121/20 Performance and Delivery Report

The Associate Director of Corporate Services presented this report which updated Governing Body on key performance, quality and outcome measures. She highlighted three key areas:

COVID impact on services: One of the key requirements in Phase 3 was to clear the elective backlog measures and the challenges with that that was making this difficult. One of the key measures that linked to that was the growing number of people waiting more than 52 weeks for treatment. She highlighted that this was not something we had previously seen in Sheffield and clarified that these waits mainly related to people waiting for diagnostics. She also reported that outpatient waits were down and the backlog had been cleared. She advised that we currently had limited information as to how we compared to other areas but would include this in future reports when it was available.

CT

Action: Associate Director of Corporate Services

Dr Afzal, Governing Body GP, asked if information about the long waits was broken down into more detail about what type of operations people are waiting for including the level of seriousness. The Associate Director of Corporate Services explained that a lot more detail under that was available and that it was managed as to patient need and clinical priority but would be able to bring back that information outside of the meeting, along with the consequence of them not being treated sooner and the health inequalities factors that those waiting people had. Dr Afzal and the Associate Director of Corporate Services would discuss this outside of the meeting.

CT/AA

Action: Associate Director of Corporate Services / Dr Afzal, Governing Body GP

With regard to the impact of COVID on staff, staff sickness rates had reduced in all three months from April to July, down below 3% in Quarter 1, some of which it was thought might relate to not being in the office meaning a lower transmission rate of infection. She also highlighted the introduction of the fortnightly staff temperature check survey which aimed to let the CCG know how staff were coping with working from home and how they could be supported more effectively. The report from that highlighted the different experiences of staff and areas of concern that needed to be addressed. A feedback loop had been created to look at the feedback from that survey and report back to staff briefings including the thoughts and actions from that. It felt like it was a growing area that was developing and a positive step for the

organisation.

For future Performance and Delivery reports it was planned to include updates on the Phase 3 implementation framework and anything else we would like to be included in that, and also some reporting and benchmarking information, as she had highlighted earlier. She welcomed any suggestions or comments on that.

Noting that the temperature check was a great idea and opportunity for people to share their views and stories and that it gives an opportunity for bottom up working, Dr Bates commented that it would be interesting to get a flavour of how Governing Body members were feeling about not seeing each other and not going into 722, as personally she felt quite separated from her colleagues and had always valued the informal chats and conversations they had had. The Deputy Director of Communications, Engagement and Equality was asked to send the direct link to the survey to Governing Body members to get those opinions in and share those.

LE

Action: Deputy Director of Communications, Engagement and Equality

The Chair agreed that it was very much about staff feeling empowered to be able to make the changes in their work life to make things better for themselves instead of having a line manager to make those decisions for them. He reported that the COVID Learning Group had been asked to unpick the challenges staff had experienced during COVID and how they overcame those challenges and as part of that they had formed a Community of Practice. He advised that members of the group had been invited to present this to Governing Body but, as it was felt as though this would be teams of staff presenting to a senior group, the ask of Governing Body was to do that in reverse and for them to go to the group to tell their story. He welcomed input from Governing Body into this and asked if individuals could email him outside of the meeting if they would like to volunteer to contribute to that.

All

Action: Governing Body Members

The Deputy Accountable Officer also commented that it was important that we were reaching out to staff on a fortnightly basis. There were also fortnightly staff briefings, with very high numbers of staff listening in and wanting to get engaged in those and to report on what they were working on.

Ms Nield, Lay Member, asked Governing Body to recognise the work of the COVID Learning Group and how important it had been for us. She commented that the staff briefing set out the whole culture of the organisation and how we want to engage with staff. The Chair commented that the culture of the organisation came through quite strongly in the temperature check and with this in mind he reminded members that if they hadn't already had the opportunity to attend the CCG's culture change programme there were three more dates available and would ask the communications team if they could send the dates out to members.

LE/All

Action: Deputy Director of Communications, Engagement and

Equality / Governing Body Members

Ms Forrest drew Governing Body's attention to pages 3 and 4 of the report which highlighted the Local Outbreak Board managing future COVID outbreaks and asked how much local autonomy we would have for managing outbreaks. She also asked if there was a sense of the timescale for phasing in the annual flu programme this year.

The Chair explained that the CCG had representation on the Local Outbreak Board along with other partners in the city and that the plan was part of the Local Authority's public health response. He suggested that it may be helpful to invite the Director of Public Health along to the October development session to give more detail on that. He also explained that there was still some uncertainty over national guidance about flu planning and asked if the Deputy Accountable Officer and Medical Director could give an update on that to Governing Body in October and on how we as an organisation would be managing public expectations if we weren't certain if vaccines would be available and were uncertain as to how they would be administered.

TH/BH

BH/ZM

**Action: CCG Chair / Deputy Accountable Officer
Deputy Accountable Officer / Medical Director**

Finally, the Chair reminded members that pre-COVID he had held a regular Chair's drop in surgery for staff and advised that there had been an ask as to whether other Governing Body members could also do that on an ad-hoc rotational basis. He asked individual Governing Body members to contact him outside of the meeting if they were interested in joining him in this.

All

Action: Governing Body members

Governing Body:

- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges.
- Noted key issues relating to the CCG workforce and their views and experiences.
- Noted the position statement regarding COVID-19.

122/20 Patient Safety, Quality and Experience Report

The Chief Nurse presented this report and highlighted the following key issues.

a) Continuing Healthcare

The recommencement of CCG activity in relation to Decision Support Tools (DSTs) had started on 1 September. This linked back to the national framework and the Chief Nurse reminded Governing Body that there were three cohorts to this group.

The original group that was pre-matched earlier this year, with a significant number of individuals that required DSTs and were currently funded or partly funded by the CCG. He had previously reported that 58% of assessments had been delayed and he now advised that there

was a communications plan for those individuals as we had linked with them through the COVID period to make sure the packages of care still met their needs.

The second group of patients was the group of individuals requiring packages of care on discharge from hospital through the COVID period from March to September, which had been funded from a central pot. The Chief Nurse explained that from 1 September that group of individuals would continue to be funded centrally whilst the assessments were being undertaken. We were required to complete those assessments by 31 March 2021 but his thoughts were that as a CCG we would be asked to complete them sooner than that. He advised that he would be reporting back to NHSE our figures on meeting the deadline for that group of assessments.

The third group was for new assessments from 1 September and related to patients being discharged or that would be requiring discharge. The Chief Nurse explained that those patients would be funded through a central pot for a period of six weeks, by which time both health and social care should have undertaken their respective assessments. However, if an assessment was not completed by that time the Authority that was lacking the assessment would take the responsibility for funding that continued package of care until the assessment was complete.

The Chief Nurse explained that we had continued to communicate with the initial group throughout the whole COVID period. The second group had been contacted and made aware that an assessment would need to take place within the specified time period, and the third group would have joint communication from the CCG and Local Authority that they would have a period of joint funding until their assessment had taken place.

He also advised Governing Body that national guidance continued to be emerging in terms of CHC fast tracks, and that currently all this CHC activity had to be undertaken within the current workforce at the CCG and Local Authority. The CCG had also not received any direction that there would be funding for this that the CCG could use. He also wanted to assure Governing Body that a director level meeting had taken place with the Local Authority to discuss some of the challenges they faced together and he could provide assurance that that had been an effective discussion.

b) Patient Safety

The Chief Nurse advised Governing Body that as of November 2020 all NHS providers would be required to employ a whole time equivalent patient safety expert. He explained that CCGs hadn't been expecting to have to have the same level of expert as provider organisations but it was now clear that that would be the case and he was working through the process of how that would be delivered in the CCG. He hoped to be able to provide an update of that to Governing Body in October.

AW

Action: Chief Nurse

World Patient Safety Day on 17 September would focus on health sector patient safety. The Chief Nurse was working with the communications

team on getting some getting some key messages out to staff on the arrangements for the day.

c) Safeguarding

The arrangements for the CCG's safeguarding team to support primary care to undertake assessment during COVID had ceased on 1 September, with the team now doing some 'mopping up' work before returning to the CCG.

d) Infection Prevention and Control

The team had supported the CCG's Command structures and more widely across the city during COVID, continuing to provide support to public health in any outbreaks whilst continuing to pick up any further outbreaks of MRSA.

e) Learning Disabilities Mortality Review (LeDeR)

The Chief Nurse explained that we now have a duty to complete reviews of all deaths of people with learning disabilities by December 2020 and noted that half of those reviews were already completed and had received significant assurance we would meet that deadline. He was pleased to be able to report that the CCG had received confirmation from the ICS that there was funding available to continuing providing that workforce resource to undertake the reviews. He also advised that an annual LeDeR report for the past 12 months was due out shortly and would be presented to the Quality Assurance Committee (QAC).

f) Care Quality Commission (CQC)

Finally, the Chief Nurse reported that the COVID Management Group that had been set up locally to oversee CHC regulatory letters and outcomes of SHSCFT's 'Back to Good' implementation plan had ceased to function in its present form and moved to a more strategic group. He was pleased to note the praise from NHSE/I and the CCG on the urgent work required by the trust in terms of moving forward.

Ms Forrest, Chair of the QAC, highlighted the following from the 27 August QAC meeting.

- The committee's concerns about CHC in that the team had mobilised itself to deliver whatever needed to be delivered but due to the lack of late issuing of guidance the pressure on the team would be huge. There were also both financial and reputational risks to both the CCG and Local Authority if the processes weren't clear. The committee had also noted the need to communicate clearly with families.
- The committee had noted the excellent work undertaken by the care homes team to support care homes through COVID. The committee had also discussed testing in care homes and the availability for tests, noting that some of the guidance had not yet been fully implemented across the country.

Governing Body received and noted the report.

System (ICS) / Accountable Care Partnership (ACP) Update

The Chair advised that, due to updates provided throughout the meeting, particularly on Commissioning Intentions and the work we are doing, there was nothing further he wished to report.

126/20 Reports Circulated in Advance for Noting

The Governing Body formally noted the following reports:

- a) Complaints and MPs Quarterly Update
- b) Integrated Care System (ICS) Chief Executive Officer Report

127/20 Any Other Business and Reflections from the Meeting

There was no further business to discuss this month.

128/20 Date and Time of Next Meeting

- The CCG's Annual Public Meeting (APM) would take place on Thursday 1 October 2020 at 10.00 am. Due to COVID it would be hosted online and details of the meeting would be posted on the CCG's website shortly. The event would involve interactive questions and answers and a video of the CCG's key achievements and some of our challenges over the past few months. All Governing Body members and members of the public were welcome to attend.
- A short meeting of the Governing Body held in public to discuss items of urgent business may also take place on Thursday 1 October 2020 at 1.00 pm. Further details would be notified on the CCG's website and details confirmed by email to Governing Body.
- The next full meeting of the Governing Body held in public would take place on Thursday 5 November 2020 at 2.00 pm (details to be confirmed)

There being no further items of business, the Chair declared the meeting was closed.