

**Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on Thursday 6 May 2021, 2.00 pm
by videoconference**

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Present: Dr Terry Hudson (TH), CCG Chair
(voting members) Ms Sandie Buchan (SB), Director of Commissioning Development
 Professor Mark Gamsu (MG), Lay Member (Deputy Chair)
 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
 (from item 49/21)
 Ms Lesley Smith (LSm), Accountable Officer
 Dr Leigh Sorsbie (LSo), GP Elected City-wide Representative
 Dr David Warwicker (DW), GP Nominated Locality Representative, North
 Mr Alun Windle (AW), Chief Nurse

(non voting members) Ms Cath Tilney (CT), Associate Director of Corporate Services

In Attendance: Ms Lucy Ettridge (LE), Deputy Director of Communications, Engagement and Equality
 Mr Greg Fell (GF), Sheffield Director of Public Health
 Ms Carol Henderson (CRH), Committee Secretariat and Business Manager (minutes)
 Mr John Macilwraith (JMcl), Executive Director of People’s Services, Sheffield City Council
 Mr Nicky Normington (NN), Locality Manager, North
 Mr Gordon Osborne (GO), Locality Manager, Hallam and South
 Ms Judy Robinson (JR), Chair, Healthwatch Sheffield (up to item 56/21)
 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.

*Please see Appendix A for a Glossary of Abbreviations / Acronyms used throughout the minutes

Minute No:	Agenda Item	ACTION
43/21	Welcome, Introductions, Apologies for Absence and Confirmation of Quoracy	

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 livestreaming

Governing Body meetings being held in public.

The Chair shared information to remind members of public that they were able and welcome to submit questions to Governing Body and would encourage them to complete the form available on the CCG's website and submit it to the CCG by post or email.

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 to identify themselves first with their name and role on Governing Body.

Apologies from voting members had been received from Dr Amir Afzal (AA), GP Nominated Locality Representative, Central, Dr Nikki Bates (NB), GP Elected City-wide Representative, Mr Brian Hughes (BH), Deputy Accountable Officer, and Ms Judi Thorley (JT), Lay Member.

No apologies for absence from those who were normally in attendance had been received.

The Chair declared the meeting was quorate.

44/21 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>

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

45/21 Questions from Members of the Public

The Chair reminded members of the public that they were welcome to submit questions to Governing Body and explained that the form to do this was available on the CCG's Governing Body papers page of the CCG's website. Members of the public were encouraged to submit questions before Governing Body meetings either by email or post.

There were no questions from members of the public.

46/21 Chair's Opening Remarks

The Chair advised that he had nothing further to report in addition to his Chair's report that members had received for noting.

47/21 Approval of Unadopted Minutes of the Previous Meeting held on 4 March 2021

The unadopted minutes of the meeting held in public on 4 March 2021 were agreed as a correct record and would be signed by the Chair at a later stage.

48/21 Matters Arising / Actions

a) NHS Sheffield CCG Revised Operational Plan, including Commissioning Intentions (CIs) (minute 137/20 refers)

The Chair advised that the CCG's Operation Plan and Commissioning Intentions would be discussed later in the meeting.

b) Month 10 Performance and Delivery Report (minute 36/21 refers)

The Chief Nurse reported that he would discuss with Ms Thorley, Lay Member, outside of the meeting in terms of disability and patients with additional needs. Therefore, this action would remain open for the present time.

Governing Body agreed that all actions recommended for closure could be closed.

Dr Sloan, GP Elected City-wide Representative, joined the meeting at this stage.

49/21 Patient Story

The Chief Nurse introduced the patient story which, he advised, was a story from a registered blind person, Alan, on his perspective about how he and his partner had accessed the COVID-19 vaccine. He explained that the CCG had been put in contact with the gentleman by Disability Sheffield and he expressed his gratitude to Alan for sharing his story. The Deputy Director of Communications, Engagement and Equality shared the video of Alan's story.

Alan and his partner are both registered blind. He is in the 55 and above age bracket and his partner is in the age bracket below this, however, his partner is classed as his carer even though she is registered blind.

His partner had received her printed invite letter first and a week later he had received his printed letter, noting that they had both received these printed letters even though they are both registered as blind. Neither had received a text or any alternative communication two weeks later. Alan reported that although he is self employed he has an admin worker who, in the first lockdown, hadn't gone to his house at all and so the mail had built up. However, since she had returned she had opened the backlog of post and told Alan and his partner that they had received their invite letters and rang their GP's surgery to explain what had been going on. The practice

had said they were able to offer vaccination and appointments were made for first vaccination for Alan and his partner to go together. However, in the time that the appointment had been made and going for that appointment Alan's partner had been having problems and so had been advised not to have the vaccination so he had gone with a friend to a surgery that was totally unfamiliar to himself, but they had gone over the weekend before to assess where the place was and where they were going. Alan explained that when he had got there, there was no problem, he had gone with a white stick, and he reported that the human side of things was excellent, with people being accommodating, guiding him, and explaining when to move forward.

Following that, his partner had been given the all clear and so they rebooked her appointment, which was at a different venue but again a friend had taken her there and the experience when they got there was excellent.

He reflected that the experience could have been made better for them especially regarding the initial step of the communication with them. They were two blind people that had received print letters, although were lucky as they had someone coming in to see them once a week. He stressed that having print letters doesn't necessarily work if you don't have people coming in and they need that communication from the NHS in their preferred format – ie braille or text message. The point of this was that they were given a card that was handwritten and only knew what was written on it because a friend had told them. He advised that they can't refer back to that card as it isn't in an accessible format and also in relation to the leaflets that are given out the vaccination they could do with some form of being able to look up the ISBN code or whatever is on the document so they can go online and read it for themselves, so not just having snippets and highlights told to them by a friend.

He highlighted that this also goes further across the board, for example to look at side effects of medication and preparation for operations, etc, but it was no good it just being set out as a print letter or leaflet and needed to be set out in a text message, having it written down in braille or even having a card that had an ISBN number on so they could type it into a search engine. All of this has to be the future of the NHS.

The Chief Nurse thanked Alan and his partner and the organisations involved for sharing their story with Governing Body. He highlighted that it showed the work that needed to be done to implement the Accessible Information Standard. He advised Governing Body that primary care and the Primary Care Development Nurses (PCDNs) in the early stages of the vaccine rollout had worked with Disability Sheffield and some work had come from that review about accessing information and how practices and the vaccination centres could support people with disabilities in gaining access. An action for Governing Body was to take the learning from this patient story experience and work it through with our provider organisations on how they can meet that Accessible Information Standard to be able to support individuals in communities to access services.

The Chair of Healthwatch Sheffield welcomed looking at the Accessibility Standards and she explained that Healthwatch consistently received messages about the difficulties people were experiencing. She stressed the urgency of undertaking this review and advised that there were a lot of

organisations that could help with that. The Director of Public Health concurred with this and praised the CCG for doing a really good job in making accessible information fair.

Professor Gamsu, Lay Member, commented that the story highlighted that we could do more in terms of ensuring that people that we weren't good at keeping in touch with were able to access this systematically. He wondered whether we had the structures right in the city in terms of ensuring that consistent supported challenge coming through into the health system about how we are engaged.

The Locality Manager, North, stated that whilst we had to accept the unprecedented speed and rollout of the vaccination programme for general practice to deliver, it was about learning from this and making sure it didn't happen again in the future.

The Chair commented that it was heart warming to hear the human elements of this and the really positive experiences, but where the system had fallen short was around the initial communication. It was all about people making informed choices with informed consent and having full information about the treatment they were receiving and this was an area where the standard might fall short. He agreed that the CCG should be pushing for accessible information standards and acceptance of that and methods across the city, which was something that we should be bringing back to future Governing Body meetings and playing that into our partnership working in Sheffield, the Health and Wellbeing Board, and our Integrated Care System (ICS).

On behalf of Governing Body, the Chair asked the Chief Nurse to pass its thanks to those involved in the video and the feedback from the discussion.

Action: Chief Nurse

AW

50/21 Adoption of NHS Sheffield CCG Unaudited Financial Accounts for 2020/21 and Finance Report at Month 12

The Director of Finance presented this report that included the draft unaudited accounts for 2020/21 and the final Month 12 finance report for 2020/21.

The Director of Finance presented the CCG's unaudited financial accounts for 2020/21. She reflected that 2020/21 had been a unique year in terms of both the Pandemic and from a financial perspective. She reminded Governing Body that we had started the financial year with a suspension of the normal financial framework and had initially started the first four months with an arrangement that we would be funded on our actual spend with those arrangements extended into Month 6. She explained that we had then moved into the second half of the year with nationally calculated fixed allocations but then a significant amount of funding had begun to flow from central budgets. She highlighted that our biggest financial risk we had managed over that period was a level of uncertainty and limits to our ability to plan ongoing investments due to the short planning frames. She was pleased to report, however, that we had made progress over that period and had invested in a number of areas and we had also been able to deliver a year end balanced financial position in line with that she had been reporting to Governing Body throughout the year.

She advised Governing Body that the draft accounts had been submitted to NHSE England (NHSE) in line with the national timetable. She expressed her thanks to members of her finance team and for the significant amount of work they had undertaken during difficult circumstances for the second year in a row to ensure we could meet the national deadline for submission of the accounts to NHSE.

The Director of Finance advised Governing Body that the report took them through the accounts and the issues in each of the financial statements. She explained that the auditors were now virtually on site and was expecting them to complete their review of the accounts in time for the Audit and Integrated Governance Committee (AIGC) scheduled to take place on 20 May. The AIGC would receive those and the auditor reports and recommend them to Governing Body for approval later the same afternoon alongside the final version of the CCG's Annual Report including the Annual Governance Statement (AGS).

In response to a question from Ms Nield, Lay Member, in relation to the extra funding we had spent on Continuing Healthcare (CHC) during the Pandemic and if this would have any financial implications for patients, the Director of Finance explained the temporary arrangements that had happened over the summer, in that people that had been discharged from hospital had received funding for their NHS provided or social care until they'd had a review of their packages of care. The majority of those reviews had been completed before the end of March so everyone should have been transferred over to a normal package of care. With regard to anyone discharged from hospital from September 2020 onwards, they had been funded for the first six weeks of care and should have moved on to a normal funding basis following review. She explained that NHSE / Improvement (NHSE/I) had confirmed funding arrangements would continue for the next six months although at this stage we weren't sure of arrangements from September 2021 onwards.

With regards to other pressures within our CHC budget she reported that we had had significant pressures particularly in End of Life (EoL) care and the significant growth in the number of palliative care packages we had put in place. She explained that this growth had started to come down but not to previous levels and so was an area we continued to monitor. She advised that there had also been increases in the number of packages that had come through CHC and pressures in both adults and children's social care, and they were all areas that would cause us some issues and we continued to focus on that.

Dr Sorsbie, GP Elected City-wide Representative, welcomed that the growth of items prescribed in 2020/21 had stayed at a low rate similar to the previous year despite the changes to the way that general practice was now working. She also raised a query in relation to what would happen to the Better Care Fund (BCF) going forward as this was a key part of our finance and a key part of the future in terms of bringing health and social care together. She commented that she wanted to understand more about this going forward especially in terms of the pooled budget, transition to the ICS, where does commissioning fit in and how will we bring in social care, etc.

The Director of Finance explained that there was a level of uncertainty at

present about the mechanisms but our commitment to the BCF and the partnership working remained, irrespective of CCGs and the ICS. However, further work was required relating to delegation and accountability arrangements in respect to place. She suggested that this was something for the Governing Body to have considerations about and to pick it up in a future development session and highlighted that out work with the Council gives us the underpinnings to be able to take that work forward.

Action: Director of Finance to add to forward planner for future Governing Body development session

JM

Professor Gamsu, Lay Member, agreed that it would be helpful if things were clearer, not least because we needed to be clear with the public about the potential of the BCF, the opportunities it creates, and how the funding could be utilised.

He also referred to the section in the report that talked about us achieving a £21.9m prior year surplus plus a £3m surplus for the ICS and asked what did this really mean, as it was a public issue but quite often this money disappeared back upwards and was never seen again. The Director of Finance explained that, although the surplus was reported in our financial position, we weren't able to access it without the prior agreement of NHSE, and historically it had been difficult to get that agreement. Her understanding and working assumption was that, through the arrangements that were set out for CCGs to transfer to the ICSs, historic surpluses would also transfer to the ICSs but they would still have to seek approval as to how to access that funding.

The Executive Director of People's Services, Sheffield City Council, explained that the Joint Commissioning Committee (JCC) had been created to oversee the work of the BCF as a single commissioning plan and joint commissioning intentions and was working on the outcomes framework and the effectiveness of the spend to make a real difference to the people of Sheffield. The Chair reminded Governing Body that they had seen the joint commissioning intentions that had been formed with SCC through the JCC in previous Governing Body meetings and they would be hearing more about that and the health inequalities framework they were developing over the next few months.

The Accountable Officer advised that our pooled budget was actually the largest pooled budget in England. She explained that there were many references to pooled budgets and Joint Committees in the White Paper and, so even looking through an ICS lens, having that joint governance work in a Place would be really important. She stressed that it would be useful to do a development session on this, recognising the opportunity that we have for Sheffield and its people within our grasp.

The Governing Body:

- Adopted the unaudited 2020/21 accounts (Part A)
- Noted the final 2020/21 outturn position for the CCG, which was subject to external audit of the CCG's annual accounts (Part B)

report. She reminded Governing Body that we had a statutory requirement to produce an annual report and the content was largely mandated but there was still time for members to comment before it was presented to them formally on 20 May for approval, when staff would also be invited to come along and share and celebrate what we had achieved. The report had been circulated to members separately as part of the information pack and she thanked the teams that had pulled the document together, recognising the difficulties and challenges they had faced over the last year. She particularly asked members to let her know if anything was missing or was factually incorrect and asked for comments by email within the next couple of days.

Action: Governing Body to send any comments on the draft report by email to the Associate Director of Corporate Services within the next few days

All

The Governing Body:

- Reviewed and adopted the draft Annual Report, subject to final amendments, as noted above
- Noted that a full final version, post audit and NHS England review, would be presented at the 20 May 2021 Governing Body meeting for approval alongside the CCG's audited accounts

52/21 NHS Sheffield CCG Activity and Financial Plan Submission April to September 2021 (H1)

The Director of Commissioning Development presented this report which outlined the key issues and risks for consideration in relation to the CCG's financial and activity plans for the next six months. She advised Governing Body that the national planning guidance had been published on 25 March 2021 and identified a number of priorities with the main focus being on continuing to meet the needs of patients as a result of the ongoing Pandemic, restoring services, and reducing health inequalities. She explained that this year the plan required an ICS level submission with organisational and Place level details and she drew Governing Body's attention to the key issues relating to the activity plan submission.

The Sheffield plan was in line with national trajectories for achieving the nationals for recovery and delivery. The paper report on the various risks, the biggest one of which related to seeing those patients waiting in excess of 52 weeks for treatment due to the Pandemic and it would remain a challenge throughout the year. She also advised that in light of the challenges that had been and were being faced, the South Yorkshire and Bassetlaw (SYB) ICS system had submitted an application to become an Accelerator system. She explained that this was an initiative to identify systems to recover faster and see more people than the 85% trajectory that had been published and that it would see an increase of between 100-120% of the 2019/20 activity to be able to reduce the backlog we were now facing. If we were successful in our application it would mean the system would have access to additional resources and would share learning to other systems across the country to help the recovery on a national scale.

She explained that as part of the application, a workforce plan and system delivery plan looking at new pathways and implementation plans had been submitted and we would find out within the next few weeks if

we had been successful or not. She explained that if we were successful in becoming an Accelerator System then the final submission in June may have different figures in.

The Director of Finance presented the financial plan submission and drew Governing Body's attention to the key highlights.

She reminded Governing Body that they had signed off the initial financial plan in March 2021 and at that point had noted that it had been ahead of receiving the national planning guidance and allocations for 2021/22. The guidance and allocations had been received at the end of March and, at the same time as closing down 2020/21, the team had been reviewing the financial assumptions they had originally looked at in addition to reviewing the new guidance. She explained that we had been required to submit a plan the Thursday of the week before this Governing Body meeting and, as discussed at Governing Body in April, she confirmed that she had sent a briefing to the CCG Chair, AIGC Chair, and Senior Management Team (SMT) to ensure they were understanding of the position we were submitting.

She highlighted the level of detail she had included in the paper as it was important for Governing Body to understand the assumptions made as well as the risks in relation to that. The paper reported that the initial forecast in terms of our expenditure commitments against the resources we had available, was for a deficit of £6.5m for the first six months of the year. The paper also outlined actions to mitigate this forecast deficit and, on the basis of those, had felt it was the best course of action to submit a balanced financial plan which would allow the CCG to focus its efforts and resources on delivering that, although it was important for Governing Body to recognise that in submitting that plan we would need to manage a range of risks and issues over the six month period.

The Director of Public Health reflected that an obvious risk as the 'elective machine' gets switched back on, would be that we would exacerbate the inequality and so we should try and avoid that at all costs. He asked if it would be possible to differentially ensure that we address those elective care needs in a way that would be mindful of the health gap. The Chair reminded Governing Body that the Director of Commissioning Development had raised the Accelerator opportunity working across SYB and the implications of where or where not the commissioning may be done there.

The Accountable Officer highlighted that we had a lot of learning from COVID in respect of what we know about where the health inequalities are within our population and so there were a lot of things including 'Gateways' that we would be able to start to measure if we were to assure ourselves that we were targeting those populations. The Director of Commissioning Development reminded Governing Body that reducing health inequalities was one of the priorities within the planning guidance and that it asks us as part of the decision making process to reducing the backlog and dealing with the long waiters, to consider the health inequalities as part of looking at the waiting list. She explained that they had discussed that as a Place, and clinical needs comes at the top for anyone waiting as we start to recover. She also advised that as an ICS system we were working together to look at having a consistent approach to that and this was part of the narrative we had submitted. She advised

that she would be happy to bring that back to Governing Body to demonstrate that this was happening as part of our road to recovery and that this was embedded in all the work we do.

The Accountable Officer advised that the Accelerator System additional monies to go further faster could amplify the position in relation to inequalities if we weren't careful and the key learning from COVID was that it is costly and takes more time and investment to identify communities that are seldom heard and to engage with those people in terms of accessing care. If we were successful in bringing this funding into SYB we would need to be mindful and sighted on the impact that that was having and, if there was additional resource, we might want to think about how that was used in terms of inequalities and in engaging with people that might not have come forward for the diagnostics that would lead to their elective care.

Ms Nield, Lay Member, suggested that there was an opportunity to build on this in terms of being more proactive through primary care to identify what cases should be on the list and if there were measures we could use to pick up cases that may not have been diagnosed and may take longer to realise.

The Chair reflected that it was worth keeping an eye on this, Governing Body had recognised the potential for Place funding to address inequality, had touched on the health inequalities framework that was being developed and on the real opportunities to effect change and to do something different.

Ms Morris, Lay Member, welcomed the commitment to reducing inequalities. She supported the Director of Finance in what she had said about achieving a balanced budget, and the assurances she had given Governing Body about achieving it were the right thing to do.

The Director of Commissioning Development reiterated that the activity plans were a part of the overall bigger picture and weren't being done in isolation to our joint commissioning plan, and wanted to make sure that health inequalities were embedded into everything we do, which was also captured in the national guidance.

As outlined in the paper, the Director of Finance highlighted that one area where we had submitted a 12 month financial plan was in terms of mental health in recognition of the importance of being able to respond to the increasing demands we had seen and that we continued to make progress in terms of mental health long term planning. She confirmed that there was a strong inequalities element within that.

The Chair asked for more detail about the key risks to delivery that were outlined on pages 8 and 9 of the report, particularly the high risks around prescribing and the Quality, Innovation, Productivity, Prevention (QIPP) and he asked how confident we were as a CCG that we would be able to mitigate against those risks. The Director of Finance explained that in terms of prescribing there were many things that would happen nationally that were out of our gift. We would need to focus on our QIPP programme, of which prescribing was a key element, but this was a strong challenge as capacity was constrained. She reported from an earlier SMT discussion relating to the ongoing draws on our CCG employed

pharmacists to support delivery of the vaccination programme in addition to delivering their normal work and so the CCG needed to consider some initiative approaches as to how to deliver some of this. She highlighted our GP engagement around prescribing and our practice quality incentive scheme was the driver to this, but we would also continue to look at other alternatives. She also highlighted the work we do with SCC to make sure our collective resources are used as effectively as possible.

Dr Sorsbie, GP Elected City-wide Representative, was interested to see that we had applied to become an Accelerator site as she felt that we didn't seem to have as huge a backlog in Sheffield and across SYB as there was elsewhere in the country, and was uncomfortable that we would be given monies to reduce our waiting list even more compared to elsewhere, however, understood why this was being done. She commented that she had every confidence in the way this would be implemented but asked that we be mindful not to under estimate the challenges there would be, including digital exclusion.

Finally, she asked that if we were going to be looking at addressing inequalities with a holistic approach then our joint commissioning with SCC was absolutely key to this and commented that it would be more fruitful if monies from the Accelerator site could be fed into that sort of work.

The Director of Commissioning Development responded that she would ensure that these comments were fed back into the respective discussions and that she and the Director of Finance would keep Governing Body updated on progress.

Action: Director of Commissioning Development / Director of Finance

SB/JM

The Governing Body:

- Noted the submission of activity trajectories that were in line with targets set out in the planning guidance
- Noted the submission of a balanced financial plan for H1 2021/22
- Considered the key risks and issues to the delivery of the financial plan for H1

53/21 Month 12 Performance and Delivery Report

The Associate Director of Corporate Services presented this report which updated Governing Body on key performance, quality and outcome measures for our providers and staff, and linked to COVID. She highlighted the following key areas relating to the backlog of patients waiting for treatments, progress with the Covid vaccination programme, looking how we were making full use of the staff temperature check, and an update on patients waiting over 12 hours in A&E.

The Associate Director of Corporate Services updated on the impact of Covid on the acute elective backlog of people waiting for planned treatment in an acute setting, we would be working with our partners to manage that backlog. The figures in the report highlighted the challenge of this and we had seen these growing through the year. She noted that in SYB we performed much better than in the surrounding areas and similar areas

across the country and the report gave comparisons with similar providers, for example in February we had 958 people waiting over 52 weeks for treatment at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) against 12,000 people that had been waiting at Hull University Hospital. She advised that we would continue to use this report to feedback to Governing Body.

As at 15 April 2021, 53% of Sheffield adults had been vaccinated against COVID and within that 90% of the over 50s had been vaccinated. The majority of the elderly BAME population had been vaccinated. She reminded Governing Body that the Deputy Director of Communications, Engagement and Equality had spoken to them about the work the CCG was doing with SCC to support local community groups including co-producing messages into different languages where appropriate, and the steps that were being taken to increase that uptake and she would like to include the impact of that in future reports.

The key things coming out of the monthly staff temperature check related to workload, staff's concerns about returning to 722, and the organisational changes that were taking place. She reported on the work taking place with the Deputy Directors and SMT to look at that and try and address the issues coming up. She highlighted that in January the temperature check staff mental health score had fallen and so over the next two months staff had been asked to reflect on their coping strategies. Some of these had been shared at staff briefing by members of the staff forum and the Deputy Directors had looked at both sets of information and the good ideas to take forward and what the CCG could do to help them. These included during May and June trialling a CCG meeting free zone between 12.00 noon to 1.00 pm.

She advised Governing Body that a staff time management development session to look at workload had taken place the previous day. Forty two people from all levels across the organisation had attended, contributing good ideas and having positive discussions, this would be discussed further by the Deputy Directors. We would be using the temperature check to ask staff to look about their questions and concerns linked to coming back to 722 and would build that into our plans.

The Associate Director of Corporate Services highlighted that in March there had been four people waiting in A&E for over 12 hours and in the previous months there had been one person waiting over 12 hours. The Director of Commissioning Development explained that in all four cases and some more recent cases the waits had been related to those people attending A&E with mental health issues and for young people especially the mental health crisis pathway tended to be quite complicated. She advised that we were working collectively as a Place to resolve the issues we were facing within this pathway and she reported that we had established and were currently implementing a crisis transformation programme that looked at the whole pathway from prevention in the community to when a patient needed admitting. She confirmed that reviews into all these cases would be undertaken and she explained that a Sheffield wide protocol, signed up to by all the partners, had been set up for when patients turned up at A&E with mental health issues.

She proposed undertaking a deep dive in this area at the next Governing Body meeting taking place in public and to ask the Mental Health team and

other colleagues across the wider organisation to come along to Governing Body discuss what the challenges and complications were and what we were doing together as a Sheffield Place in order to ensure the wellbeing of these individuals. The Chair welcomed this suggestion but noted that as the next Governing Body meeting in public was an extra meeting scheduled to approve the CCG's annual accounts and annual report, the deep dive should be scheduled on the agenda for the 1 July meeting.

Action: Director of Commissioning Development

SBu

The Director of Public Health advised that a member of his staff had undertaken an age standardised look at the gap between best and worst take up of the COVID vaccination and he advised that when they had taken age our of the mix there was less of a gap been best and worst than anyone would have dared hope for and he credited this to the work undertaken by Primary Care Sheffield (PCS) and primary care for making that happen. He also thanked the CCG and primary care for enabling us to get truly astounding COVID vaccination coverage in care homes and in domiciliary care. The Chair highlighted the excellent work the CCG and SCC communications teams had done with people in the population, particularly the BAME community to try and increase the uptake of the vaccine and reported that this had had been picked up internationally in the news.

Professor Gamsu, Lay Member, raised a query about section 4.1 of the report relating to health inequalities in Sheffield, requesting that in future meetings we also include something that was more systemic, for example including reports from areas across the organisation in relation to particular areas of commissioning with regard to health inequalities and expect to seek key parts of the system such as primary care saying what has been done and the data they were challenging themselves with.

Whilst Ms Nield, Lay Member, agreed with this, she reported that she attended the Health Inequalities Group and was impressed with the plan as it was much wider than engaging the engaging the community in that planning.

She also acknowledged the effort that had gone into the staff temperature check to try and make a difference and commented that it is was not all about what the CCG could do but had got more into the culture of things and the expectation that people would be contributing more and having their say about people having their say. We needed to recognise the importance of that carrying on into the new structure.

Dr Sorsbie, GP Elected City-wide Representative, observed that, with regard to the figures for Improving Access to Psychological Services (IAPT), the target was 5.5% of the people with need and already we were accepting that 19 out of 20 people would not have any needs met. She highlighted that our current figure was 1.7 and that was in the places we knew where there was increased mental health need. She suggested that when the Mental Health team come back to Governing Body we needed to understand what was happening in terms of that backlog as it wasn't sufficient for the need.

Ms Morris, Lay Member, expressed concerns about the backlog of people waiting over 52 weeks for planned treatment and also about the reported

backlog of the number of people that had not yet come forward to their GP over the past 12 months to get onto the list. She asked if we thought that Hull Hospital had just managed to get more people in to see their GP and on to the list and if there was a gap there in that we weren't seeing people coming through or if it was just a Hull problem. She suggested looking at the numbers of people we would have been expecting to see come through in the past 12 months against the average in this period over the past few years, but didn't see that in the report.

Dr Philip, GP Elected City-wide Representative, acknowledged the work undertaken by the communications and engagement team on health inequalities. Her thoughts were that the relationship between CCG and community groups had changed, with those groups now feeling heard and that they were being empowered. This was reflected in the work that had been done on the vaccination programme and she felt that this model could be used going forward to tackle some of the other health inequalities we have.

The Chair of Healthwatch Sheffield acknowledged the work with the BAME community groups but commented that we wouldn't want to miss looking at health inequality across the piece and especially the impact of COVID on disabled people, particularly learning disabled, and on older people. She felt that the voices of those people were in different ways excluded. She commented that she would start to get worried if the CCG moved all its attention and resource to one thing that wasn't done across the piece as she felt that some of those longer established groups in the voluntary sector that worked across a range of inequalities were under threat and this would mean that other inequalities could start to move up. She asked that we start to look at data on the impact of COVID in that wider range of ways.

The Director of Commissioning Development advised Governing Body that the Outcomes Framework that underpinned the joint commissioning plan we had with SCC would now be a Sheffield-wide Framework which was currently in development and would be presented to Governing Body in private later. She explained that she was working with the Deputy Director of Communications, Experience and Equality on a full engagement plan to work with voluntary and community groups to get their feedback. There would also be population health management data for which she would be contacting the Director of Public Health and his team, and so in future in that section of the Performance and Delivery report we would begin to see data as part of the development of that framework.

With regard to the potential backlog of patients, Dr Sloan, GP Elected City-wide Representative, reminded Governing Body that primary care working patterns had changed in that they had done a lot more digitally and a lot less face to face. It was important to remind people that primary care was still open, but it was felt that there was a 'tidal wave' of people that had held back that were about to hit them and so the waiting list may get worse. She explained that the Sheffield hospitals had already got systems in place where demand was being filtered and the people that really needed to be seen were going through, however, there was already a waiting list at the hospitals, which included waits for diagnostics. Her thoughts were that the people that were being disadvantaged were the older adults that found telephone and computers difficult to navigate. Finally, she complimented and commended all the screening programmes that had continued

throughout the Pandemic.

The Governing Body discussed and noted:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to the CCG workforce and their views and experiences
- The position statement regarding COVID-19 and the vaccination programme
- The national plans for regulatory oversight of CCGs
- The CCG's work on inequalities

54/21 Patient Safety, Quality and Experience Report

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

The CCG continued to support Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) through collaborations with SCC and supported by NHSE through the Quality Board. In addition to the report, he advised that the Trust had received some bespoke visits to areas within learning disabilities and collaboratively we were supporting them to look at the actions that were required from those visits. He explained that the Trust was being inspected this week, with inspections taking place to look at areas such as acute care facilities and we would give as much support as we could during that inspection period.

STHFT had received an unannounced visit of their maternity services and the CCG would be supporting them with the actions that were required by the Care Quality Commission (CQC).

The Chair reported that these two items had been the subject of a deep dive robust Quality Assurance Committee on 29 April, which Governing Body would be discussing in private later in the afternoon.

He reported on the good collaborative work that had been taking place between the CCG and SCC to support the care homes through what had been a very difficult period. He was pleased to note that COVID infection rates were now very low and there had been no deaths for a while.

The Director of Public Health shared information relating to COVID cases and vaccination rates in care homes for both staff and residents. He explained that resident's vaccination rates were currently at c.92% and staff rates just above 80%. He acknowledged the huge amount of work that had been undertaken by the hospice supported by the CCG, SCC and primary care to reduce the number of COVID cases, with latest figures showing that the number of cases and deaths were now down to zero. The Chair reflected from his first Governing Body meeting as CCG Chair and a presentation on flu vaccinations given by the Director of Public Health at that meeting where he had reflected that vaccinations were one of the most important public health interventions we have, and the information he had presented today proved that.

The Chief Nurse acknowledged the phenomenal job general practice has done in delivering the COVID vaccination programme. He reported that we

were working with three providers in general practice, with some support from the CCG, in relation to Serious Incidents (SIs) and reported that all three of them were under enhanced surveillance by the CCG and in the next month we would be reporting less on that but would be able to provide assurance on improvement and learning from those incidents.

The Primary Care Development Nurse (PCDN) team had supported primary care substantially before and during COVID and had been nominated for a national Chief Nurse award which they had achieved and received the previous day at staff briefing. Governing Body noted this significant achievement in the most difficult of circumstances.

The Governing Body considered and noted the report.

55/21 Governing Body Assurance Framework

The Associate Director of Corporate Services presented the final review of the Governing Body Assurance Framework (GBAF) for 2020/21. She reminded Governing Body that this was their most important document, that they had approved the 2021/22 GBAF refresh in private in April and drew their attention to the key issues.

There was one key risk relating to the flu vaccines, at the end of the year there were no gaps in control or assurance, one risk had achieved its risk appetite and one was below its appetite. She advised Governing Body that although we hadn't yet received our final Head of Internal Audit Opinion, the draft Opinion had given us Significant Assurance for how we managed risk and control within the organisation and there was no reason that should change. She advised that the 2021/22 Quarter 1 position would be reported to Governing Body in July.

The Chair thanked the risk management and corporate governance team who had worked hard to pull all this work together.

Governing Body considered and noted the Quarter 4 final GBAF position

The Chair of Healthwatch Sheffield left the meeting at this stage.

56/21 Communications and Engagement Quarterly Update

The Deputy Director of Communications, Engagement and Equality presented this report which provided a summary of communications and engagement activity and impact between 1 January to 31 March 2021 and drew Governing Body's attention to the key highlights.

The vast majority of the time had been taken up delivering the CCG's COVID vaccination communication plan, which included videos that had gone down particularly well. Clinical Directors and Governing Body clinicians had made appearances on television and on community radio in different languages. She particularly acknowledged the great work undertaken by Drs Philips and Sorsbie in this respect. She also advised that our outreach on Twitter and Facebook had increased by over 100% during this time.

The Deputy Director of Communications, Engagement and Equality advised Governing Body that we had funded 26 organisations, all from

the Black, Asian, Minority Ethnic (BAME) community, focusing on those more likely to not uptake the vaccine offer, to give these groups key information, share videos, held pop up information sessions, our take up work because of Primary Care Networks (PCNs), and that work was continuing.

Professor Gamsu, Lay Member, updated from the special meeting held with the Strategic Public Involvement, Experience and Equality (SPIEEC) to discuss the ideas for what they could do, the work they had done and what we needed to hold to it. He advised that the Deputy Director of Communications, Engagement and Equality had drafted a summary of that discussion, which would be shared with a range of people and would be coming back to Governing Body soon.

The Governing Body considered the report and noted the work that was undertaken and its impact.

57/21 Integrating Care

The Chair introduced this item and explained that in light of transition the two previously separate update items on the ACP and ICS had now been joined as one update on Integrated Care.

The Accountable Officer reported on the proposed legislation and the key things from that that Governing Body needed to be sighted on. She advised that the legislation was beginning to wind its way through Parliament. She explained that a statutory integrated care system would be made up of two discreet components, one of which would be a health and care partnership and the other an NHS Statutory Board. The Health and Care partnership would be underpinned by a duty to collaborate with a duty on the NHS and our Locality Authority partners. She highlighted the opportunities this brought including the opportunity to help shape the wider plan whilst being cognisant of our wider strategic health needs assessment and Health and Wellbeing Board strategies, and it would give the scope to influence how the NHS Statutory Board allocates its resources in the future.

With regard to what Governing Body had heard earlier about our joint commissioning, joint plan, outcomes framework and pooled resources, we had already got step change in our legacy and we wanted to see that carry into the future. We needed to recognise the roles of Health and Wellbeing Boards and Joint Committees were included in the White Paper and the proposed legislation and it was important to make sure that that legacy continued.

She explained the employment mechanism we had in place for staff to move to the ICS and advised that for most of our staff they would continue to do the work they currently do when they are in Place for 'Team Sheffield', and it was within our gift to be cognisant for how we shape the work of Team Sheffield. She also advised that our COVID vaccination programme engagement work would stand us in good stead for the future and as we start to think about Team Sheffield we needed to be thinking carefully about the elements of the work we would want to expand and augment in the future.

In response to questions from the Director of Public Health, the

Accountable Officer advised that there was nothing specific about combined authority and the way that that would work, but that would need to be worked through.

The Governing Body noted the update.

58/21 Reports Circulated in Advance for Noting

Governing Body formally noted the following reports:

- a) NHS Sheffield CCG Draft Annual Report for 2020/21 (in support of main agenda item 9 (paper D))**
- b) Governing Body Assurance Framework (GBAF) (to support main agenda item 13 (paper H))**
- c) Integrating Care: ICS Health Executive Group (HEG) Chief Executive Report April 2021 (to support main agenda item 15 (oral update))**
- d) CCG Chair's Report**
- e) Report from Audit and Integrated Governance Committee (AIGC)**
- f) Report from Primary Care Commissioning Committee (PCCC)**
- g) Complaints and MP Enquiries Quarterly Update**

59/21 Any Other Business

There was no further business to discuss this month.

60/21 Reflections from the Meeting

The Chair asked Governing Body for their reflections from the meeting and the following were raised:

Dr Philip, GP Elected City-wide Representative, reflected on the primary care workload and the potential tidal wave that was coming to them and the plan that was being put together for how primary care should deal with this, including how they were letting patients know.

The Director of Finance reflected that we were at the point where we were finishing one year and starting another. Governing Body had talked about the previous year, which was a strong underpinning as we go forward. Although there had been strong messages about what had gone well, some really strong challenges remained.

Ms Morris, Lay Member, reflected on Governing Body's commitment to tackling health inequalities, which was a strong message that had come out in the discussions throughout the meeting.

Dr Sorsbie, GP Elected City-wide Representative, reflected that we seemed to be coming through the other side of COVID and she was grateful to be part of the system that had worked together so well, how we were trying to recover as we catch up, and the holistic approach to the new ways of working in health and social care.

61/21 Date and Time of Next Meeting

There will be a short meeting in public on Thursday 20 May 2021 from 2.00 pm – 3.45 pm (details to be confirmed) when Governing Body will be

asked to approve the CCG's Audited Annual Accounts and Annual Report for 2020/21

The next full meeting in public will take place on Thursday 1 July 2021 at 2.00 pm (details to be confirmed)

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

Appendix A: Glossary of Abbreviations and Acronyms

ACP	Accountable Care Partnership
AIGC	Audit and Integrated Governance Committee
BAME	Black, Asian, Minority Ethnic
BCF	Better Care Fund
CCG	Clinical Commissioning Group
CIs	Commissioning Intentions
CHC	Continuing Healthcare
CQC	Care Quality Commission
EoL	End of Life
FAQs	Frequently Asked Questions
GBAF	Governing Body Assurance Framework
HEG	Health Executive Group
IAPT	Improving Access to Psychological Services
ICS	Integrated Care System
NHSE	NHS England
NHSE/I	NHS England and NHS Improvement
PCCC	Primary Care Commissioning Committee
PCDNs	Primary Care Development Nurses
PCS	Primary Care Sheffield
PFPs	Prime Financial Policies
QAC	Quality Assurance Committee
QIPP	Quality, Innovation, Productivity and Prevention
SIs	Serious Incidents
SMT	Senior Management Team
SHSCFT	Sheffield Health and Social Care NHS Foundation Trust'
SCC	Sheffield City Council
STHFT	Sheffield Teaching Hospitals NHS Foundation Trust
SYB	South Yorkshire and Bassetlaw
SPIEEC	Strategic Public Involvement, Experience and Equality Committee