NHS
Sheffield
Clinical Commissioning Group

Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on Thursday 4 November 2021 via videoconference

A

Present:	
(NB core / voting members only)	Dr Terry Hudsen (TH), CCG Chair Dr Amir Afzal (AA), GP Locality Representative, Central Dr Ben Allen (BA), GP Locality Representative, HASL Dr Nikki Bates (NB), GP Elected City-wide Representative Ms Sandie Buchan (SB), Director of Commissioning Development Professor Mark Gamsu (MG), Lay Member Mr Brian Hughes, Deputy Accountable Officer Dr Zak McMurray, 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 Ms Lesley Smith (LSm), Accountable Officer Dr Leigh Sorsbie (LSo), GP Elected City-wide Representative Ms Judi Thorley (JT), Lay Member Dr David Warwicker (DW), GP Locality Representative, North Mr Alun Windle (AW), Chief Nurse
(*non-voting members*)	Mrs Cath Tilney (CT), Associate Director, Corporate Services
In attendance:	Mr Dominic Carrell (DC), Locality Manager, West Locality Lucy Ettridge, Deputy Director, Communications, Engagement and Equality
	Mr Greg Fell, Director of Public Health, SCC
	Mr John Macilwraith (JMcI), Executive Director of People's Services, Sheffield City Council
	Ms Helen Lenthall (HL), Locality Manager, HASL Locality
	Mr Nicky Normington (NN), Locality Manager, North
	Mrs Judi Robinson (JR), Chair, Healthwatch
	Mrs Karen Shaw (KMS), Corporate Secretariat
	Ms Jayne Taylor (JT), Finance, (observing)
	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.

		ACTION
111/21	**Welcome**	
	The Chair welcomed members of the Governing Body and those in attendance to the meeting. The Chair also welcomed Jayne Taylor, Finance, who was observing today's meeting.	
112/21	**Apologies for Absence**	
	No apologies had been received from voting members.	
	Apologies for absence from those who were normally in attendance had been received from the Local Medical Committee. It was noted that Ms Jayne Taylor, Finance, would be observing the meeting. The Chair declared the meeting was quorate.	
113/21	**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, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting Declarations made by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available either via the secretary to the 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 interest from agenda items at today's meeting.	
114/21	**Questions from Members of the Public** There were no questions from members of the public.	

115/21	**Minutes of the meeting held 2 September 2021**	
	The minutes of the Governing Body meeting held in public on 2 September 2021 were agreed as a true and correct record and would be signed by the Chair at a later date.	
116/21	**Matters Arising**	
	a) Minute 122/19 – Public Questions – The Chair advised that this work was being paused and an update would be brought in the near future - The Deputy Accountable Officer added that there was no further update at this time and he would be taking the action to the Accountable Care Partnership Workforce Group.	
	b) Minute 50/21 – Adoption of NHS Sheffield CCG Unaudited Financial Accounts for 2020/21 and Finance report at Month 12 – The Director of Finance advised that this item was part of the agenda for the next time's development session.	
	c) Minute 98/21 – Emergency Preparedness, Resilience and Response (EPRR) – The Director of Finance informed Governing Body members that Sheffield Teaching Hospitals (NHS) Foundation Trust (STHFT) and Sheffield Children's (NHS) Foundation Trust (SCHFT) had both submitted their returns, showing substantial compliance. STHFT did not want to share their submission until they receive a formal response from NHSE/I so she was not able to confirm their compliance. Linked to that was a discussion for the Chair to discuss with the Director of Public Health on how that fits with the wider EPRR actions across the regional footprint. An update would be provided in due course.	**TH**
	d) Minute 101/21 – Finance Report – The discussion around the wider pressures in the system would be discussed under the private agenda.	
	e) Minute 102/21 – Month 4 Performance and Delivery Report – to ascertain if the Director of Public Health would be attending November Governing Body meeting to provide an update on care homes and mitigations - The Director of Public Health advised that there was currently 95% coverage for care home residents with 44% having received their booster. 90% of care home staff were fully vaccinated, 79% of domiciliary care were fully vaccinated with 7% receiving their booster. It was difficult to know what additional steps could be taken to increase uptake as when comparing this to the seasonal update of flu vaccination, the uptake was very good. It was noted that vaccination is now mandatory for staff in the social care sector and that will cause some workforce pressures as staff leave the sector.	

	All items recommended for closure on the matters arising were agreed.	
117/21	**Primary Care Story**	
	The Medical Director presented this video clip which endeavoured to illustrate the pressures currently being experienced in primary care. https://m.youtube.com/watch?v=D0apFJsgXRE&feature=youtu.be Governing Body watched the footage and then offered their comments which were discussed at length. The Chair summarised that the video demonstrated quite a difficult situation in primary care, noting that there are also pressures across the whole of the health and social care system. All services are currently really stretched and everyone is beginning to feel the pressure. Unfortunately, a small number of patients, on the backdrop of media narrative, are painting a bleak, unpleasant picture that is having a negative impact on the staff and workforce and therefore will impact on the ability we have to offer the good services. He highlighted that all the work that is done is about putting the patient at the centre as this moves forward, the system is in a state of change. The pandemic has accelerated change in primary care but whilst ever there is on-going change, it is difficult for people who are using those services and the staff working in those services which are changing. He referenced that the role of the traditional GP has been changing and will continue to change over time as different healthcare professionals are brought in to work alongside GPs in their practices serving those communities. One of the key threads, is how do we involve and engage our patients in communicating those changes and also advocating in their local communities for those changes so that we begin to unpick some of the difficulties currently being experienced. He referenced comments from a previous discussion during a CCG Primary Care Development session, in that Sheffield is one of the few cities in the country which has been recognised by CQC as having good or excellent primary care services, which should be recognised although there remains some difficulties for patients accessing some services so there is some work to do in taking our patients on this journey. The Medical Director welcomed this discussion and also thought it important that an open/honest conversation be held with the public. He reiterated Professor Gamsu's comments around patient groups which can provide a powerful relationship between GPs and the public. He was keen to find out why they had stalled but thought they were a worthwhile investment i.e., linking the patient forums across the city and also linking with Healthwatch.	

	The Chair thanked Governing Body members for their contributions to the discussion.	
118/21	**NHS Sheffield CCG Planned Submission October 2021 to March 2022 (H2) and revised full year budgets** The Director of Commissioning Development and the Director of Finance jointly presented this paper which summarised progress on the development of the H2 plan responding to the key priorities outlined by NHS England on 30 September. It also presented a summary of the CCG's draft H2 Financial Plan submission for agreement. The paper outlined the key issues and risks for consideration and also set out revised full year budgets for 2021/22 for approval. The Director of Commissioning Development advised that the guidance had been published in two parts: H1 for the first six months of the year and H2 for the second. H1 was published in March and subsequently submitted and H2 was published in September and would be submitted on 16 November 2021. As in H1, the CCG had been asked to submit an ICS system plan but places and organisations are submitting the granular detail, which would then feed into the over-arching SYB plan. The paper detailed the timelines and deadlines and also discussed the priorities within the guidance, which remain the same as H1. The paper detailed some activity assumptions around Priority 3, Restoration of Elective and Cancer Care, and the increase in demand for mental health services. She highlighted that currently meetings were being held with planning leads across Sheffield to update the plans and look at the achievements of the assumptions bearing in mind the current pressures and challenges the system continues to face. As yet, the plans had not been finalised and the Director of Commissioning Development would be seeking agreement from Governing Body for the Accountable Officer to be the delegated authority for signing off the final submission for the CCG. The plans for elective were still in development and therefore were not presented to today's meeting. The Director of Finance reminded Governing Body that the initial full-year financial plan for 2021/22 had been approved at its meeting on 4 March 2021 which considered some of the initial financial challenges. At that point guidance was awaited from NHSE/I on the H1 arrangements. This was published at the end of March so a revised H1 plan was considered by Governing Body in May.	

	She advised that NHSE/I had issued new planning guidance on 30 September for the second six months of 2021/22, referred to as 'H2'. The arrangements in H2 were similar to those in place for the first six months of 2020/21 and work was underway with system partners to understand the guidance. Updated system allocations were issued alongside the guidance. The ICS has confirmed the proposed distribution of the system resources to organisations within the ICS. For Sheffield CCG this is £587m for the second half of the year. It was noted that this was lower than the allocation received in H1 but that was because the CCG received a number of one-off allocations in H1. Table 2 on page 7 of the report provided a comparison of the underlying change in the allocation for H2 which showed an increase of £7.5m (excluding the funding for the ICS). It was noted that a large part of this funding provided for the backpay of the agreed NHS pay award, most of which will be transferred to our providers. The paper set out the approach for setting the budgets for H2, and it was noted that H1 budgets would be rebased at month 7 to reflect outturn so that full year budgets reflect our latest estimate of need. The paper also set out some of pressures where in some areas expenditure growth outstripped the growth assumed in the national funding model, which is particularly the case with CHC. The national model also assumed that the CCG had delivered a balanced H1 position, and whilst this was the case, the position has been balanced using a range of non-recurrent measures. On a bottom up basis, the forecast deficit for H2, before mitigations is £8.2m. Proposed mitigations were detailed in the paper as follows:- The biggest element related to the QIPP programme – the targets for QIPP savings from prescribing, CHC and running costs equate to £1.9m (with differing levels of confidence in the deliverability of these). In addition, as in H1, there was an unidentified QIPP target which is in effect a risk in the plan where we still need to identify plans to deliver balance. The remaining areas of mitigation, as set out in the paper, related to £3m income slippage which is where we believe we can demonstrate achievement of requirement of various funding streams without having to spend the full amount of funding; together with the utilisation of contingency reserve and expectation of further expenditure slippage. On this basis of these assumptions, a balanced draft financial plan had been submitted, but with a range of identified risks as set out in section 7. As always, these risks would need to be carefully monitored and where appropriate actions agreed to manage these risks. The Director of Finance sought agreement from Governing Body to confirm, having considered the information and risks in this report, that they were supportive of a balanced financial plan being submitted when the final return is required on 10 November. The Director of Finance presented the Revised Budgets for the full financial year 2021/22 for approval, which comprised revised H1	

	budgets and the proposed budgets for H2. She sought approval from Governing Body to approve the revised full year budget, which would then be used from M7 onwards. The Chair opened the meeting for questions/comments. Ms Nield, Lay Member, thanked the Director of Commissioning Development and Director of Finance for an excellent report recognising that the allocations arrived really late. She wanted to recognise the issues of capacity that are affecting performance for the community of Sheffield and she was particularly concerned about mental health, including children and the impact for the ACE's (adverse childhood incidents and getting support at an early stage). She asked for this to be noted as a priority. The Director of Finance responded that the report highlighted the position in terms of the allocations received by the CCG. She was aware that there was additional funding in the system which may flow and there are some non-recurrent funding streams which may address some of the short-term issues although there are multiple funding streams to balance as opposed to one allocation. The most challenging element is that a lot of the funding is short term and there is no clarity around the recurrent level of resources from April 2022 as we move into the integrated care arrangements and it would be that information which would allow the CCG to make progress on our priorities. Ms Nield, Lay Member, thought that the multiple funding streams would provide some options around being pro-active and looking at some of the issues which need resolution ie mental health and primary care. The Director of Public Health commented that the report focused on the commissioning plan and focuses on the machinery of the asks of an NHS Commissioner. He felt it was not quite in kilter with some of the burning issues. He was happy to support the plan but felt that the left shift didn't feel palpable within it and nor did the inequalities. The Director of Commissioning Development responded that the Sheffield CCG Operational Plan, along with the Joint Commissioning Plan with SCC, follows the national planning guidance which sets out specific priorities for the NHS and is currently focussed on elective restoration in the acute sector. The Operational Plan and the priorities within the CCG are very much geared towards the health and inequalities and the joint commissioning work with the LA as well as working in partnership with primary care, social care and secondary care. The Deputy Accountable Officer thought it was becoming more difficult to manage all the different funding/workstreams and offered his thanks to the directors for their work to try to bring a clear, concise plan to Governing Body in what is truly complex in the current climate. He supported the recommendation, recognised the risks but also the	

	action that the team and Governing Body would need to take to undertake to deliver the plan. Dr Sorsbie, GP Elected City-wide Representative, also echoed her thanks. She recognised the frustration and difficulty in deciphering the financial intricacies whilst trying to adhere to the planning guidance. Whilst she recognised that it was not just about balancing the books, it was also about using the money for the benefit of the population. She thought that carrying on high end, high cost of health care was not sustainable and was not the direction of travel we should be taking. Part of the frustration within primary care, notwithstanding the capacity and demand issues, is the conflicting directives. Being mindful of where we are as a place going forward, how we can lever within our control to influence how services work that will make them sustainable for the long term and fit for purpose for the population we serve. The Director of Finance advised that a further presentation in private would explore the opportunities on how to take this forward. The Governing Body:- • Noted the progress on the operational plan for H2 (including activity and performance and the narrative plan. • Agreed that the Accountable Officer would have delegated responsibility for signing off the final submission from the CCG • Agreed the submission of a final balanced financial plan for H2 2021/22 • Considered the key risks and issues to the delivery of the financial plan for H2 • Approved the revised full year budgets for H1 and H2	
119/21	**Proposed Changes to the Standard of Business Conduct and Conflict of Interests Policy** The Associate Director of Corporate Services presented this paper. She advised that the current Standards of Business Conduct and Conflicts of Interest Policy and Procedure was approved by Governing Body in August 2020 and was due to be reviewed before the end of February 2022 as part of the CCG's policy review process. The policy had been reviewed and updated with minor updates made to reflect changes to job titles, correction of typographical errors, and recommendations from 360 Assurance, the CCG's internal auditors, that were highlighted as part of their annual review of how the CCG manages Conflicts of Interests within the organisation. Due to the timing of meetings, proposed changes to the policy were presented virtually to the Audit and Integrated Governance Committee (AIGC) for review and comment and AIGC had recommended them to Governing Body for approval. It was noted that the policy also set out the requirement for all members of NHS boards and CCG governing bodies to understand	

	and be committed to the practice of good governance and to the legal and regulatory frameworks in which they operate. Members of the Governing Body that had not already done would be asked to confirm their commitment by signing the statement set out at Appendix B. The form would be sent to those Governing Body members following the meeting. **Action: Corporate Secretariat to send form to the Governing Body members who had yet to sign.** Governing Body approved the proposed changes to the updated Standard of Business Conduct and Conflicts of Interest Policy and Procedures.	KMS
120/21	**Month 6 Finance Report** The Director of Finance presented this report which provided information on the financial position at Month 6 (April to September 2021). Arrangements for the second half of the year had been confirmed and a separate paper had been produced outlining the basis of and budgets relating to H2 of 2021/22. She highlighted that this report covered the whole period covered by the H1 allocation. It was important to note in M6 the CCG received an allocation for our historic surplus, so we have to now demonstrate continued delivery of that level of surplus. She was pleased to confirm that the CCG had met the requirements of delivering a balanced position. The report set out some of the key issues in relation to the different budget areas, many of which had been discussed at previous meetings. She referenced the question posed by Dr Marion Sloan, GP Elected city wide representative, around locum spend. The figure was in relation to reimbursement of locum spend for sickness and maternity; there had been extremely high levels of sickness and some of the issues around primary care capacity, discussed earlier, had been impacted by the levels of sickness. The Director of Finance explained that the funding for the hubs had come from the Covid funding and is reported through the extended access spend. There are on-going discussions around what additional support can be provided into primary care from a number of the non-recurrent funding available and it was hoped a conclusion would soon be reached. Governing Body noted:- • The CCG's year to date spend against the confirmed allocation for the first six months of the financial year; • The expectation that retrospective funding will be received for Hospital Discharge Programme (HDP) and Additional Roles Reimbursement (ARRS) in H1.	

121/21	**Month 6 Performance and Delivery Report** The Associate Director of Corporate Services presented this paper which sought to update Governing Body on key performance measures regarding our providers in the context of the current Covid-19 pandemic; provide information on the organisational performance with regard to our workforce, brief Governing Body on the views and experiences of our staff, provide statistics regarding Covid-19 and update on the progress of the vaccination programme. She highlighted the following:- • In relation to the NHS Constitution measures, the position remains largely the same as in September with a few areas that have a worsened position. • The capacity pressures linked to the pandemic continue to impact waiting times for planned treatments for surgeries. The number of Sheffield patients waiting over 52 weeks for their elective treatment has continued to decrease. However, the proportion of people waiting over 18 weeks had increased slightly. • There are significant pressures in emergency care which links to the increased demand on 999 Ambulance Services which is impacting both response times and handover in A & E. • During September there were five people who waited over 12 hours in A & E at STHFT. These were linked to a specific need for specialist mental health care. Root cause analysis had taken place to understand the reasons and there had been a local mental health summit and an agreed process had now been reached for STHFT which would support the escalation of patients. Work is on-going to support provider staff who are on-call when this type of issue occurs. • Sheffield still has the highest percent vaccine uptake, for first and second doses, out of the top eight core cities in England. • Due to a technical issue, information around the staff temperature check was not available but would be reported next time. • She updated on a session held with staff on National Menopause Day and thanked Dr Sloan for her participation in this event which had been well received by staff. The Chair opened the meeting for questions. Dr Leigh Sorsbie, GP Elected City-wide Representative, sought clarity on the IAPT targets (referenced on page 14) - The number of patients receiving IAPT as a proportion of estimated need. The national target is 6.25%, which she thought was not acceptable. Sheffield is only achieving 1.84%, which means that over 98% of people who have an estimated need for IAPT input are not receiving a service. The Chair thought that we may need to clarify what the number meant. His understanding was that the quarterly target was 5.47% of the adult population of Sheffield who would be eligible for	

	IAPT treatment as opposed to 5.47% of people who need IAPT services. The Chair thought this should be clarified as we were not currently performing against the standard. The Director of Public Health thanked the Associate Director of Corporate Services for including the right dominator/comparator when comparing Sheffield with core cities and reflecting properly in this report. He commented that there was a huge amount of confusion around boosters and third vaccines. The national communication had been a little mixed and this needed to be addressed locally. The Director of Finance acknowledged the level of red in the performance report and thought this told a story about the number of issues the system is currently managing. She highlighted that the report focussed on the data and the responsibilities the CCG were accountable for but did not show the full picture of some of the multiple pressures within the system e.g., primary care. Ms Morris, Lay Member, also drew attention to the red areas and wondered about the areas that are not measured. Was there anything we could do as commissioners to influence some of these things in the greatest way bearing in mind winter? She did not feel assured that we were doing everything we could do as commissioners. The Director of Finance responded that in the spirit of working as a partnership, we have formed a city-wide gold in terms of responding to the pressures across the system and a city-wide silver to mobilise additional responses recognising that whilst organisations have individual responsibilities, we will do better where we come together and make sure we are all working in the same direction rather than having multiple plans which may work against one another. The Director of Commissioning Development added that partnership working was key. The winter plans had been considered by all health and social care, including Primary Care Sheffield and others, in order to alleviate the pressure on the system. It was recognised that more clinical input was required into those forums but operational directors are working together to look at the system risks and mitigations. The focus is not only on urgent and emergency care but also on discharges, social care and the 16/17 mental health crisis etc. As soon as an issue/risk is identified, the mitigation is discussed. Ms Nield, Lay Member, commented that there was not the level of data within primary care as for other sectors and this had been a topic for discussion at Primary Care Commissioning Committee, particularly looking at how things could be measured. Some good communications had been published about the CCG which included primary care and appointments etc,. There was data which suggested how infrequently face to face appointments are happening, which was totally inaccurate. In trying to address some of the issues, need to be mindful of how things are measured and that we are not relying on out	

	of date, inaccurate data. She recognised all the fantastic work that was on-going. Dr Nikki Bates, GP Elected City wide Representative, drew attention to a meeting she had attended with SCHFT where it was reported that 384 children were on a 52+ wait. This would appear to be a large percentage from the people waiting in the city and disproportionate to the number of children in our population and she thought it was a worrying statistic. The Director of Finance responded that the figures that SCH quote will be everyone that the Trust treats and their serve population is far greater than the Sheffield population. The figures within our performance report are just for the Sheffield population. The Director of Commissioning Development advised that the reduction of the 52 week waiters is part of the planning assumptions and we are currently working on the Sheffield plan to be submitted as part of the planning guidance to look at how those numbers can be reduced. Dr Allen, GP Locality Representative, HASL, clarified that the denominator for IAPT, as advised in national guidance, was 25% of people who have common mental health problems to have access to NHS funded psychological therapies (6%). The Chair added that the denominator was the total number of people in the city with a diagnosis of depression or anxiety and the numerator is the estimated need is 25% of all of those patients to access that. It was not clear if this referred to a new or existing diagnosis. He hoped this provided some clarity for Dr Sorsbie, GP Elected City-wide representative, who thought this was still a low number. The Chair enquired about the long ambulance waits and referenced national guidance which had been received in the last week . He asked whether the changes to the guidance had been discussed at any of the city-wide groups. The Director of Commissioning Development advised that the issue was being discussed in collaboration with other partners and was part of the winter plan, including mitigating actions. The Chief Nurse added that the announcement and sharing of the letter had gone to all providers and will be picked up through the Quality Review Groups for assurance. He reminded colleagues that Sheffield CCG is currently the contractual holder of quality for the whole of Yorkshire so assurance would be sought from local and wider system providers on supporting Yorkshire Ambulance Service in their need. Ms Nield, Lay Member, enquired if there was an issue with the supply of the flu vaccine. The Chief Nurse advised there were some supply issues for both flu and Covid vaccine currently. Work is ongoing with primary care to seek opportunities to maximise the flow into the city.	

	Currently we are working on a SYB footprint to ensure that vaccine can be sourced but also working with primary care to alert them that there is a reduction in flow anticipated. Governing Body noted:- • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • Key issues relating to the CCG workforce and their views and experiences • A position statement regarding to Covid-19 and the vaccination programme plus the Seasonal Influenza Programme Update • A position statement on the System Oversight Framework	
122/21	**Patient, Safety, Quality and Experience Report** The Chief Nurse presented this paper which provided an overview of NHS Sheffield CCG's Quality, Patient Safety and Experience assurance oversight. He highlighted key points as follows:- • Maternity services in STHFT continue to be overseen and monitored by the CCG, following CQC requirements, and in collaboration with NHSE/I. A further unannounced inspection was also undertaken in October in STHFT, however, the outcome if yet to be determined. • In addition to the Quality Review Meeting, NHSE/I have instigated a Quality Board for the maternity outcomes that will include CQC, CCG and NHSE/I to oversee the established improvement plans. • It is anticipated that with the outcomes of the most recent inspection and the Well Led inspection that this will move from a Maternity Quality Board to just a Quality Board that will consider all aspects of the report once concluded. • The SHSC 'Back to Good' programme developed post their CQC inspection where they were rated 'inadequate' had now been rated as 'requires improvement', which shows an improvement against the Quality Board. A Joint Quality Board had been established in response to the inspection, and will continue for the foreseeable future as there are still some key areas of work that all parties are keen to see improved on. • The CCG's CHC service continues to progress a recovery plan for pre-Covid reviews. Reviews were suspended during the pandemic, which has left a backlog, but we continue to performance manage ourselves against those and although there is an improving position, there is still work to do. • The Infection Control team continue to support across all our provider services. Zero hospital onset MRSA bacteraemias have been reported by STH between the start of April and August. There are currently no IPC concerns.	

	• Clinical support to care homes continues. • System discussions continue to seek out how the CCG can support further with regard to outbreak management and the Chief Nurse and the Director of Adult Social Care continue to discuss how to maximise and support each organisation on care home quality, infection control and safeguarding assurances. This aligns with the joint SCC and CCG Quality Assurance Framework which continues to be developed. Progress had been delayed due to the pandemic pressures on workforce but the project had now been reinstated. As an additional update to the paper presented, the Chief Nurse advised that the Chair of the Safeguarding Partnership Board, David Ashcroft, had resigned. He extended his thanks on behalf of the CCG and the Governing Body for the leadership he had provided to the city. He also advised that the process for recruitment of an independent Chair had commenced. The three lead agencies would continue to support the wider partnership until a new Chair is appointed. The Chair opened the meeting for comments/questions. Dr Afzal, GP Locality Representative, Central, reflected that it was a shame that as practices were trying to prioritise clinical need this was offset by QOF. His particular practice had been trying to prioritise SMI/LD health checks in addition to housebound flu. Even more frustrating was the house bound Covid injections, which require 15 minutes of a healthcare professional's time. He would like to see some pragmatic sense around this and let go of some of the less urgent and less critical QOF areas although there were financial implications if QOF was not completed. The Chief Nurse responded that QOF was a performance indicator rather than a quality indicator. He appreciated the view on this and thought it should be a collective view from both the CCG and primary care colleagues. He assured Governing Body that the CCG continues to feedback views from the CCG and primary care through the appropriate channels and he hoped some reflective views would be received back. The Governing Body noted the content of the paper with particular reference to the areas which had no or limited assurance, acknowledging the mitigations plans or next steps to manage those risks.	
123/21	**Integrating Care/Progressing Integrated Care System Governance** The Accountable Officer presented these items together, particularly focussing on Paper H, Progressing Integrated Care Systems Governance.	

	The paper summarised progress, key guidance and the indicative timetable for next steps. It included engaging on key components of the Integrated Care Board (ICB) in developing governance arrangements in readiness for the establishment of the Integrated Care System (ICS) as a statutory body from 1 April 2022. Whilst the paper was for noting, the paper was useful as it did several things:- • Pulled together the journey since the publication of the White Paper earlier in the year through to moving to legislation being put to Parliament in July this year. Subsequently, there had been lots of guidance received on the role of ICB/ICP and their constitutions and how they will be established. A summary of all the guidance received in the last couple of months was included in the paper. The importance of this would be to think about how we carry the ambitions for the people of Sheffield in the future. • One of the key issues was that the current ICS leaders and the designate ICB leaders are responsible for putting in place the work to establish the ICB, its governance and its leadership arrangements before formal establishment in April 2022, subject to the successful passing of the legislation. She thought this was a significant ask as it was not envisaged that the legislation would be passed before February and in previous changes to the infrastructure of the NHS, once legislation was passed, it was a year before it was enacted. It was important to note therefore that this was happening in real time and legislation could be amended before it finally becomes statute in Spring 2022. • The CCG had received the draft Constitution for the ICB; important to note that the CCG's would be responsible for proposing the Constitution and engagement in the Constitution. In South Yorkshire, it had been agreed that this would be done collectively through the Joint Committee of CCG's. (JCCCG). • In terms of designate appointments, Pearse Butler had been appointed as the designate Chair for South Yorkshire and the interviews for the designate Chief Executive had taken place on 11 October. An announcement was expected on this appointment once it had received national approval reflecting that the postholder will be the Accountable Officer for the ICB. • A Steering Group, drawn from the partnership, had met to work on the design of the ICB. As we approach the last five months, looking to fine tune the working arrangements and cease running the Steering Group but build its work into the monthly	

	Health Executive Group (HEG) with weekly updates to the Health Care Management Team (HCMT). • Within the paper, the key functions of the ICB were noted. The designate Chair had started conversations with stakeholders about the constitution and development and construct of the ICB Board, which included questions around membership of the Board, i.e. the size of the Board, having a Board that is representative, having a Board that is able to discharge its business and to make decisions. • To note that one of the first priorities would be recruitment to the designate non-executive directors of the Board noting national requirements to have a minimum of two. Also to note that locally ICBs can decide on having more than two non-executive directors and give some thought on how that can be constructed. There are opportunities for other CCGs to feed back on that. • It was noted that Bassetlaw CCG would be moving to the Nottinghamshire ICS and therefore the renaming of the partnership to the South Yorkshire Health and Care Partnership from 1 April 2022. The Accountable Officer opened the meeting for questions/comments. Governing Body was asked to note the on-going progress with the development of the ICB and the governance arrangements coming into play. Professor Gamsu, Lay Member, referred to the proposed membership of the ICB Board, noting there would be local consultation on this. He thought there should be a line what the CCG thought the membership should look like e.g., with regard to non-executive directors, should we be thinking about one per place rather than two, should the membership represent the size of the constituent bodies? We need to think what is best for Sheffield and how it fits with the aspirations of Barnsley, Doncaster and Rotherham. The Accountable Officer replied that this would be an iterative process around the engagement of the Constitution, the make up of the Board will form part of the Constitution. Discussions have commenced and questions have been posed around the construct and size of the Board and how it can make effective decisions and discharge its business and that it does not become too big that it becomes more of a partnership forum rather than a statutory Board. Comments can be fedback, which will then be turned into the proposal that will sit within the Constitution, comments would be required to be given to the ICB by 26 November.	

	Professor Gamsu, Lay Member, commented that the CCG's Statutory Body is of a certain size and if it was to be a SYB Board smaller in scale, then it could be seen that the CCG's were not effective or efficient. He therefore thought that consideration should be given to how it compares against current size of Boards that exist. The Chair recognised that there is the statutory unitary Board of the ICS but this talked about a lot of functions of ICSs happening at Place level so whilst there may be a small, slimline Board potentially, working across system, there may be four place-based Boards comprised a mix of people. The Accountable Officer referred to Annex C relating to the functions of the ICB. She thought that a number of the functions would be discharged through the Sheffield Team and cited point 3, establishing joint working arrangements with partners that embed collaboration as he basis for delivery within the plan and point 5, arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities – she thought these would be enacted by the Sheffield Team within the over-arching ICB and partnership. It was noted that there would be the statutory Board and the Integrated Care Partnership (ICP), which will be a joint committee with our local authority partners so we have to think about the membership and representation on both. The Chair asked Professor Gamsu, Lay Member, to notify him and the Accountable Officer of any comments he may have which could be considered as part of the iterative process. The offer was extended to all Governing Body members. The Chair asked the Deputy Accountable Officer to provide an update on the place-based working. The Deputy Accountable Officer advised that the CCG continues to work with the Accountable Care Partnership and partners across Sheffield to make sure that the arrangements which are put in place match the expectations of the paper presented (Paper H) by the Accountable Officer around the Accountable Care Partnership and the presence and role of place within that. He referenced the on-going development of the JCC to make sure that the functions that can be discharged at Place have a secure home and future. The paper presented needed to be translated into the Sheffield place arrangements and partners in Sheffield are currently working on this through the Accountable Care Partnership. The Director of Commissioning Development added that currently this is still in its development stage. Governing Body had been part of the revised governance structure post March; currently this is being discussed at JCC and with the cabinet members at SCC. In terms of the Joint Commissioning Plan, plans are being produced for 2022/23. Governance arrangements were being revised to ensure they were fit for purpose, aligned with the ACP , moving into the ICB. These would be presented back to Governing Body in the near future.	

	No further questions were received from Governing Body. Governing Body noted:- • The progress and the summary position • The key activities and timetable as set out in Appendix A • Considered the published guidance on the functions and governance of an ICS and key elements of the Bill, Annexes B – G • Noted the legal responsibility of the CCG to propose the ICB Constitution to NHS England and Improvement • Noted the required to engage with partners on the ICB Constitution • Noted the step to engage with partners on specific issues relating to the constitution later in October • Noted the priority to recruit to the first two designate non-executive directors of the ICB • Noted the boundary changes and name change of the Health and Care Partnership from 1 April 2022	
124/21	**Papers for Noting** Governing Body formally noted the following papers:- • **Proposed Changes to the Standard of Business Conduct and Conflicts of Interest Policy** • **Chief Executive's Health Executive Report September 2021** • **Chief Executive's Health Executive Report October 2021** • **CCG Chair's Report** • **Report from Primary Care Commissioning Committee (PCCC)** • **Report from the Strategic Public Involvement, Experience and Equality Committee (SPIEEC)** • **Report from the Audit and Integrated Governance Committee (AIGC)** • **ACP Programme Director's report** • **Complaints, MP Enquiries and Patient Feedback Report, Quarter One** • **Complaints, MP Enquiries and Patient Feedback Report, Quarter Two**	
125/21	**Any Other Business**	
	There was no further business to discuss this month.	
126/21	**Reflections from the Meeting** The Chair asked Governing Body for their reflections from the meeting and the following points were raised:-	

	• There had been a useful discussion on primary care and our desire to reflect on what we can do differently to help with some of the issues identified. This was a priority for Primary Care Commissioning Committee also. • There is lots to think about in terms of pressures and risks and what the future will look like. What have we learnt from what went well when managing the pandemic and applying to how the future system looks going forward. Lots which was good in terms of breaking down barriers between the silo services and the sleekness, decisions were made quickly which meant the population of Sheffield had benefitted. Disappointment that rolling back with bureaucracy and rules although there is a need for robust governance. • Proud of CCG as an organisation for bringing the primary care story. Pleased that the CCG is supporting its member practices. • Tell staff and partners that they are not alone in this – people are beginning to talk. Sometimes, when rundown, patients can be seen as the 'enemy' which we know is the system. Think of the 95 good consultations rather than the three or four which can ruin the day. • General practice is resilient and is coping even with everything that has happened. This is a forum to share learning e.g., Accurix. • Stick to the positives. We have high quality health care across Sheffield. Should not have to fight the system to do the best for patients. Would like to see a system which is more supportive and encourages older GPs to stay in the system. Could do more around communications to explain what we are doing, why we are changing. The system in Sheffield is joined together and is supportive and is a great place to work. Would like to move away from 'fix people who are ill' service to 'stop people getting ill' service. If NHS is to survive, has to be the future approach. Would like to get a reconnection with the national system.	
127/21	**Date and Time of Next Meeting**	
	The next meeting will take place in public on Thursday 13 January 2022, (details to be confirmed on the website). There being no further items of business, the Chair declared the meeting was closed.	

*Appendix A: Glossary of Abbreviations and Acronyms

ACE	Adverse childhood incidents
ACP	Accountable Care Partnership
CCG	Clinical Commissioning Group
CHC	Continuing Health Care
CQC	Care Quality Commission
EPRR	Emergency Preparedness Resilience and Response
HASL	Hallam and South Locality
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IPC	Infection, Prevention and Control
JCC	Joint Commissioning Committee
JCCG	Joint Committee of CCG's
MRSA	Methicillin-resistant Staphylococcus aureus
NHSE/I	NHS England / Improvement
QIPP	Quality, Innovation, Productivity and Prevention
SCC	Sheffield City Council
SCHFT	Sheffield Children's (NHS) Foundation Trust
SHSCFT	Sheffield Health and Social Care NHS Foundation Trust
STHFT	Sheffield Teaching Hospitals NHS Foundation Trust
SY	South Yorkshire
SYB	South Yorkshire and Bassetlaw
QOF	Quality Outcomes Framework