

**Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on Thursday 1 July 2021, 2.00 pm
by videoconference**

A

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
 Mr Brian Hughes (BH), Deputy Accountable Officer
 Ms Anthea Morris (AM), Lay Member
 Ms Judi Thorley (JT), Lay Member
 Ms Chris Nield (CN), Lay Member
 Dr Marion Sloan (MS), GP Elected City-wide Representative
 Dr Nikki Bates (NB), GP Elected City-wide Representative
 Ms Lesley Smith (LSm), Accountable Officer
 Dr Leigh Sorsbie (LSo), GP Elected City-wide Representative
 Dr David Warwicker (DW), GP Nominated Locality Representative, North

(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 Laura Garner (LG), Business Manager
 Dr Trish Edney (TE), Healthwatch Representative
 Ms Lorraine Watson (LW), Locality Manager, West
 Ms Dani Hydes (DH), Deputy Chief Nurse
 Ms Heather Burns (HB), Acting Deputy Director of Mental Health Transformation (for agenda item 10/e)
 Mr Chris Taylor (CT), Programme Manager (for agenda item 10/e)
 Ms Jennie Milner (JM), Deputy Director of Planning and Commissioning (for agenda item 12/g)

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
72/21	Welcome, Introductions, Apologies for Absence and Confirmation of Quoracy	
	The Chair welcomed members and those in attendance to this meeting	

	<p>of the Governing Body.</p> <p>The Chair gave a special welcome to Ms Laura Garner, Business Manager who was acting Committee Secretariat for today's meeting. The Chair also welcome Ms Dani Hydes, Deputy Chief Nurse, attending on behalf of The Chief Nurse and Dr Trish Edney, attending on behalf of Healthwatch.</p> <p>The Chair thanked Mr Greg Fell, Director of Public Health, for attending the meeting.</p> <p>The Chair 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.</p>	
	<p>Apologies from voting members had been received from Mr Alun Windle (AW), Chief Nurse and Dr Lisa Philip (LP), GP Elected City-wide Representative.</p> <p>Apologies for absence from those who were normally in attendance had been received from Mr Nicky Normington, Locality Manager, Mr John Macilwraith (JMcl), Executive Director of People's Services and Ms Judy Robinson (JR), Chair, Healthwatch Sheffield.</p> <p>The Chair declared the meeting was quorate.</p>	
73/21	Declarations of Interest	
	<p>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.</p> <p>A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. 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</p> <p>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</p> <p>There were no declarations of interests made relating to agenda items at today's meeting.</p>	
74/21	Questions from Members of the Public	
	<p>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</p>	

	<p>CCG's website. Members of the public were encouraged to submit questions before Governing Body meetings either by email or post.</p> <p>There were no questions from members of the public.</p>	
75/21	Chair's Opening Remarks	
	<p>The Chair noted that a Chair's paper had not been prepared for the July Governing Body meeting due to staff workload and the high number of Governing Body meetings in quick succession.</p> <p>The Chair highlighted the ongoing work that has contributed to the Covid-19 vaccine efforts in Sheffield. He thanked the GP practices, local pharmacies, partners in the mass vaccination centre, voluntary organisations and the Local Authority for their support in increasing uptake in the city to make the programme a success.</p> <p>The Chair referred to the current National Health Service pressures in both primary and secondary care. He thanked all those working across the system to ensure patients have access to safe care.</p> <p>The Chair informed members Mr Gordon Osborne, Locality Manager, Hallam and South Locality and Ms Lorraine Watson, Locality Manager, West Locality have both retired from their Locality roles as of July 2021. He thanked Gordon and Lorraine for being an integral part of Sheffield Clinical Commissioning Group for a long period. The Locality Manager roles have been appointed to. The new Locality Managers will join the next Governing Body meeting.</p> <p>The Chair informed members that himself and the Accountable Officer met with NHS England as part of The System Oversight Meeting. NHS England was presented significant information on Sheffield Clinical Commissioning Group's progress over the previous 12 months. The Chair reported they hope to receive a narrative letter in due course and will provide an update at the next Governing Body meeting in public. Action: The Chair to provide an update at September Governing Body meeting in public.</p>	TH/KS
76/21	Approval of Unadopted Minutes of the Previous Meeting held on 6 and 20 May 2021	
	<p>The unadopted minutes of the meeting held in public on 6 and 20 May 2021 were agreed as a correct record and would be signed by the Chair at a later stage.</p> <p>Dr Nikki Bates noted she was present on 20 May 2021. Action: Ms Karen Shaw, Business Manager, to add Dr Nikki Bates to the attendee list on 20 May 2021.</p>	KMS
77/21	Matters Arising / Actions	
	<p>The Chair agreed to discuss 'Open' Matters Arising only.</p>	

	<p>a) Public Question (minute 122/19 refers)</p> <p>Mr Brian Hughes, Deputy Accountable Officer, confirmed the position remains the same.</p> <p>b) Renaming the 722 Boardroom (minute 36/20 refers)</p> <p>The Chair reported this action has been agreed. However, the action cannot be completed until staff returned to 722. The Chair agreed the action may be closed as it remains a matter arising for the Private committee.</p> <p>Action: Ms Karen Shaw, Business Manager, to close the action and move to private matters arising.</p> <p>c) Month 10 Performance & Delivery Report (minute 36/21 refers)</p> <p>The Deputy Chief Nurse, confirmed this action remains outstanding.</p> <p>d) Adoption of NHS Sheffield CCG Unaudited Financial Accounts for 2020/21 and Finance Report at month 12 (minute 50/21 refers)</p> <p>This agenda item has been scheduled in the forward planner for October/December 2021. The Chair confirmed this action will remain open until this discussion has taken place.</p>	
	<p>e) Questions from Members of the Public (minute 64/21 refers)</p> <p>The Associate Director of Corporate Services confirmed the complaints team is picking this up and working with Commissioning Leads and Sheffield Teaching Hospitals NHS Foundation Trust to produce a response. An update will be provided at the next Governing Body meeting.</p>	CT
78/21	Patient Story	
	<p>The Deputy Director of Communications and Engagement, introduced this month's patient story which was a 69 year-old lady's story, Azra, who speaks Urdu and Punjab. The story covers Azra's previous hesitancy surrounding the Covid-19 vaccine and the positive work Shipshape did to educate herself and the community. She explained Shipshape is one of the 26 voluntary organisations that have been funded to help encourage communities to receive the vaccine.</p> <p>Azra explained the pandemic left her feeling isolated as she struggles to understand English. She added the community and her relatives had warned her not to receive the vaccine, as they were unsure of its safety. Azra had contact with Community Health Champions and Community Engagement Workers at Shipshape who were able to answer questions and provide accurate information. Azra attended various community activities and listened to well respected members of the community tell their experience of the vaccine. Shipshape were good at translating the information to enable Azra to share this across</p>	

	<p>the community. Azra and her family realised they had been relying on misinformation and decided to book the vaccination. She added Shipshape arranged for her travel to the clinic and she felt supported during the experience. Azra is now one of the eldest volunteers spreading accurate vaccine information across the Pakistani community, which has contributed to an increase in vaccine uptake.</p> <p>Members reflected on the positive job Shipshape have done to increase vaccine uptake.</p> <p>The Chair thanked all those involved in creating this important story and working with communities. Members added it is good to see community engagement in action and the positive impact peer information has. Members also reflected it is positive that cultural issues are being taken into account, recognising that the voluntary sector input has been invaluable.</p> <p>The Director of Public Health, reported Sheffield remains a leading core city in terms of vaccination coverage. He added although there remains an ethnicity gap, the coverage figure in Sheffield is much higher due to such efforts. He added the patient story highlights the importance of investing in local relationships.</p> <p>Professor Mark Gamsu, Lay Member, reflected on Community Health Champions, explaining it is important their importance is recognised, and their engagement and utilisation is supported. He added the role of the voluntary community sector should continue to be affirmed.</p> <p>Dr Nikki Bates, Locality Nominated GP, noted Shipshape has done a fantastic job in the Porterbrook area.</p> <p>The Chair asked that sincere thanks are passed onto Azra for the useful video and information.</p> <p>Governing Body received and noted the patient story.</p>	
79/21	21/22 NHS Sheffield CCG Operational Plan	
	<p>The Director of Commissioning Development presented the 2021/22 NHS Sheffield Clinical Commissioning Group Operational Plan. The plan sets out the 2021/22 intentions and is the first joint commissioning plan between Sheffield Clinical Commissioning Group and Sheffield City Council.</p> <p>The Director of Commissioning Development provided an overview of the contents of each chapter.</p> <p>Chapter one details what Sheffield CCG is and what we do. The commissioning vision and purpose remains the same. It covers the challenges faced and the principles which guide decisions. The chapter also highlights how the intentions will be delivered, including further information on the joint commissioning relationship and Accountable Care Partnership priorities, explaining there is alignment between these and the joint plan.</p>	

Chapter two covers the ongoing response to Covid-19 and the partnership working at Sheffield Place. This includes the establishment of the long Covid-19 service. The Director of Commissioning Development drew member's attention to the success of the Covid-19 vaccination programme and congratulated the team on their efforts.

Chapter three covers the restoration of services which were impacted during the pandemic. As part of the national planning guidance, Sheffield CCG are reviewing how to restore elective surgery and achieve pre-Covid-19 levels whilst working with Sheffield partners.

Chapter four covers the city's priorities for quality and safety. She noted the Sheffield CCG Quality team has done a fantastic job ensuring services remain safe for patients. Care homes were a focus during the pandemic. It also includes a section on the Digital Strategy and ensuring digital access moving forwards.

Chapter five covers the commissioning intentions and plan. Priorities include: the community, voluntary sector, ongoing care, children and families, mental health & learning disabilities and frailty. 31 commissioning intentions have been identified in the joint plan, including 19 in the joint space and 12 which are Sheffield CCG specific. The Director of Commissioning Development assured members there is alignment throughout the plan. There is a clear intention to reduce health inequalities which were exacerbated during the pandemic. The three key areas impacted are: deprivation, populations including ethnic minorities and homelessness.

The Sheffield-wide outcomes framework is in the process of being developed. The key factor is ensuring engagement with populations to ensure changes are having a real, positive impact.

Chapter six describes Sheffield CCG as a caring employer. She reported Sheffield CCG staff have done a "brilliant job" throughout the pandemic. The chapter covers how staff are supported and developed, and how listening skills are utilised to manage changes across the organisation, with staff at the centre of any decision made.

Chapter seven covers the transition to Integrated Care System from April 2022.

The Director of Commissioning Development highlighted that this remains a live document and is subject to change.

The full Operation Plan has been submitted and The Director of Commissioning Development agreed to provide regular updates to ensure progress is monitored.

The Chair thanked the Director of Commissioning Development and everyone else who have worked to produce the Operational Plan.

Governing Body approved the 2021/22 NHS Sheffield Operational Plan.

80/21	<p>The Talbot Trusts – Appointment of Nominated Trustees</p> <p>The Governing Body was invited to approve the appointment of Mr Sam Caudwell as a CCG nominated trustee for the period of 26 March 2021-25 March 2025.</p> <p>Ms Cath Tilney, Associate Director of Corporate Services explained the Talbot Trust is a registered grant charity which distributes funds to support health related charitable work in Sheffield. Sheffield CCG has the authority to nominate four of the eight trustees for a period of four years. The trustees are solely responsible for their own actions.</p> <p>The Associate Director of Corporate Services explained Mr Sam Caudwell is Head of Grants at South Yorkshire Community Foundation and has 15 years’ experience in the sector specialising in grants.</p> <p>Professor Mark Gamsu, Lay Member, reported NHS England have recently changed their view on the role of hospital charities with regards to the promotion of social prescribing and community anchor organisations. He added he does not believe Sheffield CCG were cited on this change and requested this is investigated.</p> <p>Action: Ms Jackie Mills, Director of Finance to investigate and feedback to Governing Body.</p> <p>Governing Body approved the appointment of Mr Sam Caudwell as a CCG nominated trustee for the period of 26 March 2021-25 March 2025.</p>	JM
81/21	<p>Mental Health Services Deep Dive</p> <p>The Acting Assistant Director for Mental Health Transformation, Ms Heather Burns, presented the Mental Health Services Deep Dive.</p> <p>She provided members with an overview on the background of the deep dive. The deep dive was held due to a number of breaches relating to increased demand in complexity and capacity in the system for both adults and children’s care, workforce retention and recruitment issues, system relationship issues (failing to bridge gaps), commissioning gaps and specific issues which arose throughout the pandemic such as staff and service availability. The deep dive was also undertaken linked to the Back to Good work programme of Sheffield Health & Social Care NHS Foundation Trust in response to the recent CQC rating in 2021.</p> <p>She provided members an overview of the service improvements which have taken place since May 2021. Sheffield Health & Social Care NHS Foundation Trust does not have a 24 hour crisis home treatment team, however, the roles are now being recruited to and the service will be extended to midnight shortly. The Psychiatric Decisions Unit closed during the pandemic, however, is now open 24/7. This helps avoid repeat attenders attending Accident & Emergency and provides a space for de-escalation or assessment. Sheffield Health & Social Care NHS Foundation Trust’s bed capacity has reduced. As there is a planned programme of ongoing work which has been delayed by NHS England’s</p>	

involvement in the Back to Good journey, the trust has been relying on out of area bed placements. The trust is going out to procurement for an out of city bed offer which will have planned capacity. The team have been working with Sheffield Children's Hospital NHS Foundations Trust to implement a 24 hours helpline, which will be active from August 2021. A Children & Young Person's Complex Needs Keyworker role has been appointed to.

She gave members an overview of process and protocol improvements. Protocols between organisations have been agreed and escalation processes have been developed. Sheffield Health & Social Care NHS Foundation Trust now has a system in place to identify and monitor potential breaches. Proactive Case Meetings are also taking place; these have received positive reports.

She provided members an overview of the recent commissioning improvements linked to the current lack of a safe space for de-escalation for children aged 16-17; this is due to be piloted as a community offer. The Kooth Online Counselling Service has been extended and the team continue to work with voluntary sector providers. The team are currently working on a system of crisis buddies across older children and adults. The work around identifying Section 12 doctors to support Mental Health Act assessments is being extended. Offers have been made to both Sheffield Health and Social Care & Sheffield Children's Hospital NHS Foundation Trust to help fill commissioning gaps.

Barriers to progress include recruitment and retention. The city is reviewing methods to attract suitable candidates. There have also been some strained working relationships across the city; this is however working better compared to 18 months ago. The waiting list sizes are large. The Acting Assistant Director for Mental Health Transformation confirmed there is a scale of changes required across multiple parts of the system.

Mr Chris Taylor, Programme Manager, noted during August and September 2020 an engagement activity took place with frontline staff and the voluntary sector, and the future vision for crisis care was co-produced. He added there are twelve design principles which will be referred back to as the new model is designed. There is a cross-system Executive Programme Board in place and a Design Group which meets fortnightly.

He gave the committee an overview of 'Workstream 2: Building a Supportive Infrastructure'. Workstream 2 focuses on how to bolster the liaison team and 16-17 year-old crisis care safe space. Two provider bids are currently being considered.

He provided the committee an overview of 'Workstream 3: Improving accessibility to services and the quality of patient and staff experience'. A crisis passport has been developed alongside Chillipep. The team are looking at a crisis café and a crisis peer support model; funding is available for this and the specification is nearly finalised. Anonymised crisis care case studies are being pulled together to check for any gaps and validate the model.

He gave the committee an overview of 'Workstream 4: Improving comms and awareness'. A survey has been completed to map the referral routes of those in crisis and the data is due to be analysed.

He provided the committee an overview of 'Workstream 5: Improving data & intelligence and exploring digital ways of working'. The data intelligence dashboard is in the process of development and the focus is on shared cared records/digital ways of working.

Professor Mark Gamsu, Lay Member, welcomed the holistic way of working across the city but queried the relationship to Care Opinion with regards to hearing the voices of patients who have received crisis care. The Acting Assistant Director for Mental Health Transformation commented that the team wish to create stronger links to Care Opinion, although a lot of feedback is sourced from the voluntary sector. The Mental Health Partnership Board is due to be re-launched which should bring a stronger voice. She assured the committee the team are involved in a continuous cycle to improve and ensure feedback is fed in. The team are also due to do a specific autism focused deep dive.

Dr Leigh Sorsbie, Governing Body Nominated GP, commented she was saddened to hear the plans to commission more beds out of the city, and asked whether this was a temporary measure. She also queried whether the proposed changes were possible in the current time whilst the trust is working to 50% of vacancies and temporary staff. The Acting Assistant Director for Mental Health Transformation noted workforce is a challenge due to a national shortage of specialists. The recent inadequate CQC rating may also deter some candidates. Moreover, the complexity and demand mean that burnout is inevitable and more mental health professionals are likely to retire at age 55, the key is how we build the voluntary sector into the pathways. The work done through the Sheffield Psychology Board is helping to strengthen relationships. She noted it may be useful for the providers to think more creatively about the professionals in the city and pay more attention to the voluntary sector offer. The Deputy Chief Nurse noted the closure of beds is due to the temporary closure of wards for refurbishment, a move away from dormitories for gender safety and work on ligature risks. She added beds are currently spot purchased, however procuring an individual provider will see the continuity return and allows a single provider to be held accountable from a quality perspective.

Ms Judi Thorley, Lay Member, queried whether there is anything Lay Members can do to help the strained relationships. Dr Amir Afzal, Governing Body Elected GP, reported frustrations in primary care as it is difficult to navigate around the mental health care system. He queried whether it was possible to 'run a thread through the system to avoid delays and frustrations'.

The Acting Assistant Director for Mental Health Transformation thanked Ms Judi Thorley for her offer and agreed to reflect and discuss with the team.

The Acting Assistant Director for Mental Health Transformation noted the primary care mental health initiative is teaching us to work differently, adding we need to build on relationships and 'shake up' Sheffield Health and Social Care NHS Foundation Trusts' method of

	<p>delivery.</p> <p>The Medical Director raised concerns as he has witnessed a high number of mental health related patients in General Practice recently. He added the profile of this must be raised in the Accountable Care Partnership to ensure it is on their radar and review ways of attracting staff. He also queried what assurance has been received from NHS England that the Tier 4 bed capacity gap will be bridged.</p> <p>The Director of Finance noted part of the workforce challenge is exacerbated by the increase investment into mental health services in the past few years. She added looking at addressing things in a different way with an alternate workforce is key.</p> <p>Ms Trish Edney, Healthwatch Representative, queried whether the Psychiatric Decisions Unit was a new provision of beds, and asked how long a patient would usually remain there for. She also added the presentation did not appear to cover the provider's actions and focused on Sheffield CCG solving the problems. The Acting Assistant Director for Mental Health Transformation confirmed this is a system wide piece of work. She also added the Psychiatric Decisions Unit is an assessment unit and the maximum stay is 72 hours, although this is encouraged to be less.</p> <p>Ms Chris Nield, Lay Member, stated that she felt there was more that could be done from a community focus with the voluntary sector. The Acting Assistant Director for Mental Health Transformation agreed they are committed to doing this however added monies will need to be taken from another area to fund this. The Executive Management Group agreed to fund in the voluntary sector to give them the ability to sustain during this period. Thinking space has been invested in to continue to do this work.</p> <p>Mr Chris Taylor noted workforce will be on the agenda of future Design Meetings to create a creative approach to workforce development. He agreed the voluntary sector needs to be reviewed further as this could lead to a reduction in pressure on the acute services. He added barriers and referral routes must be considered to ensure patients have access to the support they need.</p> <p>The Chair thanked The Acting Assistant Director for Mental Health Transformation and the Programme Manager for the helpful insight provided. Governing Body received and noted the presentation.</p>	
82/21	<p>Commissioning for Outcomes South Yorkshire & Bassetlaw Policy</p>	
	<p>The Director of Commissioning Development presented the Commissioning for Outcomes South Yorkshire and Bassetlaw Policy.</p> <p>Governing Body were invited to consider the policy. The policy will be approved by Joint Co-Commissioning Committee Group as per the delegation agreement.</p>	

The Director of Commissioning Development presented an overview of the policy. She explained this is the second phase of the Evidence Based Intervention Programme, which includes a total of 31 tests, interventions or procedures whereby the evidence on effectiveness or appropriateness has changed. The Director of Commissioning Development quoted this was led nationally by the Academy of Medical Royal Colleges in association with the patient's association and has been signed off by the Expert Advisory Committee which is an independent group including clinicians', commissioners, patients and academics. This is being implemented across South Yorkshire and Bassetlaw. Sheffield has completed a full engagement exercise; Clinical Directors have reviewed the policy and it has gone through Clinical Reference Group for comment. The Local Medical Committee has also been involved and they questioned the monitoring and implementation of the policy. This is being worked on across South Yorkshire and Bassetlaw and the uptake of the policy will be monitored. The Individual Funding Requests team have been involved in this work and Dr Claire Freeman has also provided support.

Dr Leigh Sorsbie, Governing Body Elected GP, noted that she supports evidence-based medicine. She added she would like further assurance linked to the other areas in South Yorkshire and Bassetlaw that do not routinely commission certain areas of surgery for smokers or those with a Body Mass Index over 30. She was pleased Sheffield has a different policy and queried whether this will remain the same as delaying surgery increases complications and increases health inequalities. She also added there is an ethical problem in withholding treatment to encourage an individual to change their behaviour. The Chair agreed this should be fed back to Joint Co-Commissioning Committee Group.

Action: The Director of Commissioning Development to feedback back to Joint Co-Commissioning Committee Group.

SB

Dr Amir Afzal, Locality Elected GP, noted it is important to remember GPs deal with individuals rather than populations. He added the IFR panel does not copy patients into communications, which can lead to difficult conversations for the GP. Ms Dani Hydes noted this is a national policy, however agreed to feed it back and pick up at the next Governing Body.

Action: The Deputy Chief Nurse to pick up and feedback at September Governing Body.

DH

The Medical Director noted they have been given assurance that Sheffield will be treated differently in regarding to smoking/BMI and elective surgery. He added any proposed change would need to come back to Governing Body for approval.

The Deputy Director of Communications and Engagement queried the level of local involvement that has taken place, and asked whether there has been a change in offer. Dr Marion Sloan, Governing Body elected GP, noted if an individual is high surgical risk, the decision lies with the individual and the specialist. She added it is difficult to 'blanket all' when following patient centred care.

Ms Judi Thorley, Lay Member, noted Cheshire also had issues regarding IFR not copying patients into communications. She added the panel was asked to use a standard letter template and suggested this

	<p>may be something the Sheffield team may find helpful. Professor Mark Gamsu, Lay Member, queried whether Governing Body was assured the national quality impact assessments are fit for purpose, and queried whether a local one should be conducted if changes are made which effect the public.</p> <p>The Director of Commissioning Development noted although patients were involved in the process, she was happy to work alongside the Deputy Director of Communications and Engagement for further advice on patient engagement. The South Yorkshire and Bassetlaw variation is being managed at Joint Committee Integrated Care System level.</p> <p>Action: The Director of Commissioning Development to share the above comments with Directors of Commissioning and Joint Co-Commissioning Committee and bring back to September Governing Body.</p>	SB
83/21	Sheffield's Better Care Fund Annual Report 20/21	
	<p>The Deputy Director of Planning and Joint Commissioning presented an overview of Sheffield's Better Care Fund Annual Report 20/21. She explained that the Better Care Fund is a national programme whereby Local Authorities and Clinical Commissioning Groups have pooled budgets to contribute to services in Sheffield. Sheffield's contribution covers a wide area and exceeds the minimum contribution. The Better Care Fund is supported by a narrative plan and the ambitions remain the same. The Better Care fund operated on an interim plan during the past year, and due to the pandemic, a five-year plan is not yet available. The joint commissioning plan has been developed locally. The Joint Commissioning Committee has been established to support delivery, which has enabled significant amounts of investment into the city throughout the pandemic.</p> <p>She gave members an overview of what Better Care Fund achieved in 2020/21, including: continued strong work with the voluntary sector, sustained low numbers of delayed transfers of care figures, improved community equipment service, collective working on assessment process for people across Sheffield Health and Social Care NHS Foundation Trust and improving urgent responses.</p> <p>She noted funding for 2020/21 changed due to the pandemic. National reporting of many performance targets was stood down, however the internal team continued to monitor. Section 75 was used as a legal mechanism to manage money across the system, and the team continued to contribute more to the Local Authority, community and social care. The Better Care Fund planning submission was approved by the Chair.</p> <p>In terms of the 2020/21 outturn position, the budget was exceeded due to additional funds in Covid-19 grants. Some areas delivered under budget, for example People Keeping Well due to recruitment pressures and a disabled facility grant due to not being able to gain access to premises during the pandemic. Work is ongoing to review underspend.</p> <p>NHS England funding for 2021/22 will arrive in six monthly instalments. She did not expect the planning guidance to change significantly; adding</p>	

	<p>Sheffield will continue to contribute the minimum with uplift and additional funds. This is expected to continue to 2022/23.</p> <p>During 2020/21, the target for readmission in 90 days was achieved. Delayed Transfers of Care figures are increasing slightly due to current hospital pressures and a recovery plan is in place. Work is ongoing to ensure an equitable offer remain across the city for services.</p> <p>The Joint Commissioning plan for 2021/22 has identified priorities and collective work is ongoing to deliver the commissioning intentions and achieve integrated services. The team will also continue to respond to the pandemic and the impact of long Covid. The team are also working on reducing health inequalities which have been increased during the pandemic. There is a focus on ensuring services are accessible and personalised to the needs of the individual.</p> <p>Work is ongoing with Sheffield Health and Social Care NHS Foundation Trust and a Joint Commissioning Development Group has been established that are working on developing the outcomes framework. A Quality Governance Group has also been established.</p> <p>The team also continue to engage with providers and service users to ensure the services are meeting their needs and they feel part of any changes that take place.</p> <p>Action: The Director of Commissioning Development to feedback responses to operational plan and build into previous discussions. Action: Ms Karen Shaw to add Better Care Fund to forward planner late 2021.</p> <p>Governing Body:</p> <ul style="list-style-type: none"> • Noted the update on the programme • Noted the outturn budget for 2020/21 • Noted the development of the joint commissioning plan • Noted the delayed NHS England guidance and final template for 2021/22 plan • Noted the proposed budgets and priorities for 2021/22 	<p>SB KMS</p>
<p>84/21</p>	<p>Governance Report</p>	
	<p>Approval of NHS Sheffield CCG Constitution by NHS England</p> <p>The Associate Director of Corporate Services, noted Governing Body approved changes to the Constitution in January 2021. The Constitution has been approved by NHS England and published on the website. She thanked Ms Sue Laing (whom has recently retired) and Ms Carol Henderson, the new governance lead, for their hard work.</p> <p>The Governing Body noted NHS England's approval of the CCG's revised Constitution.</p> <p>NHS Sheffield CCG Management Letter of Representation</p> <p>Governing Body noted that the NHS Sheffield CCG Management Letter of Representations was signed by the Chair and Accountable Officer on 10</p>	

	<p>June 2021 and submitted to NHS England by the deadline of 9.00am on 15 June 2021 as part of the CCG's 2020/21 annual report and accounts.</p> <p>NHS Sheffield CCG Year End Assessment for 20/21</p> <p>The Associate Director of Corporate Services noted the narrative statement from NHS England as a result of the NHS Sheffield CCG Year End Assessment for 2020/21 will be shared with Governing Body when received.</p> <p>Governing Body noted the self-assessment submission for the CCG's year end assessment, the process for assessing the CCG's performance for 2020/21 and the consultation that has taken place for 2021/22 assessment.</p> <p>Process for NHS Sheffield CCG Governing Body Assurance Framework Reporting</p> <p>The Audit and Integrated Governance Committee has responsibility for approving the process for NHS Sheffield CCG Governing Body Framework Assurance Reporting. Due to the timetable of meetings, the first review period will be circulated via email before it comes back to Governing Body to ensure a sensible timeframe.</p> <p>Governing Body considered and accepted the Governing Body Assurance Framework reporting timetable for 2021/22.</p>	
85/21	Month 2 Finance Report	
	<p>The Director of Finance presented the Month 2 Finance Report. She reported the first financial plan for the year was approved on 1 March 2021 prior to confirmation of financial allocations for 2021/22. Governing Body approved the revised financial plan for the first six months of the financial year in May 2021, following confirmation of planning requirements and financial framework from NHS England. The report highlights the current position at the end of May 2021 and the forecast to the end of September 2021.</p> <p>The Director of Finance noted income assumptions need to be clarified, for example additional allocations from the hospital discharge programme are forecasted as £2.7million. Sheffield's share of elective recovery funds is forecasted at just under £1million. The team noted they must ensure these are realistic forecasts.</p> <p>The risks to delivery of the financial position are highlighted in Section six. The revised risk assessment has reduced the level of risk from £6million to £3million. This is because the actual prescribing spends in March 2021 was lower than allocated in the accounts. The VAT commitment estimates have also been revised. The delivery of the financial position is RAG rated as a range of risks remains to be managed.</p> <p>The arrangements for the second half of the financial year are to be confirmed. The Director of Finance highlighted it is important Governing Body members are cited on the CCG's statutory position to deliver a balanced financial position throughout the year. The indicative forecast for</p>	

	<p>the remainder of the year is included in the report. She noted she expects a national webinar with Directors of Finance over the next few days which may provide further information.</p> <p>Action: The Director of Finance to provide an update on ongoing financial position by email and on Sheffield CCG website.</p> <p>Ms Anthea Morris, Lay Member, referred to the uncertain position of month seven and twelve and queried whether we are doing anything different to other CCGs in terms of forecasting, and queried what else can be done to mitigate risk. The Director of Finance confirmed the next focus will be the recurrent commitments building on against previously published allocations. The Director of Finance works closely with Directors of Finance across South Yorkshire and Bassetlaw, and she confirmed there is increasing consistency in approach. The Chair concluded although there is uncertainty, Sheffield must be in a position to respond when the information is released.</p> <p>Governing Body:</p> <ul style="list-style-type: none"> • Noted the CCG's year to date and forecast spend (month 1-6 & month 7-12) • Noted the expectation that retrospective funding will be received for Hospital Discharge Programme and Elective Recovery Fund in H1 	<p>JM</p>
<p>86/21</p>	<p>Month 2 Performance & Delivery Report</p> <p>The Associate Director of Corporate Services presented the Month 2 Performance & Delivery Report. She confirmed there is movement in the right direction in terms of planned services and a small reduction. A high volume of patients with breast symptoms have been referred to Sheffield Teaching Hospitals NHS Foundation Trust, driven by a press story at the end of March 2021. An updated version of the data showing the link between Covid-19 cases in care homes and vaccinations is available in the report. There is also data showing great impact between total vaccinations and hospital admissions. She also thanked all who contributed to the efforts to increase the Data Security mandatory training figures to 97% and confirmed that the Data Security Toolkit was submitted by the deadline.</p> <p>Sapphire Johnson, Head of Commissioning, provided a deep dive update on the SEND (Special Educational Needs and Disability) programme. She reminded Governing Body that the Children's & Families Act 2013 places requirements on CCGs to provide services for children with SEND, subject to joint inspections by Ofsted and CQC. Inspections consider how effectively the experiences and needs of the children and young people have been understood and how they have been involved in decision making. The formal inspection took place in 2018, and a re-inspection was due in Autumn 2020, however this was delayed due to the pandemic. The re-inspection is now due in Autumn 2021. The following areas were highlighted as requiring improvement during the 2018 inspection: strategy (an implementation plan is now in place), communication with families, poor strategic oversight of SEND arrangements by CCG, weaknesses in commissioning intentions, quality and timeliness of EHC plans, inconsistencies of identifying, assessing and meeting the needs of young people with SEND, weaknesses in security and effective multi-agency transition for those with SEND. Concerns remain regarding the waiting</p>	

	<p>times for the autism service and CAHMS both of which have associated improvement programmes. There is further work to be done on the number of young people with an EHC plan not achieving as they should as they do not have a place in school (this has reduced from 40 to 16).</p> <p>She concluded good progress has been made since the last inspection, and the team are back on track with the improvement programme. The team wish to gather more evidence of impact and outcome and want a robust, sustainable plan which is fit for the future. Cases and the project will be discussed at Senior Management Team to progress the action plan and vision further.</p> <p>Governing Body agreed it would be useful to see qualitative data including patient stories and quantitative data including the autism waiting list figures. Action: Sapphire Johnson to circulate the requested data.</p> <p>Ms Judi Thorley, Lay Member, suggested it may be useful for this to come through the Quality Assurance Committee forum. Ms Sapphire Johnson thanked her for the offer and agreed this would be useful. Action: SEND programme to be discussed at QAC- Ms Sapphire Johnson to discuss with Ms Judi Thorley.</p> <p>Dr Leigh Sorsbie commented it would also be useful to learn how the issues are being dealt with and what the time frames look like. Action: Sapphire Johnson to pick up with Ms Lesley Smith and Dr Leigh Sorsbie.</p> <p>The Chair noted the inspection may need to focus on a system wide response as we move to more integrated ways of working.</p> <p>Governing Body noted the following:</p> <ul style="list-style-type: none"> • 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 Covid-19 and the vaccination programme • Progress of evaluating inequality and the associated data quality/completeness • Progress on the Special Educational Needs and Disability (SEND) programme 	<p>SJ</p> <p>SJ/JT</p> <p>SJ/LS/ LSO</p>
87/21	<p>Integrating Care</p> <p>The Accountable Officer, provided a verbal update on Integrating Care. She informed Governing Body that NHS England and Improvement have published their design framework for Integrated Care Systems which outlines the employment commitment for 90% of staff. The document had been published prior to the legislation going to Parliament to establish the Integrated Care System on a statutory footing and introduce the dissolution of Clinical Commissioning Groups.</p> <p>She reflected on the pandemic, commenting the subsequent learning helped the system move faster with integration/transformation. The Integrated Care System functions remain as expected: tackling</p>	

	<p>inequalities, minimising variation in access to healthcare, quality of clinical outcomes, making best use of available resources, acting as a partner to Local Authority colleagues and providing support to the journey towards sustainability.</p> <p>The Health and Care Partnership Board will act as the committee for NHS and the Local Authority and will be responsible for developing the strategy for integration. The NHS Statutory Board will be responsible for planning the delivery of the health components of this strategy. Governing Body was asked to be aware that future flow of funding and resources will go through the statutory body. The distinction between commissioners and providers will remain.</p> <p>Place partnerships between NHS, Local Council, Voluntary Organisations, residents, service users, carers and families will lead the design and delivery of integrated services. Governing Body was asked to note there is delegation with accountability to deliver against the outcome framework.</p> <p>Designated appointments to Chair and Executive/Non-Executive roles are due to be in place by end of September, other statutory roles by December. The ambition is to begin the 'new world' by 1 April 2022. 8% of staff do not have an employment commitment, which includes Governing Body members and any staff members directly accountable to an Accountable Officer.</p> <p>The Accountable Officer reported Sheffield CCG is holding listening events to support staff to ensure they remain informed. The changes are also covered in staff briefs and monthly drop-in sessions.</p> <p>She noted they are aware the period of staff uncertainty increases the longer the legislation is delayed.</p> <p>Governing Body noted the verbal update on integrating care.</p>	
<p>88/21</p>	<p>Reports Circulated in advance for noting</p> <p>Governing Body noted the following reports:</p> <ul style="list-style-type: none"> a) 2021/22 NHS Sheffield CCG Operational Plan including Commissioning Intentions (in support of main agenda item 8 (paper C) b) NHS Sheffield CCG Year End Assessment for 2020/21 (to support main agenda item 13 (paper H)) c) Integrating Care (to support main agenda item 16 (oral update) i) Health Executive Group Chief Executive's Reports May and June 2021 ii) Integrated Care Systems Design Framework iii) Integrated Care Systems Guidance on the Employment Commitment d) Report from Audit and Integrated Governance Committee (AIGC) e) Report from Primary Care Commissioning Committee (PCCC) f) Report from the Strategic Public Involvement, Experience and Equality Committee (SPIEEC) g) Complaints and MP Enquiries Quarterly Update h) Chair's Report 	

89/21	Any Other Business Governing Body had no further business to discuss.	
90/21	Summary of Meeting: Reflections from Governing Body	
	<ol style="list-style-type: none"> 1) The Chair reflected on the patient story and noted CCG must continue to work with local communities to tackle health inequalities and improve overall health. 2) The Chair noted the significant work in the mental health portfolio including the level of detail and number of work streams in place to improve crisis care. 3) The Chair noted the uncertainty surrounding the financial position and future governance arrangements and noted this must be monitored in the coming months. 	
91/21	Date and Time of Next Meeting	
	The next full meeting in public will take place on Thursday 2 September 2021 at 2.00 pm (details to be confirmed).	
	The Chair declared the meeting was closed.	

Appendix A: Glossary of Abbreviations and Acronyms

ACP	Accountable Care Partnership
BMI	Body Mass Index
CAMHS	Children and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
EHC	Education, health and care
ICS	Integrated Care System
IFR	Individual Funding Request
NHSE	NHS England
NHSE/I	NHS England / Improvement
SMT	Senior Management Team
SEND	Special Educational Needs and Disability
SCC	Sheffield City Council
SYB	South Yorkshire and Bassetlaw