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NHS Sheffield Clinical Commissioning Group

Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 14 January 2021 by videoconference

A

Present: (**voting members**)	Dr Terry Hudsen (TH), CCG Chair Dr Amir Afzal (AA), GP Elected Representative, Central Dr Nikki Bates (NB), GP Elected City-wide Representative Ms Sandie Buchan (SB), Director of Commissioning Development Professor Mark Gamsu (MG), Lay Member (Deputy Chair) Dr Andrew McGinty (AMc), GP Locality Representative, Hallam and South Mr Brian Hughes (BH), Deputy Accountable Officer Dr Zak McMurray (ZM), Medical Director Ms Jackie Mills (JM), Director of Finance Ms Anthea Morris (AM), Lay Member Ms Chris Nield (CN), Lay Member Dr Lisa Philip (LP), GP Elected City-wide Representative Dr Marion Sloan (MS), GP Elected City-wide Representative 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
(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 (up to item 13/21) (Ms Carol Henderson (CRH), Corporate Secretariat and Business Manager (Minutes) Ms Dani Hydes (DH), Deputy Director of Quality (on behalf of the Chief Nurse) Mr John Macilwraith (JMcI), Executive Director of People's Services, Sheffield City Council Ms Jennie Milner (JMilner), Head of Integration (for item 16/21) Ms Judy Robinson (JR), Chair, Healthwatch Sheffield Ms Eleanor Rutter (ER), Consultant in Public Health, Sheffield City Council (for item 15/21) Ms Lorraine Watson (LW), Locality Manager, West Mr Paul Wike (PW), Locality Manager, Central

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

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

Minute No:	Agenda Item	ACTION
01/21	**Welcome, Introductions, Apologies for Absence and Confirmation of Quoracy** The Chair welcomed members and those in attendance to this meeting	

of the Governing Body. He especially welcomed Ms Judi Thorley, the CCG's new Lay Member, and Ms Dani Hydes, Deputy Director of Quality, who was attending the meeting on behalf of the Chief Nurse, to the meeting.

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

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

Apologies for absence from voting members had been received from Mr Alun Windle (AW), Chief Nurse.

Apologies for absence from those who were normally in attendance had been received from Mr Nicky Normington (NN), Locality Manager North, and Mr Gordon Osborne (GO), Locality Manager, Hallam and South.

The Chair declared the meeting was quorate.

02/21 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). The Chair also reminded members that not only would any conflicts of interests need to be noted but there would also need to be a note of the action taken to manage this.

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The Standards of Business Conduct and Conflicts of Interest Policy and Procedure can be found at: http://www.sheffieldccg.nhs.uk/our-information/documents-and-policies.htm

Declarations made by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available either via the secretary to the meeting or the CCG website at the following link: http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm

The Chair advised Governing Body members that he had updated his individual declaration of interests form to reflect that he had now left his post at the University Health Services practice and taken up a new post at Porterbrook Medical Centre with effect from 11 January 2021. Governing Body noted that the register of interests published on the website would be updated shortly to reflect this change.

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

03/21 Questions from Members of the Public

There were no questions from members of the public.

04/21 Chair's Opening Remarks

The Chair advised that it was a very full agenda this afternoon so would try and keep to schedule, noting that for Governing Body's wellbeing and to set an example to CCG staff, a comfort break part way through the meeting had been factored in.

He reflected that due to the Pandemic we found ourselves with ongoing challenges both as individuals and as a health system. He advised that Governing Body would hear later in the meeting how the health and care system in Sheffield had already responded to the impact the Pandemic had had on its population, and how some of that might be reflected in our priorities going forward. With regard to the COVID vaccination programme, he reported that in Sheffield GP colleagues had already given vaccines to people over 80 years of age, people in care homes and front line health and care workers, and our hospital colleagues were also vaccinating their own staff. He suggested that Governing Body might wish to express their thanks to all those people involved in the vaccination programme for keeping people healthy and safe in Sheffield. He also reminded members that vaccines were one of the most effective public health interventions that could be offered to keep people safe and therefore encouraged people to take up of the offer of the vaccination when they were contacted.

Finally, the Chair advised that in December 2020 NHS England / Improvement (NHSE/I) had issued guidance that set out proposals for integrating care. The CCG was working with its partner organisations in Sheffield and South Yorkshire and Bassetlaw (SYB) to understand how we could begin to work together in a more integrated way for the benefits of the system. An update on some of this would be given later in the meeting.

05/21 Approval of Unadopted Minutes of the Previous Meeting held on 5 November 2020

The unadopted minutes of the meeting held in public on 5 November 2020 were agreed as a correct record and would be signed by the Chair at a later stage, subject to the following amendments:

a) Welcome, Introductions and Opening Remarks (minute 12/20 refers)

Second sentence of final paragraph to read as follows:

He assured members of the public that during lockdown, GPs and their practices were still open and available and that if people were suffering from illness they were concerned about, they could and should speak with their GP practice or go through one of the multiple portals they have in primary care through which patients could access care if they have concerns.

b) Ms Forrest, Lay Member (minute 145/20 refers)

Third and fourth sentences to read as follows:

He commented that she had been a critical friend to the CCG and had been relentless and passionate about bringing the public voice to everything we do, and had always been a staunch advocate of the Voluntary, Community and Faith (VCF) sectors, and carers and the important role they have to play. She had been a friend, mentor and a wise counsel to many people on a personal level and had never been afraid to provide constructive challenge where it was due or needed.

In addition, to the amendments noted above, the Chair thanked the committee secretariat for including a Glossary of Abbreviations / Acronyms used throughout the minutes. An amendment to the email address included on Governing Body agendas that were published on the CCG's website was also requested.

Action: Committee Secretariat **CRH**

06/21 Matters Arising / Actions

a) Public Question Relating to Current Levels of Vacancies and Agency Staffing within Provider Services (minute 122/19 refers)

The Deputy Accountable Officer explained that the issues around agency spend and vacancies would be picked up through the Accountable Care Partnership (ACP) Work Group, but that that group was still paused and probably wouldn't be meeting in the near future, therefore, this action would remain open.

b) Future Sponsorship Proposals Over £5k (minutes 99/20 and 116/20 refer)

The Chair advised that item 99/20 would remain open until item 116/20 was closed. With regard to the latter, he advised that he had had some discussions with members of the Medicines Management Team (MMT) and noted that there were some papers that had been recommended by NHSE/I. He reported that this item would be reviewed again in March this year, and therefore these actions remained open.

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

With regard to how we were working together with Sheffield City Council (SCC) to provide services to patients as a whole package, the Executive Director of People's Services, SCC, reported that he had met with the Deputy Accountable Officer, and GP Elected Representative, Central, to discuss how they could encourage a more flexible approach to conversations around care packages when interim arrangements that were beneficial to an individual were incorporated without undermining the whole package of care. He noted that it may be more common than just the isolated incident reported to Governing Body in November. He suggested he have a conversation with his colleagues in the service about providing an update as part of a patient story at a future Governing Body meeting and to find a good exemplar as to where practice had

changed and the positive impact it had had on the patient. He would speak to the Associate Director of Corporate Services about when it would be appropriate to do this. In light of this, it was agreed that this action would remain open.

d) Reports Circulated in Advance for Noting: Report from the AIGC - Limited Assurance Report (minute 144/20(e) refers)

Ms Morris, Lay Member, explained that she had discussed with Dr Sorsbie, GP Elected City-wide Representative, her suggestion about taking the Limited Assurance report to the Inequalities Working Group for review. As Dr Sorsbie was now taking this forward with Professor Gamsu, Lay Member, she was recommending this action could be closed.

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

07/21 Lay Members Appointments and Deputy Chair

The Chair gave an oral update and was pleased to report that Ms Judith Thorley had been appointed as Lay Member of Governing Body following the retirement of Ms Amanda Forrest at the end of December 2020, and Professor Mark Gamsu, Lay Member, had been appointed as CCG Deputy Chair. Both appointments were with effect from 1 January 2021.

Governing Body noted the update.

07/21 Patient Story

The Deputy Director of Quality introduced this item. She advised that the story gave an insight into the impact that COVID had had on the most vulnerable people in our communities, and the story had been written by one of our staff members, Ms Nicole Smith, and she thanked Ms Smith for her work on this. She explained that the words in the two stories had been taken direct from the transcriptions of interviews undertaken in 2020 with a patient and a member of staff at The Refugee Council about their experiences with interpreting services commissioned by the CCG. She assured Governing Body that the patients were being listened to and their experiences would shape the new interpreting service.

The patients fed back how they valued their experiences being heard, valued and understood. Language always caused a barrier when trying to get to see a doctor as everything was in English. Their children could sometimes work out the time and place of where the appointment was to be held and they had also been able to go to The Refugee drop in and ask for help. However, now that wasn't there they struggled. There was more that could be done to provide language support and it felt like if they had the language it would solve all of their problems as they would be able to read the leaflets and the internet. Without the language it was frustrating and they felt they were nothing. The patient reported that they had once had a video call with a doctor but if their son hadn't been there they wouldn't have been able to do it as they weren't good at using technology so needed to think about how to solve that problem.

There was also a need for psychological support for everyone. At the moment people were so distressed watching the news and seeing the numbers of people that were dying or infected with COVID, and this caused stress.

The staff stories fed back that one thing that had been difficult was the message about protecting the NHS but for those patients that didn't speak English they had been scared that they would be overwhelming the GPs or the NHS or that they would catch COVID. It had to be explained to them that they wouldn't go and see a doctor, the doctor would ring them, but they felt this was unfair as they couldn't explain things through a third person and so wouldn't get the right diagnosis. There was also an issue about gender of interpreters and reported that a female client had one had a male interpreter for a gynaecological appointment. Patient feedback was that some of the interpreters provided on the NHS weren't qualified and couldn't interpret what the patient was saying and so the staff were worried that patients had come away feeling they'd not been understood and hadn't understood what they'd been told.

The patients needed to be shown how to use the technology as although Zoom might work for professionals, it didn't work for everyone and it was assumed that people had phones and could just turn on Zoom but some of their clients don't have that. There was also something about it being harder to communicate with a GP on the phone rather than face to face, which was worrying as a lot of services have changed in this way to video calls so people that don't know how to do it miss out in this way. There are also so many cues for a health professional if they see someone face to face, for example they can see if someone is unkempt or appears depressed, and this creates one of the biggest barriers.

Clients had also described that felt they had been forgotten and had disappeared off their GP's radar but no-one had checked why.

Governing Body thanked all those concerned for pulling this presentation together. The GPs raised and discussed the following issues.

Dr Afzal felt the GPs could all identify with what had been said and that nothing had been said that he hadn't already heard. He commented that unfortunately those that needed the help the most were the ones that made the biggest sacrifice and ran the risk in crises like the Pandemic, and it was about finding that two minutes just to call someone to make that connect with them.

Dr Sorsbie reported that her practice had a lot of interpreting use and she stressed the importance of really good quality interpreting services which would make a huge difference to both the clinician and patient. She also highlighted that cross cultural work was more than having an interpreter involved and the CCG needed to be mindful of that when thinking about different ways of resourcing practices that served different demographics.

Dr Sloan reported that the interpreting services her practice had experienced had been very good and that they go on Language Line and it was possible to do the calls by telephone, and they could nearly always get people straight away. She agreed that it was correct that

clinicians could miss out on all the subtle clues. She reported that her practice had continued to prioritise women's health, including support for sexual health and family planning. Finally, she advised Governing Body that there was also the volunteer service in Heeley which had been keeping in touch with people when primary care might not always have had the time, this was a very valuable, but under utilised resource.

The Deputy Director of Communications, Engagement and Equality reminded Governing Body that the CCG would be recommissioning the interpreter service during the summer / early autumn and all these views would help to inform and shape the new contract.

Ms Nield, Lay Member, commented that it was a vital area of work that could make such a huge difference and we needed those good services and also had that voluntary and community engagement that made a difference.

The Deputy Director of Communications, Engagement and Equality and Deputy Director of Quality were asked to pass on thanks on behalf of Governing Body to those people that had participated in the interviews and to assure them that the information Governing Body had heard would be considered as the CCG moved forward.

Action: Deputy Director of Communications, Engagement and Equality / Deputy Director of Quality **LE/DH**

Finally, the Chair summarised that we needed to consider the cultural sensitivity when we were designing and commissioning services, the reliance on that partnership on families communities and the voluntary sector, and digital inclusion and an unintended consequence around the way we were all having to work at the moment which meant that a number of people were facing barriers to the way they were accessing health services at the moment. There was also something about the way people could equitably access health care at the moment whilst we were protecting core and critical functions in the NHS, which meant that people may still not be coming forward with health concerns.

08/21 Review of NHS Sheffield CCG Constitution, including Review of Governing Body Member Roles and Committee Terms of Reference

The Associate Director of Corporate Services presented this paper which asked Governing Body to recommend proposed changes to the NHSE/I for formal approval. She drew Governing Body's attention to the full Constitution that had been circulated separated as part of the supporting information pack and explained that only those changes that had been added or removed were highlighted as tracked changes.

She highlighted that the changes to the CCG's executive structure only impacted the optional additional members to the executive team and didn't impact the minimum membership requirements, there were changes to practice details, and, with the exception of the Quality Assurance Committee (QAC) which would be reviewed shortly, all Governing Body Committees and Sub-committees had reviewed their Terms of Reference (ToR), which were included in the pack. An explanatory note had been included on the cover report relating to a further change that had been made to roles descriptions, which had

been removed from our Constitution to bring them in line with both the national model Constitution, which didn't include roles, and the three other South Yorkshire CCGs.

With regard to materiality, she explained that the Constitution made it clear that these changes could be approved by Governing Body without the need to consult the practice Membership unless the changes were considered to be material, for example a change to the number of GP voting members or the role of the CCG Chair. Whilst noting that there still some final changes to be made with regard to the numbering of sections and paragraphs and sections, she advised that as none of the proposed changes were considered to be material, she was asking Governing Body to approve them and recommend them to NHSE/I for formal approval, following which they would be shared with Member practices and published on the website.

In response to a question from the Chair, the Associate Director of Corporate Services explained that it was planned to submit the current version of the QAC Terms of Reference as part of the suite of papers, with any proposed changes to be brought back to Governing Body for approval once they were reviewed. Ms Thorley, Chair of the QAC, advised Governing Body that whilst proposed changes had already been made to the ToR, further changes needed to be made to reflect discussions at the QAC's development session in December and lessons learned from the reflective review of Sheffield Health and Social Care NHS Foundation Trust's (SHSCFT) Care Quality Commission (CQC) rating, which she had taken forward as incoming Chair of the QAC, and an update from this review would be included as part of the March Patient Safety, Quality and Experience Report.

Professor Gamsu, Lay Member, explained the process that had been undertaken for the review of the ToR for the Strategic Public Involvement, Experience and Equality Committee (SPIEEC), which had included a workshop organised by the CCG's communications and engagement team to hear the voice of the public and the ACP. He stressed the importance that the voice of the public was heard as strongly as possible.

The Director of Finance suggested submitting to NHSE/I whatever Governing Body approved today and then to keep a record of other proposed changes to submit at a later stage. She explained that in March the Audit and Integrated Governance Committee (AIGC) would undertake its annual review of the CCG's Scheme of Reservation and Delegation (SoRD) and Prime Financial Policies (PFPs) and there were likely to be some changes from that.

Governing Body:

- Confirmed that the proposed changes to the Sheffield CCG Constitution did not have any material impact and therefore there was no requirement to seek the views of Member practices
- Recommended the proposed changes to the Constitution for formal approval by NHS England / Improvement

09/21 Re-enactment of Standing Order 2.2.5(d)

The Associate Director of Corporate Services presented this paper. She

reminded Governing Body that in March 2020 they had approved suspension of Standing Order 2.2.5(d) (Lay Members Term of Office) to enable the extension of two of the current Lay Members' Terms of Office and explained that as appointments had now been made to those two posts that extension was no longer needed.

Governing Body approved the re-enactment of Standing Order 2.2.5(d) under the provisions of Standing Order 3.9.

10/21 Governing Body Assurance Framework Quarter 2 Update

The Associate Director of Corporate Services presented the Governing Body Assurance Framework (GBAF) Quarter 2 update to Governing Body for review. She explained that the report covered the period up to 23 November 2020 and the information had been reviewed by the Senior Management Team (SMT) and AIGC. She reminded members that this was Governing Body's most important document and that the purpose of the report was to provide assurance to Governing Body that the organisation was taking appropriate actions to mitigate risks to the achievement of the organisation's high level objectives. She highlighted the following:

One risk linked to financial challenge had reduced in score and another risk had increased, with both of these changes linked to the impact of the Pandemic. A new risk relating to a delay in flu vaccinations had been added, although the understanding was that this was now no longer a risk. A new risk relating to the supply of COVID vaccines had been added to the corporate risk register and it was thought might also be added to the GBAF.

She explained that at SMT it had been pointed out that the use of black to highlight the highest level of risk in both the GBAF and risk register should be reviewed given that this had association with negative connotations and was something we'd want to move away from. However, this would need a discussion at the AIGC as it would require a change to the CCG's Risk Management Strategy. She also explained that the Head of Internal Audit Stage 2 review confirmed that the GBAF and its format remained fit for purpose and covered the majority of the required elements. She drew Governing Body's attention to the detail set out within the attached CCG Benchmarking report and the possible areas for future review.

She also asked members to complete the Internal Audit Governing Body survey if they hadn't already done so and reminded them that the deadline to do this was by close of play the following day and for ease would forward on the previous email that had been circulated.

Action: Associate Director of Corporate Services **CT/All**

Dr Sorsbie, GP Elected City-wide Representative, highlighted that she couldn't see a mention of health inequalities which had always been quite central in the GBAF in the past. The Associate Director of Corporate Services explained that the first three principal risks in the main body of the paper were the ones that related to this and came under strategic objective 1: to reduce the impact of health inequalities on people's health and wellbeing through working with SCC and partners.

In response to a suggestion from the Chair asking if future presentations of the GBAF could come with an index against the risks for Governing Body to be able to link them back to the strategic objectives, the Associate Director of Corporate Services agreed to set this out in the body of the report.

Action: Associate Director of Corporate Services **CT**

The GP Elected Representative, Central, asked how much we could do to proactively minimise the risk of the Pandemic and specifically the risk about the COVID vaccine that had been highlighted earlier now that we had some national guidance as to what we should be doing, whilst allowing the CCG to have some local flexibility to meet its needs. The Chair responded that this was an important point but probably not one that could be answered in the meeting and was about as to where the accountability for supply of that vaccine programme lies, which wasn't actually at local Place.

The Accountable Officer explained that we know that we have a risk and the nature of that and know that it is coming and the mitigations we would need to put in place. This goes back to that we know we are in a national system of Command and Control and nationally they would say that they have a clear determination of the mitigation of all the risks. However, this risk may well come back when we get to vaccinating cohorts 5 to 9.

Ms Morris, Lay Member and Chair of the AIGC, requested an update on the 16 overdue actions referred to section 6.1. She also commented that there didn't seem to have been any new actions added and suggested we would want to reassure the public that there were some new actions that weren't currently on the list that would help reduce our risks that. She explained that the December AIGC had looked at how the action log could be made more 'live'. The Associate Director of Corporate Services explained that we were just about to start reviewing Quarter 3 and should be able to report on this shortly. She also explained that a lot of actions had been put on the corporate risk register to make sure that all of the Command and control risks had been captured, which would all be linked to the GBAF and she would link with Ms Morris about how to bring some of that back into future reports to Governing Body.

Action: Associate Director of Corporate Services / Ms Morris, Lay Member **CT/AMo**

Ms Nield, Lay Member, reflected on the progress made on the flu vaccination programme risk and she acknowledged the exceptional work that had been undertaken through primary care to do that and the feedback from the public as to how efficient and safe the process had been.

The Medical Director highlighted that the programme had been done in record time with record coverage and reported that around 85% of the over 65 age group had been vaccinated, above the target level, and most of the other cohorts had been twice as many as would normally have been vaccinated. He reported that there was a very small

incidence of flu at the moment, which was a combination of the vaccination programme, wearing masks, and social distancing. Ms Thorley, Lay Member, congratulated the CCG's Primary Care Development Nurses (PCDNs) for how they had worked with practice nurses to respond to the flu vaccination campaign.

The Chair asked Governing Body to note this significant work that had been undertaken in GP surgeries and community settings and to thank all the clinical staff involved. He noted the communications that had been sent out both from the CCG and the health and care providers in Sheffield, and particularly the communication that was targeted at groups that might be at higher risk but were less likely to present for vaccination.

Governing Body:

- Reviewed and commented on the Quarter 2 GBAF
- Noted the new high level risk added (2.6 flu vaccinations)
- Noted the actions and recommendations from the Head of Internal Audit Stage 1 review
- Noted the detail set out within the 2020/2021 CCG Benchmarking Report and the possible areas for future review
- Agreed to support the annual Head of Internal Audit Opinion statement by completing the Internal Audit Stage 2 survey for Governing Body by 15 January 2021

11/21 Month 8 Finance Report

The Director of Finance presented this report which provided an update on the financial arrangements in place for second half of the financial year and the financial position at Month 8. She highlighted the following:

The Integrated Care System (ICS) on behalf of the CCGs had raised a series of issues with NHSE/I on the shortcomings of the financial model calculated for Months 7 to 12. The Director of Finance advised that she was able to report that £3m for SYB had been secured in response to this. She explained that this was currently shown on our books as host to the ICS, although it was there to balance the system as a whole and so there was the possibility of it moving to other parts of the system. She reminded Governing Body that NHSE/I's focus was on the system's financial position.

The Director of Finance advised Governing Body that as a CCG we continued to report a financial balance for the full year. She explained that the paper set out the key issues on the services the CCG commissioned and she particularly highlighted two changes relating to primary care. The first was to note a late adjustment to our Months 1 to 6 allocation and the additional role reimbursement scheme which meant that the total resource for that budget had reduced although we had continued to forecast the same level of expenditure which meant there was a slight overspend.

The second issue related to £1.4m additional funding received in Sheffield in November to support pressures within primary care. The CCG had agreed that most of this would be sent in December to those practices that had signed up to deliver the enhanced service for COVID

vaccinations.

The Director of Finance highlighted to Governing Body the remaining risks we were managing to the end of the financial year, we were still balancing a significant amount of risk and uncertainty. We were still awaiting confirmation of the hospital discharge programme funding and she explained that had been working with our system partners for a number of months to make sure that those patients that could be discharged from hospital could been done so as quickly as possible and with appropriate discharge arrangements. She also advised that whilst we continued to forecast an overspend on prescribing it had reduced over recent months although we still had a significant risk around medicines supply relating to the EU Exit.

Finally, the Director of Finance was also pleased to be able to report that we had received confirmation of additional allocations coming into the CCG that we hadn't previously anticipated, which had helped to improve the position.

Governing Body:

- Considered the financial position at the end of November 2020
- Noted the risk assessment and existing mitigations to manage the risks to deliver a break even position

12/21 Patient Safety, Quality and Experience Report

The Deputy Director of Quality presented this report and highlighted the following key issues.

Transmission of COVID-19

The number of cases and people being admitted to hospital continued to increase substantially in Sheffield and across the country. There had also been a rise in the number of cases in care homes and support to them continued to be delivered to them through our joint working with SCC.

St Luke's Hospice had had re-established their weekly care home managers forum and were planning some more educational training sessions with them.

Never Events / Serious Incidents (SIs)

No Never Events had been reported in October or November. The CCG was seeking some assurances from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) in relation to serious incidents reported during the same period.

Continuing Healthcare (CHC)

The team had picked up some ongoing work around the reassessment of CHC patients following the reinstatement of the CHC Framework from September 2020. She explained that the paper explained that 129 cases had been left to complete in November 2020 but this had now reduced to 62. However, the trajectory for completion of these had slipped to the end of February rather than January. She explained that

some of this related to problems with accessing records from care homes and we were actively working with those homes as to how to support them to gain that information through working with SCC and families.

Safeguarding

Working with the CHC nurses and DoLs lead, the CCG's Named Professional for Safeguarding was reviewing identified cases where the CCG was responsible for Deprivation of Liberty Standards (DoLs) and court applications due to delays.

Dr Sorsbie, GP Elected City-wide Representative, referred to the paper that reported on the ongoing audit around safeguarding and asked if there was a feel or measure about the current safeguarding situation in Sheffield The Deputy Director of Quality explained that the audit was specifically around the DoLs and what they had done was that the Safeguarding lead had gone through a number of cases to pick out those that were deemed to be high risk high. At the moment there were three of these which she was picking up with the CHC nurses and she would be happy to provide more detail on this if required.

Dr Sorsbie also asked if there was a measure or feel on Safeguarding generally for both children and adults in Sheffield. The Deputy Director of Quality responded that although she hadn't received any further concerns or updates, there had been some slight safeguarding concerns in STHFT and SHSCFT which were being followed up through the QAC and Quality Review Groups. Ms Thorley, Lay Member, advised Governing Body that these issues would be discussed at the next QAC meeting following similar concerns raised at their previous meeting.

Governing Body received and noted the report.

13/21 Month 8 Performance and Delivery Report

The Associate Director of Corporate Services presented this report which updated Governing Body on key performance, quality and outcome measures for our providers and staff, and linked to COVID. She highlighted the following key areas:

With regard to impact on COVID on other services, work had been taking place in the acute sector over the past few months to try and clear the backlog of activity. In respective of people waiting for planned treatment there had been an improvement in performance for people waiting over 18 weeks from referral to treatment and in waiting times for people waiting for diagnostic tests and in cancer waits. There were also areas where performance continued to reduce, for example the number of people waiting over 52 weeks for treatment.

The Associate Director of Corporate Services reminded Governing Body that in November 2020 they had received a presentation in private from members of the CCG's COVID Learning Group when it had been agreed that individual Governing Body members would contribute to the workstreams based around the key themes the group had agreed and advised that a number of Governing Body members were now involved in this. She explained that there were three projects taking place that

overlapped with the work of the COVID Learning Group and were around preparing to return to work at 722 and how flexible working in the future would work, preparing for integrated care and being clear on what functions within the CCG are, and reviewing the CCG's meeting culture. At the initial meeting that had taken place they had agreed to map the themes from the COVID Learning Group into those three projects, which was a piece of work that would be ongoing for the next couple of weeks. She would send feedback from this to Governing Body.

A new section around inequalities had been introduced into the report and she welcomed any suggestions on how this section could be improved. She highlighted that this month's report included some staffing information based on our data sets against the protected characteristics measured in our Equality Impact Assessment (EIA), and had included some STHFT data as to whether they had those characteristics in that data set and, if they did, what the quality data was looking like.

Finally, she reminded Governing Body that at the February development session she planned spending some time on the CCG's Digital Strategy and Digital thinking and its link to inequalities, including what the current challenges and successes were.

Governing Body raised and discussed the following issues:

Reflecting on the earlier patient story, Ms Thorley, Lay Member, asked about the IAPT data, appreciating that this was local, and wondered if something was already happening in terms of linking with the voluntary sector in terms of what they could do to help in terms of mindfulness self help, especially as the IAPT figures indicated an increase in referrals and access to the service, but also in terms of having interventions and working towards some way of recovery. She asked what the figures were telling us from a performance perspective. The Director of Commissioning Development explained that as part of the 2021/22 joint mental health commissioning intentions the CCG and SCC had considered what the impact of COVID had had on both the population and staff members, and how we planned to meet those demands, with these to be presented to Governing Body in the private session as part of the draft Operational Plan.

From a clinical perspective, the Medical Director advised that as he wasn't fully sighted on this if Ms Thorley would like more information it could be discussed with the CCG's Clinical Director for Mental Health and Learning Disabilities services as his team had been a lot of work on this. His understanding was that they'd managed to maintain a lot of the activity and responsiveness throughout COVID and that there had been extra investment in to some other areas.

With regard to the state of the NHS and the current state of the Pandemic, the Deputy Accountable Officer advised that in terms of recovery and the ability to maintain some level of performance in terms of waiting lists, given what was being played out in the media at the current time, the UK alert level had been raised from 4 to 5, the highest level, which had resulted in a communication sent out across the NHS the previous night. This had brought us into a new operational guise in terms of critical capacity for which we would start to see mutual aid and support being provided across the country which meant we would see

some movement of patients. With regard to performance, he explained that we would start to see another impact on some of our elective services and a rationalisation and prioritisation of some services. In summary, he advised that we would seek to reflect and provide services to our population and may also be called upon to provide support to our neighbouring organisations.

Professor Gamsu, Lay Member, welcomed section 3.1 that provided an update on COVID but asked, in light of the constantly changing situation, a corrective update could be provided. He also asked if an explanatory note could be provided as to the meaning of Pillars 1 and 2, given the report was available in the public domain. He also commented that in the table at section 4.1 it was concerning that under Disability recording for inpatients at STHFT they had only had been rated as Amber and questioned what that interpretation of Disability meant and what we were looking for. The Chair explained that there was a legal definition of this in the Disability Act and would be happy to pick that up with the Associate Director of Corporate Services outside of the meeting.

Action: CCG Chair / Associate Director of Corporate Services **TH/CT**

Dr Sorsbie, Lay Member, asked if we could consider having some service user involvement when we were thinking of health inequalities and digitalisation of services as we only usually heard from people who managed to find their way through the system but from the earlier story Governing Body had hear that it wasn't working well and so needed to capture those views as well. The Associate Director of Corporate Services responded that she would speak to the Deputy Director of Communications, Engagement and Equality as to how best to link that development session presentation with patient stories.

Action: Associate Director of Corporate Services / Deputy Director of Communications, Engagement and Equality **CT/LE**

The Chair of Healthwatch Sheffield welcomed having qualitative information to sit alongside the data to inform it and made a plea as to how that could be integrated. She also reported that there was also some information available in the public domain relating to a national project about the use of digital applications, particularly for Long Term Conditions (LTCs) and a project across Sheffield that Healthwatch had been involved in, which had had some important learning.

With regard to mental health, Ms Nield, Lay Member, advised Governing Body that there was a lot of planning work going on around a piece of work using the Public Health England (PHE) surge model and what the needs were and what would be needed for Sheffield.

Finally, in response to a request from the GP Locality Representative, Hallam and South, the Associate Director of Corporate Services advised that she would ensure that the health checks links included on page 16 of the report were made publicly accessible on this and any future reports.

Action: Associate Director of Corporate Services **CT**

Governing Body:

- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Noted key issues relating to the CCG workforce and their views and experiences
- Noted the position statement regarding COVID-19
- Noted the planned work on monitoring and reporting health inequalities

14/21 Communications and Engagement Quarterly Update

The Deputy Director of Communications, Engagement and Equality which provided a summary of communications and engagement activity and impact between July to December 2020. She presented the key highlights.

The engagement session reported on the Oversight Framework results for the CCG and an overall rating of Good, with the engagement given a Green star which equated to Outstanding and was up from Good the previous year.

Pages 8 and 9 of her report complemented the Rapid Health Outcome Assessments that would be discussed later in the meeting and related to about a piece of engagement undertaken by the team. This was a representative sample telephone survey with people and community outreach with the community and voluntary sector asking them what impact COVID, the first lockdown, and changes to services (ie the move to digital, closure of branch services, etc) had had on them.

She advised that one of the questions people had been asked if they would be less likely to access services than before the last lockdown and a third of the people that had responded had indicated that they would be less likely to access services. Twenty percent of people had said they weren't confident in using health services as they weren't confident they were safe, and this lack of confidence was much higher in the Black, Asian, Minority Ethnic (BAME) community. Although the vast majority of people had said they way were happy with the move to telephone services, particular in primary care, there were big differences from responses by different groups, for example the deaf community had issues with telephone services and older people had had less positive experiences. People that were experiencing domestic violence had also reported negative experiences online and by telephone.

People had also been asked what impact delays on access to services had had on them and over a quarter of people had said they had developed anxiety due to the delay in treatment or care and there had also been a well reported decline in people's mental health.

With regard to next steps, the Deputy Director of Communications, Engagement and Equality explained that this feedback would feed into the Commissioning Intentions, and the CCG would lead on a piece of work to pull together one report for the city to use that would include this piece of work, the Rapid Health Outcome Assessment work, and work that Healthwatch was doing.

The GP Locality Representative, Hallam and South, reflected from his morning surgery that due to the inclement weather their phone lines had been busier than they would normally have been, which they had taken to be a good thing in that people were becoming more confident in using that way to contact their GP to be able to see them in a different way than they had done before. He commented that it was especially reassuring to see that the older population of Sheffield were still accessing those services.

Dr Philip, GP Elected City-wide Representative, commended the engagement team on their Outstanding rating, especially as in a difficult situation they'd gathered a lot of information and developed relationships with organisations in the voluntary and community sectors and the information they'd gathered would be invaluable to the CCG in its planning. The system wide approach they were taking could only be a positive thing as it would mean they would have a common understanding of what was happening across the city.

Dr Sorsbie, GP Elected City-wide Representative, advised Governing Body that they had reviewed the report in the SPIEEC and had been asked to be mindful that the experiences from the BAME were quite diverse and there was some nuanced information in the responses from the different communities within this group and even within those communities some different inter-generational views.

Finally, the Chair thanked the Deputy Director of Communications, Engagement and Equality and her team for all the hard work they had undertaken to this piece of work together.

Governing Body received and noted the report and the work undertaken and its impact.

15/21 The Impact on Health and Wellbeing in Sheffield of the Covid-19 Pandemic and Subsequent Societal Response to it

The Deputy Accountable Officer introduced this item and explained that the report had been commissioned by the Health and Wellbeing Board, of which the CCG was a partner, at the beginning of the COVID-19 Pandemic and its aim was to document the first wave of the Pandemic and to mitigate the worst effects of second and subsequent waves. He welcomed Ms Eleanor Rutter, Consultant in Public Health, Sheffield City Council, to the meeting to present the key findings of the report.

Ms Rutter explained that it was a report put together by in excess of 100 people and was in lieu of a Director of a Public Health annual report on the health of the population of the city which he had a statutory duty to produce, which would be produced in the summer and be based on a Pandemic from a public health point of view. She advised Governing Body that the report had been presented to the Health and Wellbeing Board in June who had been very supportive about the thrust of the report, that we were now in the third wave, and that the number of COVID-related deaths had more than doubled since June and the current wave had still not reached its peak. The report highlighted that we live in a very divided city and have wide gaps in health experiences with a healthy life expectancy difference of 20 whole years.

She explained that it was about people's experiences during the first wave and the first lockdown but due to the rapidity of the assessments there was missing data and what was missing was the voice of the people we most wanted to hear. She advised that one of the things that came out of it was that it was a Pandemic of inequalities and that frailty had made people more vulnerable and likely to be affected by both COVID and lockdown measures. As they could see it was going to be pandemic of inequalities a decision had been made to look at this work in terms of different themes and a number of different health impact assessments, with 13 separate pieces of work undertaken by separate task and finish groups of people that were particularly interested and people with expertise. She highlighted that they had seen some good things and a sense of hope, which were documented in the impact assessments, and needed to be built on and carried forward. However, these hadn't been fairly equally spread across the city, for example people being able to work from home for those of us that had jobs that allow that to happen, some people having to be furloughed, and some people that worked on the front line and so were more at risk of contracting COVID.

She highlighted that the task and finish groups hadn't been surprised about the worsening of inequalities and the Health and Wellbeing Board had spent some time discussing the 103 recommendations that had come out of the 13 themes, some of these were very short term action or immediate actions, and a lot of them were about what do we do about inequalities or make the dreadful situation right.

Next steps were to make sure that all the findings in the impact assessment were covered by what we were intending to do in our Health and Wellbeing Strategy, with the overall message being that although there was a Pandemic we must try hard not to get knocked off track with what we were doing about tackling inequalities. She asked for Governing Body's thoughts on whether there was anything that had been missed or if there were any big areas that should have been looked at.

Finally, she highlighted that the findings were very similar to the finds of the Marmot review of COVID, which had 71 recommendations of which only three referred to COVID as an infectious disease with the rest of the recommendations on eliminating those underling inequalities.

Governing Body raised and discussed the following issues.

The Chair acknowledged the huge amount of work that a large number of people, including members of our voluntary and community sector organisations, had contributed to. He asked how we as organisations across the city could begin to better triangulate the data to help them to make better decisions and suggested Governing Body consider this in more detail as they moved into the February development session. He requested that the Inequalities Working Group look at the assessment to begin to understand how we can help to translate some of the learning into the CCG's Commissioning Intentions, our commissioning activities and how we design things, to mitigate against some of these risks and issues that had been highlighted. Also for that group to look through some of the recommendations as there might be some that the CCG, as a commissioner, should be taking on board and responding to. He noted how closely it matched with the Health and Wellbeing Strategy.

In response to a question from the GP Locality Representative, Hallam and South, Ms Rutter explained that although they hadn't looked at changes in crime in the city and the impact that might have had on mental health as a consequence of the Pandemic, eye health and eye care in terms of children being taught differently and also not having access to optometrists. Ms Rutter explained that whilst they hadn't looked at either, it was a well known fact that inner city crime decreases in a lockdown whilst domestic violence increases, however, by not doing either of these they had missed some key areas that were really important.

The Chair summarised comments made on the Zoom chat which included that when we consider this we don't just focus on access to medical care, that we take the impacts in the broadest sense and also consider interventions that aren't necessarily medical. There was an agreement that we should pick this up in our Equalities Working Group, that it was important to include non system partners as well as the statutory bodies. There are opportunities that working across Primary Care Networks (PCNs) alongside the voluntary and community sector can bring in terms of social connectivity and the positive impact this can have on people's health and wellbeing, and we also begin to delve into some of the more local voices and consider some of the other impacts as well.

With regard to missing voices, the Chair of Healthwatch Sheffield noted that disabled people had been disproportionally affected by the Pandemic and they already have a shorter life, particularly learning disabilities. There were also frail elderly people and how we get those voices involved. In terms of the data, she felt that disability seemed to have been under played, which was worrying. There was also something about dental health and a lack of clear information they could pass on to people which they'd been trying to get for six months. Finally, there was a phrase used in the report about health behaviours which she found troubling as we didn't want to individualise inequalities as behaviours.

Action: Consultant in Public Health to respond to the Chair of Healthwatch, via the CCG, in terms of information about dental health **ER**

The Chair thanked Ms Rutter for attending the meeting and for the very helpful and detailed presentation and summary of the key findings from the report.

Ms Rutter thanked Governing Body for inviting her to attend the meeting to present the findings of the report and advised that she would take on board the very helpful points raised.

16/21 Update on Care Homes Support During COVID-19

The Director of Commissioning Development introduced this item and welcomed Ms Jennie Milner, Head of Integration, to the meeting. She explained that Ms Milner worked across the CCG and SCC.

Ms Milner presented information that provided an overview of the wide range of support being given to care homes during the Pandemic. This included the challenges around balancing risk, support to the providers, learning from the first wave, an update on the visiting guidance and the

support they'd given on interpreting that across the city, information on the work of St Luke's Hospice and the work being done and the additional funding provided to support prevention and management of outbreaks. She explained that it had been a comprehensive system-wide support to residents that live in care home settings and highlighted the following:

The main challenge was about balancing the risk and a strong challenge about the health and wellbeing of the staff and residents and their families that wanted to visit. There were also challenges about the fears of them staff and families about the risk of catching COVID and passing it onto their loved ones within the homes.

The national guidance for care home visiting is very complex and the CCG has worked with SCC to put together guidance for the care homes and providers, which is now available on SCC's website, recognising that patients not being able to see their loved ones for a number of months could have a huge impact on their health. The guide to visiting once lockdown ended was always about having an individual risk assessment of the health and wellbeing of the resident to the family member coming into the home and to the safety of staff. A lot of people have been distressed about being unable to visit and SHSCFT has provided a counselling group, a peer support group and a Whatsapp group so that families that can't visit can engage with each other and speak to someone else who is able to visit.

St Luke's Hospice has set up a weekly provider forum with peer support of around 60 managers and staff that gives them the space to talk together and learn. St Luke's also provides end of life support especially during the first wave when there had been a lot of deaths and outbreaks in a very short space of time which the homes hadn't been prepared for, and had also gone in to provide other support, for example, to staff following the death of colleagues.

Extra funding to support infection prevention and outbreak management control has been distributed to all the care homes in Sheffield to enable them to make changes and this has been very beneficial and is expected to continue this year. Training has to be supported by understanding of requirements and compliance. Peer support is provided to families and care homes to make sure they have all the information they need. At the moment there was focus on test and trace and, as the homes aren't part of the national system, the care home managers are supported and trained by health protection advisors on how take that forward. She explained that some providers require a lot of support at various levels and managers regularly share their experiences with others.

Ms Milner highlighted that there hasn't been an outbreak in a care home for a couple of months, there is a group that proactively works on preventing and managing outbreak, including putting out guidance on the use of face shields to support the use of masks. She described the city's discharge principles in that they don't support inviting a COVID-positive into a care home and are working with providers to ensure what is a safe discharge from hospital, with an STHFT consultant attending the provider forum meeting on weekly basis.

Finally Ms Milner advised that there are some great Exemplars of some fantastic work in care homes in terms of activities and supporting people

to do them so they aren't all isolated in their rooms, some homes have built pods and some have created screens so they can touch other people as safely as possible. All of this is supported by the infection control team at the CCG.

Following the presentation, Ms Thorley commented that what came over was the partnership working together, which would no doubt continue as we go forward, and also the person centred approach and putting the resident in the care home, their families, and the staff first, and enabling visiting.

The Chair of Healthwatch Sheffield advised Governing Body about a piece of work nationally that was called John's Campaign, done nationally, about the rights of people with dementia to be supported by their family carers.

Finally, and reflecting also on the Rapid Health Impact Assessments report, the Chair commented that it was important how we as commissioners concentrate on how we triangulate all these pieces of work to help us make better decisions.

The Chair thanked Ms Milner for attending the meeting, for her excellent report and presentation, and all those that had contributed to this work.

17/21 Accountable Officer's Report / Integrated Care System (ICS) / Accountable Care Partnership (ACP) Update

The Accountable Officer updated Governing on key issues as follows:

The engagement process for NHSE/I engagement document on Integrating Care had concluded on 8 January 2021. She advised that the key thing for Governing Body was about shaping what this means for Sheffield and Sheffield people.

From the noting papers she was pleased to be able to draw Governing Body's to the section on awards and in particular shortlisting for the Health Service Journal (HSJ) awards where Sheffield has been shortlisted with partners for true integration for no less than four different award categories.

Finally, she advised Governing Body that there was an extension to the working win pilot to the end of March and so was open to referrals up until the end of January and we needed to see if there was more we could do around this our practices as there would be increasing numbers of people in the city who could benefit from that support. However, she wasn't sure how easy and straightforward that referrals process was and so it might be worth picking up offline as to whether there was anything else we could do really quickly.

Action: Accountable Officer / Deputy Accountable Officer **LSm/BH**

Governing Body noted the update.

18/21 Reports Circulated in Advance for Noting

Governing Body formally noted the following reports:

a) **NHS Sheffield CCG Constitution (to support main agenda item 9 (paper C))**
b) **b) Governing Body Assurance Framework (GBAF) (to support main agenda item 11 (paper E))**
c) **c) Rapid Health Outcome Assessments (to support main agenda item 16 (paper J))**
d) **d) ICS Reports (to support main agenda item 19 (oral update)**
   (i) ICS CEO Report
e) **Chair's Report**
f) **Report from the Audit and Integrated Governance Committee**
g) **Report from the Strategic Public Involvement, Experience and Equality Committee**
h) **Complaints and MP Enquiries Quarterly Update**

19/21 Any Other Business

There was no further business to discuss this month.

20/21 Reflections from the Meeting

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

- Every paper presented today has highlighted inequalities and its effect on people's broader health and this is where we can make a difference. We've heard about a very unequal impact from COVID on the inequalities we see generally in health and we're recognising that as we begin to recover we need to be building this back in a way that is fair to address those inequalities.
- The end of the Rapid Health Impact Assessments report talks about 'build back fairly' for the future, but in the NHS, in our language and in our planning guidance, we will use the word 'recovery', so that is the word for us to use. See this with optimism and so there is something for us when we're thinking about recovery and waiting lists that it will be about looking at the waiting lists, thinking about commissioning intentions and planning and performance and delivering and how we do all that work, we will need to think about doing that in the context of building that back fairly quickly rather than just recovery.
- Some of the achievements about how we've responded so quickly and some things that we are achieving very well as we have worked together with our partners including the community and voluntary sector across our city.

21/21 Date and Time of Next Meeting

The next full meeting of the Governing Body held in public would take place on Thursday 4 March 2021 2.00 pm (details to be confirmed)

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

Appendix A: Glossary of Abbreviations and Acronyms

ACP	Accountable Care Partnership
AIGC	Audit and Integrated Governance Committee
BAME	Black, Asian, Minority Ethnic
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CIs	Commissioning Intentions
CHC	Continuing Healthcare
DoLS	Deprivation of Liberty Standards
EIA	Equality Impact Assessment
GBAF	Governing Body Assurance Framework
HSJ	Health Service Journal
ICS	Integrated Care System
LTCs	Long Term Conditions
MMT	Medicines Management Team
NHSE	NHS England
NHSE/I	NHS England / Improvement
PCDNs	Primary Care Development Nurses
PCNs	Primary Care Networks
PFPs	Prime Financial Policies
PHE	Public Health England
QAC	Quality Assurance Committee
SMT	Senior Management Team
SoRD	Scheme of Reservation and Delegation
SHSCFT	Sheffield Health and Social Care NHS Foundation Trust'
SIs	Serious Incidents
SCC	Sheffield City Council
STHFT	Sheffield Teaching Hospitals NHS Foundation Trust
SYB	South Yorkshire and Bassetlaw
SPIEEC	Strategic Public Involvement, Experience and Equality Committee
ToR	Terms of Reference
VCF	Voluntary, Community and Faith