NHS Sheffield Clinical Commissioning Group

Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on 2 September 2021, via video-conference

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Present:	
***NB core / voting members only*)**	Dr Terry Hudsen (TH), CCG Chair Dr Amir Afzal (AA), GP Locality 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 Ms Jackie Mills (JM), Director of Finance Ms Anthea Morris (AM), Lay Member Ms Chris Nield (CN), Lay Member Dr Lisa Philip (LP), GP Elected City-wide representative Dr Marion Sloan (MS), GP Elected City-wide Representative Ms Lesley Smith (LSm), Accountable Officer Dr Leigh Sorsbie (LSo), GP Elected City-wide Representative Ms Judi Thorley (JT), Lay Member Dr David Warwicker (DW), GP Locality Representative, North Mr Alun Windle (AW), Chief Nurse
(non-voting members)	Cath Tilney (CT), Associate Director, Corporate Services
In Attendance:	Dominic Carrell (DC), Locality Manager, West Locality
	Dani Hydes (DH), Deputy Director of Quality
	Helen Lenthall (HL), Locality Manager, HASL Locality
	Judi Robinson (JR), Chair, Healthwatch
	Karen Shaw (KMS), Corporate Secretariat
	Emma Shepherd (ES), Communication Assistant
	Paul Wike (PW), Joint Locality Manager, Central Locality

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

		ACTION
92/2021	**Welcome**	
	The Chair welcomed members of the Governing Body and those in attendance to the meeting. The Chair welcomed Helen Lenthall, Locality Manager, HASL and Dominic Carrell, Locality Manager, West, to their first Governing Body in their new roles. He also welcomed Dani Hydes, Deputy Director of Quality. Introductions were made for new members and members of the public.	

93/2021	**Apologies for Absence**	
	Apologies for absence from voting members had been received from Mr Brian Hughes, Deputy Accountable Officer and Dr Zak McMurray, Medical Director,	
	Apologies for absence from those who were normally in attendance had been received from Lucy Ettridge, Deputy Director of Communications, Engagement and Equality, Greg Fell, Director of Public Health, John MacIlwraith, Executive Director of People's Services (SCC) and Nicky Normington, Locality Manager, North. The Chair declared the meeting was quorate.	
94/2021	**Declarations of Interest**	
	The Chair reminded members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). The Chair also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting Declarations made by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available either via the secretary to the meeting or the CCG website at the following link: http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm There were no declarations of interest from the agenda items at today's meeting.	
95/21	**Unadopted Minutes of the 1 July 2021**	
	The Director of Commissioning Development requested a change to the action on Pages 11/12 – should read 'feedback to go back to the Joint Committee of CCGs (JCCCG) across South Yorkshire and Bassetlaw (SYB) rather than the Joint Co-Commissioning Committee. The minutes and matters arising would be updated. It was also noted that the action was for the Chair and Deputy Accountable Officer to feedback as members of that Committee rather than for the Director of Commissioning Development. Subject to the above amendment, the minutes of the meeting held on 1 July 2021 were agreed as a true and correct record and would be signed by the Chair at a later date.	**KMS**

96/21	**Matters Arising and Follow up on Reflections from last Governing Body**	
	a) Minute 122/19 – Workforce – An update had been provided at the last Governing Body meeting by the Deputy Accountable Officer. As there was no further update, the action would remain open.	**BH**
	b) **Minute 36/21** – **Month 10 Performance and Delivery Report -** A meeting with the Chief Nurse to discuss disability and additional needs – no update was available, the item to remain open.	**JT/AW**
	c) Minute 50/21 – Adoption of NHS Sheffield CCG Unaudited Financial Accounts for 2021/21 and Finance Report at Month 12 - The Chair noted that the matters arising table suggested that this item be scheduled for either the October or December meeting of Governing Body and he asked the Director of Finance to advise. She confirmed that it was likely to be the December meeting given some of the on-going work and refreshing of the S75 Agreement for the Better Care Fund.	**JM**
	d) Item 64/21 - Questions from members of the Public – This item was recommended for closure.	
	e) Item 75/21 – Chair's opening remarks – This item was recommended for closure.	
	f) Item 80/21 - The Talbot Trusts – Appointment of Nominated Trustees – This item was recommended for closure**.**	
	g) Item 82/21 - Commissioning for Outcomes South Yorkshire & Bassetlaw Policy – It was noted that the action was for the Chair/Deputy Accountable Officer to feedback to the Joint Committee of CCGs, which had been actioned, and therefore the action was recommended for closure. With regard to the input into IFR panels and how this is communicated back to patients, the Deputy Director of Quality advised that patients are copied into all communications, however, as a result of Covid and home working, there had been a gap in this process. There is now a recovery plan in place and a member of staff is now working at 722 who is able to send out paper communication. Any further issues can be escalated back to the IFR team. The item was recommended for closure.	
	h) Item 83/21 - Better Care Fund Annual Report – The Director of Commissioning Development advised that this item could be recommended for closure as responses had been fed into the Operational Plan and would be part of board agendas going forward.	
	i) Item 84/21 – NHS Sheffield CCG Year End Assessment for 2020/21 – This item was recommended for closure.	

	j) Item 85/21 - Month 2 Finance Report – This item was recommended for closure	
	k) **Item 86/21 - Month 2 Performance & Delivery Report – SEND Update –** No discussions had taken place with the Head of Children's Commissioning. Item to remain open.	**LS/LSo/ SJ**
97/21	**Patient Story**	
	The Deputy Director of Quality introduced and provided the context for the patient story. The patient story was about Tammy who is a service user with borderline personality disorder and anxiety who has accessed one of the early implementer test sites within the Townships II Primary Care Network. She highlighted that the story contained reference to suicidal thoughts which may cause distress to some and asked members of Governing Body and members of the public to turn off their volume if they felt they may be affected by the story. Tammy shared her experiences of how mental health support in Sheffield used to feel to her and how things have improved and changed since she was introduced to her primary and community mental health worker, Chris.	
	The Deputy Director of Quality commented that although the story was very emotive it was warming to hear Tammy's story and the benefits of integrating primary and secondary care health services.	
	The Chair asked for any comments/reflections from Governing Body.	
	Dr David Warwicker, GP Locality Representative, North, thought this was a good story but commented that there was still a lot of work to do with regard to mental health services and integration between primary and secondary care mental health access for patients to services like this and he would not want the system to lose the drive to improve access to mental health services.	
	Action: The Chair asked that a letter of thanks be sent to Tammy for sharing her story with Governing Body.	**TH**
98/21	**Emergency Preparedness, Resilience and Responsiveness (EPRR) Standards and Statement of Compliance**	
	The Director of Finance presented this item in the absence of the Deputy Accountable Officer. She advised that Governing Body members would be aware of the process which Governing Body needed to take to assure itself that as an organisation there are arrangements in place to be able to effectively respond to major business critical continuity incidents whilst	

	still maintaining services to patients. There are formal arrangements in place around the CCG's emergency preparedness resilience and response (EPRR) arrangements. It was noted that these arrangements had been tested over the last 18 months with the on-going requirement to respond to the Covid pandemic incident. This was a more formal process to go through the standards to complete a checklist and to recommend to Governing Body that, in light of the self-assessment undertaken, a statement of compliance be submitted showing the CCG as being fully compliant. Whilst the requirements for the CCG to test these out are less onerous than they have been in the past, it was important that we make sure that the Governing Body members are assured that adequate arrangements are in place and we are confident that we can undertake the required EPRR duties. The Chair asked for any questions/reflections on the paper. Ms Nield, Lay Member, reflected that because of the real live pandemic she thought that a lot of the issues would have been strengthened and reviewed during this period, which there is evidence to support. With regard to the joint standard for the LA and the CCG in terms of mutual aid, it was noted what a difference the communities made in that arena with Covid. There was much more support in terms of managing the situation through community mutual aid in partnership with the voluntary sector. The Chair highlighted the significant amount of learning that the CCG and wider system had had over the last 18 months, particularly relating to emergency preparedness and the importance of networking with others to create community resilience. Ms Morris, Lay Member, agreed with the above and was pleased that the CCG was fully compliant with the standards. However, she wondered if the CCG's partners were compliant and in the spirit of partnership asked if we needed to offer any support to those who may not be fully compliant. The Director of Finance advised that all partners were at the same point in time in the reporting process and she was not able to advise but she agreed to take an action to find out if partners across the city were compliant. **Action: The Director of Finance to confirm standards of compliance for partner organisations and feedback to Governing Body.** The Chair reflected that the EPRR arrangements in Sheffield form part of the EPRR regional cell and it may be that we get information from that to come back to Governing Body in due course. **Action: The Chair agreed to discuss with ICS colleagues, NHSE/I and with the Director of Public Health, Greg Fell and would provide an update.**	**JM** **TH**

	Governing Body noted the self-assessment and approved the proposed Statement of Compliance for publication.	
99/21	**Joint Committee of CCGs – Proposal to put in place additional arrangements for the transition to Integrated Care Boards**	
	The Director of Finance presented this item in the absence of the Deputy Accountable Officer. The Chair advised that this paper was a proposal to put in place additional arrangement for the transition to Integrated Care Boards (ICBs) as part of the Joint Committee of CCGs (JCCCG) in conjunction with the CCGs across South Yorkshire and Bassetlaw. The Director of Finance advised that the paper set out arrangements for the establishment of a statutory Integrated Care Board (ICB) and an Integrated Care Partnership (ICP) from April 2022. Both the statutory functions of current CCGs and some of NHS England's functions will transfer to the ICB, along with existing non-statutory functions of ICSs, including strategic planning, transformation and oversight. The ICB is working towards operating in full shadow form from December 2021. The proposal is that the five CCGs and the ICS work together and put arrangements in place to ensure a smooth transition to the ICB from April 2022. It had been decided that the most practical way of doing this was for the Joint Committee of CCGs ("the Joint Committee") to co-ordinate the taking of preparatory steps for the transition to the ICS on behalf of the CCGs and for the ICS to have visibility of that work. The proposal in the paper outlined that the remit of JCCCG be expanded to take into the scope of delegation the transition work and that attendees from the current ICS, or as we move into establishing shadow ICB designate posts, that they attend the JCCCG and that we establish a formal sub-committee of the JCCCG which would be the Change and Transition Board. The paper also noted that NHS Bassetlaw will be moving from SYB ICS into Nottinghamshire, a neighbouring integrated care system from the 1 April 2022. Up to the end of March, NHS Bassetlaw will remain within the current SYB ICS system. It would be important that any transition arrangements take into account that change. However, it was recognised that there may also be areas in which NHS Bassetlaw does not have a direct interest, and that NHS Bassetlaw may want to be less involved in discussions on such issues. The transitional operating arrangements take account of this. Specifically, the proposal was that the delegation to the JCCCG be expanded to take into their role the remit of transition and that we amend the Manual of Agreement and Terms of Reference for the committee to include a Schedule 3 which would set out the arrangements, including the establishment of the Change and Transition Board as a formal sub-committee of the JCCCG. This would allow the five CCGs to work together in a consistent and integrated way	

	across the ICS and would allow us to undertake the requirements of safe transition of CCG functions into the ICB. The Chair opened the meeting for questions. Ms Judi Robinson, Chair, Healthwatch, drew attention to Appendix 5 which talked about public involvement. She enquired about the Citizen's panel. She had failed to track this down and enquired who the panel comprised of. She thought that the more that the information is shared, the more it would help to make clear the remit of the panel and involve people, thus helping to alleviate any suspicion around its purpose. The Director of Finance commented that she had seen some feedback from the panel through the JCCCG and it was referenced on the ICS website. The Accountable Officer advised that over the last two years, the ICS had undertaken a wide recruitment to the panel. However, she thought it would be helpful to get an update from the ICS in terms of the composition of the panel as it currently stands and how they are engaged and share with Governing Body. **Action: The Accountable Officer to arrange for an update to be circulated.** The Governing Body approved the amendment to the Manual Agreement and to the Terms of Reference to allow the CCG to undertake the technical exercise relating to the transfer of CCG functions and prepare for the statutory ICBs, pending legislation when they are established. **Action: The Chair, as Chair of the JCCCG, and the Director of Finance would feedback to Lisa Kell, ICS, who was co-ordinating this work.**	**LS** **TH**
100/21	**Procurement Strategy and Plan**	
	The Director of Finance presented this paper. The purpose of this report was to present the Governing Body with an updated CCG procurement plan for 2021-22 for consideration and approval. If approved, the next step would be to publish the plan on the CCG's website. The Governing Body was also asked to note the approach to the development of a new procurement strategy as preparations are made for transitioning functions from the CCG to the new South Yorkshire Integrated Care Board (ICB) in April 2022. She advised that the CCG is required, via the Health and Social Care Act 2012, to publish an annual procurement plan. Due to the pandemic related capacity constraints, this had been slightly delayed. It is also considered good practice to review our procurement strategy at least annually. She advised that no changes to the CCG's current procurement strategy were proposed. It is considered to remain fit for purpose for the current	

	financial year, as minor amendments had been made, which included the UK's exit from the European Union, in the last update. However, the new draft Health and Care Bill includes proposals to remove barriers and promote collaboration between NHS organisations and their partners to help speed the implementation of the NHS Long Term Plan. This included proposals to revoke the procurement and competition requirements under Section 75 of the Health and Social Care Act 2012 (the PPCCR) and remove arrangements for healthcare services between NHS commissioners and providers from the scope of the Public Contracts Regulations 2015 (the PCR), to be replaced by a new regime. Work would need to be undertaken to draft a revised procurement strategy for 2022/23 onwards for the newly established South Yorkshire Integrated Care Board (ICB) and this would need to be undertaken as part of the change and transition work. The paper also summarised the procurement work undertaken during 2020/2021, noting that this was severely impacted by the pandemic both in terms that the CCG's procurement team took a lead role in sourcing and supporting the distribution of PPE to primary care, providers and the wider system and our commissioning teams who were also engaged on responding to the pandemic. Finally, regarding the procurement plan for 2021/2022, based on the commissioning intentions previously approved by the Governing Body, it was noted that some of the work was already complete but if Governing Body was supportive of this plan, it would be published on the CCG's website. Dr Nikki Bates, GP Elected City-wide Representative, enquired if Sheffield Children's (NHS) Foundation Trust (SCHFT) was part of the progressive procurement collaboration as they were not specifically mentioned on Page 4. The Director of Finance would clarify. If they were not, Dr Bates would raise directly with SCHFT at the Governors meeting. **Action: Director of Finance to email Dr Bates to advise.** Governing Body: • Considered and approved the updated procurement plan for 2021/22, noting that the next step would be to publish on the CCG's website. • Noted the approach to the future amendments being made in the Procurement Strategy once the legislation is complete.	**JM**
101/21	**Month 4 Finance Report**	
	The Director of Finance presented this report which provided information on the financial arrangements in place for the first six months of 2021/22;	

	the financial position at Month 4 (April to July 2021) and an estimate for the second half of the year if the existing arrangements were to continue. She advised that the CCG was still managing a range of financial risks. The most worrying is the position in relation to continuing healthcare as there are continuing pressures in terms of adult and children healthcare packages. It was noted that the Local Authority is also experiencing similar pressures in terms of social care and joint work is underway to understand the causes of the pressures and to look at how the CCG/LA can jointly respond. There has been a significant number of complex packages that are currently being managed. The Director of Finance highlighted that the involvement of the Deputy Director of Quality in this process was particularly valuable as she personally manages and reviews a number of the packages. The Director of Finance drew attention to the Hospital Discharge Funding. This funding is drawn down from a national pot. Currently, the arrangements are only confirmed up to the end of September 2021. The lack of clarity regarding arrangements for funding makes it difficult to accurately forecast a position for the whole year. Guidance is expected mid-September to inform arrangements for the second half of the year but indications are that the funding will be significantly reduced and the funding is currently supporting a number of packages and therefore will bring significant financial risk in the second half of the year. She advised that each system had been allocated an indicative amount of funding which could be drawn from the national fund. The amount allocated to SYB was very low, compared to a national share. Discussions are on-going with national and regional colleagues to argue for an increase in the indicative limit for SYB and whilst formal confirmation was awaiting, early indications suggest this would be increased. This would manage some of the financial risk. She highlighted that in the second half of the year, confirmation is still awaited of the financial arrangements and the financial allocations. There are strong indications that the funding available in the second half of the year will be significantly lower than in the first half of the year and the pressures forecast in terms of on-going expenditure for the second half of the year are challenging. Initial estimates indicate that there will be a significant financial deficit to manage during the second half of the year. The Director of Finance would bring proposals back to Governing Body once the arrangements are clearer. It was hoped that clarity would be received within the next couple of weeks. As the next meeting of Public Governing Body was scheduled for November, it was hoped that an update could be provided to the development session in October. Finally, with regards to 2022/2023 onwards, it will be the ICB that will produce a plan for that period, but it will be based on the plans of the four SY CCGs looking forward in terms of the recurrent commitments. The CCG Chief Finance Officers are working together to provide a single commissioning financial plan but still recognising the significant level of	

	uncertainty in terms of resourcing and financial arrangements for next year. The Chair reflected that 'uncertainty' had been a key theme during the year and thanked the Director of Finance and the finance team for managing the uncertainty and for trying to ascertain clarity in our plans. Dr Sorsbie, GP Elected City-wide Representative, echoed the Chair's thanks. She asked if we knew the thinking behind reducing funding in the second half of the year, which included winter. The Director of Finance responded that she thought there were two elements to this. When the initial funding planning implications were set out there was an expectation that Covid would have reduced and so some of the arrangements that had been put in place we should be planning to take out. There is currently a live conversation about primary care capacity and pressures in primary care including on-going requirements to provide hot hubs; there is a real disconnect between expectations to reducing response and the reality on the ground. Secondly, there is an expectation that we should be able to refocus our attentions on delivering efficiency savings; NHS England and the Treasury have acknowledged that this had not been a priority for last year. NHSE/I have been in negotiations with the Treasury to agree a funding settlement for the second half of the year. Dr Sorsbie, GP Elected City-wide Representative, noted that a significant proportion of covid funding had been focused on secondary care providers. Given the pressures on CHC/care packages, she asked, as we are working as a system, whether STH were involved in the discussions. The Director of Finance advised that conversations were on-going but noted that individual organisations were under pressure and focusing on their own issues, and that there is a need to have more of a shared understanding of the pressures as a system as a whole. The planning for the second half of the year will inevitably play the pressures out in clearer focus. Once further guidance was received, the conversations would come to a quick clarity. There still remains high levels of Covid spend in the acute sector but we need to test where the priorities are for that continued investment. There will need to be some hard decisions on which things get funded and which don't. She anticipated there would be more dialogue over the next few weeks in terms of being able to clarify the position. The Chair sought further questions/considerations on the paper. There was more discussion required with system partners and the Chair would feed into the discussions with the ACP. **Action: The Chair to feed into the ACP discussions**. Governing Body noted the following: • CCG's year to date and forecast spend (M1-6 and M7-M12)	**TH**

	• Expectation that retrospective funding will be received for Hospital Discharge Programme (HDP) and the Elective Recovery Fund (ERF) in H1 • Early indications of funding pressures in M7-M12 are likely to require significant discussion once further clarity is available.	
102/21	**Month 4 Performance and Delivery Report** The Associate Director of Corporate Services presented this paper which sought to update Governing Body on the current performance challenges at Month 4. She highlighted the following points which linked to the planned services around local acute hospitals urgent care measures and the staff temperature check. Although there are pressures in the system, there had been a further improvement in both RTT standards whereas the diagnostic wait standard had reduced slightly again this month. At the July Governing Body meeting it had been reported that 52 week waits had started to fall for the first time since the start of the pandemic. In June, there were 810 Sheffield patients waiting over 52 weeks for their elective treatment journey to commence, this had reduced from 1,057 patients in April and it was hoped by the end of March there would be no 52 week waits as per pre pandemic levels. However, there are a number of risks associated with the plan due to the continued impact of Covid. Plans are in place to try to mitigate the risks; patients who are deemed most clinically urgent are being managed on the waiting lists. It was noted that the 52 week waits for Sheffield and South Yorkshire acute providers still remain lower when compared to other similar and local trusts e.g., 11,000 patients waiting in Hull and 8,500 patients in Burton. There had been a decline in a number of measures linked to urgent care. There had been an increased proportion of people waiting over 4 hours in A & E and increased delays in ambulance handover times and also response to calls. The report described some of the reasons and the actions being undertaken to mitigate against the position. Finally, she highlighted the results from the June and July staff temperature checks which showed that although there are many staff who are thriving with the current working arrangements, there are some staff who are struggling. There had been a small increase in the proportion of staff who are struggling with their mental health and in some cases this is being impacted by work related issues, for example, workload and concern about returning to the head office. The CCG continues to ensure that there is a range of support and signposting in place for staff linked to these issues and information about mental health and maintaining wellbeing is available on the intranet. A meeting had been held with CCG Deputy Directors during August, which the Chair of the CCG had joined, to consider suggested actions linked to this issue by various groups within the organisation and she outlined the outputs from the session. This work has been summarised	

	and is to be considered by the CCG Wellbeing Group. The proposed next steps will then be shared with staff. She opened the meeting for questions/comments. Professor Gamsu, Lay Member, raised an issue around the assessment of data quality linked to protective group measures. He raised three issues:- • According to the table, STHFT did not appear to have information around ethnicity on the patient waiting list. • SHSC did not share information on sexual orientation and gender re-assignment; • None of the providers listed have information on homelessness and asylum seekers, even STHFT where people will use their services. He suggested that the NHS really struggles to look outside of its doors to the wider communities and the wider issues that people are facing and therefore fails to understand people who are experiencing inequality and asked if we should be starting to do some analysis on this? The Associate Director of Corporate Services thought an element of this was correct but that there was a difference between the information we receive as commissioners and the information held by the providers. This report looked at the national data sets that providers are required to share with commissioners and they are not required to give us all those measures. The report is in effect a summary of what we do have and what the providers are meant to provide. We can't therefore assume that they don't have the information but they are not required to give us the information and this could be where further work is required. Professor Gamsu, Lay Member, commented that as we move into an integrated care system through the Accountable Care Partnership, if we are not able to share the data, particularly about stressed populations in the city and those experiencing disadvantage, then the system will not be effective in responding to their needs. The Associate Director of Corporate Services agreed with the sentiment but advised that work is on-going to assess the current situation. It is very difficult to share person level data outside of the national processes so consideration would need to be given to the key areas to address. The CCG would also triangulate with the Local Authority to look at the information they hold. Ms Nield, Lay Member, drew attention to section 3.1, Covid update. She raised a query around noting the covid vaccinations in care homes. It was her understanding that it is mandatory for care workers in care homes to be vaccinated by November and she wondered if we knew of the likely impact this may have on uptake of the vaccine at this point. The Chair provided the national context. There are concerns nationally that a number of people who work in care homes may not want to take up the vaccination offer which may present a very significant change in	

	the workforce availability in the care sector. This is currently being reviewed and SCC are working with the individual care homes to encourage uptake. The Director of Commissioning Development advised that this issue had been highlighted and added to the risk register for the Gold Health and Social Care Meetings held at Place. Alex Chappell, Director of Adult Social Care, SCC, had flagged this as a risk and she is currently assessing the impact and looking at what mitigations could be put in place. Ms Nield, Lay Member, thought it would be good to hear back at a future meeting about the outcome and whether the mitigations had helped the situation. The Chair suggested that this could be tabled as a question for the Director of Public Health at the November Governing Body meeting. **Action: To ascertain if the Director of Public Health would be attending the November Governing Body meeting to provide an update.** The Governing Body noted: • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • Key issues relating to the CCG workforce and their views and experiences • A position statement regarding COVID-19 and the vaccination programme • A position statement regarding the assessment of data quality linked to inequalities	**KMS**
103/21	**Patient Safety, Quality and Experience Report** The Deputy Director of Quality presented this paper which sought to provide an overview of the CCG's experience assurance oversight. She highlighted key points as follows:- • Enhanced quality surveillance continues with STHFT and SHSC relative to their CQC inspections; STHFT linked to the maternity services and SHSC to their general inspection. Work is underway to look at their CQC actions plans and recovery. It was noted that SHSC's rating had increased from 'inadequate' to 'requires improvement', but that there was still a long journey of recovery to regain their 'good' status. • In terms of serious incidents, safeguarding and patient experience, we continue to monitor through the quality assurance meetings with our providers and in association with the Local Authority. The CCG continues to remind providers about Lessons Learnt and how they are disseminated back through their organisations to reaffirm good practice.	

- From a general practice perspective, work continues around the annual physical health checks for people with SMI and Learning Disabilities. She detailed the local improvement work that was being undertaken, which was detailed in the paper.
- As reported earlier, as a result of system pressures, there is an increased pressure in CHC.

The Chair opened the meeting for questions.

The Chair asked if there were any further themes the Deputy Director of Quality wished to highlight. She advised that the CCG is currently reviewing the large providers in the city in terms of how we promote quality and improvement perspective. SHSC will be the first provider to be inspected and this would be a joint visit with NHSE/I to ensure the right levels of care are in place. It was hoped that a regular ongoing quarterly programme would be put in place.

The Chair enquired if the outcomes from quality site visits would be fed into the Quality Assurance Committee and then Governing Body, as required, which the Deputy Director of Quality confirmed.

Ms Thorley, Lay Member, added that in terms of work that is ongoing with the teams, and particular with SHSC, their Director of Quality had attended the Quality Assurance Committee, and it was very refreshing and assuring to hear the reflections from her on the improvements that had been made but also recognising that there is still work to do. It was good to hear how the Trust was working with partners but particularly hearing the voice of the patients and the carers; it was important to note the openness and transparency.

She also drew attention to the challenges being faced by Yorkshire Ambulance Service (YAS) around their response times which had been discussed at QAC.

The Deputy Director of Quality advised that the CCG, SCC and SHSC had met with Sheffield Voices to reassure the group that the public voice and lived experience would be heard in any redesign of service provision.

Ms Nield, Lay Member, enquired about care homes. It was really pleasing to see that visits were happening, particularly where there had been concerns. She asked if it was possible to receive a report back from the visits.

The Deputy Director of Quality advised that a joint quality assurance framework was being developed in conjunction with the Local Authority. The Local Authority would be undertaking the routine visits to the care homes but the CCG would work with them and with the care homes that are potentially at risk. The Deputy Director of Quality advised she was also involved in a working group around the risk in terms of the vaccination to the staff and the impact to the delivery of care. The Care Home Quality Team is also feeding into that work. She would be happy to bring an update in the next Patient, Safety and Quality report.

	Action: The Deputy Director of Quality to include update regarding care home visits in the next Patient, Safety and Quality report. The Governing Body noted the paper and in particular the areas which have no or limited assurance, acknowledging the mitigations plans or next steps in place to manage those risks.	**DH**
104/21	**Communications and Engagement Quarterly Update** The Director of Finance presented this report which provided an overview of communications, engagement, and equality activity and impacts from April to June 2021. She highlighted the report pulled out particular emphasis on communication around the vaccine programme both in terms of the media coverage as well as the social media reach. She drew attention to the CCG's communication with staff. As the pace of work for transitioning to the ICS picks up, subject to legislation, the CCG will pay particular attention to communication with its staff to ensure they are properly engaged and informed with the change process, recognising that organisational change will be another area of anxiety for staff. It would be important that the messages are consistent across all organisations affected by change so there will be a level of co-ordination between the CCG and the ICS comms. Ms Nield, Lay Member, acknowledged that she thought there had been really good communications/innovative messages around the vaccination programme. She also recognised the work of the SPIEEC Committee in their approach to the engagement of various communities in the vaccination programme. The Healthwatch Chair highlighted what she considered to be three positive developments. 1. Good to see that the new contract for BSL interpreters was being done in a collaborative way. Healthwatch has been talking about this for a long time and she hoped we could draw lessons from using and working with people in future contracting. 2. Neuro-development – Healthwatch, in conjunction with the CCG, is hosting a community event to draw in other communities to find out about their experience and how parents navigate the pathways. 3. Her colleague, Dr Edney, had expressed her concern about the Norfolk Park surgery. It was helpful to know that there had been a response to the patients' concerns. The Chair thanked her for her comments and would ensure they were passed back to the Communication and Engagement Team. The points raised did signal a way of doing things in a different way and we will seek to ensure that we build these into future ways of working in a new	

	integrated care system. They are the principles that we are looking to embed into our joint commissioning work with SCC. The Governing Body noted the update.	
105/21	**Governing Body Assurance Framework April to July 2021** The Associate Director of Corporate Services presented the Governing Body Assurance Framework (GBAF) initial review 2021/2022 for consideration. The report covered the period up to and including 31 July 2021. Due to timings of meetings this report had been shared virtually with the Audit and Integrated Governance Committee (AIGC) prior to presentation to Governing Body. The report sought to provide assurance to Governing Body members that there are systems and processes in place for the effective management of both strategic and operational risks. She highlighted key points as follows:- Regarding **Risk 3.2** (There is a risk that there is insufficient resilience in primary and community care, in particular GP practices but also in the community pharmacy, care providers and the voluntary sector, that we are unable to expand capacity in primary and community care.) It had been agreed to increase the risk due to system pressures. The report had been discussed at the Senior Management Team who felt that the score of 16 for **Risk 2.3** (Fail to effectively communicate our messages with the public and involve patients), could be lower and noted that a similar risk on the corporate risk register was scored at 12. This would therefore be considered in the Quarter 2 review. SMT also agreed that the description and the rationale for the current score for **Risk 4.2** (Policy drive for system integration ahead of legislative change may risk the development of partnerships), should be reviewed in light of the fact that the legislation is now available. Closing this risk and starting a new risk linked to the impact of the legislative change will be considered as part of the Quarter 2 review. The Chair opened the meeting for questions/comments. Dr Sorsbie, GP Elected City-wide Representative, acknowledged the increased risk around resilience in primary care. Although the message was being heard, she was not certain it was receiving a response. She thought that people needed to understand the consequences of the pressures. She referenced the earlier paper relating to quality where there was mention re access for patients and patient satisfaction. Patients' experience of care is often worse in the deprived areas and the impact of pressures in primary care will increase health inequalities. She wondered how, as a system, we were going to deal with this, and did we really understand what the issues are and how they can be addressed. She asked that Governing Body members note this is a massive issue.	

	Ms Morris, Lay Member, confirmed that she had raised a challenge when this was reviewed by AIGC members linked to the number of critical risks. She thought the definition of 'critical' risk referred to possible 'loss of live'. There are three critical risks, many linked to partner organisations and yet earlier in Governing Body we had received a paper which said that we were fully prepared for any emergency. She wondered whether in light of the pressures in primary care and partners' delivery, did we need to revisit how we think about emergency preparedness and risk assessment? Dr Sorsbie, GP Elected City-wide Representative, referenced the 52 week waits which were a consequence of the pandemic emergency. She suggested that may be the way we think about managing emergencies in future should also focus on considering the long-term consequences going forward. There could be some reflection about how the system managed Covid and how we managed the acute covid illness very well but at a huge cost to other parts of the service. Would we have done it differently if we had to do it again? We need to understand how we manage emergencies and what the long-term impact will be. How do we build something going forward that is going to be sustainable and better? Ms Morris, Lay Member, asked what we should be thinking about now to avoid more increased critical risks going forward. Dr Afzal, GP Locality Representative, Central, commented that the system had received a huge amount of resource during Covid but, as always, primary care had picked up an increasing workload e.g., receiving calls from specialist 119 although he thought this was a short-term issue. Over the next three months, for a variety of reasons, there would be a much-reduced workforce in general practice, whilst trying to prepare for a difficult winter. He acknowledged the work of the communication and engagement team but did not know how the message could be enforced to patients regarding their options for care. GPs are overwhelmed by all sorts of queries and potentially people other than GPs could deal with some of the problems and leave the GPs with issues that may end up in A & E or secondary care. A lot of GPs' patients could be seen elsewhere. It would be key to direct people to the right service, but the bottom line is that patients always revert to the GP. He felt that the issue to focus on was education and directing people to appropriate services. Ms Thorley, Lay Member, advised that there had been a discussion at QAC and at the quality group meetings with providers around workforce in terms of the wellbeing, humility and humanity of the staff recognising the impact of the pandemic and the ways of working staff have been experiencing on the front line. Assurance had been sought for two reasons; firstly, to seek assurance that each provider is aware of its workforce needs and has got plans in place around resilience noting that the CCG in its role has an opportunity to share good practice and secondly, specifically in terms of primary care and the winter plan, is there something around planning to look back at the thinking so that we can plan slightly differently.	

	The Director of Finance reflected on the risk profile the CCG currently has. There were two possible explanations, either we are more risk averse or the risk profile has increased. She thought that our risk appetite had increased, we are more risk averse and the risk environment had increased. The risk management system is not just about identification of risk but also looking at mitigations and actions and it is becoming increasingly difficult to put in place actions that will mitigate/reduce the risks that the CCG/system is facing. There is a level of challenge to balance. The Primary Care risks that Dr Afzal articulated were a pertinent example of that. The key going forward would be to look at every opportunity to manage the risks. She encouraged Governing Body members to reflect on the risks and if they had any new ideas, it would be useful to play them in. Given the rapid change as we transition, the risks will increase and it is beholden on everyone to think about supporting one another in terms of managing that. The Chair queried, recognising the three critical risks linked to capacity and resilience in primary and community care, why there were no gaps in assurance and control. He reflected, having heard some of the discussions, and suggested that if we don't have appropriate mitigations in place could Governing Body be assured that there are no gaps. The Chair acknowledged that Governing Body recognised the seriousness of the risks on the GBAF, and it would be helpful to hear what we are planning and what mitigations we are putting in place so that Governing Body members can be assured that things are heading in the right direction. He did not think that the mitigations were things that the CCG could solve on its own and that it would very much require a system focussed approach. There will be a need to work in conjunction with partners in the ACP. Dr Sloan, GP Elected City-wide Representative, highlighted that in the patient survey, access was a big issue for Sheffield people who feel they can't get into the system. There are two things playing to our favour; Primary Care Sheffield, as they have the hot and cold hub system which can be flexed. If demand in the city rising, it is monitored and additional sessions in the hot and colds hubs can be instigated, if required. Primary Care Networks – the additional funding stream brings additional professionals into the medical field who are able to work alongside GPs which makes the GP more effective without compromising patient safety. She commented that on one afternoon in August, ambulances were on red alert. We have to learn the lessons from the last year and forward plan to keep the system working. Dr Sorsbie, GP Elected City-wide Representative, reflected that Covid had accelerated work that might have happened anyway and suggested that the realisation of Covid had showed that the NHS in its current configuration is not fit for purpose. We need a different system and to think long term; there are no more efficiencies to be made in the NHS,	

	and we need to change the way the system functions and change the way we view healthcare. This will need to include the voluntary and community sector and having resilient communities, empowering and activating people to look after their health. Health is everybody's job and not just the concern of the health professionals. The Chair summarised that now was the time to work as a system and work differently and hoped there would be opportunities for this in the future. The Healthwatch Chair highlighted that unfortunately the voluntary and community sectors are the ones with the least resource and are in a really difficult position. The engagement is on the side and not central; it's a cultural change that needs to be put in place. The Chair thanked everyone for their participation in the discussion and one of the key take away points was that we would need to undertake a deeper dive into the risks. He suggested this be scheduled for a later Governing Body meeting as we head towards winter. Those involved in the collaborative working arrangements with the Local Authority through the JCCCG, through the ICS and ACP spaces, will play some of the story into the different forums. Governing Body reviewed and commented on the GBAF from April to July 2021 and noted SMT's approval of the requested changes to the three actions set out in section 5 and proposals for consideration within the Quarter 2 GBAF review.	
106/21	**Integrating Care** The Accountable Officer referenced that the journey to the ICS had been discussed in various discussions at Governing Body today, and therefore, much of her update had been covered. She reminded Governing Body that all the changes were still subject to legislation being passed in February 2022. There would be the establishment of an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). Much of the preparatory work is happening, subject to legislation. The appointment process of designate roles is beginning. An update on the appointment of the Independent Chair to the partnership had been given previously - Pearse Butler had been appointed as the Designate Chair of South Yorkshire ICB. During September the recruitment process commences for the Chief Executive of the SY ICB. The Accountable Officer highlighted that over the last few weeks, a range of guidance had been received regarding the functions and the governance of the ICB. A draft model Constitution had also been published; this was important for the CCG as CCGs would be asked to propose and consult on the Constitution for the ICB. This would be done through the Joint Committee of CCGs (JCCCG) to ensure a co-ordinated approach across South Yorkshire and Bassetlaw.	

	Guidance had also been received on the statutory CCG functions which would be conferred on the ICB. Importantly, an HR framework for the development of the ICB, and would be relevant to all partners, had been published and was particularly relevant to CCGs that were impacted by the change, particularly for groups of staff such as Governing Body and where staff do not have an Employment Commitment. Guidance had been published on the development of an ICS People Function, which was relevant to much of the discussion at today's meeting and was one of the items carried on Matters Arising for some time around understanding the staffing challenges and the use of agency staff across the system. The publication of the Readiness to Operate Statement for ICBs had been received and would be taken forward through the Change and Transition Board and the JCCCG. She drew attention to the development of the People's Hub where all the latest information and guidance could be found and to the Future NHS Collaboration platform, which members could sign up to. The Chair opened the meeting for questions noting that an in-depth discussion was planned for the private meeting around the HR Framework. The Director of Finance commented that the Remuneration Committee had met prior to Governing Body and noted that CCG's have legal responsibilities in terms of consulting with staff as part of this transfer. Members had been updated on the proposed arrangements specifically around the HR Framework and the arrangements in place across SYB. Hopefully, members would confirm that they had gained assurance from the update. A level of oversight has happened and will continue to happen. The Chair again highlighted that the documents were available on the Future NHS Collaboration website which Governing Body members can sign up to and log into. For members of the public, the interim guidance and guidance is available on the NHSE/I website (publication section). Governing Body noted the update.	
107/21	**Papers for Noting** Governing Body noted the following papers:- a) Governing Body Assurance Framework (GBAF) (to support main agenda item (paper J)) b) Integrating Care: (to support main agenda item (16 oral update)) bi) Chief Executive's Health Executive Report July 2021 bii) Chief Executive's Health Executive Report August 2021 c) CCG Chair's Report	

	d) Report from Primary Care Commissioning Committee (PCCC) e) Report from the Strategic Public Involvement, Experience and Equality Committee (SPIEEC) f) ACP Programme Director's report g) Governance Sub-Committee Annual Report h) NHS England: CCG Sheffield Annual Assessment (formal outcome) Ms Nield, Lay Member, drew attention to the excellent feedback in the Annual Assessment letter that had noted some of the CCG's key achievements; improving the quality of the service, which included the effective use of resources, trying to get back to normal pre Covid, overall systems and processes for Sheffield and the wider ICS and equalities and how these were managed during Covid. She highlighted the overall reduction in equalities and focus on the engagement with deprived communities and particular groups such as the homeless and travelling communities. She also noted the reference to changes in culture, support for staff, well-being during Covid and the engagement of staff; there is real influence of staff on the strategy and key working. She acknowledged the leadership from the Chair and Accountable Officer and the wider team referenced in the letter. The Chair commented that the annual assessment process had changed to allow the CCG to provide a quite detailed narrative. Whilst the process was different, the Chair recognised the contribution of all the staff in this process. The Chair and Accountable Officer had been particularly keen to share a video from a Governing Body where the CCG's staff and team presented the Annual Report to NHSE/I and this had formed the basis for the annual assessment. The Accountable Officer also acknowledged the work of the staff and teams and thanked everyone involved. A personal letter of recognition and thanks had been sent to every member of staff who had attended Governing Body to tell their story as part of the Annual Report.	
108/21	**Any Other Business**	
	There was no further business to discuss this month. The Chair advised that no questions from the public had been received this month and reminded the public audience of the channels/ mechanisms available to contact Governing Body to submit a question.	
109/21	**Summary reflections** Ms Morris, Lay Member, felt that the direction of the CCG was slightly shifting and thinking more about partnership and hoped it would be how the ACP Board would function in the future. The Chair reflected on earlier comments that we need to think much more system wide and working as part of the system but in doing so	

	need to think about how we do things differently in the future and may be how we respond to the system pressures highlighted today.	
110/21	**Date and Time of Next Meeting**	
	The next meeting will take place on 4 November, 2021 at 2.00 pm. (details to be confirmed on the CCG's website).	

*Appendix A: Glossary of Abbreviations and Acronyms

ACP	Accountable Care Partnership
CCG	Clinical Commissioning Group
CHC	Continuing Health Care
CQC	Care Quality Commission
ERP	Elective Recovery Fund
EPRR	Emergency Preparedness Resilience and Response
HDP	Hospital Discharge Programme
GBAF	Governing Body Assurance Framework
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IFR	Individual Funding Request
JCC	Joint Commissioning Committee
JCCG	Joint Committee of CCG's
MoU	Memorandum of Understanding
NHSE/I	NHS England / Improvement
PCNs	Primary Care Networks
PCR	Public Contract Regulations
PPCCR	Procurement, Patient Choice and Competition Regulations
PPE	Personal Protective Equipment
PCT	Primary Care Trust
QAC	Quality Assurance Committee
SCC	Sheffield City Council
SCHFT	Sheffield Children's (NHS) Foundation Trust
SHSCFT	Sheffield Health and Social Care NHS Foundation Trust
Sis	Serious Incidents
SPIEEC	Strategic Public Involvement, Experience and Equality Committee

STHFT	Sheffield Teaching Hospitals NHS Foundation Trust
SY	South Yorkshire
SYB	South Yorkshire and Bassetlaw
YAS	Yorkshire Ambulance Service NHS Trust