

**Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on Thursday 4 March 2021, 2.00 pm
by videoconference**

A

Present: Dr Terry Hudson (TH), CCG Chair
(voting members) Dr Amir Afzal (AA), GP Nominated 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 (Deputy Chair)
 Dr Andrew McGinty (AMc), GP Nominated 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 Nominated Locality Representative, North
 Mr Alun Windle (AW), Chief Nurse

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

In Attendance: Ms Lucy Ettridge (LE), Deputy Director of Communications, Engagement and Equality
 Mr Greg Fell (GF), Sheffield Director of Public Health
 Mr Nicky Normington (NN), Locality Manager, North
 Mr Gordon Osborne (GO), Locality Manager, Hallam and South
 Ms Emma Wathall (EW), Business Manager (minutes)
 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
22/21	Welcome, Introductions, Apologies for Absence and Confirmation of Quoracy	
	The Chair welcomed members and those in attendance to this meeting of the Governing Body.	
	He also welcomed members of the public to the meeting and explained	

that due to the current restrictions on social distancing we were livestreaming Governing Body meetings being held in public.

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 those who were normally in attendance had been received from Mr John Macilwraith (JMCI), Executive Director of People's Services, Sheffield City Council and Ms Judy Robinson (JR), Chair, Healthwatch Sheffield.

The Chair declared the meeting was quorate.

23/21 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 Medical Director declared a conflict of interest in relation to agenda item 10: The Talbot Trusts – Appointment of Nominated Trustees as the paper was asking Governing Body to approve his appointment as a Trustee. The Chair confirmed that the Medical Director could remain present for the discussion but could not take part in any decision making process at that point of the meeting.

Professor Gamsu, Lay Member, declared a conflict of interest in item 7 – Patient Story. The patient story was provided by the Deaf Advice Service which forms part of the Citizens Advice Bureau, which he is the Chair of in Sheffield.

24/21 Questions from Members of the Public

There were no questions from members of the public.

25/21 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.

26/21 Approval of Unadopted Minutes of the Previous Meeting held on 14 January 2021

The unadopted minutes of the meeting held in public on 14 January 2021 were agreed as a correct record and would be signed by the Chair at a later stage.

27/21 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 unfortunately, there was no further update available today. The Accountable Care Partnership (ACP) Work Group was not active and not meeting at this time. This action would remain live until the meeting takes place.

b) Sponsorship proposals over £5k and Future sponsorship proposals (minutes 99/20 and 116/20 refer)

The Chair advised that the question remains around how we take forward any commercial sponsorship.

It was agreed that given the future proposals for structuring of commissioning in the future, this conversation would be better had across South Yorkshire and Bassetlaw (SYB) with a view to having a commonality of approach. It was recommended that both of these actions should be closed to Governing Body, but that any further papers would be brought back for discussion.

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

The Chair confirmed that the NHS Sheffield CCG revised Operational Plan, including Commissioning Intentions would be discussed in the meeting. The Director of Commissioning Development stated that this item related to a patient story and that she would have a discussion with the Associate Director of Corporate Services outside of the meeting. The Associate Director of Corporate Services highlighted that the Executive Director of People's Services, Sheffield City Council had confirmed that they would provide an update at the next meeting.

Action: Director of Commissioning Development, Executive

SBu/JMcl

Director of People's Services, Sheffield City Council

d) Amendment to email address included on Governing Body Agendas that were published on the CCG's website (minute 05/21 refers)

The Chair confirmed that the amendment to the email address had been completed and the item was recommended for closure.

e) Patient Story (minute 07/21 refers)

The Chair confirmed that thanks from Governing Body had been passed onto the groups involved. This item was recommended for closure.

f) Governing Body Assurance Framework Quarter 2 Update (minute 10/21 refers)

The Chair reported that there were a number of elements recommended for closure, but that we do have an open action relating to the Governing Body Assurance Framework (GBAF).

The Associate Director of Corporate Services stated that she had completed the email circulation. She had discussed with Ms Morris, Lay Member, around what to put in the next report. This would include the objectives alongside the risk which would go to Audit Committee before it was presented to Governing Body. The Chair recommended this item for closure, noting that it would come back to the May meeting of Governing Body.

g) The Impact on Health and Wellbeing in Sheffield of the Covid-19 Pandemic and Subsequent Societal Response to it: (minute 15/21 refers)

At the last meeting it was agreed that the Consultant in Public Health would respond to the Chair of Healthwatch, via the CCG, in terms of information about dental health and ensuring that clear information is passed on. Given that the Chair of Healthwatch was not present, Governing Body members were unable to ascertain if this had been received. The Sheffield Director of Public Health would follow up with Dr Rutter and an update would be given at the next meeting.

Action: Sheffield Director of Public Health

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

The Accountable Officer indicated that the documents were accessible through usual communication channels. This item was recommended for closure.

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

28/21 Patient Story

As noted under minute 23/21, Professor Gamsu, Lay Member, had declared a conflict of interest in this item.

The Chief Nurse introduced the patient story.

The initial part of the story was signed by Susan, the patient's wife, regarding her late husband Ronnie who was deaf, had Alzheimer's and terminal cancer. Susan is also deaf. Susan was too emotional to fully tell the story which related to her husband's admission and three day stay in hospital with no support and the subsequent hospital appointment. The Deaf Advice Service continued with the story on Susan's behalf. It was noted that the Deaf Advice Service is part of the Citizens Advice Bureau. Ronnie had a 3 day stay in hospital with no communication. It was difficult to lip read as staff on the ward were wearing masks, he was very frightened and could not communicate at all.

Following discharge, Ronnie's daughter received a phone call from the hospital requesting attendance at a hospital appointment. On arrival at the hospital Ronnie's wife was not allowed in and as no interpreter had been arranged, Ronnie's daughter had to act as interpreter. The doctor informed them that they were unable to treat Ronnie and his life expectancy was between two weeks to two months. At this point Ronnie's wife was allowed in at his request and the doctor left them. Ronnie came home, but the doctor wanted to admit him to hospital again. It was agreed that he could stay at home with his family and sadly two weeks later he died.

A week later Ronnie's wife received a letter from the hospital asking for a phone appointment to discuss Ronnie's ill health. This was too late as he had died, and caused distress: how would they have had a phone call as both Ronnie and his wife were deaf? Why was this not clearly documented in medical records? The Deaf Advice Service were able to provide much needed support to Susan with completing forms and telephoning services and organisations on her behalf. The Covid pandemic had made things worse, but even without Covid things can be very difficult for deaf people.

The Chief Nurse thanked members of Governing Body for listening. A recommended action was to thank the individuals involved for showing the complexity from a hard to reach groups with disabilities and how we interact from a health care perspective. The Chief Nurse supported the advocate's view that the daughter was inappropriately placed in the position of interpreter and there were some actions that we need to pick up. The Chief Nurse and Deputy Director of Communications, Engagement and Equality would meet to discuss how we engage with our commissioned providers and how we utilise and share this story with Director groups across the city. A message of appreciation and thanks were given to the Deaf and Blind Society in Sheffield for their support to us within the Covid programme, for assessing access to Covid sites and sharing some of the complexities. Governing Body members were assured that we have had input from these advocates.

Ms Thorley, Lay Member, commented that she was pleased to see this story shared at Governing Body and to have the opportunity to see the impact and to think about the actions. She suggested taking the story to the Quality Assurance Committee (QAC) to further look at it and expressed sympathy for the patient's daughter hearing the news for the first time. She stated that we need to get to the point where clinicians, staff in hospitals, primary care or any other health service consider patients who do not see or hear and think about what they can offer rather than the person raising the question. In addition, she suggested a discussion at QAC would be useful.

Action: Ms Thorley, Lay Member

JT

Professor Gamsu, Lay Member, advised that he had previously had sight of the story which The Deaf Advice Service (part of the Citizens Advice Bureau) had made in partnership with Healthwatch. He acknowledged that NHS services were under pressure, but regardless of that it was unacceptable that someone who is deaf should have experienced this at this time. He was pleased to see that this issue had been taken up by the CCG and welcomed Ms Thorley's comments.

He added that the former Chair of the Deaf Advice Service, who is on their Trustee Board and a deaf person herself, was so angry when she heard that this had happened. The Deaf community have been campaigning around these issues for years and to then have this example, where a major institution in the city had not been able to change its organisational culture to see this as a priority was disappointing. Despite years of discussions and collaborating with people it was evident that this had not been embedded in change. He stated that if we were going to move forward, there was a lot of work that needed to be done. Finally, he stated that this story also related to concerns heard in media about the relationship excluded groups have with health systems, which results in things such as poor uptake in vaccines.

Dr Sloan, GP Elected City-wide Representative, expressed her view that there was no excuse for this and it should have been flagged from the beginning. It wasn't difficult to get a deaf interpreter and clinicians needed to get the best out of every appointment. The patient's daughter should not have been asked to do the interpretation and the doctor should have stopped the consultation and got the help to enable a meaningful consultation to take place. Dr Sloan stated that the whole team needed education and that paperwork needed to be accurate from leaving the GP, with the patient's needs flagged in a very noticeable way.

The Deputy Director of Communications, Engagement and Equality reassured Governing Body that although there were issues with the current contract, which is shared with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and due to be re-procured in September, work was being undertaken internally to see what we could do outside of the contract for the time being.

The GP Elected Representative, Hallam and South, added that with

patient centred care and support, shared care record and shared technology functions within an integrated care system, this needed to be a system that could not let this happen and we needed to make sure all elements come together.

The Chair brought this item to a close with a final reflection that this was a powerful story and one of grief, spelling out a big inequality story of isolation and not having right support in the right places. Highlights noted were the support organisations that we have in place. Governing Body would pass its thanks to those involved in the video and to communicate it in the best way appropriate for those receiving the message.

Action: Chief Nurse

AW

29/21 Communications and Engagement Strategy

The Deputy Accountable Officer introduced the Communications and Engagement Strategy and asked the Deputy Director of Communications, Engagement and Equality to provide an overview.

She highlighted that it was a new strategy building on the version from 2016, had been written for some time and had been due to come to Governing Body for approval in April 2020 along with a plan of engagement with Healthwatch and other community organisations in the city to gather views, but had been delayed due to the pandemic. She noted that the strategy hadn't been massively refreshed since then but still stands a year later and it was presented today for approval.

She explained that it had been presented to the Strategic Public Involvement, Experience and Equality Committee (SPIEEC) in February 2021 and was recommended to Governing Body for approval. Engagement had taken place internally with Staff Forum and Deputy Directors to obtain their view. In addition, a piece of work was undertaken with neighbourhoods asking for preference on communication and how they wanted to engage with the NHS and this was reflected in the strategy. It was noted that this is a two year strategy and there is a lot that we have already delivered. The vaccine engagement and communications is an example of investing and funding in community groups to do communications and engagement and co-produce the engagement.

Its vision was to involve people in decisions, especially targeting those with the greatest health inequalities and the poorest health. In terms of engagement in the last year, we have undertaken engagement work around the impact of Covid in these communities and this has shaped our commissioning intentions, and we were now producing videos and delivering the digital side. The Deputy Director of Communications, Engagement and Equality, added that the team has undertaken lots of campaigns, including the Urgent Care Campaign. We now need to ensure that we are future proof for the next year and IT bridges moving into a digital world but ensuring that we are putting resources in for those people that are digitally excluded and those with the greater health inequalities

The Chair welcomed any questions from Governing Body, reiterating that the strategy had come to Governing Body for approval with significant

input from the SPIEEC:

The Sheffield Director of Public Health fed back that he hears a lot from member's various communities that the messages that get sent out are very clear and appreciated. In addition, he advised that he hears a lot of positive feedback from communications colleagues at Sheffield City Council (SCC) about the joint nature of the respective communication teams and that the work was appreciated. Thanks were passed to the Deputy Director of Communications, Engagement and Equality and the team who replied that the pandemic had assisted with forging partnership working.

The Accountable Officer wished to note the point of Outstanding rating for engagement work and also passed on her thanks to Deputy Director of Communications, Engagement and Equality and the team. The Accountable Officer fed back that the work the team were doing with Black, Asian, Minority Ethnic (BAME) communities was mentioned at a recent meeting of the Regional People Board. The Accountable Officer highlighted that as we go into a year of transitional change it was important that we build on and embed on those things important to us. She had been speaking to staff about co-designing and we needed to be careful and mindful how we land our engagement work for Sheffield and embrace some of the opportunities from that. She highlighted that the SPIEEC workshop with the ACP, Healthwatch and SCC was planned for the end of March 2021 to build on the current model, think about the strategy and where we take engagement in the city.

Ms Nield, Lay Member, added that she wished to echo what people had said and that it had been such a proactive approach with the learning being built on starting with urgent care and really making a difference during Covid, and working with communities. In relation to the issue about the role of engaging the staff and our cultural change, we have built on those good foundations and this would stand us in good stead. It is innovative and well deserved.

Professor Gamsu, Lay Member, stated that it was good to hear others compliment this work. He explained that the workshop at the end of March was open to all members of the SPIEEC, to think about how we build on good practice in the city and ensure that our learning can help us develop a better system in Sheffield going forward in terms of how we work with the public and their experiences to help strive for better services. He highlighted that the Communications and Engagement Team was very small, but crucial to the success of health and care system going forward.

He advised that we need not just ideas but capability and relationships and credibility in the Sheffield Place after March 2022, to continue to allow us to build and that we need to give some thought to this. He added that in one of the papers for noting four areas were set out around what the ICS was focussing on for workstreams. One of these related to Place, and how we exchange with that workstream was going to be important to make sure we embed these relationships and the skills to make sure this happened.

The GP Elected Representative, Hallam and South, reaffirmed the need for future proofing going beyond 2022 and how do we capture the

emerging connections for younger people? Do we need to think about digital security around communications and engagement if we are using these platforms? The Deputy Director of Communications, Engagement and Equality added that we do need to keep afresh of latest trends as these change constantly. She concluded that the team would ensure that they were keeping up with the latest digital technology and targeting at the right audience in addition to being mindful of digital security

Thanks were given to Deputy Director of Communications, Engagement and Equality and her team for the excellent work undertaken.

The Governing Body **approved** the Communications and Engagement Strategy.

30/21 Review of Quality Assurance Committee Terms of Reference

The Associate Director of Corporate Services presented proposed changes to the Quality Assurance Committee's Terms of Reference for Governing Body's approval. She reminded members that at the January 2021 Governing Body meeting, Terms of Reference for the other Governing Body Committees had been circulated as part of the CCG's Constitution suite of papers but had not included the QAC Terms of Reference due to a delay in the review process. She noted an inaccuracy relating to reference to an Associate Director of Commissioning, which she would change to a Commissioning Representative and the Chief Nurse would work with the Director of Commissioning Development to seek a nominated individual to undertake this role. This was the only major change except to highlight that QAC had moved from quarterly to every six-weekly meetings and a public health representative would also now be invited to attend.

Action: Chief Nurse / Director of Commissioning Development

AW/SBu

The Governing Body **approved** the revised Terms of Reference with the agreed amendments.

31/21 The Talbot Trusts – Appointment of Nominated Trustees

As noted under minute 23/21 the Medical Director had declared a conflict of interest in this item and would remain present, but would not be involved in the discussion or decision making.

The Associate Director of Corporate Services presented the paper and explained that it was requesting consideration by Governing Body for an extension of the appointment of a nominated trustee to the Talbot Trusts. She explained that the Talbot Trust was a grant making registered charity, that distributes funds to support health related charitable work for Sheffield residents, and highlighted that details of the most recent organisations funded were outlined in the paper. She reminded Governing Body that the CCG has the authority to nominate four trustees for four year tenures.

The Governing Body **agreed** to extend the Medical Director's tenure as one of our nominated Trustees for the Talbot Trusts until 9 December 2024.

31/21 Mental Health Investment Standards Statement of Compliance 2019/20

The Director of Finance presented this paper. She stated that Governing Body members would be aware that we were required to produce a Statement of Compliance with the Mental Health Investment Standard for 2019/20 and explained that our external auditors were well into the audit of the standards, but required a Letter of Management Representations, an example of which was is appended to the paper. The Director of Finance sought approval for the Accountable Officer to sign this on behalf of Governing Body.

The Governing Body **approved** for the Accountable Officer to sign the management representation letter on their behalf.

Action: Director of Finance / Accountable Officer

JM/LSm

32/21 2021/22 NHS Sheffield CCG Financial Plan and Initial Budgets

The Director of Finance outlined that the purpose of this paper was to bring two items to Governing Body:

- a) An update on the development of the financial plan;
- b) To ask Governing Body to approve some initial budgets as it was a requirement in our Prime Financial Policies (PFPs) that Governing Body sign these off before the start of the financial year.

She gave an overview of the key issues. The national planning guidance had been delayed due to the need to focus on the latest wave of the Covid pandemic. We had received confirmation that at least for the first quarter of the next financial year the existing financial arrangement where we have block contracts and centrally set financial plans would be rolled forward. This would be at least for first quarter, but likely to be in place for the first two quarters and potentially for the full year.

She explained that the Financial Plan didn't take into account what the roll over arrangements would be and she had used historic ways of setting budgets based on previous levels of spend and activity. Assumptions for underpinning the plan were set out in the paper and we were estimating a £42million increase in funding available within Sheffield but had significant pre-commitments against that funding. An example of this was that we would need to demonstrate compliance for the Mental Health Investment Standard for 2021/22. We expected that the GP contract settlement would bring financial pre-commitments and we would be required to fund inflation activity pressures in the normal way.

The Director of Finance reaffirmed that the balance of these two issues was that there was a £14m difference between the funding we expect to get and the estimate of commitment and this would be the efficiency requirements we would need to make. At the moment we had schemes identified, including £5m in Quality, Innovation, Productivity and Prevention (QIPP) but this would still leave an unfunded gap.

She added that it was difficult to make any recommendation about how to

close the gap as this is likely to change due to awaiting confirmation of the financial arrangements that will be in place and this would indicate where we can look for efficiency savings. The difference noted this year was the increased level of financial uncertainty as we go into the new financial year.

The Director of Finance highlighted the budgets recommended for approval in Appendix A and reminded Governing Body that they had had some opportunity at the February development session to talk through these assumptions in more detail.

Professor Gamsu, Lay Member, referred to the statements around subsidiarity in the White Paper that talked about giving more freedom to Places, and asked if the way in which budgets were allocated allowed this to happen. He made reference to the fourth bullet point under key issues and stated that this appeared to give with one hand and take with the other. The measure of some of the principles in the White Paper were around greater subsidiarity at Place and Neighbourhood level, one of the tests was does the financial environment actually enable that?

The Director of Finance responded that the work undertaken in the last year on joint commissioning intentions very clearly focused where we wanted to make key decisions. We are in a challenging position but we had put ourselves in the best position possible in terms of making progress on our agreed priorities.

Ms Nield, Lay Member, added this this was a thorough piece of work, working on assumptions but based on such experience and that she had a lot of confidence in this. She queried if we would be able to find the extra £14m? The Director of Finance replied that this was a difficult question, due to not having sight of what Quarter 1 resources might look like and explained that she had not tried to estimate what the ongoing Covid expenses might be and if there would be sufficient resources to cover that. She stated that she thought the providers would have levels of block contract and that the ability for us to redesign pathways and release efficiency was limited and the scope to look for efficiency savings outside that was also limited.

The Accountable Officer commented that looking beyond next year, which was a transition year, and what the future beyond that point would look like, there were some interesting things in the White Paper, between an NHS Statutory Board and a Health and Care Partnership, with the latter having statutory duties to collaborate across a wide range of partners being able to shape the direction of travel. That would be an interesting thing to hold on to and where would be the point of delegation in Place. One of the emerging points of delegation was our joint committee with the Local Authority and we have shared priorities and pooled resource to meet the needs of local people. We need to think in the future about freedom for local decision making, what that might offer to us and how do we maximise those opportunities.

The Deputy Accountable Officer highlighted that he wished to lend support to the Director of Finance and commented that planning was always difficult but more so this year with the complexities behind it. He commended the commitment of the conversations already had in Governing Body and the joint commissioning space. Finally, he

reaffirmed that we still needed to be able to act on objectives and priorities and this plan started to take us in that direction. He passed on his thanks to the Director of Finance.

The GP Elected Representative, Hallam and South, acknowledged that this was a complex challenge. He reported that the Medicines Optimisation Team were deployed doing vaccines and expressed concern about colleagues moving away from this to assist with the delivery of QIPP and that we needed to get emphasis in right place.

Dr Nikki Bates, GP Elected City-wide Representative, queried if we were any different from other CCGs and if this was a nationwide picture. The Director of Finance confirmed that it was and that ongoing conversations were taking place with NHS England (NHSE), the Department of Health and Social Care and the Treasury.

The Governing Body **approved** the preliminary budgets, recognising that nationally there was a lot of uncertainty.

33/21 Month 10 Finance Report

The Director of Finance presented this report which provided an update on the financial arrangements in place and the financial position at Month 10. She highlighted the following:

It was noted that the ICS had been successful in being awarded additional resources to support the system-wide deficit. This additional funding had been shown as increased surplus on the CCG's position.

The Director of Finance noted that from Section 1 of the report, the RAG rating of the achievement of our financial position had changed from Amber to Green. This was a reflection of where we were at in the financial year.

Additional resources had been allocated into the system since we had agreed the original plan. We had significant additional funding allocated into the system. There were still a range of risks that we were still required to manage, one of the most significant was our prescribing spend and we still had a level of volatility around prescribing with growth in items and some spikes potentially linked as we move between periods of lockdowns. It would remain one of the estimates in our accounts at year end.

The activity update for STHFT was detailed on page 5. Activity in January had fallen back as Covid activity increased. The growth in the inpatient waiting list was significant and a key issue for taking into 2021/22.

The Governing Body is asked to:

- Consider the financial position as at the end of January and note the risk assessment and existing mitigations to manage the risks to deliver a break even position.
- Approve budget movements over £2m and Better Care Fund budget movements over £1m (Section 10)

The Chair thanked the Director of Finance for such a comprehensive review. The Chair highlighted the change in the RAG rating which was testament to the strong finance team in the CCG who have been managing uncertainly in the last year. We had organisationally managed those financial risks and that we have got to nearly the year end having managed these appropriately should be applauded. Thanks were passed to the Finance Team from Governing Body.

34/21 2021/22 NHS Sheffield CCG Operational Plan including Commissioning Intentions

The Chair recognised that some of the commissioning intentions were joint and were discussed at the Joint Commissioning Committee. Governing Body has been sighted on these in the development session last month.

The Chair handed over to the Director of Commissioning Development. The Director of Commissioning Development presented an update of the 21/22 Operational Plan. The presentation outlined the structure and how the plan will be pulled together and developed, with the main aspects being the response and impact to the pandemic over the past year, what we have been putting in place in 20/21 and the things we are planning to put in place in terms of continuing to respond to the impact and ongoing work. This will be one of the main parts of the plan itself and has formed a big consideration in terms of our commissioning intentions work, in terms of prioritisation of what we need to do and put in place for Sheffield. A main part of that will be the joint commissioning plan. We have been working up to joint commissioning priorities across Sheffield City Council and the CCG. The Integrating Care document will also be featured in the plan and how we work towards the future with our partners across Sheffield whilst delivering our intentions and priorities for 21/22 and addressing health and care inequalities and how our priorities and intentions will reduce the impact of inequalities, not just those seen through Covid, but those identified specially across Sheffield. This will be the golden thread that underpins all of our priorities and work that we delivery through the year.

The Chair thanked the Director of Commissioning Development for a comprehensive overview and asked for any feedback or comments from Governing Body members.

Ms Thorley, Lay Member, stated that it was excellent to see focus on outcomes and continuing to get feedback from the population to make sure we are getting it right and doing what we set out to do together. The Deputy Accountable Officer commented that it was good to see how the strong joint commissioning intentions are coming through. This was evident at a session with the Health and Wellbeing Board last week where you can see this sets the strategy for the city in terms our long term ambition. In the last year we have seen the role and presence of our voluntary community coming into its own and the commitment from the Health and Wellbeing Board around our statement of intent needs to match with the commitments of what we are going to do. The GP Elected Representative, Central, stated that the outcome is excellent. There may be a cultural shift in looking at outcomes and having some feedback loops. He added that it looks as though the

foundations are right and that these will improve and evolve. Dr Sorsbie, GP Elected City-wide Representative, expressed her view that this was excellent work and that she championed the golden thread to address health inequalities through this. She reaffirmed that we have to be mindful that the outcomes should be informed with a lot of input from public health and an understanding of the timescale. We may not see improvements until 10 or 20 years down the line and need to ensure as a Place that all the foundation work that this represents isn't lost in the need for having quick fixes. Co-production is vitally important and involving the people who are going to be using the services.

Dr Bates, GP Elected City-wide Representative, acknowledged that working strategically with Sheffield City Council will help how we make a difference and impact on health inequalities across the city. Looking at children and the best start in life is important and how we can make the difference in relatively a few years. She felt it was important to keep seeing the document. She noted a difference in the way primary care is working across the city in networks and with Clinical Directors talking a lot more about health inequalities and how to address these as a bigger footprint rather than traditional insular general practices. She concluded that this was very exciting and the CCG should be able to work together with Sheffield City Council to make a big difference over the next few years.

The Medical Director commented that this has been refined over a long period of time and it feels like we are really getting it right around the co-production and clinically driven. There is openness with the public around what we are trying to achieve, but yet being prepared to be held to account. The strong commissioning with Sheffield City Council is really important, along with the strong relationship with the ICS and strong provider alliance that we are trying to develop across the city. It is important to preserve it and keep being accountable to the public.

Dr Sloan, GP Elected City-wide Representative highlighted some of this was already happening and that for the last two to three years, that CCG has funded, along with Sheffield City Council, lots of different models for women's health across the city. This provision in different places gives every child the best start in life and empowers women and a wonderful opportunity for reducing health inequalities.

In addition, Primary Care Sheffield now provides specialist women's health and contraceptive services in primary care services. The service is able to receive referrals and to stop referrals unnecessarily going to secondary care, in addition to providing services close to home. This is a good example of integration.

The GP Elected Representative, Hallam and South, stated that we are well placed to deliver on these things and it places us on a good footing for the next 12 / 18 months.

The Director of Commissioning Development concluded this has been long journey but we are just starting to deliver and make the impact in Sheffield. The outcomes framework would be brought to the next Governing Body development session. It is a co-produced and detailed piece of work that we will be holding ourselves to account. This will continue to be brought back to make sure that we are delivering and really having the impact for Sheffield.

35/21 **Month 10 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:

The Associate Director of Corporate Services updated on the impact of Covid on the acute elective backlog and included benchmarking in the report around the long 52 week waits. It was recognised that there was a growing number of waits and that the acute sector are trying to keep on top of this and trying to deal with clinical priority. This is a significant area of risk and the CCG will need to work closely with partners to try to clear the back log, but recognise that the challenges haven't gone away. Included in the report are comparisons with similar providers. It was noted that STHFT remains one of the top performers in the country for this, an example provided was in December 2020, the trust had 386 people waiting for more than 52 waits in comparison Hull 9,355. The table indicates that SYB providers are significantly lower than the others and evidences that comparatively we have strong system.

Working with and supporting our staff: The Associate Director of Corporate Services advised that we are preparing for transition into the ICS and moving to a new organisational model. Fortnightly staff briefings have been taking place to provide regular updates for staff. She highlighted that the whole organisation had been working on a piece of work to log our functions and why we do them. This work will support the integration across SYB and inform future models. All CCG staff are contributing to this and the exercise will be undertaken across SYB. **Inequalities:** noted that within this the engagement team have added in work they are doing in addition to an update on the work we are doing assessing data quality.

The Chair highlighted that this report was for consideration and asked if there were any further questions.

Professor Gamsu, Lay Member, queried that within the inequalities section there appeared to be a huge amount of red in terms of looking at data that has been collated and this continues to be an area of concern. He queried if general practice data was available? The Associate Director of Corporate Services reaffirmed that we are working our way through the data sets and that primary care would be added in. Dr Sorsbie, GP Elected City-wide Representative, commented that the report is impressive and understandable. She expressed concern that the backlog of patients, whilst acknowledging it could be a lot worse, the numbers were still significant. Pre-Covid there was always a struggle to keep on top of waiting list and referral rates. She queried if there was an opportunity for change and doing things differently. Now may be a good time to change how referrals happen and how GPs talk to Consultants. Secondly, she noted that in the health check report under 2.3, there was mention of a question around culture within the organisation which caused concern. What are we doing to address bullying in a virtual culture? It was recognised that a lot of effort has gone into shifting the culture and clarification would be helpful.

The Accountable Officer responded to the initial question and informed that there is the opportunity to influence change around Covid recovery and reset and there was work going on focussing on clinical prioritisation and harm minimisation. There is work to continue trying to embed around virtual consultation and she noted Dr Sorsbie's indication that there is potential to go further. She would consider how we place this in relevant system wide work. The Deputy Accountable Officer added that in the Planned Care workstream there is an appetite to do things differently. We need to further build on the experience that we have gone through working together.

In response to the question around organisational culture, the Accountable Officer stated that she was disappointed to read the recent negative comments but added that she also receives positive feedback. She reassured that work would be done to double our efforts on this. Work was ongoing looking at what comes out of temperature checks and work on thoughts and actions. Feedback on additional things we are doing is provided on staff briefing. Work is ongoing on mental health and staff wellbeing.

The Associate Director of Corporate Services acknowledged that it was difficult, as the feedback anonymous, so we can't find out more. It was planned to bring back the Freedom to Speak Guardians to try and encourage staff to raise issues and acknowledged that it is important that we pay attention to all feedback.

Ms Nield, Lay Member, fed back that this was a useful document and that she was impressed with digital strategy programme that we heard about last time and we need to think about those isolated and how we can be proactive with this. The Associate Director of Corporate Services highlighted that she had an action to come back to Governing Body with a plan around the digital strategy programme which will go to SMT and then to Governing Body.

Ms Thorley, Lay Member, touched on health inequalities and suggested a meeting with the Chief Nurse to discuss disability and additional needs in more detail as this doesn't appear to be happening in outpatients and accident and emergency. There is no data around this and it's only partially met in in-patients. Organisations need to offer reasonable adjustments and ask people about their requirements, and this needs to become embedded change. She suggested taking this data to discuss from a quality perspective and consider what the actions need to be in the Quality Committees with providers. The Associate Director of Corporate Services added that the information we have is as commissioners and the information they hold on their systems may potentially include additional needs of patients

Action: Ms Thorley, Lay Member

JT

36/21 Patient Safety, Quality and Experience Report

The Chief Nurse provided a verbal update highlighting key issues:-

The Chief Nurse reported on the good collaborative work undertaken with the CCG and Local Authority (Public Health) in relation to care homes, from a visiting perspective and outbreak management. There were some ongoing escalations from families, from a safeguarding perspective in some homes and the team will work with the Local Authority Safeguarding Boards and our groups to make sure the population is safeguarded.

The Chief Nurse highlighted a piece of safeguarding work which was picked up at the start of the pandemic, supporting the clinical assessment perspective for adoptions and fostering panels. He stated that the safeguarding team were no longer allowed to support from an adoption perspective but the impact on work which didn't cease in September had a massive impact on the team. They are working with the Local Authority on how this can be managed to alleviate the pressure on primary care. It is Important that we do fostering and adoption assessments as a priority to allow children to be placed. Work ongoing to resolve this.

It was reported that the safeguarding team are supporting Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) in relation to some governance processes. A member of the team is working with them two days a week to assist with developing governance processes. A number of independent pieces of advisory work is also taking place with SHSCFT around serious incidents complaints and safeguarding. This is a proactive piece of work to support their development and improvement programme.

Finally, the Chief Nurse wished to acknowledge the excellent work undertaken by the Continuing Healthcare (CHC) Team. The team has achieved what was set out at the beginning of the programme and completed the back log of assessments with exception to one difficult one. It was noted that there was a lots of work still to be undertaken from a recovery perspective due to pandemic.

The Chair passed on thanks to the CHC team for their achievements and hard work on behalf of Governing Body and also on behalf of those in receipt of care packages.

37/21 Integrated Care System, Accountable Care Partnership and the White Paper

The Accountable Officer highlighted some of the key points:-
In relation to the NHSE Improvement response to the engagement document, their recommendations to government for legislative change and the White Paper proposed legislative change is to go before parliament in the next few months. Included in the papers is a presentation that summaries key points from the White Paper and the Frequently Asked Questions (FAQs).

White Paper and key points: the ICS, which from 2016 have been partnerships, the legislation will be to put them on a statutory footing and

two important things from that is the concept of an NHS ICS Board as a statutory authority, which will plan for the delivery of health care services in SYB and sitting alongside this a wider Health and Care Partnership, which will bring together the NHS Local government and a range of wider partners including the voluntary sector. The establishment of the Health and Care Partnership will be underpinned by a duty to collaborate both in the NHS as commissioners and providers and local authority partners. There will be a lot of opportunities to be sighted on.

Section 75 of Health and Care Act 2012 will be repealed. This is the legislation for procurement, patient choice and competition regulations in the NHS. This will be replaced by a new procurement regime with the expectation of more collaborative approach.

The White Paper provides reinforcement that the responsibilities of commissioners as funders of care and providers of care will largely remain unchanged. The statutory functions of CCGs will continue and will transfer to an ICS.

The White paper doesn't reference changes in social care or public health beyond the duty to collaborate, but highlights they are likely to come forward in terms of change programmes or legislation later in the year.

FAQs: The Accountable Officer stated that it was important to pick up on the transfer of the accountabilities and functions of CCGs. There will be a large commissioning component to ICS's, but they will have wider responsibilities too. A key point in the FAQs is what this means for our functions and staff. There is a commitment to minimise uncertainty for staff and to have a smooth transition. Staff will transfer to the ICS and the ICS will become the employer. It was recognised that the CCG have been clear with staff about the process and employment commitment around terms and conditions.

The Chair confirmed that this will be discussed in detail at the Governing Body Development session and there will be ample opportunity for questions then.

Professor Gamsu, Lay Member, stated that the duty to collaborate can only be applied to statutory bodies, and queried if the duty to collaborate would include general practice and voluntary sector. The Accountable Officer confirmed that those partners will be invited into the Health and Care Partnership.

39/21 Reports Circulated in Advance for Noting

Governing Body formally noted the following reports:

- a) Integrated Care System Reports (to support main agenda item 17 (oral update / paper K))**
 - i) ICS CEO Report**
 - ii) ICS Sheffield Olympic Legacy Park Update**
- b) Integrated Care System – The White Paper (to support main agenda item 18 (paper L))**
 - i) White Paper: Integration and Innovation: working together to improve health and social care for all**

- ii) **Integrated Care Systems: Next Steps**
- iii) **Legislating for Integrated Care Systems: five recommendations to Government and Parliament**
- c) **CCG Chair's Report**
- d) **Report from the Strategic Public Involvement, Experience and Equality Committee**

40/21 Any Other Business

Chair's Report

The GP Elected Representative, Hallam and South, highlighted an error on the Chair's Report. The year in the first paragraph needs to read February 2021 rather than 2020. The Chair confirmed that this would be amended.

Action: Corporate Secretariat

CRH

41/21 Reflections from the Meeting

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

- A quiet calm resolve with which we understood the Director of Finance's challenge in the financial plan
- The sense of collaborating across the city, improving health and tackling inequalities. A feeling positivity about what we are doing and how pieces of work are coming together.
- The strength of partnership and relationships. In particular, Dr Sloan's example on family planning services and how collaboration can assist delivery of change for the people of Sheffield.

42/21 Date and Time of Next Meeting

The next full meeting of the Governing Body held in public would take place on Thursday 6 May 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
BAME	Black, Asian, Minority Ethnic
CCG	Clinical Commissioning Group
CIs	Commissioning Intentions
CHC	Continuing Healthcare
FAQs	Frequently Asked Questions
GBAF	Governing Body Assurance Framework
ICS	Integrated Care System
NHSE	NHS England
PFPs	Prime Financial Policies
QAC	Quality Assurance Committee
QIPP	Quality, Innovation, Productivity and Prevention
SMT	Senior Management Team
SHSCFT	Sheffield Health and Social Care NHS Foundation Trust'
SCC	Sheffield City Council
STHFT	Sheffield Teaching Hospitals NHS Foundation Trust
SYB	South Yorkshire and Bassetlaw
SPIEEC	Strategic Public Involvement, Experience and Equality Committee