

Unadopted Minutes of the meeting of NHS Sheffield Clinical Commissioning Group Governing Body held in public on Thursday 3 March 2022 via video conference

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Present:	
<i>(NB core / voting members only)</i>	<p>Dr Terry Hudson, Chair Dr Amir Afzal (AA), GP Locality Representative, Central Dr Ben Allen (BA), GP Locality Representative, HASL Dr Nikki Bates (NB), GP Elected City-wide Representative Ms Sandie Buchan (SB), Director of Commissioning Development Professor Mark Gamsu (MG), CCG Deputy Chair 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 Warwick (DW), GP Locality Representative, North Mr Alun Windle (AW), Chief Nurse</p>
Non voting member	Ms Cath Tilney (CT), Associate Director of Corporate Services
In attendance:	Mr Dominic Carrell, Locality Manager, West
	Ms Judy Robinson, Chair, Healthwatch Chair
	Ms Lucy Ettridge, Deputy Director, Communications, Engagement and Equality
	Ms Sapphire Johnson, Head of Commissioning for Children, Young People and Maternity
	Mr Greg Fell, Director of Public Health, SCC (part meeting)
	Ms Helen Lenthall (HL), Locality Manager, HASL Locality
	Mr John Macliwraith, Executive Director of People's Services (SCC)
	Mr Nicky Normington, Locality Manager, Central
	Ms Michelle Racey, Designated Clinical Officer (SEND), Children's and Young People's portfolio
	Mrs Karen Shaw (KMS), Corporate Secretariat
	Mr Paul Wike (PW), Joint Locality Manager, Central Locality
Members of the Public: Members of the public joined the meeting via the livestream on You Tube.	
A glossary of acronyms is attached at Appendix B.	

		ACTION
19/22	Welcome	
	The Chair welcomed members of the Governing Body and those in attendance to the meeting.	
20/22	Apologies for Absence	
	Apologies for absence had been received from Dr Zak McMurray, Medical Director.	
	The Chair declared the meeting was quorate.	
21/22	Declarations of Interest	
	<p>The Chair reminded members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). The Chair also reminded members that, 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</p> <p>Declarations made by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available either via the secretary to the meeting or the CCG website at the following link: http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm</p> <p>There were no declarations of interest from agenda items at today's meeting.</p>	
22/22	Questions from Members of the Public	
	<p>The Associate Director Corporate Services advised that one question had been received from Ms Millsom, Save our Sheffield.</p> <p>The Chair advised the question as follows:-</p> <p><i>Following the resolution below being passed at a recent Doncaster council meeting SSONHS decided to take this to Sheffield council's Health & Social Care scrutiny and also to Sheffield CCG.</i></p> <p><i>SYICB will take responsibility for all health and care decision making from all South Yorkshire local areas in July.</i></p> <p><i>SYICB membership should (amongst others) include Councillors from each local authority, representatives from Social Care, Mental Health,</i></p>	

	<p><i>Public Health, Community Health, Primary Care, Acute Health, Carers and Trade Union representatives.</i></p> <p><i>Private sector providers of NHS funded health services should be ineligible for SYICB membership.</i></p> <p><i>Will Sheffield CCG support the above proposals to demonstrate there is accountability to the public, patients and staff; to ensure openness and transparency in the SYICB decision making, including public access to Board papers and Board meetings and allow public questions?</i></p> <p><i>Also, we understand that CCGs have a legal duty under the existing legislation ie. the Health and Social Care Act 2012 to involve the public in any changes to existing commissioning arrangements. Why has Sheffield CCG not consulted individuals in its area on the proposed SYICB constitution? Are there plans to do so?</i></p> <p>The Chair thanked Ms Millsom for sending the question and advised that a full written response would be sent and added to the CCG’s website seven working days from the date of the meeting (see Appendix A).</p> <p>The Chair advised that the development of the Constitution for the ICB would be a joint responsibility between four CCGs, through the Joint Committee of CCGs. This would be taken to the appropriate forum and Ms Millsom notified in our response.</p> <p>The Chair reminded members of the public/staff that the address for submitting questions to the Governing Body could be found on the website.</p>	
23/22	Minutes of the meeting held on 13 January 2022	
	<p>Ms Nield, Lay Member, drew attention to the penultimate sentence on page 16 which was incomplete and should read “ Ms Nield, (Lay Member) acknowledged that this was a significant investment for Sheffield but the CCG would need to ensure that the consultation with the communities and patients reflects the issues in terms of access/services and what will be available. It will need to be done in a proactive way with key people who work with the community. The Primary Care Commissioning Committee had considered this at length at each stage so she welcomed that the funding had been confirmed”.</p> <p>Subject to the above amendment, the minutes of the Governing Body meeting held in public on 13 January 2022 were agreed as a true and correct record and signed by the Chair.</p>	
24/22	Matters Arising	
	a) Minute 122/19 – Public Question – The Deputy Accountable Officer advised that the position was unchanged. Action to remain open.	BH

	<p>b) Minute 98/21 – EPRR –. The Director of Public Health assured Governing Body that he was happy with the arrangements as they stood and thought the process was robust. NHSE/I and the Foundation Trust are the Category 1 providers; the emergency response is well co-ordinated via this route and for the course of the pandemic the Local Resilience Forum had been stood up and NHSE/I and YAS have been regular attenders. The Foundation Trusts co-ordinate their assurance through this process and this had worked well.</p> <p>Given the feedback, the Chair agreed this item could be closed.</p>	
	<p>c) Minute 9/22 – Governing Body Assurance Framework - The Director of Commissioning Development advised that the refresh of the health inequalities plan was currently ongoing and would be presented to May Governing Body alongside the 2022/23 Operational Plan.</p>	
	<p>d) Minute 10/22 – Month 8 Performance and Delivery Report – The Associate Director of Corporate Services advised that there were a number of data sources to check and these would be included in the next report. This item could therefore be closed.</p>	
	<p>Ms Thorley, Lay Member and Chair of Quality Assurance Committee (QAC) advised that based on a report provided by the Quality Team, ambulance response times had been discussed in depth at February QAC. However, this had raised further questions which would be taken to the Ambulance Quality Meeting and so would be brought back to QAC in April for further discussion.</p>	
	<p>e) Minute 11/22 – Patient Safety, Quality and Experience Report - The need for Annual Health Checks to be increased – The Deputy Director of Communications, Engagement and Equality advised that this was being taken forward as part of the refresh work for the health inequalities plan in March/April. This would be revisited when the Health Inequalities Plan comes forward to Governing Body.</p>	
	<p>f) Minute 14/22 – CCG Close Down Due Diligence Report – The Director of Finance advised that subsequent to the meeting, confirmation had been received from the shared business provider that the timetable had been revised which would mean that a set of accounts could be produced at the end of March and, subsequently, at the end of June and still move to merge the financial ledgers post. The action could be closed.</p>	
25/22	Patient Story	
	<p>The Chair welcomed Sapphire Johnson, Head of Commissioning for Children, Young People and Maternity and Michelle Racey, Designated</p>	

	Clinical Officer (SEND), Children's and Young People's Commissioning portfolio to the meeting to present this story.	
	<p>The Head of Commissioning for Children and Young People and Maternity highlighted that a SEND inspection had recently been undertaken in Sheffield. Good progress had been made in some areas but there is still some work to do to make sure that children, young people and families get the support they need. The story brought today was a small example of one family's experiences and provided a reminder of the challenges that remain in the system but also showed that by taking a person-centred, compassionate approach a difference can be made to people's lives. It also profiled the work of the designated Clinical Officer for SEND with the families and showed what a valued member of the team the role was.</p> <p>The Designated Clinical Officer for SEND described her role.</p> <p>She went onto introduce the story of Sonny, who she had been working with over the last 2.1/2 years. A very specific origin of support was applied to Sonny with a view to increasing the availability of what works using a very personalised approach.</p> <p>Governing Body listened to the story.</p>	
	https://www.youtube.com/watch?v=XuYB2Duchmw	
	The Designated Clinical Officer summarised the work – if you do not get health parts of a child's need right, it is really difficult for them to access a level of education that enables them to reach their potential.	
	The Chair reflected that the degree of person-centred care which was being offered was a testament to the work of individuals and also to the strengthening of the relationships with the Local Authority who also work on SEND. The report from Care Quality Commission (CQC) on the progress made would be welcomed.	
	<p>The Chair thanked the Head of Commissioning for Children, Young People and Maternity and Michelle Racey, Designated Clinical Officer (SEND), Children's and Young People's Commissioning for presenting the story.</p> <p>They then left the meeting.</p>	
26/22	Update on the development of the Financial Plan for 2022/23 and Approval of Initial Budgets for the period April to June 2022	
	The Director of Finance presented this paper which updated Governing Body on the CCG's Financial Plan for 2022/23, in the context of the national planning guidance and unconfirmed financial resources and sought approval for initial budgets for April – June 2022 which flow out of the plan as it currently stands to enable the CCG to commit expenditure from 1 April 2022.	

Governing Body acknowledged the high level of complexity involved to get the plans approved.

She reminded Governing Body that national planning guidance was issued in December 2021 which set out priorities for the NHS for 2022/23, including draft system allocations.

She highlighted key points as follows:-

- The SY ICS Director of Finance issued draft financial envelopes for the full year to all organisations within the ICS footprint (excluding Bassetlaw). Whilst it had been confirmed that Bassetlaw would remain within the South Yorkshire and Bassetlaw system up to the end of June the draft system envelopes, excluded Bassetlaw. The financial planning had continued to exclude Bassetlaw; for these purposes they would be included within the Nottingham and Nottinghamshire system. Discussions had taken place around the draft financial envelopes to understand the complexities e.g. block arrangements moving back to a more population based footing which had raised a significant number of queries. The finance team had submitted the draft financial plan in line with the deadline but there were a number of issues to be resolved before a final plan could be presented to Governing Body.

She went onto advise that there would be a reduction in the level of funding available to the CCG due to the cessation of a number of funding streams which were available in 2021/22 i.e. hospital discharge funding will cease at the end of March, the Covid funding provided by the Treasury which will reduce by 50% and there will be increased efficiency requirements on all systems. A convergence adjustment had also been introduced which in effect is an additional differential efficiency applied to systems dependent on how far over their recurrent allocations they currently are. Further information would be provided to Governing Body in the private meeting.

- The delay of the establishment of the Integrated Care Board (ICB) means that the CCG will continue to be statutorily accountable for the expenditure it incurs for the first three months of 2022/23. At the point of establishment, currently assumed to be 1 July 2022, the ICB will receive the remaining funding for the balance of the financial year, which in practise means the aggregate full year ICB allocation will be reduced by the resources consumed by the CCGs in the first three months of the year. The CCG in turn will receive a revised allocation equal to its expenditure incurred for the first three months. Statutorily, for this Governing Body, the Director of Finance confirmed a balanced financial plan because resource limit cover would be provided for expenditure during this period. However, the balance of the 12 months funding within the plan would transfer to the ICB on 1 July 2022.
- The Director of Finance advised that a revised set of initial budgets had been prepared for the period April to June 2022 recognising

that the CCG's Prime Financial Policies require that prior to the start of the Financial Year, the Director of Finance, on behalf of the Accountable Officer, prepare and submit commissioning and infrastructure (running cost) budgets for approval by the Governing Body. This enables the CCG to commit expenditure from 1 April 2022.

- The budgets are under-pinned by a detailed financial model which draws from actual and historic financial and operational data sitting alongside various high level planning assumptions.
- As previously advised, an updated financial plan will be submitted to Governing Body during the financial year, once final planning guidance and financial allocations have been confirmed.

In light of the all the level of uncertainty she sought Governing Body approval for the initial budgets for the first three months of the year in order that the CCG can legally and safely commence on 1 April 2022.

The Chair opened the meeting for questions and comments.

The Chair, recognising that Governing Body has statutory responsibility for the first three months of the financial year, and there is an assumption that whatever is spent, the CCG will have a balanced plan, asked to what extent are we working with partners in system to ensure that a system plan does not undermine the CCG's plan and that we do not spend our entire allocation in the first three months.

The Director of Finance advised that the purpose of producing a 12 month plan, as if the CCG was continuing, is a recognition of our responsibility to show how we can contribute to a balanced system plan, noting the significant issues to be resolved to deliver a balanced system plan. Currently the system is looking like it will not submit a balanced system plan. Notwithstanding, the statutory responsibility of the Governing Body, the CCG knows there are things which we want to progress for the Sheffield population so it would be really important to take responsibility for the full year plan and not just the three month plan that the CCG will be statutorily accountable for.

The CCG is working closely with partner CCGs in South Yorkshire to compare, contrast, test and scrutinise the assumptions in the plan. A peer review was planned to test the assumptions and look at the distribution of resources and whether there are any unintended consequences.

Governing Body:-

- Approved the initial April – June 2022 budgets and budget holders as set out in Appendix A
- Noted that the key assumptions set out in the paper were based on the underlying financial regime and the guidance published so far. An updated financial plan would be submitted to Governing Body

	during the financial year, once planning guidance and financial allocations have been confirmed.	
27/22	Month 10 Finance Report	
	<p>The Director of Finance presented this report which provided information on the financial position at Month 10 (January 2022), together with an assessment of the risks and existing mitigations available to deliver the CCG's control total of achieving a surplus of £21.9m relating to the historic surplus allocation.</p> <p>She reminded members that Governing Body had approved the revised full year financial plan for 2021/22 on 4 November 2021. This was the third iteration of the financial plan for 2021/22, recognising the changing financial arrangements that had been in place over the course of the year. The plan had been designed to deliver an in-year break even position (with the cumulative surplus equal to the brought forward surplus of £21.9m).</p> <p>The overall year-to-date position at the end of January showed a surplus of £18.7m (which was slightly higher than the planned surplus of £18.2m) which was predicated on the receipt of £5.2m additional allocations in relation to Hospital Discharge and Additional Roles Reimbursement funding.</p> <p>She reported that the forecast position was in line with the overall plan to deliver the £21.9m surplus but was again predicated on the receipt of £10.3m of additional allocations including £6.0m Hospital Discharge Programme funding, £2.4m Winter Access Funding for primary care and £1.9m from the Additional Roles Reimbursement Scheme. She highlighted that given the time of year, the reducing level of financial risk and available mitigations, the RAG rating of achieving the CCG's control remains as green. Therefore, barring any significant changes before the end of the financial year, she confirmed that the CCG would deliver its required financial position.</p> <p>Governing Body noted/approved the following:-</p> <ul style="list-style-type: none"> • Noted the CCG's year to date position to the end of January 2022. • Noted the CCG's forecast position for the year-ended 31 March 2022 and that the RAG rating of delivery remained green. • Noted the expectation that anticipated allocations will be received for a range of expenditure including the Hospital Discharge Programme (HDP); Additional Roles Reimbursement (ARRS); Service Development Funding (SDF), Winter Access Funding (WAF) and GP IT Covid. • Approved budget movements over £2m. <p>Dr Leigh Sorsbie, GP Elected City-wide Representative, acknowledged the work of the finance team who continue to deliver a balanced financial plan, whilst navigating the complexities and uncertainties in the system.</p>	

28/22	Month 10 Performance and Delivery Report	
	<p>The Associate Director of Corporate Services presented this paper which sought to update Governing Body on key performance measures regarding providers in the context of the current COVID-19 pandemic; to provide information on our organisational performance with regard to our workforce; to brief Governing Body on the views and experiences of our staff; to provide statistics regarding COVID-19 and an update on the progress of the vaccination programme and to provide a summary of the system priorities and operational planning until the end of this financial year.</p> <p>She highlighted the following key points:-</p> <ul style="list-style-type: none"> <p>• Performance on the CCG’s Constitution Rights and Pledges At the start of the pandemic the decision was made to pause some collection and publication of statistics. Some of these measures have recently been published, including Mixed Sex Accommodation, as of October 2021 and are included in the dashboard.</p> <p>• The impact of Omicron has meant the performance targets remained largely the same for January although there had been a slight worsening in couple of areas.</p> <p>• Performance against the Operational Plan At the last Governing Body, the Operational Plan for the remainder of the year had been received. The impact of Omicron had meant that the clearance of some patients waiting for treatment had not progressed as expected. It was hoped this would start to improve going forward and would be reflected in future reports.</p> <p>• Workforce CCG staff sickness absence rates had increased over the last couple of months and the main reasons were linked to stress and anxiety. There had also been an increase in staff absent with Covid. There was a recognition that there should continue to be an emphasis on the wellbeing of staff.</p> <p>• The report referred to the lifting of restrictions associated with the reintroduction of Plan A. As more restrictions had now been lifted, discussions were ongoing to help get staff back into the office. The Associate Director of Corporate Services would provide an update at the next Governing Body on how this was progressing.</p> <p>The Chair opened the meeting for questions.</p> <p>The Director of Public Health commented that although the Omicron variant was receding in Sheffield he thought there would be quite a high baseline for a period of time and this would impact on the NHS and care activity. He wondered where the planning for this would sit across Sheffield and South Yorkshire and encouraged colleagues to think about</p>	

the epidemiological scenarios going forward as it would have a long lasting impact on the residual capacity in the city.

He advised that flu vaccination coverage was really high for the second year running and, for the second year running, there is almost zero hospitalisation for flu. He acknowledged the work done to achieve this result.

Profess Mark Gamsu, Lay Member, enquired about information relating to ethnic monitoring as he could not reference it in the report. The Associate Director of Corporate Services advised that the information was not included in every report as the information did not change on a monthly basis. Professor Gamsu highlighted a recent NHS publication, NHS Observatory paper, which highlighted the issues around data gathering and how this needs to be improved.

The Chair reflected on a conversation at the Sheffield Health and Care Partnership Board where one of our provider organisations had indicated that their data collection was good on ethnicity and the wider protected characteristics so he hoped more robust data could be provided for future reports.

Dr Amir Afzal, GP Locality Representative, Central, commented that on top of the sickness rates, across Central locality and Sheffield there are huge problems with attracting staff – so many staff have left primary care. The effect of sickness was therefore really having an impact. He wondered if this should be reflected in this report as it impacts on resilience. The Associate Director of Corporate Services advised that the report, as presented, reported on CCG staff sickness and not workforce generally across the patch although it could potentially be added to this report. The Chair thought this could be expanded to include broad workforce and could be widened beyond primary care to include secondary and social care staff as it could provide an early warning indicator of what is happening in the system. Alternatively, if we wanted to focus on primary care, then it may be prudent to report via the Primary Care Commissioning Committee and escalated to Governing Body for further information.

Dr Leigh Sorsbie, GP Elected City-wide Representative, highlighted that Sheffield compares favourably with core cities for national data in respect of waiting times. In terms of waiting list initiatives and catch up programmes, people are looking at those at greatest risk of harm from delayed treatments and she asked if inequalities were being taken into account from areas of poverty or areas of deprivation as the risk of delaying treatment is greater and in itself is a risk factor. Was this being considered?

She thought that the level of sickness absence would be higher without the support being offered to staff. Nonetheless, the figures reminded us that people are working in really stressful situations and the support is really important and needs to be taken forward into the new organisation to keep people well.

	<p>The Associate Director of Corporate Services acknowledged Dr Sorsbie's comments on support for staff and agreed this should move through to the ICB.</p> <p>In answer to the point on health and inequalities, The Director of Commissioning Development highlighted that health and inequalities were a key part of the commissioning plans for 2022/23, not just in terms of a city-wide plan, but also in terms of all partners coming together to look at how we can reduce health inequalities and look at the impact Covid has had. Each organisation is reviewing their waiting lists broken down by deprivation and ethnicity to see if there is any difference in terms of waiting lists. This would be picked up in more detail later in the meeting.</p> <p>Governing Body noted the following:-</p> <ul style="list-style-type: none"> • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • Key issues relating to the CCG workforce and their views and experiences • A position statement regarding COVID-19 and the vaccination programme plus the Seasonal Influenza Programme Update. • Planning priorities up to March 2022. 	
<p>29/22</p>	<p>Patient Safety, Quality and Experience Report</p> <p>The Chief Nurse presented this paper which sought to provide an overview of NHS Sheffield Clinical Commissioning Groups (SCCG) Quality, Patient Safety and Experience assurance oversight.</p> <p>He highlighted key points as follows:-</p> <ul style="list-style-type: none"> • The Care Quality Commission had announced that they would be undertaking some focussed unannounced visits to primary care based on data which relates to the public raising concerns around access. This would be triangulated with high A & E attendance complaints and the results of the patient survey. • As previously reported to Governing Body, Sheffield Children's (NHS) Foundation Trust (SCHFT) received its CQC report with a 'good' outcome but recognising additional work within CAMHS services was required. • Sheffield Health and Social Care (NHS) Foundation Trust had received feedback on the reinspection of its services, and the Chief Nurse was pleased to report that all 'inadequate' ratings had been removed. While the overall outcome had moved from 'inadequate' to 'requires improvement' there was still some 'inadequate' for inpatient services. Governing Body was aware that there had been a sustained pathway of enhanced oversight with CQC, NHSE/I and 	

the CCG and currently an Exit Plan is being developed to step back from the additional oversight and scrutiny. The CCG would keep oversight through the Quality Review meetings.

- Sheffield Teaching Hospitals (NHS) Foundation Trust (STHFT) – remain under scrutiny for the previous Maternity Services outcome and are awaiting the revised inspection for inpatient services (wider than maternity) and for the well-led inspection; the publication date was currently awaited from the CQC.
- Serious Incident reporting – We continue to review the learning aspects of incidents that are reported across Sheffield. Historically, there have been very few incidents from primary care or independent providers such as care homes. National change is expected with regard to incident reporting through NHSE/I and the National Quality Board but this has been delayed. However, the CCG continues to support the learning from all providers. There had been some soft intelligence that some incidents from providers may not have been reported and the CCG is currently working with providers to seek assurance on investigation and reporting.
- Covid and Vaccinations – The Consultation and the Regulations revoking mandatory vaccinations come into force on 15 March with regard to the requirement of CQC registered individuals ensuring that workforce is vaccinated. However, this should not deter the CCG from promoting the uptake of the vaccine in health, social care and the public. The rollout out of the Spring and Winter programme is currently being planned.

The Chair opened the meeting for questions.

The Director of Public Health welcomed the revocation of the condition of employment but commented that the communication on what comes next would need to be managed. With regards to the unannounced visits to primary care and the triangulation with visits to A & E, he thought this would need to be handled really carefully and welcomed a steer on how this would be managed as he thought this would need to be done in a supportive manner.

The Chair commented that a similar inspection regime should have taken place in December but was paused due to Covid but his understanding was that these would be supportive visits to practices and the outcome would not affect their rating. The Chief Nurse confirmed that the visits would be of a supportive nature, however, if there are clear issues then a full inspection would take place on the provider. The Chair thought this should be picked up by Primary Care Commissioning Committee, through the localities and Locality Managers. It would also be helpful to highlight on the PCN Clinical Director fortnightly calls.

Ms Judi Thorley, Lay Member, advised, as Chair of the Quality Assurance Committee, that issues around access, good practice and opportunities

across Sheffield had been discussed at QAC. Her understanding was that there were visits happening in other parts of the country; when CQC visit normally they request information/data from the CCG and part of the CCG's and QAC's role is triangulation of the information and looking at what has worked, what has not worked, looking at complaints, incidents and lessons learnt. There have been a lot of helpful concerns/comments raised via the public via Healthwatch so she wondered if the CCG would be asked for any information. If not, could we provide anyway? Can we proactively ask for a pre/post summary briefing for when the visits happen, appreciating they are unannounced visits?

The Chief Nurse advised that even with unannounced visits, the CQC do contact the CCG via the Chief Nurse and the Quality Team in order to give them an update on the specific practices they are planning to visit. So, although the CCG would be given the focus for the visit, the CCG would not be provided the data for the visit. The Chief Nurse advised that the CCG is already offering a 'mock' supportive visit to practices and a number of practices have engaged in this process. The CCG would not receive the outcome to an inspection whether it be a supportive or formal visit.

Following further discussion, it was agreed that the Chief Nurse and Ms Thorley, Lay Member, would discuss the approach outside of the meeting, through QAC and link with PCCC to ensure that it is being discussed in both arenas.

Action: Chief Nurse and Ms Thorley to discuss the approach outside of the meeting.

The Chair, Healthwatch, advised that Healthwatch had been working with the CCG with regard to access issues. There was a problem particularly for people who cannot access the GP system e.g. homeless, asylum seekers as they are required to give addresses/identification. She was glad to hear about the supportive work being undertaken and hoped that Healthwatch and the CCG would continue to work together on this issue. She advised that the CQC ask Healthwatch for evidence/feedback they have from public feedback when they undertake inspections.

The Chair requested that the Chief Nurse/Ms Thorley, Lay Member, make contact with the Chair, Healthwatch, outside of the meeting in order to bring their information into the support process.

Action: Chief Nurse/Ms Thorley to contact Healthwatch to discuss.

Ms Chris Nield, Lay Member and Chair of Primary Care Commissioning Committee, welcomed the support from the CCG for the inspections in primary care but expressed her concern around the inequalities in those practices that have not been able to recruit.

She enquired that with the requirement for vaccinations to cease, would social care be able to recruit more staff or has there been minimal effect? The Chief Nurse advised that the reportable figures for social care moving

	<p>forward was that in excess of 500 staff had left the service because of the requirement and now this is being revoked, discussions contact with the Director of Adult Social Care and the Director of Public Health on this issue.</p> <p>The Chair invited new comments/questions from the meeting.</p> <p>Dr Ben Allen, Governing Body GP, highlighted behavioural science around breast screening. There is often a tension between the objective of a particular type of communication to get a patient to do something that we want. Behavioural science is important and he sensed a tension between increasing numbers versus person centred care.</p> <p>The Chair acknowledged Dr Allen's comments which raised an ethical decision on how the CCG makes decisions and he advised that in terms of future work, this would be picked up by the new ICB in the integrated care system and will form part of the Population Health Management Unit. The Chair extended an invitation to Dr Allen to talk to the group about this.</p> <p>Action: The Chair/Dr Allen to meet outside of Governing Body to discuss.</p> <p>Mr Nicky Normington, Locality Manager North, referenced the unannounced visits being planned by the CQC and echoed Ms Nield's concerns around the health inequalities and the practices that deliver services in these areas that really struggle. The majority of practices in the North struggle with retention and recruitment. Mr Normington was currently working with two practices that had reached out to the CCG because they are struggling, due to circumstances, to provide access but he welcomed the visits as long as they are supportive. Need to be careful as this could widen health and inequalities further.</p> <p>Governing Body noted the paper, acknowledging the mitigations plans or next steps in place to manage those risks.</p>	
<p>30/22</p>	<p>NHS Sheffield CCG Plan Submission for 2022-23 and progress update on Commissioning Intentions</p> <p>Ms Jennie Milner, Deputy Director of Planning and Joint Commissioning, attended for this item.</p> <p>The purpose of this paper was to summarise progress on development of a place- based plan for 2022-2023, responding to the key priorities outlined by NHS England in the current Planning Guidance. The paper also described the process the CCG is following to finalise its Commissioning Intentions for the coming year, including those which have been developed jointly with Sheffield City Council.</p> <p>The Deputy Director of Planning and Joint Commissioning provided the key highlights as follows:-</p> <ul style="list-style-type: none"> • Planning guidance for 2022-2023 was issued on 24 December 2021. The CCG is working with provider partners to create a 	

unified, place-based submission which will include data on activity, performance and workforce projections, and narrative which will address health inequalities, elective and cancer performance recovery, primary care, and urgent and emergency care.

- The deadline for the draft submission to the South Yorkshire and Bassetlaw Locality team at NHSE/I is 9 March 2022. The subsequent deadline for the final submission is proposed as 20 April 2022, but this has yet to be confirmed.
- CCG staff have been working with NHS partners and colleagues in Sheffield City Council (SCC) to develop Commissioning Intentions for 2022-2023. This has been underpinned by extensive engagement with the voluntary sector and with patient advocacy groups. The paper described the process, progress achieved to date and what needs to happen next.
- Whilst system allocations remain draft, work continues to confirm distribution of the system allocation to organisations. Draft envelopes proposed from the ICS Director of Finance include a reduction in covid funding as well as additional efficiency/ convergence asks which may impact our ability to progress some of the Commissioning Intentions that may require additional investment.
- Three Governing Body members had been invited to participate in a process to scrutinise and confirm our Commissioning Intentions, in order to add an additional level of assurance.
- Agree that the Accountable Officer will be delegated responsibility for signing off the final planning submission from the CCG.

She drew Governing Body's attention to several issues associated with the planning process for this year:-

- NHSE have commissioned Newton Europe to work with SYB ICS on elective recovery plans from 2023 onwards, there is an expectation the 2022/2023 plan will dovetail to those plans.
- Workforce remains a major area of concern, beyond recruitment and retention; the current workforce is tired and recovering. Health and wellbeing of the workforce will be a key factor in the successful delivery of the plans.
- Virtual Ward - the success of the virtual ward initiative is a key factor in elective recovery in ensuring adequate flow from hospital. At present the additionality this will provide for Sheffield is unknown and additional demand on primary care services need to be factored in.
- Strategic Transformation Funding detail is still to be resolved.
- Dedicated national funding for Hospital Discharge will cease at the end of March 2022. It has been advised that no additional funding will be given to support Local Authorities. This remains a risk in ensuring flow is managed and surge pressure plans are in place and financially viable.
- To some extent, delivery of changes in Outpatient transformation such as Patient Informed Follow Up appointments, and general reduction in follow ups, will be dependent on a prepared primary care

service to manage and support patients as required. Capacity in primary care to support this remains a risk.

She went onto explain that the NHS Planning Guidance for 2022-2023 emphasises the need for systems to continue to reduce health inequalities and sets out detailed requirements for enhanced reporting of how places are reducing inequalities, including discrepancies in access to services, waiting times and outcomes. Alongside this, the NHS is expected to improve data collection and reporting, reduce its environmental footprint and to contribute to tackling climate change.

It was noted that the planning guidance is predicated on the assumption that circulation and the impact of COVID 19 will fall to low levels.

As in previous years, teams within the CCG and the Council have worked together to identify actions to be delivered in 2022/2023, which would reflect the agreed joint strategic priorities, the NHS Long Term Plan, NHS Planning Guidance, Sheffield's Health and Wellbeing Strategy, our aspiration to tackle local inequalities and our previous work to determine local priorities, such as Joint Strategic Needs Assessments. Key themes had been identified to be taken forward but there was some work to do around language as currently these were more in a language the CCG and health would appreciate rather than Local Authority so a piece of work was being undertaken to review.

She explained that the Commissioning Intentions cover a wide range of CCG and Council priority areas and described some of the priority areas for the coming year.

Two "Dragon's Den" sessions had been planned for early March, involving Governing Body GPs and Lay Members as well as colleagues from Sheffield City Council and CCG staff members who work on Business intelligence, Information Technology, Patient Experience, Communications and Engagement, Finance and Contracting to provide extra check and challenge on how plans will be rolled out, how they will tackle health inequalities and how outcomes will be delivered.

The Deputy Director Planning and Joint Commissioning went onto describe the next steps to create the Commissioning Plan. The information in the Plan would be captured on the Programme Management Information System which would be used to generate highlight reports which will monitor projects. The current proposal is for the highlight reports to be managed by the Executive Management Group overseen by the Joint Commissioning Committee, reporting to Governing Body, Cabinet and Health and Well-being Board in accordance with the Scheme of Delegation.

She specifically asked Governing Body to:-

- Note the progress on the preparation of our submission to NHS England in response to the 2022-2023 Planning Guidance.
- Agree that the Accountable Officer will be delegated responsibility for signing off the final planning submission from the CCG.

She commented that there had been a really strong process in place; a steering group of commissioners and a steering group of providers had come together to review the plans on a weekly basis. The process had not just been about numbers but about conversation and dialogue and open and transparentness to ensure work continues collaboratively at Place.

The Director of Commissioning Development advised that the Joint Commissioning Plan would be presented to the next public meeting of Governing Body.

The Director of Commissioning Development thanked the Deputy Director of Planning and Joint Commissioning for all her work on the Better Care Fund, Joint Commissioning and the Planning as she was leaving the CCG at the end of the Month.

The Director of Public Health left the meeting.

The Chair opened the meeting for questions.

The Director of Finance drew attention to the financial planning and implications for the commissioning intentions.

- There will be a large expectation for the CCGs to deliver efficiency. There would need to be an emphasis on things which can demonstrate improved efficiency whilst achieving QIPP (Quality, Innovation, Prevention and Productivity).
- Governance and how we assure ourselves that we have performance management around QIPP performance
- Transition - where decisions are made in the future world. In the traditional commissioner/provider split there has been commissioning intentions revealing the growth available to the CCG. In a more dispersed world, the funding streams will be in different places and there are some issues to resolve around where governance sits for where the decisions can be made. The risk is that as a set of organisations we don't come together but sit and transfer risk or decision-making elsewhere; we need to find a way where a collective decision can be made.
- A risk of information being received at short notice when plans are required to be submitted. As an example, detailed guidance on the Elective Recovery Plans had been delayed and only received last week and consequently there was still lots of detail to work through. There is currently a re-consultation on national tariff arrangements underway and what that may mean.
- There is a significant amount of risk which is being managed around the financial planning/budgets. However, the process outlined earlier re the focus on the important issues which need to be taken forward is strong and the workforce will ensure this is actioned.

The Chair of Healthwatch Sheffield, enquired if there was any thinking around looking at commissioning for non-traditional providers, particularly

	<p>in relation to health and equality. The Director of Commissioning Development advised that this had been, and continues to be explored, especially with the linkages with SCC. Grants had been provided to the voluntary sector to help with winter planning, there are stronger links with community groups who are being asked to be part of forums such as the Outcomes Steering Board, which underpins the Joint Commissioning Plan. The CCG was evolving its commissioning with SCC across both commissioning organisations. The Chair, Healthwatch, welcomed this but asked that this message be highlighted to the ICB, which was agreed.</p> <p>Professor Gamsu, Lay Member, congratulated the team for their commitment and ambition in trying to get right the approach to some long-term complex problems by creating an environment for critical challenge whilst recognising the short-timescales.</p> <p>The Chair thanked the Director of Commissioning Development and the Deputy Director of Planning and Joint Commissioning for the update recognising the risks and challenges. There was real positivity and potential in the future. He thought that this set of Commissioning Intentions and Operational Planning, particularly doing it in partnership with colleagues in SCC and provider colleagues, through the workgroups, puts the CCG in a good position to do things in a different way.</p> <p>Governing Body:</p> <ul style="list-style-type: none"> • Noted the progress on the preparation of our submission to NHS England in response to the 2022-23 Planning Guidance. • Agreed that the Accountable Officer will be delegated responsibility for signing off the final planning submission from the CCG. • Noted progress on the development of our Commissioning Intentions and the next steps for this workstream. • Noted the update on financial planning. 	
<p>31/22</p>	<p>Integrating Care</p> <p>The Deputy Accountable Officer provided an oral update as follows:-</p> <ul style="list-style-type: none"> • South Yorkshire Integrating Care Board Currently the Board is in the process of being established and a number of appointments to the Board have been made. Subject to the successful passage of the Health and Care Bill through Parliament, the SY ICB will come into effect from 1 July 2022. <p>The appointments were noted as follows:-</p> <ul style="list-style-type: none"> • Dr David Crichton has been appointed to the position of Chief Medical Officer. David is currently Medical Director at Doncaster Clinical Commissioning Group • Cathy Winfield MBE has been appointed to the position of Chief Nursing Officer. She is currently Executive Chief Nurse at University Hospitals of Derby and Burton NHS Foundation Trust. • Christine Joy has been appointed to the position of Chief People Officer. Christine is currently Operational Lead for Change, HR and 	

	<p>OD for the National ICS Development Programme at NHS England/ Improvement.</p> <ul style="list-style-type: none"> • Will Cleary-Gray – Executive Director of Strategy and Partnerships, currently working within the Programme Management Officer for the ICS • Lee Outhwaite has been appointed to the position of Chief Financial Officer. Lee is currently Director of Finance and Contracting at Chesterfield Royal Hospital NHS Foundation Trust and Derbyshire Community Healthcare NHS FT. • Chris Edwards has been appointed to the position of Place Director for Rotherham and SYICB Deputy Chief Executive. Chris is currently the Accountable Officer for both Barnsley and Rotherham Clinical Commissioning Groups and a Senior Responsible Officer within the ICS. <p>The remaining Executive Place Director roles for the remaining areas, including Sheffield, are out to advert and the process is expected to be concluded by the end of April.</p> <p>Alongside the appointments to the ICB there will be Lay Member roles and the appointment process is also underway.</p> <p>The expectation is that the SY ICB will be established and operating in shadow form from the beginning of April 2022.</p> <ul style="list-style-type: none"> • South Yorkshire Integrated Care Partnership The process is currently underway for appointments to the Partnership and also the connections to Local Authority colleagues to ensure that the partnership is representative of the communities it serves. • Sheffield Place Partnerships A constructive and helpful meeting had been held with the Chief Executive designate of the ICB, Gavin Boyle, where it had been explained how the partnership had been developed over a number of years and emphasising the strength of the relationships around integrated commissioning but also in terms of scale and governance around the Joint Commissioning Committee and the Joint Commissioning arrangements. • He highlighted that there would be some changes within the Sheffield Health Care Partnership as the current Chair was retiring and the Director is taking up a new role. The vacancies would be addressed collectively across the city space. <p>Governing Body noted the update.</p>	
32/22	<p>Reports for Noting</p> <p>Governing Body noted the following reports:-</p> <ul style="list-style-type: none"> • Chief Executive Report HEG February 2022 • Report from Primary Care Commissioning Committee (PCCC) 	

	<ul style="list-style-type: none"> • Report from Strategic Public Involvement, Experience and Equality Committee • Sheffield HCP Programme Director’s report, January 2022 • Chair’s report <p>Ms Chris Nield, Lay Member, highlighted the report from PCCC. The main theme which had emerged was how far the PCCC had developed and the learning, which she hoped would move across to the ICB. Practice had improved in a number of areas.</p> <p>The Director of Finance advised that the CCG was still waiting formal confirmation of Treasury approval of the Business Case, despite receiving verbal confirmation in January and this was hampering communications around the launch of communication across the ICS. There needs to be some engagement with the Sheffield population about the proposals. She would be sending a briefing to Governing Body members once final confirmation was received.</p> <p>Action: Briefing to be sent to Governing Body once final Treasury confirmation on funding had been received.</p>	JM
33/22	Any Other Business	
	<p>The Chair raised the following business:-</p> <ul style="list-style-type: none"> • The Governing Body acknowledged the sudden and untimely death of Alastair Mew. He asked that Governing Body’s respects be passed to his family and friends. A number of staff had attended a staff briefing dedicated to remembering and reflecting their memories of Alastair. He asked if anyone had anything they wanted to add/send to the family to let him know. • The Chair acknowledged the leaving of Jennie Milner, Deputy Director of Planning and Joint Commissioning. He thanked her for all her work around the Better Care Fund and the joint commissioning arrangements with SCC where she had been instrumental in developing relationships, the shared priorities and translating the different languages spoken across health and social care and local government. <p>Professor Mark Gamsu, echoed the Chair’s sentiments and added that he thought that her personality and approach had also helped shape the work around the joint commissioning work.</p> <ul style="list-style-type: none"> • The Chair also acknowledged the leaving of Dr Nikki Bates who would be retiring from Governing Body and the NHS on 31 March. The Chair acknowledged the contribution Dr Bates had made to Governing Body during her tenure as she had been instrumental in shaping the CCG’s plans, narrative and vision and was an advocate for children and young people. 	

	<p>Dr Bates reflected on her journey with the CCG. As she was taking up a post as a public governor at Sheffield Children's (NHS) Foundation Trust she welcomed that children were high on the agenda of the new organisation, as this was really important as part of the Best Start in Life agenda.</p> <ul style="list-style-type: none"> Finally, the Chair advised that this would be the last public Governing Body meeting for the Accountable Officer, Lesley Smith, who was leaving Sheffield CCG at the end of March. Lesley had joined the organisation in 2019 for a period of two years, which had then been extended. He reflected on the work undertaken during this time. Her legacy would include restoring the CCG's moral compass, restoring our curiosity and our growth as an organisation and helping the CCG achieve good outcomes for the population of Sheffield. He personally thanked the Accountable Officer for her contribution as a colleague and friend. <p>The Accountable Officer thanked the Chair for his words and thanked everyone for making her welcome when she joined the CCG in Spring 2019. It had been a joy, honour and privilege to work with Governing Body, partners in primary care and all the team in Sheffield who were talented, passionate, individuals and to see them grow and develop over her tenure had been wonderful.</p> <ul style="list-style-type: none"> The Deputy Accountable Officer, as the SIRO, drew Governing Body's attention to improving Cyber Security resilience. In light of the heightened position around the world, all organisations, including the NHS, had been asked to undertake a series of assurances and immediate actions on critical controls and reduce the risk of ransomware and denial of service attacks and submit these via a data protection and security toolkit. The multi-factor authentication would be really important and he provided assurance that this was being used at the CCG. <p>This update was therefore to provide assurance to Governing Body that the team is undertaking the assessment and the immediate actions required. No specific vulnerabilities have been identified. Further actions will follow over the coming weeks and months but the initial assessment has had to be completed</p> <p>As SIRO, he further assured Governing Body, that the assessments have been undertaken and no specific vulnerabilities have been identified at this stage.</p> <p>The Governing Body noted the update.</p>	
34/22	<p>Reflections</p> <p>Dr Allen, GP Locality Representative, HASL reflected on the impact that the Accountable Officer had made to the CCG during her tenure. In terms of culture change, the impact she had had on the city and the team were</p>	

	<p>remarkable. Leadership is so important when unlocking talent and skills in the workforce.</p> <p>The Director of Finance reflected on the legacy which the Accountable Officer, the city wide elected GP and the Deputy Director of Commissioning and Planning would leave and recognising the difficulties that lie ahead, which had been discussed today, the importance of giving commitment to those individuals and staff that their legacies will continue after they have left.</p> <p>The Chair added that it would be important to take the positive interactions forward.</p>	
35/22	Date and Time of Next Meeting	
	The next meeting will take place on Thursday 5 May 2022, 2.00 – 4.00 pm, details tbc.	

Appendix A

Questions from Sharron Milsom, Sheffield Save Our NHS, to NHS Sheffield CCG Governing Body 3 March 2022

Question 1: SYICB will take responsibility for all health and care decision making from all South Yorkshire local areas in July. SYICB membership should (amongst others) include Councillors from each local authority, representatives from Social Care, Mental Health, Public Health, Community Health, Primary Care, Acute Health, Carers and Trade Union representatives. Private sector providers of NHS funded health services should be ineligible for SYICB membership. Will Sheffield CCG support the above proposals to demonstrate there is accountability to the public, patients and staff; to ensure openness and transparency in the SYICB decision making, including public access to Board papers and Board meetings and allow public questions?

CCG response: The ICB will take on the NHS commissioning functions of CCGs as well as some of NHS England's commissioning functions. It will also be accountable for NHS spend and performance within the system.

It has been mandated that the Board of the ICB will, as a minimum, include a chair, the CEO and representatives from NHS providers, general practice and local authorities.

In South Yorkshire our Constitution sets out the roles on the Board as follows a)Chair; b)Chief Executive; c)2 Partner members NHS and Foundation Trusts; d)1 Partner member Primary medical services; e)1 Partner member Local Authorities; f)1 Partner member from the Voluntary, Community and Faith sector; g)1 Partner member from Healthwatch; h)3 Non executive members; i)Director of Finance; j)Medical Director; k)Director of Nursing; l)4 Place Directors (the Lead for each of the 4 Place Partnerships) ; m)Director of Strategy and Partnerships; n)Director of People.

ICBs have the flexibility to determine further governance arrangements in their area – including the ability to create committees and delegate functions to them. We are currently working with partners to develop these governance arrangements.

Our Constitution builds on our commitment to work together and the Health and Care Compact the Partnership agreed in 2021 to realise our shared purpose to deliver the quadruple aim of better health, better care, better value and reduced inequalities to improve population health outcomes for the 1.3 million people who live in our area.

NHS England agrees ICBs' Constitutions and hold them to account for delivery.

Each area will also have an Integrated Care Partnership or ICP, a joint committee which brings together the ICB and their partner local authorities, and other locally determined representatives (for example from health, social care, public health; and potentially others, such as social care or housing providers). The ICP will be tasked with developing a strategy to address the health, social care and public health needs of their system, and being a forum to support partnership working. The ICB and local authorities will have to have regard to ICP strategies when making decisions. We are currently working with our partners to agree the make-up of the ICP, and have already agreed that it will be jointly convened by the ICB and Local Authorities, will include a wide representation of stakeholders and will be committed to seeking the views of local people as we develop our plans.

The ICB and ICP will also have to work closely with local Health and Wellbeing Boards (HWBs) as they have the experience as 'place-based' planners, and the ICB will be required to have regard to the Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies (JHWSs) produced by HWBs. Health and Wellbeing Boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government and include Councillor representation.

We are also shortly to commence work to co-produce our ICB People and Communities Strategy which will set out how we will work with patients and the public. Please email helloworkingtogether@nhs.net if you would like to be involved in this work.

Both the Integrated Care Board and the Integrated Care Partnership for South Yorkshire will meet in public to ensure transparency.

Question 2: Also, we understand that CCGs have a legal duty under the existing legislation ie. the Health and Social Care Act 2012 to involve the public in any changes to existing commissioning arrangements. Why has Sheffield CCG not consulted individuals in its area on the proposed SYICB constitution? Are there plans to do so?

CCG response: *In South Yorkshire the CCGs have consulted with a small number of relevant stakeholders to inform development of their constitutions rather than undertaking formal consultation with the public (this is also consistent with the approach taken by other CCGs across the NEY region).*

The bill states:

- (2) *The relevant clinical commissioning group or groups for an initial area must propose the constitution of the first integrated care board to be established for that area.*
- (3) *Before making a proposal under subsection (2), the relevant clinical commissioning group or groups must consult any persons they consider it appropriate to consult (and it is immaterial for this purpose whether the consultation is carried out before or after this section comes into force).*

Appendix B: Glossary of Abbreviations and Acronyms

BCF	Better Care Fund
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
EPRR	Emergency Preparedness, Resilience and Response
NHSE/I	NHS England / Improvement
QAC	Quality Assurance Committee
SCC	Sheffield City Council
SCHFT	Sheffield Children's (NHS) Foundation Trust
SEND	Special Educational Needs and Disability
SHSCFT	Sheffield Health and Social Care NHS Foundation Trust
SIRO	Senior Information Risk Owner
SPIEEC	Strategic Public Involvement, Experience and Equality Committee
STHFT	Sheffield Teaching Hospitals NHS Foundation Trust
SY	South Yorkshire
SY ICB	South Yorkshire Integrated Care Board
SYB	South Yorkshire and Bassetlaw
VCSE	Voluntary Community and Social Enterprise
ICP	Integrated Care Partnership (Refers to the South Yorkshire
ICS	Integrated Care Partnership, also referred to as the South Yorkshire Health and Care Partnership). Integrated Care System partnership
YAS	Yorkshire Ambulance Service
QIPP	Quality, Innovation, Prevention and Productivity