

CCG Self-Assessment / Key Lines of Enquiry

[CCG Self-Assessment 2020/21](#)

Item 17b (to support main agenda item 13 (paper H))

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| Region | North East & Yorkshire |
| CCG Name | Sheffield |
| ICS | South Yorkshire and Bassetlaw |
| Completed by (name and job title) | Cath Tilney, Associate Director of Corporate Services |

Assessment overview:

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| Theme 1 | Improve the quality of services |
| <p>1. How has the CCG supported the system in responding to Covid-19 demand including supporting effective use of resources across the whole system, e.g. timely discharge?</p> <p>The CCG’s command and control and Incident Control Centre (ICC) was in operation at the very early stages of the pandemic, just before the start of 2020/21 and throughout the year. The CCG took on the role to co-ordinate the response across primary care and the wider healthcare system which included chairing the city wide health and care co-ordination gold cell. The CCG also had its own internal systems in place to support primary care, care homes, and to deploy our own workforce in the most effective ways at peak times of need. The CCG played a vital role during the pandemic in communicating with general practices, community pharmacies and the voluntary sector and ensuring consistent messages, particularly as the vaccination programme got under way.</p> <p>The Sheffield CCG Annual Report 2020/21 contains examples of how the CCG supported the system, some of these and others are summarised below. Governing Body took the opportunity to celebrate these achievements with a presentation by staff at a special May Governing Body meeting. The session was full of positive energy and passion and it was great for Governing Body to hear directly from staff about their experience of working during such a challenging year and also the opportunities this gave to break down barriers and achieve great outcomes for our population (the presentation starts 21 minutes into the meeting which has been uploaded to YouTube).</p> <p>Alongside the CCG’s response to the pandemic, our teams have worked with partners to continue to transform and improve services for Sheffield people. During 2020/21 we worked with partners to establish an innovative mental health service (see mental health below),</p> | |

improve neurodevelopmental services (see Children below) and our Medicines Optimisation Team continue to support safe and effective prescribing across our practices.

Supporting Timely Discharge

A system wide approach was developed to support the implementation of the new national hospital discharge guidance, ensuring timely discharge from hospital. This was managed through a Sheffield System Discharge Implementation Group; a partner collaboration set up in response to COVID-19 and tasked to embed the city's agreed principles for transitions between care settings and a focus on 'home first' and implement the national discharge guidance. CHC nurses assessed people for home care rapid discharge and also introduced a reassessment process to get people the longer term care/support packages they required. This was a huge piece of work, and by working collaboratively with Sheffield City Council Sheffield was ahead of the curve.

The CCG ensured that there were additional resources to embed the Discharge to Assess (D2A) principles by increasing assessment capacity and invested in Voluntary Sector support on discharge home and support transfer between settings. This has also included extended support post discharge with practical and emotional help, support to attend follow up appointments including outpatients and vaccination clinics.

Care Homes and other Independent Sector Provider Support

The CCG established a care home and independent sector support plan to ensure providers had advice, support and guidance to prevent and manage outbreaks, working closely with Public Health, regional Public Health, Environmental Health, health and safety, Adult Social care, Infection Control, acute care consultants, General Practitioners and mental health practitioners. As a result it was possible to work with key partners (e.g. St Luke's Hospice) to deliver training and provide support to raise quality standards across independent sector services, fast track Enhanced Health in Care Homes, avoid inappropriate discharges to care homes. The use of multi-professional, multi-disciplinary telepresence training and support programme for Nursing Homes/Adult Social Care has provided a firm foundation for sustainable longer term services. This forum also supported discharge; bringing together STH consultants and care home managers to share their experiences and enable clarity on the process. As a result of this approach there is now increased confidence in staff to support residents to avoid unnecessary hospital admissions, manage expectations of residents and families.

CCG nurses provided support and training to staff within care and nursing homes to help them test their own residents and staff. The CCG's Infection Prevention and Control teams worked jointly with Sheffield City Council (SCC) to provide further training and support for care homes. The CCG demonstrated good practice and innovation leading on delivery of specialist clinical mask fit test training, improving nutrition and hydration, recognising and managing deteriorating residents. All care homes now have NHS email address and are being supported to use the

NHS mail system which has improved communication processes between the care home and NHS organisations.

Primary Care

The CCG supported primary care in Sheffield to enable them to respond rapidly to the pandemic threat and transform how they work to ensure that they could remain open, continue to treat patients, whilst keeping their staff and patients safe. Practices quickly adopted telephone, online and video consultations for a wide variety of appointments. CCG provision of PPE, infection control advice and clear communications were key to this as well as ensuring that all practices had adequate IT equipment, including laptops. The CCG collaborated with partners to commission additional in hours GP 'hot hubs' to review patients with potential COVID-19 symptoms.

In April 2020 the CCG, in partnership with Primary Care Sheffield and Sheffield City Council, set up and managed a COVID-19 testing service for health, social care and voluntary sector staff, and members of their households, to reduce the spread of the virus. The Service also offered testing for staff and residents in care homes to reduce the risk of outbreaks. The Service complemented the national testing service. It is estimated that the service reduced the time that front line workers were required to self-isolate by about 4200 days.

The CCG worked with city partners to set up systems of PPE mutual aid to ensure protective equipment was available to care homes, primary care and the CCG's frontline staff.

Further support to primary care has been the citywide End of Life Care (EOLC) group which has been supporting primary care, care homes and community staff to adapt service delivery under extreme circumstances and to support staff in the hospice, the hospital and in the community and improve end of life care. Training brought together through ECHO groups and support from the CCG (producing palliative care guidance and formularies for primary care) received very positive feedback from our members council.

Once COVID-19 vaccinations were approved in the UK, teams from GP practices and CCG staff worked around the clock to deliver the vaccine to people most at risk from COVID-19. Our CCG teams are working with 26 community organisations to encourage uptake of COVID-19 vaccinations, particularly in seldom heard communities, sharing key messages via engaging activities. PCNs have also shown innovation in setting up pop up clinics in community buildings, such as mosques, in their local areas to target specific groups of patients.

Mental Health

In June a new specialist mental health service was set up in Sheffield GP practices to meet the needs of a group of people who have not been able to access this kind of treatment before. Sheffield is one of 12 national sites selected by NHS England to test new ways of delivering **primary and community mental health services** which has meant that Sheffield has invested an additional £2.4m per year into mental health

services. This has increased the number of staff available and the range of support that can be offered in general practice. The Service is being delivered in partnership by NHS Sheffield CCG, Primary Care Sheffield, Sheffield Health and Social Care NHS Foundation Trust, Sheffield Mind and other voluntary sector partners, in collaboration with the South Yorkshire and Bassetlaw Integrated Care System. The Service launched in June 2020 despite COVID-19 and, in the first month alone, 195 patients who were previously unable to get existing mental health support were seen. Traditionally there had been a high proportion of ethnic minority patients not seen in CMHT services and this service has helped to address this inequality, proving the importance of locally delivered services in primary care (trusted by communities). This has been held up as a national exemplar with the learning shared with national groups (NHSE) and Kings Fund.

Launched in April 2020 to respond to the pandemic, the **Listening Ear South Yorkshire bereavement service** was put in place to help people who have lost loved ones during the coronavirus pandemic, whether from the virus or otherwise. In addition to this is the crisis service offer for children and young people and multiple materials developed via the Sheffield psychology board with “kite mark” approval for many sources of publicly available information.

Children

The Designated Clinical Officer for Special Educational Needs and Disabilities (SEND) has worked very closely with colleagues across Sheffield to practically ensure that individual **children with Education Health Care Plans** in place have been able to access education and health care that met their needs throughout the pandemic.

The CCG has led a system wide **Neurodevelopment Programme** since August 2020 in order to mitigate the significant COVID-19 impact on waiting times for Paediatric Autism assessments. The Programme team comprises of colleagues from SCCG, SCC Commissioners, Social Care and Education colleagues, SC(NHS)FT, Head Teachers, Parent Carer Forum, Healthwatch and Voluntary Action Sheffield (VAS). As a result all patients on/added to the waiting list have been/are now routinely contacted to offer support to meet their needs. This has been received positively by parents. There are now also new and improved autism resources on Sheffield Children’s NHS FT website with over 13,000 hits to date. Also over 100 staff working in Early Years have attended new training developed by parents and staff to help early identification of neurodevelopment needs. It helps staff feel more confident about discussing any concerns with parents.

Regional Review

To be completed by Regional locality team

Evidence: Covid 19 SitRep / RCS dashboard / CCG self-assessment

2. How has the CCG supported the system to ensure a return to delivery of near-normal levels of non-Covid-19 health services?

As the pandemic progressed the CCG also focussed on the need to ensure that services were in place for non-COVID-19 illness, including backlog clearance capacity for urgent elective surgery and cancer diagnostics and treatments. All services including general practice sought to balance bringing services fully back on line, patient safety along with the response to patients presenting with COVID-19.

The CCG worked with the ICS elective lead, Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust to reinstate their elective activity in line with national COVID-19 planning guidance. Unfortunately progress was hampered during the second surge over the winter meaning that patients were waiting longer than usual. This situation was managed by undertaking clinically-led assessments on patients ensuring that those who were at most risk were treated more urgently.

In line with national guidance Sheffield partners developed **alternatives to traditional appointments**, for example outpatient appointments via telephone or online. Some mental health services also transferred online e.g. talking treatments such as Improving Access to Psychological Therapies, or IAPT. We have developed **tele-dermatology** services with STHFT (despite some resistance) enabling remote diagnostics, keeping people safer and avoiding hospital appointments. The **CASEs service** (clinical assessment service to support clinicians) continued to operate during the pandemic also supporting reduced referrals into secondary care.

The focus at the end of the year was assessing the impact that COVID-19 had made on the overall delivery of services, the subsequent backlogs, additional waits and the medical and psychological impact experienced by patients. As the year closed there were signs that the position for the cancer waiting time standards against the three 62 day waiting time standards was improving and the size of the priority list was stable thus the overall number of long waiters continued to fall. Throughout the year there has been a steady growth in the longer 52 week waits for elective surgery. Prior to the pandemic Sheffield had very strong performance on referral to treatment times for elective surgery and still **benchmarks significantly lower than other surrounding/similar areas** on the total number of 52 week waits, one of the best in the country.

In the last three months of the year there was a significant increase in demand for mental health services. This was a combination of people already known to services, and mental impact associated with COVID-19 and lockdown, and people who were experiencing mental ill health for the first time. There were significant pressures on mental health inpatient beds and specialist services, which is an ongoing challenge into 2021/22. The response to question 1 above provides examples of the mental health services that have been put in place to help manage this increase.

Looking ahead, 2021/22 will be a year of managing the next phases of COVID-19 and striking a balance between managing current and future peaks in cases. Our focus will be on restoring our health services whilst remaining steadfast to our commitment to reducing health inequalities, working with voluntary and community organisations and involving Sheffield people in how we design and improve health and care services in the future.

The CCG is working with providers to recover elective activity by considering what measures can be put in place, including use of the Independent Sector, to deliver the levels of activity required in the national Planning Guidance. This will take a phased approach, considering clinical prioritisation, and treating patients who have been waiting the longest to reduce the backlog created during the pandemic, as well as managing new referrals. Capacity continues to be constrained by social distancing and infection control measures to deliver services safely. In line with 2021-22 Planning Guidance, both acute Trusts are exploring how they can safely **maximise the use of non-face to face and virtual consultations**, as well as understanding how outpatient activity may be **reduced where there is low clinical value**. This will allow capacity to be redeployed elsewhere, including the increase in mobilisation of advice and guidance and patient initiated follow-up. The CCG is working with SYB ICS colleagues to develop **community diagnostic hubs** to help reduce the backlog of demand for diagnostic services, especially cancer diagnostics. SYB ICS has recently been accepted as an **Accelerator site** giving increased funding associated with more ambitious targets which will give us the opportunity to reduce the backlog at a faster rate.

Providers and clinicians will continue to review their Patient Tracking Lists (PTL) in time bands considering levels of clinical urgency, as well as length of patient waits, to mitigate the impact on patient outcomes. More recently work has begun at ICS level with providers to analyse the waiting lists by ethnicity and deprivation to ensure that there is a shared understanding of any potential inequalities associated with the waiting lists and the intelligence to inform/monitor plans as required.

Regional Review

To be completed by Regional locality team

Evidence: RCS dashboard / CCG self-assessment

3. How has the CCG monitored oversight of quality and patient experience?

Quality Oversight

The CCG continues to ensure that all patients receive care that is of the highest quality, safe and reliable. A key function of the CCG is to secure continuous improvement in the quality of the services it commissions. The usual assurance process relating to the quality of care provision is implemented through the contract monitoring framework, quality assurance schedule, and quality reviews. Each report to the quality contract meeting and the CCG's

Quality Assurance Committee (QAC).

The CCG explored alternative ways of working during the pandemic. There were some national changes to Serious Incidents (SIs) reporting, however providers have continued to report 'never events' and SIs and where these have occurred, they have provided a core response so that any immediate action to protect patient safety could be undertaken.

The CCG's quality team continued to maintain an oversight of quality and patient experience during 2020/21 for example:

- Supporting the identification of suitable COVID-19 vaccination sites and undertaking quality assurance visits
- reviewing practice data to improve uptake of cervical and diabetes eye screening across Sheffield
- Increased meeting frequency for the Quality Assurance Committee (from quarterly to monthly and more recently every 6 weeks) to ensure we had continued oversight and support for provider organisations, especially given many quality monitoring KPIs were stepped down during the pandemic. There has been good attendance from GPs, internal audit and Healthwatch.
- Reviewing feedback relating to providers from the Care Quality Commission (CQC) and other regulatory bodies and taken action with providers where appropriate
- Undertaking an internal "learning lessons" review on SHSCFT. The CCG quality team, along with NHSE, continue to provide significant support to SHSCFT following the outcomes of difficult CQC reviews, helping to improve the position.

Patient Experience

The CCG values the experience and opinions of local people and in a time when inequalities across the city have been exposed largely due to the pandemic. We have renewed our commitment to listening and hearing from those most vulnerable and with the greatest health needs using the opportunity of online technologies to hear from people in a more timely and consistent manner. In addition to direct regular contact with our citizens through the Involve Me network and citywide involvement meetings, we proactively sought the views of underserved communities via partnership working with Healthwatch Sheffield; and the voluntary, community and faith sector in the city. We also identified opportunities for public representatives to be directly involved in our planning and decision making through participation in project meetings, partnership boards and procurement activities. Many local people gave their time and energy to engage with us on specific topics. Sharing the outcomes of our decision making with the public and highlighting where the public voice has affected our plans and decisions is vitally important to building trust with our communities and encouraging more involvement.

Whilst our work over the last year has had to adapt and change to the pandemic, there have been many positives that emerged from involvement with the public by understanding their experiences. These included:

- Understanding the initial impact of COVID-19 on Sheffield people via conversations with community leaders, individuals and partner organisations. This formed an 'Insights Log' that provided a rich vein of lived experiences over the coming months. The data was segmented according to protected characteristics and provided a comprehensive repository about lived experience across our diverse city. This information was circulated widely to decision makers in real time and has been used to inform future commissioning intentions.
- Understanding the impact of temporary changes to health services because of COVID-19 via a telephone survey of a representative sample of the Sheffield population and semi structured interviews by local community groups with residents involving Mencap, SADACCA, Together Women, Shipshape, Refugee Council, ZEST and the Chinese Community Centre. A total of 1,270 residents of Sheffield responded across the two methods. 1,107 through the telephone survey and 163 through the community organisation-led activities. The work also influenced our future commissioning intentions for 2021/22 and joint intentions with Sheffield City Council.
- The SYB ICS group of health and social care partners have worked in closer partnership to undertake patient engagement. During the COVID-19 pandemic the ICS has continued to host the Citizens' Panel for virtual meetings, started to recruit to a new engagement membership online database 'Let's Talk Health and Care' and conducted a review of the engagement that took place in the system during the pandemic, to form an overarching report that considered 18 pieces of work, with an estimated patient public voice reach of approximately 7,000 and includes a wide range of COVID-19 related insight – some asking about people's understanding of information, some about wellbeing, and some about more specific changes to services such as alternative appointment types.

The CCG undertook a retrospective review of the decisions made by CCG and our providers to assess impact on equalities as a result of the pandemic. This ensured we met our equalities duties and also ensured we continued to do what was right by our population.

Regional Review

To be completed by Regional locality team

Evidence: RCS dashboard / CCG self-assessment

4. How has the CCG taken account of lessons learned during the first Covid-19 peak, in a way that locks in beneficial changes and explicitly tackles fundamental challenges including support for staff, and action on inequalities and prevention?

Sheffield CCG has ensured that the valuable intelligence and learning obtained during the early stages of the pandemic has been used to inform and prioritise the actions undertaken this year and the commissioning plan for 2021/22. Intelligence has been used from a number of sources including patient experience (see response to question 3), Rapid Impact Assessments and staff engagement.

Rapid Impact Assessments

Sheffield's Health and Wellbeing Board (HWB) commissioning eleven Rapid Impact Assessments (RIAs) to understand the effects of Covid-19 on inequalities and prevention. The RIAs gathered evidence from across the system (including the voluntary sector) on the impact of COVID-19 and the associated restrictions on Sheffield's citizens, covering topics such as bereavement, poverty, alcohol misuse, end of life care and the experiences of people who live with mental ill health. CCG staff and member practices played a part in gathering information and contributed to the outputs. The RIAs were presented at the HWB Board in Autumn 2020 and following this at the CCG Governing Body. The outputs were taken to our inequalities steering group to consider how the lessons could best be incorporated into our CCG and JCC commissioning intentions for 2021/22.

Action on Inequalities and Prevention

During 2020/21, in a year when existing inequalities were highlighted, Sheffield CCG worked hard to reduce them. To focus our work, the CCG identified the people in the city living in the 20% most deprived areas in Sheffield, those people who are Black, Asian and Minority Ethnic, and people who are homeless, as groups to prioritise in our decisions. These people are on average more likely to have poorer health, poorer access to health services and experiences, lower life expectancy and live more years with ill health. In Sheffield, the difference in life expectancy between the best and worse off is 20 years. Below are some examples of our initiatives and programmes targeted at reducing inequalities.

- In January we awarded a grant to Faithstar, an ethnic minority-led community organisation to fund a **bid writer** to apply for funds on behalf of around 30 ethnic minority community organisations. The aim is to help develop infrastructure and resilience over the longer-term.
- **Digital exclusion** is a real concern in Sheffield. It's estimated around 10% of the population are internet non-users, 8% lack five basic digital skills and a further 12% have limited skills. A Sheffield-wide digital exclusion group looked at how to overcome the challenges and address the subsequent impact on health inequalities. The CCG has committed to ensuring our digital offer underpins all interventions e.g. pulse oximetry/near testing. Some of our primary care networks worked in partnership with local voluntary organisations to tackle social isolation and also to improve digital skills, to enable people to remain in touch even whilst physical distancing. Examples include some community organisations receiving funding to purchase equipment (iPads) for some of their most vulnerable residents and co-production of the Sheffield Mental Health Guide being distributed via multiple partners, including statutory orgs, VCSE partners, GP surgeries, police custody suites etc.
- We delivered the National **Diabetes** Prevention Programme in Urdu and some of the literature to accompany the programme is translated into several languages. We know diabetes is more prevalent in South Asian communities, so are targeted more at groups most in need. We also trialled the delivery of DESMOND type 2 structured education over a number of shorter sessions (as opposed to

a whole day) to meet the needs of our South Asian population, with contextualised dietary advice and in venues as local as possible to the communities.

- Several pieces of work are being taken forward through our multi-agency ‘Physical Health Implementation Group’ (PHIG) to address the poor health and decreased life expectancy of people who are living with **severe mental health**. This includes work to support smoking cessation and tackle obesity in this population cohort, as well as enhanced monitoring in primary care, for example, monitoring the cardiovascular side effects of some mental health medications, additional physical health monitoring for inpatient groups and provision of oxygen.
- Throughout the year, the CCG was engaged in citywide working across health and social care, with other agencies such as the police, voluntary sector organisations, and the city centre practice which has significant expertise in caring for **homeless people and rough sleepers**. This “wrap around” approach continues as part of our planning for the prevention of outbreaks of COVID-19 amongst the most vulnerable people in Sheffield. Homeless communities were prioritised for vaccines and teams of primary care staff went out to hostels and hotels to vaccinate these vulnerable people.
- The **women’s and sexual health services**, commissioned jointly between SCC and CCG, continued to operate. They introduced innovative home testing and ongoing clinical services. This was provided by our primary care at scale provider (PCS) and our GPs.
- Collaboration with the Voluntary, Community and Faith (VCF) Sector regarding the **COVID-19 vaccine rollout** to encourage local people to take up the offer of the COVID-19 vaccine. We were mindful from national and regional information, as well as local intelligence, that some communities were hesitant about the vaccine, whereas others faced physical and psychological barriers. Small and medium sized grants were awarded to 25 local community organisations (chosen because of their extensive work with people from black and minority ethnic communities; as well as links with other vulnerable groups) to enable direct engagement with people utilising the skills and knowledge of the community organisations’ staff and volunteers. Information was relayed fortnightly from community organisations about the latest feedback from community members regarding hesitancy and barriers to vaccine uptake. CCG staff were able to provide up to date facts and figures as well as produce information in a variety of formats, to help counteract concerns as well as work alongside primary care colleagues in vaccine clinics to reduce barriers.
- The CCG will be contributing to the **Learning Disability Death Review** process and this will include deaths where COVID-19 has been a factor; we continue to prioritise these in line with national requirements. Lessons learned from these deaths and emerging themes are being fed into training across the city in all care settings. Sheffield CCG and partner organisations are also working together through the Physical Health Improvement Group, to address a number of barriers to access to physical health care services in the city for people with learning disabilities.
- As part of our Population Health Management (PHM) approach, we are using data analytics and patient engagement to target post COVID-19 support to those that need it, tailoring the support offer using **personalised approaches**, including social prescribing. This

includes pulmonary and cardiac rehabilitation for people who have been ill with COVID-19.

- The CCG supporting the flu vaccination campaign back in the autumn/winter 2020 working with under-represented groups (for example videos and events with local organisations) resulting in the best flu campaign ever (highest and most rapid uptake) delivered by primary care.

Learning from our staff

In May 2020 the Staff Forum created a **staff ‘temperature check’ survey** that was initially weekly and is now monthly. The survey is used to help the senior management team and HR understand how staff are feeling, what is working well, what the challenges are and how we can improve the support mechanisms. The majority of our staff continue to work from home, they report many advantages to working at home, but also told us about problems such as; isolation, psychological stress, musculoskeletal problems due to not having ergonomic working spaces at home, and balancing work with caring responsibilities and home schooling. The monthly review of the feedback is undertaken initially by Staff Forum, is then discussed with Deputy Directors (and escalated to SMT as required) and the outcomes/learning/actions are fed into staff briefing and into developing policies and procedures as appropriate.

In summer 2020 the CCG established a **COVID-19 Learning Group** to capture the ideas and experiences of our staff, to support a culture of innovation, and to ensure that our senior team understood the impacts of COVID-19, lockdown and remote working on our staff. This included developing how the organisation would make the most of the positive aspects of working from home, how we could maintain good communication, and suggestions about how to stay healthy and be effective during this challenging time. Staff were encouraged to contribute their views to shape the CCG’s strategy around how we should conduct our business during the pandemic, and planning for the future. This included contributing to policies around home based and flexible working, differing ways of working in and across teams, maximising the use of IT, and ensuring that the good things and positive changes which had come about would continue. Staff generously shared their experiences, the highs and lows, and tips on what had helped them to cope. Staff are now helping to shape what the future will look like, contributing to the development of HR policies eg for home working, flexible working, Video Conferencing and thinking about how we can plan a safe return to office based working at the right time.

The outcomes of the COVID-19 Learning Group work, the feedback received from the staff ‘temperature check’ survey and a general shift of encouragement of people to speak up and share their ideas and creativity e.g. at the **fortnightly online Staff Briefings** has and will continue to change the way we work forever, for the better. Examples of how we have used this approach to support the health and wellbeing of our staff are included in the response to question 6.

In addition to the learning from the beginning of the pandemic, the external review of the CCG in 2018/19 commissioned by NHS England looked at a number of issues around the CCGs leadership, culture, staff involvement and how we developed and communicated our strategy. An **improvement plan** was developed with our staff to address these issues. The plan was endorsed in July 2019 by our Governing Body and our staff were involved in progressing the actions and feeding back their views on the impact of the improvement plan. Progress on implementation of the 76 actions were monitored and reported to our Governing Body each month. Our final update on the improvement plan was reviewed at a public Governing Body meeting in June 2020 and the plan was signed off as having achieved its aims. It was considered that the actions from the improvement plan had enabled improved communication, particularly around our aims and strategy, that our senior leadership was more visible, and that our staff felt better supported. This progress had laid a vital foundation for the CCG as we adapted to deal with the challenges created by the COVID-19 pandemic.

Regional Review

To be completed by Regional locality team

Evidence: RCS dashboard / CCG self-assessment

5. How has the CCG supported the system to respond to other emergency demands and manage winter pressures?

Over the past 14 months there has been a significant improvement in system working, together we have been working (alongside our provider/ partner organisations) on a number of actions to improve pathways, improve knowledge, alter behaviour and make most efficient use of resources.

Work has been undertaken collectively which has identified significant variation between providers in a number of urgent care areas including access to diagnostics, identification of gaps in referral routes, inconsistent use of pathways, clinical relationships within key services in order to undertake onward referrals. A work plan has been agreed to ensure routine usage of pathways in order to improve patient care, reduce avoidable conveyance to ED and support performance improvements. Phase 1 of the plan is to ensure that all of the city's urgent primary care providers have processes in place (with underpinning clinical relationships) to refer patients appropriately and routinely to the key acute services. Other developments where the CCG has supported the management of winter pressured and the response to emergency demand included:

- Coordinated and active **flu vaccination** campaigning (September onwards) with flu vaccinations for patients planned and delivered as a system to ensure that all 8,000 housebound Sheffield citizens had access to flu vaccinations in their home. Partners across the city developed and engaged in plans to vaccinate their workforces to support service resilience and provision over winter.
- Collaborative work to **plan for known periods of surge in demand** e.g. bank holidays, aiming to avoid the need for escalation

processes, supporting system resilience and making best use of all urgent primary care capacity across the city. This all helps to ensure rapid and appropriate access to care without unnecessary A&E attendance.

- The **urgent care campaign** was delivered on social media, with the messaging that was agreed by all partners and promoted the use of the Walk in Centre (WIC), pharmacies and 111 with the strapline 'Stop.Think.Plan B. Not A&E.' A 3 month social media campaign ran from January to March 21 which included Facebook adverts that are targeted at specific audiences, these posts will have reached a wide number of people who won't necessarily follow the CCG on social media. As well as the paid adverts, we also continued to post campaign materials on the CCG's Facebook and Twitter account. This campaign incorporated learning from a series of engagement events that lasted over a year and involved a huge range of stakeholders and were signed off late 2019/early 2020. An evaluation of impact on people's behaviour of this Social Media campaign will take place.
- Funding was allocated for **additional GP shifts at the GP Collaborative** for a 12 week period during peak times and to provide resource to pilot a GP Capacity Co-ordinator. Initial data and feedback suggests that this is having a significant impact both in ensuring that patients are seen more quickly, better utilisation of capacity across the system (particularly in the WIC) and also reducing requirements for additional workforce at times of high demand. Further funding for Quarter 2 has been allocated for this to continue.
- As part of a pilot, YAS is bringing **Patient Transport Service (PTS) and A&E dispatchers to work alongside each other** to make the best use of available crew capacity from both services. Effectively it means that where it is safe and clinically appropriate YAS may dispatch one of our A&E Low Acuity Tier (LAT) crews to a PTS job if that crew is closer/available, and vice versa.
- Working with the other SYB CCGs and providers, together with NHSE, to manage **key winter pressures** such as critical care beds, Tier 4 CAMH beds and out of area MH placements. The CCG worked hard to resolve the ongoing pathway issue linked to 16/17 year olds presenting at A&E with complex mental health care needs and is in the process of undertaking a review to inform next steps.

Regional Review

To be completed by Regional locality team

Evidence: RCS dashboard / CCG self-assessment

6. How can the CCG evidence that it has supported the health and wellbeing of its workforce?

When the pandemic started, Bronze command was set up to address the requirements of our workforce to ensure they were supported and able to work as well as possible given the circumstances. We moved our staff briefing, a regular meeting with the senior management team and staff, to a virtual meeting and increased the frequency from monthly to every two weeks. Our senior leadership team provided a regular update on the situation regarding the pandemic, clarity around the CCG's key priorities, and have showcased the work of different teams. This format allowed greater staff participation, raised the profile of members of the governing body amongst staff and provided reassurance for staff and a way of connecting whilst most of us were working away from our headquarters. The briefing is also used to address the issues that

are raised via the staff 'temperature check' (see response to question 4).

The CCG has a staff intranet wellbeing page which expanded over the year to include the additional support that has been put in place linked to the pandemic. The support is publicised via our Weekly Round Up email and the staff briefing. Examples of the many ways in which the CCG has supported staff during this very challenging year include:

- supporting staff to **adapt to remote working** and video conferencing, for example by supplying staff with laptops and enabling staff to take their office chairs home, or contributing to them purchasing their own chairs . We very quickly learned the functions of Zoom and MS Teams, coming up with some creative ways of **staying connected** with each other and maintaining morale eg “Coffee Roulette” and “Virtual Kitchen”.
- The CCG ensured that staff have access to one to one **physiotherapy advice** to support them with any problems caused by working at home in less than ideal conditions, as well as virtual drop in advice sessions and support to keep active, such as online Pilates sessions.
- All staff had confidential discussions with their line manager and **risk assessments** undertaken around any factors which are affecting their physical and/or mental wellbeing and action plans to support them to maintain good health.
- As autumn approached in 2020, we launched our **Winter Wellness campaign**. Our Weekly Round Up emails and intranet pages filled up with ideas and support for staff's physical, mental, financial and parental wellbeing. We've had photo competitions and encouraged staff to share tips on how to look after your mental health through a Jamboard to create a Community of Practice. Our Pilates and yoga sessions, formally face to face, went online and we signed up to the #DoingOurBit platform – professional trainers giving back to the NHS with online recorded sessions on high and low impact, family fun, stretches, hydration and loads more.
- We encouraged staff to receive the **influenza vaccine**; we offered some vaccination sessions at our headquarters and gave vouchers to receive the vaccine in pharmacies. This was part of ensuring that our workforce remained well and is a normal part of our winter resilience planning. 79% of our staff were vaccinated against flu in 2020/21.
- Our **Time to Talk “Fika”** (coffee sessions) have been so popular, staff have asked for them on a monthly basis. Many of these sessions have been themed around mental health and wellbeing.
- A range of **mental health support opportunities** are in place, both in-house, such as our trained Mental Health First Aiders, 'time to talk' sessions and suicide prevention awareness, and external services such as our Employee Assistance programme. We have held in-house sessions on coping with change, developing resilience, managing and preventing back pain, and using mindfulness techniques to manage stress.
- In the later part of 2019/20 the CCG commissioned a well-established consultancy, The Pacific Institute, to deliver a bespoke development programme for all our staff, including governing body members. Sheffield CCG's programme was called “Onwards and Upwards” and was designed to empower staff to contribute to our collective culture and to enrich us with new skills, including

leadership and problem solving skills. The programme moved on-line with the pandemic and a small cohort of staff have trained to be trainers and facilitators and continue to deliver a modified version of the training to other staff (e.g. bitesize sessions on '**Beating the Covid Blues**' plus topics on Time Management and Beating Bad Habits)

- We continued to offer **development opportunities** to line managers through online supervision sessions and coaching and support managers to identify staff who were struggling, offering support and signposting to further help. Our in-house course Management and Leadership Training in Sheffield (MALTS) ran again this year, but was delivered online. This course is delivered by our own staff and continues to be well evaluated by those who participate. A number of our staff commenced the senior leadership masters degree apprenticeship with the University of Sheffield.
- We've taken our internal **training online**, for example, HR courses such as Recruitment & Selection and Risk Management. We have also ensured sensitive topics are not forgotten about, for example, Bullying and Harassment Prevention and Talking about Suicide. We have been approached to present at the ICS Roadshow for Suicide Prevention to share our work on this.
- Our **coaching offer** has remained and is available for all staff through our CCG qualified staff, who have regular supervision and CPD, plus the Leadership Academy national offer of coaches for all staff across the NHS.
- Our commitment to **equality, diversity and inclusion** has been reflected in a number of initiatives led by our equality, diversity and inclusion group, a group of staff who meet regularly to discuss and plan how we as an organisation can become more inclusive. We acknowledge and recognise religious festivals and celebrations in our staff communications and have delivered learning lunches on topics such as health issues facing different groups including, young carers and transgender people and the experiences of young LGBT people. There was a series of staff-led events for both LGBTI History Month and Black History Month including Fikas, learning lunches and guest speakers. These activities reflect our desire to be an inclusive employer and also to develop a workforce which has the knowledge and awareness to commission services for all our diverse population.
- When all COVID-19 restrictions have been lifted the CCG is taking a supportive approach of allowing a 3 month period for staff to re-adjust **back to working in the office**, trialling blended working so they can make an informed decision about how they want to work in the future on an individual, team and organisational basis.
- The chair and accountable officer have also used virtual staff briefings to keep staff informed regarding the ongoing conversations about the NHS white paper and the **journey of integrating care** in neighbourhoods, places and across the system that we have been on in Sheffield for many years. The CCG has made a commitment to embark on a collaborative approach to the transition with our staff. The aim is to co-create the future with our staff underpinned by the national commitment to minimising uncertainty, offering stability while the transition to the expected new working arrangements take place.

A key principle for the CCG has been a strong emphasis on the above activities being largely led by staff groups that have been empowered to

do so. This is in line with the four CCG core values.

Regional Review

To be completed by Regional locality team

Evidence: RCS dashboard / Staff survey

Theme 2

Reduce health inequalities

7. How has the CCG provided support to deliver the eight urgent actions to address inequalities in NHS provision and outcomes – as identified in the Phase three response to Covid-19 pandemic?

The CCG continues to respond to the eight urgent actions to address inequalities, which are further addressed in our future commissioning intentions. Highlighted below are how we have address them to date:

1. Protect the most vulnerable from COVID-19

- Invested >£500k in ethnic minority-led community organisations to support the crisis response focused on more deprived populations.
- Funded a fixed term post to generate income for ethnic minority-led VCS organisations
- Completion of 11 Rapid Health Impact Assessments , which has further highlighted the impact of the pandemic on our more deprived communities
- Community hubs being established to bring MDTs together across organisational boundaries.
- Use of ECHO to support care homes with advice and guidance on PPE.
- City’s vaccine comms and engagement plan focused on people with greatest health inequalities and resourced overcoming barriers and encouraging uptake. The BBC World Service focussed on the work of Sheffield CCG in working with communities to overcome vaccine hesitancy, CCG GPs were part of “Town Hall” events were to overcome vaccine hesitancy and Terry Hudson (Chair) worked with Look North. Sheffield has led the way for ethnic minority vaccine uptake as a result of this work.
- Sheffield held first vaccine clinic in a mosque in Yorkshire

2. Restore NHS services inclusively

- Our thriving ACP Ethnic Minority Communities Group, co-chaired by Public Health and Faithstar (a Sheffield community organisation) brings together community leaders with NHS and local authority leaders to discuss plans for the restoration of services.
- ACP public engagement group meets monthly and inputs to ongoing service restoration and improvement plans.
- Sheffield Elective Care ACP held the final of a series of three monthly workshops in March on working together to address key concerns

- system diagnostic assessment and ACP planned care toolkit requirements.

- Prioritisation included the ability to identify areas of inequity/lack of inclusivity through data collection and strategy planning.
- Sheffield part of three key ICS work streams: a) Patient Initiated FU, 2) Virtual Appointments, 3) Advice & Guidance.
- Produced the access to healthcare strand of the Sheffield Rapid Health Impact Assessment for PHE.

3. Digitally enabled care pathways

- Digital Summit led by the local authority brought together statutory services, the VCF and private businesses to address the digital divide.
- Thousands of laptops provided to children across Sheffield to support education.
- Use of ECHO programme to work with care homes around EoL prescribing guidance

4. Accelerate preventative programmes for at risk groups

- Extremely successful flu and COVID-19 vaccination campaigns.
- A city-wide homeless cell was set up, achieving quicker identification of those at high risk, an increase in GP registrations, and online advice sessions.
- Secured a £50k Kings Fund grant for accelerating collaborative diabetes prevention provision.
- Families on the SCH autism waiting list to offer help and support whilst they wait for assessment

5. Support those who suffer mental ill-health

- Additional Support in place prior to Term 1 to support Children's mental and emotional health and wellbeing
- The People Keeping Well Partnerships in the city, led by Voluntary Sector Organisations, each receive funding to support people with dementia to access their services
- Strengthened primary care mental health offer in some parts of the city through a collaborative psychology Board who led response to mental health needs of Sheffield people during the pandemic including information, signposting and driving a bereavement service. This has resulted in a £1million investment for mental health VCSE organisations in the city over the next 3 years, supporting small and large VCSE partners, promoting leadership and sustainability of the voluntary sector.

6. Strengthen leadership and accountability

- Approved a Reciprocal Mentoring programme between ACP EDG members and leaders of ethnic minority-led community organisations, and recruited the first 6 participants.

- Our staffing sub-group to the ACP Ethnic Minority Strategic Group has shared good practice around NED recruitment, and interview panel composition.

7. Ensure datasets are complete and timely

- Data experts from Public Health and the CCG have collaborated to pull together the best possible local data on vaccine take-up, which has helped target comms.

8. Collaborate locally in planning and delivering action

- Sheffield CCG new comms and engagement plan which prioritises engaging those with greatest health inequalities and health needs in local decision making and service design and change.
- CCG and council funded over 25 VCS groups to deliver culturally appropriate vaccine comms encouraging uptake.
- Each elective care programme/project (e.g. phlebotomy, neurology, etc.) have identified and addressing issues around inclusivity/equity of access.
- Patient engagement key part of the work to do this in partnership with service users.
- For joint commissioning plan 21/22 we will involve co-design of services and feedback from the public to shape decisions and services.

Our Commissioning Intentions prioritisation criteria have been reviewed in light of COVID-19, with a greater weight placed on reducing health inequalities. Linked to this is the system wide support and endorsement to tackle health inequalities and develop a population health driven system within SYB, which meets different needs across PCNs, Neighbourhoods and Places.

Regional Review

To be completed by Regional locality team

Evidence: RCS dashboard / CCG self-assessment report

Theme 3

Involve and consult the public

8. How does the CCG identify and engage with deprived communities, Black, Asian and Minority Ethnic communities, inclusion health populations and people with disabilities (people with Learning Disabilities/ autism or both, people experiencing mental ill health and people experiencing frailty) and the full diversity of the local population?

Two Lay Members are identified with responsibility for public involvement. Between them they chair the Strategic Public Involvement,

Experience and Equality and Quality Assurance Committees, as well as being voting members of the Governing Body; and Remuneration, Primary Care Commissioning and Audit and Integrated Governance Committees. This further ensures there is a voice for patients and the public throughout our decision making and governance.

The response to question 3 describes the extensive level of public engagement with community leaders, individuals and partner organisations about the impact the pandemic was having on people living in the city which has been used to inform future commissioning intentions. It also refers to a telephone survey of a representative sample of the Sheffield population and semi structured interviews by local community groups with residents involving Mencap, SADACCA, Together Women, Shipshape, Refugee Council, ZEST and the Chinese Community Centre plus the work on vaccine uptake. Below are a few additional examples of ways in which the CCG has engaged with the different communities that exist within Sheffield:

- In July 2020 public health colleagues and a VCF sector organisation called Faithstar convened a meeting for staff from provider and commissioner organisations across healthcare to meet with and listen to **people from minority ethnic communities**, the CCG was part of this meeting. People described racism, structural inequalities, lived experience of discrimination and prejudice, and the devastating impact of COVID-19 on people living across our city. There was a deep lack of trust from community members in statutory organisations and a perception that people were excluded from decision making in the city and not heard. Senior leaders from the CCG attended to share how they intend to play their part to bridge the gap and lead the city in a more inclusive way that reduces health inequalities and ensures that past mistakes are not repeated. The group reviewed progress in the last meeting of 2020 and comments from community leaders included:

“It’s been a visible learning experience – the authenticity and trust gap is closing through good leadership”

“This forum has meant that trust is being rebuilt – we face structural inequalities and racism on a daily basis but Sheffield is a great city and people’s hearts are in the right place and that is shown in this group”

“I can’t thank you enough. You can get something good out of a bad situation. Without COVID-19 we wouldn’t have all met and worked out how we can all work together. I just hope this work continues”

The group continues to meet fortnightly.

- The Equality Delivery System (EDS2) is a toolkit designed by the Department of Health (DH) to help NHS organisations to improve the services they provide for their local communities, consider health inequalities in their local area and provide better working environments that are free of discrimination. The CCG commissions a **language interpreting service** for GP practices across the city. The interpreting service contract and specification were reviewed through the lens of service users in 2020. The review involved interviewing and working alongside the community sector who support people whose first language is not English to gain feedback on how the interpretation service worked for them. Extensive feedback was also offered by Healthwatch Sheffield regarding the experience of **people with hearing loss and those who are deaf**.
- The mental health team brought together partners and experts by experience to co-design a new **mental health** crisis care model with the aspiration to eliminate gaps, utilise opportunities, and lead to better outcomes for people who need to access urgent and emergency mental health crisis care, support and treatment. The team commissioned Co-Create to assist them with their co-design ambitions for this project and there is now a programme board which includes service user representatives, desktop research from ChilYPEP and Healthwatch Sheffield, 'Big Question' facilitated discussion sessions with children and young people and adults with lived experience of crisis, VCF engagement undertaken through the Mental Health Network Meeting plus an ethnic minority community specific engagement – capturing key themes from the "**Black Mental Health Live**" event.
- The Listening Ear South Yorkshire **bereavement service** was put in place early on in the pandemic to help people who have lost loved ones during the coronavirus pandemic, whether from the virus or otherwise. In August 2020 it was recognised that since launching in April, almost 500 appointments had been accessed by people from across Barnsley, Doncaster, Rotherham and Sheffield with overwhelmingly positive feedback. However, the feedback had also shown that people from **ethnic minority communities** were less likely to access the service and so a short survey was launched to ask people from those communities how the service could better meet their needs. Partners in voluntary sector organisations and community groups helped promote the survey. The results helped feed into the service specification for when the service was re-procured in January 2021.
- The CCG's engagement team has provided advice to GP practices who have been considering substantial service change, in order to ensure that they are effectively involving their patients, and that both they and the CCG meet their statutory duties to involve the public in commissioning.
- The CCG worked with Sheffield Flourish to co-produce a **Sheffield Mental Health Guide in print format** to ensure digital exclusion/inequality did not prevent those without internet access having full information about mental health and VCSE services.

Our duties around diversity and inclusion

In previous years we have invested in staff training to raise awareness of the organisation's legal duties around public involvement and equality. This training has helped our organisation to be more aware of the requirements and benefits of involving people in our work. We

have built upon this by continuing a series of learning sessions for our staff based on the protected characteristics of the Equality Act 2010. Through these sessions, we invite a member of the public or staff member with a protected characteristic to discuss their experience of receiving services and the challenges and barriers they have faced.

The CCG Equality Group was originally set up to look at promoting equality and diversity within the CCG. The group has since extended, welcoming a varied and diverse membership including individuals with an interest in equality and diversity issues, and representation from teams across the organisation. This group has been involved in coordinating many extra sessions for staff to learn and discuss a wide variety of topics such as Black Lives Matter, Black History month, LGBT+ History month and Eating Disorder Awareness week.

This is bringing a great insight into the communities we serve and how we can work towards reducing the health inequalities that exist.

The CCG has many women in senior roles, but more needs to be done to increase the number of staff members from ethnic minority backgrounds and to address the imbalance in ethnic minority staff in senior roles. We want to be an organisation that truly reflects and represents all our communities. We are working with our staff, particularly our ethnic minority staff, to look at how we can address inequalities at the CCG. This includes setting up an ethnic minority staff network that we hope will offer peer support and networking to our ethnic minority staff, inform our policy around equality issues, and raise awareness of issues facing our ethnic minority colleagues. We want to listen to the lived experiences of our staff and use these experiences to learn and develop and make our work place more inclusive, as well as helping us to reflect on our role as a commissioner for the whole population of Sheffield.

Regional Review

To be completed by Regional locality team

Evidence: CCG self-assessment / Records of engagement

Theme 4

Comply with financial duties

9.Evidence that the CCG has delivered its break-even target in year and contributed to the reduction of system deficits.

Despite the changing financial circumstances in 2020/21, the CCG retains a statutory duty to contain expenditure within the funding allocation issued by NHS England. Sheffield CCG achieved its statutory financial duties as an NHS commissioning organisation. The CCG posted an in year surplus of £20k. In addition, as the host to the SYB ICS the CCG posted an additional surplus of £3m (so £3020k in total) that related to the additional funding allocated to support delivery of system balance.

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| Regional Review | |
| <i>To be completed by Regional locality team</i> | |
| Evidence: Annual report / End of year accounts / CCG self-assessment | |
| 10. Evidence that the CCG has delivered the Mental Health Investment Standard. | |
| Sheffield CCG delivered, and slightly exceeded, the Mental Health Investment Standard for 2020/21 as reported in the end of year accounts. | |
| Regional Review | |
| <i>To be completed by Regional locality team</i> | |
| Evidence: Annual report / End of year accounts | |
| 11. Evidence that the CCG's administrative costs are within its running cost allocation. | |
| Sheffield CCG underspent the running cost allocation by £655k in 2020/21 as evidenced in the CCG Annual Accounts. | |
| Regional Review | |
| <i>To be completed by Regional locality team</i> | |
| Evidence: Annual report / Data held by national finance team | |

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| Theme 5 | Leadership and Governance |
| 12. Does the CCG have effective systems and processes for monitoring, analysing and acting on a range of information about quality, performance and finance, from a variety of sources including patient feedback, analyses of access to services and experiences of service users, so that it can identify early warnings of a failing service? | |
| <p>Governing Body takes overall responsibility for governance throughout the organisation and receives monthly reports on quality, performance and finance. In addition each public session starts with a patient story. During 2020/21 it met 10 times and was quorate on each occasion. It met on additional occasions during the pandemic to provide oversight and assurance. Governing Body discharges some of its responsibilities to a number of committees, those that are mainly responsible for monitoring, analysing and acting on a range of information about quality, performance and finance and therefore in a position to identify early warnings of a failing service, are outlined below with examples of the systems and processes in place.</p> <p>a) Quality Assurance Committee (QAC) - met nine times during 2020/21 and was quorate on each occasion</p> | |

- Provided a Patient Safety, Quality and Experience report highlighting key quality assurance and issue of risk. Received triangulated data considering, safety, effectiveness and experience for each provider. The committee has also sought assurance of continued improvement and outcomes for all commissioned services
- Systematically reviewed provider performance in relation to all areas of quality, for both Sheffield CCG commissioned providers (including not for profit organisations, Primary Care providers) and Sheffield in-area providers that are not directly commissioned by the CCG
- Reviewed feedback relating to providers from the Care Quality Commission (CQC) and other regulatory bodies and taken action with providers where appropriate
- Undertook an internal “learning lessons” review on SHSCFT
- Monitored patient safety issues, including Serious Incidents, Never Events, targets and plans to reduce hospital and community acquired infection

b) **Strategic Public Involvement, Experience and Equality Committee (SPIEEC)** - met six times during 2020/21 and was quorate on each occasion

- Providing assurance that CCG engagement, patient experience and equality and diversity activity is being carried out in line with statutory requirements and to a high standard
- Oversight of the engagement into the impact of Covid-19 and lockdown, and the mitigations put in place (see detail of the significant work in this area in response to questions 3, 7 and 8)
- Assurance on the revised Quality and Equality Impact Assessment Policy that has been implemented in the CCG.

c) **Primary Care Commissioning Committee (PCCC)** - met six times during 2020/21 and was quorate on each occasion

- Reviewed primary care services with a focus in 2020/21 on oversight of the primary care response to the pandemic
- Considered the results of the 2020 National Patient Survey, how survey data should be used to improve patients’ experience of primary care, and ensure that the CCG commissions for a high quality patient experience
- Considered regular reports on the practices within Sheffield and agreed appropriate actions to improve service quality and delivery where necessary and in line with guidance issued by NHS England
- Considered regular reports on the arrangements put in place to secure the delivery of primary medical services in Sheffield during the COVID-19 pandemic and arrangements put in place to support practices and their workforce at this time of exceptional pressure
- Reviewed the risk assessment for Black, Asian and Minority Ethnic and High Risk Staff in primary care in response to COVID-19

- d) **Audit and Integrated Governance Committee (AIGC)** - met four times during 2020/21 and was quorate on each occasion
- Ongoing review of various aspects of internal control, including updates on key quality and performance issues from the Quality Assurance Committee
 - Review of the Governing Body Assurance Framework with particular focus on ongoing identified gaps in control and/or assurance

In addition to the formal committees there are a number of other CCG groups that are in a position to identify early warnings issues linked to a failing service as they provide a forum for members to raise issues and concerns (e.g. CCG weekly Coordination Group, Clinical Locality Group, SMT Plus). There are also the formal ICS and ACP groups (e.g. JCCC, EDG, contract monitoring groups) that are responsible for monitoring and managing system issues.

Many CCG staff have built good relationships and links to the Sheffield public and/or colleagues in partnership organisations including Health Watch. Their role includes gathering of intelligence to inform the quality of commissioning. The 2020/21 annual report refers to the ongoing cultural development in the CCG encouraging empowerment and openness. This approach will help the CCG ensure that any issues identified are raised internally and managed appropriately.

Regional Review

To be completed by Regional locality team

Evidence: CCG self-assessment / Governance statement return / Records of engagement

13. Has the CCG demonstrated effective system leadership and progressed partnership working, underpinned by governance arrangements and information-sharing processes, including evidence of multi-professional leadership?

The CCG works in collaboration with a wide range of local NHS partners and clinical networks to commission service improvement priorities from a range of NHS, voluntary, private and independent sector service providers. In addition, a number of other partnership arrangements are in place, including the CCG's membership of the local Health and Wellbeing Board and collaborative commissioning network. Other key partnerships that the CCG is a member of include:

- Joint Committee of CCGs (JCCCG) - during 2020/21 the JCCCG has developed a joint priorities work plan.
- SYB ICS - The Health and Care Partnership Board (CPB) continues the work of the Collaborative Partnership Board and, as well as including the chief executives and accountable officers from acute and mental health hospitals, primary care, commissioning groups, umbrella Voluntary Action organisations, Healthwatch organisations, NHS England and other arm's length bodies, it is a key forum for engaging with the chief executives and directors of public health from the local authorities in South Yorkshire and Bassetlaw.
- The Accountable Care Partnership (ACP) - a partnership comprising seven partners in the City (Sheffield City Council, NHS Sheffield CCG,

Sheffield Children's NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Primary Care Sheffield Ltd, and Voluntary Action Sheffield (VAS)). The ACP worked very differently through 2020 as many work streams were paused to enable staff to focus on contributing to the pandemic response. The trust and relationships that had built up over the work of previous years came into their own enabling partners to work together in new ways.

There has been significant work to progress the Joint Commissioning Committee with Sheffield City Council including the agreement of a pooled budget (£428million), a joint commissioning strategy between both organisations and a joint commissioning office. We have one of the largest pooled budgets in the country and one of the only "single" health and social care plans.

The CCG has also led and supported the other CCGs and the ICS to progress the recording of all team functions in a consistent way. This work will provide an evidence based foundation for the next stage of designing streamlined commissioning across the ICS.

Governance Arrangements

NHS bodies are not required to comply with the UK Code of Corporate Governance; however, compliance with relevant principles of the Code is considered appropriate and good practice. This Governance Statement is intended to demonstrate how the CCG has due regard to the principles set out in the Code which are considered appropriate for CCGs. For the financial year ended 31 March 2021, and up to the date of signing this statement, we have regard to the provisions set out in the code and applied the principles of the code.

NHS Sheffield is a clinically led, member organisation comprising 76 member practices and has a responsibility to ensure that robust corporate, clinical and financial governance arrangements are embedded within the organisation in accordance with best practice. Each practice is aligned to one of four localities across the city and has a registered key representative who is appointed to vote on behalf of their practice. Work is ongoing within the localities to bring together "clusters" of PCNs to commission at locality level and bring together population health management plans.

The CCG has supplemented the governance framework by the formal adoption of the Nolan Principles on Standards in Public Life, the Code of Conduct and Accountability for NHS Boards, together with development of the Standards of Business Conduct and Conflicts of Interest Policy and Procedures.

The CCG has established a properly constituted Governing Body with the appropriate clinical, managerial and lay member skill mix. The Governing Body takes overall responsibility for governance throughout the organisation but discharges some of its responsibilities to a number

of committees. The Audit and Integrated Governance Committee (AIGC) provides the Governing Body with an evaluation of the sources of assurance available to the CCG. Significant risks highlighted from each of the high level committees are escalated through the risk and control framework and reviewed by the AIGC at each of its meetings.

Multi-professional Leadership

There are many examples of multi- professional leadership which include:

- The CCG’s COVID-19 Vaccination programme team led by our Chief Nurse and comprised of a manager with experience of flu vaccination campaigns and respiratory health, and a senior CCG manager who is a pharmacist by clinical background. The team has pulled in expertise from CCG colleagues who are communications professionals, experts in community and voluntary sector engagement, as well as GPs and primary care managers both from the CCG itself and our four localities.
- Our large scale Mental Health Crisis Transformation programme is being co-ordinated by a member of our mental health portfolio who has a background and expertise in programme management techniques. The programme has five inter-dependent work streams involving partners from the Council, Sheffield Health and Social Care NHS FT, and the voluntary sector. The work streams are led by a variety of clinical professionals, managers and specialists such as IT professionals, Information Governance experts, data analysts and contracting managers.
- Due to our inability to hold “in person” educational events for primary care staff, we have delivered events on line, which have been recorded and are available to view when convenient for staff. These have been designed led by our staff, pulling in expertise from across the health and social care community, for example a series of education events on dementia topics. At the beginning of May we hosted our first education event for Non-Medical prescribers, which was designed and planned by pharmacists from Our Medicines Optimisation team and our Primary Care Development Nurse team and nurses from our member practices. The online event was attended by 192 people and was very well received.
- Our PCDN team have recently been awarded the Chief Nursing Officer for England silver award for work done to support primary care.
- Our ICP nurses have led the national strategy for ICP policy during the pandemic.

Regional Review

To be completed by Regional locality team

Evidence: CCG self-assessment report / Health & Well-being survey / Governance statement return

14. To what extent has the CCG achieved, or is in the process of implementing, streamlined commissioning arrangements?

NHS Sheffield CCG and Sheffield City Council worked together last year to agree a Joint Health and Care plan for 2021-22, which includes a set of clear joint priorities around access to health and care; ensuring that children have the best start in life; improving support and treatment for

mental health and wellbeing, and personalisation of health and care. We have agreed a set of joint Commissioning intentions to deliver these priorities, which include working with the voluntary sector to deliver improved outcomes for some of the most vulnerable people in our city. Sheffield has one of the largest pooled budgets in the country (£428 million) and the development of a single commissioning plan for health and social care, the only one of its kind in SYB. This close working relationship between the CCG and Sheffield City Council has developed over several years with SCC elected members and officers.

Our Commissioning Development directorate has been re-designed and a new Joint Commissioning Office has been created, which will include our planning function and Programme Management Office. This new team will work to develop joint commissioning opportunities and strengthen our partnerships with the voluntary, community and faith sector organisations across the city.

Closer joint working between the CCG and the Local Authority delivered a number of practical gains during 2020-21, including:

- We brought Social Care and Health staff together with GP's, to provide a 'team around the person' approach to supporting individuals, ensuring people are supported to receive services to support their needs in their local communities – particularly in our new primary care based mental health support service, one of 12 national pilot sites.
- We worked together to improve our community equipment service, to ensure more people receive equipment they need in a timely manner.
- We worked with our mental health and acute hospitals to ensure services work together to enable discharge from hospital to home, is supported by a rapid assessment to determine ongoing care needs.
- We streamlined our assessment and review process to ensure those with ongoing care needs, have their needs met in a timely manner and funded appropriately.

Our plans will be supported by a Sheffield Outcomes Framework, which we have been working to develop with the CCG, Accountable Care partnership and Sheffield City Council. The aim of this is to help us focus on real health and quality of life outcomes for our population, not just commissioning outputs such as levels of activity or process measures. We are working towards co-production of the outcomes with patients, carers and members of the public. This focus on outcomes will be a core element of moving towards a more holistic population health management approach.

Regional Review

To be completed by Regional locality team

Evidence: CCG self-assessment

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|--|---------------------------------|
| Summary | Regional Overall Summary |
| Regional evaluation | |
| <i>To be completed by Regional locality team</i> | |