

**Chair's Report**

Item 17c

**Governing Body meeting****2 September 2021**

<b>Author(s)</b>	Dr Terry Hudson, Chair
<b>Purpose of Paper</b>	
To update Governing Body on the activities of the Chair.	
<b>Key Issues</b>	
<ul style="list-style-type: none"> <li>• Covid-19</li> <li>• Covid-19 vaccine</li> <li>• CCG annual assessment</li> <li>• Meetings with MPs</li> <li>• Joint Commissioning Committee with Sheffield City Council</li> <li>• Joint Committee of CCGs</li> <li>• CCG localities</li> <li>• Change and transition to the ICS</li> <li>• SYB ICS – Boundary changes, Health Executive Group, Health Oversight Board, Independent Chair Designate appointment</li> <li>• Accountable Care Partnership</li> <li>• Acting on staff feedback</li> </ul>	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Recommendations / Action Required by Governing Body</b>	
The Governing Body is asked to note the report.	
<b>What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?</b>	
<p><b>Assurance Framework Number:</b></p> <p>The report links to all risks identified on the GBAF and also supports the good governance arrangements in place which are integral to each of the CCG's objectives contributing to a sound system of internal control.</p>	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
No	
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>	

There are no specific risks associated with this report

***Have you involved patients, carers and the public in the preparation of the report?***

Not applicable

## Chair's Report

### Governing Body meeting

2<sup>nd</sup> September 2021

This report summarises the business that has been conducted on behalf of the CCG during June, July and August 2021.

#### **Covid-19**

In the 7 days to August 13<sup>th</sup>, there were 2249 cases in Sheffield this is down 486 from the week before (-17.8%). The Case rate per 100,000 was 381.7. This compares to a national case rate of 296 per 100,000 (for the 7 days up to 18<sup>th</sup> August), up 7.6% on the week before. (Data accessed 19/8/21 from <https://coronavirus.data.gov.uk/>).

#### **Covid-19 Vaccine**

74% of all over 18s in Sheffield have received at least one COVID vaccination, with 66.3% having received both vaccines (as of 18th August 2021), Sheffield remains the most vaccinated core city in England for both first and second doses. This success is down to the hard work that has been done in primary care and the collaborative work that has taken place across the city to engage patients and provide appropriate access to vaccination. Over the summer we have been working to deliver additional vaccination in areas with lower uptake and have run a weeklong pop up in Vestry Hall, Burngreave with an additional city centre site being planned.

#### **CCG Annual Assessment**

Lesley Smith, Accountable Officer, and I met with NHS England and the ICS on 30<sup>th</sup> July 2021 as part of the CCG's annual assessment process. This year the assessment process has been simplified due to the continued impact of the pandemic and the changing priorities the CCG is responding to. The change in approach means that CCGs will no longer be given an overall rating and instead are given a narrative assessment of performance.

Lesley and I took the opportunity to highlight the many areas where the CCG has improved over the past year. We used the CCG annual report, and excerpts from the Governing Body meeting where our staff presented the work of their teams, as the basis for the assessment. Both Alison and Andrew noted the positive changes to culture, leadership, engagement with communities, partnership working and innovation at the CCG and commented we must be very proud of all of our CCG staff – a sentiment I entirely agree with!

We have now received our narrative assessment letter, which will be shared with Governing Body in September's meeting in public and with our staff through one of our regular staff briefings. The assessment thanks the whole CCG for their dedication and commitment.

Here is the overall assessment from the letter:

*"The CCG has played a key role in supporting the NHS in South Yorkshire and Bassetlaw to respond so effectively to the COVID-19 Pandemic; the effective leadership of the CCG is also fundamental to the local Place – and wider ICS – recovery plan.*

*Thank you for the whole CCG team's dedication and commitment throughout a period of unprecedented challenge.*

*In addition to the wider team, you have both provided strong leadership in Sheffield and at a system level through the year with a focus on leading in the ICS, the development of strategic commissioning, and leadership within the Cancer Alliance.*

*We look forward to working with you and continuing to support your CCG through this transitional year, in improving healthcare for your local population and system."*

### **Meeting with Members of Parliament**

Along with members of the senior team, we continue to meet as a CCG with Sheffield MPs to update them and discuss areas of the CCGs work.

### **Joint Commissioning with Sheffield City Council**

The work of the Joint Commissioning Committee (JCC) with Sheffield City Council continues to progress well. During June, July and August, the JCC has focussed on the joint commissioning intentions and the health inequalities outcomes framework. This framework has been shared with partners in the ACP, and Sheffield Health and Wellbeing Board. Partners have been very supportive of the framework, recognising the need to move the planning and delivery of care to an outcomes focussed approach. The ACP has now adopted the framework meaning that for the first time both providers and commissioners are working towards a common set of outcomes.

The JCC has spent time in development sessions understanding the implications of the Health and Care Bill which is currently being debated in parliament. Whilst there is still uncertainty of the final contents of the Bill, colleagues from the CCG and SCC are working hard to ensure that the JCC is ready to take on delegated responsibility for the ongoing commissioning of health, care and VCS services in Sheffield in the future, as part of the South Yorkshire Integrated Care System (ICS).

### **Health and Wellbeing Board**

Sheffield Health and Wellbeing Board (HWBB) has continued to meet for development and strategy sessions throughout the pandemic. The focus of sessions has been on understanding how HWBB can best work with the future statutory South Yorkshire ICS, continuing to work upon the HWBB strategy and a special session on school attendance and its relationship with health inequalities.

There are plans for the HWBB to meet in public over the autumn months.

Minutes of the meetings can be downloaded from the Sheffield City Council website.

<https://www.sheffield.gov.uk/home/public-health/health-wellbeing-board>

### **CCG Locality Meetings**

During June I attended meetings at each of the four localities to update them on developments at the CCG and the ICS. I also took this opportunity to listen to local practices about what was important to them in the future. There was a very strong message that practices are valued by the locality structure – in particular they felt supported by the locality teams and recognised this as an important connection with influencing commissioning decisions within Sheffield. At all four localities, members expressed their desire for this strong support and engagement mechanism in any future system design. Sheffield CCG will continue to work with colleagues in the ICS and Sheffield Accountable Care Partnership

(ACP) to ensure that primary care remains a central to system design, and that the substantial pressures in general practice are recognised and responded to.

The West locality saw Lorraine Watson retire in August. Lorraine was a valued member of the locality who was instrumental in bringing the locality together as a group of five networks, focussing on supporting practices, PCN development and mutual support. I wish Lorraine the very best for the next chapter in her life and wish to thank her for everything she has done. Welcome to Dominic Carrell, who has joined the CCG as the West Locality manager.

The Hallam and South Locality saw Gordon Osborne retire in June. Gordon was a valued member of the HASL locality who has always worked hard to represent the views of locality practices at Governing Body, CLG and in all of his CCG work. I wish Gordon a very happy retirement and wish to thank him for all he has done for the CCG. Welcome to Helen Lenthall, who has joined the CCG as the new HASL manager.

### **Accountable Care Partnership**

The Accountable Care Partnership (ACP) Board last met in June and the ACP design group met in August. The focus has been on how the ACP can work effectively in the future in supporting more joined up care delivery for the population of Sheffield, and how it can support and align to the Joint Commissioning plan and health inequalities outcomes framework. Along with our executive directors, I continue to provide input from a CCG perspective on the ACP's development agenda.

### **Joint Committee of Clinical Commissioning Groups**

The Joint Committee of Clinical Commissioning Groups (JCCCG) has met monthly, in private, throughout the summer months, using the time as a series of development sessions to discuss how the JCCCG can support the transition to an ICS and also build a strategic commissioning capability and a population health led system in the future.

### **ICS Change and Transitions Board**

In response to the ask of CCG chairs across South Yorkshire and Bassetlaw to have an 'in-step' transition to the new ICS, a Change and Transitions Board (C&TB) has been established between all five SYB CCGs and SYB ICS. In June NHS published the ICS Design Framework which sets out the accountability for managing the change process will be with the current ICS and CCG leadership, with increasing involvement of new designate leaders as they are appointment.

The Change and Transition Board is jointly chaired by Sir Andrew Cash and myself and has met on three occasions to oversee the progress of the safe transition of staff and functions from CCGs to the statutory ICSs from April 2021 (legislation pending). The Change and Transition Board covers four theme areas: HR and people; corporate and functions; finance, assets and liabilities; clinical and quality. Each work theme is led by a CCG Accountable Officer/Place-based director and supported by staff from all CCGs and the ICS.

### **ICS Health Oversight Board**

In June I attended the ICS Health Oversight Board to update them on the progress of the work of the Joint Committee of CCGs and the establishment of the Change and Transitions Board.

### **ICS Health Executive Group**

I continue to regularly attend the Health Executive Group on behalf of the CCGs as part of my responsibilities as the Chair of the JCCCG.

### **Acting on staff feedback**

On 16<sup>th</sup> August I joined the CCG's Deputy Directors to discuss and contribute to their thoughts on how the CCG can best respond to staff feedback, support the wellbeing of our people and support the ongoing culture development of our CCG team.

### **Governing Body Drop-in Sessions**

I have continued to hold regular catch-up/drop-in sessions for Governing Body members to discuss the place and system development agendas.

### **Important Documents from NHSE&NHSI Regarding ICSs**

At the time of writing NHS England & NHS Improvement had published two important documents regarding the establishment of Integrated Care Systems:

1. ICS design framework
2. Working together at scale: guidance on provider collaboratives

Further documents pertaining to the transfer of people and the design of place-based partnerships is anticipated in late August/early September.

Governing Body members can keep up to date on the release of these documents through the Future NHS Platform <https://future.nhs.uk> .

All documents will continue to be discussed at Governing Body and Senior Management Team meetings.

### **ICS Boundary Changes**

Earlier this year, Ministers in the Department of Health and Social Care asked NHS England to set out options for boundary alignment between ICSs and upper tier local authorities. The Secretary of State announced on the 22<sup>nd</sup> July 2021 that the district of Bassetlaw would be aligned to the Nottingham and Nottinghamshire ICS with effect from 1<sup>st</sup> April 2022. Therefore, from April 2022, South Yorkshire and Bassetlaw ICS will become South Yorkshire ICS.

Until then, Bassetlaw remains part of the SYB ICS. There is a long history of successful partnership working between Bassetlaw and South Yorkshire and we shall continue to work with, and support, Bassetlaw to maintain excellent services, access to care and to improve the health and wellbeing of the population.

### **Appointment of ICS Independent Chair**

Finally, I would like to congratulate Pearse Butler on his appointment as the Chair Designate for the ICS and welcome him to South Yorkshire. I shall arrange a meeting with Pearse once he is in post.

### **Recommendation**

The Governing Body is asked to note this report.

**Paper Prepared by:** Dr Terry Hudson, Chair

**August 2021**