

Chair's Report

Governing Body meeting

6 May 2021

Item 16d

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| Author(s) | Dr Terry Hudson, Chair |
| Purpose of Paper | |
| To update Governing Body on the activities of the Chair. | |
| Key Issues | |
| <ul style="list-style-type: none"> • Covid-19 and Vaccines • NHS Priorities and Operational Planning Guidance • Sheffield "Place" • South Yorkshire and Bassetlaw "System" • External engagements | |
| Is your report for Approval / Consideration / Noting | |
| Noting | |
| Recommendations / Action Required by Governing Body | |
| The Governing Body is asked to note the report. | |
| What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives? | |
| <p>Assurance Framework Number: The report links to all risks identified on the GBAF and 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> | |
| Are there any Resource Implications (including Financial, Staffing etc)? | |
| No | |
| Have you carried out an Equality Impact Assessment and is it attached? | |
| 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

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Chair's Report – May 2021

This report summarises the business that has been conducted on behalf of the CCG during March and April 2021.

Covid-19 and Vaccines

Sheffield CCG continues to work with and support partners across Sheffield to assist the delivery of Covid vaccination to communities where it will have the greatest impact in terms of preventing ill health, hospital admission and death. On 15 April 2021, all people in our city from the first nine cohorts had been offered a first-dose vaccine. 260,000 eligible people in Sheffield had been given their first vaccine – over 50% of the city's population. This is a testament to the efforts and enthusiasm of so many people to make the vaccination programme work – the clinicians, administrative staff, volunteers, and managers behind the scenes. Public Health England data is now showing the risk of being admitted to hospital because of coronavirus infection is reduced by 80% within four weeks of the first dose. Second doses are being administered and work is now underway to roll out vaccines in cohorts 10-12. The CCG continues to support practices.

There are some communities within the city where vaccine uptake has been lower than average. Our communications and engagement team have been working with local communities to understand the hesitancy and cultural, psychological, and physical barriers that mean people don't take up the vaccine, and to encourage people to have the vaccine. I spoke to BBC Look North in April, along with community leaders, VCSE organisations and local people about the work our CCG has funded and supported to improve vaccine uptake. In particular, engagement events have taken place alongside local community organisations which the CCG has contributed £250,000 towards. These events have been focussed on BAME communities and others who we already know face significant health inequalities. Whilst most people within these communities have had a Covid vaccine, there remains barriers to vaccine uptake which we are seeking to improve through education, engagement and community empowerment.

NHS Priorities and Operational Planning Guidance

On 25 March 2021, NHS England and Improvement published the 2021/22 priorities and operational planning guidance. The core priorities set out in the document are:

1. Supporting the health and wellbeing of staff and taking action on recruitment and retention
2. Delivering the NHS Covid vaccination programme and continuing to meet the needs of patients with Covid-19

3. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
4. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
5. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
6. Working collaboratively across systems to deliver on these priorities.

Sheffield CCG is working closely with the Integrated Care System (ICS) in reflecting these priorities in our planning for the coming year, paying particular attention to collaborating with partner organisations during the forthcoming transition year.

Sheffield “Place”

The Joint Commissioning Committee continues to work on the Joint Commissioning Intentions for 2021/22 with the support of commissioning teams from the CCG and Sheffield City Council. Recent meetings have focussed on the development of a health inequalities outcome framework. The approval of these intentions at the Joint Commissioning Committee was picked up by the Sheffield Telegraph who ran a positive piece about the opportunities this brings for improving integrated care in the city.

Sheffield Health and Wellbeing Board met in public in March 2021 to discuss how, as a system in Sheffield, we can work better in a strategic way with the voluntary sector. The Board approved a Statement of Intent for Sheffield focussing on short term sustainability and in the long-term supporting and working with VCSE organisations as equal and strategic partners.

Minutes of the meetings can be downloaded from the Sheffield City Council website.
<https://www.sheffield.gov.uk/home/public-health/health-wellbeing-board>

Sheffield Accountable Care Partnership (ACP) Board met to discuss the future ambition for the health and care partnership in the city in light of the White Paper “*Working together to improve health and social care for all*”. A working group has been set up with representatives from all partner organisations within the ACP to explore possible operating models and governance for “place” working arrangements in the transition year and beyond into 2022 when ICSs become statutory bodies. Discussions at this stage are exploratory and are focussed on increasing collaboration between health and care organisations in Sheffield.

We await further guidance from NHS England and Improvement, and a second reading of the White Paper in Parliament over the coming weeks.

South Yorkshire and Bassetlaw “System”

Our CCG Team continues to be involved in the work streams with South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) in preparation for ICS’s becoming statutory organisations from April 2022.

I have taken over the Chair of the Joint Committee of Clinical Commissioning Groups (JCCCG), effective from 1 April 2021, and look forward to collaborating with colleagues across SYB on the system wide commissioning agenda. The JCCCG will play an important role in supporting SYB ICS in its journey to a statutory body, specifically its

commissioning functions. There is a strong narrative of population health management and tackling health inequalities which I aim to support and raise further to ensure that this is embedded in all commissioning in the future.

External engagements

In March I attended the Health Finance Managers Association Chairs and NEDs conference. We heard from a range of speakers and I was particularly impressed by a talk from Jacqueline Davies discussing proposals for standards for NHS leaders with a focus on improving inclusivity, collaboration, sustainability and culture. She explained the importance of developing clinical leaders and the forthcoming opportunities for leadership development.

I chaired a day at the Institute for Government and Public Policy entitled “The future of hospitals” in March. The day focussed on the digital innovations and engaging local communities in service improvement. I heard examples of clinical innovation where technology has supported teams to “take the doors off the hospital” and provide improved services to people within their homes and local communities – a real change in the dynamic of the traditional view of hospitals. The event was attended by hospital leaders from across the UK and I was inspired that the traditional view of hospitals being large providers of clinical services is evolving into one of hospitals being important anchors in local communities which are not confined to their bricks and mortar, but organisations that can positively contribute to solving inequalities within communities and empower people to improve their own health.

During March and April I have undertaken interviews with the Sheffield Telegraph discussing Sheffield’s Joint Commissioning Intentions, with BBC Look North discussing barriers to vaccine uptake in Black African and Black Caribbean communities, and with Radio Sheffield discussing the Covid vaccine successes we have seen over recent months in the city.

Recommendation

The Governing Body is asked to note this report.

Paper Prepared by Dr Terry Hudson, Chair
April 2021