

Minutes of the NHS Rotherham Clinical Commissioning Group

Virtual Public Governing Body Meeting

Wednesday 3 November 2021 at 1.00pm

Quorum

Governing Body has 13 voting members including 1 Lay member and 1 GP Members Committee Member or nominated representative, the Accountable officer or nominated representative and the Chief Financial Officer or nominated representative.

Quorum is 7 members.

Present:

Mr J Barber	Chair, Lay Member and RCCG Vice Chair
Mr C Edwards	Accountable Officer, Rotherham and Barnsley CCG's
Mr I Atkinson	Executive Place Director, RCCG
Mrs W Allott	Chief Finance Officer, RCCG
Mrs S Cassin	Chief Nurse, RCCG
Dr J Page	Lead GP, Finance and Governance, RCCG
Dr G Avery	GPMC Representative, RCCG
Dr S MacKeown	GPMC Representative, RCCG
Dr R D'Costa	Secondary Care Doctor, RCCG
Dr D Clitherow	Independent GP
Mrs D Twell	Lay Member, RCCG
Mrs J Wheatley	Lay Member, RCCG

In Attendance:

Mrs R Nutbrown	Assistant Chief Officer, RCCG
Ms L Hill	Minute Taker, RCCG

Participating Observers:

Mr B Anderson	Director of Public Health, RMBC
---------------	---------------------------------

Apologies:

Dr R Cullen	GP & Chair, RCCG
Councillor D Roche	Public Health and Chair of Health & Well Being Board, RMBC

147/21	<p>Quorum</p> <p>The Chair confirmed the meeting as quorate.</p>
148/21	<p>Declarations of Interest</p> <p>The Chair reminded members of their obligations to declare any interest they may have on any issues arising at meetings which might conflict with the business of the NHS Rotherham Clinical Commissioning Group (RCCG).</p> <p>Declarations declared by members are listed in the CCG's register of interests. The register is available on the CCG website at the following link: http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm</p> <p>It was acknowledged that, as Primary Care Providers in Rotherham, Dr's Cullen, McKeown, Avery and Page had an (indirect) interest in most items.</p> <p>The Chair noted that for item 20 - Remuneration Committee Minutes, some members will have a conflict of interest in the item which will be managed in terms of decision making.</p> <p>The Chair also noted item 7 - Chief Officers Report Contract with Voluntary Action Rotherham (VAR) for which Mrs Wheatley made a declaration as she was involved with VAR when the contract was signed.</p>
149/21	<p>Patient & Public Questions</p>
	<p>No questions have been submitted.</p>
150/21	<p>Draft minutes of the last Virtual Public Meeting dated 1 September 2021</p>
	<p>The minutes were agreed as a true and accurate record of the meeting.</p>
151/21	<p>Public Action Log</p>
	<p>097/21 - Dr Clitherow. Completed. 097/21 - Dr Cullen. Ongoing.</p>
152/21	<p>Chief Officers Report</p>
	<p><u>Governing Body January 2022 Date Change</u> - Governing Body will be held on the 12 January not the 5th as usually planned.</p> <p><u>Additional Community Occupational Therapy Resource</u> - Rotherham Community Occupational Therapy (COT) Service is a jointly commissioned service between the Clinical Commissioning Group (CCG) and Rotherham Metropolitan Borough Council (RMBC) provided by The Rotherham NHS Foundation Trust (TRFT). This has been reviewed and an additional resource is in place to increase occupational therapy support as part of this service.</p> <p><u>Commissioning a South Yorkshire (SY) Integrated Care System (ICS) Suicide Bereavement Service</u> - the Operational Executive (OE) gave support to the proposal to re-commission the Amparo Service - a support service for those exposed to, affected by or bereaved by suicide across Rotherham,</p>

Doncaster, Sheffield, and Barnsley. Rotherham CCG acts as the lead commissioner for this service on behalf of Public Health Leads. The invitation to quote was issued on 08 September 2021 with a closing date of 08 October 2021. The outcome of the evaluation of submissions will be subject to a standstill period but it is hoped that an NHS Standard Contract will be awarded in early November 2021 for a February 2022 start date.

Teledermatology Service - Teledermatology involves the taking of an image within a GP practice rather than a hospital visit for diagnostics. The pilot has been extremely successful, and we are therefore moving to procure a more substantive service from 1 April 2022. This is supported by GP colleagues and is a more efficient and patient friendly in terms of access.

Contract with Voluntary Action Rotherham (VAR) - The contract with VAR is a 3-year contract with an option to extend further. Due to the close down of the CCG and transition to ICS, the Operational Executives (OE) supported the proposal to extend the VAR contract from 2022 until 2024.

Robotic Process Automation (RPA) Pilot in General Practice - The CCG will utilise money awarded from the Digital Primary Care fund to carry out a pilot of Robotic Process Automation (RPA) in general practice. Our pilot, supported by the Royal Free London Innovation and Intelligent Automation Centre of Excellence, will focus on the automation of the process for the collection, return and validation of enhanced service reporting between general practices and the CCG. During the RPA pilot we will be working with representatives across general practice to identify a prioritised pipeline for future automations, which we will progress following completion of the pilot.

South Yorkshire and Bassetlaw Emergency Preparedness, Resilience and Response (EPRR) On Call Test - as a Category 2 responder, in line with legal requirements, the CCG are required to test arrangements every six months to ensure we have full out of hours 7-day cover. The on-call test was carried out on Tuesday 28th September 2021 at 18:30 hrs.

There was an issue with the time it took TRFT to answer the call to switchboard, which has been raised with TRFT and is being investigated.

Lung Health Checks - Rotherham, Barnsley and Bassetlaw have been successful in their application to implement targeted lung health checks programme commencing in 2022. The lung health check programme targets those at most risk from lung cancer with the ambition to diagnose earlier to achieve better outcomes for Rotherham patients.

Procurement of Rotherham Safe Space - the OE gave support to procure an alternative service to a crisis service, the Rotherham Safe Space, in line with the NHS Long Term Plan. The Service will provide a non-medical model of peer support for those who are experiencing emotional distress and deliver lower-level psychological interventions. It is anticipated that the procurement exercise will commence in late October 2021 with a view to mobilisation in February 2022.

Care Home Remote Monitoring and Referral Pilot - The CCG is leading an Allied Health Science Network (AHSN) funded pilot for remote monitoring and referral in nine care homes across the Borough, allowing care homes staff to make electronic referrals directly to local NHS services. The pilot will see each participating care home is provided with equipment to enable their

	<p>staff to carry out remote observations such as blood pressure, oxygen saturation and temperature, which are then captured in a simple app and transferred to the TRFT Care Home Liaison Team for them to assess the client through an electronic referral. If the pilot is evaluated as successful, the solution will be offered to additional care homes.</p> <p><u>Communications Update</u></p> <ul style="list-style-type: none"> • The Rotherham Health and Care winter communications plan has commenced. Managing sustained pressure and on-going impact of COVID-19 is a key element of our campaign. The national winter campaign under 'Help Us to Help You' is also included. • There have been several recent media articles covering COVID vaccinations, system pressures and individual patient stories. We have worked with the Rotherham Advertiser to provide regular updates from our Executive leads and clinicians. • The Rotherhive website development is ongoing to provide updated mental health and wellbeing information, support and advice for adults in Rotherham. • We are working with our local partners to implement an anxiety campaign which provides information on the help and support available across Rotherham. <p>Dr Avery feedback that the Teledermatology service is going well. In terms of administration, practice management takes a significant amount of time to report activity and the Robotic Process will help release more time for clinical activity but noted there have been slight IT issues with use of System One.</p> <p>Mr Anderson commented that it is good news to be included in the Lung Health Checks Programme to pick up on early detection of lung cancers, increased involvement with long term smokers/smoking cessation, COPD, asthma and cardiac risk as the pathway moves forward.</p>
	<p>Governing Body members noted the information.</p>
	<p>STRATEGIC UPDATES</p>
<p>153/21</p>	<p>South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Update (standing Item)</p>
	<p><u>South Yorkshire and Bassetlaw Integrated Care System Transition Approach</u></p> <p>Mr Edwards gave a summary of the paper which represents the preferred approach to transition to statutory Integrated Care Systems. It sets out five key steps for a smooth and safe transition by 1 April 2021 and has been discussed at the System Health Executive Group on 14 September 2021. The paper and approach have been developed by CCG Accountable Officers, ICS leadership and designate leadership and NHSE/I officers. Phase 2 looks beyond 1 April 2022 and how the design phase will continue, and what the key next steps and associated strategic risks are.</p>

Governing Body are asked to approve the preferred approach to transition documented in the paper.

Dr Avery commented that from a GP perspective, no major changes are expected during the first year and asked that the paper be shared at GP Members Committee for further discussion.

Action: Mr Edwards to circulate the Approach to Transition paper to GP Members for further discussion.

Mr Edwards responded that this is a public paper, which outlines how the Integrated Care Board will be set up to be ready from 1 April 2022 to include how we conduct business and smooth transition. Item 8 sets out what is intended as an Integrated Care Board (ICB) in taking on the four key roles as the transformation takes place.

Mr Edwards added that there is a legal minimum to be completed by 1 April 2022 but there is a recognition that 2022/23 will be a significant year of transition.

Mr Barber commented that several practical matters are not contained in these documents, which include the responsibility for financial planning/ budget setting, how commissioning will be developed and the process to develop places. Mr Barber asked if there will be separate papers established for these matters.

Mr Edwards responded that Rotherham have set up a weekly Transition Executive Group (TEG) who will complete a due diligence checklist as a system, with the ambition being to deliver against the National Due Diligence checklist and to provide assurance to Audit and Quality Assurance Committee (AQuA) and Governing Body that business is being conducted appropriately. A Risk Register and Dashboard are also being developed at system level to assure on the progress of key practical issues.

Governing Body members will receive the Risk Register, Dashboard and Due Diligence Checklist updates when available.

ICB Health Executive Group - Progressing ICS Governance Development Update

Mr Edwards provided a summary of the update, highlighting the following:

- The South Yorkshire and Bassetlaw Health and Care Partnership agreed a set of arrangements to take the partnership forward. A key group of the partnership is the ICS Development Steering Group, whose membership is drawn from across all system partners and key ICS building blocks. Mr Edwards currently represents the RCCG on the Steering Group.
- National guidance to support establishment of statutory ICS was published over August and September, with further guidance on HR, remuneration and appointment of key posts also being received.

	<ul style="list-style-type: none"> • ICS leaders and designate ICB leaders are asked to proceed with preparations. We now have a Designate Chair, Pearse Butler, in post across South Yorkshire and appointment to the Chief Executive Designate is underway. • Engagement with appropriate partners on key components of the Constitution is expected by 30 November 2021. CCG Accountable Officers have a key role in the development of the Constitution of the ICB in South Yorkshire. <p>Dr Avery queried Rotherham GP Members Committee representation during the transition process.</p> <p>Mr Edwards responded that the key decision making depends on the Designate appointments. The Chair is now in place, the announcement of the Chief Executive will follow shortly, along with Chief Finance Officer, Medical Director and Chief Nurse appointments. Discussions are ongoing to look at which other members would be identified e.g., Local Authority, Acute, Mental Health and Primary Care representatives.</p> <p>Further updates will come to Governing Body when available.</p>
	<p>Governing Body members received the papers and agreed to the preferred approach to transition to Statutory Integrated Care Systems option.</p>
	<p>PERFORMANCE UPDATES</p>
<p>154/21</p>	<p>Medicines Management Quarter 1 Report</p>
	<p>Mr Lakin provided a summary of the report highlighting the following:</p> <p>Rotherham has the lowest prescribing cost growth in Yorkshire and Humber (Y&H) and is the only CCG to have negative cost growth, issuing 8,974 different prescribing items during Quarter 1. The big downtrend in the last quarter is due to some No Cheaper Stock Alternatives (NCSOs) issues seen earlier in the year being resolved.</p> <p>The areas of high cost growth are as expected, as in direct oral anticoagulants (DOACs) alternatives to morphine, and sertraline prescribing. There has been a saving of £200,000 over the last 12 months by switching to alternatives particularly for co-codamol, but there is a high variation on cost growth between practices.</p> <p>There is a reduced Quality, Innovation, Productivity and Prevention (QIPP) programme for the year going forward over the next 6 months to include oral contraceptives which will go live over the next few weeks.</p> <p>There are four service re-design projects underway.</p> <p>Diabetes dieticians are joining the community workforce as we have the highest prescribing cost for insulin per patient in Yorkshire. The Diabetes dieticians are looking at the pathway and the different dietary interventions</p>

available for weight loss and greater benefit of diabetes management rather than use of insulin.

Mr Lakin asked if Drs Avery, Mackeown and Page would inform him of any capacity at their surgeries to hold sessions for the Diabetes dieticians.

Dr Avery informed Mr Lakin that Maltby Health Centre has room availability in one of the practices if a satellite dietician service is available for clinics.

There is a project on care homes, which started as a hydration project to reduce hospital admissions, falls and urinary tract infections (UTI's). This is now a Task and Finish Group, which includes a hydration training package to be rolled out next month, and work with the ambulance service, to roll out the training into care homes with the aim to reduce admissions and reduced call outs to the ambulance service.

A patient led project was launched this year to review patients on antidepressants and more work is planned for chronic pain and use of long-term high dose opioids.

Dr D'Costa queried the cost reduction of Dulaglutide being changed to an alternative drug.

Mr Lakin responded that there is an alternative preparation, but Dulaglutide is still being used. The formulation/preparation has changed, but the drug has not changed, so it remains the drug of choice.

Dr D'Costa asked if this is biosimilar as he is not aware of anything available which is cheaper. Dr D'Costa also commented on SGLT2 inhibitor usage with Empagliflozin showing as high usage, adding that there is now new CKD and heart failure guidance regarding SGLT2 inhibitors.

Mr Lakin responded that Empagliflozin is our drug of choice, adding that the Medicines Management Team (MMT) are reviewing the diabetes guidelines to reflect the focus on weight loss/dietician input. The data regarding SGLT2's regarding heart failure/cardiovascular outcomes will be reviewed to look at second line choice.

Action: Mr Lakin to provide further information on drug use to Dr D'Costa.

Dr Page commented on Rotherham being the only area locally having negative cost growth and questioned primary care prescribing, asking if there are medications which Rotherham patients do not have access to, or is it more down to management by the MMT.

Mr Lakin responded that it is mainly due to the latter, adding that for cardiovascular and DOACs, Rotherham is following national trends. The highest cost growth is seen in diabetes and despite investing heavily in diabetes drugs, the outcomes have not improved against benchmarks, hence the review of the pathway.

	<p>We also have strong cost growth on higher dose opiates, for which the NICE guidance is saying that they only have a modest role in the management of chronic pain. Progress in ongoing to review this.</p> <p>Waste management in care homes has also saved £60,000 this year to date.</p> <p>Dr Avery commented that over the last year, Primary Care Networks (PCN's) have taken on pharmacy support and additional roles. Dietician roles/support was discussed at the PCN meeting last month, but availability of space at PCNs is an issue.</p> <p>Mr Lakin informed members that there is now a Diabetes grant available from NHSE which will enable point of care testing and will include cholesterol screening at part of the review to expand the role of dieticians.</p> <p>Dr D'Costa pointed out in relation to Diabetes cost increase/outcomes, he has a conflict of interest due to his other job as an Endocrinologist, and asked if any work had been done to review ineffective therapies/wastage due to patients not adhering to prescribing/side effects etc.</p> <p>Mr Lakin responded that it is a difficult area to control as Rotherham use far more insulin than other CCGs in the area, but the team are looking at dosage and appropriate regimes. The dietician work has shown so far that insulin doses can be reduced substantially, through weight loss.</p> <p>Dr MacKeown commented on the importance of weight management in diabetes control in addition to being a huge part of general health. As this has become a diluted service across the patch, in the new ICB/ICS world, we should be looking at this as a priority, and that this should be implemented at PCN level, to involve local authorities, public health and primary care to get the forum started.</p> <p>Mr Lakin agreed that there are many mixed messages, particularly for diabetes. Simple pathways work and the dieticians will work through various schemes to be able to refer the patient into the service. There are also practice payment funds available for some of these schemes.</p> <p>Mr Anderson informed members that a piece of work he will push forward is through the Prevention and Health Inequalities Group, set up as part of the Rotherham Together Partnership structure. This will look at all of the preventative pathways, weight management and diabetes prevention, to identify how we get consistent routes for referral and recommendation. He is looking forward to working with PCN's as it also connects with social prescribing and other ongoing initiatives.</p>
	<p>Governing Body members noted the report.</p>
<p>155/21</p>	<p>Prescribing Incentive Scheme</p>

	<p>Mr Lakin presented the Prescribing Incentive scheme, for which a summary was included as an appendix to the Quarter 1 report.</p> <p>The scheme is up and running as described and currently is running well, with practices achieving the criteria outlined in the scheme.</p>
	<p>Governing Body members noted the continuation and funding of the scheme arrangements for 2021/22.</p>
156/21	Finance and Contracting Performance Report
	<p>Mrs Allott provided an update on the financial position as at 30 Sept 2021, also referred to as month 6 (the conclusion of the Half 1 or H1 planning period), summarising that we have delivered the required financial plan.</p> <p>Cash and Payments in Sections 2 and 3 continue to achieve 100% compliance against the standards implemented by the national team and Operational Performance achieved balance overall.</p> <p>At month 4, there was some concern about what the impact of sustained pressure in the areas of Learning Disabilities (LD), Mental Health (MH) and the Continuing Health Care (CHC) Hospital Discharge Programme might have, but this was contained. There was however some further growth in MH and LD, the net financial effect of which was mitigated by improved prescribing performance.</p> <p>We had a slight net gain into the position at month 6, and whilst the month 7-12 plan is to be discussed next, it has been confirmed that the actual performance in the first half of the year will carry forward into the second half of the year.</p> <p>Within this position, we are able to return some contingency and reserves back into play and we can now carry the benefit forward.</p>
	<p>Governing Body members noted the current position and the additional commentary to support the operating cost statement.</p>
157/21	Half 2 (H2) 2021-22 Financial Plan
	<p>Mrs Allott outlined the Half 2 (H2) financial framework and the CCG draft H2 financial plan. Our planning assumptions and modelling reveal a £4.9m financial planning gap which we believe can be mitigated using predominantly non-recurrent means. On this basis, members are asked to approve the CCG's setting of the balanced plan for H2.</p> <p>The report covers three key topics - how we receive our allocations, how we model our spend and what our plans are for closing the modelled gap.</p> <p>Allocations and how we receive them are set out in section 3 of the report. Members are asked to note how the H2 financial regime will operate built on the H1 regime, as most of the allocations are familiar to us and can be tracked from H1 into H2.</p>

Whilst the allocations have been uplifted for growth and inflation in terms of pay awards granted, they have also been reduced for levels of COVID support and increased efficiency requirements. The net result is shown in the top table (white section) where there is an ICS level allocation of £1.5b, and a CCG allocation of £259m (the CCG share of the £1.5b).

Expenditure starts with £250m based on the core model of what we spent at month 6. Starting from this outturn, we then start to take out what are known to be non-recurrent items. That view of recurrent spend is then uplifted for inflation and growth, both nationally and locally defined.

This results in the suggestion of a need to commit £264m during the planning period, leaving a starting gap assumption of £5m. However, within the expenditure projections are items totalling £2.5m which whilst we need to track as being recurrent, can be avoided whilst ever the current financial regime remains in operation; an example is paused transactions with NHSE regarding stroke speciality coding, and the current handling of charge exempt overseas visitors.

This leaves a residual gap of circa £2.5m as indicated at Section 7 and in table D, the recommendation to members about how we approach closing the gap. These are mostly non-recurrent measures with just one item for approx. £400,000 for prescribing as described by Mr Lakin earlier, being recurrent.

The recommendation to mitigate £2m using non-recurrent measures includes a planning assumption to release the contingency, and to do a full review of income and expenditure. There is confidence that there are sufficient means close the gap.

Mrs Allott noted that there is a caveat in the small print included, as although the financial plan is realistic and prudent, there are no guarantees that the exceptional thing will not happen. It is not anticipated to happen, but if it did and it was beyond any offsets that we have elsewhere in our financial position, it would need to be flagged up early to the ICS as a system pressure.

Mr Barber commented on AQuA discussions yesterday which recognised the need to submit a balanced plan and include recurrent/non-recurrent spends. The external auditor at the meeting stated that the plan proposed by Mrs Allott raised no concerns relating to the end of year audit of accounts.

It was also noted that the pressures faced relating to COVID, recovery, demand and overall workload meant that it would be almost impossible to deliver further efficiency saving in the last few months of the financial year. AQuA supported the plan and recommended that Governing Body approve the plan.

Mrs Allott pointed out the submission timeline. Material changes are not anticipated but should any minor changes be required, Mrs Allott requested

	<p>that Governing Body support delegation to a subgroup (as in previous years) as Governing Body will not meet again prior to the submission request deadlines of 11 and 16 November 2021.</p> <p>Mr Edwards confirmed the subgroup members would be the Audit Committee Chair, the Accountable Officer and Chief Finance Officer.</p>
	<p>Governing Body members:</p> <ol style="list-style-type: none"> 1. Noted the content of the report, and approved the draft financial plan as outlined in the paper. 2. Subject to Governing Body support for the draft plan as outlined, Governing Body noted that whilst material changes are not expected, further minor changes may be required. As in prior years Governing Body agreed to delegate responsibility for agreeing any further minor changes and for approving the final plan, to allow the national submission deadlines to be met.
158/21	Delivery Dashboard
	<p>Mr Atkinson presented the report highlighting the following:</p> <p>Rotherham Place remains under significant operational pressure across all parts of the system in primary care, mental health, acute and community provision and social care.</p> <p>COVID prevalence in the community remains high with some of the highest prevalence seen in the region since the last public meeting, with current levels of COVID positive inpatients being reported as 61.</p> <p><u>Elective Care</u> - significant work has been undertaken on the elective plan. Rotherham as a place has been successful over the summer into early autumn, in managing to continue planned care wherever possible.</p> <p><u>A&E</u> - attendance has risen to near normal levels however, we are seeing more complexity in challenges on flow through the hospital setting, and an increased number of ambulance attendances as seen in other A&E's, which continues to see further challenge on UECC's.</p> <p><u>Diagnostics</u> - remains challenged nationally, with continued work to recover the diagnostics 6 week wait target. This will be a key focus during the coming months.</p> <p><u>Cancer</u> - 2 week wait for cancer and breast performance is comparatively positive, but Rotherham are still challenged on the 62-day treatment targets as discussed in previous meetings.</p> <p><u>Mental Health</u> - IAPT performance has seen a slight downward trend but is holding above the national trajectory backed up by the IESO provision and local RDASH services.</p>

	<p>Mr Atkinson commented that there will be challenges to hold performance over the winter period along with other current system pressures. There is a risk that several performance elements may deteriorate during this time.</p> <p>Dr Avery agreed that mental health and winter pressures will be challenging but that there are things happening in the background relating to additional roles being put in place with RDASH and support from PCN's via Innovation Funds to take on more mental health services and increase support.</p> <p>Mr Atkinson added that we also have the Winter Surge Plan for various initiatives which will come into play throughout the winter period to deliver extra support. One is specifically around mental health capacity and continued dialogue takes place daily to look at new innovative support measures.</p>
	Governing Body members noted the content and additional information.
	QUALITY AND PATIENT ENGAGEMENT
159/21	Patient Safety & Quality Assurance Report
	<p>Mrs Cassin presented the report highlighting the following:</p> <p><u>Infection Prevention and Control</u> - work continues to review all incidents and outbreaks and work is ongoing to support COVID vaccination programmes across the patch.</p> <p><u>Summary of the Recent Inspection Programme at The Rotherham Foundation Trust</u> - pages 12-14 provide assurance in terms of how much work the CCG are involved in together with NHSE, in reviewing progress against agreed actions where progress is to plan and where there may be delays. Work is ongoing with NHSE to review the enhanced surveillance to support the TRFT in achieving all of the actions, involving links with the Senior Nurses Team at TRFT and participation by Mrs Cassin at their meetings. There will also be a planned walk-through of A&E and the Urgent and Emergency Care Centre (UECC) during the next few weeks.</p> <p>Mr Barber commented that AQuA discussions yesterday included whether AQuA should have a role to review the overall position of the TRFT Care Quality Commission (CQC) Inspection Programme Report, which will be picked up at the next AQuA meeting.</p> <p>Mrs Cassin agreed that any updates should be fed back through AQuA. The timings may be an issue due to the schedule of meeting dates on alternate months, but if Governing Body members require a more detailed report, Mrs Cassin suggested that AQuA is the best place for a detailed report and that Mr Barber, as AQuA Chair can then bring the assurance to Governing Body members.</p>
	Governing Body members noted the content provided in the report.
160/21	Patient Engagement and Experience Report

	<p>Mrs Cassin presented the report to provide an overview of what we are hearing highlighting the following:</p> <p><u>Mind, Body and Soul Report</u> - The CCG Patient and Public Engagement Manager is currently working with Rotherham Healthwatch, to undertake a piece of work that looks at how views, aspirations and expectations have, and are, changing after the experiences of the last 18 months. A brief summary of the project is included, and the full report will be brought back to AQuA and Governing Body when available.</p> <p><u>Friends and Family Test (FFT)</u> - provides a summary on discussions held with TRFT Senior nurses and the nurse leading on the FFT about the processes and involvement of the CCG. Contact details for the Patient and Public Engagement Manager will be reaffirmed and there will be more input in terms of doing the things which make a difference, moving towards the 'You Said We Did' approach on each ward. This will be supported by Helen Wyatt, Patient and Public Engagement Manager.</p> <p><u>Other Work and Contracts</u> – further information and summaries on work undertaken in primary and secondary care.</p> <p>Although Helen Wyatt no longer leads on the Volunteer COVID Vaccination Programme, along with others, Helen has been rounding this off and passing on information to practices who are working together to provide the support.</p> <p>It is estimated by the end of October, Rotherham will have filled at least 5,000 volunteer sessions (25,000 plus volunteer hours) and there is an example of some comments received from volunteers about their experiences included in the report.</p> <p>The Healthwatch October 2021 Newsletter is also attached as an appendix.</p> <p>Mrs Twell added that the Mind, Body and Soul Report will be a Rotherham Report about what Rotherham patients are feeling, which will be of value and an opportunity for shared learning with other partners.</p> <p>The next PPG Network meeting is planned in November 2021.</p> <p>Dr Avery commented on the FFT section which is positive. Quality Contracts for Primary Care have been 18 months out of date until recently, reiterating the importance to capture GP feedback.</p> <p>Dr Avery noted that his practice had 60 responses to the last FFT and a 100% recommendation to use the practice. Conversely, there have been negative comments on the practice Facebook page, with one patient commenting that although the GPs are great, they had moved practices due to not liking having to wait outside in the rain.</p> <p>He stated that some practices have no foyer and doors will be closed, but they are still offering a very good service and he feels that the feedback on the reason to move practices is questionable.</p>
	Governing Body members noted the content provided in the report.
	CORPORATE BUSINESS
161/21	Corporate Assurance 2021-22 Quarter 2 Report

	<p>Mrs Nutbrown presented the paper to provide an update on Corporate Business and assurance, risk management and external assessments for the period July to September (Qtr. 2) 2021-22.</p> <p>Mrs Nutbrown explained that there are two assurance reports in circulation currently. This assurance report is for CCG Business and is not the same as the Transition Assurance Report which went to AQuA yesterday, resulting in some items which may overlap slightly. Details also include an added risk around the close down of the CCG and Transition which has been included in the Risk Register.</p> <p>We have submitted the KO41 return for Qtr.2 which was suspended during COVID but has now restarted.</p> <p>The number of FOI requests received has now stabilised and one Subject Access Request (SAR) has been requested during this period.</p> <p>Mr Barber also noted that there has been no loss to the workforce during this period.</p>
	Governing Body Members noted the activity during Quarter 2.
162/21	Equality and Diversity Annual Report 2021
	<p>Mrs Nutbrown presented both the Equality and Diversity Annual Report 2021 and Equality Delivery System (EDS2) which were approved at AQuA yesterday and are presented to Governing Body for ratification prior to publication on the website by 31 January 2022.</p> <p>Mrs Twell commented that the papers have received full scrutiny to assess if we have the evidence to be able to make self-assessed judgements. It is pleasing that of the 18 areas to be considered, we have 14 areas where we believe we are excelling and 4 more where we are achieving.</p> <p>This is good practice and is good evidence for sharing on the website for all to see, demonstrating high compliance with all requirements.</p>
	Governing Body members ratified the Equality and Diversity Annual Report 2021 to be published by 31 January 2022.
163/21	Equality Delivery System (EDS2)
	<p>Mrs Nutbrown presented the paper for assurance and agreement as part of the governance process.</p> <p>The paper went to the Equality & Diversity Group and received a full review by the Commissioning Senior Management Team. This then went to OE who were content with the outcome.</p>
	Governing Body members ratified the EDS2 Summary Report 2021 to be published by 31 January 2022.

	POLICIES AND TERMS OF REFERENCE
164/21	Joint Section 117 Aftercare Policy
	<p>Mr Atkinson presented the policy which went through AQuA yesterday. Although the CCG will cease to exist after March 2022, the policy is fit for purpose for the Rotherham Place. The policy documents the approach which the CCG and council will undertake in terms of a framework for working on aftercare for people who come under Section 117.</p> <p>The policy will cut across the portfolios of Children and Young People, Mental Health, Learning Disability and Neurodevelopment, setting a clear framework on how decisions will be made to fund care and a robust approach to management of S117 Aftercare.</p> <p>The Policy has been under development for some time and has included full engagement of partners including RDASH.</p> <p>Mrs Cassin added that Garry Parvin, Joint Head of Learning Disability, Autism and Transitions Commissioning along with the CCG S117 Lead have also been fully engaged in the process.</p>
	<p>Governing Body members:</p> <ul style="list-style-type: none"> • approved the Joint Section 117 Aftercare Policy. • approved the creation of a Joint 117 Aftercare Panel with the recommendation that the Panel (as in appendix 4) must include a CCG officer to ensure quoracy.
	AUDITS AND REPORTS
165/21	Control of Substances Hazardous to Health (COSHH) Risk Assessment Review 2021
	<p>Mrs Nutbrown presented the paper as part of legislative requirement for annual review.</p> <p>AQuA reviewed and approved the update in September 2021.</p>
	<p>Governing Body members:</p> <ul style="list-style-type: none"> • reviewed the updated COSHH risk assessments • ratified the revised COSHH risk assessments
166/21	Organisational Risk Assessment
	<p>Mrs Nutbrown presented the paper to update Governing Body on the reviewed annual organisational risk assessment (ORA) for NHS Rotherham CCG. The Organisational Risk assessment was approved by AQuA in September 2021.</p>
	<p>Governing Body members:</p> <ul style="list-style-type: none"> • discussed the report • accepted the report as part of statutory compliance

	<ul style="list-style-type: none"> • ratified the report
	MINUTES FROM OTHER MEETINGS
167/21	Remuneration Committee 20 October 2021 to include Pay Awards ratification.
	<p>Mr Barber noted that this item includes approval relating to Remuneration Committee recommendations for Very Senior Managers (VSM) Pay awards. There was conflict of interest in this item due to pay recommendations for Governing Body members. The Remuneration Committee ensured that good practice was followed in the management of conflicts of interest when the paper was discussed.</p> <p>Mrs Wheatley presented the minutes noting that all members had some conflict of interest at various points during the meeting. This process was managed by handing over the chair and for the appropriate people not to take part in the decision making.</p> <p>The paper presents four options that members were asked to consider in relation to VSM pay award. Members had the opportunity to ask questions and seek clarification. It was noted that other CCG's within the SY area all recommended Option D.</p> <p>The committee looked at affordability within the financial budget and were assured by Mrs Allott that the pay award is covered in the planning assumptions.</p> <p>The decision making was conducted in stages for all of the VSMs, Lay members and GP's and the Clinical Executives all agreed to recommend adoption of Option D.</p> <p>Mr Barber asked if Governing Body members are happy to ratify the recommendations of the Remuneration Committee, considering that Conflict of Interest matters were covered within the Remuneration Committee.</p> <p>Mrs Cassin asked how we deal with the Conflict of Interest at this meeting.</p> <p>Mr Barber responded that we must rely on the work of the Remuneration Committee, and as the Conflicts of Interest were properly managed at this committee and that the recommendations comply with Conflict of Interest regulations, we can make the decision as a Governing Body.</p> <p>Mrs Cassin added that she was unclear about asking this membership if they agree to ratify the decision, using herself as an example, as she has a conflict of interest in ratifying this decision.</p> <p>Mr Barber confirmed that this conflict of interest was dealt with at the Remuneration Committee, in that Chief Officers were not involved in the recommendation of the pay ward for Chief Officers. As the decision was made previously at the Remuneration Committee, that process dealt with the conflict of interest.</p> <p>Mr Barber asked if members are happy with this.</p>
	Governing Body members ratified the agreement by the Remuneration Committee to adopt Option D.

168/21	Primary Care Committee Public 14 July 2021
	<p>Mrs Wheatley shared the minutes highlighting the following:</p> <ul style="list-style-type: none"> • Approval of the Primary Care Committee Digital IT Workplan • Update on the Innovation Fund and approval of the 2021/22 process • Agreement for bi-monthly meetings from July onwards.
	Governing Body members received the minutes.
169/21	Engagement and Communications Subgroup 17 September 2021
	<p>Mrs Twell shared the minutes highlighting the following:</p> <ul style="list-style-type: none"> • Receipt of a comprehensive paper from the CCG which explained all of the changes which had taken place throughout the pandemic and the engagement undertaken for each of the activities • An update on the Re-enablement pathway initiated just before lockdown, and the efficiencies made for improved Rotherham patient quality • Discussion on the anti-anxiety campaign • VAR have agreed that all the vaccination volunteers will receive Community Achievement Awards which is a nice way to mark the amazing support they have given in Rotherham
	Governing Body members received the minutes.
170/21	A & E Delivery Board 11 August & 21 September 2021
	Mr Atkinson shared the minutes for information, which demonstrate the pressure in the system, work being done over the summer and preparation for further surges over the winter period.
	Governing Body members received the minutes.
171/21	Rotherham ICP (Integrated Care Partnership) Place Board 7 July and 8 September 2021
	Mr Atkinson shared the minutes for information which highlight place priorities within the system whilst managing the transition changes across the system.
	Governing Body members received the minutes.
172/21	Audit and Quality Assurance Committee 6 July
	Mr Barber shared the minutes for information.
	Governing Body members received the minutes.
173/21	Integrated Care System (ICS) Health Executive Group (HEG) 10 August & 14 September 2021
	Mr Edwards shared the minutes for information.
	Governing Body members received the minutes.
174/21	GP Members Committee 28 July & 29 September 2021
	Dr Avery shared the minutes for information which included discussions on COVID and ICS transition.

	Governing Body members received the minutes.
175/21	Future Agenda Items
	No items identified.
176/21	Urgent Other Business
	None identified.
177/21	Urgent Issues & Appropriate Escalation
	None identified.
178/21	Risks Raised
	<p>None Identified.</p> <p>Mr Barber informed members that at the AQuA Committee yesterday, the Head of Internal Audit Opinion Stage 1 Report, received good feedback on our risk management and governance arrangements for this year.</p> <p>The GBAF arrangements were as expected with good review and challenge at both AQuA and Governing Body meetings in September 2021.</p>
179/21	Any Other Business
	None identified.
180/21	Exclusion of the Public
	<p>The CCG Governing Body should consider the following resolution:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted publicly on which would be prejudicial to the public interest”.</p> <p>Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers.</p>
181/21	Date and time of Next Meeting
	The next public Governing Body Meeting will take place on Wednesday 12 January 2022 at 1.00pm.