

Minutes of the NHS Rotherham Clinical Commissioning Group

Virtual Public Governing Body Meeting

Wednesday 7 July 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:

Dr R Cullen	GP & Chair, RCCG
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 G Avery	GPMC Representative, RCCG
Mr J Barber	Lay Member, RCCG -Vice Chair
Mrs D Twell	Lay Member, RCCG
Dr S MacKeown	GPMC Representative, RCCG
Dr J Page	Lead GP, Finance and Governance, RCCG
Mrs J Wheatley	Lay Member, RCCG
Dr R D'Costa	Secondary Care Doctor, RCCG
Dr D Clitherow	Independent GP
Mr S Lakin	Head of Medicines Management, RCCG (for 1 item)

In Attendance:

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

Participating Observers:

Councillor D Roche	Public Health and Chair of Health & Well Being Board, RMBC
Mr B Anderson	Director of Public Health, RMBC

085/21 Quorum

The Chair confirmed the meeting as quorate

086/21 Declarations of Interest

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).

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

It was acknowledged that, as Primary Care Providers in Rotherham, Dr's Cullen, McKeown, Avery and Page had an (indirect) interest in most items.

087/21 Patient & Public Questions

No questions have been submitted.

088/21 Draft minutes of the last Virtual Public Meeting dated 2 June 2021

The minutes were agreed as a true and accurate record of the meeting.

089/21 Public Action Log

No outstanding items noted - all items completed.

090/12 Chief Officers Report

Mr Edwards provided an update on the following:

August Meeting - Governing Body will not be meeting in August and will come back together again in September. If the need arises, the chair reserves the right to call an exceptional meeting if required. The public will also need to be informed in good time.

ICS Design Framework - NHS England and NHS Improvement have published the ICS Design Framework and a document setting out more detail on the employment commitment - NHS England » Integrated Care Systems: Design framework. This will help us to get a sense of the overall national ambition for the new statutory ICS bodies and the health and care partnerships. Final guidance, subject to parliamentary approval, is expected in September when a further update will be given at Governing Body to look at an implementation plan.

Hospital and Community Admission Aftercare Service - A single stage 'Open' Procurement process was undertaken for the provision of the Hospital and Community Admission Aftercare Service. Potential providers were invited to submit tenders detailing their organisation's suitability, approach to delivering services, relevant infrastructure and commercial information. This process has now concluded with the contract awarded to Age UK, commencing on the 1 October 2021 for 2 years with the option of a 2-year extension.

Update on the Implementation of "Fitter, Better, Sooner" - In May 2020, the

Governing Body approved the 'Fitter, Better, Sooner' policy to ensure that Rotherham patients get the best possible outcomes from surgery. As the waiting list for surgery had increased during Covid-19, an agreement was reached to review this when the waiting times had improved. As we have now moved into a different phase of the pandemic, the CCG are now able to start a review of waiting times for these services from March 2022.

Data Security and Protection Toolkit Assessment 2020-21 - NHS Rotherham CCG has successfully completed their annual assessment of the Data Security and Protection Toolkit. All 37 assertions across ten standards have been fully met by the 30 June 2021 deadline. The assessment report went to the Audit and Quality and Assurance Committee (AQuA) yesterday for approval and is here to assure members that we are meeting our statutory requirements. This will now be submitted to NHS Digital for further ratification.

Communications

- The COVID-19 vaccination programme progress continues to be a key feature of information shared with the public. Rotherham and South Yorkshire compare very favourably in terms of implementation of the vaccination programme. The CCG have looked particularly at hard-to-reach groups and different ways to provide vaccinations through pop-up and drop-in sessions to ensure that there are no health inequalities caused by the implementation of the vaccination programme.
- A campaign is currently being developed to highlight the wide range of services that patients can access in their community. The campaign is designed to help patients to access to best services in an efficient and effective way and will also help to reduce significant pressures seen across the entire portfolio of primary care, mental health, ambulance, hospital and community services.

Mr Anderson informed members that vaccination case data shows that rates are now much lower for double vaccinated people and slightly lower for those who are single vaccinated, with hospitalisation and serious illness risk also being much lower. The transmission rate is also lower amongst vaccinated people. The public are being encouraged to take up vaccination offers as there are 35,000 adults in Rotherham who have not yet had a vaccination.

Mr Anderson thanked Mr Laidlaw for all the communication messages to inform and encourage this uptake and also thanked the vaccination centre teams for their contributions.

Governing Body members noted the information.

STRATEGIC UPDATES

091/21 Governance Principles for Rotherham Clinical Commissioning Group Transition

Dr Cullen asked Mrs Nutbrown for an update on how our governance might change during the transition period.

Mrs Nutbrown informed members that this document sets out the governance principles over the next six months as we move into transition, to allow us some space/resources to do the work required to move the organisation towards its new destination. Guidelines were received and are referenced within the document, which will continue to be a live document and is not a final version. This document has been to Audit and Quality Assurance Committee (AQuA) previously and was seen again by AQuA yesterday.

Mr Barber informed members that AQuA are happy with the transition arrangements and progress made and that this will be continually reviewed by AQuA throughout the year. Yesterday, discussions included risk management and how the Governing Body Assurance Framework (GBAF) reflects the NHS priorities this year. This issue was also raised by internal audit in terms of their Head on Internal Audit opinion. The updated GBAF will be reviewed again in September by both AQuA and Governing Body.

Dr Cullen highlighted Appendix 2 which includes some suggested changes on how the CCG would change meeting governance, including Strategic Clinical Executive (SCE) moving to fortnightly meetings, Primary Care Committee (PCC) moving to bi-monthly meetings (every other month) and all the other subgroup meetings moving to a bi-monthly arrangement.

Dr Cullen proposed that the Public Governing Body meeting also moves to bi-monthly to commence after the scheduled September meeting. This also links in with what other CCGs in the area are doing.

Mr Edwards added a caveat that Rotherham CCG reserves the right to call an exceptional meeting if any urgent business is presented.

Governing Body members agreed to move Public meetings to every other month to include this caveat.

092/21 South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Update (standing item)

Mr Edwards provided a verbal update in addition to the previously mentioned Design Framework. The bill is now drafted and is going through parliament during the summer.

Expected next stages in September:

- The whole suite of documents and should have more formal status after parliamentary approval if it goes through smoothly.
- The Chair appointment for the ICS is in process and an announcement is expected.
- September/October recruitment of the designate Executive Team commences

Any further documentation received will be considered at the 1 September Governing Body meeting. If documentation is received after this date, an extra session with members may be required to consider the documentation

as it comes through.

Governing Body members noted the update.

093/21 Joint Committee of the Clinical Commissioning Groups (JCCCG) Update

Mr Edwards provided a verbal update informing members that from September, the JCCCG will take interim oversight of the development of the ICS. As the new designate posts come on board, they will join the JCCCG and will work in partnership with CCGs to ensure a smooth transition and handover.

Two weeks ago, the first Transition Board started working on transition of policies, procedures and workforce. This will ensure functions are clearly documented to ensure a smooth transition from a CCG to an ICS, staff will have a protected employment guarantee and patient services would be unaffected.

Mrs Twell questioned previous meeting feedback on whether the size of the board is appropriate to ensure efficient use of time and appropriate decision making, asking if the ICS has reflected on this.

Mr Edwards went on to explain the difference between the Transition Board and the Health and Care Partnership Boards. The JCCCG currently consists of the five CCG accountable officers and chairs who then work with the designate appointments when they come on board.

In the design of an ICS, there is an NHS Statutory Body and a Health & Care Partnership. The Health and Care Partnership is the organisation which has over 50 board members in the proposal. This group is yet to form but the designate appointments will start to look at how this will work, with a proposal to commence meetings from September.

Feedback around the size of the meeting to be able to conduct business has been forwarded and is still under consideration.

Governing Body members noted the update.

094/21 Rotherham Place Development Update

Mr Atkinson provided a verbal update to inform members on current work taking place with place partners and the CCG to develop the Rotherham Place in readiness for the finalised ICS position.

The Design Team lead by chief executives have tasked senior colleagues across Rotherham place with several activities over the last few weeks.

The Rotherham Place Memorandum of Understanding is also now being updated/reviewed in line with national guidance.

We are enhancing our provider collaborative arrangements in line with national guidance. Provider colleagues working across the system have described how they will work closely across Rotherham Place over the coming years and ensure that they are actively overseeing the work.

A review of the Place Board Terms of Reference is also required as we move closer to an ICS to identify clear lines of accountability and

requirements of Rotherham Place.

All Places across South Yorkshire (SY) are undertaking a self-assessment to look at how prepared they are to receive Place delegation and responsibility. This key piece of work cuts across many workstreams undertaken within partnership working. Rotherham is self-assessing in relation to the current picture and to identify CCG actions required over the next 6/9 months to ensure that we ready to move forward.

As the documents become more formal, they will be brought back to GB for assurance.

Councillor Roche commented that some aspects of the ICS development nationally are a concern to the council. Rotherham Borough Council (RMBC) have built up excellent partnerships with the CCG, Rotherham Foundation Trust (TRFT) and Voluntary Action Rotherham (VAR) and wish for this to continue. The key concern is about how Place Board feeds into the Health and Wellbeing Board as this will be crucial under the new regime and as part of the regional ICS.

Governing Body members noted the update.

095/21 NEGLECT A Lifelong Journey

Mrs Cassin gave a summary of the paper which highlights the Rotherham Safeguarding Children Partnership (RSCP) Neglect Strategy launched on 21 June 2021. Rotherham CCG, as one of the three statutory partners in the tripartite safeguarding children arrangements, has been closely involved in this work and have undertaken work to help prepare the health workforce for implementation of the strategy.

The strategy brings all the various strands of work together to form the multi-agency strategy. We know that neglect is complex and complicated, often hidden and having long lasting and far-reaching effect into adulthood. This strategy also includes older women who were abused during childhood.

A CCG GP Practice Training Event in May covered aspects of neglect and the implementation of this strategy, which seeks to ensure that the voice of young people is heard and that their voice informs services related to their care. There is a link to the full strategy within the document.

Dr Cullen commented that it is important as a doctor to see the consequences of children who have been neglected for a very short period in their early development and the associated effects of this into adulthood.

Governing Body members acknowledged the report and agreed to promote the launch of the strategy.

096/21 Finance and Contracting Performance Report

Mrs Allott provided an update to members on the financial position as at 31 May 2021, also referred to as month 2. We are currently working to a 6-month financial plan and therefore any forecast outturn figures we see, indicate performance expected at the end of 6 months of the year, rather than the usual 12 months.

In summary, in terms of overall performance, it is a positive position so far.

We are on track to deliver our financial plan. We have a 6-month allocation of £250.3m. Based on current performance and allowing for receipt of additional allocations expected in relation to the Hospital Discharge Programme, we anticipate breaking-even position at the end of the planning period.

Alongside operational performance and as indicated in the tables at section 2, cash and payments are both being well managed, with 100% compliance being achieved against the national payment targets.

Risks to the overall financial position are set out in more detail at section 12.

Mrs Allott went on to highlight the two emerging risks since reporting the month 2 position. The first around prescribing data which is a potential positive risk in that we are currently seeing prescribing growth below the levels budgeted for. It is early days yet and the Medicines Management Team (MMT) will continue to monitor and report on this.

The second risk since this report was compiled, is that there has been a spike in specialist learning disability (LD) placements which is likely to adversely affect the current forecast. At this stage, the extent of the net risk feels manageable within the overall financial envelope for the period, but further updates will be brought back to Governing Body in the usual way.

Governing Body members noted the position and the more detailed narrative set out in the main body of the report.

097/21 Delivery Dashboard

Mr Atkinson presented the report highlighting the following:

As in previous months, the CCG has seen a sustained period of pressure across the whole of the health care system. The latest data suggests around a 20-30% increase in access into primary care. The Urgent and Emergency Care Centre (UECC) attendance is around 360 per day and compares with pre-pandemic activity during our busiest winter period, with additional pressures on bed availability and flow for community mental health in addition to similar pressures in many other areas.

Vaccination programme performance has seen continued success for the 18-29 year old cohort. Currently data confirms 84% of Rotherham registered patients having had a first dose, with 69% having had a second dose.

IAPT – continues to perform in line with expectations.

Elective Care – although we are not yet able to deliver to our 18week target, there are improvements in the elective position across Rotherham with specialties improving month by month to deal with demand and waiting lists.

The number of 52week waits has reduced significantly from 1,000 in December to 472 currently with a commitment to get this figure down to zero by the end of the financial year.

Diagnostics – 6 week wait figures of 99% were the best in the country pre-COVID. We are now in a challenged position with current delivery at 75% within 6 weeks which continues to be an area of concern.

Cancer – services are improving slowly due to continuing pressure across the department. Primary Care colleagues have feedback that that alongside other pressures, there are also individuals who may need to be referred into the elective pathway over the coming weeks.

Dr Clitherow commented that people who have been referred into a pathway followed by a significant wait for a procedure or out-patient appointment and have then re-presented into primary care or the emergency dept, adding to system pressures. The number of appointments required is unprecedented.

Dr Page informed members that cancer performance it is starting to improve and is getting closer to normal delivery with fewer delays due to COVID. Diagnostics are still challenged but Multi-Disciplinary Teams (MDT) and outpatients are seeing better performance and it is hoped that the upwards trend will continue.

Dr D'Costa commented on the figures for non-medical specialties which seem to be more challenged than medical specialties where patients are accessing pathways and receiving treatment. Now the pandemic has abated, elective work has recommenced but there is a huge backlog to squeeze twelve months of elective work into a narrow window, especially during the summer holiday period and patients are re-presenting as acute having not had procedures, access to pain management, and difficulty accessing primary care doctors.

Dr D'Costa asked if any work been done on A&E to look at attendances and how many have attended because they are unable to access primary care.

D Clitherow responded that there are weekly A&E meetings to discuss baseline data - on average there are 60/70 patients per day in their primary care stream which is higher than expected. An A&E consultant has said that Primary Care numbers are like those seen pre-pandemic but there are significant numbers of patients who convert to admissions or the emergency department, causing more systems pressure. Work is ongoing to categorise patients to see where they have come from.

Dr D'Costa asked about a model whereby two GPs in A&E could support patients as they present after having difficulty in accessing Primary care, so they can bypass A&E and ease the pressure for sicker patients.

Dr Clitherow added that there is a primary care stream already running in A&E where GPs are available for a dedicated stream of patients, but numbers are much higher than would normally be seen.

Dr D'Costa also queried same day ambulatory care.

Dr Cullen responded that many suggestions have been considered and asked Dr Clitherow to provide a full briefing for Dr D'Costa about what has been suggested/implemented and to exchange ideas on how things could be improved further.

Action – Dr Clitherow to contact Dr D'Costa to provide a brief on suggestions/implementations considered for A&E improvement.

Mr Anderson commented that although we are seeing the vaccine effect reduction in numbers, Rotherham are now in a 7- 8 day case rate doubling period in the community and that undoubtedly, there will be an increase in

COVID admissions. It is forecasted that we could expect 400-500 per 100,000 case rates in the next few weeks which will see also staff isolating, childcare issues due to school bubble issues, schools closing, and changing rules around isolation.

Mr Anderson added that for those double vaccinated by August, health care settings may want to look at whether they follow the national rules or have more stringent rules locally. We must find the right balance as a system when there is a duty of care to patients and front-line staff.

Councillor Roche acknowledged the pressures seen in Primary care and went on to say that when patients are advised to try to access GP appointments on websites, they find after scrolling through dates, there are no appointments available in advance, and in some cases for up to 2 months. It would ease frustrations if GP practices would include a short polite paragraph as to why there is so much pressure in the practices.

Action - Dr Cullen responded that this will be taken back to the primary care team for them to take this up with GP practices.

Dr Avery commented that communication is key in order to pass information on. There is a national dictate whereby GP Practices are asked to include a facility for booking appointments online but as many appointments are already booked, the number available would then be limited. There may be a very small number appointments available on the day, but this must be balanced. NHSE have requested that practices release 50% of their appointments which would then mean limited capacity for urgent care but agreed that to ask patients to book online to then find no slots available is a pointless exercise.

Mrs Twell reassured members that the Patient and Public Engagement Group (PPG) are listening very closely to patients and that the PPG network meeting next week will focus on what it is like to access GP services and expectations about new ways of working. Healthwatch also have a 'Let's Talk' event in July about listening to patients.

This information can be fed into the CCG very quickly and is also a platform to share information from GPs about what patients can expect at GP surgeries.

Governing Body members noted the content and additional information.

QUALITY AND PATIENT ENGAGEMENT

098/21 Patient Safety & Quality Assurance Report

Mrs Cassin presented the report and gave an overview of the main points as follows:

Healthcare Associated Infections (HCAI) – Clostridium Difficile (CDI) figures for TRFT are 3 above plan but across Rotherham as a whole, we are 5 cases below plan, but this is increase in comparison to the same month last year.

E Coli numbers for TRFT and across the community for Rotherham are below plan. All the associated work to investigate these cases continues

with close 'link-in' from the CCG Infection Prevention Control Nurse.

We are seeing local numbers of COVID cases rising across Rotherham and although we are not seeing high numbers of seriously ill COVID patients, it is still early days in terms of being able to manage areas within the hospital.

Mortality Rates - reviews and investigations on mortality rates at TRFT continues, focusing on outlying groups as described in the report. Crude deaths in mortality in-month fell to expected levels during April 2021.

Safeguarding – includes details on the launch of the NEGECT Strategy previously mentioned on the agenda today, and the Case for Change Independent Review of Children's Social Care. Work on this commenced on 1 March 2021 and continues at pace to identify the biggest challenges. Feedback is requested and the link for this is included within the document.

This week is International Safeguarding Week and access to the events is available through the NHS Futures workspace.

A Safeguarding Supervision Session took place on 17 June 2021, centred around case studies and reflective practice. Further supervision sessions will be offered in September and December 2021.

Mental Capacity Act workshops are being facilitated for GP practices to access through inhouse training in October provided by Beachcroft.

Adult Continuing Healthcare (CHC) – including links to related documents and updates on CHC activity. Funding of up to 6 weeks care following discharge from hospital to enable appropriate assessments to take place for CHC and Social care during quarter two has dropped to 4 weeks of funded care. The CHC and Business Support Team teams are aware and are progressing all CHC assessments. The priorities and operational guidance relating to CHC for systems and hospital discharge, showed that systems have achieved significant reduction in long hospital stays for 2020/21 in year, enabling more patients to be cared for in optimal setting and a reduction in pressure in hospitals by improving flow and freeing up capacity.

Primary Care – summarises contract quality visits undertaken with GP practices during February, April and June. These are still taking place virtually and continue to be well received by practices as a joint approach to sharing learning.

Care Quality Commission (CQC) Inspections – there is an update on work undertaken by TRFT to address agreed actions arising from recommendations from recent CQC inspections. The CCG has also undertaken a quality risk profile in partnership with TRFT and NHSE/I to review areas of risk and where extra support can be given. This is being monitored by CCG Contract Quality Meetings.

Governing Body members noted the content provided in the report.

099/21 Patient Engagement and Experience Report

Mrs Cassin presented the report to provide an overview of what we are hearing highlighting the following:

- The challenges for engaging and collecting patient and public experience information continues. As seen in the report there are comments shared

with the Patient and Public Engagement Manager through community networks which are snapshots taken from lengthier comments. It is evident that people have struggled with confidence, but the vaccination programme appears to be supporting people to gain more confidence. Mrs Cassin read out an excerpt to demonstrate a patient's experience.

- The Friends and Family Test remains a challenge in terms of collecting meaningful information. It is difficult when there are low response rates to gain any information.
- An outline of other work and contacts across the month provided by Helen Wyatt, Patient and Public Engagement Manager, including work with the Maternity Services Liaison Groups and preparation for the next Patient Participation Group Network meeting due to be held next week.
- An outline of the Rotherham Voluntary Care Section Adult Mental Health Provider Network work undertaken. The appendices include the Rotherham Healthwatch June Newsletter and additional Healthwatch documents for information.

Mrs Twell reiterated that the patient and public voice is listened to carefully at every opportunity and went on to thank Dr Page for sharing some information/ideas on things which can be shared with patients about why GP practices are finding patient flow through difficult. This will be shared with the participation group next week.

Governing Body members noted the content provided in the report.

CORPORATE

100/21 Incident Control Team Log (ICT)

Mrs Nutbrown presented the paper to update members on the close down of the Strategic Incident Control Team (ICT) set up to manage the Covid 19 pandemic for the CCG.

The current close down of the team would be reinstated as required if incidents are seen to increase. All of the actions have either been closed or moved to continuing groups to pick up. This paper was also taken to AQuA yesterday for assurance.

Mr Barber confirmed that AQuA noted the completeness of the Issues Log and close down and had no issues to raise.

Governing Body members noted the information.

101/21 Transitional Recruitment Guidance

Mr Atkinson presented the paper which links into earlier discussions today, as we start to transition from a CCG into an ICS system and statutory organisation.

The paper has also been taken to all CCGs across of South Yorkshire for consistency, with a view to apply guidelines as set out at section 1 which includes proposals around local vacancy control processes during the transition. It is proposed that recruitment policies for the CCG will be amended in line with recommendations in the guidance with effect from July 2021.

This paper also went to AQuA yesterday.

Governing Body members ratified the paper.

102/21 Evidence Based Interventions (EBI) - Commissioning for Outcomes Policy (CFO).

Mr Atkinson presented the revised Evidence Based Interventions - Commissioning for Outcomes Policy. In the November 2020 guidance the paper set out an additional 31 tests, for treatments and procedures where there was limited evidence around effectiveness and appropriateness. Through the National NHS Standards Contracts, there is an expectation that the additional evidenced based interventions not routinely commissioned by CCGs will be included. There is a collective approach across South Yorkshire and the JCCCG to update the Commissioning for Outcomes Policy. The changes are highlighted within the policy.

Mr Atkinson added that there is a further piece of work to be done across CCGs and as we move into the ICS across the next financial year, around each how place applies these consistently with providers and that they are monitored consistently to ensure adherence to CFO policy.

Dr Cullen noted that within the recommendations section, this paper did not go to the JCCG on 24 June 2021 as detailed in the paper.

Action: Mr Atkinson will check this with the JCCCG administration team and provide further feedback in September.

Governing Body members noted the paper subject to confirmation of endorsement by the JCCCG.

AUDITS AND REPORTS

103/21 Medicines Management Annual Report 2020-21

Mr Lakin joined the meeting and apologised for late attendance due to attending a Rotherham Medicines Optimisation Group meeting (RMOG).

Mr Lakin summarised the following:

The year finished with a cost growth of 2.84% which is below the average for England, Yorkshire and Humber region. Cost growth added £1,183,000 to our costs, £800,000 (67.5%) of which was due to No Cheaper Stock Obtainable (NCSO) issues for drugs not available at drug tariff price.

The anti-depressant drug Sertraline accounted for £ 680,000 of our cost pressure (85%) of the NCSO cost pressure and 57.5% of the total cost pressure for the year. Rotherham has a noted heavy use of antidepressants, and a project is underway to look at this.

There are cost pressures on anti-coagulants. Direct Acting Oral Anticoagulants (DOACS), the replacement of warfarin, have contributed a further £470,00 (13%) cost growth. The benefit claim is a reduction in strokes and a recommendation at the beginning of the COVID lockdown to use this drug as it prevented patients having to come in for blood tests for warfarin.

There has been strong growth on diabetes drugs but workstreams are

looking into this as Rotherham has the highest cost per bedded patient in Yorkshire and Humber.

Graph 2 outlines cost growth which is following the national trend. There was a peak in April 2020 due to issues in supplies in self-care drugs.

Graph 3 demonstrates what the NCSO issues were for the year.

Rotherham has high volume prescribing as seen by other CCGs we are matched against. Our item growth was -1.84% for the year. Rotherham antibiotic prescribing decreased by 21% compared to 17% nationally. We are expecting a rebound growth in this area as we come out of lockdown as patients start to mix more.

Despite being a difficult year, the CCG has delivered a QIPP programme attributing £650,000 of efficiencies over the year as detailed in the report.

The CCG also has made savings on the oxygen contract, where local management by medical physics staff have reduced this by £158,000 (26% cost reduction).

It has been a difficult year for the Care Homes Medicines Management team as they have had limited access into care homes. The CCG hope to achieve 45% of care homes ordering by proxy (electronic ordering). On average care home teams are ordering for 556 residents per month and over the year they attained 3,327 clinical interventions. The main cost savings is due to waste being £35,000 way below expectations.

The prescribing incentive scheme (PIS) has been completely redesigned for 2020/21 and was not dependent on performance against practice prescribing budgets. Despite having to launch a revised scheme 6 months into the year, practice performance has been strong. Practices achieved 349 (92.6%) of the criteria from a total of 377.

Mr Lakin gave details on objectives for 2021 as detailed in the report.

Dr Avery commented that it has been a tricky year for prescribing. Dr Avery gave an example of a small saving of £2,400 for antifungals, adding that any savings are beneficial but can be seen as disproportionate in terms of the amount of work required.

Dr Avery went on to say that the 45% proxy ordering by nursing homes seems low and expected that during COVID, the aim would be 95-100% if repeat prescription are done electronically. If practices and PCNs are working more closely with homes, this is something we need to pick up going forward.

Mr Lakin responded that the incentive scheme aimed to retain engagement and keep traction. With proxy ordering, the NHSE target is 25% but the CCG signed up to the higher target of 45% because we had already attained 25%. The issue is meeting resistance in practices and care homes.

Dr D'Costa asked if diabetes management has included utilisation of community pharmacy to review medications, adding that in his organisation, GPs who continue to prescribe GLP1 receptors must justify its usage beyond 6 months of treatment, if it does not fulfil NICE criteria.

Mr Lakin responded that the issue is the amount of insulin used per patient which is higher in Rotherham compared other CCGs. Dieticians have done

some fantastic work around weight loss and have focussed on patients with higher use of insulin, resulting in reduced insulin usage through modest weight loss.

Mr Lakin gave an overview on projects taking place during 2021/22.

Dr Cullen thanked Mr Lakin and the team for their hard work over the last year.

Governing Body noted the content of the report.

MINUTES FROM OTHER MEETINGS

104/21 Accident and Emergency Delivery Board Notes 12 May 2021

Mr Atkinson shared the minutes for information which reflect some earlier meeting dialogue on system pressures and challenges, and reference to winter planning.

Governing Body members received and noted the information.

105/21 Engagement and Communication Subgroup 21 May 2021

Mrs Twell shared the minutes for information highlighting primary care access and expectations. The group also looked at the Rotherham SEND Strategy, Intermediate Care and Reablement and communications work.

Mrs Twell informed members that by the end of July there were 20,000 volunteer hours supporting the vaccination programme across Rotherham.

Governing Body members received and noted the information.

106/21 Integrated Care System (ICS) Health Executive Group (HEG) 11 May 2021

Mr Edwards shared the minutes for information.

Governing Body members received and noted the information

107/21 GP Members Committee 26 May 2021

Dr Avery shared the minutes for information, noting discussion on COVID, Mental Health transformation and ICS representation.

Governing Body members received and noted the information

108/21 Future Agenda Items

JCCG Update – Evidence Based Interventions (EBI) - Commissioning for Outcomes Policy (CFO).

109/21 Urgent Other Business

No items identified

110/21 Urgent Issues & Appropriate Escalation

No items identified

111/21 Risk Raised

No items identified

112/21 Any Other Business

No items identified

113/21 Exclusion of the Public

The CCG Governing Body should consider the following resolution:

“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 publicity on which would be prejudicial to the public interest”.

Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers.

114/21 Date and time of Next Meeting

The next public Governing Body Meeting will take place on Wednesday 1 September 2021 at 1.00pm.

DRAFT