

**Minutes of the NHS Rotherham Clinical Commissioning Group**

**Virtual Public Governing Body Meeting**

**Wednesday 7 April 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 J Page	Lead GP, Finance and Governance, RCCG
Dr R D'Costa	Secondary Care Doctor, 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 D Clitherow	Independent GP
Mrs J Wheatley	Lay Member, RCCG

**In Attendance:**

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

**Participating Observers:**

Ben Anderson	Public Health, RMBC attended for the last five minutes of the meeting finishing at 14.00pm.
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**Apologies:**

Councillor D Roche	Public Health and Chair of Health & Well Being Board, RMBC
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<b>001/21</b>	<b>Quorum</b>
	The Chair confirmed the meeting as quorate
<b>002/21</b>	<b>Declarations of Interest</b>
	<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:  <a href="http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm">http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm</a></p> <p>It was acknowledged that, as Primary Care Providers in Rotherham, Dr's Cullen, Mackeown, Avery and Page had an (indirect) interest in most items.</p>
<b>003/21</b>	<b>Patient &amp; Public Questions</b>
	No questions submitted.
<b>004/21</b>	<b>Draft minutes of the last Virtual Public Meeting dated 3 March 2021</b>
	The minutes were agreed as a true and accurate record of the meeting.
<b>005/21</b>	<b>Public Action Log</b>
	No outstanding items noted
<b>006/21</b>	<b>Chief Officers Report</b>
	<p>Mr Edwards provided an update on the following:</p> <p><b><u>Pre-election Period</u></b></p> <p>Local elections are expected to take place on the 6 May 2021, which means we are now in Pre-election 'purdah'. Guidance is attached as appendix 1. Whilst the dates have changed the key considerations are the same:</p> <ul style="list-style-type: none"> <li>• No new decisions or announcements of policy or strategy</li> <li>• No decision on large and/or contentious procurement contracts</li> <li>• No participation by NHS representative in debates and events that may be politically controversial, whether at national or local level.</li> </ul> <p>The agenda has been checked to ensure that we are compliant with the requirements of purdah, but we need to be mindful if any issues are raised during this meeting which would breach those conditions.</p> <p>We should be back to normal business by the June 2021.</p> <p><b><u>Operating Guidance</u></b></p> <p>The Operational Planning Guidance for 2021/22 has been published by NHS England. Unusually, this is for a six-month period to the end of December</p>

	<p>but further additional guidance for the second half of the year is expected, which may require our planning to be refreshed. Plans are being formulated for the next six months, working with partners and ICS colleagues to form a Place based plan and ICS based plan. The initial submission will be brought to Governing Body in May for assurance and information on our planning processes.</p> <p><b><u>NHS Response to Covid 19 transition to NHS Level 3 Incident.</u></b></p> <p>At the NHS England Public Board meeting on the 25 March 2021, the NHS Chief Executive Sir Simon Stevens announced that the national incident level for the NHS Covid-19 response would now be reduced from level 4 to level 3 nationally. We will start to move away from national command and control and will transition to local co-ordination of regional and organisational command.</p> <p>Reporting requirements for Covid-19 and the EU Exit will be more relaxed and more appropriate to a level 3 position. National Incident Coordination will also be at Place level.</p> <p><b><u>HSJ Article</u></b></p> <p>The national Staff Surveys have been published, and the amongst the CCG's completing the survey, Rotherham rank as the second highest place where people would recommend it as a place to work. The management team are pleased with the result and that they can offer assurance to Governing Body members that the environment as an organisation, is a happy and healthy workplace.</p> <p><b><u>Communications Update</u></b></p> <ul style="list-style-type: none"> <li>• Communications activity continues to be focussed on Covid-19 vaccination with messages on second dose and encouraging uptake of those in the first 9 priority groups, including first person stories and updates in the Rotherham Advertiser.</li> <li>• Messages on 'Think 111 First' and pharmacy were promoted around the Easter bank holiday, as the first option if people are ill. Online activity alongside advertising in local publications and media has provided information on how to access appropriate help.</li> <li>• Rotherham is working with health and social care partners on a co-ordinated mental health campaign, including messages on wellbeing and prevention as well as support services that are available (IAPT, IESO, Bereavement, crisis and Rotherhive).</li> </ul>
007/21	<b>Integrating Care – Next Steps</b>
	<p>Mr Edwards provided a verbal update on the White paper which will have a second reading in May/June. No further guidance has yet been issued but legislation documentation is expected in June 2021.</p> <p>The draft White paper is still to go through parliament, but in the meantime, the CCG are trying to respond as a Place, by working with Rotherham</p>

	partners to work with the principles of the White paper, to ensure that Rotherham as a Place can respond.
	Governing Body Members noted the update.
<b>007/21</b>	<b>Integrated Care System Chief Operators Report and Planning Update March 2021</b>
	Mr Edwards shared the March 2021 report from the System Lead of the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) for information and assurance.
	Governing Body Members received the report.
	<b>PERFORMANCE UPDATES</b>
<b>008/21</b>	<b>Finance and Contracting Performance Report</b>
	<p>Mrs Allott presented the report to update members on the financial and contracting performance position for the period to the end of February (month 11).</p> <p>As we move towards the end of the financial year, there are a limited number of items to highlight.</p> <p>As indicated in sections 2 and 3: cash and payments continue to be well managed and are in line to achieve national requirements in this area.</p> <p>The Operating Cost Statement at section 5, reflects a revised forecast outturn of circa £1.1m surplus. This revised forecast is in line with what we expected and is in line with the conversation at last month's governing body, concerning a £0.86m allocation deduction that was to be made in relation to our month 1-6 actual prescribing costs.</p> <p>Mrs Allott noted that there remains a risk of further allocation adjustments being made, though we are not currently advised that NHS England are considering any significant adjustments currently.</p> <p>Mr Barber commented on declaring a surplus and whether there is pressure on the CCG to change that position and asked if reporting of a surplus is acceptable.</p> <p>Mrs Allott responded that we are 'in the pack' with other CCG's and Trusts in the same position and that it is acceptable this year.</p>
	Governing Body noted that there remains a risk of further allocation adjustments being made, and the detailed narrative set out in the main body of the report.
<b>009/21</b>	<b>2019-20 Mental Health Investment Standard Compliance Statement</b>
	<p>Mrs Allott provided an update on the 2019/20 Mental Health Investment Standard (MHIS) Compliance Statement. This is the first time this report has been presented to Governing Body.</p> <p>Whilst we are about to move into 2021-22, Governing Body are asked to</p>

note that this paper is in relation to the 2019-20. It is a national planning requirement in relation to the Mental Health Investment Standard, that CCG's increase their year-on-year investment by a minimum of overall programme growth plus a certain percentage uplift. In 19-20 for Rotherham CCG, this equates to a requirement to increase spend by 6.49% above the 2018-19 outturn, to achieve total target spend of £36.3m.

CCGs are also then required to engage an appropriately qualified independent reporting accountant, to provide external 'reasonable assurance' on the standard having been achieved, and to issue a compliance statement. Rotherham CCG engage KPMG to undertake this work.

The review involves detailed work by the CCG and delivers full detail of Mental Health expenditure, together with relevant backing detail to show how the expenditure on Mental Health had been arrived at. This was then checked by KPMG against the criteria specified for the preparation of the statement contained within the NHS England guidance.

KPMG's assurance work concludes the CCG has complied with planning requirements, and that they intend to issue an opinion to that effect. However, before KPMG can finalise their report and close the file, they require the signing of two documents, by the Accountable Officer.

The Governing Body are asked to give their support to allow the Accountable Officer to sign the documents on their behalf.

Dr Cullen noted that this document is pre-pandemic.

Mrs Allott responded that it takes a long time to get the Mental Health Investment Standard through process.

Dr Cullen asked Mr Barber for confirmation that KPMG attended the Audit Quality Assurance Committee (AQUA) to confirm this arrangement.

Mr Barber confirmed that due to timescales, it has been necessary to request Governing Body to support the sign off prior to the AQUA Committee meeting next week.

Mr Barber recommended that members agree to support sign off by the Accountable Officer, as professional assurance from Mrs Allott is in place, along with the independent assurance from KPMG.

Dr Cullen referred to the Analysis of key issues and risks section in the paper, that "KPMG have already confirmed at the last AQUA that their intention is to issue a "Clean" opinion over MHIS spend" and asked for confirmation that this has taken place.

Mrs Allott confirmed that it has been discussed at a prior AQUA that KPMG had confirmed their intention to do this.

	<p>Mr Barber added that it was part of the External Audit Plan and that Mr Jones, Head of Finance has shared detail of the process but that it has not yet been formerly agreed by AQUA.</p> <p>Mr Edwards informed members that he was comfortable with this approach.</p>
	<p>Governing Body Members noted the compliance of the CCG in meeting the MHIS for 19-20 and are happy for Mr Edwards to sign the documents.</p>
<b>010/21</b>	<b>Delivery Dashboard</b>
	<p>Mr Atkinson shared the report for the January/February 2021 reporting period for information, noting for context, that the Rotherham Hospital had over a hundred Covid positive inpatients at the time, which has significantly improved and is now around twenty Covid patients.</p> <p>Mr Atkinson added that service recovery, particularly for Cancer and Elective Care, is the absolute priority alongside the Covid vaccination programme, which presents a national and local challenge on core performance.</p> <p><u>A&amp;E</u> – attendances have increased to around 240/250 per day.</p> <p><u>Diagnostics</u> – Six week wait figures were the best in the country pre-Covid, but we are now in a challenged position to get back on track. Plans around our approach to improve diagnostic capacity in the coming weeks and months will be brought to Governing Body.</p> <p><u>Cancer</u> – recovery work is taking place to improve performance at a South Yorkshire level.</p> <p><u>Elective Care</u> – remains challenged. Performance stands at 73% and is not to the level we would like, having a significant high number of 52 week waits and is a key focus for recovery discussions with local trusts across South Yorkshire. This will take a longer to deliver across all areas.</p> <p><u>IAPT</u> – is maintaining and remains ‘in the pack’. Numbers of referrals are increasing for Cognitive Behavioural Therapy.</p> <p>Dr Cullen added that the CCG are supporting the TRFT and asked how our team is engaging with TRFT and the plans to get services back on track.</p> <p>Mr Atkinson responded that the Planning Guidance detail will be discussed in the confidential session, adding that there are some quite challenging targets to be considered when planning recovery of services.</p> <p>For Elective services, the Rotherham Foundation Trust (TRFT) continue to prioritise patients on a priority scale of 1-4, with priorities 1 and 2 being enacted within two weeks.</p> <p>One of the key aspects for elective and cancer service recovery as reflected in the national guidance, is the need to manage it a scale on a South Yorkshire and Bassetlaw level to ensure equity, avoid additional harm to patients and not create additional inequalities as different parts of the system recover at a different pace. This is the expectation and further details on how the system will achieve this will be reported back to Governing Body.</p>
	<p>Governing Body members noted the content and additional information.</p>

	<b>QUALITY AND PATIENT ENGAGEMENT</b>
<b>011/21</b>	<b>Patient Safety &amp; Quality Assurance Report</b>
	<p>Mrs Cassin presented the report and gave an overview of the main points as follows:</p> <p><u>Healthcare Associated Infection (HCAI)</u> – the CCG Infection Prevention and Control work continues to review and investigate the rates and individual cases of Clostridium Difficile Infections (CDIF) and E Coli across the system, with the CCG working very closely with TRFT and other partners.</p> <p>The CCG are also active members of the Health Protection Board and the Local Outbreak Engagement Board, where oversight of Covid is provided. Rotherham has seen higher levels of positive Covid tests recently and Public Health are reviewing this, to include the percentage of asymptomatic positive cases against those with symptoms. The number of Covid positive patients at TRFT has decreased in addition to a reduction in the number of cases of those more seriously ill with Covid requiring intensive care and oxygen therapy.</p> <p>The vaccination programme continues across Rotherham with over 135,000 people now being vaccinated in top nine priority groups representing over half the adult population. The focus is now to complete the second dose vaccination programme within the twelve-week timescale. The Primary Care Networks, The Federation, the CCG and volunteers are working very closely together to deliver this.</p> <p><u>Mortality Rates</u> – data relates to July, August and September last year, and it is currently unclear what the effect of Covid will be on this. The TRFT Mortality Task and Finish Group continue to oversee the Trust wide programme of work.</p> <p><u>Safeguarding</u> – details on an outline of the upcoming virtual Safeguarding PLTC event entitled “The Life Long Legacy” taking place on 13 May 2021.</p> <p>The Safeguarding Adult Review ‘David’ has been published including lessons for all agencies around working together to ensure opportunities are not missed across the system and where care interacts across agencies. There is a full link to the publication included in the report.</p> <p>Details for the ICON (Infant Crying is normal, Comforting Methods can help, It is OK to walk away, Never shake a baby) initiative and a link to the 3 Step approach are included in this section. The Rotherham CCG Safeguarding Team have now applied the “3 Step Challenge” approach and initiative to prevent injury to very young children and babies.</p> <p>There is Multi Agency Safeguarding Hub (MASH) update for missing episodes reported during February.</p> <p><u>Continuing Health Care (CHC)</u> – The team continue to work closely with TRFT and RMBC to achieve all elements of the Covid backlog and are back to normal working. The team are well on trajectory to complete all assessments for those discharged from hospital between March and September last year under the Rapid Discharge arrangement to free up bed space.</p>

Care Quality Commission (CQC) Inspections - TRFT continue to submit regular updates to the CQC on progress against actions resulting from the last inspection report. A warning notice from the CQC notifying the Trust that the CQC has formed the view that quality of care requires improvement, was received by the Trust in November last year.

Following discussion with the Trust several actions were identified, and an action plan was submitted to the CQC. As part of the total overview work and working together with NHS England and Improvement, a Quality Risk Profile was completed by the CCG within input from the Trust and NHSE/I, to identify all areas of risk and evidence how those areas are being addressed.

A Joint meeting has been held to review the scores and the CCG is working closely with the Trust and NHSE/I to ensure oversight and appropriate assurance is evidenced regarding progress against any action identified and areas of risk.

The CQC were not at this meeting and have not expressed any additional concerns beyond the warning notice. This offers additional assurance across the system and feeds onto the Contract Quality work undertaken by the CCG and the Quality Surveillance Group chaired by NHSE/I.

Maternity – Details of emerging findings on the Independent Review of Maternity Services following the Ockenden Report, that all trusts providing maternity services should implement seven immediate and essential actions and provide assurance of this. The TRFT have submitted their Assurance Self-Assessment Tool, and they will be monitored both locally by the CCG via Contract Quality Group meetings and regionally via the local maternity system.

Patient Safety – TRFT are seeing continued improvement in Venous thromboembolism (VTE) assessment compliance, and the Medical Director continues to drive this work forward.

Mr Edwards thanked Mrs Cassin for raising the maternity profile at Governing Body, adding that over the next twelve months, maternity will be high on the agenda due to the Ockenden Report at Shrewsbury and Telford. A further enquiry report expected in Autumn 2022.

It is important as a Governing Body, that we understand the impact of the Maternity Report by Donna Ockenden. In relation to the seven actions, our local Trust has responded well and is reporting compliance with all seven actions which will be a continuous process.

Mr Edwards suggested that assurance to Governing Body relating to maternity services would be brought as usual. If members require more assurance, they were asked to contact himself or Mrs Cassin.

Mrs Cassin added that she will continue to include updates as appropriate from the Contract Quality Group and recognised the work of the Maternity Voices Partnership and how it integrates into the local maternity system.

Mr Edwards informed members that parliament have agreed the Terms of Reference for an enquiry into the East Kent Trust which is expected to take place by Autumn 2022. This will continue to be a high priority.

	<p>The newly named LMNS (Local Maternity and Neonatal System) in South Yorkshire and Bassetlaw (SY&amp;B) will work together to support each other to deliver the best possible maternity services.</p> <p>Dr Cullen commented on infection control figures relating to Primary Care remote working and the appropriate use of antibiotics. Working practice has changed this year, yet there has been no spike or change in infection rates, which is reassuring that GP's have continued to prescribe appropriately despite the changing environment.</p> <p>Mrs Cassin agreed, noting that the Medicines Management Team work very closely with all practices across the CCG and have strong focus on antibiotic prescribing.</p>
	Governing Body members noted the content provided in the report.
<b>012/21</b>	<b>Patient Engagement and Experience Report</b>
	<p>Mrs Cassin presented the report to give an overview of what we are hearing, highlighting the following:</p> <p>Covid-19 vaccination remains at the top of all community conversations and several Covid related enquiries have been received from Healthwatch.</p> <p>An online Patient and Public Group meeting was held on 9 March 2021 which included Covid and the vaccination programme discussions. The next meeting will take place in June. There has been a lot of positive feedback from volunteers who have supported vaccination clinics. To date, there are over 270 volunteers who have supported the vaccination roll out, providing over 9,000 hours of support.</p> <p>Mrs Twell has drafted a letter of thanks which will go out to each volunteer in recognition of their incredible support. The process to distribute the letters is underway.</p> <p>The Engagement and Communications Committee met in March, receiving updates on volunteer support to clinics, the vaccination roll-out, plans to support the Mental Health User Voice being heard and the challenges imposed by lockdown. The Engagement section of the CCG Annual report was also discussed and completed, recognising the need to reflect how different the last year has been.</p> <p>Helen Wyatt, Patient and Public Engagement Manager, maintains contact with a variety of groups, offering support where appropriate. These include the Rotherham Carers Forum, Crossroads, Rotherham Older Peoples Forum, Healthwatch, Age UK and RDASH Listen to Learn and Carers Champion Sessions.</p> <p>Mrs Twell added that the PPG Network meeting was attended by ten GP Practices in April which was great to see, and that we want to mark our thanks to every volunteer who has helped us with our vaccination programme by sending out the letter.</p>

	<p>Close working with Voluntary Action Rotherham (VAR), Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH) and Healthwatch continues to maintain and build on support for people with anxieties and mental health concerns as we go into the next phase.</p> <p>Dr Cullen added that the Governing Body is fully supportive of the plan to send out letters of thanks to the volunteers for their amazing contribution and hopefully their ongoing support for the booster vaccination programme later in the year and beyond.</p>
	Governing Body noted the content provided in the report.
	<b>CORPORATE</b>
<b>013/21</b>	<b>South Yorkshire and Bassetlaw On Call Test</b>
	Mrs Nutbrown provided an update to members on the South Yorkshire and Bassetlaw CCG's out of hours/on call communication system. The test was undertaken, unannounced, on Wednesday 10 <sup>th</sup> March 2021 at 18.26 hrs and was completed within six minutes. The next on call test will take place in six months.
	Governing Body members took assurance from the test.
<b>014/21</b>	<b>Medicines Management Quarter Three Report</b>
	<p>Mr Lakin shared the report with members for information.</p> <p>Our cost growth is below the average for England and the Yorkshire area, and Rotherham benchmarks very well with CCG's that are matched demographically, regarding both cost growth and item growth.</p> <p>The first few months were challenging and NCSO's (No Cheaper Stock Obtainable) at drug tariff price, has added £899,000 to our costs this year which is 70% of our total cost growth of £1.281k.</p> <p>It is difficult to predict as we are unable to move patients from these drugs, as the majority relates to first line antidepressant prescribing according to NICE (National Institute for Health Care Excellence) guidance.</p> <p>The initial self-care agenda saw early slippage this year due to lockdown, but we are back on track and now have a lower than average item growth.</p> <p>There is a big variation in cost gross/margin growth between the various practises, which is being investigated by the Medicines Management Team (MMT) and individual practices to look at the possible reasons for this.</p> <p>During lockdown, as GPS cannot see patients face to face, we expected that there would be a rise in antibiotic prescribing, but this year the CCG has met targets relating to drug volume for prescribed antibiotics.</p> <p>The Medicines Management Team will be working with practices to ensure that we do not revert to the high prevalence of antibiotic prescribing we had in the past, and going forward, that we retain some of that reduction in the</p>

subsequent years.

Quality, Innovation, Productivity and Prevention (QIPP) has been difficult to deliver due current pressures, but we are hoping to get back on track going forward and into the next financial year.

The revised Infant Feeding Pathway has been launched, having 92 referrals, referring only 6 to a paediatrician. which is working relatively well despite launching in difficult times.

Antidepressant medication reviews are almost underway having a strong uptake from practices.

The Prescribing Incentive Scheme was only launched halfway through the year due to the Covid lockdown. The scheme has been totally revised but at the time of writing this report, of the total 377 potential performance indicators, 270 have been achieved across practices (72%) and is very favourable compared to previous years.

The care home team are working with around 540 patients per month where we order medication. We are set to meet targets for proxy ordering where care homes order medication electronically rather than paper based. The NHS were given two targets of 25% and 45%. The CCG are on schedule to deliver the 45% higher target and are the only CCG in an ICS to achieve this.

The team have worked on Insulin prescribing waste in two care homes where they have identified £625.00 and £498.00 of waste across the two homes, and a further additional care home saving of £761.00 due to prevented waste. We have not been able to prevent waste over the full year because of the circumstances we are working in.

Mrs Cassin informed members that at the start of the antidepressant work, Mr Lakin joined a Patient Participation Group Network meeting to dispel the myths and offer a question and answers session, which was well received.

Mr Lakin informed members that the first meeting of a multi-disciplinary Hydration Group is planned for next week, linked into an overarching Care Homes Group and is one of the QIPP schemes looking at encouraging better hydration of patients in care homes. Three care homes have signed up to take part in this scheme, which will link into one of the outcomes to reduce UTI's (Urinary Tract Infections) and to reduce prescribing.

Mrs Cassin commented that this is an excellent piece of work as we know that care homes often need support around hydration and nutrition.

Mr Lakin informed members that after the initial audit done by dieticians, we estimate that we can prevent 650 bed days per year, as this number of beds are taken when patients from care homes are admitted where dehydration is the underlying cause.

	<p>Dr Page asked if MMT looked at practices over a longer term, for example, five years, to look at prescribing trends and antibiotic prescribing increase. Currently, when dealing with patients over the phone, he felt that he is prescribing more antibiotics as the tendency is to take less risk, but noted that overall, fewer people are coming forward with the type of infections which require antibiotics.</p> <p>Mr Lakin added that the MMT do a lot of number crunching on prescribing going back beyond twelve months to look at prescribing trends and reasons, which also informs budget setting.</p> <p>Dr D'Costa asked how insulin wastage in care homes is identified and recorded.</p> <p>Mr Lakin replied that this will be an ongoing workstream going forward. For most of the insulin prescriptions, the dose is not actually recorded on the patients prescription. The team are working through nearly 3,000 patients taking insulin in care homes to look at dosage and quantity, as this is where there is a large amount of excess medication. The Rotherham MMT aim to replicate work done in other CCG's, where a 20% reduction on insulin usage was made by resolving the waste issue.</p> <p>A member of the team is working with two of our practices who perform least well on managing blood glucose, looking at doses and prescriptions to identify those patients on high doses of insulin (over 100 units per day), in order to seek referral to a dietician for weight loss/dietary advice.</p> <p>Dr D'Costa commented about antibiotic prescribing and the tendency to prescribe antibiotics for patients when doing a non face to face consultation. It is quite interesting to see that antibiotic prescribing is actually going down rather than up, and that going forward post Covid, we will be in a position to review our own practice to maintain a reduction in prescribing.</p>
	Governing Body members noted the report and additional information provided in the report.
	<b>MINUTES FROM OTHER MEETINGS</b>
<b>015/21</b>	<b>Primary Care committee Public 10 February 2021</b>
	<p>Mrs Wheatley shared the minutes for information highlighting discussion on the following:</p> <ul style="list-style-type: none"> <li>• The Primary Care Team Work Programme Quarterly update</li> <li>• A verbal update relating to a telephony system upgrade at practices.</li> </ul>
	Governing Body members received and noted the information.
<b>016/21</b>	<b>Accident and Emergency Delivery Board Notes 13 January and 10 February 2021</b>
	Mr Atkinson shared the notes for information, which reflect activity and actions during the January and February 2021 period.

	Governing Body members received and noted the information.
<b>017/21</b>	<b>Audit and Quality Assurance (AQuA) Committee 9 February 2021</b>
	Mr Barber shared the minutes for information noting the following items: <ul style="list-style-type: none"> <li>• AQuA Committee approved the Internal Audit Plan 2021/22 which is a flexible audit plan to reflect the environment we are working in currently.</li> <li>• Head of Internal Audit Opinion. The Audit committee have seen the draft, which will be formerly issued in June to Governing Body. The level of assurance received relating to the Governing Body Assurance Framework (GBAF) has reduced, reflective of the environment we are working in. We know what is needed going forward to raise that level of assurance in the new financial year.</li> </ul>
	Governing Body members received and noted the information.
<b>018/21</b>	<b>Integrated Care System (ICS) Health Executive Group (HEG) 9 February 2021</b>
	Mr Edwards shared the minutes for information, highlighting the key headlines as follows: <ul style="list-style-type: none"> <li>• Planning at Place and ICS level</li> <li>• The vaccination programme across Rotherham and South Yorkshire</li> <li>• Future ICS Design Group <ul style="list-style-type: none"> <li>○ Compact - Values and Behaviours agreement</li> <li>○ Development Matrix for Places</li> <li>○ Roadmap to 2022</li> </ul> </li> </ul>
	Governing Body members received and noted the information
<b>019/21</b>	<b>GP Members Committee 24 February 2021</b>
	Dr Avery shared the minutes for information, noting discussion on Covid updates, the White paper, Mental Health, transition to the ICS for the Members Committee and the future voice of Primary Care.
	Governing Body members received and noted the information
<b>020/21</b>	<b>Future Agenda Items</b>
	None identified
<b>021/21</b>	<b>Urgent Other Business</b>
	None identified
<b>022/21</b>	<b>Urgent Issues &amp; Appropriate Escalation</b>
	None identified
<b>023/21</b>	<b>Risk Raised</b>
	None identified
<b>024/21</b>	<b>Any Other Business</b>

	None identified.
<b>025/21</b>	<b>Exclusion of the Public</b>
	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.
<b>026/21</b>	<b>Date and time of Next Meeting</b>
	The next public Governing Body Meeting will take place on Wednesday 5 May 2021 at 1.00pm.

DRAFT