

## Covid Equalities Impacts, Actions and Update

Governing Body meeting

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6 August 2020

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<b>Purpose of Paper</b>	
This report aims to provide an overview of the CCG's work in meeting our equality, and involvement, duties during the first phase of the Covid pandemic.	
<b>Key Issues</b>	
<p>This report aims to provide an overview of the CCG's work in meeting our equality, and involvement, duties during the first phase of the Covid pandemic.</p> <p>Since the start of April, the CCG has collected insights from Sheffield people, third sector organisations, and partners on the impact Covid and lockdown were having on them.</p> <p>This work feeds into our senior management team and command and control structures to inform our decisions.</p> <p>Alongside this we have logged all the decisions made by the CCG's command cells and assessed equality impacts.</p> <p>This work is included in the paper for assurance.</p>	
<b>Is your report for Approval / Consideration / Noting</b>	
For consideration	
<b>Recommendations / Action Required by Governing Body</b>	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>• Note the work carried out so far to listen to people's experiences of Covid and lockdown and CCG's work to reduce impacts where possible.</li> <li>• Agree we have shown due regard to our equality duties during this time.</li> </ul>	
<b>Governing Body Assurance Framework</b>	
<p><b><i>Which of the CCG's objectives does this paper support?</i></b></p> <p>Objective 1: Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners</p>	

<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
No
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
<b>Please attach if completed. Please explain if not, why not</b> This report covers includes a summary of equality impacts.
<b>Have you involved patients, carers and the public in the preparation of the report?</b>
This paper highlights how we have involved patients, carers and the public.

## **Covid Equalities Impacts, Actions and Update**

### **Governing Body meeting**

**6 August 2020**

#### **1. Introduction**

This report aims to provide an overview of the CCG's work in meeting our equality, and involvement, duties during the first phase of the Covid pandemic.

Since the start of April, the CCG has collected insights from Sheffield people, third sector organisations, and partners on the impact Covid and lockdown were having on them.

This work feeds into our senior management team and command and control structures to inform our decisions.

Alongside this, we have logged all the decisions made by the CCG's command cells and assessed equality impacts.

This work is included in the paper for assurance.

#### **2. CCG decisions and impacts**

##### **2.1. Legal duties**

As a CCG, we have a legal duty to involve patients in our decisions to change services (section 14Z2 of Health and Care Act 2012).

Although changing services in an emergency on the grounds of patient safety without appropriate involvement is permitted, they are only allowed for six months, as longer than this is deemed as permanent and then the commissioner must consult.

In exercising the public sector equality duty, the CCG must have regard to the need to:

- a) Reduce inequalities with respect to their ability to access health services, and
- b) Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

To meet equality duties, equality impacts of the changes need to be assessed and then we need to minimise the disadvantages suffered by people due to their protected characteristics, so we would still need to engage those affected to understand how people are impacted.

By law, CCGs must have regard to guidance produced by NHS England. "Planning, assuring and delivering service change for patients" (2018) guidance says the CCG should undertake consultation with the local authority (s.244 Regulations) in provider-initiated service changes on behalf of the provider. Both organisations have legal duties, but following local authority consultation, public consultation should normally be commissioner-led.

## **2.2. Command structure decision log**

Since 16 March and up to 29 June, 35 decisions made by Gold command have been logged where we have had a duty to consider equality impacts.

Decisions made by providers where services were changed temporarily on the grounds of patient safety have been documented in the log too as it's likely they will be deemed a substantial change and therefore the duty to involve would apply in changes applied for six months or longer.

There's no legal definition of substantial change (and if it applies it is to be agreed between NHS and scrutiny). As a guide, NHS England says "service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered".

The decision log can be found in appendix 1.

For all decisions, the potential beneficial and adverse impacts have been documented and mitigations put in place to lessen the adverse impacts where possible.

An example of mitigation put in place include commissioning a taxi service for patients without access to private transport so they could access face to face GP appointments at a hub.

Of these 35 decisions, four are likely to qualify as "substantial change", so we have a duty to involve patients and consult the local authority (health scrutiny).

The four decisions are:

- 1 and 24 - reducing the number of hubs
- 7 - temporary closure of minor injury unit (MIU) at the Hallamshire Hospital
- 16 - closure of branch sites

The senior management team has reviewed the log, identified decisions that were missing, and have agreed that the log and mitigations are comprehensive.

## **3. Insights summary**

Since the onset of the Covid-19 pandemic in the UK and the subsequent lockdown, the engagement and patient experience teams have been collecting community insights on the impact Covid is having through existing relationships with voluntary, community and faith (VCF) organisations and partnership working.

These insights have focussed on how our communities in Sheffield are affected and coping. Our objectives were to capture information in real time from lockdown starting and mitigate impacts and to help inform future commissioning and planning.

Since the start of April we have heard from 65 different sources representing all nine protected characteristics. The feedback provides rich insights to help guide and focus our commissioning. The information has been broken down by protected characteristic so that we can understand how our communities are being affected in different ways.

Reports are produced and shared weekly with managers in the CCG and people externally such as strategic public engagement, equality and experience committee members, and place-based engagement and equality leads.

### **3.1. Overall themes**

We have a wealth of information covering people's individual experiences and commonalities across groups. The info shows that Covid has exacerbated pre-existing inequalities and people in deprivation and protected groups have been affected the most and are suffering real disadvantages.

The full insights log can be found [here](#).

The overall themes are:

- People not accessing services when they needed them:
  - They thought services were closed
  - Worried they'd catch Covid if they did
- Mental health:
  - Financial impact due to loss of income
  - Impact of shielding and how it was announced and implemented
  - Carers, no access to respite
- Telephone triage by GP surgeries welcomed by most people as has improved access
- Big issues, (not specifically health related)
  - Digital exclusion
  - Food poverty and access to culturally appropriate food
  - Funding for small community groups

### **3.2. Theme by protected characteristic**

The themes that were commonly experienced within protected groups are:

- BAME:
  - A rise in mental health issues
  - Mental health: impact of loss and culturally inappropriate burials
  - Lack of access to culturally appropriate support and not accessing mental health services, including a reported increase in attempted suicides
- LGBT and women:
  - A rise in domestic violence
- Deaf community:
  - Poorer access to GP as moved to telephone consultations (BSL interpretations down 90%)
  - Further isolated by social distancing from hearing family and friends
  - Impacted by PPE (masks prevent lip reading)
- Age:
  - Impact of school closures on mental health
  - Older people - isolation exacerbated by digital exclusion
  - Young people with greater caring responsibilities and impact on their mental health

## **4. Next steps**

### **Decision log and substantial change**

An approach has been agreed by SPEEEC and Governing Body that involves commissioning market research with a robust, statistically reliable sample of the population

to understand the impact of changes to services have had and understand the common aspects of service changes that are likely to continue such as digital services.

The surveys will also ask people about the four decisions (1 and 24, 7 and 16) so we can understand the impacts. This will be supplemented with a bespoke community approach to hear from the most disadvantaged communities. This approach will focus on at-scale changes that are likely to remain in the 'new normal' NHS.

This will go some way to meeting our legal duties, but extra engagement may be needed later.

A paper is being prepared for the senior management team and SPEEEC on the four decisions in more detail, including equality impact assessments, to consider next steps including consulting with health scrutiny, and determine whether additional engagement or consultation is needed.

### **Public insights**

The collection of public insights will continue for the foreseeable future, but we will move to fortnightly reporting.

The CCG is going through all the feedback line by line and taking action. Some actions are quick but others will require us to commission differently.

We have set up an internal group of commissioning managers and directors to look at what we can do as commissioners to reduce these disadvantages. The group met for the first time on 29 July.

We will also feedback to community groups on action take or commissioning decisions being made.

## **5. Recommendations**

Governing Body is asked to:

- Note the work carried out so far to listen to people's experiences of Covid and lockdown and CCG's work to reduce impacts where possible.
- Agree we have shown due regard to our equality duties during this time.

### Appendix 1 - CCG decision log by equality impacts and mitigation

Decision	Date	Event/Decisions	Impact	Mitigation	Substantial change?
1.	16/03/2020	Further conversations took place regarding the alignment of primary care access hubs. A proposal was considered to consolidate six access hubs to three access hubs across the city. Telephone appointments available as well as face to face.	<ul style="list-style-type: none"> <li>• Reduced risk of catching Covid for patients and staff.</li> <li>• Some people may have to travel further than they usually have to access a hub</li> <li>• Those with no access to a phone or the means to travel / people who are homeless</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioned taxi service to provide transport for those without private transport</li> <li>• BSL interpretation is available</li> <li>• Provision to extend the outreach primary care offer for homeless people with specialist teams</li> <li>• Commissioned virtual GP service for homeless people.</li> </ul>	Yes, along with decision 24
2.	18/03/2020	CCG Primary Care Team considered and discussed with locality managers, clinical directors from the primary care networks whether the use of 'hot' and 'cold' sites within networks would be a manageable solution if required to prevent the spread of infection in networks.	<ul style="list-style-type: none"> <li>• Reduced risk of catching Covid for patients and staff</li> <li>• Some people may have to travel further than they usually have to access a hub</li> <li>• People with other sensory impairments accessing telephone triage</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioned taxi service for symptomatic patients or those self-isolating without transport to hot hubs.</li> <li>• Taxi service available for people with long-term conditions or new illness to cold hubs for patients without private transport.</li> <li>• Face to face appointments for hard of hearing</li> </ul>	No
3.	18/03/2020	CCG approved the purchase of 300 laptops plus redeployment of some corporate laptops for immediate use in Primary Care.	<ul style="list-style-type: none"> <li>• Reduced risk of catching Covid for patients and staff</li> <li>• More appointments would be via telephone or video rather than face to face.</li> <li>• Impact on those with other sensory impairments, low digital literacy, no access to IT equipment, intermittent Wi-Fi</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone interpretation service available to practices.</li> <li>• Online BSL interpretation available as part of interpretation service</li> </ul>	No

<b>Decision</b>	<b>Date</b>	<b>Event/Decisions</b>	<b>Impact</b>	<b>Mitigation</b>	<b>Substantial change?</b>
4.	19/03/2020	Not a gold decision, but Covid legalisation temporarily suspended the continuing health care (CHC) framework and assessments.	<ul style="list-style-type: none"> <li>• Redeploy CHC staff to frontline hospital services helping keep hospital patients safe and on discharge.</li> </ul>	<ul style="list-style-type: none"> <li>• CCG funded nursing and home care for all patients discharged with a health need, pending an assessment when framework restarts.</li> </ul>	No
5.	20/03/2020	CCG gold command was notified that Sheffield Teaching Hospital is unable to support the CCG with a local swabbing/testing service. CCG gold command agreed to develop its own local swabbing and testing service. Service set up at 3 locations across the city.	<ul style="list-style-type: none"> <li>• Quick access to testing for primary care and community staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioned taxi service for symptomatic staff who don't have access to private transport.</li> <li>• Set up a peripatetic team to test care home residents.</li> <li>• Carried out a risk assessment of using a taxi service and carried out full PPE use training for staff.</li> </ul>	No
6.	24/03/2020	CCG confirmed acceptance of the offer from NHS England to supply 200-300 laptops for deployment across Sheffield, Barnsley, and Bassetlaw in recognition of the time delay in fulfilment of previous order.	<ul style="list-style-type: none"> <li>• As per decision 3</li> </ul>	<ul style="list-style-type: none"> <li>• As per decision 3</li> </ul>	No



Decision	Date	Event/Decisions	Impact	Mitigation	Substantial change?
7.	03/04/2020	Gold command agreed to support STH's decision to close MIU.	<ul style="list-style-type: none"> <li>• Re-deploy MIU clinical staff to other areas where patients have greater, acute health needs.</li> <li>• Further to travel to NGH and WIC for many people (<i>27% of users access MIU by bus or on foot – 2018</i>)</li> <li>• Use of MIU by ethnicity is in line with /Sheffield population, more likely to be used by those aged under 30</li> <li>• People who live with disabilities</li> <li>• Change of service unsettling/disorientating for those with LD, distance to travel, familiarity, additional cost, time, mode of transport required, the potential of having to use A&amp;E for diagnostics (and implications of having to use the NGH site – see below)</li> <li>• Carers – distance travelled, familiarity, cost, time</li> <li>• Race – new migrant communities familiarity with RHH site and services closer to city centre</li> </ul>	<ul style="list-style-type: none"> <li>• STH was asked to carry out an EIA.</li> <li>• Communication to communities potentially impacted to raise awareness of this temporary service change and how access alternative urgent care services</li> <li>• Impact is measured through CCG engagement</li> </ul>	Yes. A decision on MIU is a priority for ACP, but not clear how will be progressed ( <i>as at 24.7.20</i> )

Decision	Date	Event/Decisions	Impact	Mitigation	Substantial change?
8.	09/04/2020	CCG Gold command agreed that all GP practices would open across Easter Bank Holiday weekend on the normal working days (Friday/Monday). It was agreed that reimbursement costings would need to be submitted for the cover over the weekend and agreed with CCG finance.	<ul style="list-style-type: none"> <li>Improve access to GP services for all protected groups</li> </ul>	<ul style="list-style-type: none"> <li>Didn't have time to select the best locations, so decided on universal coverage to improve access for all.</li> </ul>	No
9.	15/04/2020	New national guidance on testing/ swabbing on day one of symptoms, it was agreed CCG service would continue to swab patients on day three of the patient experiencing symptoms as the referral is most likely received on day one of symptoms, it then allowed the patients' appointments to be made by day two/ three.	<ul style="list-style-type: none"> <li>Testing on day 3 is more reliable than day 1, so had more robust data, possibly fewer false negatives thereby protecting public and staff.</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	No
10.	15/04/2020	CCG gold command agreed on the proposal and business case to support the discharge pathways from a hospital to care homes and end of life care providing community support.	<ul style="list-style-type: none"> <li>Additional structure required to care homes to prevent, support and control outbreak management within homes.</li> </ul>	<ul style="list-style-type: none"> <li>Extended clinical support provided to care homes</li> </ul>	No
11.	15/04/2020	CCG gold command agreed to follow national guidance from PHE about PPE and not risk misinterpretation of a complementary document.	<ul style="list-style-type: none"> <li>Feedback from the deaf community highlights issues with lip reading whilst using facemasks.</li> <li>Clear messaging to staff and public locally about the use of PPE.</li> </ul>	<ul style="list-style-type: none"> <li>The procurement of clear facemasks was looked into, but these were not available in UK at that time.</li> <li>Online BSL interpretation available</li> </ul>	No

Decision	Date	Event/Decisions	Impact	Mitigation	Substantial change?
12.	16/04/2020	CCG gold command approved a proposal for St Luke's to provide extensive and additional support into care homes in Sheffield, which includes palliative telemedicine, and psychological support to staff, residents, and families.	<ul style="list-style-type: none"> <li>Improved end of life support for patients and families.</li> </ul>	<ul style="list-style-type: none"> <li>Extended clinical support to patients currently on EOLC.</li> <li>Continuation of care for EOLC patients in the current circumstances to ensure the same level of care is provided</li> </ul>	No
13.	17/04/2020	It was agreed to support care homes with the out of hours primary care services using the additional capacity from Primary Care Sheffield GP extended access hubs workforce.	<ul style="list-style-type: none"> <li>Improve access to GP and GP out of hours advice and support for care home staff over the phone and digitally to improve care for patients.</li> </ul>	<ul style="list-style-type: none"> <li>none</li> </ul>	No
14.	23/04/2020	It was agreed to establish a working group outside of CCG Gold Command to consider how we progress our community, patient and public engagement over the next two years in response to COVID-19. It was agreed that the CCG Gold Command would be sighted on ongoing updates from this working group on this as highlighted as a risk on our risk register.	<ul style="list-style-type: none"> <li>To give a voice to people in all protected groups.</li> <li>To amplify the voice of those with protected characteristics in our decision making and future commissioning intentions</li> <li>To meet statutory obligations and legal duties</li> </ul>	<ul style="list-style-type: none"> <li>None needed.</li> </ul>	No

Decision	Date	Event/Decisions	Impact	Mitigation	Substantial change?
15.	27/04/2020	CCG Gold Command considered and approved the proposal from CCG Silver Command regarding the access to primary care services over the bank holiday weekend. It was agreed that there had been consideration of all risks identified, including access, staffing, low uptake during previous bank holiday weekend, and that to use the Primary Care Sheffield extended access hubs and GP collaborative service to support primary care services in Sheffield over the bank holiday (08/05/2020)	<ul style="list-style-type: none"> <li>There was no evidence of the need to increase capacity.</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	No
16.	Various dates	Temporary closure of branch sites	<ul style="list-style-type: none"> <li>Impact for local population</li> <li>Impact for people needing to travel further and reduced public transport offer during Covid</li> <li>Accessibility for people with physical impairments, mental health conditions such as anxiety, learning disabilities</li> <li>Impact on people whose first language isn't English</li> </ul>	<ul style="list-style-type: none"> <li>Plan for appropriate and proportionate local engagement to be undertaken by affected practices, alongside local VCF and sector organisations</li> <li>SPEEEC and PCCC involvement / assurance of process being put in place</li> <li>Timely review periods to return branch sites to open status</li> </ul>	Yes. At peak, 16 sites closed. Currently 8 sites remain closed (3 likely to open early August, no plans on reopening other 5 yet (as at 24.7.20)
17.	04/05/2020	Due to rising media coverage and facts around BAME community being disproportionately being affected by Covid, agreed to confirm CCG support to practice staff	<ul style="list-style-type: none"> <li>Sharing information on reducing risk of catching Covid, improve access to testing.</li> </ul>	<ul style="list-style-type: none"> <li>included in GP bulletin on 5 May access to testing for BAME staff and families, confirmation of PPE guidance and safe use, and carrying out risk assessment</li> </ul>	No

Decision	Date	Event/Decisions	Impact	Mitigation	Substantial change?
18.	04/05/2020	The Children and Young People Helpline for urgent mental health advice business case was approved with comms back to primary care and it was agreed that this would be showcased at member's council. It was agreed to approve 6 months and a procurement plan is in place to review after the agreed period.	<ul style="list-style-type: none"> <li>• Improve access to mental health support to young people.</li> <li>• Specific and targeted approach to those most vulnerable and in need</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	No
19.	04/05/2020 07/05/2020	Covid Clinical Assessment Service (CCAS) appointments were not being utilised by patients in primary care. CCG gold command agreed to support the suggestion to reduce the number of appointments available for CCAS appointments with a plan to open these up if capacity is needed. It was agreed to discuss this with the LMC to confirm that they agree with the proposal to reduce the number of available CCAS appointments.	<ul style="list-style-type: none"> <li>• Resources freed up within primary care to treat non-Covid patients.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	No

<b>Decision</b>	<b>Date</b>	<b>Event/Decisions</b>	<b>Impact</b>	<b>Mitigation</b>	<b>Substantial change?</b>
20.	04/05/2020	It was agreed to provide additional support to care homes to support community testing and swabbing when an outbreak occurs setting up a rapid response team to test both staff and residents in care homes. This included the development of testing guidance.	<ul style="list-style-type: none"> <li>• Provide tests with 24-48 hour turnout of results helping to manage outbreaks and get staff back to work if Covid negative.</li> </ul>	<ul style="list-style-type: none"> <li>• Set up a peripatetic team to test care home residents.</li> </ul>	No
21.	06/05/2020	CCG gold command agreed to approve the proposal for additional support to those living with dementia and the need for additional support during COVID-19. The request was for 6 months of service support with funding to be filtered through existing grant arrangements.	<ul style="list-style-type: none"> <li>• Positive impact for carers</li> <li>• Support targeted at people who are not connected to other services improving reach of service</li> </ul>	<ul style="list-style-type: none"> <li>• Signposting of support to the Carers centre and dementia related VCF sector orgs.</li> <li>• Culturally appropriate support put in place for patients.</li> </ul>	No
22.	07/05/2020	It was agreed to consider and support a local system to support deprived areas in Sheffield with local testing in communities.	<ul style="list-style-type: none"> <li>• Improve access to testing</li> <li>• Extra support placed into higher areas of need in City</li> </ul>	<ul style="list-style-type: none"> <li>• Encouraging members of the public to work alongside the health care system to prevent outbreaks in local communities mitigating the risk of larger outbreaks and spread of infection</li> </ul>	No

Decision	Date	Event/Decisions	Impact	Mitigation	Substantial change?
23.	11//05/2020	CCG gold command received information from SCH regarding the first confirmed case of Paediatric Multisystem inflammatory syndrome. It was agreed that the CCG share communications with GP confirming the pathway agreed by SCH.	<ul style="list-style-type: none"> <li>• Potential of a second pandemic/ urgent response to support children's if further cases are confirmed</li> <li>• A good initial response from CCG shows support to health care system</li> </ul>	<ul style="list-style-type: none"> <li>• None needed</li> </ul>	No
24.	13/05/2020	Gold supported Silver command's proposed closure of Woodhouse extended access hub to CCG gold command as figures were showing that the hub is not been utilised as expected. The rationale behind supporting this decision is that if required the hub can be made accessible and utilised with non-Covid activity.	<ul style="list-style-type: none"> <li>• Impact for local population</li> <li>• Impact for people needing to travel further and reduced public transport offer during Covid</li> <li>• Reduced access for people with physical impairments, mental health conditions such as anxiety, learning disabilities, and those who don't speak English</li> </ul>	<ul style="list-style-type: none"> <li>• Taxi service is available to other hubs.</li> <li>• Interpretation services available</li> <li>• Plan for appropriate and proportionate local engagement to be undertaken by affected practices, alongside local VCF sector organisations</li> <li>• SPEEEC and PCCC involvement / assurance of process being set up.</li> </ul>	Yes (along with decision 1)
25.	13/05/2020	Concerns were raised to CCG gold command regarding the testing of COVID positive patients in care homes and that the correct intervention from public health England is not available for care homes. As previously agreed, local support will be considered to help testing/swabbing of symptomatic patients in care homes.	<ul style="list-style-type: none"> <li>• Better access to test within 24-48 hour turnout of results helping to manage outbreaks and get staff back to work if Covid negative.</li> </ul>	<ul style="list-style-type: none"> <li>• As decision 20</li> </ul>	No

Decision	Date	Event/Decisions	Impact	Mitigation	Substantial change?
26.	14/05/2020	Concerns were raised by CCG silver command that patients who were expected to contact local GP practices if shielded were not. It was agreed to seek support from Darnall Wellbeing to see whether they can support to advise that primary care services are still available to access. It was agreed to add this to the silver risk register.	<ul style="list-style-type: none"> <li>Shielded patients at risk of being isolated or their health deteriorating if they felt they could not contact their GP practice.</li> </ul>	<ul style="list-style-type: none"> <li>Using culturally sensitive communications and methods to inform communities that primary care services are still open and available to use.</li> </ul>	No
27.	18/05/2020	It was agreed to fund additional GP sessions to support homelessness in Sheffield and residents living in hostels and hotels. It was supported for the initial duration of 12 weeks with an interim review after 4 weeks.	<ul style="list-style-type: none"> <li>Improve access to health care for the homeless.</li> </ul>	<ul style="list-style-type: none"> <li>Experienced and trusted team commissioned to undertake additional sessions for homeless population</li> </ul>	No
28.	21/05/2020	CCG gold command agreed to support ongoing virtual IPC training and additional staff hours to ensure that the national target for care homes trained is met. Face to face training would not be an option as risk assessments would need to be completed for each staff member and trainer going into the care homes. This was agreed to reduce the risk of exposing staff to infection through entering care homes.	<ul style="list-style-type: none"> <li>Remote training reduces the risk of infection for staff</li> </ul>	<ul style="list-style-type: none"> <li>Culturally appropriate practices included in the training according to diversity within the care home setting</li> </ul>	No



<b>Decision</b>	<b>Date</b>	<b>Event/Decisions</b>	<b>Impact</b>	<b>Mitigation</b>	<b>Substantial change?</b>
29.	22/05/2020	CCG was asked to review the command and governance structures and considering workforce equality and to build guidance into our CCG command structure acknowledging this.	<ul style="list-style-type: none"> <li>Review and acknowledge lack of diversity in workforce at senior level to improve</li> </ul>	<ul style="list-style-type: none"> <li>Put checks and balances in place where more diverse internal and external groups can oversee gold and silver decisions.</li> </ul>	No
30.	24/05/2020	Care home discharges – it was agreed to continue to support no discharges to care homes where possible from hospital environments and to seek further clarity from Public Health England on what would be considered as a safe discharge considering the right for patients to choose where they are discharged too.	<ul style="list-style-type: none"> <li>Need to consider the wishes of the person based on their needs &amp; wishes (including consideration of their protected characteristics)</li> </ul>	<ul style="list-style-type: none"> <li>Person centred care approach</li> </ul>	No
31.	28/05/2020	CCG to contact Local Authority regarding issues identified with asylum seekers obtaining transport to attend and access primary care services.	<ul style="list-style-type: none"> <li>Recent asylum seekers to the city without transport to Mulberry Practice couldn't access initial health assessment.</li> </ul>	<ul style="list-style-type: none"> <li>Alternative transport provider identified</li> <li>Contacted the Refugee Council for their views on the use of taxis for asylum seekers.</li> <li>Commissioned taxi company to provide transport.</li> </ul>	No
32.	28/05/2020	CCG was supportive of ACP care home plan to support wrap-around care and support to residents in care homes through a multiagency driven plan in response to COVID.	<ul style="list-style-type: none"> <li>Need to consider the wishes of the person based on their needs &amp; wishes (including consideration of their protected characteristics)</li> </ul>	<ul style="list-style-type: none"> <li>Person centred approach</li> </ul>	No

Decision	Date	Event/Decisions	Impact	Mitigation	Substantial change?
33.	01/06/2020	It was agreed to add the latest shielding guidance to the CCG website for the public to access.	<ul style="list-style-type: none"> <li>Confusion regarding current shielding guidance – impact for people with long term health conditions, those from BAME communities, those who live with obesity</li> </ul>	<ul style="list-style-type: none"> <li>Information added to website, promoted on social media and shared with practices</li> </ul>	No
34.	23/06/2020	Gold endorsed the production of a Sheffield care home resource pack and to link this with the citywide care homes cell, and then to take to the Gold Cell for their endorsement and sending out.	<ul style="list-style-type: none"> <li>Requirements for content to be viewed through the lens of inequalities and protected characteristics</li> </ul>	<ul style="list-style-type: none"> <li>Culturally appropriate practice and information regarding protected characteristics included</li> </ul>	No
35.	29/06/2020	It was agreed to develop a policy on the recording of MS Teams meetings, asking for input from many people including people with dyslexia, requesting guidance from NHS Digital who may be able to give us some guidance. The advice from the start of the CCG using MS Teams for meetings was not to record them because they couldn't guarantee where the recordings were stored except to say they were stored in a Cloud which could mean they could be accessed by 1.3m NHS staff.	<ul style="list-style-type: none"> <li>Consideration of privacy laws required</li> <li>Consideration of consent required before filming</li> </ul>	<ul style="list-style-type: none"> <li>Further information requested</li> </ul>	No