

Report to the NHS Somerset Clinical Commissioning Group on 25 March 2021

Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 28 January 2021	Enclosure B
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Version Number / Status:	N/A
Executive Lead	James Rimmer, Chief Executive
Clinical Lead:	Dr Ed Ford, Chairman
Author:	Kathy Palfrey, Executive Assistant to the Governing Body

Summary and Purpose of Paper

The Minutes are a record of the meeting held on 28 January 2021. They are presented to the NHS Somerset CCG Governing Body, and also published in the public domain through the NHS Somerset CCG website, to provide clarity and transparency about the discussions and decisions made, and to ensure the principles of good governance are upheld.

Recommendations and next steps

The NHS Somerset Governing Body is asked to **Approve** the Minutes of the meeting held on 28 January 2021 to confirm that the Chairman may sign them as a true and correct record.

Impact Assessments – key issues identified

Equality	N/A			
Quality	N/A			
Privacy	N/A			
Engagement	There is lay representation on the Governing Body. The Minutes are published on the NHS Somerset CCG website at: https://www.somersetccg.nhs.uk/publications/governing-body-papers/			
Financial / Resource	N/A			
Governance or Legal	The Minutes are the formal record of the meeting held on 26 November 2020.			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
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Minutes of the **Part A** Meeting of the **NHS Somerset Clinical Commissioning Group Governing Body** held on **Thursday, 28 January 2021** via **MS Teams (Virtual Meeting)**

Present:	Dr Ed Ford	CCG Chair, GP Partner, Irnham Lodge Surgery, Vice Chair, Health and Wellbeing Board
	Lou Evans	Non-Executive Director CCG Vice Chair and Chair of Audit Committee (Lay Member)
	Dr Jayne Chidgey-Clark Basil Fozard	Non-Executive Director, Registered Nurse Non-Executive Director, Secondary Care Doctor (from item SCCG 012/2021)
	Trudi Grant	Director of Public Health, Somerset County Council
	Wendy Grey	Non-Executive Director, Member Practice Representative
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member)
	Alison Henly	Director of Finance, Performance and Contracting
	Val Janson	Acting Director of Quality and Nursing (representing Sandra Corry)
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Grahame Paine	Non-Executive Director (Finance and Performance) (Lay Member)
	James Rimmer	Accountable Officer and Chief Executive
In Attendance:	Judith Goodchild Maria Heard	Chair, Healthwatch (Observer) Senior Responsible Officer Covid-19, and Programme Director, Fit For My Future
	Pip Tucker	Public Health Specialist, Somerset County Council (for item SCCG 012/2021)
	Sandra Wilson	Observer Lay Member, Chair of Chairs of the Somerset Patient Participation Groups (PPGs)
Secretariat:	Kathy Palfrey	Executive Assistant to the Governing Body
Apologies:	Sandra Corry Dr Alex Murray	Director of Quality and Nursing Clinical Director Fit For My Future

SCCG 001/2021 INTRODUCTION

Dr Ed Ford welcomed everyone to the NHS Somerset Clinical Commissioning Group Governing Body meeting, in particular, Neil Hales, who has been appointed as Interim Director of Commissioning.

SCCG 002/2021 PUBLIC QUESTIONS

As we work through the Covid19 period, members of the public are invited to submit their questions in advance to the Governing Body meeting via our website and guidance for how to do this is provided at the following link:

<https://www.somersetccg.nhs.uk/publications/governing-body-papers/>

Note: All Public Questions are minuted anonymously unless the person raising the question has provided specific consent for their name to be published.

There were no public questions.

SCCG 003/2021 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Sandra Corry, Basil Fozard and Dr Alex Murray. Sandra Corry was represented by Val Janson, Acting Director of Quality and Nursing.

SCCG 004/2021 REGISTER OF MEMBERS' INTERESTS

The Governing Body received and noted the Register of Members' Interests, which was a reflection of the electronic database as at 20 January 2020.

Dr Jayne Chidgey-Clark advised that, due to Covid-19, her role as Interim Safeguarding Consultant with Kent and Medway CCG had been extended. Also, that her spouse had been appointed as Associate Director for the Covid-19 vaccination programme at Nottingham University Hospitals NHS Trust. The electronic register has now been updated.

David Heath advised that he had been appointed as a new Chair of the Microgeneration Certification Scheme. The electronic register will be updated.

Action 788: Electronic register to be updated (David Heath)

SCCG 005/2021 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

Under the CCG's arrangements for managing conflicts of interest, any member making a declaration of interest may be able to take part in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by the Vice Chairman, or – in his absence – another Non-Executive Director.

There were no declarations of Interest relating to items on the agenda. The quoracy of the meeting was confirmed.

SCCG 006/2021 MINUTES OF THE PART A MEETING HELD ON 26 NOVEMBER 2020

The Meeting received the Minutes of the Part A meeting held on 26 November 2020. By a virtual show of hands, the Minutes were approved for signature by the Chairman as a true and correct record.

SCCG 007/2021 MATTERS ARISING AND ACTION SCHEDULE

There were no matters arising. James Rimmer confirmed that all actions had been updated and were making progress.

SCCG 008/2021 CHAIRMAN'S REPORT

The Meeting received and noted the Chairman's Report, which included the Communication and Engagement Report for the period 1 November to 31 December 2020, together with the various meetings attended by Dr Ford from 27 November 2020 to 28 January 2021.

It was noted that Dr Jane Harris will be leaving Somerset CCG at the beginning of March. On behalf of the Governing Body, Dr Ed Ford expressed his thanks to Jane for her excellent leadership and development of the Communications and Engagement Team, particularly over the past 12 months while simultaneously providing support to the Bristol Nightingale Hospital.

SCCG 009/2021 CHIEF EXECUTIVE'S REPORT AND LATEST NEWS

The Meeting received and noted the Chief Executive's Report, together with a verbal report from James Rimmer, who highlighted the following:

- the national third lockdown, which took effect from 5 January 2021
- the impact of the pandemic on OPEL (operational pressures escalation level) across the Somerset system. The focus is firstly on urgent and emergency care and secondly on the vaccination programme. There is a knock-on impact on routine and planned care, and this is kept under review by the Patient Safety and Quality Assurance Committee
- Covid-19 vaccination programme: this was launched in Somerset on 9 December 2020 and the various priority groups are being actively managed by clinicians
- open letter to the people of Somerset, which has received an excellent and very supportive response
- the appointment of Neil Hales as Interim Director of Commissioning with effect from 1 January 2021, for a period of approximately six months as we seek to recruit to the substantive post

SCCG 010/2021 COVID-19 UPDATE

Public Health Position

The Meeting received and noted the data for the Covid-19 pandemic as

at 20 January 2021, as produced by Somerset County Council's Public Health team. Trudi Grant and James Rimmer presented the latest data (as at 28 January 2021) and it was noted that:

- the number of cases in Somerset is currently 239.8 per 100,000 population: this compares to a high of 375
- although on a generally improving trajectory, the rate is not reducing as fast as we would like
- some areas of the country are seeing an upward spike, likely caused by the new variant, which has a faster rate of transmission
- there have been some recent local outbreaks, eg. at Chard. Outbreaks are largely in care homes and the workplace but are being actively managed
- the current R (reproduction) rate is between 0.9 and 1.2, and Somerset is in line with the south west average
- total Somerset deaths as at 15 January 2021 are 469 and sadly, this number is expected to increase for a couple of weeks until we start to see the effects of the vaccine

James Rimmer commented that, at the beginning of the pandemic, 20 cases per 100,000 population was considered high, but this increased to 100 cases per 100,000, well in excess of the original expectation.

Val Janson advised that PPE guidance remains unchanged, despite the new variant being more infectious. The public message of 'Hands, Face, Space' continues.

David Heath queried the spike in Covid cases in the north Mendip area and if this related to care homes. He asked if we are able to respond urgently to care home outbreaks with the vaccination programmes: Trudi Grant advised it is not possible to respond immediately to an outbreak with a vaccination but we do need to roll out the vaccination programme to care homes as fast as possible. Currently eight care homes in the county have not yet received the vaccination due to substantial outbreaks. Following vaccination, there will be a few weeks while people begin to develop their immunity and we are now beginning to see a decline in the number of cases.

Vaccination Programme

- on 30 December 2020 the JCVI (Joint Committee on Vaccination and Immunisation) set out the priority groups for the vaccine:
 - 1 residents in a care home for older adults and their carers
 - 2 all those 80 years of age and over and frontline health and social care workers
 - 3 all those 75 years of age and over
 - 4 all those 70 years of age and over and clinically extremely vulnerable individuals[footnote 1]
 - 5 all those 65 years of age and over
 - 6 all individuals aged 16 years to 64 years with underlying health

conditions which put them at higher risk of serious disease and mortality

- 7 all those 60 years of age and over
- 8 all those 55 years of age and over
- 9 all those 50 years of age and over

- priority groups 1-4 must receive their first dose vaccine by 15 February: Somerset is on track to achieve this
- with the exception of the eight care homes, all care home elderly residents were vaccinated by Sunday, 24 January 2021. We continue to monitor the eight care homes and they will receive the vaccine as soon as possible
- all primary care networks (PCNs) are delivering the vaccination. We also have two hospital hubs, at Yeovil and Taunton, focusing on healthcare workers. There are two mass vaccination centres, at Taunton Racecourse and at Bath and West Showground
- we anticipate that a number of community pharmacies will also start to deliver the vaccination
- there has been a whole system approach to the vaccination programme, including from local and district authorities, the fire and police services, and we are looking to gain support from the military
- good progress is being made and, following completion of priority groups 1-4, the intention is to vaccinate priority groups 5-9 by the end of March 2021
- people will be contacted to receive their vaccination appointment; it is not necessary for people to contact their GP or hospital

Wendy Grey asked about the plans to provide the second dose vaccination, as people need to receive this within 12 weeks of the first dose: James Rimmer confirmed that the planning is based on second dose vaccinations for groups 1-4 as well as first dose vaccinations for groups 5-9. Vaccine supply is being tightly managed centrally, with each area receiving a weekly supply that matches the pace of roll-out.

Dr Ed Ford asked if there might be an increase in lack of social distancing, wearing masks etc. because people think they are immune once they have received their vaccination: Trudi Grant agreed this was a concern – we are still in national lockdown and the infection control guidance and the ‘stay at home’ message remain.

It was noted that the vaccination programme is being led by Dr Alex Murray, supported by Tanya Whittle, and assisted by many CCG colleagues. The Governing Body asked that their thanks be conveyed.

Dr Ed Ford reported that people have asked why some GP Practices are not running a vaccination service: James Rimmer responded that we are using all the vaccinations we are given but PCNs (Primary Care Networks) are the model for delivery, to work at scale. The PCNs have been developed over the past 18 months and they are working very effectively to deliver the vaccination programme. We will, however,

listen to people's needs and flex the delivery programme appropriately based on what is most suitable for the local population.

SCCG 011/2021

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Meeting received the Director of Public Health Annual Report for 2020, focusing on the Covid-19 first wave pandemic. Trudi Grant provided a verbal report and It was noted that:

- the report has been written as an account for the public archives for posterity. Many images are also being collected for the public record
- the report begins to take some of the learning from the first wave and we will continue to build on this
- the pandemic has demonstrated the impact of inequalities, and much work will be required when the major incident is stepped down
- in terms of the impact of inequalities in Covid-19 related deaths in Somerset, there is a slight association between the most and least deprived areas but this is not as stark as in some areas of the country
- the first wave lockdown meant considerable changes in behaviours, eg. working from home, not using public transport etc. Much support and volunteering was given to communities
- recommendations:
 - system wide delivery and community support for the Local Outbreak Management Plan, with delivery driven by strong public health leadership
 - system wide commitment to prevention and management of long-term conditions, particularly obesity and diabetes
 - system wide commitment to the promotion of mental health and the prevention of mental illness:
 - * people have found the third lockdown more difficult than lockdowns one and two
 - * need to maintain parity of esteem
 - * there is a lot of 'low-end' need: we need to get the services and support right so there is community 'wrap-around'
 - * we need to manage our own mental health so that we are able to help others to do similarly
 - digital infrastructure and transformation across Somerset:
 - * many benefits, and has enabled us to keep in touch with people, which is important to people's mental health - but

also raises a consequence of increased screen-time

- addressing inequalities in our society:
 - * some great work has been done with the homeless population and we have been able to support many people who might otherwise not have been in touch. We will continue to develop this work after the pandemic
- active and real time monitoring of direct and indirect impact:
 - * Covid continues to have a significant indirect impact, particularly on young people in terms of their education and social connections

Dr Ed Ford and Maria Heard shared their concern around the long-term Covid impact, which is already being seen in terms of the frail and elderly, and this will have a knock-on impact on, for example, adult social care, with a cohort of people possibly requiring earlier residential care. Children's development is also being affected and we will need to think about the impacts and what they mean for our strategic direction.

Dr Jayne Chidgey-Clark felt that children are receiving an education, albeit differently, but accepted there is a challenge in the community around social engagement. Dr Chidgey-Clark commended the work done with homeless people and endorsed the recommendation to continue this work. Dr Chidgey-Clark also felt greater resource should be given to mental health at the lower level, to reduce the requirement for intervention.

Grahame Paine asked about the traveller community and how they are encompassed in the report:

Trudi Grant responded that, although not mentioned specifically, frequent engagement is taking place. The 'vulnerable people' cell works with many different groups, including travellers. Mendip District Council in particular, and also the police, have done a huge amount of work.

Val Janson welcomed closer working relationships between public health, the NHS and social care, and stated that information-sharing on the correct legal basis would help to support us in improving outcomes for the population. Somerset already has a good programme to work through the legal aspects and this will stand us in good stead. Trudi Grant felt there is always a degree of hesitancy around sharing information but that some of this is being overcome. Trudi Grant agreed that any information-sharing must be done on the correct legal footing, and this would ultimately provide a quicker route to the benefit of individuals and the population.

Trudi Mann commented that primary care is currently very focused on the vaccination programme, as expected, so patients with long-term conditions need to be part of the business recovery programme. Dr Ed Ford agreed but felt that, in the recovery period, we should not become too focused on the waiting list; also, that the system must not lose sight of the prevention agenda.

James Rimmer reminded the Governing Body about the impact of the pandemic on health and care colleagues – their recovery will be equally important. The six recommendations included within the report are fully aligned with those of the CCG.

Trudi Grant commented that the pandemic should be viewed as a pivotal moment in history for prevention and there is an expectation that we will go forward very differently from now on: all organisations should look at this and consider what we need to do to put us in a better position from hereon in.

By a virtual show of hands the Governing body endorsed the Annual Report of the Director of Public Health.

SCCG 012/2021

JOINT STRATEGIC NEEDS ASSESSMENT 2019/20

The Meeting received the Joint Strategic Needs Assessment. Trudi Grant and Pip Tucker provided a verbal report and it was noted that:

- a Joint Strategic Needs Assessment (JSNA) is a statutory requirement for Health and Wellbeing Boards (HWBs). The JSNA for 2019/20 was being brought to the Governing Body slightly later than usual due to the pandemic
- the Somerset HWB produces annual themed reports, and the JSNA for 2019/20 focuses on the health impacts of the climate emergency, which is recognised globally. It was produced in co-operation with the working group for Somerset's Climate Emergency Strategy
- Somerset is fortunate in that the county is not subject to temperature extremes, and in the future, we should see some reduction in winter pressures. However, these may be replaced by pressures of a different kind: of particular concern is flooding, although many improvements have been made to the roads and flood defences since 2013
- harder to respond to is flash-flooding, as people are unable to prepare. Flash-flooding is more likely to affect people's mental health than physical health
- the report considers housing, food, transport and land
- the mitigations of climate change are overwhelmingly positive in terms of improving population health

David Heath thanked the public health team for their report. David Heath noted that the previous report indicates that Somerset is relatively affluent compared to much of the UK but cautioned that this masks some quite significant areas of poverty across the county. In terms of transport, Somerset used to have the most vehicles per household in the country, but the vehicles were also the oldest. This was a reflection of the lack of public transport: people need their car but they don't have the money to buy a new car. As we move away from petrol and diesel this will cause a lot of pressure and there is potential for further isolation and difficulty, and this needs to be recognised in policy.

Noting his new Interest as Chair of the Microgeneration Certification Scheme, David Heath commented that Somerset has many owner-occupiers, living in old and poorly maintained housing stock, often with concomitant areas of damp, which will only get worse. Almost all government schemes assume that owner-occupiers can afford to make the necessary improvements to their homes and there is a growing potential difficulty of making sure that people's homes are fit to live in. There is also a high number of private water supplies in the county and this is a problem as private regulation varies considerably from standard. The DWI (Drinking Water Inspectorate) is very concerned about this and it is likely to become a big issue for Somerset.

Pip Tucker agreed with the points outlined, and also mentioned that many local people may have developed resistance to local bacteria. However, holiday lets can be a threat with visitors perhaps experiencing the water for the first time and having an adverse reaction.

Val Janson asked how the health impacts of pollution in Somerset are considered and if statistics are available indicating resultant deaths:

Trudi Grant advised that no specific data is available but some data modelling has taken place. Prior to Covid, quite a lot of work had been undertaken with District County Council (DCC) colleagues relating to air quality. It was suggested that Val Janson link and discuss separately with Stuart Brock.

Action 789: Contact Stuart Brock for discussion relating to pollution and air quality (Val Janson)

James Rimmer suggested that the digital agenda for Somerset would help to reduce pollution and asked if the report should contain a separate strategic theme: Pip Tucker responded that the digital agenda is connected to the themes relating to public transport and communications, but it also raises questions/consequences around the importance of physical and social contact.

Lou Evans noted the anticipated increase in temperature over the next 50 years and the effect this would have on people aged over 65 years. Approximately 25% of the Somerset population currently falls into this category, and we must make sure that we are able to provide services closer to home. This has been a long-held strategic aim for many years and is a core part of the Fit For My Future (FFMF) programme. Bringing services closer to home will reduce the need for travel and have a further positive knock-on effect on air quality.

James Rimmer noted that the report contains a recommendation for the Health and Wellbeing Board to include a Climate Impact Assessment within the template for future papers, and it was suggested that this might also be applied to papers for the CCG Governing Body.

Action 790: Consider the recommendation to include a Climate Impact Assessment on the cover sheets for future GB papers (James Rimmer)

By a virtual show of hands, the Governing Body endorsed the Joint Strategic Needs Assessment.

The Meeting received the Finance Report for the period 1 April to 30 November 2020. Alison Henly provided a verbal report, summarised as follows:

- as previously advised, for the first six months of this year a retrospective claim process has been in place for additional costs in excess of the CCG's initial allocation
- retrospective claims for the period April to September have been fully funded
- for the period 1 October 2020 to 31 March 2021, the CCG received a resource limit. Plans were submitted to NHS England and detailed budgets were subsequently approved in October by the Finance and Performance Committee
- the report highlights a variance of £1.5m, and this relates to the period October-November 2020
- the payment with NHS trusts has moved to a block contract basis for 2020/21, based on actual 2019/20 expenditure levels, and the variances reflect where these are higher than the funding available
- a number of specific issues had previously impacted on prescribing: these have now been reversed, resulting in an underspend of £630,000
- there has been a reduction in the funding allocation for CCG running costs
- the cost of the hospital discharge programme for October and November was £1.5m. This is still being funded retrospectively and following receipt of this funding, the CCG will achieve a break-even position
- the CCG has continued to support local businesses through ensuring fast payments and is routinely paying 100% of invoices within 30 days

Wendy Grey queried the underspend on prescribing and asked if there was a potential link to patient hesitancy in getting their required medication, as this would impact adversely on people with long-term conditions:

Alison Henly responded that the prescribing overspend last month was due to additional prescriptions being filled, many relating to respiratory and mental health conditions. The current position relates to a pricing reduction rather than volume, and this will continue to be monitored by the Finance and Performance Committee.

Dr Jayne Chidgey-Clark queried the term 'de-minimis' on page 6 of the report: Alison Henly advised that de-minimis means a 'low' amount, and this amount was increased in October for block payments to out of county providers for the latter half of the financial year. Payments under

£50,000 are made by the lead CCG – in this case BNSSG - which pays the provider (Avon and Wiltshire Mental Health Partnership NHS Trust) on our behalf. This is a reciprocal arrangement between CCGs.

Dr Chidgey-Clark asked about Somerset CCG's confidence level in being able to meet the mental health investment standard:

Alison Henly advised that the mental health investment standard was signed off on 1 April 2020. Somerset has exceeded expectation, as not only has it met its commitments, it has also put in additional telephone lines, remote services etc.

Governing Body members expressed their thanks to Alison Henly and the Finance, Performance and Contracting teams.

By a virtual show of hands, the Governing Body approved the report of the CCG's financial position as at 30 November 2020.

SCCG 014/2021

**INTEGRATED BOARD ASSURANCE REPORT FOR THE PERIOD
1 APRIL TO 30 NOVEMBER 2020**

The Meeting received the Integrated Board Assurance Report for the period 1 April to 30 November 2020. Neil Hales, Alison Henly and Val Janson provided a verbal report, summarised as follows:

- as part of 'reducing the burden' many Key Performance Indicators (KPIs) have been stood down during the pandemic: however, the CCG has good relationships with providers and they remain committed to monitoring their own performance
- work is taking place nationally relating to quality structures' frameworks, definitions and planning. The national quality dashboard is due to launch later this year so will provide benchmarking information. Our own dashboards will continue to be updated
- there has been an increase in the number of falls and the Trusts are undertaking work to understand the reasons
- there are concerns about sickness absence for front-line staff, many of whom are self-isolating. Their absence impacts on the staff remaining
 - * we have introduced an enhanced occupational health and wellbeing programme and also lessons in self-care by Dr Andrew Tressider. Psychological support will be factored into future planning
- throughout the pandemic, the Infection Control Team (IPC) has been supporting nursing, residential and elderly care homes, hospitals, community services, mental health trusts, primary care and education, as well as continuing with monitoring infections as part of business as usual
 - * we are noticing increased rates of Clostridium difficile and work is taking place nationally to understand the reasons. We

continue to review investigation reports and to work with Trusts on the learning

- nationally, some fatigue has been reported in staff using Personal Protective Equipment (PPE)
- there has been a significant increase in demand for the out of hours and NHS111 services and more recently ambulances. A number of actions have been taken:
 - * the integrated urgent care clinical validation service was launched on 2 November 2020, following a successful pilot which showed high levels of clinical validation coupled with high re-direction of patients to alternative services more appropriate to their clinical needs
 - * the launch of the Think 111 first initiative from 1 December 2020
 - * recruitment to the high intensity user team, who have signposted 30 patients to more appropriate services
- elective performance:
 - * in November 2020, 36,566 patients were waiting for their definitive treatment. This represents a reduction of 2,721 patients compared to the position in February 2020
 - * for the second consecutive month, the number of people who have waited for treatment for longer than 18 weeks has reduced, reflecting the continued focus on prioritisation of long wait patients and on increasing elective activity
- the report (slides 30 and 31) details the current performance levels of cancer services and the various positive actions which are being taken
- the improving access to psychological therapy (IAPT) services continue to exceed the national and local performance targets
 - * the change in service model, supporting people predominately by telephone, video and webinar intervention, has succeeded in maintaining service delivery
 - * face to face appointments are still available by exception and where clinically appropriate, in line with national guidelines
- the report now includes a summary of our focus on Learning Disability and Autism, and this will continue to be developed
- some important developments have been made in the Somerset maternity services, including the launch of a digital mum and baby app, a maternity toolkit, and various animations to provide support, advice and signposting

Dr Jayne Chidgey-Clark confirmed that the Patient Safety and Quality Assurance Committee had recently examined the data. Referring to slide 9, Continuing Healthcare (CHC) and the number of deferred assessments, Dr Chidgey-Clark asked that it be noted that the 28-day quality premium target would not be met due to many of the team being redeployed to the Covid-19 work programme.

Dr Jayne Chidgey-Clark queried slide 13 and asked why people are not being seen by the Out of Hours and Urgent Care treatment centres in a timely way compared to the national average:

Val Janson responded that the issues were workforce related. However, the data shown in the slide is from November 2020 and the position has since improved.

Referring to slide 35, Children and Young People's Mental Health (CYPMH) Dr Jayne Chidgey-Clark asked how the 28.8% access rate target compared with other areas, as it did not seem to be very ambitious. Dr Chidgey-Clark also noted that data is currently only available from Somerset Foundation Trust (SFT) and asked if the CCG would be on-track with the contribution of other providers' data:

Alison Henly advised that we expect to meet the access rate target of 28.8%, which is higher than the national target, but agreed that we will need to pick this up in 2021/22 to see if the target is set high enough: we will need to build on what we have already done so that we can support people better in the future. Nail Hayes commented that we will be doing further work with Devon CCG and BNSSG CCG to improve our understanding of the local challenges and how they can be overcome.

Action 791: Access target rate for CYPMH to be reviewed for 2021/22 (Alison Henly)

David Heath commented about the changes in the pattern of healthcare as a result of the pandemic and felt that some appeared counter-intuitive, for example, the reduction in emergency admissions, particularly at the Bristol hospitals. David Heath asked if this was due to diversions to other hospitals, lack of capacity at Bristol or the temporary closure of Weston District Hospital:

Alison Henly advised that the national lockdowns had reduced emergency activity, particularly in the first part of the year. The Trusts north of our Somerset area have supported each other, and we have also arranged additional ambulances to transport patients elsewhere when Trusts have struggled to meet demand. People are now receiving more local services and, as previously mentioned, the high intensity user team has signposted 30 patients to alternative services that better meet their needs. Neil Hales commented that although demand has reduced, length of stay has increased.

Dr Ed Ford also noted that we are seeing delayed presentations for heart attacks and strokes – there is a reluctance by patients to attend due to Covid: we must deliver the message that hospitals are safe.

Basil Fozard thanked the Executive Directors for the information relating to staff wellbeing and sickness rates, and the work that is being done to support staff across the system. James Rimmer responded that we will need to keep this under review as we move forward, to balance recovery between what is needed for health and care staff as well as patients.

By a virtual show of hands, the Governing Body endorsed the Integrated Board Assurance Report for the period 1 April to 30 November 2020.

SCCG 015/2021 ANY OTHER BUSINESS

There was no further business.

SCCG 016/2021 DATE OF NEXT MEETING

The next meeting of the Governing Body will be held on 25 March 2021 at 9.30 am via MS Teams. Papers will be published in advance on our website and members of the public are invited to submit their questions to kathy.palfrey@nhs.net by midday on Tuesday, 23 March 2021.

The Chairman brought the Part A Meeting to a close and advised that the Governing Body would now move into closed session. Part B meetings are held in private due to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

CHAIRMAN DATE

**ACTIONS ARISING FROM THE PART A SCCG GOVERNING BODY MEETING
HELD ON 28 JANUARY 2021**

Text in green was added arising from discussion at the Virtual meeting of the Governing Body on 28 January 2021 and through subsequent updates from Directors. Items marked Complete, Closed or subsumed into Business as Usual will be deleted from future schedules

Action No.	Action	Lead	Updates/Action Date
Actions Arising from Meeting held on 28 January 2021			
791	Access target rate for CYPMH to be reviewed for 2021/22	Alison Henly	
790	Consider the recommendation to include a Climate Impact Assessment on the cover sheets for future GB papers	James Rimmer	On hold pending recovery from COVID: the principle is accepted but requires consideration of how to do it in an effective way
789	JSNA: Contact Stuart Brock for discussion relating to pollution and air quality	Val Janson	
788	Electronic Register to be updated	David Heath	Complete
Actions Arising from Meeting held on 24 September 2020			
784	Decline in VTE assessments to be raised with YDH	Sandra Corry/ Val Janson	Providers are looking at this. Some data has been supplied but there are gaps. (Per VJanson 26 November 2020)
Actions Arising from Meeting held on 28 November 2019			
741	Procurement Decisions Register to be reviewed and an update provided to the GB on 30 January 2020	Alison Henly/ Peter Osborne/ Jacqui Damant	30 January 2020. A review of the current procurement register and comparison with other CCGs and relevant guidance has suggested we need to expand the register to include a broader range of procurements than are currently published.
			The next steps are to review and develop the contracts database to enable the publication of all the contracts that are subject to formal competitive procurement in line with the CCG's Standing Financial Instructions.

		<p>The work has commenced and the aim is to conclude the updating of the database and publish a revised Procurement Register by 31 March 2020 to coincide with the end of the current financial year. An update on the work will be provided to the next Audit Committee meeting on 26 February 2020.</p> <p>22/7/20: Covid19 led to this action being stalled. Discussion took place with Tanya Whittle on 14 July 2020 to agree a way forward.</p>
		<p>It was agreed to set up a planning workshop in early September, following initial scoping work, with a view to taking this to the Audit Committee in September for support.</p>
		<p>24/9/20: This action has again been delayed due to Covid-19. However, a project team has been established to clarify and create an organisation-wide database which will produce a comprehensive register. This will be brought to a future meeting once we have a draft to share.</p> <p>9/12/20: The Procurement register was reviewed by the Audit Committee on 9 December. The Audit Committee reviewed the current information and agreed to adopt the revised template, which will now be populated to provide more transparent information This will be taken forward through an internal working group.</p>

26 February 2021