NHS
Somerset
Clinical Commissioning Group

Report to the NHS Somerset Clinical Commissioning Group on 31 March 2022

Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 27 January 2022	**Enclosure B**

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 27 January 2022. 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 27 January 2022 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 27 January 2022.			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	-	-	-	-

Somerset
Clinical Commissioning Group

Minutes of the **Part A** Meeting of the **NHS Somerset Clinical Commissioning Group Governing Body** held on **Thursday, 27 January 2022** 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)
	Basil Fozard	Non-Executive Director, Secondary Care Doctor
	Trudi Grant	Director of Public Health, Somerset County Council
	Wendy Grey	Non-Executive Director, Member Practice Representative
	Neil Hales	Interim Director of Commissioning
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member)
	Maria Heard	Programme Director, Fit For My Future
	Alison Henly	Director of Finance, Performance and Contracting
	Val Janson	Director of Quality and Nursing
	Trudi Mann	Non-Executive Director, Member Practice Representative
	James Rimmer	Accountable Officer and Chief Executive
In Attendance:	Judith Goodchild	Chair, Healthwatch (Observer)
	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:	Dr Alex Murray	Clinical Director, Fit For My Future
	Grahame Paine	Non-Executive Director (Finance and Performance) (Lay Member)
	Dr Helen Thomas	Non-Executive Director, Member Practice Representative

SCCG 001/2022 WELCOME

Dr Ed Ford, Chair, welcomed everyone to the NHS Somerset Clinical Commissioning Group Governing Body meeting.

SCCG 002/2022 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 003/2022 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Alex Murray, Grahame Paine and Dr Helen Thomas.

SCCG 004/2022 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 17 January 2022.

There were no amendments to the Register.

SCCG 005/2022 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 006/2022 MINUTES OF THE PART A MEETING HELD ON 25 NOVEMBER 2021

The Meeting received the Minutes of the Part A meeting held on 25 November 2021. By a virtual show of hands, the Minutes were approved for signature by the Chairman as a true and correct record.

SCCG 007/2022 MATTERS ARISING AND ACTION SCHEDULE

There were no matters arising. Further updates were provided as follows:

Action 810: relates specifically to ambulance performance. A meeting was held week commencing 24 January 2022. Information will be circulated (Neil Hales)

Action 809: EPRR self-assessment and process for moving from being a Category 2 to Category 1 responder: this is ongoing and will be considered at a future Development Session (Neil Hales)

Action 808: Fit For My Future Strategy. On the agenda. Complete

SCCG 008/2022 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 2021, including the various meetings attended by Dr Ford during this time.

SCCG 009/2022 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:

- Omicron: this is now the dominant variant of Covid-19. Since the last meeting, there had been a step-up in response to the Government's Plan B

- as of 27 January 2022, the measures taken in Plan B have largely been stood down, reverting to Plan A

- on 13 December 2021, NHSEI raised all NHS systems to a national Level 4 incident and this remains in place. Masks are still mandatory in health and care settings

- throughout the pandemic, the Wynford House offices have remained open for colleagues who have been unable to work from home. There has been a programme of refurbishment, and from 7 February 2022 the offices will re-open for a hybrid way of working for all staff. This is being tested, with the intention being for staff to work to a 'clear desk/hot desk' policy, one or two days per week

- planning guidance for the transition from CCG to ICB was issued on 24 December 2021. The transition target date has moved from 1 April to 1 July 2022. Although there are implications for some colleagues, there is a continuing commitment to work together

- on Monday, 24 January 2022, the Somerset system as a whole was formally escalated to OPEL 4. We are taking steps to improve patient flow, and this will depend on the system's ability to move patients who have No Criteria to Reside (formerly known as Medically Fit for Discharge) out of the acute setting. This is the first time since the beginning of the pandemic that Somerset has been at OPEL 4, but the system has been significantly pressed since August 2021. Primary care is also under significant pressure, although currently reporting OPEL 3

- community services prioritisation framework dated 11 January 2022 refers. Until 28 February 2022:

    - some community services may be paused temporarily, with exceptions
    - some community services will continue and/or will be continued with prioritised waiting lists

        * the current expectation is that all community services should resume from 1 March 2022

    * we have moved 5 or 6 Continuing Healthcare (CHC) colleagues into virtual pulse-oximetry wards, to support people to keep well in the community

- there has been a significant push on the vaccination programme, for people to receive their booster vaccinations

Dr Ed Ford echoed the thanks of James Rimmer to Dr Alex Murray (who has led the vaccination programme on behalf of the CCG), to health and care colleagues, volunteers and the general public for their response.

Referring to primary care, Dr Ed Ford suggested that some adjustment should be made to the reporting system, to achieve uniformity, as OPEL 3 does not properly reflect what is happening at Practice level: James Rimmer agreed and acknowledged that primary care is no less pressured than other parts of the system.

David Heath commented that community pharmacy services are under pressure due to an absence of qualified staff and asked that conversation be held with NHSE colleagues to ensure the system is as robust as possible: James Rimmer responded that the community pharmacies are significant partners in the vaccination programme but are seeing outbreaks of staff sickness. Although the CCG has no formal contract with them, our Deputy Director of Clinical Effectiveness & Medicines Management has established very good working relationships.

David Heath commented that he was very keen for the CCG to resume face-to-face consultative meetings as soon as we are able, as he felt that virtual working significantly excludes people that we need to hear from: James Rimmer responded that some face-to-face public meetings had been held prior to the most recent upsurge. Due to the move to Level 4, and the guidance around 'reducing the burden', we need to continue virtual meetings for the time-being but will try to conduct face-to-face meetings in a safe environment as and when we can. Referring to the engagement processes, Maria Heard advised that public meetings will be held where we can, but we need to balance this with the public health risk. The challenge is to make a decision early enough around whether a meeting should be held virtually or face-to-face, but we would not wish to increase the risk to the people of Somerset or staff colleagues.

Trudi Mann asked about OPEL 4 and why the system has been escalated to this level: James Rimmer advised that OPEL means Operational Pressure Escalation Level, with Level 4 being the highest level, ie. that the system is at significant risk of being unable to cope. As we move up through the various levels, we take further and additional measures to try and reduce the increasing risk, eg. discharge services, additional care beds, keeping well at home, transferring patients from acute to community hospitals (with prior discussion with the patient and their family). The two Somerset hospitals are doing very good work, similarly the ambulance service, and we are not seeing the same waiting levels as elsewhere. OPEL 4 recognises the risk to patients and to staff colleagues but may mean that some level of 'corridor care' is required, ie. people are still cared for while they are waiting for a bed to become available.

SCCG 010/2022 COVID-19 UPDATE: PUBLIC HEALTH POSITION AND VACCINATION PROGRAMME

James Rimmer and Trudi Grant provided a verbal report about the latest position, and it was noted that, as of 27 January 2022:

- there has been an increase in local infection rates, at 938 per 100,000 compared to approximately 600 per 100,000 last week. This is likely due to the announcement of the reversion from Plan B to Plan A, with people consequently relaxing their infection control behaviours

- we continue to encourage people to take a precautionary approach and to maintain their infection control measures

- since the start of the pandemic in Somerset we have sadly seen 1019 deaths. We remain within the five-year rolling average for deaths

- a change to the national policy means there is no longer a requirement for people to take a confirmatory PCR test if they test positive on a Lateral Flow Device (LFD): this is because levels of Omicron are so high in the community that a positive LFD result is likely to be correct

- people are possibly less likely to report an LFD result, so the infection rates are potentially under-reported

- Omicron infection is rising in children at primary school, as expected, so there is likely to be an increase in the infection rates of 30-40 year-olds, as parents of those children

- the Somerset vaccination programme continues to be a great success:

    - 1.36 million vaccinations were delivered in 13 months

    - in December 2021, systems were asked to deliver a booster vaccination to 80% of eligible people by the end of the month: Somerset was one of only nine systems who achieved this, with 84% of people aged over 18 years receiving their booster

    - delivery rates were 26,000 vaccinations per week in November 2021, increasing to 48,000 approaching Christmas

    - more than 90% of the most vulnerable adults, ie. those in a care home or who are housebound, have received a booster vaccination

    - approximately 7,000 booster vaccinations were delivered in week commencing 17 January 2021

    - primary school children, beginning with the most vulnerable, will be the next cohort to receive a vaccination, starting 31 January 2022

- much work is being undertaken with hard-to-reach groups and planning ahead. We expect there to be further vaccination rounds although no detail has been received as yet

- thanks are due to everyone participating in delivering the vaccinations, the majority of whom are on short-term contracts. In anticipation of further vaccination rounds, we are looking to strengthen the team over the coming year

Members of the Governing Body asked:

- In terms of hospitalised Covid patients, are they largely unvaccinated or vaccinated?

- referring to the extension of the vaccination programme to younger children being prioritised by their level of vulnerability – is this just the child or does it extend to other members of the household, ie. where there is a clinically vulnerable adult who is part of a household with a resident clinically vulnerable child

- what is the uptake/effectiveness for the clinically extremely vulnerable?

Trudi Grant and James Rimmer responded that:

- the majority of Covid hospitalised patients are either partially- or un-vaccinated. The small number of people in ITUs (Intensive Treatment Units) are unvaccinated. It is clear that hospitalised patients who are vaccinated fare better, and the need for oxygen/intensive care is much less than previously seen

- the balance is focused on the clinical vulnerability of the child, but the JCVI (Joint Committee on Vaccination and Immunisation) has recommended that children who are a household contact of someone (of any age) who is immuno-supressed should be offered a primary course of vaccination. We are looking at this

- we currently have no indication of the uptake for the clinically extremely vulnerable. However, we are ensuring we make use of the anti-virals available to us, although there is a question mark around their effectivity: ie. although anti-virals are being provided, it is likely that people may have been admitted anyway – so there is a level of uncertainty

The Meeting noted the update on Covid-19 and the vaccination programme.

SCCG 011/2022 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Meeting received the Director of Public Health Annual Report for 2021. Trudi Grant provided a verbal report and presentation, and it was noted that:

- the production of an annual report is a statutory obligation for Directors of Public Health (DPH).

- the DPH Annual Report 2021 focused on Covid-19, focused predominantly on adults

- the DPH Annual Report 2021 is also focused on Covid-19, but from the perspective of Children and Young People (CYP) and their experience of the pandemic

- a school survey was undertaken over the year, with participation from 92 schools and approximately 8,500 children

- various focus groups were also undertaken with young people aged 11-18 years, geographically spread across the county, through a combination of online and face-to-face meetings. The focus groups were largely conducted by Somerset Youth Parliament, Young Somerset and the Public Health nursing teams

- CYP described:

    - some being disappointed about cancellation of their plans

    - some being disappointed about cancellation of their GCSEs

    - some being initially excited about being off school but becoming increasingly bored as time went on

- the survey found a clear distinction between the experiences of children in primary school and those in secondary education:

    - secondary school children were negatively impacted to a greater extent, likely due to a possible greater reliance on their established social circle, which was diminished by being unable to 'go out' and socialise

- focus groups reported on people missing out on education and hobbies, which had a subsequent impact on the individual's mental health

- digital exclusion was an issue for some people; for others, they found the online experience good

- some CYP found the relationship with their parents had become difficult

- many people spoke about the benefits of being able to spend more time outdoors, but others found they were eating more, spending more time online socially, gaming etc, and some reported they were able to learn in a different way, eg. reading more books than they otherwise would have done

- many said they were sleeping more – some felt this was a positive experience but others reported they were sleeping up to 20 hours a day and that the world felt 'miserable'

- the majority wanted to be able to get back to normality; some wanted online education to continue; some felt that the further Covid-19

wave and consequent further lockdown caused them to sink into deeper misery

- in conclusion: some CYP have had an enjoyable experience, others have not – and this is reflected across the Somerset population, whatever age they may be

- recommendations/aspirations for CYP:

  - to make sure their educational attainment level is up to the right level, and to ensure their longer-term life prospects are not disadvantaged

  - to maximise emotional health and wellbeing for CYP: the work undertaken by Kooth is greatly appreciated and should be continued

- DPH general recommendations

  - relentless focus on addressing health inequalities and engagement

  - ongoing vaccination for all, including continuing contact with the harder to reach groups

  - one engagement process for Somerset in the future

  - to maximise the vaccination programme and its uptake

  - measures to 'live safely with Covid': ie. continuation of strong infection control behaviours across the population; this will assist to not only prevent Covid transmission, but flu, norovirus etc

The Governing Body discussed their various concerns and issues arising from the report (as bulleted below) and Trudi Grant responded:

- the number of children who have not returned to school following the relaxation of lockdown measures, and how we could re-engage with them:

  - this, in part, is due to parental concern around Covid. We are working to effectively re-engage with parents and their children, and will use online means of doing so if these are available/preferred

- engagement with children looked after (CLA), who are already amongst the most disadvantaged

  - there is regular contact with CLA, and they have been included in the research and survey work. However, we must ensure we continue to be attentive to their needs

- that one child had indicated that – as a result of online education - they were able to hide the fact they were feeling suicidal:

  - to be reviewed offline and a response provided (action 811 refers)

- increase in reports of domestic abuse brought about by lockdowns

    - at the time of the report, we were not seeing an increased demand for services; however, that does not mean it does not exist. We have tried to ensure that people know how to access services – but, as with all services of a similar nature, people may be reticent about coming forward during the pandemic, eg. it may be difficult for people to make a telephone call that is not overheard during lockdown

- will SCC be able to maintain the programme of online digital inclusion, with laptops continuing to be made available to disadvantaged children – and will these be maintained/kept up-to-date?

    - SCC would wish to continue online access for CYP and will look to see how this can be made possible, including maintenance of equipment (action 812 refers)

- the importance of reintroducing physical activity and team sports:

    - SCC continues to work with leisure providers and SASP (Somerset Activity and Sports Partnership) to try and keep people active. Information has been provided to parents about keeping up physical activity at home, and team sports will be reintroduced. Once in Covid recovery mode, we wish to increase physical activity levels to where they were, or higher, pre-pandemic

- the urgent need to address childhood obesity, with current reports suggesting that 30% of Somerset children are obese: the possibility of engaging CYP with real time involvement in regimes to address child obesity was suggested

    - it was agreed that childhood obesity should be at the top of the priority list, but this must be properly resourced and proper attention paid

- to reinforce the messages of infection control, again using CYP

    - reinforcement of infection control measures are extremely important: the suggestion of using CYP to support their peers – for both infection control and obesity - is a good one

Alison Henly advised that funds are available to support health inequalities and it was agreed that separate discussion would be held with Trudi Grant to understand how this can be utilised to maximum benefit.

Action 811: Comments made by a young person relating to suicide to be reviewed and a response made offline (Trudi Grant)

Action 812: Process for the continuation of online access for CYP, and maintenance/upgrades etc, to be confirmed (Trudi Grant)

Action 813: Discuss with Trudi Grant the utilisation of funds to support health inequalities, including, eg. Using the voice of CYP around obesity and infection control (Alison Henly)

By a virtual show of hands the Governing Body endorsed the Director of Public Health Annual Report for 2021.

SCCG 012/2022 UPDATE ON FIT FOR MY FUTURE

The Meeting received an update on the Fit For My Future (FFMF) programme. Maria Heard provided a verbal report and presentation, and it was noted that:

- Fit for my Future is a strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by Somerset Clinical Commissioning Group and Somerset County Council and includes the main NHS providers and voluntary sector organisations in the county.

- We are undertaking a review and refresh of the Strategy, taking account what has been learned from the Covid pandemic, and making sure it remains fit-for-purpose as we move to working as an Integrated Care System from 1 July 2022.

- We need to ensure the Strategy encompasses the whole of our population, from pre-conception to end of life care, and to include the voice of children as well as adults

- Pre-Covid, engagement was undertaken around community services to support more people in their own homes. Appendix 1 to the report includes the outcome of this engagement

- Community hospitals continue to play an important role in the delivery of local care: we are committed to moving care closer to home where it makes sense to do so

- We want to develop community hospitals to join up with other initiatives, eg. diagnostics, Cavell Centres (for mental health care and specialist learning disability care), screening, vaccination etc. We will also address temporary closures of inpatient beds

- Minehead Minor Injuries Unit:

    - Since July 2021, Minehead MIU has been temporarily closed overnight to respond to safety concerns. The service has now been reviewed, including the impact of overnight closure, and taking account of public and staff engagement. The review concluded:

        * that no safety risks were identified
        * there had been no noticeable impact on surrounding health services
        * although the MIU provides a sense of service security, MIUs are not designed to provide the level of urgent care that people want

- we are working to agree a model of care which best responds to the urgent and emergency care needs of the west Somerset population, and will expand this over the next 12-18 months to review every Somerset area. A final report and recommendations relating to Minehead MIU is expected by Spring 2022

- Stoke:

  - a Stroke Strategy was drafted in 2019 setting out the plans for next five years. This has been reviewed and a number of the recommendations have been implemented, with people benefitting from the improvements

    * we are reviewing our acute hospital-based services, in particular, Hyper-Acute Stroke Units (HASU), which provide specialist treatment, typically for the first 72 hours post stroke onset

    * there is evidence that HASU centralisation improves patient outcomes by ensuring 24-hour access to specialised equipment and staff

  - we are working with neighbouring areas who are similarly reviewing their stroke services (eg. BNSSG, Dorset) and are working through the options/solutions for improving stroke care

    * we expect to undertake a consultation in Autumn 2022 for stroke service improvement

- Prevention:

  - We want to switch our spending from acute hospital-based care to enabling people to manage their own conditions and/or prevent people becoming unwell in the first place

    * priorities include initiatives around health and wellbeing; hypertension; healthy weight

    * as we move into the ICS, to reduce health inequalities with additional funds being invested, enabling us to switch from a reactive to a preventive focus

In response to a query from Lou Evans, Maria Heard confirmed that the FFMF update would be shared with the YDH Board of Governors.

Action 814: FFMF Update to be shared with the YDH Board of Governors (Maria Heard)

Noting that, post Covid, we will be in a recovery phase for two-three years, Trudi Mann asked if there had been an adjustment to the thinking around the future of community hospitals:

Maria Heard responded that, pre-Covid, we had looked at how many patients were in community hospital beds that could be accommodated/cared for elsewhere. The exercise was repeated during

the pandemic, and the findings in terms of need were very similar. We will continue to consider the need for community hospital beds now and in the future but nothing is conclusive at present. Dr Ford agreed, and commented that the idea of virtual wards, if successful, would also have a positive impact.

Summarising, James Rimmer noted that the FFMF Strategy links closely with the Director of Public Health Annual Report, and they both emphasise the importance of taking forward the children's agenda. We are starting the plans for moving to an ICB, which vision remains about providing care closer to home, so virtual wards will be important. MIUs remain a challenge in terms of providing a safe environment for patients.

SCCG 013/2022 FINANCE REPORT FOR THE PERIOD 1 APRIL TO 30 NOVEMBER 2021

The Meeting received the Finance Report for the period 1 April to 30 November 2021. Alison Henly provided a verbal report and it was noted that:

- the ICS had received an overall system allocation, which confirms funding for the first six months of the financial year. This is based on the same arrangements as 2020/21 and includes continuation of the system top-up and Covid fixed allocations. The financial settlement for months 7-12 (H2) has now been confirmed and builds on the funding received for H1

- the system submitted a balanced plan for the first six-month period, both on an individual organisation and system basis. These plans are the basis upon which the CCG's budgets have been determined, which are regularly reviewed by the Finance and Performance Committee

- the report highlights a forecast variance of £5.6 million, which relates to the costs of the Hospital Discharge Programme and the Covid-19 vaccination programme. These costs have been claimed via our monthly reclaim process and are expected to be funded in a future reporting period

- the report highlights a number of variances. Financial performance compared to budget is kept under close review as we move through the financial year. A detailed budget statement is reviewed by the Finance and Performance Committee on a monthly basis. Variances of note include:

    - an underspend against CHC, which is linked to the investment in the hospital discharge programme. This will be kept under close review to understand if it will continue to improve the CCGs underlying financial position

    - there has been some fluctuation in the primary care prescribing position, due to a national price increase, offset by a subsequent decrease in prices. We are currently reflecting an overall underspend against primary care prescribing and will keep this under review

- the system has received funding totalling £10.8 million for elective care recovery by the end of September. The report shows that this funding is fully committed in the period, to reflect the cost of the additional schemes being brought on-line to continue to improve performance over the remainder of the financial year. This commitment is reflected against the other programme lines in the report

- under the Better Payments Practice Code, the CCG has continued to support the local economy by ensuring fast payments and is routinely paying 100% of invoices within 30 days. The CCG financial services performance continues to be ranked in the top 10 of 109 CCGs by the National Shared Businesses Service for our invoice payable performance

Trudi Mann confirmed that the Finance and Performance Committee continues to provide robust challenge. Cost pressures relating to children and complex care, although small in number, yet expensive in cost, continue to be reviewed and will be brought to a future meeting.

Lou Evans noted the increase in temporary staff costs, from £30 million to in excess of £60 million, and sought assurance that this would be reduced in Somerset to pre-covid levels:

Alison Henly advised that the system Directors of Finance are reviewing this and believe that the majority increase in spend is due to the requirements of the rapid arrangements necessary to support the vaccination programme and Covid generally. Support funds for Covid have been reduced by 50% this year and we need to understand the Covid costs that can be taken out of 2022/23 and to further reduce in 2023/24.

By a virtual show of hands, the Governing Body approved the Finance Report for the period 1 April to 30 November 2021.

SCCG 014/2022 INTEGRATED BOARD ASSURANCE REPORT FOR THE PERIOD 1 APRIL TO 30 NOVEMBER 2021

The Meeting received and discussed the Quality, Safety and Performance Exceptions Report (Integrated Board Assurance Report) for the period 1 April to 30 November 2021. Val Janson, Alison Henly and Neil Hales provided a verbal report and it was noted that:

- October and November saw a decline in performance for initial health assessments for Children Looked After (CLA):

  - in November, 11 assessments were offered, seven were completed; December data has not yet been received

  - In December 2021, 30 CLA came into care, which is unprecedented, so will have an impact on the timeliness of initial health assessments

- as of December 2021, dental checks continue to show a steady rise, at just under 90%

- CHC (continuing healthcare) performance remained above target in November 2021. However, due to staff re-deployment relating to the Omicron variant, reported performance in January 2022 is anticipated to be below the national target. The excellent performance in fast-track CHC assessments continues

- System Infection Prevention and Control (IPC):

  - three risks are on the Register, relating to E.Coli; C.Diff; and MRSA

  - the one reported case of MRSA in November relates to primary care, and we are seeking the learning around this

  - an IPC refreshment training programme for care homes is in place, focussing on vaccination delivery and outbreak management

  - we have appointed an ICP doctor for one session per week, focusing on E.Coli and UTI (urinary tract infection)

Wendy Grey noted that the number of children coming into care is rising year-on-year, and asked if commissioners are working with families to try and tackle, and introduce preventative measures relating to, the future mental health of these children:

Val Janson responded that, through safeguarding procedures, significant work continues relating to reviews and early intervention for these children. Somerset has been very innovative in terms of tackling the issues, for example: during the first pandemic lockdown, health visitors attempted some early virtual work but quickly realised that this was no substitute for face-to-face meetings. Instead, they arranged 'doorstep' and walking meetings to be able to fully interact with each child. A further outcome of the learning review was the importance of interaction with fathers, and the setting up of a Fathers' Network. We are also working on a digital solution to improve conversations and access around maternity, neo-natal etc.

Trudi Grant reported on the introduction of a family safeguarding model, which has been an excellent addition for families requiring support around, eg. drug abuse, domestic abuse etc, to prevent further escalation. SCC is looking at further funding for this care model and is very aware of the importance of maintaining this as we come out of the past years' lockdown measures, where the needs of the population – particularly around mental health – will be very different. Trudi Grant emphasised the importance of it becoming incumbent system-wide to look at all prevention activities over the next few years.

- a common theme throughout the report is the significant demand for all urgent care services across Somerset

- the overall number of patient appointments in primary care continues to increase, with 56% of appointments being seen face to face

- however, there was a reduction in November, due to the need to release staff to support the ongoing needs of the mass vaccination programme, and staff sickness

- no Somerset GP practices are rated inadequate by CQC, and our quality colleagues continue to work with practices to provide support in preparing for CQC assessments

- the Medicines Management team has focused on improving cardiovascular disease outcomes by increasing the prescribing of more potent statins as recommended by NICE. This has resulted in moving from behind the national average to the best rates in the country

- the Integrated Urgent Care service has seen a significant increase in demand which has impacted on the performance indicators. In November the average speed for the 111 service to answer a call improved to 234 seconds (from 372 seconds in September); this compares favourably to the England average of 491 seconds (557 seconds in September). The number of calls abandoned was 16% which again compares favourably to the England average of 22%

- Out of Hours (OOH):

  - the Care Quality Commission (CQC) published their report of Devon Doctors (Somerset OOH provider) in January 2022, following a comprehensive inspection in November 2021

  - there has been an overall improvement in the performance of Devon Doctors from ‘inadequate’ to ‘requires improvement’, and the removal of special measures

- the demand for ambulance services across the south west has seen the highest levels ever experienced. For the period of the report, Somerset saw a 12% increase in demand for ambulance services. However, taking this into account, Somerset still had the lowest number, and time lost due to, handover delays in the south west, with the ambulance trust and our emergency departments continuing to work together to focus on this area

  - the report shows the performance impact on the SWAST service, where the category 1 and 2 standards continue to be challenged. Focused work is taking place with the ambulance trust to provide support and look for alternative options for managing demand and investment in more vehicles on the road

  - the number of people attending A&E services has returned to the levels seen prior to the pandemic. Both Somerset Trusts continue to demonstrate a strong level of performance compared to the national average, and Yeovil District Hospital continues to be one of the top performers nationally for 4-hour performance

  - the increase in A&E activity is not repeated in the number of emergency admissions, which overall is lower than last year. However, the need is being seen in longer stay admissions due to

the complexity of health needs being presented, resulting in pressures on hospital bed availability

- elective referrals have continued to restore during 2021/22 with 13,951 referrals being received in November, equating to 92.4% of the demand seen in April-November 2019

- in November, 49,610 patients were on an incomplete pathway waiting for their definitive treatment. This represents an increase of just over 8,085 patients since March 2021

- the number of people who have waited for treatment for longer than 52 weeks has continued to reduce. This reducing position has also been reflected in the total number of patients waiting more than 78 weeks

- the report shows the current performance levels of cancer services and the positive actions which are being taken to improve the position

- the Improving Access to Psychological Therapy (IAPT) services continues to exceed the national and local recovery rate performance targets. The change in service model - to supporting people predominately through telephone, video and webinar interventions - has succeeded in maintaining the service delivery. Face to face appointments are still available by exception and where clinically appropriate, in line with national guidelines

- the Somerset system is currently at OPEL 4: 52 week waiters and those exceeding 24 months are on par with the regional and national averages

- we are seeing a rise in ambulance handover delays and 12 hour trolley breaches due to difficulties relating to patient flow

- in the light of requests from NSHEI around surge planning for the Omicron variant, we are endeavouring to expand bed capacity:

    - A further 18 escalation beds at MPH and YDH have been secured: this may appear to be comparatively low relative to the region, but our escalation capacity had already been increased prior to the surge planning requirement

        * this has had a knock-on effect in terms of elective care recovery. In November 2021, 145 patients had been waiting for 24+ months. The target is to reduce 24-month waiters to nil by 31 March 2022 – we are predicting 123 waiters, which breaches the target. However, this reflects the regional and national picture

        * we are attempting to secure additional capacity through, eg. Nuffield, for various specialities

- we have seen an increase in the number of patients relating to two-week diagnoses and are currently below target for these

In response to a query from Lou Evans, Neil Hales advised that the long-term waiting list is under continual review. At present, the number of long-waiting patients is higher than originally anticipated. We continue to assess the effectiveness of pathways and different ways of doing things, particularly for elective care.

In response to a query from Basil Fozard, Neil Hales advised that the strategy for improving the situation around health checks for people with mental health issues continues to be reviewed.

The Governing Body noted the Performance (IBAR) report for the period 1 April to 30 November 2021.

SCCG 015/2022 ANY OTHER BUSINESS

There was no further business.

SCCG 016/2022 DATE OF NEXT MEETING

The next formal meeting of the Governing Body will be held on Thursday, 31 March 2021, starting 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, 29 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 ……

NHS
Somerset
Clinical Commissioning Group

ACTIONS ARISING FROM THE PART A SCCG GOVERNING BODY MEETING HELD ON 27 JANUARY 2022

Text in green was added arising from discussion at the Virtual meeting of the Governing Body on 27 January 2022 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 27 January 2022			
814	FFMF Update to be shared with the YDH Board of Governors	Maria Heard	
813	DPH Annual Report: Discuss with Trudi Grant the utilisation of funds to support health inequalities, including, eg. Using the voice of CYP around obesity and infection control	Alison Henly	
812	DPH Annual Report: Process for the continuation of online access for CYP, and maintenance-/ upgrades etc, to be confirmed	Trudi Grant	
811	DPH Annual Report: Comments made by a young person relating to suicide to be reviewed and a response made offline	Trudi Grant	
Actions Arising from Meeting held on 25 November 2021			
810	Specific action plans to address risks scoring 25 to be circulated separately to the Governing Body	Neil Hales	Meeting held w/c 24 January 2022 – info will be circulated
809	EPRR: Self-assessment to include the process for how the system will move from being a Category 2 to Category 1 responder	Neil Hales	Ongoing. Will be considered at a future development session.
808	Fit for my Future strategy to be discussed with Pip Tucker	Maria Heard	**Complete**
Actions Arising from Meeting held on 23 September 2021			
807	Cancer waiting times, diagnostics, demand and capacity etc to be discussed with Basil Fozard	Neil Hales	Ongoing

804	Update to be brought to a future GB meeting following early roll-out of the initial Oliver McGowan training sessions in October and the stakeholder event in December	Val Janson/ Eelke Zoestbergen	For GB meeting January 2022 – deferred to March – deferred to May
Actions Arising from Meeting held on 28 January 2021			
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

31 January 2022