NHS
Somerset
Clinical Commissioning Group

Report to the NHS Somerset Clinical Commissioning Group on 26 May 2022

Title: **Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 31 March 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 31 March 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 31 March 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			
Safeguarding	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			
Sustainability	N/A			
Governance or Legal	The Minutes are the formal record of the meeting held on 31 March 2022.			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	-	-	-	-

NHS
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Minutes of the **Part A** Meeting of the **NHS Somerset Clinical Commissioning Group Governing Body** held on **Thursday, 31 March 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 (to and including SCCG 036/2022
	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
	Grahame Paine	Non-Executive Director (Finance and Performance) (Lay Member)
	James Rimmer	Accountable Officer and Chief Executive
	Dr Helen Thomas	Non-Executive Director, Member Practice Representative
In Attendance:	Judith Goodchild	Chair, Healthwatch (Observer)
	Paul von der Heyde	ICB Chair Designate
	Jonathan Higman	ICB Chief Executive Designate
	Sandra Wilson	Observer Lay Member, Chair of Chairs of the Somerset Patient Participation Groups (PPGs)
Secretariat:	Kathy Palfrey	Executive Assistant to the Governing Body

SCCG 017/2022 WELCOME

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

SCCG 018/2021 PUBLIC QUESTIONS

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.

1. **From Emma King, Save Somerset's Community Services**

Note: the Public Question is set out in bold below. The Chairman invited Alison Henly and Maria Heard to respond, and their response to each element of the question is highlighted in green:

The closure of St Andrew's Ward saves you, the CCG, £100,000 from your revenue budget.

- St Andrew's ward is not being closed; rather, it is being relocated. The difference in running costs between the ward locations will be marginal, if at all.

- The reason for the relocation of the ward is not, and never has been, a financial one. The decision to relocate St Andrew's Ward was based solely on quality of care, safety, and for sustainability reasons.

- The refurbishment of the two wards (costing in excess of £6 million) to bring them up to modern safe quality standards further demonstrates that this is not about saving money.

In the 2017-2019 period 21% of all admissions to the beds in adult mental health came from Mendip District – that was 286 patients. That's 286 families in the Mendip district affected by this decision.

- As you indicate, a significant number of admissions to mental health beds in Somerset support people from the Mendip District, like every other district in the county. However, these beds support the whole county not just the district they are located within.

- Due to the isolation of St Andrew's Ward in Wells, protocols are already in place that the default position for new admissions is to be admitted to a ward in either Taunton or Yeovil. This protocol has been in place for a number of years.

- For those patients with complex physical health needs, and/or high-risk presentations of self-harm, suicidality or aggression, it is not uncommon for them to remain on the wards in Taunton or Yeovil for their own safety and wellbeing for the whole duration of their inpatient stay.

- Therefore, for many families the relocation of the ward will not have a significant negative impact as they are already supported by other wards: but an improvement in the quality of care provided will be felt by many more

How then does the CCG propose to help those living in Mendip? If it is in increased use of digital technology, the pandemic has taught us that digital technology is no substitute for face-to-face contact for some of the most vulnerable groups. Indeed, some of the most vulnerable groups may not even have access to digital technology.

- We have increased the support to the people of Mendip (and the whole of the county) considerably. Some of these additional resources were identified in the response to the Public Question raised at the Governing Body held on 22 July 2021 and were presented in the minutes on 23 September 2021. These include:

  - we have appointed an additional 35 community-based staff (in the Mendip area alone)
  - we have created four community Crisis Safe Spaces, (two in Shepton Mallet, one in Wells, and one in Glastonbury).
  - we are piloting the use of four step up/step down beds in Wells to provide a bridge between inpatient wards and local services (plus a further seven in Yeovil).
  - we have developed a new and expanding talking therapies service for people with complex mental health trauma needs.
  - we have established an all age 24/7 mental health line providing wellbeing support
  - we have delivered a national trailblazer community mental health initiative, Open Mental Health, a partnership between statutory mental health services and the voluntary sector in the county. For more information on the Open Mental Health work please click on the following link https://youtu.be/MdooCvn9zpg

- The pandemic and its associated restrictions have taught us many things: not least that we all respond differently, and a range of support needs to be available to different people at different times.

- Digital solutions have been a great benefit to some people, especially when isolating. We will continue to provide digital support to those people who can benefit from it, including providing the devices to those most disadvantaged where required.

- Other people benefit from face-to-face support. It is worth noting that, throughout the past two years, no mental health service provided by the Trust was stood down due to the pandemic and its associated restrictions. In fact, many services have been expanded, including:

  - Mindline becoming all age and 24/7
  - the roll out of Open Mental Health; a nationally award-winning community mental health initiative
  - the establishment of 11 admission avoidance step up/down beds (including 4 in Wells)
  - the expansion of the Home Treatment Team
  - an increase in peer support networks and initiatives, including support to suicide prevention, physical health checks and addressing health inequalities.

On a previous occasion, I asked about provision for travel for those who live in the Mendip area to Yeovil, bearing in mind that 1 in 3 people in some parts of Mendip have no access to a car; I was told that taxis would be provided. Who will be funding these taxis and where is the budget for this? Does it take into account the escalating cost of fuel?

- The commitment at the end of the Public Consultation was made that the CCG would work with system partners (including the Trust and the VCSE) to explore options to mitigate the greatest challenges for those who may be disadvantaged by the relocation of the ward, ie. visiting family members, after the ward move.

- It should be noted that if there is a pressing clinical need, and particular family circumstances that warrant it, the Trust will facilitate transport for family visits to take place. We do not anticipate this will change after the relocation.

- However, other options continue to be explored to help mitigate this issue. These plans remain in the early stages of development as the ward move is not scheduled to take place until spring/summer 2023.

- Also, just on a point of clarity, there has been a delay (about six months) on the building work. This is primarily due to the respective Covid lockdowns, with contractors not being allowed on site (in Yeovil), rather than any lack of drive of the agenda.

- There seemed to be an impression by some people that after the consultation we would move the ward immediately – this was never the case. There was always going to be about 18 months' worth of refurbishment of the two wards in Yeovil before St Andrew's moved. If we had done that work pre-consultation we would have been pre-judging the outcome.

- The building work in Yeovil is progressing well.

The CCG also proposed a Crisis Café in Wells to replace the closed St Andrews Ward - where this is going to be, where are funds coming from to establish and run it, and how much will it cost to set up and to run?

- The proposal during the Public Consultation was for a crisis café or similar to be established in the Mendip area. Throughout the consultation, and afterwards during the respective lockdowns, we continued to engage with people with lived experience, the Trust, and our VCSE partners, and the feedback was that a crisis café would be good but not good enough.

- Therefore, based on a co-produced approach with all key stakeholders, we have established six crisis safe spaces, including at Wells, Glastonbury and Shepton Mallet (see Crisis Safe Space - Mind in Somerset).

- All the funds for these services are from the expanded mental health budget in the CCG, including additional investment from NHSE/I and central Government.

Essentially, what I, and the other inhabitants of Mendip, need to know is how much is this closure going to cost us financially? At the moment it seems that there is only one beneficiary of the closure, and that is you, the CCG.

- Over the past two years the investment in Somerset's mental health support services has increased by more than £8 million, of which £5 million was spent on adult community and crisis support. None of this has come from a redirected or reduction in inpatient facilities or budgets.

- It is not clear how the CCG has benefited from all the above actions, save for the assurance that there has been a significant expansion of community mental health support in the county. The system is far more integrated than it ever was, including with our VCSE partners, and once the relocation takes place our future inpatient facilities will also be significantly improved.

SCCG 019/2022 APOLOGIES FOR ABSENCE

There were no apologies for absence.

SCCG 020/2022 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 24 March 2022.

Grahame Paine advised that he has been appointed as Chair of Trustees of Spark, Somerset. The Register would be updated.

Action 815: Register to be updated (Grahame Paine)

SCCG 021/2022 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 022/2022 MINUTES OF THE PART A MEETING HELD ON 27 JANUARY 2022

The Meeting received the Minutes of the Part A meeting held on 27 January 2022. By a virtual show of hands, the Minutes were approved for signature by the Chairman as a true and correct record.

SCCG 023/2022 MATTERS ARISING AND ACTION SCHEDULE

There were no matters arising.

SCCG 024/2022 CHAIRMAN'S REPORT

The Meeting received and noted the Chairman's Report, which included the Communication and Engagement Report for the period 1 January to 28 February 2022, including the various meetings attended by Dr Ford during this time.

The Chairman commented that the latest NHS survey shows increased dissatisfaction with NHS services. However, the CCG acknowledges and would like to thank staff both in the NHS and in the care sector for their valued work and effort during unprecedented levels of demand. This is not always recognised by central Government, but it is important to remember that without staff, there would be no NHS.

The Governing Body noted the Chairman's report.

SCCG 025/2022 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:

- Somerset has been in an OPEL 4 (highest level) incident since 24 January 2022, and this is reflected nationally, with the whole NHS across England seeing unprecedented levels of escalation and pressure.
  - This is due to a combination of winter sickness and Covid, and staff sickness absence
  - All NHS organisations have been asked to do four things:
    1. To share the risk across the system
    2. To move patients into and out of emergency departments as quickly as possible
    3. To discharge patients as quickly as possible
    4. Governing Bodies to routinely review the data
  - pressures are being felt in all areas, ie. in ambulance services, ambulance handovers (Somerset ambulance services are amongst some of the best); in primary care; mental health; out of hours; hospitals etc.
  - Silver and Gold command calls take place twice weekly
  - data is reviewed at weekly Executive Team meetings and by the Governing Body
  - we are still in a pandemic but have moved to the 'Living with Covid' stage, with changes being made to the testing regimes
- at its Extraordinary Part B meeting on 17 February 2022, the Governing Body:

- approved the recommendation to award a three-year contract for Termination of Pregnancy Services to the British Pregnancy Advisory Service

- approved the Somerset NHS Foundation Trust (SFT) recommendation to permanently reduce the Minehead MIU provision from 24 hours to a new opening of 0800-2100 hours. Therefore, the overnight service (2100-0800 hrs) at Minehead MIU has now been permanently closed due to patient safety reasons

- the second Ockenden report relating to maternity services was published this week. The CCG will review and adopt any necessary learning for Somerset

James Rimmer expressed his thanks to Neil Hales, Val Janson and Dr Alex Murray for their valued contribution to the CCG over past years. They would all be leaving the CCG as of 31 March 2022, as part of the arrangements relating to the CCG/ICB transition. Kathy French will be stepping into Val Janson's role and Alison Rowswell be stepping up to cover Neil Hales' role. Dr Nick Kennedy and Dr Iain Chorlton will be providing further clinical support.

Basil Fozard commented that the continuing OPEL 4 situation was very taxing for both services and staff, and asked – given there is no immediate regional or local solution – where legal responsibilities rest:

James Rimmer responded that Somerset organisations have a responsibility both individually and collectively to apply the principle of safe care, and the CCG, as the commissioner, has an over-riding responsibility. The CCG is working to make sure that every part of the system is as safe as it can possibly be, hence the Silver and Gold Command calls etc. There will, of course, be challenges, and they will be raised at the Quality and Patient Safety Committee. It is important to note that, although there are high level concerns nationally relating to ambulance services, the ambulance services in Somerset are not amongst those concerns; however, that does not mean that our ambulance services are not experiencing problems: there has been a consistently high level of patient demand, which has been compounded by staff sickness absence.

SCCG 026/2022 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 31 March 2022:

- we are continuing to see very high levels of infection in Somerset

- the daily dashboard is becoming less accurate due to the changes in the testing regime. The ONS survey is likely the most reliable, but the data as reported is always slightly behind the 'actual'

- the data suggests that, nationally, approximately 8% of the population currently has Covid. We believe, in the south west, that this is probably about 10%.

- however, infection rates are starting to reduce in Scotland and in the south east, and locally, over the past few days, infection rates appear to be levelling off

- due to the ministerial announcement around living safely with Covid, the majority of Covid testing will be stood down with effect from 1 April 2022. Guidance is expected shortly about the specific testing that will remain.

- if people have symptoms of Covid, we urge them to stay at home for at least five days. If children have a high temperature, we ask that they stay out of school until they have re-stabilised

- nationally, we are seeing a higher number of people in hospital with Covid. However, in Somerset, while the number of people being admitted to hospital is elevated, it is important to note that the majority are not being admitted due to a Covid-positive result; rather, they are principally being admitted for other reasons. Accordingly, due to the high vaccination uptake across the county, although people are contracting Covid, their symptoms are much reduced

- the public response to the vaccination programme in Somerset has been excellent. The spring campaign has opened, and we are expecting guidance around the autumn campaign. We are also continuing to work to existing IPC arrangements in hospitals, and again, new guidance is anticipated

Referring to the 4th vaccination programme, Dr Ed Ford suggested that better publicity is required around appointment booking. James Rimmer confirmed that this would be picked up.

Action 816: Publicity relating to appointment booking for 4th vaccination to be increased (Sara Bonfanti)

Paul von der Heyde noted that people should be reminded that their symptoms may not be Covid-related, as they should be balanced with the reality of coughs, colds, hay fever etc, and asked if a campaign would be run:

Trudi Grant confirmed that there will be a national campaign, and this will be reinforced locally. It is true that some of the Covid respiratory symptoms are very similar to common coughs and colds, and to reduce infection generally, people experiencing symptoms should be encouraged to stay away from others and to work from home if possible. Particular guidance/clarity relating to children is awaited.

Dr Ed Ford suggested that, given the pressures on primary care, although the national communications are that people should make a GP appointment, an on-line symptom checker might be helpful.

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

SCCG 027/2022 CCG TO ICS TRANSITION UPDATE

Paul von der Heyde and Jonathan Higman presented an update about the CCG to ICS transition. It was noted that:

- Non-Executive Director (NED) designate appointments have been confirmed and an announcement will be published shortly

- NED designates will commence in-post in shadow form on 1 April 2022, and will attend current CCG Committee meetings as part of their induction/handover.

- Due to the pre-election period, it is not possible to advance the appointment of partner directors, so representatives for the Local Authority, Foundation Trusts and Primary Care cannot be confirmed at this point

- The published papers include a copy of the White Paper which was published in March. The Bill is progressing through Parliament and remains on track for ICBs to go-live on 1 July 2022

- The included presentation was provided to the Governing Body at a previous Development Session. It has been used at various forums and much feedback has been received: some changes will be made and the updated presentation will be re-circulated to Governing Body members

- On 31 March 2022 (today) the Development Plan will be submitted to NHSEI as part of the assurance process, including the Due Diligence and Readiness to Operate statements

- Looking at the ICB Constitution, the Director of Public Health has been confirmed as a voting member of the Board

- The ICB designates are working through the Schemes of Delegation, the Governance handbook etc, and are awaiting confirmation of the appointment process for other roles

- Interviews will take place on 1 April and 5 April 2022 for the Chief Medical Officer and Chief Nursing Officer roles

- Interviews for the Chief Finance Officer will take place towards the end of April 2022

- Following the closure of the staff consultation – which commenced on 29 March, running to 29 April 2022 – the roles for the additional Director posts will be advertised

- Work is taking place on ICS branding

- Working with NSHEI, the five-year plan is in discussion, with a clear indication that decision-making will take place as close to our patients as possible

- In terms of the involvement of clinical professionals in the ICB and wider ICS, excellent work has been happening, led by Val Janson. A

session will be arranged with key clinical leaders at the end of April/beginning of May, and the ICB designates are keen to engage with them

In response to a question from Lou Evans, who expressed disappointment that the presentation had not been developed since its presentation to a private meeting, Jonathan Higman advised that ICB designates are trying to balance the feedback, and today's presentation in the Part A meeting was to use it as an opportunity to put the forthcoming transition into the public domain.

Referring to the paper, Lou Evans commented that it was stated that the CQC would be involved in the 'starting position' for the ICS/ICB: he asked how this would be done, and if there had been any engagement with CQC:

Jonathan Higman confirmed that an invitation to discuss has been extended to Dr Rosie Benneyworth, as head of CQC and a former member of the Somerset CCG Governing Body.

Dr Ed Ford shared, anecdotally, a comment from a front-line worker, who had said that "… the CCG to ICB transition had passed them by …" Dr Ford asked how the message would be communicated to front-line staff that the ICB would expect a different way of working:

Jonathan Higman agreed that this was a valid point: although we can draw up structure charts, the necessary cultural work will be hugely important. This was discussed at a meeting on 30 March 2022, and questions raised included: how, as a new Board, will the ICB have an outward focus? How will the ICB Board build on the work of the CCG? There will need to be a programme of organisational development, to ensure that front-line clinicians are fully engaged.

Dr Ed Ford commented that many of the national messages are focused on acute providers: Paul von der Heyde responded that cross-system working, including primary care, is to ensure better patient flow, and principally, to ensure that patients are central.

Judith Goodchild agreed that patients must be the focus of joined-up system working. However, there is a lot of mistrust: primary care is a cornerstone of the NHS, but the majority of the public population do not understand the reason for the changes; rather, they feel that energy is being diverted into 'strategy' rather than focusing on patient needs and the services necessary to address those needs. Judith Goodchild felt that Somerset provides a good quality service but that people only see the negatives, and asked if there would be a public information campaign.

Responding, Jonathan Higman agreed there is much more work that can be done around an information campaign, not least, proper and full engagement. The ICB designates are in discussion with LA colleagues about active communities and the need for 'wrap-around' care, and an ongoing engagement programme will be established.

David Heath expressed similar disappointment as Lou Evans, that the shared presentation did not provide a source for engagement with the current CCG Governing Body, from which experience the ICB incoming

Board might be better informed as they move into the future. David Heath felt that, within the CCG, the issue of ‘hearts and minds’ was not being addressed, and asked that the ICB designates bring forward new material that makes clear that new work is going on behind the scenes.

Jonathan Higman reminded the Governing Body that the Staff Consultation commenced on 28 March 2022: there has been much engagement with CCG staff over the past two months, with really good conversation both individually and teams, and this is being brought forward formally through the Staff Consultation. There is a vision for a population Health Hub and conversations are ongoing around how we will work collaboratively with providers, formalising the governance structure etc. In terms of strategies, these will straddle the ‘now’ of the CCG and the ‘future’ of the early ICB. The Fit For My Future and Improving Lives strategies are well informed and the ICB will build on those. In terms of workforce, much work is going on in the background and this will be brought forward.

In support of Jonathan Higman’s position, Alison Henly confirmed that Jonathan had met with Alison’s colleagues, both individually and as a team.

Maria Heard stated that ICB designates are keen to build on the work that has already been done around the various strategies, and the CCG has been encouraged to refresh FFMF as we move into the ICS, so this work will continue. The ICB has indicated it will carry on the legacy of the CCG.

Trudi Grant assured the CCG Governing Body about the ongoing work for population health. A proposal was taken last week to the ICS Shadow Board to consider a formal system transformation programme for population health, bringing together joined-up data and intelligence, and looking to move into a cultural change programme around prevention and tackling inequalities. Although early days, a really positive, proactive change programme is anticipated, which will put Somerset in a good position for the future.

On behalf of the CCG NEDs, Trudi Mann expressed concern about the workforce issue, noting the immediate workforce crisis, and asked about the ICB’s urgency to address this:

Jonathan Higman agreed that, although there is thinking about a 3-5 year workforce strategy, there is an immediate need that must be addressed: as we move towards more anticipatory care models, we will need people with a different skill set. The national People Board is focusing on the six things that we need to do now, eg. getting into schools, offering work experience, looking at career pathways between health and social care etc.

Trudi Mann felt that 12 months would be too long a delay, and asked what would be done as a matter of urgency, ie. within the next three months:

Jonathan Higman agreed that this question was around not only gaps in the workforce but also in workforce resilience, and work is being undertaken to address.

Dr Ed Ford commented that people are dissatisfied with NHS services, and particularly with primary care; this is due to high patient expectation, and in current circumstances, the NHS is not able to meet this expectation. Patient expectation needs to be managed.

Jonathan Higman agreed that we need to be realistic about the deliverability of services and over what timetable.

SCCG 028/2022 GREEN PLAN

The Meeting received a paper and presentation, delivered by Alison Henly, relating to the three-year Somerset ICS Green Plan for 2022-25. It was noted that:

- In response to the climate crisis, NHS England has asked all systems to put an approved Green Plan in place by 31 March 2022

- NHSE has set out two top level targets for carbon emissions

  - net zero carbon emissions by 2040 for emissions under the direct control of the NHS

  - net zero carbon footprint including the supply change (known as NHS-plus) by 2045

- the Somerset ICS Green Plan has been produced jointly with ICS colleagues, including Somerset CCG, Somerset NHS Foundation Trust, Somerset County Council and system partners

- discussion was held with Somerset CCG staff, ICS Executives, Shadow ICB Board, public health colleagues, and at a stakeholder workshop in February 2022

- in addition to the NHSE top level targets, the ambition is to achieve a goal of a carbon neutral Somerset by 2030

- nine priority areas were identified:

  - leadership and governance
  - awareness and engagement
  - sustainable healthcare (ie. reflects NHS priorities relating to telemedicine, anaesthetic gases and metered-dose inhalers
  - public health and wellbeing
  - estates and facilities, including energy, waste, water and nature
  - travel and transport
  - supply chain, procurement and commissioning
  - adaptation and offsetting
  - digital transformation

- the detailed implementation plan will start to be developed towards the end of April 2022

In his capacity as Chair of Microgeneration Certification Services Standards, David Heath hoped there was a clear understanding of the environmental cost relating to Somerset's current facilities. Referring to

transport, not just for staff but also for patients, David Heath commented about the need to reduce patient miles, and that the most frequent journeys should be as short as possible. The use of remote and digital technology will reduce patient miles to some extent but radical thinking is required to lower them even further, eg. it is better for one consultant to drive to location(s), rather than a list of patients driving the distance to see him. Alison Henly acknowledged that transport is key to the Green Plan, and committed to taking David Heath's comments to the Sustainability Steering Group.

Action 817: David Heath's comments relating to the Green Plan to be referred to the Sustainability Steering Group (Alison Henly)

Grahame Paine commented that the Green Plan progress tracking and reporting elements could be improved, and felt that interim targets should be included. Alison Henly agreed, and confirmed that the workshop would consider the finer detail, including interim targets, which would then be brought back to the CCG Governing Body and/or the ICB Board.

Action 818: Interim targets to be incorporated into the Green Plan (Alison Henly)

Action 819: Updated Green Plan, including interim targets, to be brought back to the CCG Governing Body and/or ICB Board (Alison Henly)

In response to a question from the Chairman, James Rimmer and Alison Henly confirmed that the Green Plan had received the endorsement of the ICS Shadow Board, and thanks were expressed to Peter Osborne, Head of Governance/EPRR, and Gareth Kane, Consultant, Terra Firma, for their input.

By a virtual show of hands, the Governing Body approved the three-year Somerset ICS Green Plan for 2022-25, which would now be submitted to NHS England.

SCCG 029/2022 PATIENT STORY: BEST INTERESTS LEARNING REVIEW

The Meeting received a paper relating to a Patient Best Interests Learning Review. Val Janson presented Becca's Story and it was noted that:

- in 2008, at the age of 34, Becca had a cardiac arrest and was subsequently diagnosed with Prolonged Disorder of Consciousness (PDOC)
- from 2009, Becca lived in a Yeovil care home for 13 years, funded by Continuing Health Care (CHC)
- Becca showed no improvement in her condition, remaining in a minimally conscious state and requiring all her care needs to be anticipated
- Becca had a yearly review of her health needs by the neurology department at Somerset Foundation Trust, and an annual CHC review

- many discussions took place from Summer 2020 with Becca's family and the professionals who provided medical oversight, and a decision was made that it was in Becca's best interests for her life to end in a planned way. A decision to withdraw treatment was approved by YDH's Ethics Committee in May 2021

- Becca died in a planned and peaceful way at the age of 47, at St Margaret's Hospice

- due to the complexity of this case, the CCG's Director of Nursing requested a learning review

- a learning review took place in February 2022, chaired by NHSE Quality, with Becca's family and the care professionals who supported her. We learned:

    - the importance of the Mental Capacity Act being applied at the beginning and throughout patient care

    - that we need to ask questions to find out the answers. Would the patient have valued the life they were/are living? What would they have wanted?

    - that reaching a decision that it is not in someone's best interests for them to continue to receive CANH (Clinically Assisted Nutrition and Hydration), and deciding to withdraw treatment, are two different things

    - that in 2018, the law changed in relation to CANH. Now, when everyone is in agreement about what is in a person's best interest, the Court of Protection is not required, and a robust Best Interest process is the lawful process

    - that the real learning is not about changing our approach to people diagnosed with PDOC; rather, we need to change our approach to anyone who lacks mental capacity to consent to treatment

    - the importance of family involvement in meetings, so they understand the discussion and stay involved

    - that careful use of language is important

    - that case co-ordination requires people to take identified leads: the role of the complex care nurse was really valued in Becca's care

    - that a better understanding of the meaning of Next of Kin is required

    - that Clinicians need Mental Capacity Act training at the right level to undertake their roles and this ideally needs to be competency assessed

- following the Learning Review, an action plan was developed, and some of the required actions have already been progressed. The presentation was shared with the CHC team and changes have been made to annual review processes

Val Janson advised that Becca's sister had originally intended to be present at today's Governing Body meeting. However, following discussion with Becca's sister and their Mum, the family had instead provided the following email to be read to the Governing Body:

"As a family we had to help make the most difficult decision ever. We understand that not everyone would agree with it but it was personal to Becca.

Becca was so full of life and we know for a fact that she would not have wanted to exist in this way and for so long.

We as a family appreciate the support and understanding shown to us by all involved in this process, it meant a great deal.

Especially that of Rebecca Sutton who was our constant throughout, with her help and kindness she guided us through what was a very traumatic time.

During the 13 years Becca was in this state we felt helpless, unable to do anything for her, unable to grieve or process the situation we were all in. The lack of information and assessments of Becca during this time only compounded this.

We feel an annual review with the family to discuss Becca's health, prospects and options should have been given and hope that this is what will be learnt from Becca's story."

On behalf of the Governing Body, Dr Ed Ford expressed his thanks to Becca's family for sharing Becca's Story.

In turn, Basil Fozard echoed the Chair's thanks and wished to convey the condolences of the Governing Body to Becca's family. Basil Fozard commented that many clinicians find such a situation to be exceptionally difficult, eg. similarly with the DNAR (Do Not Attempt Resuscitation) Policy and End of Life decisions, not only from a personal perspective but maybe from a cultural and/or religious perspective also.

Basil Fozard suggested that the Action Plan should include a general action, to ensure a very good communications' programme with the general population about the importance of Lasting Power of Attorney (LPA), for Health and Welfare in particular (ie. not just financial LPA). If the individual has an LPA, it means they have had time to think about it beforehand; therefore, in adverse situations, an individual has already made clear what they would envisage their own Best Interests to be, and a solicitor/attorney can insist that the patient/individual's preferences are carried out.

Val Janson responded that some of the health and care professionals involved in Becca's care were conflicted about the decision, and although ultimately agreeing, seeing it through did cause them personal concern. St Margaret's Hospice has been excellent in providing support to those staff.

Action 820: Action Plan for Becca' Story to be amended to include a general population comms around the importance of a Health and Welfare LPA (Val Janson/Kathy French)

Dr Ed Ford again conveyed his thanks to Becca's family and wished to reassure them that the learning from the review will be embedded into future processes.

SCCG 030/2022 SAFEGUARDING CHILDREN ANNUAL REPORT 2021

The Meeting received the Safeguarding Children Annual Report for 2020-21. Val Janson provided a verbal report and it was noted that:

- it is important to remember the context of 2020-21, and the background of the Covid pandemic

- the report describes the range of activities and developments that the safeguarding children team undertook to support the design and delivery of effective safeguarding children arrangements across Somerset during 2020-21

- the report provides assurance that the CCG fulfilled its statutory responsibilities to safeguard and promote the welfare of children

- the Somerset CCG Safeguarding Children Governance Framework has very clear lines of accountability, and the Director of Quality and Nursing is the CCG's Safeguarding Executive Lead

- during the lockdowns, virtual meetings were held but much of the children's social and health care was reinstated face-to-face very quickly, despite some of the Safeguarding team being redeployed to support community nursing the vaccination programme

- the Safeguarding Children team achievements during 2020-21 are indicated on page 7 of the report, with the team contributing to the following work streams:

  - delivery of safeguarding statutory functions
  - development of high quality safeguarding services
  - using intelligence and information to inform decisions
  - influencing partnership working

- much work and development was undertaken to improve and build on existing relationships, systems and procedures, including:

  - Somerset Safeguarding Children Partnership (chairing three sub groups and attending all others)

  - Pan Dorset and Somerset Child Death Review Arrangements

- Avon and Somerset Safeguarding Strategic Partnership (ASSSP): membership of regional groups such as the ASSSP executive, data and performance, and complex safeguarding groups

- throughout the year, a linked professional approach was taken towards safeguarding:

  - the Local Authority and health services agreed that high priority children would be reviewed, and a multi-agency professional network meeting was arranged to ensure the information was appropriately shared, including with schools. This has been highlighted as good practice

  - weekly safeguarding cell meetings were held, attended by the CCG, Local Authority, police and education to review all the challenges and consider how to support each other

  - two child safeguarding reviews were completed, and have now been published, highlighting the need for professional information sharing

- Learning Reviews: 10 cases, three of which were successfully progressed

- we worked with the Local Medical Committee (LMC) to secure GP engagement in child protection conferences

- referring to the 2021/22 priorities (page 9/10 of the report)), all areas are on track. The Safeguarding Strategy is being updated and consideration is being given to the joining-up of Safeguarding for children and adults

- a recent safeguarding review meeting was held with NHSEI, and we have received a letter from them noting our processes and innovative approach

Referring to paragraph 2.1.3 of the report, Trudi Mann asked about the vacancy for the statutory Designated Doctor, noting the increase in named GP Safeguarding Children Sessions as mitigating activity for risks associated with this vacancy (page 8 of the report refers):

Val Janson confirmed that Dr Jo Nicholl has now been formally appointed to the post of Designated Doctor, so the risk has been completely mitigated. Previously, Dr Nicholl was the postholder of named GP, and we are now attempting to recruit to that post.

Grahame Paine asked how Safeguarding Children will be managed as part of the ICS:

Val Janson responded that the Safeguarding Children team will 'lift and shift' into the ICB. The Team has been working on the 10-point plan since October 2020, including joint meetings to work through eg. aligning policies and processes, reducing duplication etc. We are currently exploring ways of appropriately sharing Public Health Nursing team information across the system.

David Heath noted the collaborative work that is taking place with GPs across the area, eg. case conferencing, and asked about the assurance that safeguarding policies and processes, within GP Practices, meet the expected standards:

Val Janson confirmed that Practice contracts include safeguarding and quality indicators. Practices are also able to contact the safeguarding teams for advice and support, so the teams are able to advocate on their behalf and validate any concerns that may have been raised. Training sessions have received excellent feedback. These were held virtually, meaning that more people were able to attend. The sessions have promoted positive GP engagement and will be continued.

David Heath asked if Practices have a named person who is responsible for policy and ensuring compliance; and also, that Practices are aware of the potential for whistleblowing if they suspect a policy has been breached:

Val Janson confirmed this was the case: a colleague is also in place, on a trial basis, working with police to ensure that notifications such as domestic abuse incidents are shared as appropriate within data sharing agreements, to improve our overall protection for children.

James Rimmer confirmed that child safeguarding arrangements are reviewed by the Health and Wellbeing Board and thanked Val Janson for leading on the programme to-date. Upon transitioning to the ICB, the Chief Nursing Officer will take on system child safeguarding responsibility.

By a virtual show of hands, the Governing Body approved the content of the Safeguarding Children Annual Report 2020/21 and the objectives for 2021/22.

SCCG 031/2022 CHILD DEATH REVIEW ARRANGEMENTS ANNUAL REPORT 2021

The Meeting received the Somerset Child Death Review Arrangements Annual Report for 2020-21. Val Janson provided a verbal report and it was noted that:

- The purpose of the process is to provide support to families and consider possible next steps; whether they relate to a serious incident, or need to be referred to the coroner, multi-agency etc.
- We look at any emerging themes from the deaths and consider any action that might need to be taken, locally, or at regional or national level
- Somerset reviews and processes are conducted jointly with Dorset
- During the period April 2020 to March 2021, 22 child death notifications were received. The majority were infant deaths, with 36% involving a child 0-27 days old
- During the same period, 16 child death cases were reviewed. 32% of cases related to peri- or neo-natal death; none to suicide or trauma; 38% of deaths were unexpected

- Examples of potentially modifiable factors included:

  - Smoking by mothers in pregnancy, and smoking in the household: this reduced slightly in 2021 but there is still much work to be done

  - High BMI of mothers during pregnancy: support is being provided by public health midwives

  - Unsafe sleeping arrangements: Safe sleeping advice for both professionals and parents/carers has been included in the Somerset's maternity toolkit which has now been published online.

  - Parental mental health: a specific service is being developed. In the meantime, we are sharing messages with fathers and wider family members about their importance to a child's health and wellbeing. We are also working to improve paternal involvement and make sure fathers are better informed

Basil Fozard asked that the ICS consider smoking in pregnancy as a priority, to try and reduce the number of smoking mothers and fathers to an absolute minimum. Basil Fozard also suggested that the pie chart should include the number of children rather than a percentage. Val Janson advised that, as the numbers are very small, a percentage is shown instead, as a number might make the child(ren) identifiable.

By a virtual show of hands the Governing Body approved the Child Death Review Arrangements Annual Report for the period 2020-21 and the actions taken to address the learning identified.

SCCG 032/2022 MODERN DAY SLAVERY STATEMENT

The Meeting received the Modern Day Slavery and Human Trafficking Statement for the financial year ending 31 March 2022. James Rimmer provided a verbal report and it was noted that:

- The Statement forms part of the CCG's governance processes

- Its importance is particularly relevant given the current refugee situation

- The CCG has a duty to ensure that modern day slavery or human trafficking is not being perpetuated within our organisation or anywhere within our supply chain

- The Statement confirms that any form of modern-day slavery or human trafficking is intolerable, together with the assurance measures that we take

David Heath emphasised the importance of the legislation, the Modern Slavery Act 2015, and confirmed that the Statement as presented is appropriate in terms of our internal arrangements and supply chain. David Heath commented that primary care is an area which is more likely to pick up on the possibility of such activity, and of particular risk groups,

for example, people working in nail bars, cosmetics and agriculture; he suggested that Practices should be reminded that they should be aware of the possibility of modern-day slavery/human trafficking and should report any suspicions.

James Rimmer agreed and advised that the Statement would be raised with the Local Medical Committee, together with the points made by David Heath.

Action 821: Modern Day Slavery and Human Trafficking Statement to be raised with the LMC, so that a reminder can be sent to Practices about their obligations in this regard (James Rimmer/Dr Ed Ford)

By a virtual show of hands, the Governing Body approved the annual Modern Day Slavery and Human Trafficking Statement, which would now be published on the CCG website.

Action 822: Modern Day Slavery and Human Trafficking Statement 2021/22 to be published on the website (Kathy Palfrey)

SCCG 033/2022 ANTI-BRIBERY STATEMENT

The Meeting received a paper setting out Somerset CCG's zero tolerance to bribery. James Rimmer provided a verbal report and it was noted that:

- The Anti-Bribery Statement forms part of the CCG's governance processes, and sets out a zero tolerance approach towards bribery

- As part of our commitment to prevent bribery within the CCG, a number of bribery prevention procedures have been put in place, including:

  - Anti-Fraud, Bribery and Corruption Policy

  - Policies that govern Standards of Business Conduct, Gifts and Hospitality, Disciplinary procedures, working with the Pharmaceutical industry and Whistleblowing

- Our various registers of Interest and Gifts and Hospitality are designed for openness and transparency, and are reviewed by the Audit Committee

By a virtual show of hands, the Governing Body approved the annual Anti-Bribery Statement, which would now be published on the CCG website.

Action 823: Anti-Bribery Statement 2021/22 to be published on the website (Kathy Palfrey)

SCCG 034/2022 RISK MANAGEMENT REPORT 1 APRIL 2021 TO 31 JANUARY 2022

The Meeting received the Risk Management Update report for the period 1 April 2021 to 31 January 2022. Neil Hales provided a verbal report and it was noted that:

- the Corporate Risk Register (CRR) highlights risks rated 12 and above

- no new risks had been added

- two risks had been closed:

  - risk 505, acute paediatric bed shortages (NB: this remains on the CRR, as risk 513, but had been reported twice)
  - risk 236 Court of Protection cases: the backlog has been cleared

- four risks had been de-escalated from the CRR

  - risk 38, GP prescribing budget: the budget for year-end 2021/22 is under control
  - risk 361, harm from falls: the urgent community response team for falls has been expanded through the Ageing Well programme
  - risk 463, CCG Financial Plan 2021/22: re-identified as low risk (ie. 11 or below) due to the H1 position being delivered and the draft H2 financial planning submissions being balanced
  - risk 488, succession planning for the CHC team: the identified risk has been mitigated by recent recruitments

- one risk had been escalated to the CRR:
  - risk 486, relating to community equipment stock shortages due to national and international supply chain issues

- risks increased within the CRR:
  - risk 222, GP workforce sustainability, has increased from 12 to 16, and is described as the potential for compromised patient experience due to GP primary care workforce shortages and the resulting impact on primary care and other services such as 111, out of hours, and A&E

    * a large number of GPs are over the age of 50, and although the CCG has a wide range of programmes in place to support the primary care workforce the risk remains significant, with considerable gaps impacting on the ability to meet current levels of demand

Referring to risk 222, Basil Fozard commented that GP workforce sustainability is a difficult issue for the whole healthcare system, and suggested that the ICS should conduct a very focused piece of work on the options, and have a very clear approach. Basil Fozard noted that the issue has been developing over several years and there should be a clear plan for mitigation.

Dr Ed Ford commented that the issue would likely increase, and Neil Hales agreed, acknowledging that the situation is recognised not only in Somerset but also nationally. The additional roles in primary care will go some way to offset some of the gap, but the proportion of GPs over 50 remains the same.

Referring to risk 409, preventable deaths from suicide in relation to Covid-19 and aftermath, Trudi Grant queried the statement "Public Health is the statutory lead for suicide across the nation", as she believed that all health and care organisations have a joint statutory duty. James Rimmer responded that this particular risk is regularly reviewed by the mental health team and they would be asked to check the wording, given that the suicide prevention group is led by Somerset Foundation Trust.

Action 824: Mental Health team to review the wording relating to risk 409 and amend if appropriate (Alison Rowswell)

Referring to risk 428, Covid nosocomial transmission (originating in hospital), Trudi Grant if there was an overall Covid risk relating to transmission per se: this remains a strategic risk for the organisation and it is highly likely that more variants will emerge. Trudi Grant felt that – from a Covid perspective – the risks need to be reviewed.

Val Janson responded that this particularly risk has been amended on a number of occasions, both up and down, but agreed that the risk should be refreshed in terms of the 'living with Covid' edict.

Action 825: Risk 428 to be refreshed to reflect 'living with Covid' (Kathy French)

By a virtual show of hands, the Governing Body approved the Risk Management Report for the period 1 April 2021 to 31 January 2022.

SCCG 035/2022 FINANCE REPORT 1 APRIL 2021 TO 31 JANUARY 2022

The Meeting received the Finance Report for the period 1 April 2021 to 31 January 2022. Alison Henly provided a verbal report and it was noted that:

- The ICS has 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 allocation 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 £6.1 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 CCG's 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 £13.2 million for elective care recovery by the end of November. 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 the 109 CCGs by the National Shared Businesses Service for our invoice payable performance

Lou Evans expressed his thanks to Alison Henly and the Finance team, noting that even in the current difficult circumstances, the liaison work with the auditors had been exemplary. Lou Evans confirmed that the CCG is on track to sign-off the Annual Report and Accounts in June 2022.

By a virtual show of hands, the Governing Body approved the Finance Report for the period 1 April 2021 to 31 January 2022.

SCCG 036/2022 INTEGRATED BOARD ASSURANCE REPORT 1 APRIL 2021 TO 31 JANUARY 2022

The Meeting received and discussed the Quality, Safety and Performance Exceptions Report (Integrated Board Assurance Report) for the period 1 April 2021 to 31 January 2022. Val Janson, Alison Henly and Neil Hales provided a verbal report and it was noted that:

- CLA (Children Looked After) performance continues to improve although there is further work to be done. 15 children became looked after in January 2022, which is a return to an average level following a significant increase in December, when 40 children became looked after

- CHC (Continuing Healthcare) performance is forecast to be slightly below 80% in February 2022, but is anticipated to rise in March

- during OPEL 4 we are looking at additional safety indicators so that we can monitor any harm or safety issues and a daily dashboard

- despite increased activity, mental health performance remains good

- infection prevention and control: performance has deteriorated over the past two years relative to the regional and national picture. The IPC team has been working 7 days per week for the past few months, and during January dealt with 20 acute Trust outbreaks, three in primary care and 65 in care homes.

  - a strategy and action plan for the necessary Quality Improvement work has now been established

- the final report of the Independent Review of maternity services at The Shrewsbury and Telford Hospital NHS Trust (the Ockenden Report) was published on 30 March 2022:

  - 1,486 family experiences, dating back to 2000, were reviewed
  - 60 local actions for Trusts were identified, plus15 key immediate actions, and the following four Essential actions for top priority:

    * safe staffing levels that are well funded
    * well-trained staff
    * learning from incidents
    * listening to families

  - Somerset was assessed against the initial Ockenden report and has received additional funding for recruitment

    * there is strong clinical governance both in the CCG and at providers

  - the Ockenden report will be taken to the ICB in April

- LeDer Review: all reviews that were outsourced have now been completed. The LeDer review team now has a full complement of staff, and work is taking place to ensure all the learning is taken forward and embedded into processes

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

- the overall number of patient appointments in primary care decreased during December and January, with 52.8% of appointments being seen face to face

- this was as a result of Practices struggling with operational pressures, and approximately 50% reporting OPEL 3, where demand/staff absence is sufficiently high that the daily workload cannot be managed, even with additional available resources: the Practice can cope in the short term but is likely to use other services more than usual

- 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 maintaining the safety of prescribing by supporting Practices to review safety alerts identified by the Eclipse Live system. Despite the impact of Covid-19 and operational pressures, the weekly reviews of these alerts have been maintained at a steady rate

- the Integrated Urgent Care service has seen a significant increase in demand which has impacted on the performance indicators. In January the average speed for the 111 service to answer a call declined to 288 seconds, although this compares favourably to the England average of 402 seconds. However, calls abandoned increased to 17.6% (compared to 16% at 30 November 2021)

- 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

- demand for ambulance services across the south west has seen the highest levels ever experienced. However, Somerset has still had the lowest number of, 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 slightly reduced in January compared to the previous reported month of November, with both Somerset Trusts continuing to have a strong level of performance compared to the national average.

- the decrease in A&E activity is also repeated in the number of emergency admissions, which overall is lower than last year although the need is being seen in longer stay admissions (66.4% of all admissions are non zero) due to the complexity of health needs being presented. This is resulting in pressures in internal bed availability in our hospitals, and consistent with a slowing rate of discharge for medically fit patients and the high number of No Criteria to reside patients at all trusts.

- elective referrals have continued to restore during 2021/22 with 13,016 referrals being received in January, equating to 92.5% of the demand seen in April 2019-January 2020

- in January, 49,707 patients were on an incomplete pathway waiting for their definitive treatment. This represents an increase of just over 8,162 patients since March 2021 and is attributed to the increase in referral demand as well as a lower level than expected of 'clock stops' delivered over the autumn and winter period.

- 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, and Somerset is one of the top performers nationally. 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 has been in OPEL 4 since 24 January 2022. Of the 15 acute hospitals in the south west, 13 are also reporting OPEL 4

- Although the number of Covid inpatients has reduced slightly, hospitals are still dealing with the impact, including a higher-than-average number of hospitalised patients, infection control rates and staff sickness absence (due to Covid) in hospitals and care homes. There has also been a rise in patient acuity

- Covid patients currently occupy approximately 19% of hospital beds. Patients with No Criteria to Reside is at 26% - which has a knock-on impact in terms of our ability to deliver elective and cancer performance

- Due to the intensity of bed pressures, the number of cancelled operations has risen, and some cancer treatments have been delayed. However:

- We are on track to clear the 104-week waiters list by end June 2022; nevertheless, clearing the 78-week waiters list by March 2023 will be more challenging:

  - as part of our forward plans, we are looking to increase elective activity

  - there is recognition across the south west that we have a lower level of ring-fenced elective care beds than in other regions

- The Finance & Performance (F&P) committee looks at ambulance performance, cancer patients, diagnostics, the elective position and urgent care

- ambulance performance: this will be a standing item on the agenda for F&P committee meetings:

  * some issues are related to handover delays. Although performance in Somerset is generally better than other areas regionally, this has deteriorated over the past week, with 53 hours being lost due to handover delays

  * performance issues relating to Cat 1 and Cat 2 calls are as a result of longer waits at, for example, RUH, which has a knock-on effect on the Somerset Trusts (MPH, YDH)

- the Silver Command group has been looking at ways of improving patient discharge and patient flow, and the group is taking part in the planning processes for improving elective care capacity, eg. capital works to extend facilities

Dr Ed Ford referred to ambulance response times, noting that Cat 1 scenarios relate to, eg. cardiac arrests, choking, and that Cat 2 scenarios relate to, eg. heart attacks, stroke. Dr Ford asked how ambulance performance could be translated to patient outcomes, and if there is an understanding, in terms other than numbers, of *how* [relatively] low performance is affecting people – being mindful that the ambulance service will not have knowledge of this:

Val Janson responded that we are engaged with SWAST in terms of service quality. Incidents are monitored, and a relatively small number have been reported to-date. Val Janson assured the Governing Body that all incidents are investigated, and this will continue, but we also rely on the receiving organisation (Trust) to be aware of any harm that may have been caused, and in turn, to report back to us and to SWAST.

Grahame Paine thanked the Directors for their report and for the information in terms of the national picture. However, he expressed concern that Somerset's performance may be negatively impacting patients who seek care relating to cancers, emergency and urgent care, and felt there are opportunities for the CCG, public health colleagues and the system as a whole, to reduce the impact; for example, to increase our effectivity in proactively recognising and responding to the increasing number of patients seeking hospital treatment/admission. Grahame Paine felt there is an opportunity to do more – for example, to increase the number of ambulances/staff – but importantly, to acknowledge that the demand is huge and is increasing; and we are not doing enough to counter that demand.

James Rimmer noted the importance of Grahame Paine's comment and acknowledged that the situation is very serious, hence, the level of concern that has been expressed by the national team, who had stated that "… the NHS is under unprecedented pressure." In Somerset, we are working closely with Trusts and social care colleagues to be more innovative, eg. around increasing the level of domiciliary care: we have offered bonuses to staff – we were seeking approximately 30 colleagues to move from 'health' into 'care'; so far, we have around 21. James Rimmer acknowledged that we need to do more around anticipatory care, BRAVE AI (a prediction tool), and 'Ageing Well'. Relatively speaking, the

Somerset system is performing well, and we are adopting a number of local innovations to continue to support this. It should also be recognised, however, that staff sickness is contributing significantly to low performance levels. We need to consider that, despite that winter pressures per se have largely concluded, service demand is likely to continue to increase, and other routes need to be investigated, eg. better use of the independent sector.

Trudi Grant commented that as we emerge from the Covid-19 pandemic, population needs will definitely be different, and expressed regret that, had the ‘prevention’ agenda, ie. supporting people to take better care of their own health, been more closely followed, then a better position may have been achieved: we understand that many underlying conditions have been exacerbated by Covid, which in turn has caused much of the mortality and morbidity that we are now seeing. The learning must be that, as a system, we must do much more to support people’s ways of living, so that each individual takes responsibility, and that – where people cannot take that responsibility so well – the system, in turn, supports them: one of the ways that we can do this is to raise the level of services in the community.

Basil Fozard expressed concern about cancer performance, and wondered why we were unable to deliver an adequate cancer service during a pandemic: he felt that, given that we are all now ‘living with Covid’, we need to think differently about how to address the issues. Basil Fozard reflected that 50% of people will have, or have had, cancer, and 20% will not survive: some cancers are time-critical, so it is inevitable that people will be dying who would not otherwise have done so two years ago, because they are currently unable to access timely access to interventions – and therefore, this must be an important focus for the future ICS. Basil Fozard also felt there is a need to better understand the obesity epidemic, and to lobby politicians to address this.

Responding, James Rimmer reminded the meeting of the recently opened Rutherford Centre, which – with social care and provider colleagues – will support additional diagnostic capacity, which in turn will help with the cancer pathways. We have endeavoured to keep the cancer pathways on track as much as possible during the pandemic and will maintain performance on future agendas. We will also continue to look at outcomes and incidents, and to expand this in the longer term.

Dr Ed Ford commented that the system has been in OPEL 4 since Christmas; coupled with the demands of NHSEI and the expectations of politicians, staff morale has been significantly impacted given there is no particular end in sight, and productivity is likely to suffer further as the number of staff opting to leave increases. Neil Hales commented that system pressures have been increasing since Summer 2021 and agreed that the impact on staff morale has been significant.

James Rimmer responded that we have tried to manage the needs of our patients, the population and all staff throughout the pandemic, and we will continue to support our colleagues.

SCCG 037/2022 ANY OTHER BUSINESS

Dr Ed Ford and James Rimmer noted that Val Janson and Neil Hales

would be leaving the CCG as of today (31 March 2022), and on behalf of the Governing Body expressed thanks for their valued contribution to the CCG.

SCCG 038/2022 DATE OF NEXT MEETING

The next meeting of the Governing Body will be held on Thursday, 26 May 2022, 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, 24 May 2022.

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 31 MARCH 2022

Text in green was added arising from discussion at the Virtual meeting of the Governing Body on 31 March 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 31 March 2022			
825	Risk Register: Risk 428 to be refreshed to reflect 'living with Covid'	Kathy French	
824	Risk Register: Mental Health team to review the wording relating to risk 409 and amend if appropriate	Alison Rowswell	
823	Anti-Bribery Statement 2021/22 to be published on the website	Kathy Palfrey	Complete
822	Modern Day Slavery and Human Trafficking Statement 2021/22 to be published on the website	Kathy Palfrey	Complete
821	Modern Day Slavery and Human Trafficking Statement to be raised with the LMC, so that a reminder can be sent to Practices about their obligations in this regard	Dr Ed Ford/ James Rimmer	
820	Action Plan for Becca' Story to be amended to include a general population comms around the importance of a Health and Welfare LPA	Kathy French	
819	Updated Green Plan, including interim targets, to be brought back to the CCG Governing Body and/or ICB Board	Alison Henly	
818	Interim targets to be incorporated into the Green Plan	Alison Henly	
817	David Heath's comments relating to the Green Plan to be referred to the Sustainability Steering Group	Alison Henly	
816	Publicity relating to appointment booking for 4th vaccination to be increased	Sara Bonfanti	

815	Register to be updated	Grahame Paine	Complete
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.
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 June
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. The cover sheet template has been updated to include a section on Sustainability.

10 May 2022