

Report to the NHS Somerset Clinical Commissioning Group on 27 May 2021

Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 25 March 2021	Enclosure B
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Version Number / Status:	N/A
Executive Lead	James Rimmer, Chief Executive
Clinical Lead:	Dr Ed Ford, Chairman
Author:	Kathy Palfrey, Executive Assistant to the Governing Body

Summary and Purpose of Paper

The Minutes are a record of the meeting held on 25 March 2021. They are presented to the NHS Somerset CCG Governing Body, and also published in the public domain through the NHS Somerset CCG website, to provide clarity and transparency about the discussions and decisions made, and to ensure the principles of good governance are upheld.

Recommendations and next steps

The NHS Somerset Governing Body is asked to **Approve** the Minutes of the meeting held on 25 March 2021 to confirm that the Chairman may sign them as a true and correct record.

Impact Assessments – key issues identified

Equality	N/A			
Quality	N/A			
Privacy	N/A			
Engagement	There is lay representation on the Governing Body. The Minutes are published on the NHS Somerset CCG website at: https://www.somersetccg.nhs.uk/publications/governing-body-papers/			
Financial / Resource	N/A			
Governance or Legal	The Minutes are the formal record of the meeting held on 25 March 2021.			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
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Minutes of the **Part A** Meeting of the **NHS Somerset Clinical Commissioning Group Governing Body** held on **Thursday, 25 March 2021** via **MS Teams (Virtual Meeting)**

Present:	Dr Ed Ford	CCG Chair, GP Partner, Irnham Lodge Surgery, Vice Chair, Health and Wellbeing Board
	Lou Evans	Non-Executive Director CCG Vice Chair and Chair of Audit Committee (Lay Member)
	Dr Jayne Chidgey-Clark Basil Fozard	Non-Executive Director, Registered Nurse Non-Executive Director, Secondary Care Doctor
	Trudi Grant	Director of Public Health, Somerset County Council
	Wendy Grey	Non-Executive Director, Member Practice Representative
	Neil Hales David Heath	Interim Director of Commissioning Non-Executive Director, Patient and Public Engagement (Lay Member)
	Alison Henly	Director of Finance, Performance and Contracting
	Val Janson	Acting Director of Quality and Nursing (representing Sandra Corry)
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Grahame Paine	Non-Executive Director (Finance and Performance) (Lay Member)
	James Rimmer	Accountable Officer and Chief Executive
In Attendance:	Sarah Ashe	Designated Nurse Children Looked After and Care Leavers (for item SCCG 029/2021 only)
	Becky Applewood	Deputy Director Of Women's and Children's Health (for item SCCG 031/2021 only)
	Judith Goodchild Maria Heard	Chair, Healthwatch (Observer) Senior Responsible Officer Covid-19, and Programme Director, Fit For My Future
	Marianne King	Associate Director of Human Resources and Organisational Development (for item SCCG 037/2021 only)
	Stephen Miles	Service Manager: Somerset Safeguarding Adults Board (for item SCCG 027/2021 only)
	Dr Alex Murray Keith Perkin	Clinical Director Fit For My Future Independent Chair: Somerset Safeguarding Adults Board (for item SCCG 027/2021 only)
Secretariat:	Kathy Palfrey	Executive Assistant to the Governing Body
Apologies:	Sandra Corry Sandra Wilson	Director of Quality and Nursing Observer Lay Member, Chair of Chairs of the Somerset Patient Participation Groups (PPGs)

SCCG 017/2021 INTRODUCTION

Dr Ed Ford welcomed everyone to the NHS Somerset Clinical Commissioning Group Governing Body meeting, in particular, Keith Perkin and Stephen Miles who would be presenting the Somerset Safeguarding Adults Board Annual Report for 2019/20. Becky Applewood would be joining the meeting to present the SEND action plan; Sarah Ashe for the Children Looked After and Care Leavers Annual Report 2019/20; and Marianne King for the Staff Survey 2020.

SCCG 018/2021 PUBLIC QUESTIONS

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

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

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

There were no public questions.

SCCG 019/2021 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Sandra Corry, who was represented by Val Janson, Acting Director of Quality and Nursing.

SCCG 020/2021 REGISTER OF MEMBERS' INTERESTS

The Governing Body received and noted the Register of Members' Interests, which was a reflection of the electronic database as at 12 March 2021.

David Heath advised that he had been appointed as Chair of the Cost Lawyers Standards Board with effect from 18 March 2021. The electronic register will be updated.

Action 792: Electronic register to be updated (David Heath)

SCCG 021/2021 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

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

Dr Ed Ford declared an Interest in item 7, Appointment of the Somerset CCG Chair. The quoracy of the meeting was confirmed.

SCCG 022/2021 MINUTES OF THE PART A MEETING HELD ON 28 JANUARY 2021

The Meeting received the Minutes of the Part A meeting held on 28 January 2021. By a virtual show of hands, the Minutes were approved for signature by the Chairman as a true and correct record.

SCCG 023/2021 MATTERS ARISING AND ACTION SCHEDULE

There were no matters arising. The action schedule was noted.

SCCG 024/2021 RE-APPOINTMENT OF THE SOMERSET CCG CHAIR

Lou Evans presided as Chair for this agenda item.

The Meeting received a paper setting out the background and governance framework for the appointment of the CCG Governing Body Chair. James Rimmer provided a verbal report and it was noted that:

- towards the end of 2020 applications were sought from member practices for expressions of interest for GP practice representatives to renew the Governing Body membership. This was both in the light of the revised Member Practice representation model and that the tenure of Dr Ed Ford, as GP Member Practice Representative and CCG Chair was due to conclude on 31 March 2021
- following a successful recruitment, application and interview process, Dr Ed Ford was reappointed as a GP Member Practice representative
- the Governing Body was required to appoint a Chair for the CCG from the GB GP membership. This was discussed at an Extraordinary Part B Meeting on 25 February, and the recommendation to re-appoint Dr Ed Ford as Chair for a further three-year tenure, to 31 March 2024, was unanimously supported
- the Governing Body was now required to confirm that decision in public

By a virtual show of hands, the Governing Body ratified the decision to reappoint Dr Ed Ford as Somerset CCG Chair.

SCCG 025/2021 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 2021, together with the various meetings attended by Dr Ford from 29 January to 28 February 2021.

SCCG 026/2021 CHIEF EXECUTIVE'S REPORT AND LATEST NEWS

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

- on 25 February 2021, the national Covid alert level was stepped down from level 5 (risk of NHS services being overwhelmed) to level 4 (Covid pandemic in general circulation)

- the lockdown 'roadmap' to ease restrictions is a four-step process starting from 8 March 2021 and concluding on 21 June (subject to various criteria being met). The CCG anticipates home working until at least 21 June 2021
- changes are being made to Public Health England (PHE) and Test and Trace, and a new organisation is being established - the UK Health Security Agency, which will be led by Dr Jenny Harries as Chief Executive Officer (most recently deputy Chief Medical Officer for England)
- the publication by the Department of Health and Social Care of the White Paper, *Integration and Innovation*, which sets out the proposed next steps for Integrated Care Systems (ICSs), which are scheduled to come into effect from April 2022
- the CCG is part of the Avon and Somerset Resilience Forum, co-ordinated by Avon and Somerset Police. They are under significant pressure due to the ongoing Bristol riots – James Rimmer has sent a letter of support
- the Governing Body is due to receive a number of 2019/20 Annual Reports. These were due to be presented earlier in the year but were delayed because of the pandemic and the 'light touch' governance processes. The Infection Prevention and Control (IPC) 2019/20 will be brought to a future meeting

In her capacity as Chair of the Patient Safety and Quality Assurance Committee (PSQAC), Dr Jayne Chidgey-Clark confirmed that the Committee has been closely monitoring IPC and is assured about the work being done.

SCCG 027/2021

SAFEGUARDING ADULTS ANNUAL REPORT 2019/20

The Meeting received the Safeguarding Adults Annual Report for 2019/20. Introducing this item, Val Janson confirmed that the report had been considered by the Patient Safety and Quality Committee (PSQAC) in December 2020, and drew attention to page 47 onwards, which outlined the work undertaken by the CCG to safeguard adults. The CCG is a statutory partner for safeguarding, and leads in chairing some of the sub-groups with membership on all of them.

Keith Perkin and Stephen Miles provided a verbal report and it was noted that:

- the Somerset Safeguarding Adults Board (SSAB) has three statutory responsibilities:
 - to publish an annual report
 - to have a safeguarding plan
 - to publish safeguarding adult reviews (SARs)
- no SARs were published in 2019/20 but individuals who experienced safeguarding directly had given their stories to the SSAB which allowed further learning to take place, eg. around county lines and drug dealer exploitation

- the SSAB has a key role in developing and implementing policies, and the Policy and Procedures sub-committee is chaired by Charlotte Brown, Somerset CCG's Designated Nurse for Safeguarding Adults
- due to the pandemic, Board (SSAB) activity was formally suspended between March and September 2020 but safeguarding continued. The executive team met regularly to ensure that any critical issues were picked up, and received assurance the DNAR (do not attempt resuscitation) processes
- Board activity formally recommenced in September 2020 and two practitioners from the Foundation Trusts were invited to speak to the SSAB about their experience and the challenges of safeguarding during the Covid period
- the SSAB will continue to invite practitioners to provide their experiences, which will act as a catalyst for further support
- an SAR (Damien) will be published in April, and the SSAB is keen to ensure the learning is quickly implemented
- for 2021/22, we will need to keep focused on the safeguarding priorities. These are partly driven by national requirements but local issues will also be taken into account
- there will be a national SAR report and the SSAB has a responsibility to implement the recommendations
- NICE has guidelines relating to safeguarding in care homes, and the SSAB will be supporting and challenging local care homes appropriately
- the SSAB will look at the learning from the pandemic and better understand the hidden harms
- people with learning disabilities will be a key priority
- the SSAB will also consider how performance indicators can be brought in to prioritise the work

Dr Jayne Chidgey-Clark referred to page 33 of the report, and the delay in progressing the transition (child to adult) work due to the pandemic and asked if the work had now started. This was confirmed by Keith Perkin, who also advised that, although we are 'data rich', this will need to be better brought together to inform the work.

Dr Chidgey-Clark asked if the work was linked to the digital initiatives: Keith Perkin responded that this is in the early stages but the CCG has been very proactive and the SSAB has confidence that this will continue. Trudi Grant confirmed that the CCG is engaged with the digital work, which was initiated just before the pandemic lockdown when the Joint Strategic Needs Assessment (JSNA) was being considered. Allison Nation, the CCG's Associate Director, Digital Strategy, has been key in setting the digital agenda and is also very tied in to the SiDeR (Somerset Integrated Digital e-Record) programme.

Dr Jayne Chidgey-Clark thanked the SSAB for their continuing safeguarding work, and asked about the position as we move forward into an ICS (Integrated Care System):

Val Janson responded that we already have very good existing networks for safeguarding across the system, and this will continue. Work is being progressed to both strengthen safeguarding and reduce duplication. A 10-point plan has been developed for activity to be completed over the next 12 months, eg. reviewing the policies and processes and aligning them across the system.

By a virtual show of hands, the Governing Body endorsed the Safeguarding Adults Annual Report for 2019/20.

SCCG 028/2021

SAFEGUARDING CHILDREN ANNUAL REPORT 2019/20

The Meeting received the Safeguarding Children Annual report for 2019/20. On the assumption that Governing Body members had read the paper in advance of the meeting, Val Janson provided a brief verbal report and it was noted that:

- the CCG is part of the Somerset Safeguarding Children Partnership, which also includes Somerset County Council and Avon and Somerset Police and a number of sub-groups
- pages 4 and 5 of the report shows how the 2018/19 priorities were met, including oversight and scrutiny of how primary care staff met their statutory safeguarding children responsibility
- 102 primary care staff from 65 Somerset GP Practices attended a training day and a further date was set up in September 2020, which was well attended

In response to a question from Trudi Mann, Dr Jayne Chidgey-Clark confirmed that the work had been endorsed by the PSQAC and the objectives for 2020/21 were signed off.

Grahame Paine commented on the new Further Education White Paper, published on 28 January 2021, which puts greater emphasis on apprenticeships: he suggested that if the apprentices are going into a place of work rather than a place of study, this may have an impact on people who are seeking to improve themselves but who may not be successful if they are not looked after appropriately:

Val Janson responded that Grahame Paine's comment would be taken to the Policy sub-group of the Safeguarding Children Board. However, Val Janson assured the meeting that, providing the apprenticeships are regulated, appropriate safeguarding arrangements will be in place.

Action 793: Convey Grahame Paine's comments relating to apprenticeships to the Policy sub-group of the Safeguarding Children Board (Val Janson)

By a virtual show of hands the Governing Body endorsed the Safeguarding Children Annual Report for 2019/20.

CHILDREN LOOKED AFTER AND CARE LEAVERS ANNUAL REPORT 2019/20

The Meeting received the Children Looked After (CLA) and Care Leavers Annual Report for 2019/20. Val Janson and Sarah Ashe provided a verbal report and it was noted that:

- this is the first annual CLA and Care Leavers Report for Somerset CCG and covers the period April 2019 to March 2020
- the report sets out the work that has been done to-date, which includes a significant review of services. It is acknowledged that performance has sometimes fallen short of expectation and that ongoing challenges are being experienced
- Somerset CCG and partners are committed to improve the health of CLA, and in February 2020 the CCG agreed an investment and transformation plan for CLA and Care Leavers, phased over three years, and we are now beginning to see improvements, despite starting from a low point of quality and performance
- the service supports 535 CLA (as at 31 March 2020) and 278 children were defined as Care Leavers, of which 272 remained in touch with the Local Authority
- it was considered vital that the initial health assessment procedures be prioritised, and the medical capacity to do this has been strengthened
- the CCG has worked with health providers across the system and a named nurse for CLA and care leavers within Somerset Foundation Trust was recruited to ensure that work in the provider arm was implemented as soon as possible
- an activity and performance dashboard was developed for CLA and care leavers – previously we had relied on the Local Authority dashboard which, although good, did not take all of the health aspects into account
- the dashboard was rolled-out at the height of the first pandemic lockdown, demonstrating the level of commitment from providers while they were diverted elsewhere
- we now have a better understanding of the hitherto poor performance in completing initial health assessments in a timely manner, including:
 - the CLA service was only operating 42 weeks per year: it needs to be 52 weeks
 - delays in key items of information, eg. signed consent for health services
 - CLA being moved into three or four placements in the first few months of becoming looked after, and sometimes being moved out of county

- complex administrative processes
- a key priority for the future is to develop a Care Leaver offer, including bespoke counselling
- a further priority will be the development of an emotional and mental health pathway for CLA

Val Janson confirmed that regular updates about CLA have been taken through the Patient Safety and Quality Committee and assured the Governing Body that the CCG has worked with senior leaders across the system to obtain collaborative agreement to improve performance.

By a virtual show of hands the Governing Body approved the Children Looked After and Care Leavers Annual Report 2019/20.

SCCG 030/2021 COVID-19 UPDATE

Public Health Position

The Meeting received and noted the data for the Covid-19 pandemic as at 15 March 2021, as produced by Somerset County Council's Public Health team. Trudi Grant and James Rimmer presented the latest data (as at 25 March 2021) and it was noted that:

- Somerset is making significant progress with the pandemic, and thanks are due to colleagues and members of the public
- to-date, there have been 19,769 detected cases of Covid, with the latest 7-day rate per 100,000 population being 37.7
- because case numbers are relatively low, it only takes a small number of cases to change the rate. However, it is reassuring to see that the Christmas spike is coming back down
- there have recently been two outbreaks in the Sedgemoor area, which is driving some of the increase over the past week
- enhanced outbreak testing is taking place to identify asymptomatic cases and ensure that affected people are self-isolating to bring the outbreaks under control
- the re-opening of schools has also increased the testing rate: finding more cases is the right thing to do but will also impact on the number of detected cases
- we need to carry on the case finding approach and encourage people to do lateral flow tests twice a week.
- the current R rate for the south west, which will be updated on 26 March, is 0.6-0.9. The rate for Somerset is marginally higher, at 0.8-0.9
- it is important for people to maintain the mantra of "hands-face-space" to ensure good infection control, even if they have received

their vaccination: the vaccination will protect the individual but we do not yet know how good it is in terms of onward transmission

Vaccination Programme

- more than 50% of the Somerset adult population have now been vaccinated with at least one dose
- we are anticipating less vaccine being accessible from the end of March to the end of April but second doses will be available and all vaccination centres will continue to be very busy
- cohort 10 is people aged 18-49 years, and we will be following national guidance in terms of calling people for their vaccination
- the vaccination programmes continues to follow a system approach, including SCC, District Councils and volunteers

Dr Jayne Chidgey-Clark asked about the modelling in preparation for Wave 3 and about the scope of public messaging:

Trudi Grant advised that the NHS is undertaking a lot of modelling: a third wave is not inevitable but it is possible, and everyone has a role to play to ensure this doesn't happen. Rapid lateral flow testing must continue as this will help us to case find and ensure immediate isolation to prevent further transmission. As a system, we are putting out constant public messages through a variety of mediums, including weekly information videos delivered by Clinton Rogers. We are also developing Covid champions, whose role is to help us understand the communication needs of different parts and groups of our population. We want to give people ideas of what they can do, rather than what they cannot – being outdoors is less of a risk than gatherings indoors.

Noting that the system work is underpinned by the Incident Control Centre (ICC), Dr Ed Ford and James Rimmer expressed their thanks to Trudi Grant, and also to Dr Alex Murray and Val Janson. From 1 April 2021, Dr Murray will become the joint Senior Responsible Officer (SRO) for the vaccination programme in Somerset, together with Andy Herron from Somerset NHS Foundation Trust (SFT).

SCCG 031/2021

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) ACTION PLAN

The Governing Body received a summary of local area progress against the Written Statement of Action (WSOA), together with a presentation by Becky Applewood. It was noted that:

- SEND services were inspected by OFSTED in March 2020. The Inspection Report - which found that the services required significant improvement - was published on 27 May 2020
- A WSoA, setting out nine priority areas for improvement, was published on 1 December 2020. The nine Improvement Priorities (IP) are:
 - IP1: Our Children and Young People and their families

- IP2: Our leadership capacity
 - IP3: Our joint working arrangements
 - IP4: Our joint commissioning arrangements
 - IP5: Our neurodevelopmental pathway, specifically autism
 - IP6: Extending inclusive best practice in schools
 - IP7: Improving the consistency of our practice
 - IP8: Improving the timeliness of assessment
 - IP9: Improving the quality of our Education, Health and Care Plans
- The IPs feed into the three overarching themes of the WSoA:
 - Working better together
 - Planning services together through strategic working
 - Ensuring that the systems really address the needs of children and young people
- Progress against each of the IPs is contained within the report (available on the CCG website), which has been presented to the SEND Improvement Board, the Department of Education and NHSE/I. Considerable headway has been made although some challenges remain:
 - children with SEND are some of our most vulnerable: in particular, we need to think about those with autism and behavioural challenges
 - how do we change the culture across the system to ensure that everyone works together? We now have full engagement and all leads appreciate how important it is for families to be at the centre
 - we need to be able to evidence through robust data what is needed, and the quality of what we are doing
 - data collection is very difficult – there are many systems and these need to be drawn together in a better way
 - delays in access to services due to Covid: however, families are now feeling heard and we have a better understanding of their experience of the services
 - there is wider work to be undertaken to ensure that the work we are doing is sustainable and within the remit of the Written Statement of action

Alison Henly asked if further work is required around an integrated data source: Becky Applewood advised that work is taking place with the Digital Team and we need to ensure that the way we describe our data coalesces across the system (a Data Definition Agreement). Although we have a lot of data we are currently not 'business intelligent' in terms of SEND. We need to ensure we are collecting the right data, not additional data.

Lou Evans asked when the next SEND services assessment is expected, and about our position with the regulators, the Care Quality

Commission (CQC) and OFSTED: Becky Applewood advised that the SEND Improvement Board monitors our performance against the milestones on a quarterly or six-monthly basis and we are in constant contact with CQC. We are still in the early days of improvement but are on schedule.

Dr Ed Ford noted that there had been an issue around silo-working and a lack of connected working, and asked about progress with collective ownership: Becky Applewood confirmed that much progress has been made. IP2 relates to leadership and Marianne King is leading on this. Culture change takes a long time, with behavior change taking at least three years to embed. However, we now have much more constructive relationships across the system, and everyone understands that greater focus can be brought by putting the child at the centre.

Dr Ed Ford asked that Governing Body members take up any further questions/comments with Becky Applewood outside the meeting, and thanked the team for their good work.

Action 794: A further presentation relating specifically to IP5 would be circulated separately to the Governing Body (Becky Applewood)

By a virtual show of hands, the Governing Body endorsed the Special Educational Needs and Disabilities (SEND) Action Plan.

SCCG 032/2021

MODERN DAY SLAVERY AND HUMAN TRAFFICKING STATEMENT

The Governing Body received the proposed Somerset CCG's response to the requirements of the Modern Slavery Act 2015. James Rimmer provided a verbal report and it was noted that:

- Somerset CCG recognises that it has a responsibility to take a robust approach to Modern Day Slavery and Human Trafficking, and is committed to its prevention within all corporate activities
- Somerset CCG is required to post its Modern Day Slavery and Human Trafficking Statement on its website at the end of each financial year
- section 6 of the proposed Statement refers to Due Diligence, which sets out that Somerset CCG is committed to ensuring there is no Modern Slavery or Human Trafficking in our supply chains or in any part of our business and assures that we have systems in place to encourage the reporting of concerns and the protection of whistle-blowers
- all CCG staff are required to undertake training relating to Modern Slavery and Human Trafficking, and this is included in our mandatory Safeguarding Children and Adult training programmes

By a virtual show of hands, the Governing Body approved the CCG's Modern Day Slavery and Human Trafficking Statement, noting that it would be published on the CCG's website.

SCCG 033/2021**ANTI-BRIBERY STATEMENT**

The Governing Body received the proposed Somerset CCG's response to the requirements of the Modern Slavery Act 2015. James Rimmer provided a verbal report and it was noted that:

- the document sets out Somerset CCG's zero tolerance to bribery and confirms that we will implement and enforce effective systems to counter bribery
- the statement is a renewal of the commitment that the CCG has always adopted in tackling, fraud, corruption and bribery
- to further demonstrate our commitment to prevent fraud and bribery from affecting our organisation, we contract with BDO to help us develop and implement our Anti-fraud and Bribery corruption prevention procedures

Grahame Paine commented that NHS Protect has not been visible, in terms of recommencing work in the light of Covid:

Alison Henly responded that, during the pandemic, NHS Protect has been working in the background to counter the various different types of fraud that have been apparent during Covid. They provide us with notifications of potential/actual fraud, and have been very helpful in flagging risk areas, particularly financial. We also work closely with the local counter fraud agency, and anti-fraud reminders are taken through the Audit Committee.

By a virtual show of hands, the Governing Body Approved the Anti-Bribery Statement and noted that it will be published on the CCG website as evidence of the CCG's commitment to countering fraud and bribery of any description.

SCCG 034/2021**FINANCE REPORT 1 APRIL 2020 TO 31 JANUARY 2021**

The Meeting received the Finance Report for the period 1 April 2020 to 31 January 2021. Alison Henly provided a verbal report, summarised as follows:

- as previously advised, for the first six months of this year a retrospective claim process has been in place for additional costs in excess of the CCG's initial allocation
- retrospective claims for the period April to September have been fully funded
- for the period 1 October 2020 to 31 March 2021, the CCG received a resource limit. Plans were submitted to NHS England and detailed budgets were subsequently approved in October by the Finance and Performance Committee
- the report highlights a variance of £1.8 million, and relates to the period December-January. This was subject to the national reimbursement process and has subsequently been received

- the payment with NHS trusts has moved to a block contract basis for 2020/21, based on actual 2019/20 expenditure levels, and the variances reflect where these are higher than the funding available
- a number of specific issues had previously impacted on prescribing: these have now been reversed, resulting in an underspend of £1.59 million
- there was an expected underspend against the CHC budget relating to a reduction in activity across all CHC areas of provision
- the cost of the hospital discharge programme for December and January was £1.8 million. This is still being funded retrospectively and following receipt of this funding, the CCG will achieve a break-even position
- the CCG has continued to support local businesses through ensuring fast payments and is routinely paying 100% of invoices within 30 days

Grahame Paine commented that no planning guidance has yet been received, and expressed his thanks to the Finance team for their work.

Dr Jayne Chidgey-Clark queried the forecast under-commitment against the Mental Health Investment Standard (page 7 of the report refers): Alison Henly responded that the Mental Health Investment Standard has been fully spent, albeit in a different way, and the priorities for 2021/22 will need to be reconsidered.

By a virtual show of hands, the Governing Body approved the report of the CCG's financial position as at 31 January 2021.

SCCG 035/2021

INTEGRATED BOARD ASSURANCE REPORT FOR THE PERIOD 1 APRIL 2020 TO 31 JANUARY 2021

The Meeting received the Integrated Board Assurance Report for the period 1 April 2020 to 31 January 2021. Neil Hales, Alison Henly and Val Janson provided a verbal report, summarised as follows:

- there has been a significant increase in demand for the out of hours and NHS111 services and more recently ambulances. A number of actions have been taken:
 - the integrated urgent care clinical validation service was launched on 2 November 2020, following a successful pilot which showed high levels of clinical validation coupled with high re-direction of patients to alternative services more appropriate to their clinical needs
 - the launch of the Think 111 first initiative from 1 December 2020
 - recruitment to the high intensity user team, who have signposted 30 patients to more appropriate services
- elective performance:

- in January 2021, 38,404 patients were waiting for their definitive treatment. This represents a reduction of 883 patients compared to the position in February 2020
- the number of people who have waited for treatment for longer than 18 weeks increased in January, although the total number of patients waiting in excess of 29 weeks and 40 weeks has started to reduce
 - * the capacity for elective work reduced in January due to an amber surge in terms of ITU Covid-19 cases. At Somerset NHS Foundation Trust, nine of 14 theatres were converted into critical care capacity. Three theatres re-opened for elective work on 1 March, three on 15 March, and the final three will re-open on 29 March. It is anticipated that the number of patients waiting for elective surgery will initially increase further, but work is being undertaken to see how we can start to address and reduce the waiting list in total
- the report details the current performance levels of cancer services and the various positive actions which are being taken
- the improving access to psychological therapy (IAPT) services continue to exceed the national and local performance targets
 - the change in service model, supporting people predominately by telephone, video and webinar intervention, has succeeded in maintaining service delivery
 - face to face appointments are still available by exception and where clinically appropriate, in line with national guidelines
- the report now includes a summary of our focus on Learning Disability and Autism, and this will continue to be developed
- some performance indicators are red-rated:
 - CHC shows that currently, 44% of people are being assessed within the 28 day statutory timeframe. This is partly due to work on the backlog but a number of CHC staff have been redeployed to the mass vaccination programme
 - performance has declined in the programme for reviewing deaths of people with a learning disability, which in part is related to an increased number of deaths due to Covid. However, all deaths will be reviewed for areas of learning, particularly around inequality of services, access etc.

Dr Ed Ford asked about data relating to primary care activity: Alison Henly responded that formal data is awaited. However, the Primary Care Commissioning Committee (PCCC) reviews the number of appointments being offered, both virtually and face-to-face, to ensure that people are receiving GP services appropriately and that there are no specific pockets of difficulty.

David Heath commented that a crucial element over the next few weeks and months would be the reintegration back into primary care of those primary care colleagues who had been redeployed into the vaccination programme.

Referring to mental health services, Dr Ed Ford noted that the CCG has invested in new ways of providing support, eg. the introduction of MindLine, and asked if these could be included in future reports to provide a holistic view of all mental health services: Alison Henly confirmed that we are beginning to capture more information in our collaborative approach to mental health services, and we will pick up MindLine, and its impact, for the next report.

Action 795: Include MindLine and its impact in future reports (Alison Henly)

Lou Evans expressed concern about the number of people (almost 3,000) who have been waiting for longer than 52 weeks for their surgery and asked how this would be addressed:

Nail Hales responded that we are developing a plan to increase capacity and will share this when further detail is available. We are actively looking at the harm review process for long-waiting patients but it is expected that the problem will worsen initially. The harm review process currently involves senior clinicians, who – by taking part – are necessarily removed from their surgical clinical capacity, so there is a fine balance.

Val Janson agreed that everyone is concerned about the number of long-waiting patients. National guidance suggests that the harm review process be stepped down. The next Patient Safety and Quality Assurance Committee meeting will discuss how we prioritise patients, how we use the perioperative programme, how we work as a system, the effects on primary care, acute hospitals, social care etc, and how we recognise, hold and mitigate the risks.

Dr Alex Murray cautioned that we must be mindful that – given the length of time that patients have waited – there is a risk that some may no longer be sufficiently medically fit for surgery. We will need to ensure that surgery remains the right approach for the patient.

Basil Fozard commented on cancer performance and stated that the time from GP referral to diagnosis was unacceptable, with only 74% of people receiving a timely diagnosis:

James Rimmer responded that cancer services have been kept going throughout the pandemic and they will form part of the planning process and be a key priority for the forthcoming year. The GP referral rate is acknowledged, and diagnostic capacity, particularly endoscopy, are both regional and national issues. This will be a point of focus for Somerset so that improvements can be made.

Dr Ed Ford confirmed that performance issues will be considered at the GB Development Session in April. James Rimmer further confirmed that a draft plan would be available at the end of April.

Referring to mental health, particularly for children and young people, Trudi Mann noted that additional investment is being made in Somerset services but commented that referrals to the CAMHS service by primary care are being rejected because they don't meet the thresholds. Trudi Mann asked if funding could be made available to the Primary Care Networks (PCNs) to further support children's mental health.

Dr Alex Murray confirmed that PCNs have increased work with children and young people through schools but it is difficult to enable this to happen effectively with the current funding. Alison Henly responded that the CCG is already considering additional mental health funding for primary care for 2021/22, and it is prioritised in the Mental Health Standard for 2021/22.

By a virtual show of hands, the Governing Body endorsed the Integrated Board Assurance Report for the period 1 April 2020 to 31 January 2021.

SCCG 036/2021 FULL CORPORATE RISK REGISTER REPORT

The Meeting received the full Corporate Risk Register Report as at 17 February 2021. Neil Hales provided a verbal report and it was noted that:

- 11 risks have been closed since July 2020 (the last full review by the Governing Body)
- four risks have been de-escalated from the CRR to the Directorate Risk Register
- six risks have reduced their risk score within the CRR
- nine risks have been escalated from the Directorate Risk Register to the CRR:
 - 25 Performance Targets
 - 362 LeDeR Programme
 - 405 Physical Health Checks for vulnerable groups
 - 406 Covid-19: Increased demand for mental health services
 - 409 Preventable deaths from suicide in relation to Covid-19 and aftermath
 - 413 Patients with complex needs
 - 427 Covid-19: Children and Young Person MH access rate
 - 440 PREVENT Compliance in Trusts
 - 449 Referral to Treatment
- three risks within the CRR have increased their risk rating:
 - 243 Vacancies and decreased capacity in Safeguarding Children Team
 - 255 SWASFT Category 1 and Category 2 Performance
 - 428 COVID - risk of nosocomial transmission
- all risks are assessed at the Risk Management Committee meetings, and individual risks are reviewed at Committee level (Finance & Performance committee etc).

- risk 212, ambulance call stacking: we are an outlier in terms of ambulance services, although this has improved since October. A business case is being reviewed to invest in a Cat 4 pilot. On 24 March 2021, 41 Cat 4 and Cat 3 calls were received, of which 40 were downgraded
- risk 430 SEND: there are some sub-risks, but the overall risk will remain on the register until these are resolved

Referring to page 4 of the report, Grahame Paine noted that in November 2020, five risks were rated '4' in terms of both severity and likelihood – however, in February 2021, this had increased to 11 risks:

Neil Hales responded that some risks are linked to capacity constraints but agreed that it would be important to keep focus on these. James Rimmer advised that the Governing Body would be reviewing risks at a future Development Session.

By a virtual show of hands, the Governing Body approved the additions and amendments to the Corporate Risk Register.

SCCG 037/2021

STAFF SURVEY 2020

The Meeting received the Somerset CCG Staff Survey Results for 2020, including both a full and summary report. Marianne King provided a presentation and verbal report and it was noted that:

- 2020 was the first year that Somerset CCG had taken part in the national staff survey. This has enabled us to make a comparison with the results of the local staff survey in 2019 and also with other CCGs
- 80.2% of staff completed the survey (211 of 263), compared to a national average response in 2019 of 49.8%
- highest scoring areas:
 - 79% of staff feel able to use their skills within their role, which is 6% statistically higher than national comparator and an improved result from our local survey
 - 83% of staff are satisfied with the amount of responsibility they are given, 4% above national comparator
 - 83% agreed that the care of patients/service users was the CCG's top priority, 7% above national comparator
 - 81% feel their manager takes a positive interest in their health and wellbeing, **which is** an improved result since the local survey in 2019 and in line with other CCGs
 - 77% of staff feel managers give them clear feedback, 4% above national comparator

- 93% felt that the organisation acts fairly with regards to career progression/promotion, 4% above national comparator
- lowest scoring areas:
 - 45% of staff admitted to coming to work despite not feeling well enough, which is 6% statistically higher than national comparator
 - 39% of staff have felt unwell due to work-related stress, an increase from 30% in the 2019 local survey
 - 9% have felt bullied, harassed or abused by their managers (18 employees) and 11% have felt similarly by their colleagues (22 employees), although this is in line with other CCG responses of 9% and 10% respectively
 - 73% of staff frequently work additional unpaid hours, 10% above national comparator
 - 32% feel unable to meet conflicting demands on their time and have unrealistic time pressures, 9% higher than national comparator
 - 50% of staff feel that senior managers act on feedback, and just 48% felt that they try to involve staff in important decisions, both 10% lower than local survey, but other organisations in sector reporting very similar
 - 28% of staff often think about leaving the CCG, 6% above national comparator
- areas for action – key themes:
 - health and wellbeing
 - * we do not condone bullying/bad behaviour: we believe it is important to create a culture where colleagues feel part of a team and are supported
 - * listening and learning
 - work/life balance and workload
 - * it is not unusual for people working in the NHS to feel a high level of burden
 - * 73% reported that they work unpaid longer hours: we will need to address this as we move into an ICS
 - leadership engagement
 - * we will be providing line management training that will develop a compassionate style of leadership

- retention
 - * 28% of staff often think about leaving the CCG: we need to explore the reasons for this
- conclusions:
 - significant improvements have been made in key areas since the local survey was conducted, and the work relating to the HPO (high performing organisation) has helped to improve the staff experience
 - responses are largely representative of a positive staff experience
 - overall, our results are largely reflective of those of other CCGs
 - we recognise that home-working has been a positive experience for some, though acknowledge that it will likely have had an impact upon certain responses eg. around work-life balance and time management
- next steps:
 - from March 2021 we will be focusing on staff engagement and involvement in developing an action plan
 - from April 2021, we will have created an Action Plan informed by the staff survey results, and staff and stakeholder engagement on future improvements

Governing Body members commented on the results, as follows:

- the excellent response rate, showing that people can feedback and that their comments will be listened to
- that the bullying and 'thinking about leaving' percentages are not acceptable; similarly, almost 40% of staff feeling unwell through stress: this must be addressed
- from the full report, the comments on ineffective communication with senior managers and unrealistic timescales: this needs to be explored
- referring to the lowest scoring areas (slide 5): when was the survey performed in relation to work on the HPO? How can we effectively move forward? The Governing Body fully supports the HPO work to improve the working environment
 - Marianne King confirmed that people had been given a long period of time to complete the online staff survey, but that the HPO had been in existence 12 months' prior. There has been a significant positive improvement compared to the local survey carried out in 2019, including in the CCG's culture, staff experience and engagement

- it is within the CCG's gift to ensure that the staff working environment (both mental and physical health) is improved, to carry out listening and learning events, and – as we enter into the era of Integrated Care Systems (ICSs) – to ensure we are in the best possible place for our staff
- we are aware of the implications of 'burn-out', not only in the CCG but across the system as a whole: in particular, as we think about Covid recovery (ie. returning to business as usual) and the effect on our staff over the past 12 months. We will need to keep this in particular focus in relation to our people plan and how the improvement actions are implemented

Dr Jayne Chidgey-Clark thanked Marianne King and the HR team for their work to-date. Dr Chidgey-Clark felt that the HPO work was having a good impact, and the staff survey response rate meant that the organisation could be confident about the future challenges. In her role as Colleague [Staff] Champion, Dr Chidgey-Clark confirmed her support for the HR team and the Colleague [staff] forum, noting that the survey had revealed some very positive areas but had also identified very real concerns: it will be important to keep an eye on the stress rate and to understand if this is related to Covid or some other reason(s).

Trudi Mann commented on the caring culture that is being reinforced throughout the CCG and wider system. Trudi Mann felt it is sometimes difficult for managers to lead through the enforced (due to Covid) digital approach but that hopefully this will improve as we move forward.

SCCG 038/2021 ANY OTHER BUSINESS

James Rimmer reported that Sandra Corry will formally retire from Somerset CCG at the end of June, following a period of sickness absence. Val Janson will take the role of Director of Quality and Nursing with immediate effect.

SCCG 039/2021 DATE OF NEXT MEETING

The next meeting of the Governing Body will be held on 27 May 2021 at 9.30 am via MS Teams. Papers will be published in advance on our website and members of the public are invited to submit their questions to kathy.palfrey@nhs.net by midday on Tuesday, 25 May 2021.

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

CHAIRMAN DATE

**ACTIONS ARISING FROM THE PART A SCCG GOVERNING BODY MEETING
HELD ON 25 MARCH 2021**

Text in green was added arising from discussion at the Virtual meeting of the Governing Body on 25 March 2021 and through subsequent updates from Directors. Items marked Complete, Closed or subsumed into Business as Usual will be deleted from future schedules

Action No.	Action	Lead	Updates/Action Date
Actions Arising from Meeting held on 25 March 2021			
795	Include MindLine and its impact in future IBAR reports	Alison Henly	
794	Presentation relating specifically to IP5 would be circulated separately to the Governing Body	Becky Applewood	Complete
793	Convey Grahame Paine's comments relating to apprenticeships to the Policy sub-group of the Safeguarding Children Board	Val Janson	
792	Electronic register to be updated	David Heath	
Actions Arising from Meeting held on 28 January 2021			
791	Access target rate for CYPMH to be reviewed for 2021/22	Alison Henly	
790	Consider the recommendation to include a Climate Impact Assessment on the cover sheets for future GB papers	James Rimmer	On hold pending recovery from COVID: the principle is accepted but requires consideration of how to do it in an effective way
789	JSNA: Contact Stuart Brock for discussion relating to pollution and air quality	Val Janson	
Actions Arising from Meeting held on 24 September 2020			
784	Decline in VTE assessments to be raised with YDH	Sandra Corry/ Val Janson	Providers are looking at this. Some data has been supplied but there are gaps. (Per VJanson 26 November 2020)

29 March 2021