NHS
Somerset
Clinical Commissioning Group

Report to the NHS Somerset Clinical Commissioning Group on 26 November 2020

Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 24 September 2020	**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 24 September 2020. 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 24 September 2020 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 18 June 2020.			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	-	-	-	-

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Minutes of the **Part A** Meeting of the **NHS Somerset Clinical Commissioning Group Governing Body** held on **Thursday, 24 September 2020** via **MS Teams (Virtual Meeting)**

Present:	Lou Evans (Acting Chair)	Non-Executive Director CCG Vice Chair and Chair of Audit Committee (Lay Member)
	Basil Fozard	Non-Executive Director, Secondary Care Doctor
	Dr Jayne Chidgey-Clark	Non-Executive Director, Registered Nurse
	Trudi Grant	Director of Public Health, Somerset County Council
	Wendy Grey	Non-Executive Director, Member Practice Representative
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member) (from item SCCG 071/2020)
	Alison Henly	Director of Finance, Performance and Contracting
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Grahame Paine	Non-Executive Director (Finance and Performance)
	James Rimmer	Accountable Officer and Chief Executive
In Attendance:	Dr Peter Bagshaw	CCG Clinical Lead for Mental Health, Learning Disabilities and Autism (for item SCCG 075/2020)
	Matthew Bryant	Chief Operating Officer, Hospital Services, Somerset NHS Foundation Trust (for item SCCG 077/2020)
	Kim Curry	Lead for Adult Social Care, Somerset District Councils (to and including item SCCG 071/2020)
	Jan Gamon	South Somerset District Council (to and including item SCCG 071/2020)
	Judith Goodchild	Chair, Healthwatch (Observer)
	Maria Heard	Senior Responsible Officer Covid-19, and Programme Director, Fit For My Future
	Val Janson	Deputy Director of Quality and Nursing (representing Sandra Corry)
	Andrew Keefe	Deputy Director of Commissioning - Mental Health, Autism, & Learning Disabilities (for item SCCG 075/2020)
	Dr Alex Murray	Lead Clinician for Medical/Primary Care input to Covid-19, and Clinical Director, Fit For My Future
	Allison Nation	Associate Director, Digital Strategy (for item SCCG 076/2020)

	Alex Parmley	Chief Executive, South Somerset District Council (to and including item SCCG 071/2020
	Alison Rowswell	Deputy Programme Director, Fit for my Future, and Neighbourhoods and Community Settings of Care Lead (for item SCCG 077/2020)
	Sandra Wilson	Observer Lay Member, Chair of Chairs of the Somerset Patient Participation Groups (PPGs)
	Cllr Ros Wyke	Leader, Mendip District Council (to and including item SCCG 071/2020)
Secretariat:	Kathy Palfrey	Executive Assistant to the Governing Body
Apologies:	Dr Ed Ford	CCG Chair, GP Partner, Irnham Lodge Surgery, Vice Chair, Health and Wellbeing Board
	Sandra Corry	Director of Quality and Nursing

SCCG 064/2020 INTRODUCTION

Lou Evans, Acting Chair in the absence of Dr Ed Ford, welcomed everyone to the NHS Somerset Clinical Commissioning Group Governing Body meeting, in particular: eight members of the public; Alex Parmley, Jan Gamon, Kim Curry and Cllr Roz Wyke, who would be presenting agenda item SCCG 071/2020, Stronger Somerset; Andrew Keefe and Dr Peter Bagshaw for agenda item SCCG 075/2020, the Fit for my Future decision-making business case; Allison Nation for item SCCG 076/2020 the Digital Annual Update; and Alison Rowswell and Matthew Bryant for agenda item SCCG 077/2020, the Somerset Winter Plan.

Governing Body members introduced themselves.

SCCG 065/2020 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.

Two comments/questions had been received in advance from members of the public, both of which related to the Fit For My Future decision-making business case. In a break from the usual process, those comments/questions would be addressed under that particular agenda item. Minute SCCG 075/2020 refers.

SCCG 066/2020 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Dr Ed Ford and Sandra Corry. Sandra Corry was represented by Val Janson, Deputy Director of Quality and Nursing.

SCCG 067/2020 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 September 2020.

Sandra Wilson reported that she had been appointed to the Primary Care Commissioning Committee as the patient representative.

Lou Evans reminded Governing Body members that they should update the electronic database within 28 days of an Interest becoming known (or relinquished), or reconfirm their Interests on the database if they have not done so within the past four months. Governing Body members should also update the Gifts and Hospitality database.

SCCG 068/2020 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 069/2020 MINUTES OF THE PART A MEETING HELD ON 30 JULY 2020

The Meeting received the Minutes of the Part A meeting held on 30 July 2020. By a virtual show of hands, the Minutes were approved for signature by the Chairman as a true and correct record, subject to the following minor amendments:

Page 12: Finance Report: amend final bullet point to read "The Finance report has been considered by the Audit Committee."

Page 13: amend first paragraph to read, "In his capacity as Audit Committee Chair, Lou Evans endorsed the comments made by Alison Henly. Grahame Paine, Chair of the Finance and Performance Committee, confirmed that a 'deep dive' had been undertaken *of the first four months,* but felt this was not wholly satisfactory due to the lack of *forward* guidance. However, it was pleasing to report that the Committee felt the money was being well-spent, and that the "CCG is able to reclaim Covid-19 related expenditure.

SCCG 070/2020 MATTERS ARISING AND ACTION SCHEDULE

Verbal updates were provided against the following actions:

Action 779: One Somerset have agreed to amend their report at page 34, to read: "Health care delivery … Despite having *amongs*t the highest ratio of GP *Practices,* Care Quality Commission (CQC) ratings show these services as *amongs*t the worst in the South West". It is unfortunate that the ratings used by CQC and Ofsted mean that, at a CCG summarised level, there will always be a best and worst in the region, even if there are no major issues.

Action 778: Dementia discussion: Dr Jayne Chidgey-Clark confirmed this is on the agenda for the next meeting of the Patient Safety and Quality Assurance Committee.

Action 775: Communications action plan to be prepared particularly in relation to obesity and weight management in preparation for the winter period and the potential for a second wave of Covid-19: the Comms team are working on our winter communications plan and this action will be picked up as part of that. We are working with the Somerset Activity & Sports Partnership and SCC on promoting the benefits of physical activity in improving wellbeing. There is also a national campaign to encourage people to lose weight and get fit in response to Covid-19.

Action 741: Procurement Decisions Register: this action has been delayed due to Covid-19. However, a project team has been established to clarify and create an organisation-wide database which will produce a comprehensive register. This will be brought to a future meeting once we have a draft to share.

Basil Fozard commented that, against action 774, the Digital Annual Report did not mention West Somerset risk of digital exclusion. It was agreed that this would be addressed verbally at item SCCG 076/2020.

SCCG 071/2020 STRONGER SOMERSET

The Meeting received the Stronger Somerset Business Case.
Alex Parmley, Kim Curry, Jan Gamon and Cllr Roz Wyke provided a presentation and verbal report, summarised as follows:

- Stronger Somerset is an outline business case for change in the system of local government, and has been prepared jointly by the four Somerset District Councils

- the intention of Stronger Somerset is to improve the lives for all Somerset residents and not to simply cut costs

- Stronger Somerset recognises: the high levels of child poverty across the county; the challenges around social mobility; that the ageing population should be able to live healthy, independent lives; that skills, wages and opportunities must be improved and the productivity gap must be closed

- in preparing the outline business case, four options were shortlisted for consideration:

    - Option A: keep the status quo and current councils
    - Option B: do the minimum and build more collaboration between current councils
    - Option C: Stronger Somerset – reform around two new councils working together in collaboration
    - Option D: re-organise to create a single unitary county

- the four District Councils believe that Option C best delivers the outcomes identified

- the proposals contained within Stronger Somerset are:

    - to create two new councils for Somerset - Somerset East and Somerset West - replacing the current four District Councils and County Council

    - that the two new councils would work together as a combined authority in some areas of government, so that decisions could be made locally

    - to reform the way social care is delivered by focusing on prevention and early intervention; aiming to achieve better outcomes and financial stability; adopting a community approach that are better able to support younger and older people with the challenges they face

    - to focus on continuity to improve life chances for vulnerable children; to promote greater independence for younger adults; to improve quality of life, independence and wellbeing for older adults, and to ensure that those from a poorer background are not disadvantaged

- Stronger Somerset would be delivered through locality teams integrated with other service providers operating within the two new councils and with specialist services being shared

- PA Consulting had been involved in pulling the business case together: over the short term, Stronger Somerset is financially comparable to the proposal from SCC for a single unitary council (One Somerset), but over 10 years would produce a significantly more financial benefit in excess of £30 million that could be invested back into services and communities

- the outline business case will be submitted shortly in line with Government requirements. A decision by the Secretary of State is expected in early 2021. If the proposal for a Stronger Somerset is accepted, it is intended to move to shadow form in April 2021 and to be fully operational in April 2022

Grahame Paine was concerned that splitting the county might cause a potential fragmentation of services. Alex Parmely responded that the two new councils would consolidate the work of the current five. It is

envisaged that they will work collaboratively on the strategic issues covering the whole county, and there will be greater integration and sharing of resources to ensure that the system is not fragmented; rather, there will be better recognition of the different challenges and needs at local level.

Cllr Roz Wyke commented that Somerset is the fifth largest county in the country, with a two-hour journey from east to west, and so is geographically challenging, particularly for the many people who do not have access to a car and where rural public transport is limited. There must be a responsive local government that is able to think about how things can be improved for their population. The reason for proposing two councils is so that they can respond differently, given that the various issues faced by Somerset east and west are very distinct.

David Heath commented that the proposal has some very substantial advantages in terms of its preparedness to look at genuine devolution of responsibility to a local level and is a more locally based solution. However, there is a potential disadvantage in terms of the co-terminosity that we currently enjoy and the working relationships that have been established on that basis. David Heath asked how those disadvantages would be addressed, and – noting that there are seven district councils rather than five, two of which already have unitary status - also asked if the proposals had been discussed with North Somerset and Bath and North East Somerset:

Alex Parmley responded that the proposals seek to deal with the challenges around co-terminosity by looking at how the two new councils would work together more collaboratively and how they would share resources. It was not envisaged that the public health function would be disaggregated. The two councils would be social care authorities in their own right, to engage with Somerset CCG and others. There is a need for balance between what should happen at county, local and strategic level. Referring to North Somerset and BANES, Alex Parmley stated that the neighbouring councils are very important to the proposal and active discussions are taking place.

Dr Jayne Chidgey-Clark felt that two unitary authorities may create a greater level of complexity, and suggested that the business case should contain more detail about the working relationships with health partners and others.

Alex Parmley responded that the business case is not yet at the detailed stage. If a single unitary authority were to be established, this would be the second largest in the country, covering a widely dispersed population. This would make it difficult to address the very distinct issues between various areas of the county. Conversely, the proposals suggested by Stronger Somerset would deliver a more integrated, collaborative system where the two councils would work much more closely with health and other organisations.

Kim Curry clarified that there is no intention to discard what is already working well. Stronger Somerset would still cover the footprint of Somerset and a principal benefit would be better alignment with the Primary Care Networks (PCNs). Stronger Somerset wishes to build on

the opportunities provided by Covid-19, and the better collaborative working that can take place across health and social care when the barriers are removed.

Cllr Roz Wyke set out the following:

- this is a once in a lifetime opportunity to sit back and look at the broader issues – housing, health, care etc. Local government is multi-faceted and it must be right

- the Stronger Somerset leadership team is conscious they must not only look at Yeovil and Taunton: they are aware that 20% of activity at Weston emanates from Somerset, similarly Bath. Both are in different STPs. Stronger Somerset will need to be extremely collaborative and the borders need to be blurred

- the Stronger Somerset leadership team is very aware that the economic future of the county may be as significant as other considerations in the bigger picture. The business case will seek to keep what is already good. It will set new boundaries and initiatives where needed to grow the local services and make a positive impact on the lives of Somerset residents

Lou Evans thanked the Stronger Somerset leadership team for their presentation. Somerset CCG had now seen both proposals: One Somerset (a proposal for a single unitary authority, as presented by SCC) and Stronger Somerset (the proposal for a two unitary authority). Somerset CCG will be formally writing to the Secretary of State. Further discussion would take place in the Part B (private) session.

SCCG 072/2020 CHAIRMAN'S REPORT

The Meeting received and noted the Chairman's Report, which included the Communication and Engagement Reports for the period 1 July to 31 August 2020. Introducing the report, Lou Evans advised that:

- James Rimmer has been Acting Accountable Officer (AO) and Chief Executive for Somerset CCG since September 2019. A recruitment exercise for a substantive AO had taken place during August 2020, in a very competitive environment. Following approval from Sir Simon Stevens, James has been appointed as the substantive AO and Chief Executive for Somerset CCG. Elizabeth O'Mahony, Regional Director for the South West, NHS England and NHS Improvement, said: "I'm delighted that James has accepted the post of Accountable Officer for Somerset CCG. He has the values and skills we seek in our healthcare leaders and has led the CCG through the challenges of the last few months with integrity and purpose. I would like to congratulate James and wish him and the CCG every success."

Referring to the Engagement Report, James Rimmer highlighted page 16, the bi-monthly update about ongoing engagement, and thanked members of the public who had attended the virtual AGM on 15 September 2020

Dr Jayne Chidgey-Clark welcomed the summary annual report, "Our Year", and agreed with James Rimmer that there is a good balance of success and challenge. Dr Chidgey-Clark noted that we are awaiting the outcome of the Patient and Community Engagement Indicator assessment, submitted in February, (page 7 of the report refers) and asked about the reasons for delay. Referring to the PALS data, Dr Chidgey-Clark noted that access to services continues to be a major theme and asked what is being done to improve service access?

James Rimmer noted the query relating to the indicator assessment, and a response would be provided to the next meeting.

Action 780: Patient Engagement and Community Engagement Indicator assessment to be followed-up (Jane Harris)

James Rimmer reported that service capacity had diminished during Covid-19 and waiting times had consequently increased. A recovery plan is in place to alleviate the issues and risk reviews are being undertaken to ensure that patients most at risk are prioritised. A further risk is the recent upturn in Covid-19 cases. The Phase 3 report would be brought to the Governing Body in due course.

SCCG 073/2020 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:

- Covid-19: Nationally the NHS moved from a Critical Level 4 Incident to a Critical Level 3 Incident with effect from 1 August 2020. This meant that the National Critical Incident remained in place but with Regional leadership rather than national

- Phase 3 planning is ongoing: work continues and the final submission needs to be made on 5 October 2020

- Operational Pressures Escalation Level (OPEL): the local system is under pressure, particularly in urgent care, and fluctuates between OPEL Level 2 and OPEL Level 3. Providers are responding well

- Health Service Journal (HSJ) Award: Somerset, together with partners at Kernow CCG, West Hampshire CCG and Wessex AHSN (Academic Health Science Network) has won the HSJ Value Award for system or commissioner-led service redesign, relating to partnership working supporting our care homes

SCCG 074/2020 COVID-19 UPDATE

The Meeting received and noted the data for the Covid-19 pandemic as at 17 September 2020, as produced by Somerset County Council's Public Health team. Trudi Grant (Director of Public Health) provided an updated verbal report and it was noted that:

- as at 23 September 2020, there had been 1,511 Covid-19 positive cases in Somerset since the beginning of the local endemic, with

an increase in the number of positive cases over the past fortnight

- as at 23 September 2020 there were 13 open local outbreaks; 62 outbreaks were open for surveillance; 130 outbreaks had been closed

- the Mendip area has a slightly elevated level of Covid-19 cases compared to the other Somerset districts. This appears to be largely due to household transmission, but may also be due to being closer to North Somerset and BANES, both of which have slightly elevated levels compared to Somerset

- the latest R (reproduction) value for the south west is 0.9 to 1.6. Every region in the UK has an R value in excess of 1

- due to the behaviours of the local population, Somerset is doing well. However, as nationally, concerns remain about testing levels

As Incident Director for the Covid-19 response, Maria Heard provided a report about the work of the Incident Control Centre (ICC) in response to the pandemic:

- the ICC is part of the Emergency Preparedness, Resilience and Response (EPRR) arrangements and provides the focal point to our response

- the ICC is currently working virtually. At the height of the response, it was running seven days per week from 0800 to 2200 hrs, directly supported by 46 staff and 13 Directors On-Call, and working closely with Public Health

- 39 Task and Finish Groups ('cells') were set-up, covering a wide range of subjects, eg. Infection Prevention and Control (IPC) Cell, Personal Protective Equipment (PPE) Cell), Primary Care Cell

- from 5 July 2020 the ICC moved to running five days per week from 0800-1800 hrs, with 24/7 cover through the Director On-Call rota, and continues to work with SCC and District Council colleagues to support the most vulnerable in our society

- local outbreaks are being managed by Public Health but the ICC supports and is responsible for co-ordinating the operational response. The ICC also responds to major incidents outside our border, eg. during the local outbreak at Weston, which meant Weston General Hospital had to be closed

- the ICC continues to monitor and co-ordinate the operational response to other pressures, eg. winter, seasonal flu, severe weather, the 'flu vaccination programme etc. The ICC is also co-ordinating the response to EU Exit planning and escalation

- the ICC will remain in place until at least March 2021 and will be the co-ordinating point for anything related to Covid-19, winter pressures and EU Exit

The Meeting noted the Covid-19 update and the report about the ICC.

SCCG 075/2020 FIT FOR MY FUTURE (FFMF)

The Meeting received the FFMF Decision-Making Business Case. Maria Heard, Andrew Keefe and Dr Peter Bagshaw provided a presentation and verbal report, summarised as follows:

- work has taken place over the past 2.5 years with staff, people with lived experience of mental health problems, carers and colleagues in the voluntary sector, to co-create a new model of mental health care for Somerset

- this work has led to a £13 million additional investment in Somerset for community and mental health services for adults, and £4 million funding to improve mental health services for children and young people

- the county-wide inpatient service is one small but important part of our mental health services, used by around 600 people per year, and we must ensure that these are as safe as possible

- the inpatient service has been the basis of our review and consultation with the public about our proposal to co-locate the St Andrews Ward in Wells with Rowan Ward in Yeovil, while keeping the total number of beds the same

- the inpatient mental health service is for working-age adults and needs to be seen within a wider context to improve the safety of services across the system

- there are currently 18 beds at Yeovil (Rowan) and 14 beds at Wells (St Andrews), 15 beds at Rowan One (Taunton) and 15 beds at Rowan Two (Taunton): total 62 beds

- St Andrews is a stand-alone ward. Risks of stand-alone wards include: the likelihood of a significant incident, perhaps through a patient self-harming and/or causing distress to others on the ward; when the alarm is activated out of hours, the attending body would be the Police; St Andrews is not a 24/7 Ward and is only supported during 0900-1700 hrs. It is not supported out of hours, on bank holidays etc, and this is too long a period without intervention

- we do not send higher-risk patients to St Andrews: It has only 14 beds, is isolated, there is a lack of infrastructure and there is not the same level of cover as there is in Yeovil

- many different options were considered around how the current configuration of services could be optimised – only three were viable:

    - Option 1: Do the minimum: retain current configuration, including ward locations, functions and bed numbers. Investment would be required over time to ensure the wards

were fit for purpose

- Option 2: Two ward service at Yeovil, using existing ward space at Rowan/Holly Court, which could be refurbished to enable the change. This would involve moving the current service at Wells to Yeovil, and no change for the Taunton service

- Option 3: Two ward service at Wells, refurbishing an existing ward to enable the change and also investment in the existing ward to provide en-suite facilities and improved disabled access. This would involve moving the current service at Yeovil to Wells, and no change for the Taunton service

- whichever option was selected, there would be no reduction in the overall bed numbers

- it was felt that Option 2 was the preferred option, and it was Option 2 that went to public consultation

- each option had their own particular merits but the reasons for preferring Option 2 include:

  - it performed best by a considerable margin on quality of care/safety. It provides the safest environment for patients, and the best opportunity for good outcomes. The lack of adjacent staff to provide additional support on occasions when there could be a challenge to the safety of staff or patients, and the distance from an acute hospital with an emergency department were significant issues for Option 1 which retained the current configuration.

  - on affordability and value for money Option 2 was also the best option by a significant margin. Its annual costs were approximately £560,000 less than those of Option 1 and £260,000 less than Option 3

  - there were no criteria on which Option 3 performed better than Option 2. While Option 1 performed better than Option 2 in terms of travel times, this was more than outweighed by the poor performance of Option 1 against the other main criteria

  - Option 2 also includes the provision of an Extra Care area, so that individuals can be supported for their own particular needs

- an important driver was the clinical view and it is important to stress that the proposed change is clinically led – it relates to patient safety and improved quality and is not about reducing bed numbers or funding:

  - stand-alone wards cannot provide the same level of cover as other wards; patients are at quite high risk for clinical events and getting help to them is a matter of urgency

  - the lead clinicians operating the service have said that:

        - “It is the unanimous view of the medical staff of Somerset Partnership [now Somerset NHS Foundation Trust] that the current situation of a stand-alone inpatient acute adult ward in Wells is very unsatisfactory.”

    - the Clinical Senate strongly supported the conclusion that Option 2 would be the best option, stating in their report that:

        - “The Clinical Review Panel (CRP) were unanimous in their view that clinical evidence and best practice supported the proposals to move 14 inpatient mental health beds for adults of working age from the ward currently in Wells to Yeovil where two wards will be combined to address concerns around maintaining stand-alone units.”

    - the CRP concluded that the St Andrews ward beds should be moved urgently as the situation was unsafe

- the public consultation, which looked at the three options, took place between 16 January and 12 April 2020

    - the results were independently analysed by Participate who presented a report back to us

    - the report found that:

        - 37% of respondents agreed and 52% disagreed with the Option 2 proposal

        - respondents from the three localities closest to Wells were much more likely to oppose the proposal, while a majority of responses from other localities were in favour

        - 68% of NHS staff responding to the survey agreed that the risk of continuing with the status quo was too high, while only 39% of members of the public agreed

        - we received a petition with 382 signatures which proposed a new “Option 7”, which would “keep St Andrews Ward, increase staffing and safety, additionally increase beds at Yeovil for future sustainability.”

        - concerns raised by respondents against the proposal included: travel times/distance/increased cost/difficulty for visitors and carers; fear that this was the beginning of degradation of service in Wells and the Mendip area

        - 79% of respondents from localities other than North Sedgemoor and Mendip were supportive of the proposals, although the volume of responses was lower

- a number of mitigations and improvements have been made since the consultation concluded:

- a pilot introduction of 11 new step-up/step-down beds across the county, until the end of March 2021: seven in Yeovil, four in Wells, to help with social distancing on wards and avoidance of hospital admission

- increase in the number of mental health workers in primary care, together with expansion of the talking therapy service, and expansion of the Mindline service to 24/7

- more digital consultation, with assessment to treat

- elimination of waiting lists for care co-ordinators

- introduction of 35 additional community-based staff: the 'trailblazer' funding that we received has allowed us to fund additional support much earlier in the pathway

- establishing three community 'front room' locations, one of which will be in Wells

- Equality Impact Assessment (EIA):

  - a formal EIA was undertaken which demonstrated that the impact of the proposed co-location would be positive or neutral for all but one of the protected characteristic groups as well as vulnerable groups in Somerset. The EIA highlighted that the proposals may have a negative impact where some carers may have to travel further to visit their loved ones, particularly if they are reliant on public transport

  - our original analysis of travel time, in the pre-consultation business case, demonstrated that relocation of St Andrews to Yeovil would impact fewer people than if the Wards were co-located in Wells

- travel sub-group:

  - because travel was of particular concern for carers, families and friends, a travel sub-group was formed to consider the feedback and how the impact could be minimised in a county as geographically widespread as Somerset:

    * where possible, we want people to remain in their own homes in their own communities

    * the work to develop the mental health model of care in Somerset will provide much earlier, better joined-up support for people experiencing mental health problems

    * these services will work closely with special inpatient units to support the transition between different parts of the service

* step-up/step-down beds in Wells and Yeovil will provide support to patients either before they need to be admitted to an inpatient bed, or to help them transition back to their local area

* where individuals are admitted to hospital in a county-wide service we are already supporting carers and families where their relative is admitted - this support will be continued

* development of the use of digital technology to support families to maintain contact, particularly during Covid-19

* we will work with the voluntary sector to maintain and support the development of community-based transport services

* we will be setting up a service user and carer reference group

Alison Henly provided a brief report around the finance:

- there has been a significant rise in inflation in the building sector – the table included in the pre-consultation business case shows outdated figures – but this did not change the ranking of the options under consideration and Option 2 remains the most affordable option in terms of annual revenue costs

- we looked at the configuration of the current and proposed wards. The revenue implications take account of the capital figures and staffing levels. Option 2 provides a small benefit

- no funding will be withdrawn from mental health services, and the CCG and system partners have made a commitment that, should there be any savings, these will be reinvested back into mental health

Maria Heard confirmed that:

- the feedback had also been shared at a virtual public event, as well as with the Scrutiny Committee, the Health and Wellbeing Board and with our Foundation Trusts

- from a clinical perspective, we have support from the Clinical Senate and the Clinical Executive Committee

- we also have support from our system partners: Somerset County Council, Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust, who are the providers of the inpatient mental health service

The recommendations presented to the Governing Body for approval are summarised as follows:

- to comment on the Decision-Making Business Case

- to note the statement of support from SCC, Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust

- to note and consider whether the CCG has met its legal duties in relation to the Decision-Making Business Case

- to approve the recommendations within the Decision-Making Business Case:

    - the mental health inpatient unit for adults of a working age at St Andrews Ward in Wells should be relocated to Yeovil where it will operate alongside the existing Yeovil unit in refurbished and fit for purpose modern facilities which can be used flexibly to create male and female ward space preserving privacy and dignity

    - a service user and carer reference group should be put in place to support the implementation of the proposal, and particularly to review how the potential negative impacts of increased travel time can be mitigated

    - to address issues identified by consultation feedback related to travel and access to services and the potential impacts on service user and visitor experience, the CCG should work with the Somerset NHS Foundation Trust and other partners to:

        * ensure that local community based services are available in the Wells area (and across the whole county) to support the transition of patients from inpatient units back into their local networks

        * ensure a continued focus on the effective integration of the specialist inpatient units with local services

        * continue to develop ways to support interaction of patients with families and carers where actual visits are not possible, particularly through the use of digital technology

        * continue to work across Somerset to improve community based transport support services.

    - feedback should be gathered from current and former patients on St Andrews Ward, their carers and current staff about what they value about their unit. We will then work with our units in Taunton and Yeovil to make sure this feedback directly informs the way care is provided for everyone

    - responsibility for implementing the service re-location and delivering these recommendations should ultimately rest with the Somerset NHS Foundation Trust working in collaboration with the CCG

Before asking the Governing Body to take a vote on the recommendations, Lou Evans raised the two public questions that had been received in advance of the meeting:

1 **Member of the Public: I attended the public meeting in the City of Wells Hall. At that meeting there was no thought for family members visiting loved ones. The so-called idea for support for family members, mentioned this morning on BBC Somerset, is no more than lip-service. With all the development around the city, the decision is very short-sighted for the long term. What will the St Andrew's site be used for? If sold to a developer, so even more housing, making the situation even worse:**

In response, Andrew Keefe wished to assure the individual that the business case and presentation demonstrate that the CCG is taking the issue of travel very seriously and various mitigations have been or will be put in place. Regrettably, the rurality of the county means there will always be a cohort of people who will have to travel. For example, at present, people have to travel from Minehead or Exmoor to visit Wells. The CCG does take this issue very seriously and will be setting up a Patient and Carer Group, working with the voluntary service, to see how this can be mitigated and managed. In terms of the premises, the primary site is in two halves: Somerset NHS Foundation Trust owns the rear of the site, which includes three buildings - Phoenix Ward, St Andrews Ward and The Bridge. The Bridge provides psychological and clinical therapies and there are no plans to withdraw these from the site.

2 **Virginia Membrey: If the Governing Body decides that the beds at St Andrews will be relocated to Yeovil, I'm wondering what decisions will be made about the Wells site? Mendip has been left with the minimum of mental health resources. There is urgent need for a Crisis House and a drop-in centre. A replica of AWP's rehabilitation centre, Whittucks Road, would also be invaluable. I hope that the Bridge would remain on site. All of these are preventative measures that would, in the long run, be cost effective and for the benefit of all. I'm sure the voluntary sector would be prepared to offer assistance:**

In response, Andrew Keefe again assured that there are no plans to withdraw the facilities from The Bridge. Further, referring back to the presentation and the decision-making business case, there has been additional investment and expansion of mental health services in Somerset - including Mendip and Wells - not least the establishment of four additional step-up/step-down beds, which are effectively a Crisis House to avoid people being admitted to hospital. Community 'front rooms' have been established across the county. There has, regrettably, been an impact from Covid-19 but the CCG has committed to Wells to maintain the step-up/step-down beds, Mindline, community services and the expansion of staff numbers. Whittuck is an inpatient rehabilitation unit in the Bristol area and is very similar to the Willow Ward in Bridgwater. The Ward is for people with longer-term mental health needs, for their rehabilitation back into to the community. Earlier options had looked at relocating or co-locating Willow Ward, but for a variety of reasons – not least, the distance from a district hospital – it

was determined that this would not be appropriate: this is a good facility that serves the population well and we would not wish to change that.

Dr Peter Bagshaw confirmed that Whittucks Road is a long-term rehabilitation centre – it is not a short-term/quick turnaround solution. Referring to the community 'front rooms', it is felt that spreading these across the county is the best way of trying to reduce inpatient admissions.

In her capacity as Chair of the Patient Safety and Quality Assurance Committee, Dr Jayne Chidgey-Clark felt there had been focus on patient safety and quality assurance, citing the strength of the Equality Impact Assessment (EIA) and the lengths to which the team had gone to encourage robust public engagement. Dr Chidgey-Clark was also assured to see that legal advice had been obtained from Bevan Brittan. However, Dr Chidgey-Clark queried that the risk rating/description box had not been completed and asked if (a) the risk been mitigated or (b) this was an oversight:

Maria Head confirmed that the lack of a risk rating/description had indeed been an oversight and this would be corrected. The advice from Bevan Brittan was that the risk was relatively low. Advice had also been sought about the implications of switching to a digital consultation approach (in the light of Covid-19) and Bevan Brittan was comfortable that the CCG had gone above and beyond that which was necessary in terms of its consultation process.

Action 781: Risk Register for the FFMF Decision-Making Business Case to be completed (Maria Heard)

Dr Jayne Chidgey-Clark stated that she fully understood the concerns that people had raised around travel. However, from a patient safety and quality perspective, Dr Chidgey-Clark felt that – given that mental health inpatient facilities are a county-wide service, and are not specific to Wells – the fact that more than 40% of people, not from the local (Wells) area, had supported the proposals outweighed the patient safety and staff risks that had also been raised.

David Heath stated that the public consultation, and the strong public participation, had been very valuable. David Heath felt there were two sides to the story – firstly, the clinical evidence: this was unequivocal and had been backed-up by the Clinical Senate Review – there is a strong clinical view that the proposal to move the Ward from Wells to Yeovil must take place for the safety of patients, and it would be irresponsible for the CCG to ignore this. Secondly, there had been a substantial number of respondents, principally from the local (Wells) area which, although relevant and valid, largely commented relating to travel and the inconvenience of the geography of the county. Unfortunately, to provide 'perfect' health provision for all - and if starting from scratch - the major hospitals would **not** be located where they are (Taunton and Yeovil). There appears to have been a misperception that St Andrews is a facility for the people of Wells, whereas it is not; rather, it is a county-wide facility, and – as explained above – for some, there will always be issues of travel due to the county's geography. There have been some cogent arguments from the Mendip area – a feeling

that there is a gradual erosion of service provision. David Heath acknowledged that people may feel there has been some 'hollowing out' of service provision, eg. that "St Andrews is being taken away from a local service" – which is why it is so important that the CCG has now set out the new provisions that will be included: we could not have done this at the beginning, without public participation. We are now getting to a point where we are offering a more complete and comprehensive mental health service. However, wherever we situate any health service - which, for some, will not be 'on their immediate doorstep' - transport will always be an issue and we will need to accommodate this in the best way possible. David Heath stated that, initially, he had been concerned that the CCG had not properly addressed the issues of community health provision. However, with the evidence of the business case, the clinical senate review and taking account of public concerns, his current belief was that the issues had been addressed as best as they possibly could. David Heath stated that he would therefore support the recommendation but cautioned that the CCG would need to continuously monitor both the inpatient mental health service and its wider provision.

Val Janson asked if the CCG had considered the configuration of services on Somerset's borders, and Andrew Keefe confirmed this was the case. He advised that, from an operational perspective nothing will change in terms of cross-border work – people will always be taken to the most appropriate setting, particularly if there is a physical healthcare need. There is a strong drive to keep patients in-county, so the individual may initially be admitted to, for example, University Hospital Bath, but would be repatriated to Somerset. Pathways that support people are commissioned by Somerset, for Somerset people. From a patient choice perspective, this is not the same in mental health as it is with other conditions, because crisis admission would override patient choice – it is about the most appropriate place for that patient. We will be continuing our dialogue with neighbouring CCGs about how we can improve patient pathways.

Summarising, Lou Evans noted that:

- the Governing Body had received the detailed and comprehensive Decision-Making Business Case

- the Governing Body had received the consultation feedback

- statements of support had been received from SCC, Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. Also from the lead clinicians and the Clinical Senate

- the CCG has met its legal conditions, following advice from Bevan Brittan

By a virtual show of hands, the Governing Body unanimously approved the proposal recommendations as detailed within the Decision-Making Business Case and noted that the next steps will be to work with Somerset NHS Foundation Trust to develop the implementation plan, which is expected to take approximately 18 months.

SCCG 076/2020 DIGITAL ANNUAL UPDATE

The Meeting received the Digital Annual Update Report, which provided an overview of the Digital Team portfolio, achievements since September 2019 and future plans for the rest of 2020/21. Allison Nation provided a presentation and verbal report, summarised as follows:

- the onset of Covid-19 had required a huge 'digital shift', at pace
- the year had seen a considerable expansion of the Digital Team
- during 15 weeks of lockdown, Digital Team highlights included:
    - the provision of approximately 400 laptops to General Practices for remote working
    - rapid Practice 'go-live' of the online consultation and optimising the process
    - in three days, supporting CCG remote working via the introduction of MS Teams
    - supporting the creation of shielded patient datasets
    - discussion with Primary Care Networks (PCNs) around a Picture Archive and Communication System (PACS) for digital solutions to information sharing
    - the creation of a digital Treatment Escalation Plan (TEP) form, process and data-sharing across the system
    - release of EMIS Viewer (electronic patient record systems) for use by Adult Social Care, Children's Health Visitors, School Nurses and more
    - configuration and go live of GP Connect for all Somerset GP Practices and Care UK
    - supporting the primary care, end of life, and care home cells
    - creation of a digital baseline for NHS support to care homes
    - supporting Somerset hospices with the use of digital patient consultation tools
    - continuing the provision to oversee essential GP IT requirement
    - securing ongoing MS Teams for use across the CCG and general practice
    - discussion with Primary Care Networks (PCNs) for the adoption of Digital First (digital outreach team approach)
    - provision of digital support for Covid-19 antibody testing

- continuing the development of the SIDeR (Somerset Integrated Digital e-Record) Shared Care Record programme on a 'best endeavours' basis

- in line with national structure, the day-to-day Digital Portfolio of work is divided into three principal elements:
  - digital transformation
  - data security and protection
  - population health management

- next steps:
  - Phase 3 Plan
  - Digital First Strategy

Trudi Mann advised that GP Practices are experiencing challenges in their work with care homes, as some are not as advanced as others in knowledge and equipment. This is starting to have an impact with the increasing number of Covid-19 cases. Trudi Mann asked if the CCG could do more to support this:

Allison Nation responded that a bid has been submitted for short-term resource for greater care home support. We are planning to link with SCC through the strategic care cell to increase the take-up of digital skills training through engagement with care homes. We will also be recruiting an additional post as part of DOT.

Trudi Mann asked about the plans for developing population health management and about the possible barriers:

Allison Nation responded that timely resources are a barrier. There has been much cross-system working over the past six months but there is further work to do. Population health management is a big programme of work and will necessarily need to take account of the environment, housing etc.

Governing Body members queried why SWAST (ambulance service) was not participating in the TEP sharing process, despite having been invited to do so:

Allison Nation advised that the issue was partly technical, because SWAST covers a region of seven STP communities. To have seven separate icons for each shared care record adds to their complexity. SWAST has engaged in the national roll-out of summary care record information but TEPs are different as they are electronic rather than digital. We need to positively engage with them to take this next step – there is a technical challenge but there must be a desire from SWAST to do it.

Dr Jayne Chidgey-Clark felt that the matter should be escalated to the SWAST Board. Basil Fozard felt it was unacceptable that SWAST are not accessing TEPs and that the CCGs should undertake stronger contractual commissioning with them.

Dr Alex Murray responded that we now have a clinical lead for SWAST who is part of the working group and also attends the End of Life

Programme Board. We are working across the south-west to see how the TEPs can be aligned so that SWAST only needs access to one form. This would mean a unified approach across county borders. We are having very active conversations with SWAST and across the region about how the TEP issue can be resolved.

Lou Evans thanked Allison Nation for her report and asked that an email be sent to Governing Body members on a monthly basis to update them on progress around digital ease of access in West Somerset.

Action 782: Monthly email about progress on West Somerset digital access to be sent to Governing Body members (Allison Nation)

By a virtual show of hands, the Governing Body unanimously approved the Digital Update annual report.

SCCG 077/2020 SOMERSET WINTER PLAN 2020/21

The Meeting received the Somerset Winter Plan 2020/21. Alison Rowswell and Matthew Bryant provided a verbal summary report and it was noted that:

- the Somerset Winter Plan is a working document developed through the A&E Delivery Board with system-wide participation

- the Winter Planning leads meet fortnightly and will continue to do so throughout the Winter period. The leads look at the lessons learned from last Winter – what went well, what could be improved, and mitigation

- the learning from Covid-19 is being brought together through the A&E Delivery Board, due to the additional pressures Covid-19 will bring

- early system-wide engagement has taken place, to review the schemes that were implemented last year, what has been implemented for Covid-19, what should be reintroduced and any new schemes

- the A&E Delivery Board reviewed 29 schemes and prioritised them according to the level of impact the scheme is expected to make and if it is a good strategic fit. The schemes were rated as either Category 1 (High Priority), Category 2 (Medium Priority) or Category 3 (Lower Priority)

- the following Category 1 schemes have received funding, to a total cost of £9,625,000:

    - Intermediate Care/Home First Redesign
    - Rapid Response Service – expansion and capability enhancement
    - Clinical Assessment Service

- we have undertaken demand and capacity modelling, looking at numbers pre-Covid and considering how demand could be modelled at 80% or 100% capacity taking account of social distancing. This will be continually updated as we move through Winter

- organisations have been asked to consider how they can enhance their own Winter capacity and will be reviewed this week

- Think 111 First is a national initiative to ensure that emergency departments do not become over-crowded. Direct booking to Minor Injuries Units may be implemented

- other policy areas considered as part of the Winter Plan include:

    - transport
    - severe weather
    - 'flu
    - infection prevention and control
    - risk identification and mitigation

Matthew Bryant commented that partners are well represented on the A&E Delivery Board. The GP voice is represented by Dr Alex Murray, who co-chairs the Board with Matthew Bryant.

The planning work will need to be continually progressed alongside Covid-19 and the document sets out plans both to respond to the immediate issues and the strategic context for Somerset. The Category 1 schemes as highlighted (above) will make a significant difference this Winter and are also part of strengthening services outside hospital to support the ambition to move away from traditional bed-based care.

The Winter Plan sets out a summary of the risks: unmitigated risks are very significant in terms of emergency care. The risks around safety, patient experience, workforce and funding have been mitigated to some extent. We are facing an unprecedented position in emergency care with many challenges. The Plan will put us in a strong position to face the Winter ahead: emergency care system performance is good and waiting times are relatively strong compared to other areas.

Wendy Grey noted the increase in admissions across England, particularly in the North, due to Covid-19 and felt this may begin to impact the south-west. Wendy Grey asked if the local Trusts had been able to re-arrange the ward beds to comply with social distancing:

Matthew Bryant responded that the Winter Plan is not the system plan that will deal with Covid, for which there is a separate infrastructure; rather, the Winter Plan will support the Covid system plan. The A&E Delivery Board has received information from both YDH and Musgrove Park Hospital that models the bed base on both 'normal' capacity and socially-distanced capacity. The Trusts are responding flexibly and are actively pursuing further mitigation options, eg. the introduction of screens, working with the Infection Prevention and Control teams, fire officers etc.

Lou Evans commented that the cover sheet suggested that the risk rating is only 3, which contradicted the risk levels contained within the paper: Matthew Bryant confirmed that each organisation has been asked to give specific attention to the risks as stated in the paper and to adopt appropriately on their own risk register. Alison Rowswell agreed to review the ratings against the CCG Risk Register and to ensure that risks are appropriately reflected.

Action 783: Review the risk ratings contained in the Winter Plan against the risk register and reflect appropriately (Alison Rowswell)

James Rimmer advised that significant investment had been made in mitigation of some of the risks and we will continue to monitor this. A number of risks will come together over the Winter period and we will be working with system partners to update and keep Boards informed.

By a virtual show of hands, the Governing Body approved the Somerset Winter Plan for 2020/21, noting that the Plan will be updated throughout the period on an ongoing basis.

SCCG 078/2020 FINANCE REPORT 1 APRIL TO 31 JULY 2020

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

- indicative funding allocations were issued to CCGs in January 2020 and a draft plan was submitted to NHS England and Improvement on 5 March 2020

- due to Covid-19, new guidelines were issued on 17 March 2020 which fundamentally changed the financial arrangements for NHS organisations for 2020/21 and suspended further work on the annual planning process until further notice

- Somerset CCG continues to monitor its spend against the indicative allocation, and there is a reclaim process/top-up allocation for Covid-19. The CCG is also keeping expenditure under constant review to see if any costs will have a recurring impact

- the Government committed that the NHS would breakeven for the first four months of this financial year, ie. April-July 2020

- further guidance was received confirming that the current financial arrangements for CCGs would be extended to cover August and September 2020, with an intention to move towards a revised financial framework for the latter part of 2020/21

- Table 2 of the report shows the forecast financial position against key budget reporting lines for the period 1 April to 31 July 2020:

    - there are currently no gaps in the funding and a breakeven position has been supported for the first six months.

By a virtual show of hands, the Governing Body approved the report of the CCG's financial position as at 31 July 2020.

SCCG 079/2020 QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT FOR THE PERIOD 1 APRIL-31 JULY 2020

The Meeting received the Quality, Safety and Performance (QSP) Exceptions Report for the period 1 April to 31 July 2020. Alison Henly and Val Janson provided a verbal report, summarised as follows:

- the current quality and safety metrics include YDH NHS FT and Somerset FT and will be extended to capture UHBW and RUH Bath where available

- a number of the themes had already been discussed in earlier agenda items: elective care; waiting times; emergency services; capacity and demand, and were also summarised in the System Overview pages of the report

- the mental health section had been developed: IAPT (improving access to psychological therapies) services now need to recover the backlog. The current recovery rate is above the national position, at 61% compared to the national ambition of 50%

- there is a new partnership model for children and young people's mental health services (page 38 of the report refers)

- the report has been developed to include a section on Learning Disabilities and Autism (page 33 of the report refers)

- the quality metrics will be extended to cover neighbouring hospitals. We are also looking to review some of the data in the context of Covid-19, eg. there was an increase in falls in March/April followed by a reduction

- infection prevention and control: we will be developing the report to mirror the data presentation of south west regional colleagues so that results can be better compared across the region

- C.diff: overall case numbers reduced in Quarter 1 from 30 to 21 but further work is required to understand the increase in E.coli

- prescribing of antibiotics is currently exceeding the national target

Basil Fozard queried the decline at YDH in the number of adult patients having a VTE (venous thromboembolism) assessment within 24 hours of admission:

Action 784: Decline in VTE assessments to be raised with YDH (Sandra Corry/Val Janson)

Dr Jayne Chidgey-Clark expressed disappointment about the access rates for children and young people, and asked about the impact.

Dr Chidgey-Clark felt that the access targets appeared quite low and asked how they compare with others across the south west:

Alison Henly responded that Somerset's trailblazer status demonstrates that we are leading the way with partnerships between NHS services and the voluntary sector but that data reporting had not yet caught up. Alison Henly stressed that the quality of service had been greatly improved, so the issue was one of recording.

Grahame Paine commented about a serious incident that had been announced in the media on 21 October 2020, which reported that people accompanying patients had been prevented from entering A&E. Dr Alex Murray responded that the system is very aware that capacity in A&E and Minor Injury Units (MIUs) will be challenged. NHS 111 can signpost people to the most appropriate place, and much work is taking place around the Category 3 and Category 4 ambulance response times.

SCCG 080/2020 RISK MANAGEMENT UPDATE REPORT

The Meeting received the summary Risk Management Update Report, together with a verbal report from James Rimmer. It was noted that four risks had been escalated to the Corporate Risk Register (CRR):

- Risk 438: Section 117 Aftercare
- Risk 397: CCG Financial Plan
- Risk 392: No commissioning lead manager for services for neurological-rehabilitation patients and gaps in service
- Risk 430: SEND – compliance with statutory and legal duties

Lou Evans commented on the training that had been undertaken around risk management and asked that the CRR be given more time for discussion at the next meeting.

Dr Jayne Chidgey-Clark asked that where risks had been realised, future reports should contain more narrative about the implications and mitigations.

Action 785: Increase the agenda time for CRR discussion (Kathy Palfrey)

Action 786: Greater narrative to be included for realised risks (James Rimmer)

SCCG 081/2020 ANY OTHER BUSINESS

There was no further business.

SCCG 082/2020 DATE OF NEXT MEETING

The next meeting of the Governing Body will be held on 26 November 2020 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 November 2020.

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 24 SEPTEMBER 2020

Text in green was added arising from discussion at the Virtual meeting of the Governing Body on 24 September 2020 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 24 September 2020			
786	Risk Register Update: Greater narrative to be included for realised risks	James Rimmer	The Risk Management group has met twice since the last Governing Body meeting and is restructuring the report to include greater narrative in all areas. This will be presented to future meetings. **Closed**
785	Increase the agenda time for future CRR discussion	Kathy Palfrey	Noted. **Complete**
784	Decline in VTE assessments to be raised with YDH	Sandra Corry/ Val Janson	
783	Review the risk ratings contained in the Winter Plan against the risk register and reflect appropriately	Alison Henly/ Alison Rowswell	
782	Monthly email about progress on West Somerset digital access to be sent to Governing Body members	Alison Henly/ Allison Nation	
781	Risk Register for the FFMF Decision-Making Business Case to be completed	Maria Heard	**Complete**

780	Chairman's Report: Patient Engagement and Community Engagement Indicator assessment to be followed-up: what is the outcome? what are the reasons for the delay?	Jane Harris	The Indicator assessment is undertaken by NHSE/I but has been delayed due to Covid-19 priorities.
Actions Arising from Meeting held on 30 July 2020			
779	One Somerset: Veracity of the comment on page 34 referring to GP services in the south west to be checked, taking account of the latest data	James Rimmer to follow-up with Dr Carlton Brand	One Somerset have agreed to amend their report at page 34, to read: "Health care delivery … Despite having *amongst* the highest ratio of GP *Practices,* Care Quality Commission (CQC) ratings show these services as *amongst* the worst in the South West". **Closed**
778	Dementia discussions to be included on the agenda for next PSQAC meeting	Dr Jayne Chidgey-Clark/ Sandra Corry	Confirmed. **Closed**
776	QSP Exceptions Report: Consider how we can work to understand the impact of delayed treatment on patients' quality of life	Sandra Corry	
775	Comms action plan to be prepared, particularly in relation to obesity and weight management in preparation for the winter period and the potential for a second wave of Covid-19	Jane Harris	The Comms team are working on our winter communications plan and this action will be picked up as part of that. We are working with the Somerset Activity & Sports Partnership, and SCC, on promoting the benefits of physical activity in improving wellbeing. There is also a national campaign to encourage people to lose weight and get fit in response to Covid-19. **Closed**
Actions Arising from Meeting held on 28 November 2019			
741	Procurement Decisions Register to be reviewed and an update provided to the GB on 30 January 2020	Alison Henly/ Peter Osborne/ Jacqui Damant	30 January 2020. A review of the current procurement register and comparison with other CCGs and relevant guidance has suggested we need to expand the register to include a broader range of procurements than are currently published.

			The next steps are to review and develop the contracts database to enable the publication of all the contracts that are subject to formal competitive procurement in line with the CCG's Standing Financial Instructions. The work has commenced and the aim is to conclude the updating of the database and publish a revised Procurement Register by 31 March 2020 to coincide with the end of the current financial year. An update on the work will be provided to the next Audit Committee meeting on 26 February 2020. 22/7/20: Covid19 led to this action being stalled. Discussion took place with Tanya Whittle on 14 July 2020 to agree a way forward. It was agreed to set up a planning workshop in early September, following initial scoping work, with a view to taking this to the Audit Committee in September for support. 24/9/20: This action has again been delayed due to Covid-19. However, a project team has been established to clarify and create an organisation-wide database which will produce a comprehensive register. This will be brought to a future meeting once we have a draft to share.
Actions Arising from Meeting held on 25 July 2019			
722	Defibrillator data information to be requested from SWAST	Alison Henly (Becky Keating)	3/9: Data information has been requested from SWAST. 23/6/20: Helen Weldon is progressing this action.

18 November 2020