

Report to the NHS Somerset Clinical Commissioning Group on 24 September 2020

Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 30 July 2020	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 30 July 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 30 July 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, 30 July 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
	Sandra Corry	Director of Quality and Nursing
	Trudi Grant	Director of Public Health, Somerset County Council
	Wendy Grey	Non-Executive Director, Member Practice Representative
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member)
	Alison Henly	Director of Finance, Performance and Contracting
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Grahame Paine	Non-Executive Director (Finance and Performance)
	James Rimmer	Chief Executive
In Attendance	Dr Carlton Brand	Co-Author, One Somerset (for item SCCG 061/2020)
	David Fothergill	Leader of Somerset County Council (for item SCCG 061/2020)
:	Judith Goodchild	Chair, Healthwatch (Observer)
	Maria Heard	Senior Responsible Officer Covid-19, and Programme Director, Fit For My Future
	Dr Alex Murray	Lead Clinician for Medical/Primary Care input to Covid-19, and
	Sandra Wilson	Clinical Director, Fit For My Future Observer Lay Member, Chair of Chairs of the Somerset Patient Participation Groups (PPGs)
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

SCCG 046/2020 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: five members of the public; Andrew Keefe and Dr Peter Bagshaw for item 10, relating to Fit For My Future. Councillor David Fothergill and Dr Carlton Brand would be joining the meeting for item 16, One Somerset.

It was noted that the meeting would not be recorded for later public viewing. However, the audio content would be recorded separately so that the Chair and Chief Executive could assess the accuracy of the subsequent Meeting Minutes, after which the recording would be deleted.

Governing Body members introduced themselves.

SCCG 047/2020 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 newly-launched 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.

One public question had been received in advance of the meeting:

1 Virginia Membrey, Mental Health Act Manager:

The escalating mental health crisis during Covid29 has been well documented and recognised. What extra resources and plans do you have in place to cope with it? How do you see the way forward? If something isn't done about it now, I foresee huge problems in the future:

Sandra Corry, Director of Quality and Nursing, agreed with the comments raised and confirmed that Somerset has taken a positive approach over the past four to five months, and this work would continue. Working with stakeholders and health and social care partners across the system, a robust Mental Health and Learning Disability cell has been established. The cell has been very successful in identifying the issues, and responding both proactively and reactively. A number of transformational changes have been accelerated, for example:

- Mind-Line, a 24/7 all age facility, has been expanded, supported by the voluntary care sector

- no mental health services have been stood-down during Covid-19. Multiple routes of access have been developed to support people while they have been in isolation at home
- improved access to mental health support services and primary care
- moving community and mental health services to a “see and treat” model, which has reduced inpatient/bed occupancy
- step-up and step-down beds have been increased
- a new bereavement service has been established through Marie Curie and Mind
- A&E diversion for some mental health patients via South West Ambulance Service and the police to in-house Mindline ‘front-room’ services at Musgrove Park Hospital, to increase admission avoidance
- weekly emotional wellbeing podcasts have been introduced and are available for both staff and members of the public; this innovation has been recognised nationally
- work is being undertaken to better understand the recent increase in the number of suicides

Virginia Membrey thanked Sandra Corry for her verbal response and asked that a written response also be provided.

Action 773: Written response to be prepared for Virginia Membrey (Sandra Corry)

SCCG 048/2020 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Dr Ed Ford.

SCCG 049/2020 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 22 July 2020.

There were no amendments to the Register of Members’ Interests.

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 050/2020 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 051/2020 MINUTES OF THE PART A MEETING HELD ON 18 JUNE 2020

The Meeting received the Minutes of the Part A meeting held on 18 June 2020. By a virtual show of hands, the Minutes were approved for signature by the Chairman as a true and correct record.

SCCG 052/2020 MATTERS ARISING AND ACTION SCHEDULE

There were no matters arising from the last meeting.

James Rimmer drew attention to the action schedule, where significant progress had been made in all areas and a number of actions had either been completed or closed. It was confirmed that the actions outstanding – 701, 741, 771 and 772 - would be followed through and an update provided to the next meeting.

SCCG 053/2020 CHAIRMAN'S REPORT

The Meeting received and noted the Chairman's Report, which included the Communication and Engagement Reports for the period 1 January to 29 February and 1 March to 30 June 2020.

In Dr Ford's absence, James Rimmer commented on the considerable amount of public consultation and engagement that had taken place during Quarter 1 and beyond, focusing particularly on Fit For My Future, and which had been fully supported by the Communications and Engagement team throughout. Thanks were expressed to Dr Ford, the Non-Executive and Executive Directors, and also to the Somerset population for their level of engagement, which had continued right up to the pandemic.

Grahame Paine and Dr Jayne Chidgey-Clark commented that the infographic on page 14 of the report – If Somerset was a Village of 100 People – was particularly helpful.

Dr Jayne Chidgey-Clark expressed concern about the county's obesity levels (2 in 3 adults are obese or overweight), the number of people that do not have access to a car, and the digital exclusion in West Somerset. Dr Chidgey-Clark felt that the infographic contained some very helpful information, and was pleased that it would be used by the FFMF team to plan services.

Basil Fozard noted that West Somerset appears to be at risk of digital exclusion, and asked about the reasons and what could be done to improve the situation.

Action 774: Response to be brought to the next meeting (James Rimmer/Alison Henly)

Trudi Mann asked about the publication of the Government's Obesity Strategy in the light of Covid19 and how this would be addressed in Somerset:

Trudi Grant responded that the Obesity Strategy had only just been published but it is very welcome. Weight management and obesity is the responsibility of the whole system and each individual. It is a complicated issue and there are no easy answers. Trudi Grant offered to talk separately with the system as a whole, if required.

Dr Alex Murray commented that within Fit For My Future (FFMF) there is a prevention workstream which takes account of cardiovascular disease and also picks up on obesity. This workstream preceded Covid19 and would be taken forward for both adults and children.

Basil Fozard felt a better understanding of the government policy in relation to obesity is required. It is clear that obesity has a significant adverse impact on an individual's ability to fight the virus, and there is now an opportunity for the population to lose weight before winter and a potential second wave. A specific communications' strategy should be developed, noting there is a timeline.

James Rimmer responded that the communication and engagement teams in both the CCG and SCC are being very proactive and information is already being distributed on social media.

Action 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)

SCCG 054/2020

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. It was noted that:

- Covid19: We remain at a National Level 4 critical incident and continue to work in pandemic mode locally
- Integrated Care System (ICS): work is progressing well on the ICS and also on the planning for Phase 3. This is due to start on 1 August and we are moving forward on this at local and regional level while waiting for the national guidance. We have received notification that the next phase of authorisations will be in November rather than September, and we are putting ourselves forward
- CCG Staff: The Fit For My Future Team and many CCG staff members were redeployed to new tasks at the start of the pandemic and the majority of people remain working from home. A very good team briefing meeting was held on 15 July 2020, which was both rewarding and reassuring. We continue to focus on looking after our staff while simultaneously working in pandemic mode and moving towards business as usual. We will also look to build on the new ways of working and to identify and address the various areas of challenge

Wendy Grey asked about progress on developing the governance arrangements for the ICS Shadow Board: James Rimmer confirmed that a high level structure is in place with a leadership forum across each organisation. Dr Alex Murray is the CCG clinical representative and Jade Renville will be drafting the governance arrangements. These arrangements will be brought to the shadow ICS Board in draft form in September, and will then be distributed to all organisation Boards for review and discussion before going for final sign-off in late October, and hopefully, for authorisation in November.

SCCG 055/2020

COVID 19 UPDATE, INCLUDING THE LOCAL OUTBREAK MANAGEMENT PLAN

The Meeting received and noted the latest published data for the Covid19 pandemic as produced by Somerset County Council's Public Health team. James Rimmer and Trudi Grant provided a verbal report and it was noted that:

- as at 22 July 2020 there had been 1,297 laboratory-confirmed cases of Covid19 in Somerset. As at 30 July, there were 1,304 confirmed cases
- as at 10 July 2020, there had sadly been 201 Covid19-attributable certified deaths. No further deaths had been reported most recently, and the rate of infection has reduced significantly
- the production of a Local Outbreak Management Plan (LOMP) was a requirement placed on Upper Tier Local Authorities by the Government

- plans were required to be drafted and published by the end of June 2020
 - the LOMP sets out how we work with Public Health England, Test and Trace, and environmental colleagues, to manage outbreaks locally
 - as Covid19 is a novel virus, the health and care systems are still learning but it is becoming clear that the virus is focused around cluster outbreaks, so the LOMP is very important
 - the LOMP sets out the arrangements for epidemic surveillance; outbreak and cluster identification and management
 - there is currently no vaccine or specific treatment for Covid19 – public behaviour is the only defence. The Somerset public have responded well to the requirements for handwashing, social distancing etc and we must keep this going, together with the Test and Trace system
- the actions under the LOMP are being progressed: the approach is for strong communication and engagement with the public, in particular with people in the ‘at risk’ groups, with a focus on prevention
 - 77 outbreaks have been managed in Somerset to-date and the outbreaks will undoubtedly continue. The Public Health team are working proactively with colleagues in the tourism industry and the learning from the recent outbreaks at Burnham-on-Sea is being implemented

Lou Evans asked if the Test and Trace service had been used for all 77 outbreaks: Trudi Grant responded that the service was unavailable for the early outbreaks but Somerset has now adopted the national test and trace service.

Dr Jayne Chidgey-Clark felt that the LOMP was very readable and hoped that members of the public were reassured about the work taking place. Attention was drawn to the work by SCC and the police relating to the travelling communities – washing facilities etc - which was comforting to see. Dr Jayne Chidgey-Clark asked about the confidence level in our ability to correctly undertake nasal swab testing, as false negative results would likely cause an increase in virus transmission.

Trudi Grant referred to recent press discussion about the testing procedures. Somerset had experienced a situation with false positive testing but, from a false negative perspective, the test stands up very well including for those who are self-swabbing. Trudi Grant felt that Somerset can be confident that the vast majority of positive cases are being picked up but emphasised that no test is 100%

perfect. One of the main early learning points is that it is important to have the test within the first five days of symptom onset to achieve more accurate results.

Basil Fozard stated that the issue concerned human behaviour and asked about the public communication to ensure that people are constantly reminded of their responsibilities. Basil Fozard also wished to discuss the 'return to normal' and the associated risks. Lou Evans responded that this would be discussed during a later agenda item and that the communication programme would be picked-up by SCC and the CCG.

Wendy Grey asked about the governance structure for the LOMP (page 8 of the Plan refers) and if the inclusion of an experienced, qualified infection control nurse would add value to the Board:

Trudi Grant responded that there are two Boards:

- the Covid19 Engagement Board is the political and civic leadership Board and will be leading the communication and engagement programme with the public. This will need to be as specific and targeted as possible. The first meeting of the Covid19 Engagement Board will take place on 31 July 2020
- the Health Protection Board is a very small clinical Board and includes Sandra Corry, Val Janson, Dr Alex Murray and the acute Medical Directors. They had discussed the inclusion of an infection control nurse and the Medical Directors felt they could fulfil that role. However, in the event they were unable to attend a particular meeting, their place would potentially be taken by a named infection control nurse. The Medical Directors already liaise very closely with the infection control teams and as a system, there is an Infection Prevention and Control (IPC) Cell which liaises with the Public Health team on an almost daily basis. The Health Protection Board has a very specific job to do and their preference was to keep the Board as small and as focused as possible. Trudi Grant offered to discuss the matter separately with Wendy Grey if necessary

Trudi Mann confirmed that she had discussed the LOMP with Trudi Grant and felt safer and more reassured. Trudi Mann asked about the workforce and the demand for public health experts:

Trudi Grant replied that public health consultants are strongly in demand. SCC had managed to appoint to a temporary position over the past few months but that contract is now coming to an end. It is intended to introduce further capacity reporting to the Public Health Consultants to help manage any outbreaks, but as this is an unknown quantity, it is difficult to calculate how much additional capacity will be required. SCC is looking to develop other members of the workforce that could be redeployed to support a surge if needed.

David Heath expressed concern that, with the relative loosening of social restrictions, Somerset may see large numbers of people congregating at beaches, beauty spots etc. It will not be possible to apply the track and trace system, nor to provide policing of social distancing measures – what responses to this type of gathering are being considered?

Trudi Grant confirmed that SCC is working closely with the tourism industry to broadcast messages to people who may be coming to the area, but we are reliant on people taking responsibility and complying with infection control measures. SCC is also working well with environmental health colleagues. District Councils have responsibility for event licensing etc, so there is good oversight of the management arrangements. In terms of impromptu gatherings, we will be reliant on people's good sense and getting the messages out as much as possible. The south west relies on tourism – we want people to come to the area – and we must balance the risk.

James Rimmer reminded the meeting that the Incident Control Centre (ICC) continues to run, led by Maria Heard.

Lou Evans expressed his thanks to James Rimmer and Trudi Grant for the paper and asked that any additional comments be emailed to Trudi Grant directly.

By a virtual show of hands, the Governing Body endorsed the Local Outbreak Management Plan.

SCCG 056/2020 FIT FOR MY FUTURE (FFMF)

The Meeting received a paper setting out a summary update on the key findings of the public consultation report relating to the future location of acute inpatient mental health services for adults of working age, together with the next steps and timescales for mental health as part of the FFMF programme. Maria Heard, with input from Andrew Keefe and Dr Peter Bagshaw, provided a verbal report and it was noted that:

- the FFMF programme was formally relaunched on 28 July 2020
- the consultation had shared the CCG's vision for strengthened mental health services, together with a proposal to relocate inpatient services from Wells to Yeovil
- for the last three weeks of the 12-week consultation period, due to Covid19, it had been necessary to switch from face-to-face events to a digital/telephone consultation approach
- during the consultation period:
 - 538 surveys were received

- 20 emails, two calls, six letters and one petition were received
- 63 events were organised or attended to promote and discuss the consultation
- 732 people attended these events
- 3,538 people were reached through a Facebook live event
- although the majority of public-facing activities were completed, some events had to be stood down, so paid advertising was made in various journals in the Wells area, and additional material was posted to areas we knew were still open, eg. pharmacies, primary care services etc
 - people were able to continue to provide feedback online, via email, letter and by telephone
- the full report was signed off at the Programme Board on 28 July
- Participate was commissioned to conduct an independent analysis of the feedback:
 - overall the consultation demonstrated significant divergence of views, depending on where people lived
 - 52% of people were opposed to the proposed change, 37% were in favour
 - the three localities closest to Wells – Central Mendip, West Mendip and North Sedgemoor – produced 44% of the responses but constitute 21% of the Somerset population
 - in the three localities closest to Wells, 75% of the responses disagreed with the proposal to relocate the Wells unit to Yeovil, and 16% agreed with the proposal
 - elsewhere, 54% were in favour of the proposal and 33% were against
- the reasons people gave for opposing the proposal included:
 - the challenges for travel – time; cost; lack of public transport; additional travel time for carers - which might deter staff from moving from St Andrews
 - concern that the Wells mental health service would be downgraded
 - that the small number of patients who need to be referred to A&E did not outweigh the concerns about the loss of St Andrews Ward, and patients and their families would encounter difficulty in travelling to the proposed relocated site

- concern about the lack of A&E provision generally, not just for mental health patients. This will be taken into account through the Urgent and Emergency Care services
- 33% of all respondents did not believe the proposal would deliver quality healthcare for people in and around Wells
- the reasons people gave for supporting the proposal included:
 - the risk of staying the same is too great
 - the service improvements for staff and patients, as outlined in the consultation document
 - medical staff, clinicians, social workers etc favoured the service reconfiguration and were less concerned about the travel aspects
- suggestions for improving the proposal included:
 - the Somerset Constituency Labour Party petition, which received 382 signatures, stated a preference to retain the St Andrews Ward at Wells, with increased funding for safer staffing levels, with additional capacity at Yeovil to meet future demand
 - part or fully subsidised travel and parking, dedicated transport services
 - retaining the St Andrews Ward as a crisis café or a step-down facility
 - to use the services at Yeovil to create male and female wards
- next steps:
 - consideration to be given to the feedback and the impact on the proposal
 - establishing working groups across the system to further review the proposal and how it should be amended
 - formal sharing of the feedback with members of the public via an MS Teams Live Event (2 September)
 - setting up a travel sub-group to identify, explore and mitigate options to address the transport issues
 - working with partners to confirm the final capital expenditure and build process

- to bring the decision-making Business Case to the Governing Body in September 2020

Governing Body members expressed their thanks to Maria Heard and the FFMF team for a very comprehensive, honest and robust consultation and report. Other Governing Body comments included:

- that Somerset will always struggle with rurality and transport issues
- commendation of the use of digital technology throughout the process

David Heath stated that we must set out how we will deliver local services in an effective and convenient way for patients: urgent care will be critical, and if we get this right, other issues will reduce. David Heath felt there was an assumption in some areas that St Andrews Ward Wells is a local ward for local people: we need to have the wider view of how we wish to structure services across the county.

By a virtual show of hands, the Governing Body noted the report and Endorsed the approval process as indicated in the report timeline.

SCCG 057/2020

FINANCE REPORT 1 APRIL TO 30 JUNE 2020

The Meeting received the Finance Report for the period 1 April to 30 June 2020. Alison Henly provided a verbal report and it was noted that:

- indicative funding allocations were issued to CCGs in January 2020 and a draft plan, based on these indicative allocations, 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 has committed that the NHS will breakeven for the first four months of this financial year, ie. April-July 2020
- the Finance report has been considered by the Audit Committee, and the Finance and Performance committee has undertaken a 'deep dive'

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, but felt this was not wholly satisfactory due to the lack of 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.

Referring to Table 2 of the report, Analysis of Expenditure, Basil Fozard queried the 20% variance in the forecast expenditure for 'Other Programme Services':

Alison Henly responded that this was largely due to the cost impact on the Better Care Fund, where money was released to support the acceleration of the discharge programme. There had also been an initial assumption that the CCG would have a savings programme, but this has not been possible due to Covid-19.

By a virtual show of hands, the Governing Body approved the content of the Finance Report for the period 1 April to 31 July 2020.

SCCG 058/2020

QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT FOR THE PERIOD 1 APRIL-30 MAY 2020

The Meeting received the Quality, Safety and Performance (QSP) Exceptions Report for the period 1 April to 30 May 2020. Alison Henly and Sandra Corry provided a verbal report and it was noted that:

- the report provides a summary and analysis of escalation issues for QSP compared to the constitutional and other standards
- the most up-to-date information has been incorporated, so some sections refer to May 2020, others to June 2020
- the report focuses on emergency services, Referral to Treatment (RTT), Diagnostics, Cancer, Mental Health, and Maternity
- there are no issues of particular significance: where there are issues, these are well understood, including patient safety and quality concerns which continue to be monitored

Dr Jayne Chidgey-Clark queried the backlog in the diagnostic service and asked about the CCG's confidence level that it will be resolved. Dr Chidgey-Clark also asked about the potential harm for long-waiters, and expressed concern about mental health and the increase in domestic violence and abuse during Covid-19:

Alison Henly responded that, at the beginning of the pandemic, there was insufficient capacity in the diagnostic service, and it is true that people have had to wait longer. However, there has been increasing

focus on diagnostics across the region and teams are working through the required actions: this work will be linked into the expected guidance for Phase 3 (service restoration and recovery). Where we can re-establish services safely, we have done so. However, due to some capacity constraints and the requirement for social-distancing this has not always been possible. In summary, services are being maximised where possible, but we will need to look at increasing capacity not only in Somerset but across the south-west.

Referring to the harm reviews, Sandra Corry advised that the CCG is working closely with NHS England about how an easier and more flexible model can be introduced that will allow us to quickly pick-up patient harm or risk of harm. Due to the backlog, prioritisation of need is key and how we do this in an equitable and appropriate way.

Dr Chidgey-Clark asked if provision had been made for additional services around domestic abuse etc. Sandra Corry confirmed that the Safeguarding Adults Team, together with social care and police colleagues, are looking at this to understand the trends. Recent data suggests no significantly high numbers at present but we realise there may be a hidden problem.

Basil Fozard expressed concern about cancer 62-day performance, at 76%, and stated that some patients will have advanced their cancer stage because of delayed treatment – he encouraged the CCG and providers to focus on diagnostics. Basil Fozard also asked about stillbirth and neonatal deaths and if an external report should be undertaken.

Referring to the backlogs, James Rimmer agreed this is an issue, both locally and nationally. However, the south west is one of the top three performers in almost all metrics across the country's seven regions. Somerset is working nationally as part of an 'adopt and adapt' programme and each region is picking up one specific theme. The south west has picked up diagnostics to understand the high impact changes that can be made, followed by fast roll-out nationally. Other areas are focusing similarly, for example, on endoscopy and outpatients.

In terms of mental health, Alison Henly confirmed that arrangements have been maintained to support patients throughout the pandemic, using a combination of traditional and digital services. For example, MindLine has been introduced, a service which operates 24/7, to support people whenever they need.

Referring to Basil Fozard's question about stillbirth and neonatal deaths, Sandra Corry advised that, at present, we do not know if the May figures are unusual in their profile and if there has been any impact from Covid-19. The numbers are low but we are not complacent and are actively reviewing and investigating each case. It is not possible to go into any detail, due to the low numbers and

the high risk of an individual being identifiable, but the learning from these cases will be taken forward. However, we are not aware of anything in particular that we need to focus on at this stage.

Judith Goodchild noted that long-waiters for surgery are being assessed from harm from a clinical perspective but asked if the impact on their quality of life is also being reviewed – does it affect their work? Are they carers for someone else?

Sandra Corry responded that some very proactive discussions had taken place but, due to Covid-19, it had been necessary to put further work on hold. The CCG had wanted to progress this work with Healthwatch, and a separate discussion will be arranged.

Action 776: Consider how we can work to understand the impact of delayed treatment on patients' quality of life (Sandra Corry)

Lou Evans commented on the issues raised by the QSP report and asked that further time (20 minutes) be given to this item at the next meeting.

Action 777: QSP to be allocated 20 minutes at the meeting on 24 September (Kathy Palfrey)

SCCG 059/2020

CORPORATE RISK REGISTER UPDATE REPORT

The Meeting received the Corporate Risk Register Update Report, together with a verbal report from James Rimmer. It was noted that:

- eight risks have been escalated to the Corporate Risk Register:
 - relating to Covid-19:
 - * maintaining clinical safety
 - * PPE
 - * Risk of nosocomial transmission
 - Ofsted/CQC SEND Report, written statement of action: we are working on this to ensure we are meeting our duties. The report highlights where we are challenged and we are working to improve these areas
 - Fit For My Future Financial Sustainability Benefits: FFMF is a transformation plan that will lead to the CCG being able to address the underlying deficit
 - neurological-rehabilitation

Referring to risk 135, Dementia Diagnosis Rates, Dr Jayne Chidgey-Clark noted that this has been put on hold nationally due to Covid-19, and asked if this would continue: alternatively, if it would be addressed as one of the CCG's priorities for earlier work, noting that

the costs for continuing to keep dementia diagnoses on hold would be quite significant.

James Rimmer responded that the detail is not yet available. The CCG has written to Practices and we are devising new ways of working with them. The activities will be picked up and the quality measures will begin again from October. Dr Peter Bagshaw has brought considerable expertise to the CCG around dementia, and soft measures are making good progress. James Rimmer suggested that further discussion and investigation be undertaken by Patient Safety and Quality Assurance Committee (PSQAC), and this was agreed.

Action 778: Dementia discussions to be included on the agenda for the next PSQAC meeting (Dr Jayne Chidgey-Clark/Sandra Corry)

Trudi Grant commented on the huge achievement of the Acute Hospitals, where the transmission of Covid-19 had reduced significantly. The Health Protection Board will be looking at what more the system needs to do to prepare for a possible second wave, but the work done to-date in Somerset has been exemplary.

By a virtual show of hands, the Governing Body approved the additions and amendments as outlined in the Corporate Risk Register Update report.

SCCG 060/2020

ANNUAL COMPLAINTS REPORT 2019/20

The Meeting received the Annual Complaints Report for 2019/20. Sandra Corry advised that the report is a regulatory requirement and for 2019/20 is presented as an infographic rather than as a detailed report. The report had been considered and approved by the Patient Safety and Quality Assurance Committee (PSQAC).

David Heath noted that the report included some incomplete returns and asked that this be corrected for future years. Dr Jayne Chidgey-Clark advised that this had been picked up at the PSQAC and further suggestions for improvement had also been put forward.

Grahame Paine asked how Healthwatch feeds into the CCG complaints' procedure:

Judith Goodchild responded that Healthwatch signposts people to the correct place (for services, complaints etc) and also informs the appropriate authorities: every few months, Healthwatch sends a copy of all the complaints they have received to the appropriate organisation, be it SCC, primary care, the Acute Hospitals or the CCG, and complaints often inform the agenda for Healthwatch. Sandra Corry advised that the CCG only counts formal complaints. However, we do triangulate others and ask the team to consider how

the learning can improve frontline practice and service commissioning.

By a virtual show of hands, the Governing Body approved the Report and endorsed the decision to publish it on the CCG website.

SCCG 061/2020 ONE SOMERSET

The Meeting received a document titled 'One Somerset – Business case for a new single unitary council for Somerset'. David Fothergill extended Pat Flaherty's apologies due to a prior commitment. Introducing the document, David Fothergill stated that:

- Somerset County Council and the CCG work very closely, and the common footprint provides great strength
- Somerset is currently classed as a two-tier area, so has a County Council and District Councils
- this is unusual (England has mostly unitary Councils) and means there is a lot of abrasion where services join, due to the requirement to negotiate with the four district councils, leading to public confusion about responsibility
- One Somerset (the business case) seeks to resolve these challenges by removing confusion, allowing better working, and providing clearer, more sustainable public services
- One Somerset will deliver £18.5 million in savings every year
- the One Somerset business case has been submitted to the Secretary of State. Other parties (District Councils) will be asked to submit their own business cases, but it is believed that SCC's proposal - One Somerset - will cement the good relationship with the CCG and maintain co-terminosity
- it is further believed that any move to link Bath and North East Somerset with North Somerset, or to divide the County into three or four different unitaries, would undermine the relationship with the CCG
- a decision from the Secretary of State is expected in the Autumn, and Somerset will look to being a unitary authority from April 2022

Governing Body members presented differing viewpoints towards the business case:

- both as a resident of Somerset, and from a CCG perspective, Dr Jayne Chidgey-Clark supported a single unitary authority, and felt that a unitary authority is a more simple approach than a

two- or three-tier system. The projected £18.5 million savings would be excellent

- David Heath challenged the paper on a number of points, including:
 - due to its political nature, he did not feel that the CCG should be taking a view: however, he acknowledged that it was useful for the CCG to be informed about SCC's position
 - page 34, Health Care Delivery, which states that: "Despite having the highest ratio of GPs, Care Quality Commission (CQC) ratings show these services as the worst in the South West." David Heath stated that he did not recognise this, and that the statement should not be included in the paper as SCC has no responsibility for GP services

David Fothergill disagreed and felt that the CCG should take a view. He stated that the STP would be driven apart – there would no longer be a single link for adult social care – and this would lead to worse outcomes for Somerset residents.

David Heath accepted the issue of co-terminosity but felt that a one, or alternatively, two-tier system was not directly relevant to the essential relationships between the CCG and local government.

David Fothergill said that the ultimate decision would be made the Government, and their direction of travel is towards unitary authorities: political issues aside, the local authority and the CCG must do what is best for the people of Somerset.

Referring to the comment on page 34, Dr Carlton Brand commented that the business case tries to present facts and balance. He stated that the local authority believed the comment to be true and it was supported by the data.

Following a request by the Chair, it was agreed that Dr Brand would check the statement to confirm if its base was in fact or assumption, given that some of the data included in the business case related to 2014/15.

Action 779: 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/Dr Carlton Brand)

Judith Goodchild commented that, in the light of the Ofsted SEND report, the move to a single unitary council would be positive, in that more money could be released to support children.

David Fothergill commented that two-tier authorities are described as an unaffordable luxury. The direction of travel is towards a single

unitary authority. £18.5 million would be released by disbanding the four district councils.

James Rimmer advised that he had recently met with Pat Flaherty (SCC Chief Executive) and Jan Gamon (South Somerset District Council). SSDC is considering the various options, including working as a single unitary authority, and will present their proposal to a future Governing Body meeting.

Referring to the projected savings of £18.5 million, Lou Evans asked if a high level re-investment plan had been done, and if so, what percentage of the re-investment would go into health and social care:

David Fothergill responded that a high level re-investment plan has not been produced; rather, the focus has been about the savings that could be delivered through transition. The Government has been very specific about what can and cannot be included in the business case. A unitary authority will need to work in shadow format for the first year and a number of decisions will need to be made. For example, the need to be carbon-neutral by 2030 will require money to be diverted towards achieving that, but some will certainly be re-invested in public health and the prevention agenda.

Lou Evans thanked David Fothergill and Dr Brand for their presentation and confirmed that the Governing Body would make a response on the business case in due course. The matter would continue to be discussed by the CCG in private session (Part B) later today.

SCCG 062/2020 ANY OTHER BUSINESS

Annual General Meeting (AGM)

David Heath commented that it would be helpful for the AGM to be scheduled outside of normal business hours. Referring to Covid-19, he also suggested the inclusion of a “how was it for you?” session, to hear from people external to the CCG.

James Rimmer confirmed that an AGM could be held out-of-hours. Technically, the AGM reflects on the prior year and Covid-19 was, in general, only pertinent for the last two weeks of the financial year. He agreed, however, that in addition to the formal review of the 2019/20, the AGM could include a “tell us how it is for you” session, given that Covid-19 is still very relevant.

SCCG 063/2020 DATE OF NEXT MEETING

Lou Evans confirmed that the AGM will be held on Tuesday, 15 September 2020 in virtual format, at a time to be confirmed: this will be published on the website and via social media.

The next formal meeting of the Governing Body will be held on 24 September 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, 22 September 2020.

The Chairman brought the Part A Meeting to a close and advised that the Governing Body would now move into its private session. This session would not be recorded, 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 30 JULY 2020**

Text in green was added arising from discussion at the Virtual meeting of the Governing Body on 30 July 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 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	In progress
778	Dementia discussions to be included on the agenda for next PSQAC meeting	Dr Jayne Chidgey-Clark/ Sandra Corry	
777	QSP to be allocated 20 minutes at the meeting on 24 September 2020	Kathy Palfrey	Complete
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	
774	West Somerset risk of Digital Exclusion: What are the reasons, and what can be done? Response to be brought to the next meeting	James Rimmer Alison Henly	To be addressed as part of the Digital Annual Report on 24 September 2020. Complete
773	Written response to be provided to Virginia Membrey relating to her public question	Sandra Corry	Complete

Actions Arising from Meeting held on 18 June 2020			
772	Gender pay gap action plan and report, with additional clarifying narrative, to be uploaded to the website	Marianne King	<p>Discussion has been held between Basil Fozard, Jayne Chidgey-Clark and Marianne King. Report not yet uploaded to the website.</p> <p>Report has now been uploaded and data has been reported. Action Plan has been approved and being implemented across the CCG. Complete</p>
771	Provide the detail of the national support programmes for mid and higher level female leaders to Marianne King	Wendy Grey	<p>A training manual of information is going to be put together by the HR team which will include all of the programmes suggested by Wendy Grey.</p> <p>This will be developed over the next few months but unlikely to be finished until next year.</p> <p>Closed</p>
Actions Arising from Meeting held on 30 January 2020			
767	Staff Survey Action Plan: In advance of the next staff survey, prepare a "You Said, We Did" briefing paper	Marianne King	<p>The communications for the national staff survey are being sent out next week – we will review against the previous year's staff survey. However, we have now agreed to run the national staff survey and therefore there will be national communications sent out in co-ordination with the CCG.</p> <p>Closed</p>
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	<p>30 January 2020.</p> <p>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.</p> <p>The next steps are to review and develop the contracts database to enable the publication of all the contracts that are subject to formal competitive procurement in line with the CCG's Standing Financial Instructions.</p>

			<p>The work has commenced and the aim is to conclude the updating of the database and publish a revised Procurement Register by 31 March 2020 to coincide with the end of the current financial year. An update on the work will be provided to the next Audit Committee meeting on 26 February 2020.</p> <p>22/7/20: Covid19 led to this action being stalled. Discussion took place with Tanya Whittle on 14 July 2020 to agree a way forward. It was agreed to set up a planning workshop in early September, following initial scoping work, with a view to taking this to the Audit Committee in September for support.</p> <p><i>Awaiting update from Peter</i></p>
Actions Arising from Meeting held on 25 July 2019			
722	Defibrillator data information to be requested from SWAST	Alison Henly (Becky Keating)	<p>3/9: Data information has been requested from SWAST.</p> <p>23/6/20: Helen Weldon is progressing this action.</p>
Actions Arising from Meeting held on 28 March 2019			
706	CRR: Governing Body to be updated about risk reference N24, case management of CHC funded patients at home, and when a decision will be made.	Sandra Corry	<p>20/7/20: Business cases have now been unsuccessful for 2 consecutive years. When presented in 2020, system discussions flagged that case management should be commissioned from existing provider services. This remains outstanding, leaving a clinical risk in the oversight and clinical management of CHC patients as currently both CHC team and Community nursing teams do not have sufficient capacity to undertake case management.</p> <p>Closed</p>

Actions Arising from Meeting held on 31 January 2019

701	Ensure that child/young adult self-harm is included on the risk register	Andrew Keefe	<p>12/11/19: This has been determined as a Mental Health Commissioning Team risk rather than Safeguarding</p> <p>20/7/20: Sandra Corry to check with Andrew Keefe about inclusion on the risk register</p> <p>Whilst children's self-harm is always a concern and we need vigilance around risk etc, we are not aware of any particular issues in addition to the normal (BAU) risk management measures that the Trust use. Since January 2019 there has been significant further investment in CAMHS, in the Enhanced Outreach Team, Community Eating Disorders (C&YP), the Big Tent, the MHST trail-blazer funding in schools (4 teams), 2BU, Kooth, and the new 24/7 Mindline which is for all ages and has already had more than 5,000 calls from children and young people. Together, these initiatives have provided much improved community support for children and young people.</p>
			<p>We will continue to monitor this situation – especially in light of Covid – but for the moment this is not at the level to warrant inclusion on the corporate risk register.</p> <p>Action Closed</p>

16 September 2020