

**Report to the NHS Somerset Clinical Commissioning Group on 22 July 2021**

<b>Title: Minutes of the Part A NHS Somerset Clinical Commissioning Group Governing Body Meeting held on 27 May 2021</b>	<b>Enclosure B1</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 27 May 2021. They are presented to the NHS Somerset CCG Governing Body, and also published in the public domain through the NHS Somerset CCG website, to provide clarity and transparency about the discussions and decisions made, and to ensure the principles of good governance are upheld.

**Recommendations and next steps**

The NHS Somerset Governing Body is asked to **Approve** the Minutes of the meeting held on 27 May 2021 to confirm that the Chairman may sign them as a true and correct record.

**Impact Assessments – key issues identified**

<b>Equality</b>	N/A			
<b>Quality</b>	N/A			
<b>Privacy</b>	N/A			
<b>Engagement</b>	There is lay representation on the Governing Body. The Minutes are published on the NHS Somerset CCG website at: <a href="https://www.somersetccg.nhs.uk/publications/governing-body-papers/">https://www.somersetccg.nhs.uk/publications/governing-body-papers/</a>			
<b>Financial / Resource</b>	N/A			
<b>Governance or Legal</b>	The Minutes are the formal record of the meeting held on 25 March 2021.			
<b>Risk Description</b>	N/A			
<b>Risk Rating</b>	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, 27 May 2021** via **MS Teams (Virtual Meeting)**

Present:	Dr Ed Ford	CCG Chair, GP Partner, Irnham Lodge Surgery, Vice Chair, Health and Wellbeing Board
	Lou Evans	Non-Executive Director CCG Vice Chair and Chair of Audit Committee (Lay Member)
	Dr Jayne Chidgey-Clark Basil Fozard	Non-Executive Director, Registered Nurse Non-Executive Director, Secondary Care Doctor
	Trudi Grant	Director of Public Health, Somerset County Council
	Wendy Grey	Non-Executive Director, Member Practice Representative
	Neil Hales David Heath	Interim Director of Commissioning Non-Executive Director, Patient and Public Engagement (Lay Member)
	Alison Henly	Director of Finance, Performance and Contracting
	Val Janson	Acting Director of Quality and Nursing (representing Sandra Corry)
	Trudi Mann	Non-Executive Director, Member Practice Representative
	Grahame Paine	Non-Executive Director (Finance and Performance) (Lay Member)
	James Rimmer	Accountable Officer and Chief Executive
In Attendance:	Judith Goodchild Maria Heard Sandra Wilson	Chair, Healthwatch (Observer) Programme 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 Alex Murray	Clinical Director Fit For My Future

**SCCG 040/2021 INTRODUCTION**

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

**SCCG 041/2021 PUBLIC QUESTIONS**

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

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

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

We had received one Public Question in advance:

**1 From Emma King, Member of the Public:**

**In a letter you recently sent out to councillors about the proposed closure of St Andrew's ward and its relocation to Yeovil, you stated: "The Governing Body asked that we address the issue identified by consultation feedback relating to travel and access to services, and the potential impacts on service user and visitor experience. We are working with the Somerset NHS Foundation Trust, the Local Authority and other partners to support improvements to community based transport support services within the Mendip area." What practical steps have you actually taken at this stage to address these serious transport issues, especially for carers?**

Maria Heard delivered the following response:

We continue to monitor all the activities following the mental health public consultation, including those relating to the transport issues pertinent to patients on St Andrews Ward and their families and carers. Throughout the pandemic Somerset Foundation Trust (SFT) has continued to engage with all patients on each ward, both as individuals, their families, and as patient groups via the weekly 'Have your say' meetings for feedback on this as well as a whole range of other issues to better understand how patients and their families feel.

Due to national Covid restrictions, visiting on the wards, until recently, was not possible. During the pandemic the transport issues for visitors were not actively explored as previously anticipated, but patient and carer contact was recognised as being of the utmost importance. More innovative ways of maintaining contact were adopted, including video calling for both social and clinical interactions with carers and families and their loved ones. Many people have found this to be incredibly beneficial and this digital option will continue alongside face-to-face on ward visits.

The Trust have always delivered personalised care plans to maximise opportunities for patients who are on one of the wards to maintain meaningful contact with their loved ones and social networks, including in some instances funding the transport costs for family members to visit. This will continue in the future.

The Trust are also working with the Somerset County Council (SCC) and Voluntary and Community Sector Enterprise (VCSE) partners – via the *Open Mental Health* initiative – to expand peer support provision including exploring options of a community response to facilitate transportation for some family members of patients who have been admitted to a mental health ward. We are hoping that once the restrictions currently in place are reduced, this option will be explored further to help understand the possibilities and the potential impact this could have on families and carers.

We have already confirmed that the proposed relocation of the ward will not be taking place until the latter part of 2022, and are confident that this timeline will provide plenty of opportunity to allow us to explore this more fully and develop more detailed plans in relation to this commitment. In the meantime, the CCG and SFT will continue to explore the potential options with patients, their families and carers, SCC, and our VCSE partners to better understand both the challenges and how best to reduce them.

**SCCG 042/2021      APOLOGIES FOR ABSENCE**

Apologies for absence were noted from Dr Alex Murray.

**SCCG 043/2021      REGISTER OF MEMBERS' INTERESTS**

The Governing Body received and noted the Register of Members' Interests, which was a reflection of the electronic database as at 21 May 2021.

Dr Ed Ford advised that his Interests would be updated to include his membership of the Primary Care Board as a CCG representative in relation to developing the ICS (Integrated Care System) arrangements.

James Rimmer advised that an error had been made in his Interest relating to the ICS. He confirmed that he continues to be the Senior Responsible Officer for the ICS, with the appointment taking effect from 1 October 2020.

Action 796:    Register of Interests to be updated (Dr Ed Ford and James Rimmer)

**SCCG 044/2021      DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA**

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

There were no declarations of interest relating to items on the agenda. The quoracy of the meeting was confirmed.

**SCCG 045/2021      MINUTES OF THE PART A MEETING HELD ON 25 MARCH 2021**

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

**SCCG 046/2021      MATTERS ARISING AND ACTION SCHEDULE**

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

## **SCCG 047/2021 CHAIRMAN'S REPORT**

The Meeting received and noted the Chairman's Report, which included the Communication and Engagement Report for the period 1 March to 30 April 2021, together with the various meetings attended by Dr Ford during this time, many of which related to the development of the ICS.

## **SCCG 048/2021 CHIEF EXECUTIVE'S REPORT AND LATEST NEWS**

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

- Covid-19: on 25 March 2021 the national incident level for the Covid-19 NHS Response reduced from Level 4 to Level 3. On 10 May 2021 the UK alert level was similarly reduced from Level 4 to Level 3:
  - \* Level 4 = Covid-19 epidemic is in general circulation; transmission is high or rising exponentially
  - \* Level 3 = Covid-19 epidemic is in general circulation
- Working to improve health and social care for all: ICS planning is being progressed and will be discussed at this afternoon's Governing Body Development Session. National guidance is expected by early June (slipped from mid May)
- Chief Executive of NHS England: Sir Simon Stevens will stand down from the post of Chief Executive of NHS England at the end of July. He has held this post for the past seven years and a replacement is being sought with a view to being in post by late Summer/early Autumn
- primary care is particularly busy, and a national letter has been issued to GPs that they must re-open. They are now one-third busier than they were pre-pandemic:
  - \* 200,000 appointments per month pre-pandemic
  - \* 280,000 appointments per month now
  - \* 47% of GP appointments are taking place face-to-face
- primary care, Foundation Trust (FT) colleagues and volunteers have been hugely important to the Covid-19 vaccination programme, and more than 80% of Somerset adults have now received their first dose:
  - \* the Earl and Countess of Wessex (Prince Edward and Sophie) recently visited the mass vaccination hub at Royal Bath and West Showground at Shepton Mallet to see at first-hand the work being done, and they thanked the team and the Somerset system for the progress being made

Grahame Paine commented on the good engagement that was taking place by both the Chair and Chief Executive. He also noted that both

had recently met with David DeBerker, UHBW, about dermatology in Somerset, and looked forward to an updated presentation at the Finance and Performance Committee Meeting in July, given that dermatology services are of national concern. Grahame Paine extended an invitation to Governing Body members to join the Finance & Performance Committee meeting in July, should they wish to do so.

Action 797: If Governing Body members wish to join the Finance & Performance Committee meeting in July, please contact Christine Lincoln, PA to Neil Hales (GB Members)

**SCCG 049/2021**

### **COVID-19 UPDATE: PUBLIC HEALTH POSITION AND VACCINATION PROGRAMME**

The Meeting received and noted the data for the Covid-19 pandemic as at 21 May 2021, as produced by Somerset County Council's Public Health team. Trudi Grant commented on the latest data (as at 27 May 2021) and it was noted that:

- to-date, there have been 20,454 detected cases of Covid, with the latest 7-day rate per 100,000 population being 5.3, which is a considerable improvement on previous months and is stabilising well
- we are currently managing 25 open outbreaks and clusters across the county. We are seeing low rates in all Somerset districts - Sedgemoor had been slightly elevated but is now reducing
- testing rates remain good but there is room for improvement
  - \* we need to carry on the case finding approach and encourage people to do lateral flow tests twice a week
  - \* we need to pick up positive cases early so they can be typed to see if we are dealing with a different variant
- the current R rate for England is 0.9-1.1 The south west R rate is 0.8-1.1, and the Somerset R rate is currently lower than both
- because we are a rural population, Somerset has been awarded funding as part of a national pilot for research into inequalities in testing. The research will look to see what can be done to increase testing uptake, particularly in hard-to-reach groups
- Somerset is also preparing for the tourist season: there is much work to be done to ensure that facilities are opened safely, and we are about to start a more targeted communication about the importance of adhering to the Covid-19 guidance, particularly in the main tourist areas

Wendy Grey asked about the programme for the bigger centres of tourism, eg. Butlins at Minehead:

Trudi Grant responded that we are working with SCC and the environmental health officers to ensure they comply with the guidance and are assured they are doing what they need to do. There is a

balance to be made between infection rates and the impact on the economy, so while we support the opening of the tourism industry, it must be done as safely as possible. James Rimmer advised that a surge plan for the Summer months is being prepared, to ensure that NHS services will be there to meet the expected rise in demand.

Trudi Mann queried the vaccination chart for the age groups 70-74 and 75-79 years: James Rimmer confirmed that more than 95% of people in those age groups had received both vaccination doses. Trudi Mann asked why some people had chosen not to have a second vaccine: James Rimmer responded that the issues around the AstraZeneca vaccination may have been part of the reason, but the vaccination programme remains open to everyone – the uptake in Somerset is one of the highest in the country for both first and second vaccinations. Trudi Grant commented that the decision to have the vaccination or not is down to personal choice, and there will always be a proportion of people who choose not to be vaccinated.

David Heath expressed his thanks to GPs across the county for their contribution to the vaccination programme. However, David Heath was concerned that the local vaccination centres were about to disappear, which may deter the younger age groups from being vaccinated as they may have to travel further; two younger family members had been offered the vaccine under the national system but were asked to travel to Salisbury from Frome:

James Rimmer suggested this may have been an issue of timing in booking onto the national system, as we are in a transition phase, and assured David Heath that there will be vaccination centres much closer than Salisbury, both in Somerset and neighbouring counties.

Dr Jayne Chidgey-Clark thanked GPs for their efforts in the vaccination programme and noted that the withdrawal is to ensure a return to business as usual in primary care. Dr Chidgey-Clark sought assurance that there will be enough vaccinators despite the withdrawal of GPs:

James Rimmer confirmed that we are actively working to ensure that the number of vaccinators is sufficient. The number of under 35s in Somerset is lower than elsewhere and we are also bringing forward the vaccination programme for second doses for the over 50s. We have many people working on temporary contracts and we will be able to extend these. We are waiting for guidance about the booster vaccinations. We have a huge number of volunteers, NHS returners and new people who have been re-trained to deliver the vaccination – including an airline pilot! We are hoping to conclude the initial programme by the end of September and will continue our efforts to retain the vaccination workforce.

**SCCG 050/2021**

**INFECTION PREVENTION AND CONTROL ANNUAL REPORT  
2019/20:**

The Governing Body received the Infection Prevention and Control (IPC) Annual Report for 2019/20. Val Janson provided a verbal report and it was noted that:

- the IPC Annual Report for 2019/20 was delayed due to the

pandemic: the report for 2020/21 will be produced in a more timely way

- we have been working with providers on IPC for a long time and have brought an additional person into the team to support primary care and the care home sector
- there is a Somerset-wide IPC Assurance and Anti-microbial Committee (SIPAAC) which receives reports from providers and discusses any particular issues. The SIPAAC reports to the Patient Safety and Quality Assurance Committee
- during 2019/20, MRSA infections reduced to two cases, a considerable reduction on previous years; however, in 2020/21 there was an increase to seven cases – the reasons for the increase remain unclear
- Clostridium difficile (CDiff): new categories of CDiff were introduced for 2019/20, which help us to define more closely where action needs to be taken. There was a slight improvement compared to 2018/19 but the number of cases remained higher than the England average
- Gram negative bloodstream infections (BSI): in 2017, there was a national move to reduce Gram negative BSIs by 50% across the whole healthcare economy by March 2021 - this has been moved to 2023/24. The work started in 2019/20 but will require significant further work to achieve: we have introduced various workstreams looking at eg. care of catheters and antibiotic prescribing
- the Covid-19 pandemic was declared by the Government on 11 March 2020; there were also a number of outbreaks of confirmed or suspected norovirus in healthcare environments and care homes
- we are working with link nurses in primary care and care homes so that colleagues can seek expert advice and guidance relating to C.diff
- national guidance was published around Covid testing, PPE etc. An audit of the acute providers was carried out last week and both Trusts are compliant

Dr Ed Ford queried the rise in MRSA and norovirus in 2020/21 because – given the additional measures of PPE etc – this was counter-intuitive:

Val Janson agreed and suggested that it may be that people were not seeking healthcare during the pandemic. We will be conducting a PIR (post infection review) to provide the detail.

Lou Evans expressed disappointment in the results, given the significant work that had been done to reduce infection rates over past years. He asked about the action plans from providers to return to pre-Covid rates: Val Janson confirmed that an action plan is in place and assured the Governing Body that every MRSA infection is reviewed in detail. A system-wide meeting is scheduled before the end of June.

Referring to the two strains of staphylococcus aureus (MRSA and MSSA) bacteraemia, and noting that cases of MSSA were considerably higher than MRSA, David Heath asked if this might suggest a change in the endemic flora and whether a population study around skin tests would be done:

Wendy Grey responded that we are not aware of anything specific around the two different strains, but approximately one-third of the population carry MRSA unknowingly. Wendy Grey felt that, anecdotally, there is an element of fatigue in some clinical staff following Covid, and we must ensure that people continue to wear PPE correctly in hospitals. Val Janson confirmed that the audit programmes around hand hygiene, PPE etc are being restarted.

By a virtual show of hands the Governing Body approved the Infection Prevention and Control Annual Report for 2019/20.

## **SCCG 051/2021**

### **INTEGRATED BOARD ASSURANCE REPORT FOR THE PERIOD 1 APRIL 2020 TO 31 MARCH 2021**

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

- a primary care section is now included in the report, including information on:
  - \* appointments/consultations
  - \* CQC ratings
  - \* patient experience
  - \* demographic
  - \* medicines management
- patient appointments in primary care have increased by 8% in the months January-March 2021 compared to the same period last year, and 47% of appointments were carried out face-to-face
- there has been a significant increase in demand for all urgent care services and the impact on performance is shown in the report, including:
  - \* the 111 service is performing strongly when measured by call answering time. The number of calls abandoned without being answered is also showing strong performance compared to other 111 providers
  - \* the out of hours service has seen a significant increase in activity
  - \* Somerset continues to experience a higher level of demand for ambulance services than the rest of the South West. To support this, a number of actions have been taken:
    - the integrated urgent care clinical validation service was launched on 2 November 2020, following a successful pilot

which showed high levels of clinical validation coupled with high re-direction of patients to alternative services more appropriate to their clinical needs

- the launch of the Think 111 first initiative from 1 December 2020
- recruitment to the high intensity user team, who have signposted 30 patients to more appropriate services
- \* the number of people attending A&E services has returned to the level seen prior to the pandemic, with both Trusts in Somerset continuing a strong level of performance compared to the national average. However, since January there has been a deterioration in performance at SFT due to the higher attendance numbers and greater patient acuity
- elective performance:
  - \* in March 2021, 41,545 patients were waiting for their definitive treatment. There is a significant focus on reducing the overall size of the waiting list
  - \* the number of people who have waited for treatment for longer than 18 weeks has continued to increase, although the total number of patients waiting in excess of 29 weeks and 40 weeks started to reduce from January 2021
- the report details the current performance levels of cancer services and the various positive actions which are being taken
- the improving access to psychological therapy (IAPT) services continue to exceed the national and local performance targets
  - \* the change in service model, supporting people predominately by telephone, video and webinar intervention, has succeeded in maintaining service delivery
  - \* face to face appointments are still available by exception and where clinically appropriate, in line with national guidelines
- there has been a significant increase in the number of cancer referrals. 62-day performance improved from 74% in January to 84% in March
  - \* due to the Covid19 second wave, there was a reduction in capacity in January
- of 12,919 people waiting for treatment following referral, 3,976 have waited longer than 52 weeks and 4,942 have waited for more than 40 weeks. Modelling is taking place but long waits will continue to be problematical. We want to increase capacity, particularly in diagnostics

- we are exploring further ways to raise the profile of and keep quality and safety of services central for patients:
  - \* we have a pilot peri-operative programme in place where patients are assessed to get their clinical fitness maximised pre-surgery
  - \* we are looking to link the data on inequalities into the quality and safety data, eg. via 'safety netting' to review primary care in rural areas to see if there is a correlation with low referrals
  - \* Val Janson has met with Trudi Grant to discuss clinical prioritisation and prevention, and various ideas and initiatives will be taken forward

David Heath commented that the demands on primary care are currently very high: during January-March 2020, there were 779,000 appointments; this year, there have already been 837,000 appointments, an increase of 7.5%. 47% of those appointments have been face-to-face. There is a lot of pressure on booking systems, with people wanting a face-to-face appointment, and some people are taking out their frustration on the receptionists. We have asked colleagues to provide as much support as possible to Practices to ensure excellence in their booking systems to reduce frustration. Our message to the public is that we understand your frustration but demand is huge and people are doing their best.

James Rimmer confirmed that we have written to GPs and have highlighted the matter of zero tolerance. The primary care teams, PALS and GPs are working far in advance of what they were pre-pandemic, but it is not acceptable for people to abuse any member of NHS staff, and we will support them. A media campaign has begun and Dr Alex Murray has recently spoken about the issue on local radio.

Dr Jayne Chidgey-Clark thanked the team for the huge improvement in the presentation of the report, which clearly sets out the performance and makes it easier for the Non-Executive Directors to scrutinise the data on behalf of Somerset people. Dr Chidgey-Clark noted the good performance in some areas of mental health but asked for assurance around the timing of the plan for areas requiring improvement, eg. dementia diagnosis, and physical checks for people with mental health issues. Dr Chidgey-Clark also referred to media information released on Monday, 24 May, which referred to Somerset being awarded funding to support the mental health of people who are self-isolating:

Regarding the latter point, Trudi Grant advised that the media information was inaccurate: the additional funding is for a pilot study around improving the testing uptake for people in a rural community. We are doing additional work around mental health and people who self-isolate, but the media information was mis-reported.

Referring to physical health checks for people with mental health illness, Neil Hales advised that this will be built into the wider planning submission. The plan is to meet the 60% target and some specific measures will be taken.

Basil Fozard commented that it would be useful to have a timescale for the physical health checks. Basil Fozard asked about the timescales for recovery of activity levels in diagnostics:

Neil Hales responded that the national guidance around diagnostics was issued within the past week or so, and talks about patients waiting for endoscopy: the guidance is that people need to be seen on the basis of clinical need rather than the length of time they have waited.

Dr Jayne Chidgey-Clark commended the CHC team for their work in reducing the backlog of assessments to zero, and the big increase in the number of LeDeR reviews – these have not only been completed but we are now seeing the learning being shared across the system.

**SCCG 052/2021 ANY OTHER BUSINESS**

There were no items of other business.

**SCCG 053/2021 DATE OF NEXT MEETING**

The next meeting of the Governing Body, to sign off the Annual Report and Accounts, will be held on 10 June 2021 at 11.15 am via MS Teams. Papers will be published in advance on our website and members of the public are invited to attend by pre-registering with [kathy.palfrey@nhs.net](mailto:kathy.palfrey@nhs.net)

The next full meeting of the Governing Body will be held on Thursday, 22 July starting at 9.30 am via MS Teams. Papers will be published in advance on our website and members of the public are invited to submit their questions to [kathy.palfrey@nhs.net](mailto:kathy.palfrey@nhs.net) by midday on Tuesday, 20 July 2021.

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

CHAIRMAN ..... DATE .....