

Report to the NHS Somerset Clinical Commissioning Group on 27 January 2022

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

Summary and Purpose of Paper

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

Recommendations and next steps

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

Impact Assessments – key issues identified

Equality	N/A			
Quality	N/A			
Privacy	N/A			
Engagement	There is lay representation on the Governing Body. The Minutes are published on the NHS Somerset CCG website at: https://www.somersetccg.nhs.uk/publications/governing-body-papers/			
Financial / Resource	N/A			
Governance or Legal	The Minutes are the formal record of the meeting held on 23 September 2021.			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
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Minutes of the **Part A** Meeting of the **NHS Somerset Clinical Commissioning Group Governing Body** held on **Thursday, 25 November 2021** via **MS Teams (Virtual Meeting)**

Present:	Lou Evans	Non-Executive Director CCG Vice Chair and Chair of Audit Committee (Lay Member)
	Dr Jayne Chidgey-Clark	Non-Executive Director, Registered Nurse (to and including item SCCG 105/2021)
	Trudi Grant	Director of Public Health, Somerset County Council
	Wendy Grey	Non-Executive Director, Member Practice Representative
	Neil Hales	Interim Director of Commissioning
	David Heath	Non-Executive Director, Patient and Public Engagement (Lay Member)
	Maria Heard	Programme Director, Fit For My Future
	Alison Henly	Director of Finance, Performance and Contracting
	Val Janson	Director of Quality and Nursing
	Dr Alex Murray	Clinical Director, Fit For My Future
	Grahame Paine	Non-Executive Director (Finance and Performance) (Lay Member)
	James Rimmer	Accountable Officer and Chief Executive
	Dr Helen Thomas	Non-Executive Director, Member Practice Representative
In Attendance:	Judith Goodchild	Chair, Healthwatch (Observer)
	Allison Nation	Associate Director, Digital Strategy (for item SCCG 107/2021)
	Emma Savage	Deputy Director of Quality and Nursing (for item SCCG 106/2021)
	Pip Tucker	Public Health Consultant, SCC (for item SCCG 104/2021)
	Sandra Wilson	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
	Basil Fozard	Non-Executive Director, Secondary Care Doctor
	Trudi Mann	Non-Executive Director, Member Practice Representative

SCCG 094/2021 WELCOME

Lou Evans, Vice Chair, and Acting Chair in the absence of Dr Ed Ford, welcomed everyone to the NHS Somerset Clinical Commissioning Group Governing Body meeting.

SCCG 095/2021 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.

1 **Member of the Public: “I was in a meeting recently discussing mental health in the farming community.**

Your CCG colleagues in Devon commission a service for the NHS to provide Mindfulness-based Cognitive Therapy (MBCT) from a dedicated team of professionals based at Exeter University called the "accept" clinic.

They also carry out much needed patient research into this area of treatment and are focussing on a patient cohort who meet the following criteria:

‘People who have previously experienced 3 or 4 episodes of depression and are currently well who can then be given the skills in group workshops to stay mentally well.’

Do we have such a service specifically meeting this criteria of patients for treatment and research in Somerset? If so, where? and if not, why not?

Neil Hales confirmed that MBCT is provided by Somerset Foundation Trust (SFT) as part of the IAPT/Talking Therapies programme in Somerset.

MBCT is directed towards people who have had several episodes of recurring depression, and if, after clinical assessment, they are thought to be appropriate for the intervention they can access or be referred for a course. (MBCT is delivered via group work rather than on a one-to-one basis.) The next course is scheduled to commence in January 2022. People may be referred by their GP, or alternatively, they can refer themselves to the Somerset IAPT service: [Talking Therapies – Somerset IAPT Service - Talking Therapies – Somerset IAPT Service \(somersetft.nhs.uk\)](https://www.somersetft.nhs.uk)

SFT is also involved in a research project with Exeter University, studying the efficacy of MCBT.

SCCG 096/2021 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Ed Ford, Basil Fozard and Trudi Mann.

SCCG 097/2021 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 15 November 2021.

There were no further amendments to the Register.

SCCG 098/2021 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 099/2021 MINUTES OF THE PART A MEETING HELD ON 23 SEPTEMBER 2021

The Meeting received the Minutes of the Part A meeting held on 23 September 2021. By a virtual show of hands, the Minutes were approved for signature by the Chairman as a true and correct record.

SCCG 100/2021 MATTERS ARISING AND ACTION SCHEDULE

There were no matters arising. James Rimmer reported that good progress had been made against the action schedule and further updates were provided as follows:

Action 807: demand and capacity relating to cancer waiting times and diagnostics. This is being addressed through the H2 planning progress. Ongoing.

Action 803: work with Eelke Zoestbergen and Comms around the future health strategy to raise the LD voice. Maria Heard is arranging a meeting with Eelke. Complete.

Action 805: CYP access waiting times and data. Complete.

Action 799: Fit For My Future (FFMF). Scheduled for the Development Session in February 2022.

Action 798: FFMF map update. Complete.

Action 795: Include MindLine in future IBAR reports. Complete

SCCG 101/2021 CHAIRMAN'S REPORT

The Meeting received and noted the Chairman's Report, which included the Communication and Engagement Report for the period 1 September to 31 October 2021, including the various meetings attended by Dr Ford during this time.

Referring to the Communications' Report, James Rimmer highlighted the following:

- Winter pressures campaign
- ICS engagement with partners
- Vaccination campaigns
- Work with Healthwatch relating to the patient experience in the Emergency Departments at Yeovil Hospital and Musgrove Park
- Engagement events relating to the closure of Victoria Park Medical Centre. Options for reusing the site to support the local community are being considered

SCCG 102/2021 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 rates in Somerset remain high. The system is working to the Government's Plan A encouraging public health measures
- Progress on the establishment of Integrated Care Systems (ICSs): Paul von der Heyde has been appointed as Chair Designate for the Somerset ICB (Integrated Care Board), and Jonathan Higman as the ICB Chief Executive Designate
- The UK terrorist threat level has been increased from Substantial to Severe. The Prevent programme continues
- Operational Escalation Levels (OPEL) remain high, with internal incidents being reported at both YDH and MPH. We are working closely with social care colleagues to address challenges around patient flow
- Somerset ICS - NHS System Oversight Framework (SOF): Somerset has been moved into SOF segment 2, where segment 1 is high/best and segment 4 is low/worst

On behalf of the Governing Body, Lou Evans congratulated the team on the SOF rating, which reflected the significant work that had been undertaken over the past two years.

SCCG 103/2021 COVID-19 UPDATE: PUBLIC HEALTH POSITION AND VACCINATION PROGRAMME

James Rimmer, Trudi Grant and Alex Murray provided a verbal report about the latest position, and it was noted that, as of 25 November 2021:

- the latest 7 day rate per 100k is 429.2: although the rate has reduced over the past month, it remains high

- Somerset schools have worked hard to suppress infection rates, and they appear to be becoming less prominent in older children
- there has been a mutation of the Delta variant, which is likely to be more infectious although, in terms of symptoms, less aggressive (Omicron)

David Heath queried:

- has there been an assessment of the cause and consequences of the issues related to the Wolverhampton laboratory?
- recent findings indicate a reduction in symptomatic infections of triple-vaccinated people: is there a consequent reduction in infectivity, ie. are the triple-vaccinated less likely to spread infection?
- it would appear that mask discipline in the general population has recently reduced

Trudi Grant responded that:

- the report relating to the Wolverhampton laboratory has not yet been received. Although no formal assessment has been made, it is clear that the infection rates are reducing.
- although symptoms are not eliminated, they appear to be significantly reduced; similarly, infectivity rate is reduced but not eliminated
- yes, mask discipline has reduced: we need to continue to press the local messages that people should: wear face coverings, particularly in enclosed spaces; continue to social distance; continue their hand-washing frequency; increase ventilation of indoor spaces

Grahame Paine asked about the apparent rise in care home deaths:

Trudi Grant responded that the death rates now being seen are as a result of previous infection (by about three weeks); that said, the number of deaths is still within the five year rolling average. The majority of deaths in Somerset have been in very much older people (although not exclusively so) who would otherwise have been treated palliatively due to underlying significant conditions.

Grahame Paine reminded the Governing Body that the Covid Champions continue to meet every fortnight and will continue to keep reinforcing the message that people should wear a mask/face covering when in an enclosed space.

Val Janson advised that new Infection Prevention and Control (IPC) guidance has been recently issued: face masks must continue to be worn by staff, patients and visitors; there should be two-metre physical distancing for patients, particularly those who have respiratory infections; testing will also continue. The guidance describes a hierarchy of controls, eg. screening, triage, testing, infection control training for patients, staff and visitors, including hand hygiene. A detailed risk assessment section is included for each provider.

Responding to Wendy Grey, Val Janson confirmed that IPC teams are working across the whole system, including fortnightly meetings of the system infection control nurses, to ensure consistent implementation of the guidance.

Responding to Dr Helen Thomas, Trudi Grant advised that no specific data exists relating to herd immunity. However, for people who have had Covid-19, vaccinated or not, there is no life-time immunity against the disease; therefore, people who may have been exposed to Covid earlier in the pandemic, and who have not since been vaccinated, may have waning immunity.

Dr Alex Murray advised that the vaccination programme continues at pace, with several schemes running, eg. booster vaccinations for everyone over the age of 40 years; priority for care home residents; second dose vaccinations for people aged 16-17 years. Vaccinations are being offered through the national booking system but it should be noted that, as new appointments become available on the system, they are very quickly filled. In this case, it is recommended that people should re-access the booking system, either within a couple of hours or early the following day, as new appointments are released daily. Demand for walk-in vaccinations is also very high, meaning that some people may have to wait for up to two hours, and in some cases, the available vaccine may be insufficient to meet demand. The 'Evergreen Offer' continues for those who are currently unvaccinated, meaning they can attend a walk-in facility. Somerset has been presented as an exemplar for vaccinations in children aged 12-15 years; however, 12 weeks post initial vaccination, these children will need to be picked up for their second vaccination.

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

SCCG 104/2021 JOINT STRATEGIC NEEDS ASSESSMENT

The Meeting received the Joint Strategic Needs Assessment (JSNA), Covid in Somerset Communities. Trudi Grant and Pip Tucker provided a verbal report and presentation, and it was noted that:

- The production of a JSNA is a statutory obligation of the Health and Wellbeing Board (HWBB)
- The HWBB asked that this year's JSNA focus on looking at the impact of Covid, particularly in areas of most severe deprivation
- The impacts of the pandemic have been seen across society but people in deprived areas suffered more
- The needs of the population will undoubtedly change over the next several years, as the pandemic will have a longer-term impact
- The emerging patterns of need could be very different from the past, and there may be new cohorts of very needy people who are not being reached
- The impact of covid on welfare, wellbeing and mental health has been slow to develop but is reported to be significant

- Covid has generated strong community action as well as created problems
- Implications for Commissioners:
 - these communities continue to show concentration of need after the start of the pandemic, and improving the overall health of the population by addressing the needs of the most needy first and fastest, will continue to require a focus on them
 - the apparent effectiveness of innovative responses such as furlough should encourage further innovation in addressing community needs
 - the informality of community support in these communities is vital, but may be less 'visible' to official services, and require more effort to join-up with
 - the importance of digital access has been highlighted: Improving accessibility is about skills and confidence as much as equipment and infrastructure, and done well, it can bring benefits to service users and service providers alike
 - there is a risk that other communities or population cohorts elsewhere (such as those who were 'just about managing') have been hit hard and may lack the experience and coping mechanisms evidenced in the poorer urban centres, eg. overlooked issues of physical or digital access in rural areas

The Governing Body discussed the various issues that had been raised:

- people in deprived areas experiencing greater hunger than pre-pandemic
- that the poorest people are those who live in private houses in rural areas and have little income but, because they live in an area that may officially be described as 'comfortable' they are often overlooked
- rural transport is poor and insufficient for those who cannot afford to run a car
- lack of digital access
- the increase in demand for mental health services in primary care, and the need to support people to manage their own conditions
- areas where social services rather than NHS could be more appropriately commissioned to provide support to informal and voluntary community networks, eg. in North Sedgemoor
- the increase in domestic abuse, brought about by lockdowns

Referring to the implications for commissioners, Maria Heard advised that the strategy is being reviewed to ensure it is fit for purpose as the CCG

moves into an ICS. It was agreed that Maria Heard and Pip Tucker would link to discuss areas of improvement.

Action 808: Fit for my Future strategy to be discussed with Pip Tucker (Maria Heard)

Summarising, Trudi Grant stated that the JSNA is a document which intends to look at the whole population, the sub-population and their varying needs and assets. The information will be used as intelligence to support our commissioning processes. Future strategies, JSNAs etc will have greater focus on inequalities, and the Public Health team will be challenging both the new local authority and the ICS about how these inequalities can be tackled.

The Governing Body noted the initial findings of the JSNA and agreed to use the evidence presented as part of its ongoing response to the pandemic.

SCCG 105/2021 EMERGENCY PLANNING, RESILIENCE AND RESPONSE (EPRR) SELF-ASSESSMENT ASSURANCE REPORT

The Meeting received the EPRR self-assessment assurance report. Neil Hales provided a verbal report and it was noted that:

- the EPRR self-assessment is a requirement for all NHS organisations and is undertaken annually in the Autumn
- no changes have been made to the EPRR policy since last year
- in terms of the process, the CCG meets with Provider Trusts and a 'confirm and challenge' review is held with NHSEI
- processes around business continuity are reviewed and updated regularly but there has been no formal auditor review over the past three years; a formal audit will be scheduled in the audit programme for 2022/23
- the Director On-Call process has been expanded to support EPRR and is linked to several groups across the system
- there is a requirement for Providers to do a 'deep-dive' into piped oxygen and maintenance: there has been increased use due to Covid
- YDH self-assessed a lower score in relation to chemical, biological and nuclear response: although video training is undertaken, it has not been possible to undertake a simulated exercise due to Covid
- assurance has been received around SWAST, Devon Doctors and EZec
- the CCG is currently a Category 2 responder. The ICS will be a Category 1 responder
- some responsibility is currently at regional level but this will be at local ICS level in the future

- to assist in joined-up planning around EPRR, a Health Protection Board (HPB) has been developed, meeting weekly, and will be used to look at the wider elements of health

David Heath asked about the volunteer 4x4 support and if its continuation would be part of the preparation: Neil Hales responded that 4x4 training has been held for acute staff and the transport cell will be testing this. As a member of the Wessex 4x4 service, Grahame Paine confirmed that the service is supporting all hospitals in Wessex, ie. BANES, Gloucestershire, Somerset, Devon, Wiltshire, Hampshire, and all groups continue to work on this.

Action 809: Self-assessment to include the process for how the system will move from being a Category 2 to Category 1 responder (Neil Hales).

By a virtual show of hands the Governing Body approved the EPRR Self-Assessment Assurance Report.

SCCG 106/2021 RISK MANAGEMENT REPORT

The Meeting received the Risk Management Update report which outlined the risks which were new, escalated, de-escalated, increased, decreased or closed on the Corporate Risk Register (CRR) since the full review by the Governing Body in July 2021. Neil Hales and Emma Savage provided a verbal report and it was noted that:

- the Risk Management Update report included a short paper relating to Risk Score 25 SWAST
- there has been a marked increase in calls to the ambulance service, which is reflected elsewhere in the south west
- there has been an increase in waiting times, particularly for Cat 2 calls (for which the national standard is 18 minutes)
- various quality and patient safety issues have been raised over the past few months, and actions are being taken to ensure that patients are kept as safe as possible while pressure on the service continues to be experienced
- regrettably, in one case, a Serious Incident was reported due to a delay in moving from a Cat 2 to Cat 1 response, attributed to extremely high demand

The Governing Body discussed the various issues that had been raised, including:

- the importance of public messaging around calling 999 - ambulance: this is a number that should only be used in case of an emergency, ie. where someone has sustained a life-threatening episode or injury
- the importance of public messaging around alternatives to 999, eg. the Choose Well campaigns, which are being used widely across the county, on radio and elsewhere. The Clinical Assessment Service (CAS) works to intervene/downgrade ambulance 999 calls, and may

use 'Hear and Treat' or alternatively, appropriately signpost or refer a caller elsewhere

Action 810: Specific action plans to address risks scoring 25 to be circulated separately to the Governing Body (Neil Hales)

Lou Evans enquired about the risks around the GP workforce and out of hours services: Neil Hales responded that the Somerset People Board (SPB) meets to discuss hard-to-recruit-to areas and to address any gaps. The SPB also reviews sickness absence levels and how these might be mitigated. The plans of the SPB relate to targeting specific areas relating to gaps in recruitment and also to how we can make Somerset a more attractive place to live and work.

Dr Alex Murray advised that GP capacity is a national as well as local problem. GPs are now routinely working 10-14 hours per day and therefore are unable to cover an out of hours shift. Reduced capacity is also due to GPs either leaving the service or taking early retirement, and there has been a lack of success around the national recruitment campaign: Sajid Javid, the Health Secretary, has announced that the target to recruit 6,000 additional GPs by 2024 would not be met. Locally, we are working with the Local Medical Committee (LMC) to produce a Somerset GP campaign, in particular, to work around the geographical areas that are most challenged, to balance the workforce more effectively.

Val Janson reported that Somerset has received Nursing Midwifery Council approval to run a University Course in Bridgwater: apprenticeships are ongoing, with 18 general nurses and 10 mental health nurses. We are looking at a total of two cohorts of 30 to become registered nurses and there are five places for primary care. Students receive a grant of £5,000 per year, for the four-year course.

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

SCCG 107/2021 DIGITAL ANNUAL REPORT

The Meeting received and noted the Digital Annual Report for 2021 – "Celebrating and Learning". Alison Henly and Allison Nation provided a verbal report describing the significant digital work that had been completed, initiated and supported across the county and internally within the CCG since September 2020. Specific topics included in the report were|:

- Covid response and recovery
- digital transformation
- digital inclusion
- digital connectivity
- data analytics and population health
- investment opportunities
- team highlights

The Governing Body congratulated the Digital Team on the excellent progress that had been made.

By a virtual show of hands the Governing Body approved the Digital Annual Report for 2021.

SCCG108/2021

FINANCE REPORT FOR THE PERIOD 1 APRIL TO 30 SEPTEMBER 2021

The Meeting received the Finance Report for the period 1 April to 30 September 2021 (the full H1 position). Alison Henly provided a verbal report and it was noted that:

- the ICS had received an overall system allocation, which confirms funding for the first six months of the financial year. This is based on the same arrangements as 2020/21 and includes continuation of the system top-up and Covid fixed allocation allocations. The financial settlement for months 7-12 (H2) has now been confirmed and builds on the funding received for H1
- the system submitted a balanced plan for the first six-month period, both on an individual organisation and system basis. These plans are the basis upon which the CCG's budgets have been determined, which are regularly reviewed by the Finance and Performance Committee
- the report highlights a variance of £3 million, which relates to the costs of the Hospital Discharge Programme and the Covid-19 vaccination programme. These costs have been claimed via our monthly reclaim process and funding was confirmed and transferred in month 7 in respect of these costs.
 - an underspend is reflected against CHC (continuing healthcare), which is linked to the investment in the hospital discharge programme. This will be kept under close review to understand if this will continue to improve the CCGs underlying financial position
 - there has been some fluctuation in the primary care prescribing position, due to a national price increase being offset by a subsequent decrease in prices. We are currently reflecting an overall underspend against primary care prescribing and will continue to keep this under review
 - the system has received funding totalling £10.8m for elective care recovery by the end of September. The report shows that this funding is fully committed in the period, to reflect the cost of the additional schemes being brought on-line to continue to improve performance over the remainder of the financial year
- under the Better Payments Practice Code, the CCG has continued to support the local economy by ensuring fast payments and is routinely paying 100% of invoices within 30 days. The CCG's financial services performance has been ranked top of the 109 CCGs by the National Shared Businesses Service for this

The Governing Body thanked the Finance Team for their work although cautioned that the underlying financial position would still need to be

addressed over the coming months.

By a virtual show of hands, the Governing Body approved the Finance Report for the period 1 April to 30 September 2021.

SCCG 109/2021 INTEGRATED BOARD ASSURANCE REPORT FOR THE PERIOD 1 APRIL TO 30 SEPTEMBER 2021

The Meeting received and discussed the Quality, Safety and Performance Exceptions Report (Integrated Board Assurance Report) for the period 1 April to 30 September 2021. Neil Hales, Alison Henly and Val Janson provided a verbal report and it was noted that:

- 75% of Children Looked After have received an initial health assessment within the target 28 days
- dental checks show a steady rise
- performance in CHC is exemplary, with 97.1% of applications being reviewed within the 28 day standard (compared to 30% in February), and 99.3% of fast track referrals being ratified within 24 hours
- Infection Prevention and Control (IPC): nine cases of MRSA in the Acute hospitals have been reported in the period 1 April to 30 September 2021. All cases are thoroughly investigated and it has been found that five cases related to intravenous drug users. Two cases were picked up at the prevention stage and the patients were offered topical treatment
- all post infection reviews are considered and further information is being added. There may be a link to Urinary Tract Infections (UTIs): 100 patients are currently being reviewed, particularly those who have recurring UTI, and we are able to drill down to identify by PCN area
- venous thromboembolism (VTE) performance reduced at Somerset NHS Foundation Trust to 90%, but this is an improvement on last year
- a common theme throughout the report is the significant demand for all urgent care services across Somerset
 - the overall number of patient appointments in primary care has significantly increased, with 56.4% of appointments being seen face to face
 - no Somerset GP practices are rated inadequate by CQC, and our quality colleagues continue to work with practices to provide support in preparing for CQC assessments
 - the Medicines Management team has focused on improving cardiovascular disease outcomes by increasing the prescribing of more potent statins as recommended by NICE. This has resulted in moving from behind the national average to the best rates in the country

- the Integrated Urgent Care service has seen a significant increase in demand which has impacted on the performance indicators. In September the average speed for the 111 service to answer a call was 372 seconds; however, this compares favourably to the England average of 557 seconds. The number of calls abandoned was 21.6% which again compares favourably to the England average of 25.6%
 - the out of hours service has also seen a significant increase in activity and the related performance is shown in the report
 - the demand for ambulance services across the south west has seen the highest levels ever experienced. For the period of the report, Somerset saw a 12% increase in demand for ambulance services. However, taking this into account, Somerset's Emergency Departments have still had the lowest number of handover delays in the south west
 - the report shows the performance impact on the SWAST service, where the category 1 and 2 standards continue to be challenged. Focused work is taking place with the ambulance trust to provide support and look for alternative options for managing demand
 - the number of people attending A&E services has returned to the levels seen prior to the pandemic. Both Somerset Trusts continue to demonstrate a strong level of performance compared to the national average, and Yeovil District Hospital continues to be one of the top performers nationally for 4-hour performance
 - the increase in A&E activity is not repeated in the number of emergency admissions, which overall is lower than last year. However, the need is being seen in longer stay admissions due to the complexity of health needs being presented
- elective referrals have continued to restore during 2021/22 with 13,291 referrals being received in September
 - in September, 49,388 patients were on an incomplete pathway waiting for their definitive treatment. This represents an increase of just over 7,800 patients since March 2021
 - the number of people who have waited for treatment for longer than 52 weeks has continued to reduce, although this is as a direct result of the reduction in referrals during 2019/20. This reducing position is not reflected in the total number of patients waiting more than 78 weeks
 - the report shows the current performance levels of cancer services and the positive actions which are being taken to improve the position
 - the Improving Access to Psychological Therapy (IAPT) services continues to exceed the national and local recovery rate performance targets. The change in service model - to supporting people predominately through telephone, video and webinar interventions - has succeeded in maintaining the service delivery.

Face to face appointments are still available by exception and where clinically appropriate, in line with national guidelines

- various actions are being taken around elective recovery and surge planning/urgent care focus ahead of winter, eg:
 - we are resourcing additional capacity to treat long-waiting patients at the Nuffield in Taunton, Shepton Mallet and Bath. The referral hub will go live by mid December
 - a diagnostic hub has recently opened in Taunton, and other hubs will shortly be coming on line, eg. community investigation hubs; YDH diagnostic hub; an audiology hub in Yeovil.
 - maximising theatre use through the STEP programme
 - development of better understanding of patterns of patient care: planning guidance requires us to assess the waiting lists and cross-reference to the top 20% of the deprivation index
- during the pandemic, given the system pressures, there has been a level of operation cancellations and postponement of cancer treatments. We are looking to address the challenges, many of which relate to patient flow
- we continue to work with Social Care relating to intermediate care processes and how patient flow can be improved
- winter surge planning measures include:
 - additional patient transport
 - greater enablement support for patients who have been in hospital for extended periods
 - additional pharmacy resource
 - winter escalation beds
 - improving patient flow

Grahame Paine expressed his thanks to the performance teams and for the additional data that had been provided: this will enable the Finance and Performance Committee to interrogate the data and see where we are struggling to restore services.

SCCG 110/2021 MEETING DATES 2022

The Meeting received and noted the proposed Governing Body meeting dates for the period January-March 2022. James Rimmer provided a verbal report and it was noted that:

- the Governing Body meetings planned for 27 January and 31 March 2022 will continue as virtual meetings
- it is currently envisaged that the ICS/ICB will become effective from 1 April 2022. Work will take place in the new year to arrange the ICS/ICB inaugural and future meeting dates

- In the meantime, committee meeting invitations will be sent by the administrators to amend/confirm dates for the period 1 January to 31 March 2022

SCCG 111/2021 ANY OTHER BUSINESS

On behalf of the Governing Body, Lou Evans thanked Dr Jayne Chidgey-Clark for her contribution to the CCG over the past five/six years. Dr Chidgey-Clark has been appointed as the National Guardian for Freedom to Speak Up, a tremendous achievement, and would therefore be leaving the CCG at the beginning of December 2021.

SCCG 112/2021 DATE OF NEXT MEETING

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