

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

<b>Title: Chief Executive's Report</b>	<b>Enclosure D</b>
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**Summary and Purpose of Paper**

The paper sets out items of note arising since the last meeting which are relevant to NHS Somerset Clinical Commissioning Group and to its health service commissioning activity on behalf of the Somerset population.

**Recommendations and next steps**

The Governing Body is asked to **Note** the Chief Executive's report.

**Impact Assessments – key issues identified**

<b>Equality</b>	N/A			
<b>Quality</b>	N/A			
<b>Privacy</b>	N/A			
<b>Engagement</b>	N/A			
<b>Financial / Resource</b>	N/A			
<b>Governance or Legal</b>	N/A			
<b>Risk Description</b>	N/A			
<b>Risk Rating</b>	Consequence	Likelihood	RAG Rating	GBAF Ref
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## **CHIEF EXECUTIVE'S REPORT**

### **1 INTRODUCTION**

- 1.1 This report provides a summary of items of note arising during the period to 15 July 2021 and information on my activity during this period.

### **2 NATIONAL**

#### **Covid-19 pandemic**

- 2.1 On 12 July 2021 the Prime Minister announced that England would be moving to Step 4 of the lifting of lockdown restrictions on Monday 19 July. This will remove the need for most mandatory restrictions. However, it was recognised that, given the rising level of community infection rates of COVID19, a cautious approach should be taken by individuals.
- 2.2 A full briefing on COVID19 in Somerset will be given in a separate paper in the meeting.

#### **Health and Care Bill**

- 2.3 The government has, as expected, published a Bill setting out how it intends to reform the delivery of health services and promote integration between health and care in England. At its heart, the Bill sets out to move away from the completion set out in previous bills towards collaboration and partnership working; this accords with the direction of travel the CCG and partner organisations in Somerset are already taking.
- 2.4 Services will be based around 42 Integrated Care Systems (ICSs) with Somerset being one of those ICSs. The functions of the CCG will transfer to a successor body called an Integrated Care Board, which is expected to be in place for April 2022. The ICS will also establish a new statutory forum called an Integrated Care Partnership (ICP) will draw partners together from across the health and care system.
- 2.5 The full Bill and a summary produced by the NHS Confederation have been circulated to all members of the Governing Body.

### **3 REGIONAL**

#### **Leadership for Inclusion Programme Launch**

- 3.1 I attended the South West Leadership for Inclusion Programme Launch on 8 June 2021, the key points from which are provided below:

- We are focusing on the WRES because that is the area where we have the most robust data. Leading for inclusion is about more than Race
- Proportionately the NHS employs more people from Black Asian and Minority Ethnic (BAME) backgrounds than in the population, BUT not evenly distributed across bands
- More likely to appoint more white staff to posts than BAME
- BAME colleagues proportionately more likely to enter formal disciplinary processes
- Slight reduction in BAME Staff experience bullying and harassment from patients/service users in 2019-20 than 2018-19
- Proportionately significantly more BAME Colleagues have reported bullying and harassment from a manager team leader or colleague
- Significantly fewer BAME colleagues believe their trust provides equal opportunities than white, but the numbers have increased from 2019-20

## 4 LOCAL

### **Operational Pressures Escalation Level (OPEL)**

4.1 OPEL shows the amount of pressure being experienced by hospital, community and emergency health services. OPEL Level 1 is the lowest level of pressure on the system. OPEL Level 4 is the highest.

4.2 As at Tuesday 13 July 2021, the escalation level for the whole of Somerset was OPEL Level 3, described as:

Four-hour performance is being significantly compromised. The local health and social care system is experiencing major pressures compromising patient flow, and these continue to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all A&E Delivery Board partners, and increased external support may be required. Regional teams in NHS E and NHS I including the Regional Director will be made aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. Decisions to move to system level OPEL 4 will be discussed between the Trust CEO, the CCG AO, and System leadership (CCG/STP/ICS Director). This should also be agreed with the Regional Director, or their nominated Deputy. The National UEC Operations team will be immediately informed by the Regional UEC Operational Leads through internal reporting mechanisms.

### **Covid-19 vaccination programme**

4.3 The vaccination programme in Somerset continues to be successful, with some of the highest uptake levels in the country. More than 90% of all adults have received their first vaccine, however, it should be noted that uptake among the youngest cohort

(Cohort 12 – 18 to 29) is significantly below this rate with approximately three-quarters of this age having been vaccinated. It should be noted that this is still higher than the national uptake in this cohort (which is around 70%). A wider range of initiatives such as pop-up and walk-in clinics are being used to encourage continued uptake with this age group and indeed the programme continues to encourage all who have not had their first or second vaccine to do so.

- 4.4 A full briefing on the COVID19 vaccination programme in Somerset will be given to the meeting.

### **Mental Health**

- 4.5 Following the decision of the Governing Body last September to improve community mental health services in the Mendip area and to relocate the adult mental health beds from Wells to Yeovil to address quality issues, we saw some protest activity in the autumn and latterly in May with a small group of people undertaking demonstrations against this decision. Save our Community Services wrote to every councillor in Somerset raising concerns, particularly given the impact of Covid-19, wrote to ourselves and also started a petition which we received on the day of the May Governing Body. The petitions have been signed by around 2,400 of which approximately 1,080 signatories are resident in Somerset. The FFMF Programme Board noted that the CCG had received this petition and was briefed that the themes would be reviewed to ensure all issues had been addressed.

Following receipt of written correspondence on behalf of the group, the Somerset Mental Health, Autism and Learning Difficulties group reviewed the concerns raised and considered this in relation to the Covid-19 experience. The following assessment was made:

We appreciate that the Covid-19 pandemic has affected everyone's mental and physical health. Many of the improvements we had planned for mental health services have been accelerated as a result of responding to Covid-19. The awarding of £13m funding towards community mental health services have enabled us to deliver our new model for mental health services which is very much focused on supporting people as close to home as possible, in their communities through a range of local services. For example, we now have more mental health workers based in GP practices, people can access mental health support and services via digital technology and there is a new community based talking therapies service for people with complex mental health trauma. The expansion of the service also includes a 24/7 support line for all ages (Mindline), we now have numerous 'Community Crisis Safe Spaces' throughout the County and an additional 11 'step up/step down' beds in the county to avoid admissions and better support discharge (including in Wells). Our new Open Mental Health service model is held nationally as ground breaking and an exemplar of more appropriate and responsive service provision in community mental health services.

The inpatient part of our mental health service is a small but important part of this model which cares for our most unwell patients. The decision to relocate the beds from Wells to Yeovil was based on the safety of stand-alone wards, distance from an ED and lack of 24/7 medical cover.

We have reviewed the comments outlined in the petition response which are similar to those raised during the engagement and consultation phase and have already been considered as part of this process. Many of the comments made related to needing more investment into mental health services locally which is something we have addressed as part of this work.

In the Mendip area alone, we have commissioned:

- 35 additional community-based staff located in the area
- Four community Crisis Safe Spaces, (two in Shepton Mallet, one in Wells, and one in Glastonbury). These centres are open to anyone over 18 who need face-to-face support and staffed by mental health professionals, (see Mental health crisis - Somerset NHS Foundation Trust (somersetft.nhs.uk) )
- Piloting the use of four step up/step down beds to provide a bridge between in-patient unit and local services

An all age 24/7 mental health line providing wellbeing support (Tel. 01823 276 892 and see Mindline - Mind in Somerset).

Covid-19 does not change the safety concerns underpinning our decision to relocate the beds from Wells to Yeovil. Our experience during Covid-19 has shown us that our co-located wards in Taunton have been able to provide far better support to each other in dealing with issues related to the pandemic.

### **Representing the CCG**

4.6 I have represented the CCG at a variety of internal and external events, including the following meetings:

- South West Regional People Board
- SVOC Gold Meeting
- Somerset ICS Executive Meeting
- South West System Leads – ICS Development Meeting
- Meeting re Somerset transaction proposal with NHSEI
- HSDR Committee Meeting
- Healthy Weston Programme Board
- Fortnightly meeting with Martin Wilkinson, NHSEI
- Fortnightly ICS meeting with Pat Flaherty, SCC
- The People Operating Model – ICS Development Meeting
- NHSEI national briefing session on ICS design
- Midlands and South West AOs NHSCC catch-up with Louise Patten, NHS Confed
- Meeting with Suzanne Tewkesbury, NHSEI
- South West Regional Chief Executives Meeting
- NHS Confed ICS Network Spotlight Session: ICS Model Constitution with NHSEI
- ICS HR and Transition bi-weekly meeting with NHSEI
- SW System Leads – Recovery Meeting
- NHS Confed Virtual Conference
- SEND Improvement Board
- NHS Covid-19 vaccine deployment update for system leaders
- ASLRF Combined Covid19 & EU Exit SCG

- FFMF Programme Board
- Meeting with Jane Milligan, Devon CCG
- Somerset ICS Board Meeting
- System Meeting re Weston Medical Services
- South West Mental Health Programme Board
- Meeting with Mike Radford, Somerset Surgical Services
- ICS Priorities & Development meeting with Deloitte
- Polarities Workshop
- Meeting with Berge Balian to discuss where the Primary Care Board will sit within the ICS
- Somerset COVID-19 Engagement Board
- Meeting with Chris Squire, SCC re ICS People Board
- NHS Confed ICS Leads session with Mark Cubbon, NHSEI
- Somerset CCG Assessment 20/21 Final Review Meeting
- SW System Leads Meeting
- Respiratory Syncytial Virus – Next Steps Meeting
- CCG/LMC Liaison Meeting
- SW Regional Chief Executives Meeting – Leadership for Inclusion Programme Launch
- SWAG Cancer Alliance Board Meeting
- Meeting with Michael Van Hemert, NHS SCW CSU
- Bite-Size Neighbourhoods Update – New Developments in Somerset Webinar
- ICS Leaders' Meeting with NHSEI
- Somerset ICS Development Plan Review Meeting with NHSEI
- Somerset Health and Wellbeing Board

15 July 2021