

**Report to the NHS Somerset Clinical Commissioning Group on 18 June 2020**

<b>Title: Chief Executive's Report</b>	<b>Enclosure C</b>
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Version Number / Status:	N/A
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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.

Noting that the last report was January 2020, this paper gives an overview of progress made on the coronavirus pandemic.

**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 11 June 2020 and information on my activity during this period.

### **2 NATIONAL**

#### **Coronavirus Pandemic**

- 2.1 At the end of January 2020 the UK saw its first case of coronavirus and since that time the NHS national and health and care locally in Somerset has seen transformational changes. A National Level 4 Critical Incident was called on 30 January 2020 to which Somerset CCG responded by setting up an Incident Coordination Centre (ICC) in early February.
- 2.2 The ICC was initially established 5 days per week but moved to 7/7 as the worldwide pandemic was called along with a local major incident in March. All planned services in Somerset were stepped down to create emergency capacity for the pandemic which peaked in mid-April. The Somerset system coped well with the initial peak which, despite being one of the lowest in the country, still had a significant impact on both those who suffered with the disease and services more generally.
- 2.3 The NHS in Somerset worked with three other systems – Gloucestershire; Bath and North East Somerset, Swindon and Wiltshire (BSW); and, Bristol, North Somerset and South Gloucestershire (BNSSG) – to support a critical care network development of the NHS Nightingale Hospital Bristol (NHB). NHB has not yet had to care for any patients but this national initiative was delivered at stunning scale and pace to ensure the NHS was ready to deal with a pandemic peak.
- 2.4 The NHS in Somerset saw a significant move to digital working through telephone and video calls, enabling services to triage patients effectively, protecting both patients and staff colleagues – the two key tenets of Somerset CCG's response.
- 2.5 At the end of April, whilst remaining at Level 4 Critical Incident, Somerset health and care services set about moving to the next stage of the pandemic (Phase II) in order to ensure patients and population more generally were reassured that the NHS remained open for those in most need. This was done to address the drop off in heart attacks, strokes and people coming forward with suspected cancers that had been seen.
- 2.6 It is expected that we will move to Phase III at the start of August this will see the NHS start to describe how services will move forward in a world now living with COVID-19. The focus for the Somerset System is threefold:

- Fit for My Future – developing a strategic approach, building on what has gone before and developing it to all we have learnt through the pandemic
- Forward not back – ensuring the partnership working, light touch governance and speed of change helps to define new ways of working
- Digital by default – continuing the pace of transformation, particularly in the digital sphere, that enables us to build COVID-19 safe services

- 2.7 Key risks and issues through the pandemic and ongoing are:
- The availability of Protective Personal Equipment (PPE)
  - COVID-19 outbreaks in care home
  - Fast and effective COVID-19 testing for patients and staff

2.8 Regular updates on the COVID-19 pandemic will come to the Governing Body.

### **NHS Birthday – addressing inequalities**

2.9 I have attached two letters received recently from Simon Stevens, Chief Executive of NHS England, one of which is co-written with the Archbishop of Canterbury, Justin Welby. These set out the need for a response from the NHS to Covid-19, to the Black Lives Matters movement and to the intersection between the two. It describes how this moment is a key inflexion point for the NHS; as we rebuild services, we need to ensure that they address the issue of inequalities that we have not yet resolved. They propose that we should use the forthcoming 72<sup>nd</sup> birthday of the NHS on 5 July to address three issues; to mourn those we've lost; to thank all those who've sustained us (NHS colleagues, care staff and all key workers); and to commit to a better shared future, one that addresses inequalities.

2.10 I am already liaising with two of our Non-Executive Directors, Wendy Grey and Jayne Chidgey-Clarke as the lead non-execs for our CCG's Diversity Group and Staff Forum respectively to consider what response is needed for us here in Somerset. As per our COVID-19 response this may well be an area where a joint response from and with partners will bring greatest benefit to Somerset and those we are here to serve.

## **3 LOCAL**

### **Partnership Working**

3.1 The strength of the response to COVID-19 in Somerset has been the partnership working. This has been at many levels across the NHS, with care partners, across the county and district councils, with the police, and with a wide and extensive array of community and voluntary sector partners. I have no doubt that the people of Somerset have benefitted from this partnership working and we need to build on this as we move forward.

3.2 One key element of this has been the continued development of the Integrated Care System (ICS). The Sustainability and Transformation Partnership (STP) set out an ambition to be authorised as an ICS by September 2020 and as such moved to shadow ICS form from April 2020. The requirements and timetable for formal authorisation are currently unclear but Somerset remains ambitious to move to this new form of partnership working in a timely way.

## Representing the CCG

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

- Cancer Alliance Board Pre-Meet
- CCG Staff Briefing Sessions
- Meeting with John Osman, Mayor of Wells
- FFMF Wells Public Meeting
- North Partnership Board Meeting
- Chief Executive Development Network (CEDN)
- FFMF Listening Event, West Mendip Community Hospital
- Somerset System - Operational Planning 20/21 Meeting
- FFMF Programme Board Meeting
- Business Case Review Meeting
- Primary Care Workshop
- NIHR Health Service and Delivery Research (HS&DR) Programme Task and Finish Group workshop
- Introductory Meeting with Penny Hilton, NHSE/I
- Top Leaders' Meeting
- Introductory Meeting with Justine Turner and Adam Spires, BDO
- Meeting with OFSTED/CQC re SEND
- KIT Meetings
- Meeting with David Tappin and Louise Tranmer, SWCSU
- Health and Wellbeing Board Development Workshop
- NHSE I Regional Assurance Team Visit
- Somerset System Leadership Board Meeting
- Regional COVID-19 Health Gold Group
- Meeting with NHSE/I re High Risk Patients
- SW Regional Chief Executive Meeting
- Somerset Multi-Agency Tactical Group Meeting
- LMC/CCG Liaison Meeting
- A&S LRF Covid19 Strategic Co-ordination Group
- Meeting with Mike Prior, A&S Police
- Discussion re: Second Phase of NHS response to COVID-19 with NHSE/I
- Somerset System Stocktake meeting on Phased Recovery with NHSE/I
- Severn CEO Network meeting
- Phase 3 Planning/Health Inequalities Meeting
- Somerset ICS Executive meeting

15 June 2020

Let's use the NHS's birthday to commit to a better future - article by Simon Stevens and Justin Welby

## **The pandemic has underlined important truths about fairness and opportunity in modern Britain — values embodied in our health service**

Wednesday June 10 2020, The Times and The Sun

Coronavirus may have kept us two metres apart, but in other ways its brought us far closer. In the midst of these most challenging of times, people have found new ways, new spaces and new ideas to come together as a community. Acts of kindness towards neighbours, dinner over Zoom with distant relatives or friends, clapping for our carers every [Thursday evening](#).

As a nation, we have all shown a huge willingness to care for one another and offer support in times of hardship. From hundreds of thousands of people who signed up to help, to the thousands of local Mutual Aid Groups set up all over the country, to good neighbours simply looking out for each other. It is heartening that we have wanted to be there for each other during these difficult times.

The crisis has – at least for the time being - changed the way we think about our relationship with our community. Over two thirds of us think Britain will be a kind country coming out of this crisis (up from one third before). There has been a near tripling of the number of people who think we will be a more united country.

But there is a risk that this renewed sense of community and togetherness fades away, as we emerge from lockdown, and face the daunting challenges ahead.

For the first time in many weeks something other than the coronavirus pandemic has dominated the news: righteous anger at the murder of George Floyd in Minneapolis. But these two moments are not disconnected. It is increasingly clear that COVID-19 is having a disproportionate impact on our black, Asian and minority ethnic (BAME) communities. Coronavirus is underlining important truths about fairness and opportunity in modern Britain.

That's why as the leaders in the NHS and the Church of England we are talking together and with many other organisations, community groups and individuals about using the NHS's birthday this year on the 5th of July for three purposes.

It is a moment where we can come together - to mourn those we've lost; to thank all those who've sustained us; and commit to a better shared future.

The reason for starting this effort on the NHS's birthday is because our NHS is the embodiment of this spirit of community. It has become a unifying ideal – across this nation, and down the generations. A health service that belongs to us all - to those of all faiths, and of none. There when we need it, at some of the most profound moments in our lives. The practical expression of a shared commitment by the British people, rooted in the idea that every person is of equal worth.

So as we celebrate its 72nd birthday on 5th July, there is deep gratitude for all those who are caring for our sick and vulnerable, day in and day out. The nurses, doctors, scientists and all the other brilliant NHS staff such as cleaners, porters, cooks and engineers.

But a verse from the Gospel of Matthew reads 'the last shall be first'. This pandemic is revealing our debt to those who have traditionally been left until last, those whom we now depend on to keep us safe, fed and cared for. Those on the wider 'frontline', who work tirelessly without the same applause or visibility. From bus and train drivers and carers and council staff to those delivering food to our homes and keeping the supermarkets open. The NHS and the nation could not function without them.

Coronavirus has also starkly revealed the importance of social connection between people. We all feel the need to connect with each other and for the social spaces that used to bring us together. This isn't a frivolous desire; we are profoundly social beings and we crave those connections. According to some polls, nearly a quarter of people are feeling "a deep sense of loneliness" during the crisis. And that increases to two fifths of young adults. We know the serious harm that can come from social isolation and loneliness even in normal times.

So 5th July will also be a time where we recommit to connecting with our neighbours and communities, especially those who are isolated or vulnerable (while of course maintaining physical distancing). We will set out more on this in the coming weeks.

The NHS was founded after the Second World War, a generation-defining event which affected the lives of everyone in Britain. Over more than seven decades the NHS has both shaped – and been shaped by – our wider society. As we look ahead, to building society after coronavirus, we must be guided by the same principles of community, love for our neighbour, and caring for all. And we must be willing to be just as brave and ambitious and farsighted as those who fought for the NHS at its creation, to ensure that out of dark times emerges a better shared future for all.

**NHS Chief Executive Simon Stevens and The Right Honourable and Most Reverend Justin Welby, Archbishop of Canterbury**

## NHS England and NHS Improvement



Dear colleague,

For the first time in many weeks something other than the coronavirus pandemic has dominated the news: Black Lives Matter.

But these two moments are not disconnected. It is increasingly clear that covid-19 is having a disproportionate impact on our black, Asian and minority ethnic (BAME) patients, friends and colleagues. And this in turn has brought into stark and urgent focus the layered impacts of years of disadvantage and inequality.

The flash point may have been righteous anger at the murder of George Floyd in Minneapolis. But it would be wrong to marginalise this moment by trying to compartmentalise it: as racism "over there in America, not here in Britain". Or racism as "part of our history - from slavery to the Windrush, but not our lived present".

That would be to misunderstand and obscure important truths about fairness and equality in modern Britain.

It's part of the reason why last weekend we launched the [NHS Race and Health Observatory](#), a new independent centre to stimulate understanding and action.

The Workforce Race Equality Standard (WRES) shows NHS organisations making some progress on core HR processes such as recruitment and selection, training opportunities, and disciplinary action. And over the last four years, the number of very senior managers of BAME background has increased by 30 per cent. But no-one thinks this is yet good enough, or fast enough.

Our Chief Operating Officer, Amanda Pritchard and our Chief People Officer, Prerana Issar will be updating you shortly on the [NHS' work to support employers protect staff](#) as the covid-19 pandemic continues.

However, in my view the covid-19 pandemic will be a fundamental inflection point for the NHS. Looking out over the next few months we have some big decisions to make on redesigned services, with an inequalities lens.

Because if we're honest with ourselves, the NHS as an embedded part of society is both part of the problem and part of the solution. More systematic action is needed to tackle the underlying causes of health inequality. More intentional action is needed to deliver on the moral basis of the NHS - the pursuit of high quality care for all. And faster action is needed on the reality of the racism and discrimination experienced by many colleagues across the

Best wishes

**Simon Stevens**

Chief Executive, NHS England

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