

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

Title: Chief Executive's Report	Enclosure D
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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

Equality	N/A			
Quality	N/A			
Privacy	N/A			
Engagement	N/A			
Financial / Resource	N/A			
Governance or Legal	N/A			
Risk Description	N/A			
Risk Rating	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 20 January 2022 and information on my activity during this period.

2 NATIONAL

Covid-19 pandemic

- 2.1 The COVID-19 Omicron variant has become the dominant variant of COVID over the past two months, overtaking the previous Delta variant. This has caused a stepping-up of the response in England to Plan B with the re-introduction of mask wearing and home working and the addition of COVID passports for certain venues. It is hoped that the peak of this variant has passed and these measures are therefore being stood down. The Governing Board will receive a full briefing on the current position in Somerset during the meeting.

Level 4 National Incident

- 2.2 A letter was received on 13 December 2021 from Amanda Pritchard and Professor Stephen Powis regarding 'Preparing the NHS for the potential impact of the Omicron variant and other winter pressures' declaring a Level 4 National Incident, in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and preparing for a potentially significant increase in COVID-19 cases.

Government Announcement re Plan B Measures

- 2.3 We are currently reviewing the latest Government announcement about Plan B measures coming to an end from next Thursday, 27 January 2022, with mandatory face coverings in public places and Covid passports no longer required and the requirement to work from home lifted with effect from 20 January 2022.
- 2.4 The CCG's offices at Wynford House are currently in the final phase of refurbishment to accommodate new hybrid ways of working. The full refurbishment should be complete by 7 Feb but spaces remain available (as they have been throughout the pandemic) for those who need them.

Working together to improve health and social care for all

- 2.5 In line with national planning guidance, the transition of CCGs to Integrated Care Boards (ICBs) has been moved from the original target date of 1 April to 1 July 2022. This remains a target date as the Act to trigger this transition has yet to pass through parliament; this is expected to happen in early/mid-April.
- 2.6 Governance arrangements to accommodate this delay are being reviewed and will be discussed with Governing Body members in Part B.

3 LOCAL

Operational Pressures Escalation Level (OPEL)

- 3.1 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.
- 3.2 As at 18 January 2022, 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.

Community Services Prioritisation Framework

- 3.3 A Community Health Services Prioritisation Framework has been produced by NHS England and NHS Improvement to aid local decision making about service and staff prioritisation until 1 March 2022 (attached).

The decision about where community health workforce are re-deployed is a local one but is most likely to focus on the priority areas of supporting as many patients as possible to be discharged, admission avoidance work and supporting the COVID vaccination programme.

Covid-19 vaccination programme

- 3.4 The COVID-19 vaccination programme continues to deliver against national targets despite the pace of change and the challenges that brings. The booster jabs, which had started in late September, were given a national push in early December with the requirement that this booster was made available to all eligible adults. The Somerset system and local population responded in a very positive manner with over 80% of eligible adults (the NHs target) having now received their booster. Somerset is only one of nine systems (out of 42) to achieve the 80% target.
- 3.5 My thanks go to Dr Alex Murray who leads this for the CCG, and to all our colleagues, partners and volunteers involved in the programme; it has been yet another vaccine success for Somerset.

Representing the CCG

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

- Meeting with Jane Milligan, Chief Executive, NHS Devon CCG
- Meeting with Martin Wilkinson, Director of Performance and Improvement, NHSEI
- Somerset Health and Wellbeing Board
- Somerset ICS Executive Meetings
- SVOC Gold Meetings
- SWEDI Sub-Group Meeting
- South West System Leads Meetings (ICS Development)
- Somerset System – Elective Recovery Meeting with NHSEI
- COVID-19 Inquiry System Leaders Webinar
- Leading for Inclusion Group meeting with NHSEI
- Meetings with Paul von der Heyde, Somerset ICS Chair
- Julie Bolus Nursing Award Ceremony
- Somerset Covid-19 Engagement Board Meetings
- Somerset System Gold Command Meetings
- Update on the COVID-19 Vaccination Programme with NHSEI
- South West System Leads Meeting (Recovery)
- Meeting to discuss Domiciliary Healthcare Workforce with NHSEI
- Health and Wellbeing Executive Meeting
- South West Regional Chief Executives Meetings
- ICS Board Meeting
- South West Population and Public Health Academy – Health Inequalities in Coastal Towns Webinar
- Fit For My Future Programme Board
- Meeting with Mike Radford, Somerset Surgical Services
- Somerset Covid-19 Engagement Board
- NHS Covid-19 Vaccination Programme: all system update
- Speaker at University of Bristol Careers Event
- Meeting with Elizabeth O'Mahony, Regional Director, NHSEI South West
- Avon & Somerset LRF COVID-19 Strategic Co-ordination Group Meetings
- Healthy Weston Steering Group Meetings

- South West Regional Roadshow with Amanda Pritchard, NHS CE and NHSEI Executives
- South West CEO Leadership Meeting with NHSEI
- SEND Improvement Board Meeting
- Meetings with Jonathan Higman, ICB Chief Executive Designate
- Meeting with Mark Cooke, Director of Strategy and Transformation, NHSEI – South West
- South West System Chief Execs Meeting (ICS Establishment)
- COVID-19 – update for system leaders with NHSEI
- CCG/LMC Liaison Meeting
- South West Mental Health Programme Board
- Regional Elective Recovery Steering Group Meeting
- Advisory Somerset Health & Wellbeing Board Meeting
- SEND Improvement Board – Monitoring Visit
- NIHR HSDR Funding Committee Meeting

20 January 2022



Community services prioritisation framework

11 January 2022

Given the increasing pressures on the health system due to the Omicron wave of COVID-19 this winter and the need to provide booster jabs as quickly as possible, local decisions will need to be made about how to prioritise use of the community health workforce. Redeployed community workforce should be used first to ensure there is adequate community health provision to support as many patients as possible out of hospital. The capacity in community services will need to be extended to enable this including, but not limited to, supporting discharge pathways and urgent community response provision, mobilising virtual wards and supporting end-of-life care at home.

This framework sets out national advice in relation to the relative priority of community health services. It aids decision-making on community health workforce redeployment locally and regionally between 11 January 2022 and 28 February 2022. The expectation (currently) is that all services should resume from 1 March 2022.

It may be helpful to review the [Age UK report findings](#) on the implications of stopping services following the first wave of COVID-19. Building on the learning from this wave, decisions to delay or pause service provision for specific services lines or groups of patients should be risk assessed locally for:

1. impact on patients' outcomes
2. consideration of patient complexity and the impact of stopping any one service as part of an integrated service offer for Adults or an EHCP plan for Children
3. impact on [health inequalities](#)
4. safeguarding responsibilities/opportunities
5. the need for timely interventions and assessment
6. consideration of length of time patients have been waiting
7. impact on the wider system and the ability for the system to 'catch up later'.

Service prioritisation decisions will need clinical leadership and local sign off from the local chief nurse and chief medical colleague.

Summary of services that could temporarily be paused

#	Services	Commissioner	Location	Suggested prioritisation if needed during January and February 2022	Details
Children and young people services					
1	National child measurement programme	Local authorities	Home and school	Pause	Changes to services commissioned by local authorities should be agreed with local directors of public health
2	Friends and Family Test	NHS England	Provider based	Pause	
3	Audiology	Clinical commissioning groups	Clinic based	<p>Pause, except:</p> <ul style="list-style-type: none"> • repair, replacement and supply of spare parts and specialist batteries • considered essential based on clinical judgement • the patient is at risk of future urgent care needs • hearing aid wearers are dependent on their instruments for social contact, learning, work, personal safety and/or avoiding distress. <p>Patients with suspected foreign body in ear(s) or sudden, rapid unexplained hearing loss should be directed to NHS 111/urgent treatment centres.</p>	<p>Delay routine assessments but make provision for essential/urgent care, including diagnostic tests following newborn screening (eg ABR and follow-up as clinically necessary).</p> <p>Aftercare for existing hearing aid users may be provided remotely.</p> <p>Consider hearing aid repair, replacement, battery supply and spare parts by post, telephone or video advice and support.</p>

#	Services	Commissioner	Location	Suggested prioritisation if needed during January and February 2022	Details
4	Vision screening	Clinical commissioning groups	Home and clinic based	Pause (including pre-school checks), except: <ul style="list-style-type: none"> • newborn visual checks (within 72 hours of birth) cannot be stopped as neonatal cataracts need to be spotted early • 6-week check can safely be conducted at 8 weeks, except as part of an integrated approach for assessment of complex needs • when an issue with vision has been identified • children under care plans. 	
5	Newborn hearing screening	NHS England	Maternity unit clinics and home	Pause except: <ul style="list-style-type: none"> • maternity unit-based screening. 	This service should not be delayed longer than 3 months from birth, therefore any resultant waiting lists will need to be considered.
Adult services					
6	Friends and Family Test	NHS England	Provider based	Pause	
7	NHS health checks	Local authorities	Community based	Pause	Changes to services commissioned by local authorities should be agreed with directors of public health.

#	Services	Commissioner	Location	Suggested prioritisation if needed during January and February 2022	Details
8	Non-acute outpatient clinics	Clinical commissioning groups	Clinic based	<p>Pause, except:</p> <ul style="list-style-type: none"> • review of post-surgical high-risk cases, eg diabetic foot • follow-up appointments following community hospital admission • support for readmission avoidance in older people 	
9	Weight management and obesity services	Clinical commissioning groups	Home and clinic based	<p>Pause behavioural interventions for weight loss:</p> <ul style="list-style-type: none"> • For Tier 3 weight management services where teams are also providing management of associated co- morbidities (eg Type 2 diabetes, obstructive sleep apnoea), clinicians should appropriately triage clinic lists to assess which patients may need ongoing support, ideally remotely. <p>These services may also need to be prioritised if obesity is impacting on quality of life or other risk factors such as pre-diabetes, mental health problems or disability.</p>	

Services that should continue or continue with prioritised waiting lists

#	Services	Commissioner	Location	Plan during December to January 2022	Details
Children and young people services					
10	Pre-birth and 0–5 service (health visiting)	Local authorities	Home visits: virtual and clinic based	Continue.	
11	School nursing	Local authorities/ clinical commissioning groups for specialist school nurses	Home visits, school and clinic based	Continue.	
12	Therapy interventions (physiotherapy, speech and language, occupational therapy, dietetics, orthotics)	Clinical commissioning groups and/or local authorities		Continue, but with prioritisation of patient lists. Deferral of provision could be considered for low priority cases to free up workforce capacity.	
13	Looked after children's teams	Clinical commissioning groups and/or local authorities	Home visits, school and clinic based	Continue, but with prioritisation of patient lists. Deferral of provision could be considered for low priority cases to free up workforce capacity.	

#	Services	Commissioner	Location	Plan during December to January 2022	Details
14	Child health information service	NHS England	Office base	Continue.	
15	Community nursing services (planned care and rapid response teams)	Clinical commissioning groups	Home or clinic	Continue.	
16	Nursing and therapy teams support for long-term conditions	Clinical commissioning groups	Home or clinic	Continue, but with prioritisation of patient lists. Deferral of provision could be considered for low priority cases to free up workforce capacity.	
17	Community paediatric service (including autism diagnostic services)	Clinical commissioning groups	Home visits, school and clinic based	Continue, but with prioritisation of patient lists. Deferral of provision could be considered for low priority cases to free up workforce capacity.	
18	Wheelchair, orthotics, prosthetics and equipment	Clinical commissioning groups and/or local authorities	Home and clinic	Continue, but with prioritisation of patient lists. Deferral of provision could be considered for low priority cases to free up workforce capacity.	Consider use of private providers/shops to supply. Changes to services commissioned by local authorities should be agreed with directors of public health.
19	Immunisations (school-aged services)	NHS England	'Clinics' in schools, community clinics	Continue.	Deliver service in line with the priorities set by NHS England.

#	Services	Commissioner	Location	Plan during December to January 2022	Details
20	Safeguarding	Clinical commissioning groups and/or local authorities	Home and clinic	Continue.	
21	Continuing care packages	Clinical commissioning groups	Home or clinic	Continue.	
22	Children palliative and end-of-life care	Clinical commissioning groups and/or local authorities	Home or hospice	Continue.	
23	Rapid response service		Home or clinic	Continue.	
24	Sexual assault services		Clinic and police stations	Continue.	
25	Antenatal, newborn and children screening and immunisation services	NHS England	Maternity units, clinic, general practice and home	Continue.	
26	Emotional health and wellbeing/ mental health support	Clinical commissioning groups and/or local authorities	Home visits, school and clinic based	Continue.	

Services		Commissioner	Location	Plan during December to January 2022	Details
Adult and older people services					
27	Audiology services	Clinical commissioning groups	Clinic based	Continue, but with prioritisation of patient lists. Deferral of provision could be considered for low priority cases to free up workforce capacity.	
28	Podiatry and podiatric surgery	Clinical commissioning groups	Clinics, inpatient wards and home	Continue, but with prioritisation of patient lists. Deferral of provision could be considered for low priority cases to free up workforce capacity.	
29	Wheelchair, orthotics, prosthetics and equipment	Clinical commissioning groups	Clinics, inpatient wards and home	Continue, but with prioritisation of patient lists. Deferral of provision could be considered for low priority cases to free up workforce capacity.	
30	Nursing and therapy support for LTCs including: heart failure, continence/ colostomy, tissue viability, TB,			Continue, but with prioritisation of patient lists. Deferral of provision could be considered for low priority cases to free up workforce capacity.	

Services		Commissioner	Location	Plan during December to January 2022	Details
	Parkinson's, respiratory/COPD, stroke, MS, MND, falls, lymphoedema, diabetes				
31	Rehabilitation services (integrated and unidisciplinary) (physio, OT, speech and language therapy, etc)	Clinical commissioning groups and/or local authorities		Continue. Focus on rehabilitation and recovery for those discharged from hospital-based care and those whose functioning is deteriorating at home. Also consider prioritisation of patient lists where demand exceeds capacity.	
32	Neuro-rehabilitation (multidisciplinary) – stroke, head injury and neurological conditions	Clinical commissioning groups		Continue. Focus on rehabilitation and recovery for those discharged from hospital-based care and those whose functioning is deteriorating at home. Consider extending early supported discharge arrangements.	
33	Therapy interventions (physio, speech	Clinical commissioning		Continue. Focus on rehabilitation and recovery for those discharged	

Services		Commissioner	Location	Plan during December to January 2022	Details
	and language, occupational therapy, dietetics, orthotics)	groups and/or local authorities		from hospital-based care and those whose functioning is deteriorating at home. Also consider prioritisation of patient lists where demand exceeds capacity.	
34	Contraception	NHS England and local authorities	Clinic based	Continue	Changes to services commissioned by local authorities should be agreed with directors of public health.
35	Sexual and reproductive health services				
36	HIV services				
37	Musculoskeletal service	Clinical commissioning groups	Clinic based	Continue services that aligned with orthopaedic and rheumatology planning to enable continued referral of emergency and urgent MSK conditions to secondary care services (see clinical guide for management of patients on MSK). Serve patients who have had recent elective surgery, fractures or those with acute and/or complex needs, including carers with a focus to enable self-management.	Guidance to support recognition and management of urgent and emergency conditions available via http://arma.uk.net/wp-content/uploads/2021/01/Urgent-emergency-MSK-conditions-requiring-onward-referral-2.pdf Guidance to inform decision-making with regard to corticosteroid injection and timing of COVID-19 vaccination available via (see section 13) http://arma.uk.net/covid-19-vaccination-and-msk/ Decision support tools with regard to onward referral are available https://www.versusarthritis.org/about-

Services	Commissioner	Location	Plan during December to January 2022	Details	
			<p>Triage services to inform shared decision-making with regard to complex patients, diagnostics (MRI and ultrasound) and timely onward referral.</p> <p>Where possible, provide capacity to support other community resources focused on rehabilitation and recovery for those discharged from acute care and those whose functioning is deteriorating at home, and/or the administration of vaccines.</p> <p>All other rehabilitation work could be deprioritised with patients enabled to self-manage (this includes rehabilitation groups).</p>	<p>arthritis/healthcare-professionals/musculoskeletal-decision-support-tools/</p> <p>Resources to support self-management; these are being worked up and are likely to be an update to www.csp.org.uk/MSKadvice</p>	
38	NHS England	Clinic and home visits	Continue.		
39		Minor oral surgery			Clinic based
40		Day case surgery			
41		Primary dental work			

	Services	Commissioner	Location	Plan during December to January 2022	Details
42	Urgent dental clinics				
43	Alcohol and addiction service	Local authorities	Home and clinic based	Continue.	
44	Drug and addiction service				
45	NHS continuing healthcare packages	Clinical commissioning groups	Home and care homes	Continue.	
46	Community nursing services (including district nurses and homeless health)	Clinical commissioning groups	Home and clinic based	Continue.	
47	Urgent community response/rapid response team	Clinical commissioning group		Continue.	
48	Out-of-hours GP services	Clinical commissioning groups	Home and clinic based	Continue.	
49	111 service		Clinic based	Continue.	
50	Walk-in centres			Continue.	
51	Urgent treatment centres			Continue.	

Services		Commissioner	Location	Plan during December to January 2022	Details
52	Palliative and end-of-life and hospice care (including non-specialist end-of-life care delivered by community/district nursing teams)	Clinical commissioning groups	Home, registered care home or clinic based, bed-based care, hospice	Continue.	
53	Rehabilitation bed-based care	Clinical commissioning groups and/or local authorities, NHS England	Home, registered care home or clinic based, bed-based care, hospice	Continue.	
54	Intermediate care and reablement	Clinical commissioning groups and/or local authorities		Continue.	
55	Adult safeguarding	Clinical commissioning groups	Home	Continue.	
56	Phlebotomy	Clinical commissioning groups	Home/clinic	Continue, but with prioritisation of patient lists. Deferral of provision could be considered for low priority cases to free up workforce capacity.	

	Services	Commissioner	Location	Plan during December to January 2022	Details
57	Home oxygen assessment services	Clinical commissioning groups	Home	Continue.	
58	Clinical support to social care, care homes and domiciliary care	Local authorities and clinical commissioning groups	Home and care home	Continue.	
59	Sexual assault services	Clinical commissioning groups and/or local authorities	Clinic and police stations	Continue.	
60	Smoking cessation	Local authorities	Community	Continue, but with prioritisation of patient lists. Deferral of provision could be considered for low priority cases to free up workforce capacity. Smoking cessation services for pregnant woman should not be deferred.	
61	Abortion services	Clinical commissioning groups	Hospital, clinic, home	Continue.	