

Report to the NHS Somerset Clinical Commissioning Group on 30 July 2020

Title: GOVERNING BODY QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT 2019/20 1 APRIL 2020 – 30 MAY 2020	Enclosure H
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Version Number / Status:	1
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Clinical Lead:	N/A
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Summary and Purpose of Paper

Following the deep dive at the Finance and Performance Committee, the enclosed paper provides a summary of escalation issues for quality, safety and performance against the constitutional and other standards for the period 1 April 2020 to 30 May 2020, and provides an analysis for both across the following areas:

- urgent and emergency care
- elective care
- mental health
- quality indicators

Recommendations and next steps

The Somerset CCG Governing Body is asked to discuss the performance position for the period 1 April 2020 to 30 May 2020.

Impact Assessments – key issues identified

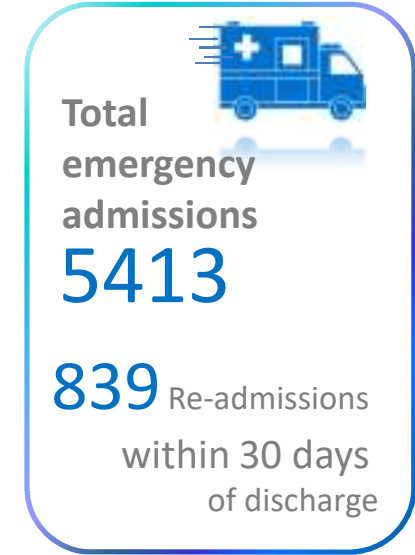
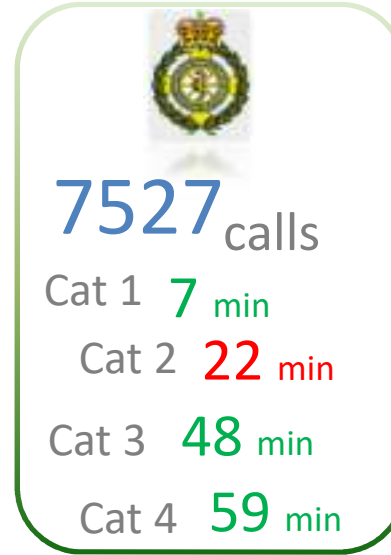
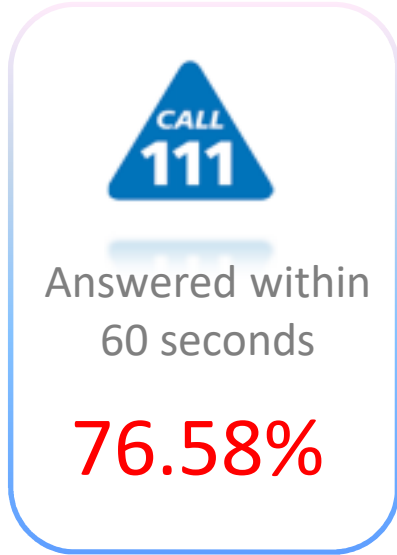
Equality	Equality and diversity are at the heart of Somerset Clinical Commissioning Group's work, giving due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management.
Quality	Decisions regarding improvements against the performance standards are made to deliver with regard to the best possible value for service users.

Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	The Somerset Clinical Commissioning Group has a budget of £300,535,000 . It is confirmed funding for the period 1 st April to 31 st July 2020. There is currently no confirmed funding allocation for the full financial year. The resource implications are included within the Finance Report.			
Governance or Legal	Financial duties of Somerset Clinical Commissioning Group not to exceed its cash limit and comply with relevant accounting standards.			
Risk Description	The Somerset Clinical Commissioning Group must ensure it delivers financial and performance targets.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	3	2	6	SC17

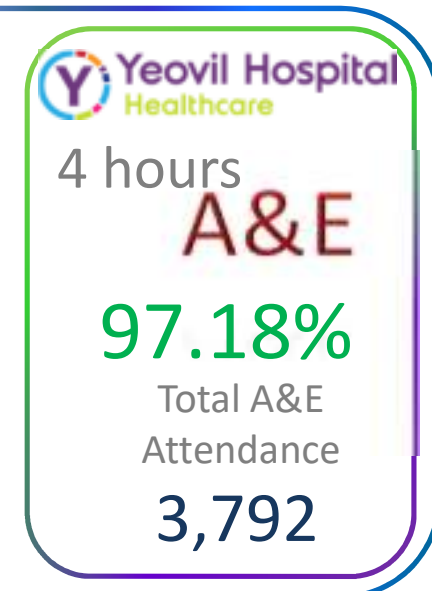
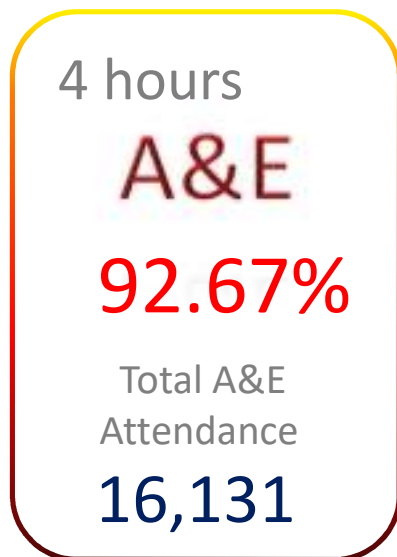
Integrated Exceptions Report

Somerset System overview

May 2020 Position

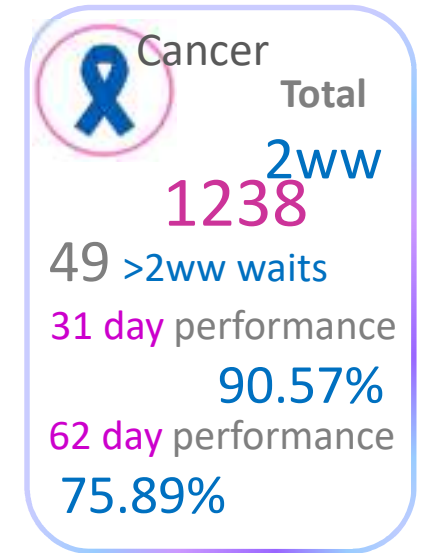
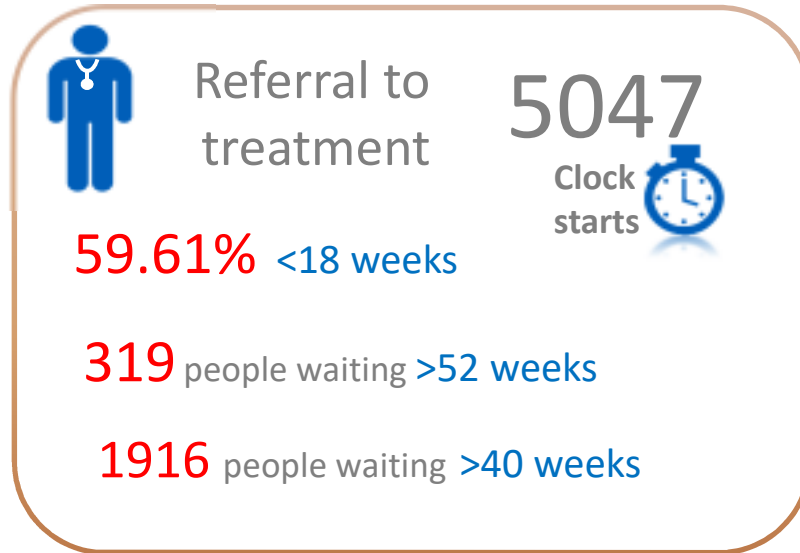


June 2020 Position



Somerset System overview

May 2020 Position



May 2020 Position

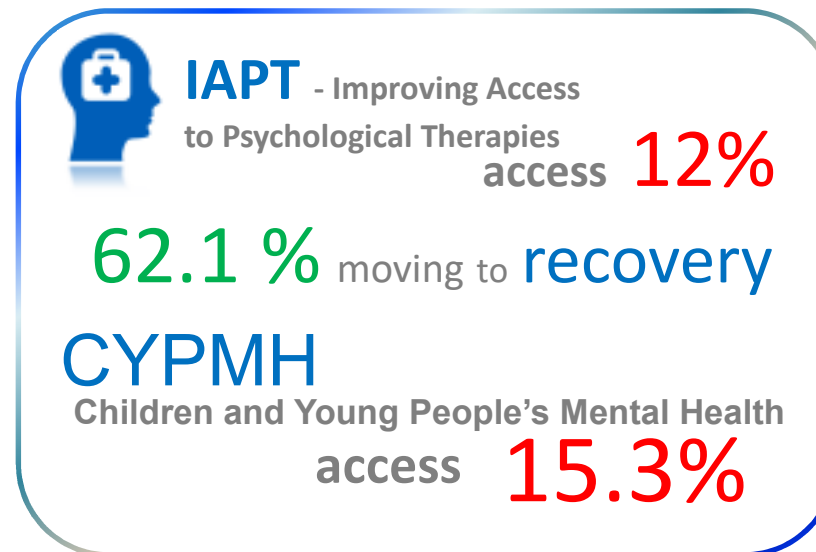
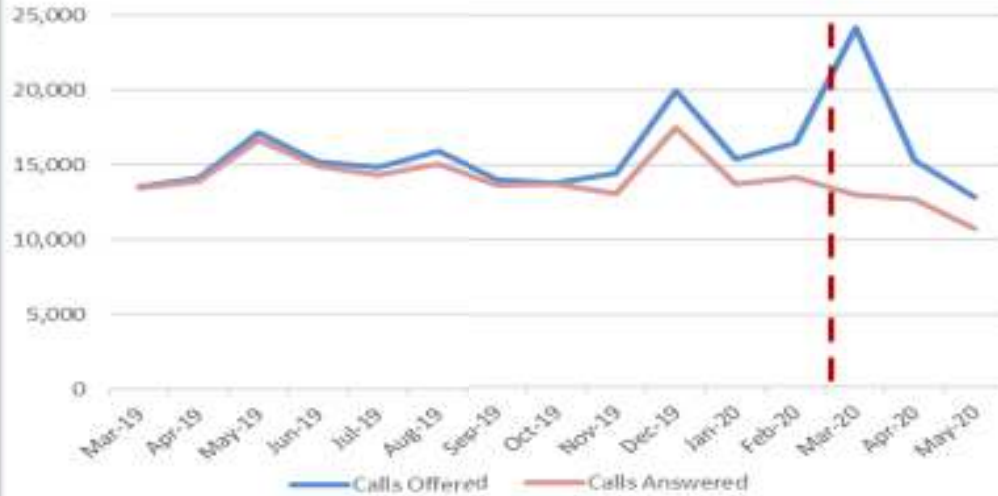


Table of contents

Emergency	_____	PAGE 4
RTT	_____	PAGE 12
Diagnostics	_____	PAGE 14
Cancer	_____	PAGE 17
Mental Health	_____	PAGE 20
Maternity	_____	PAGE 25

Emergency – NHS 111 Performance

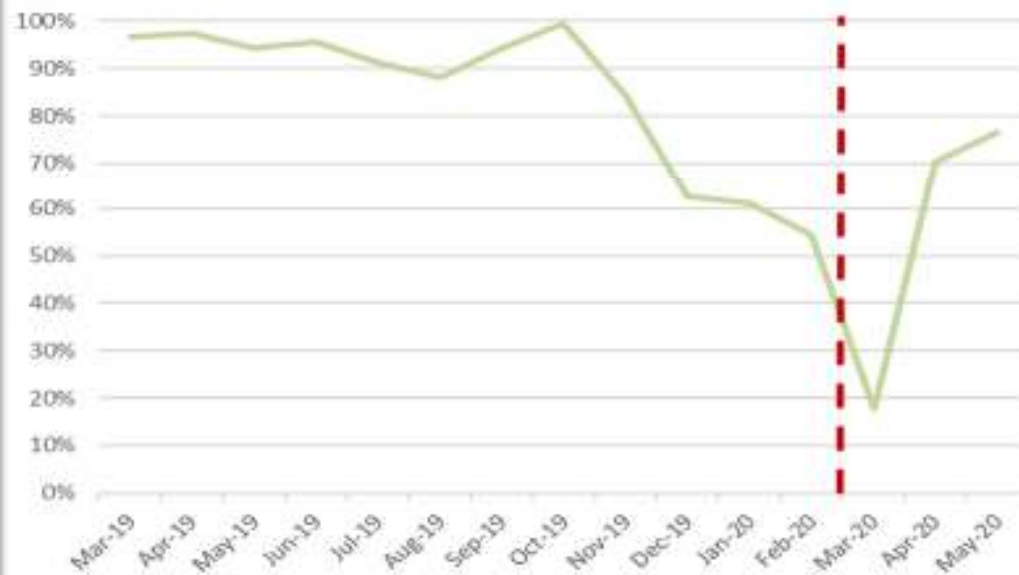
Demand into NHS 111



MDS Abandoned calls as a percentage of total calls offered (target <5%)



% of Calls Answered Within 60 Seconds

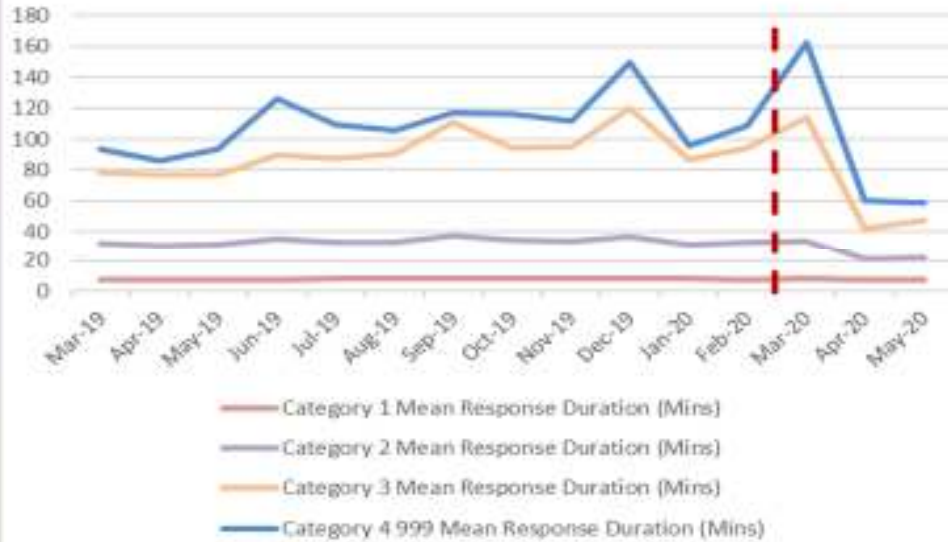


Emergency – NHS 111 and Integrated Urgent Care Service

- Demand into NHS 111 increased in March 2020 to 24,164 calls, which is almost double the number of calls when compared to the same month in the previous year (13,450 calls in March 2019); demand has since reduced to 12,865 calls in May.
- Performance in March significantly reduced for both the 60 second call answering rate, at 17.9% against the national target of 95%, and for the 30 second call abandonment rate, 12.5% against the 5% national target.
- Since March, performance has been improving in the 60 second call answering metric, with the most recent weekly data (w.e. 12 July 2020) showing performance in Somerset of 90.7% (against national performance of 91.9%). 30 second call abandonment rate performance has shown signs of improvement, but still remains challenged at 7.5% (against a national performance of 2.1%).
- Devon Doctors have stepped up In-Hours Clinical Assessment Service (CAS) supported through COVID funding. (A CAS is an intermediate service with clinical expertise in assessing a patient, to ensure that patients are directed efficiently and effectively into the most appropriate onward care pathway)
- 111 calls taking longer as a consequence of higher acuity and COVID pathways which adds approximately 80-90 seconds to each call.
- **Actions undertaken:**
- Good links with Somerset locum agency established to support shift fill including in-hours CAS (COVID funded).
- ‘Think 111 First’ – Kernow pilot commenced 4 July. Somerset scoping meetings currently taking place with the second meeting to be held on 15 July, with DDOC and Care UK

Emergency – SWAST Performance

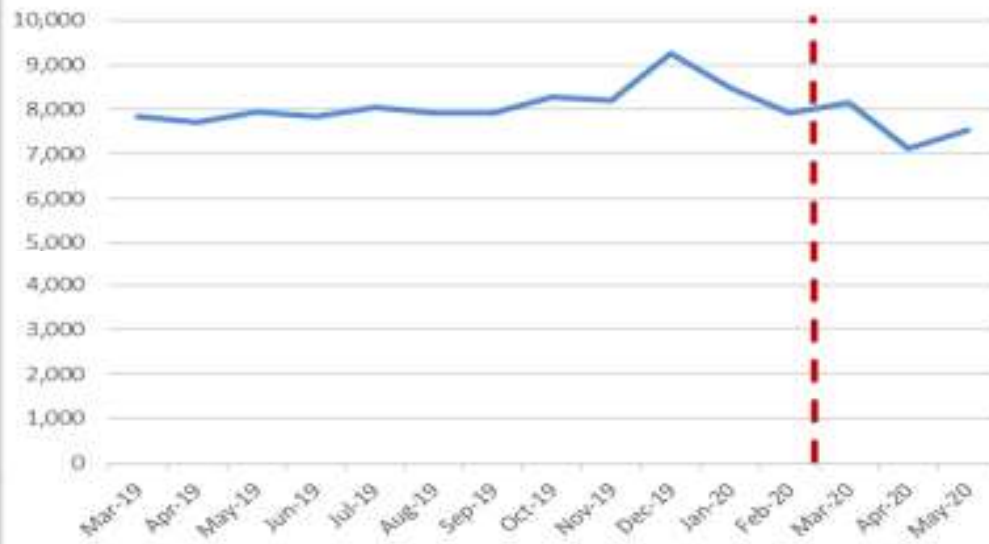
Ambulance Mean Response Times



Ambulance Outcomes



Total Number Of Calls

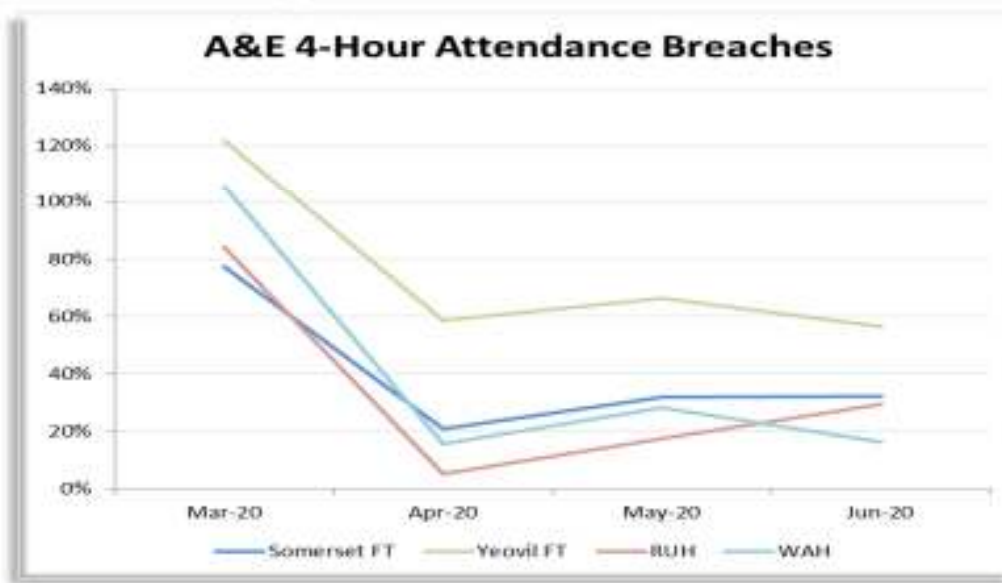
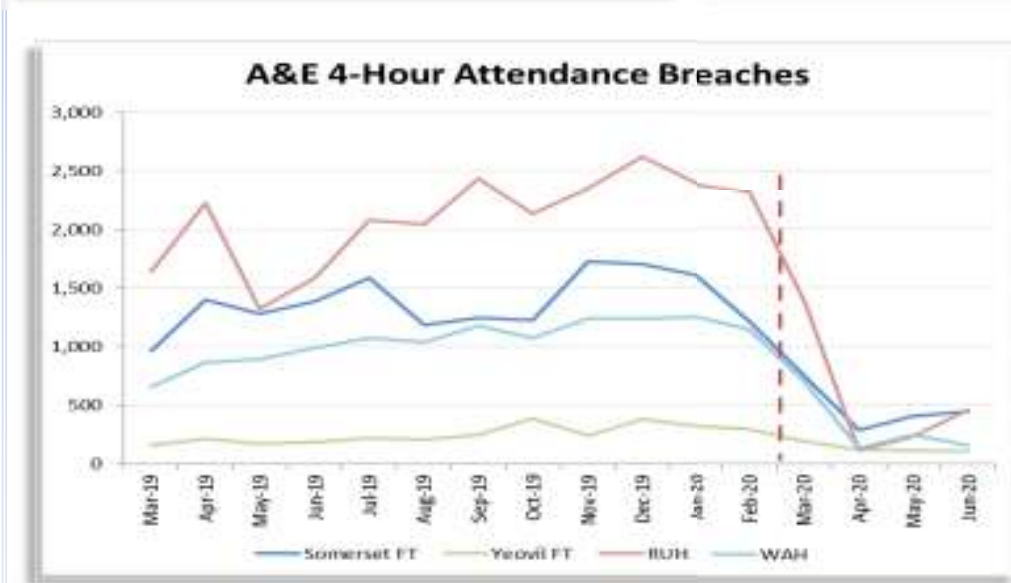
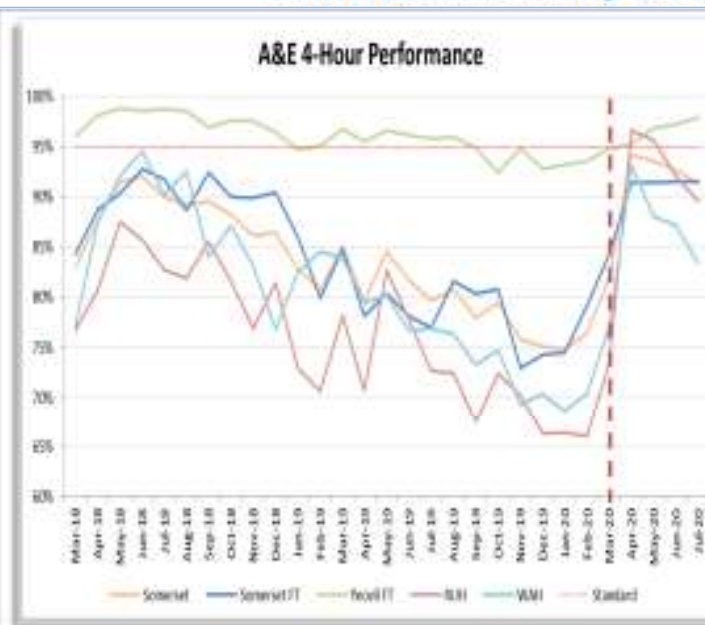
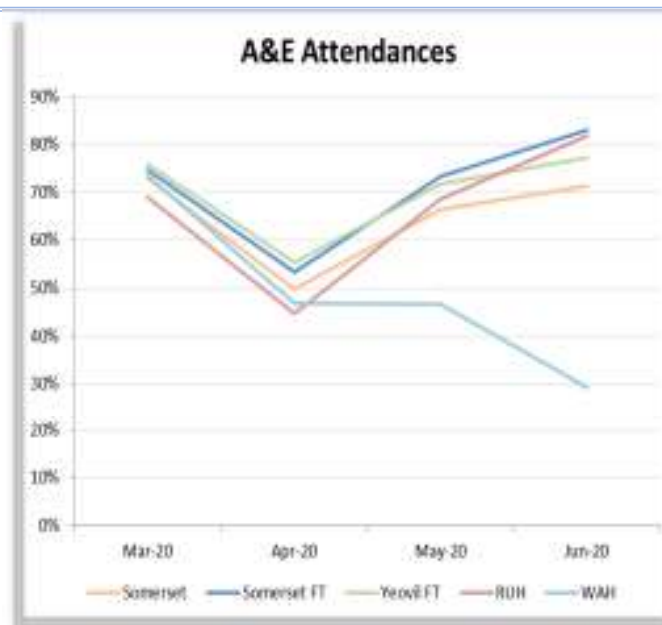
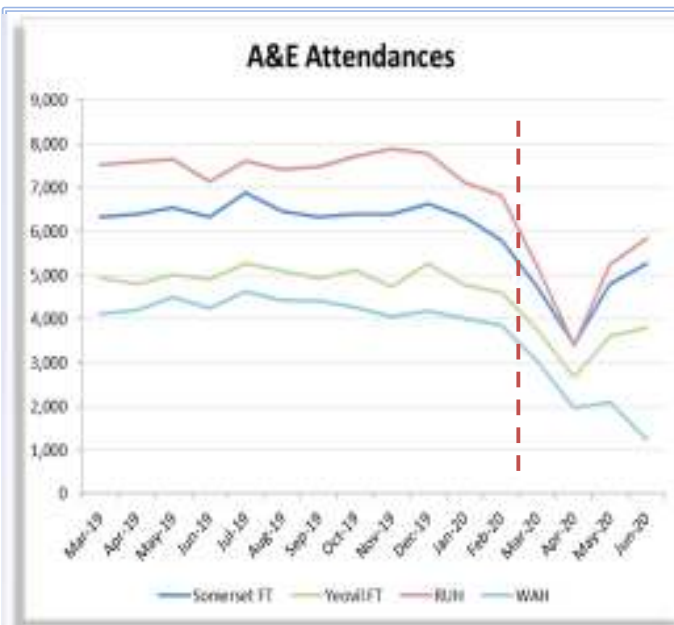


Emergency – SWAST Performance

Areas of focus during COVID:

- Since March, Somerset has seen a reduction in 999 activity, in May 2020 there was 5.3% less activity in comparison with the same time in the previous year.
- SWAST Performance has improved:
 - Mean response times have improved since March 2020, although Category 2 response remains challenged
 - Category 1 performance in May was 7.3 minutes which is an overall reduction in response time in comparison to the average monthly performance of 7.8 minutes from April 2019 to February 2020, although this did not achieve the 7 minute target.
 - Category 2 performance in May was 22.0 minutes which is an overall reduction in response time in comparison to the average monthly performance of 33.7 minutes from April 2019 to February 2020, although this did not achieve the 18 minute target.
 - Handover delays remain low, with 1 ambulance handover taking between 1 and 2 hours to Somerset FT in May 2020; Somerset CCG was one of the top performers in the South West for handover delays in May.
- Somerset has seen less of a reduction in activity levels during the COVID pandemic when compared to peer CCG's; however due to the extensive increase in demand Somerset saw during 2019/20 this comparison is skewed as it doesn't provide an accurate starting point to compare to.

Emergency – A&E

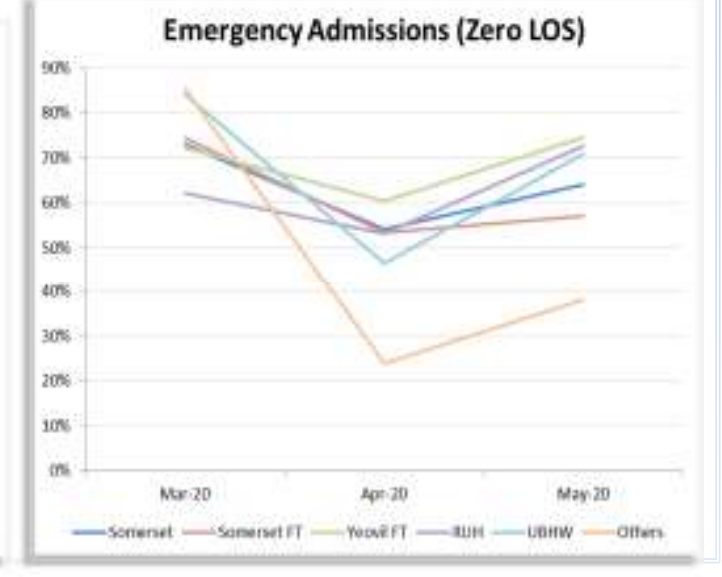
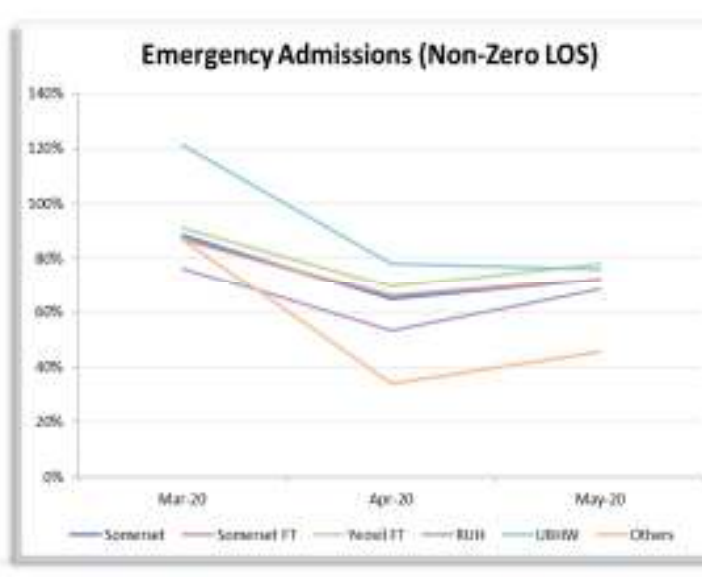
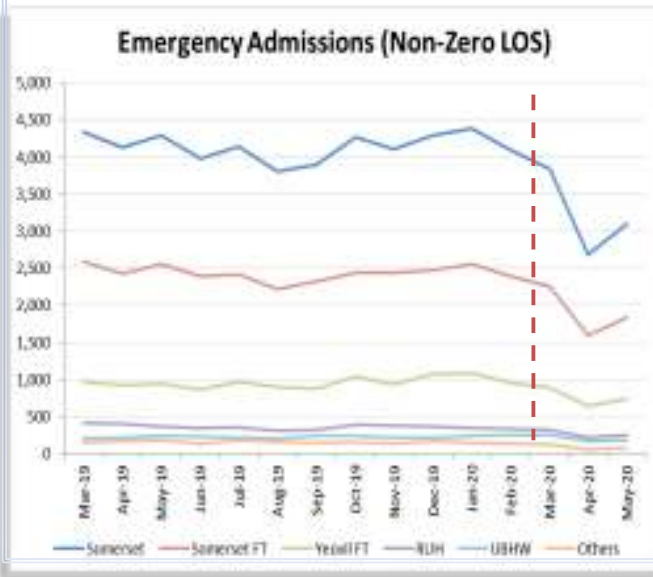
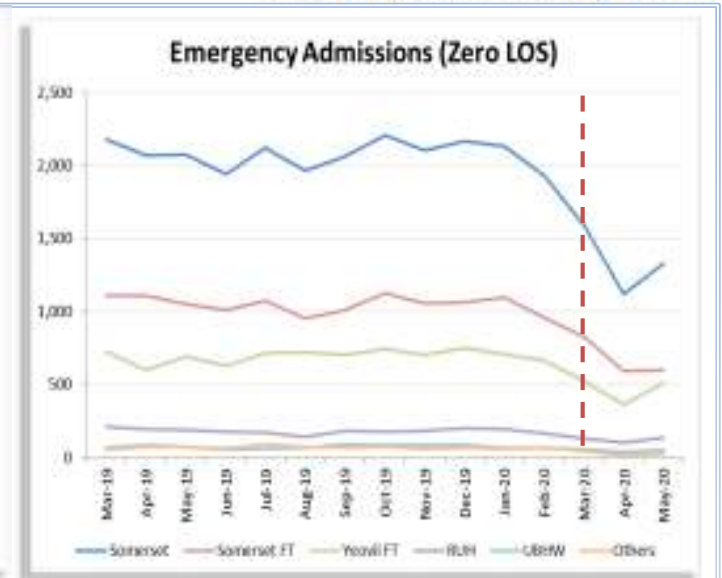
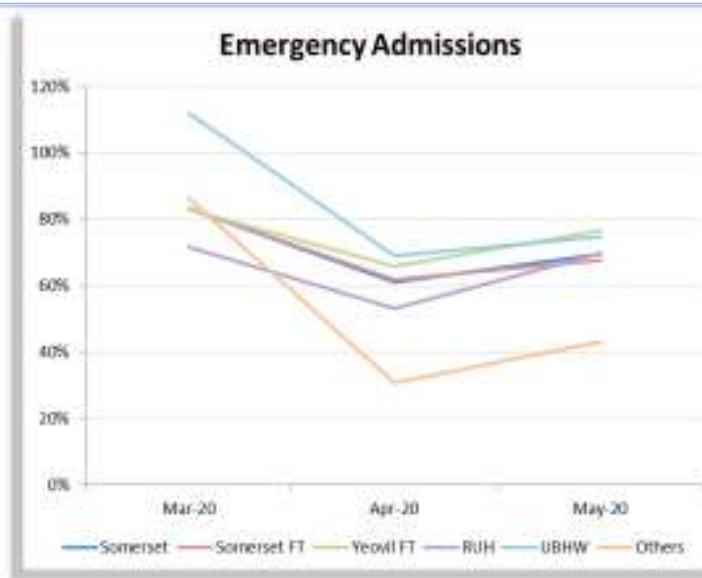
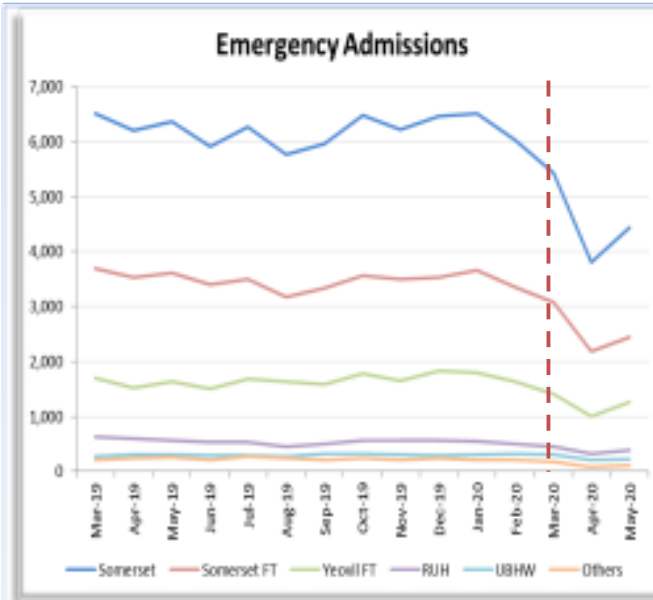


- **Somerset FT:** The number of patients attending the A&E Department in June was 17.0% lower (1073) than the same month in the previous year
 - During the cumulative (COVID) period March-June, attendances were 29.0% lower (-7402) than the same period in the previous year
 - 4-Hour performance in June was 91.4% and during the cumulative (COVID) period was 89.6%
- **Yeovil FT:** The number of patients attending the A&E Department in June was 22.8% lower (-1117) than the same month in the previous year
 - During the cumulative (COVID) period March-June, attendances were 29.8% lower (-5866) than the same period in the previous year
 - 4-Hour performance in June was 97.2% and during the cumulative (COVID) period was 96.0%
- **RUH:** The number of patients attending the A&E Department in June was 18.1% lower (-1291) than the same month in the previous year
 - During the cumulative (COVID) period March-June, attendances were 34.3% lower (-10,241) than the same period in the previous year
 - 4-Hour performance in June was 92.0% and during the cumulative (COVID) period was 89.4%
- **WAH:** The number of patients attending the A&E Department in June was 70.8% lower (-3005) than the same month in the previous year
 - During the cumulative (COVID) period March-June, attendances were 54.1% lower (-8720) than the same period in the previous year
 - 4-Hour performance in June was 87.1% and during the cumulative (COVID) period was 86.3%
 - Due to a COVID outbreak, Weston stopped accepting new patients on 25 May 2020, the hospital went through a phased re-opening process, and the Emergency Department re-opened to new patients on 18 June 2020.

Challenges During COVID Period

- Loss of cubicles / bed spaces within the Department due to social distancing requirements and reduction in the number of beds due to cohorting resulting in patient flow delays
- Zoning to separate positive / query positive and negative COVID patients and COVID testing regimes on admission
- The hospitals have updated that they are seeing higher acuity patients which could be as a result of patients avoiding to seek medical care over the COVID period and which could lead to a longer period of admission
- CSU are undertaking a system-wide view of urgent and emergency care, to understand the key drivers of attendance and admission over the COVID period; this is due to conclude by the end of July
- Increased staff absence across the Medical and Nursing workforce as a result of isolation requirements

Emergency – Emergency Admissions



Emergency – Emergency Admissions

- **Somerset:** The number of emergency admissions in May was 30.4% lower (-1939) than the same month in the previous year and during the cumulative (COVID) period March-May (latest data) the number of emergency admissions were 28.5% lower (5430) than the same period in the previous year. Whilst the reduction in demand has been seen across both the zero and non-zero LOS patient cohorts, the biggest percentage reduction was in the zero LOS patient cohort which aligns to the reduced A&E demand and is the position mirrored across all our main Acute Providers
- **Somerset FT:** The number of emergency admissions in May was 32.3% lower (-1165) than the same month in the previous year and during the cumulative (COVID) period March-May (latest data) the number of emergency admissions were 28.9% lower (-3130) than the same period in the previous year
- **Yeovil FT:** The number of emergency admissions in May was 35.0% lower (-395) than the same month in the previous year and during the cumulative (COVID) period March-May (latest data) the number of emergency admissions were 32.9% lower (-1112) than the same period in the previous year
- **RUH:** The number of emergency admissions in May was 30.2% lower (-169) than the same month in the previous year and during the cumulative (COVID) period March-May (latest data) the number of emergency admissions were 35.1% lower (-628) than the same period in the previous year
- **UBHW:** The number of emergency admissions in May was 25.1% lower (-77) than the same month in the previous year and during the cumulative (COVID) period March-May (latest data) the number of emergency admissions were 15.6% lower (-138) than the same period in the previous year

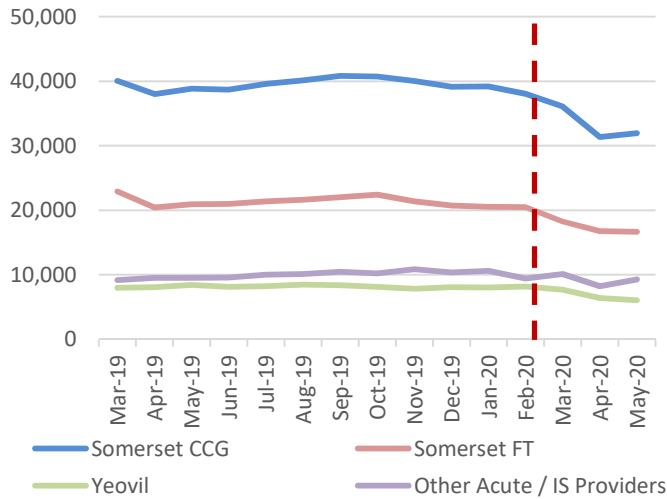
Challenges During COVID Period

- Reduction in the number of beds due to patient cohorting, which has impacted upon patient flow across the hospital
- Zoning to separate positive / query positive and negative COVID patients and COVID testing regimes on admission
- The hospitals have updated that they are seeing higher acuity patients which could be as a result of patients avoiding to seek medical care over the COVID period and which could lead to a longer period of admission
- CSU are undertaking a system-wide view of urgent and emergency care, to understand the key drivers of admission over the COVID period; this is due to conclude by the end of July

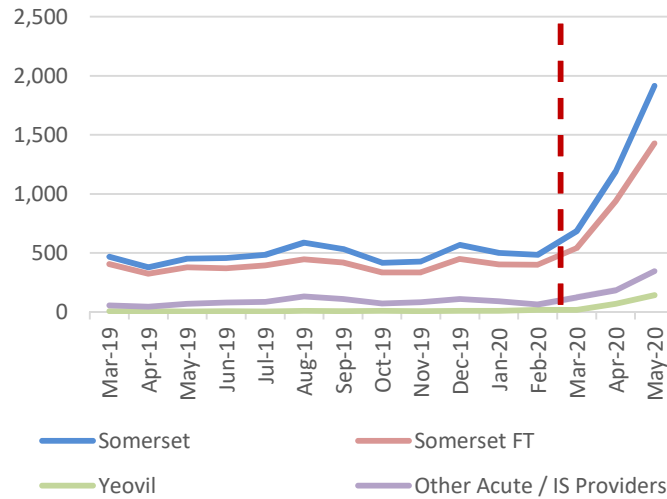
Referral to Treatment



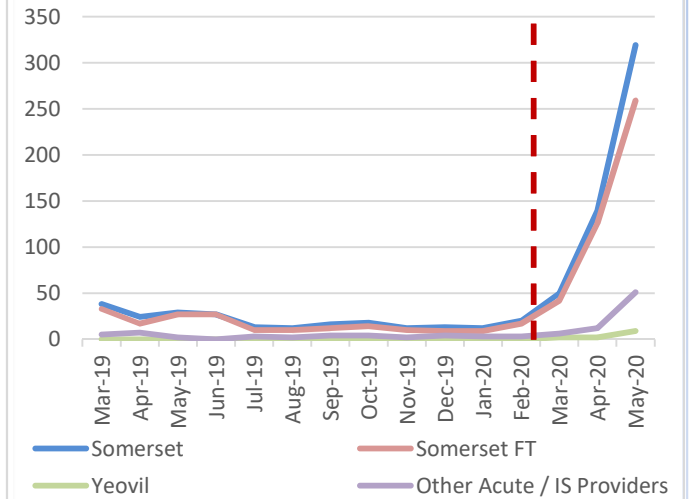
RTT - Waiting List Size



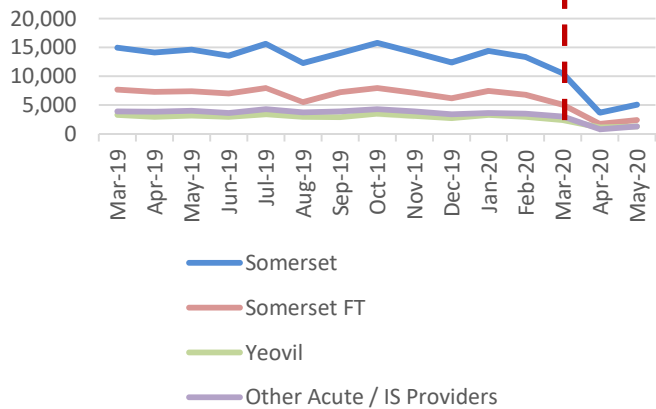
Patients >40 weeks



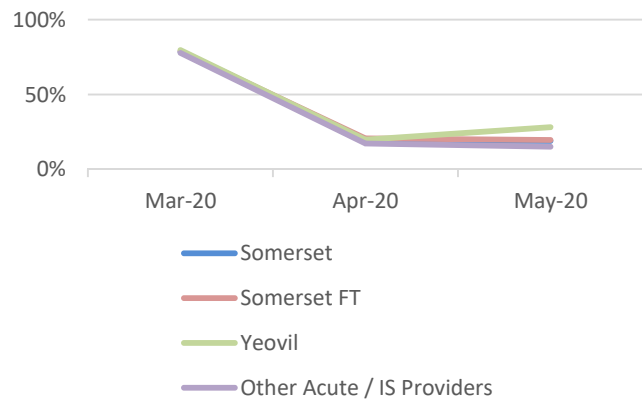
Patients >52 weeks



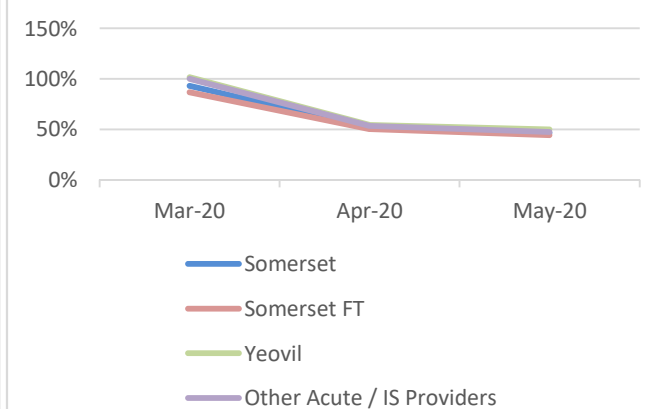
RTT Clock Starts



Admitted activity compared to pre-COVID



Non-admitted activity compared to pre-COVID

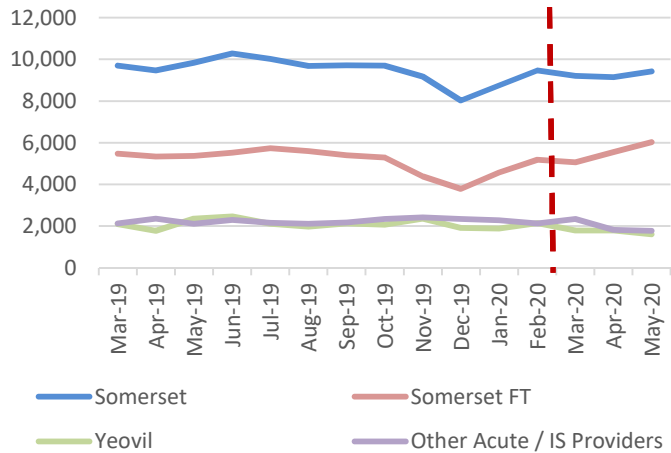


Key Challenges

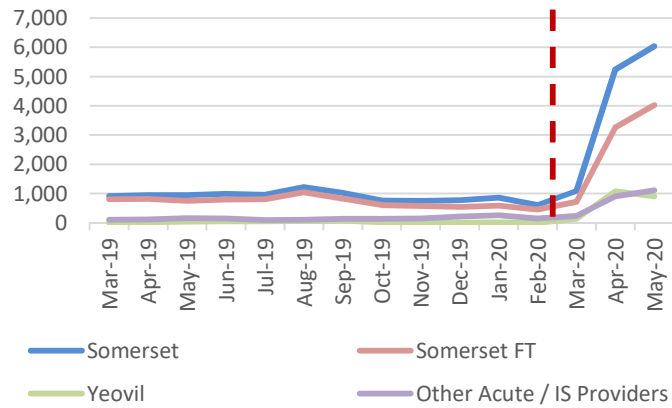
- 16.1% reduction in overall waiting list size (-6125 patients) has occurred due to the short term reduction in demand, but long waits have risen sharply
 - The number of >40 week waits has increased by 1431 since February (from 485 in February to 1916 in May): Somerset FT 1428, Yeovil FT142, Other Providers 346
 - The number of 52 week waits has increased by 299 since February (from 20 in February to 319 in May): Somerset FT 259, Yeovil FT 9, Other Providers 51 and is expected to further increase in June given the observed level of >47 week waits in May (832)
- The Independent Sector have been supporting Yeovil FT and Somerset FT throughout the COVID period (SMTC and Nuffield Taunton respectively) in the treatment of elective patients (and specifically cancer patients at Somerset FT)
- 24,494 reduction in new clock starts (a measure of referral demand) when comparing March to May 2020 to the previous financial year and is an indication of potential unmet demand
- Early indication from the Providers is that as a result of demand starting to increase back to expected levels waiting lists have started to rise
- Admitted waiting list has reduced by 53 patients (from 10,408 from February to 10,355 in May)
 - Admitted clock stop activity in May was 19% of pre-COVID levels
 - Theatre throughput has reduced due to the increased patient turnaround times
 - Most challenged admitted specialities are Ophthalmology, General Surgery, Trauma and Orthopaedics, Urology and ENT
 - Future issues and risk pertain to staff recruitment, retention and physical capacity for additional activity
- Non-Admitted waiting list has reduced by 6072 (from 28,452 in February to 21,589 in May) due to a reduction in the number of clock starts
 - Non-Admitted clock stop activity in May was 46% of pre-COVID levels, due to an increase in virtual digital activity
 - Non admitted long waits have increased in many of the medical and surgical specialities (biggest increases seen in Gastroenterology, ENT, Ophthalmology, General Surgery, Dermatology and Rheumatology)
 - Insufficient physical clinic space to return Out Patients to Pre-COVID levels due to social distancing requirements
 - Somerset FT have lost 2 Out Patient areas which have been re-purposed as in patient related facilities

Diagnosics

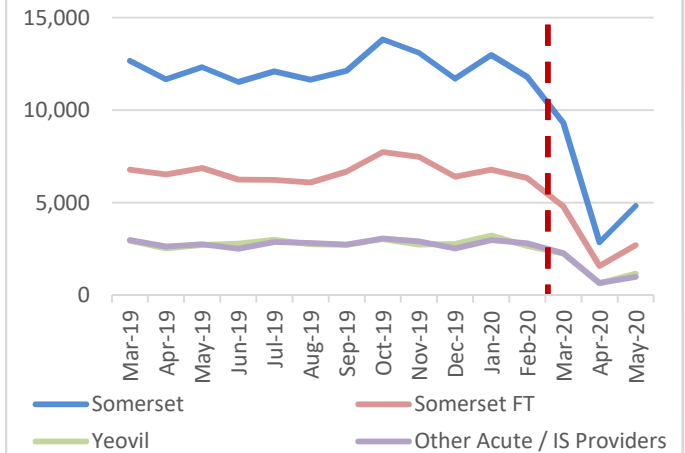
Diagnostic Waiting List



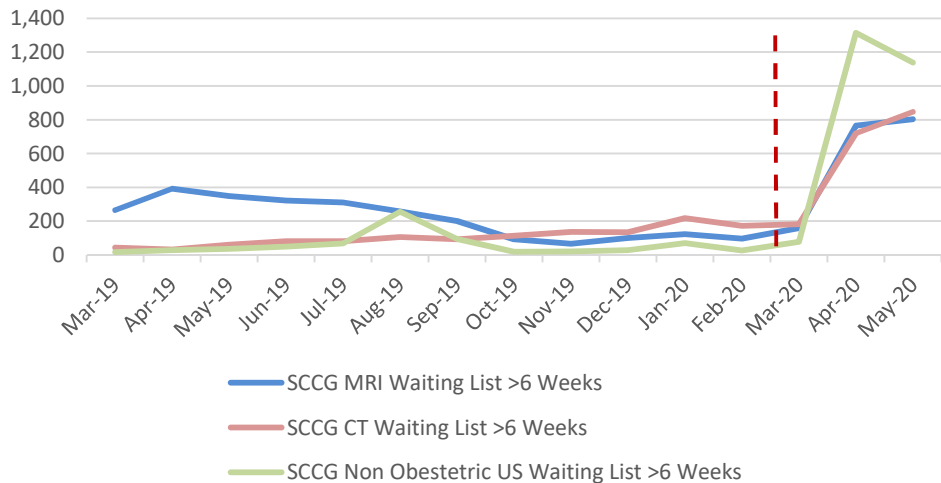
Diagnosics - patients waiting over 6 weeks



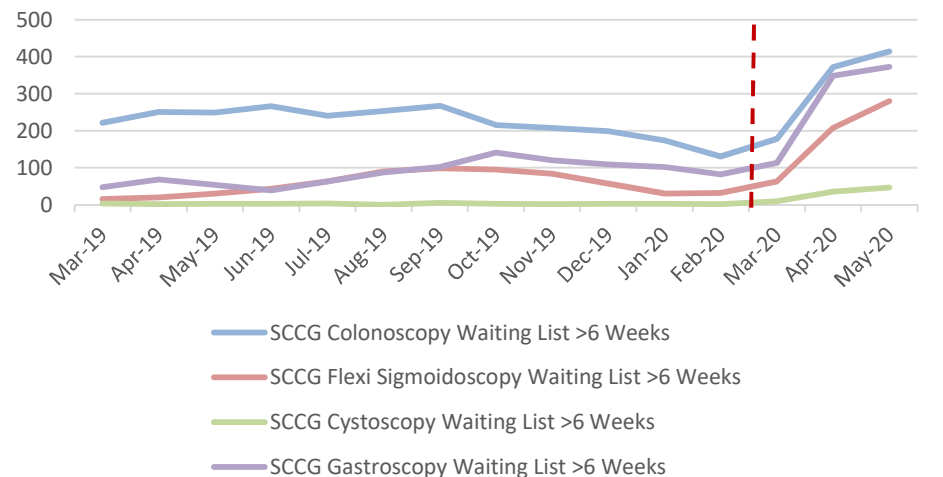
Diagnostic Activity



Somerset Radiology Waits Over 6 Weeks



Somerset Endoscopy Waits Over 6 Weeks



Key Challenges

- Overall diagnostic waiting list size has remained stable over the COVID period due to a sustained reduction in demand and the most urgent patients (including cancer) continuing to receiving their diagnostic test or procedure; however due to the stand-down of routine patients the number of long waits have risen sharply
- Reduction in the level of diagnostic tests or procedures carried out during April and May has led to the deterioration in waiting times
 - Number of patients waiting in excess of 6 weeks has increased by 5430 since February (from 610 to 6040): Somerset FT 4023, Yeovil FT 900, Other Providers 1,117
 - Number of 13 week waits has increased by 1601 since February (from 124 to 1,762): Somerset FT 1121, Yeovil FT 258, Other Providers 383
- The level of diagnostic activity undertaken in May was 39% of pre-COVID levels, with only the most urgent patients receiving their diagnostic test or procedure during March, April and May
- Increase in the number of overdue surveillance patients (with patients added to the active diagnostic waiting list) and backlog of overdue FIT positive screening patients
- Reduced throughput due to Increased appointment times to allow for social distancing of patients, increased cleaning between appointments
- High risk diagnostic modalities are Radiology (MRI, CT and Non-Obstetric Ultrasound) and Endoscopy (Colonoscopy, Flexi Sigmoidoscopy and Gastroscopy)

Radiology – the overall number of Radiology 6 Week Waits has increased by 2492 patients, from 296 in February to 2788 in May

- MRI 6 Week Waits has increased by 707 patients, from 96 in February to 803 in May
- CT 6 Week Waits has increased by 673 patients, from 173 in February to 673 in May
- Non-Obstetric Ultrasound 6 Week Waits has increased by 1112 patients, from 27 in February to 1139 in May

Endoscopy – the overall number of Endoscopy 6 Week Waits has increased by 868 patients, from 245 in February to 1113 in May

- Colonoscopy 6 Week Waits has increased by 284 patients, from 130 to 414
- Flexi Sigmoidoscopy 6 Week Waits has increased by 248 patients, from 32 to 248
- Cystoscopy 6 Week Waits has increased by 45 patients, from 1 to 46
- Gastroscopy 6 Week Waits has increased by 291 patients, from 82 to 373

Actions to Improve Waiting Times for RTT and Diagnostics:

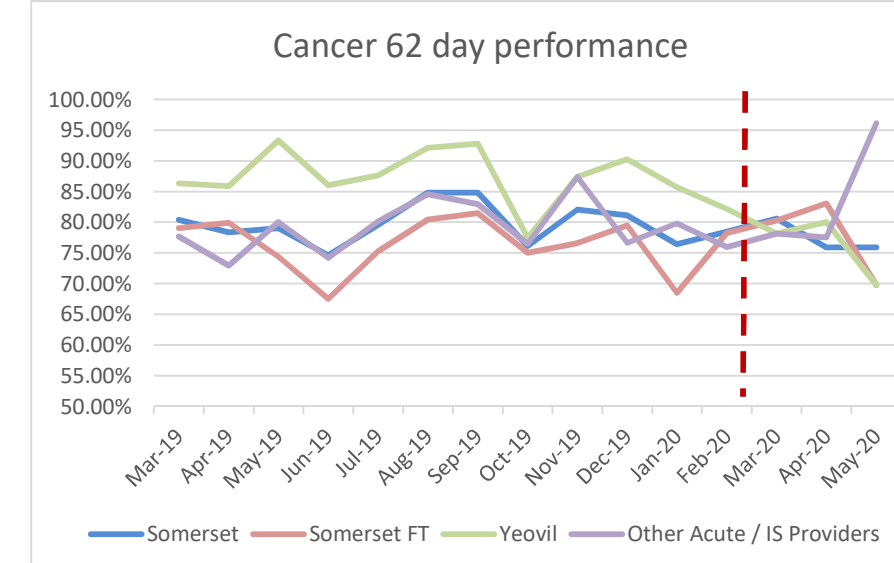
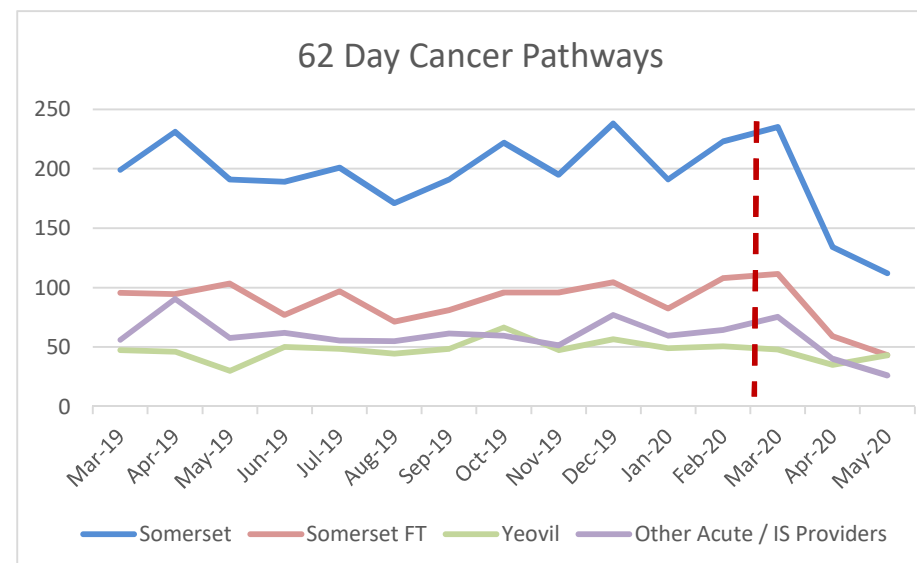
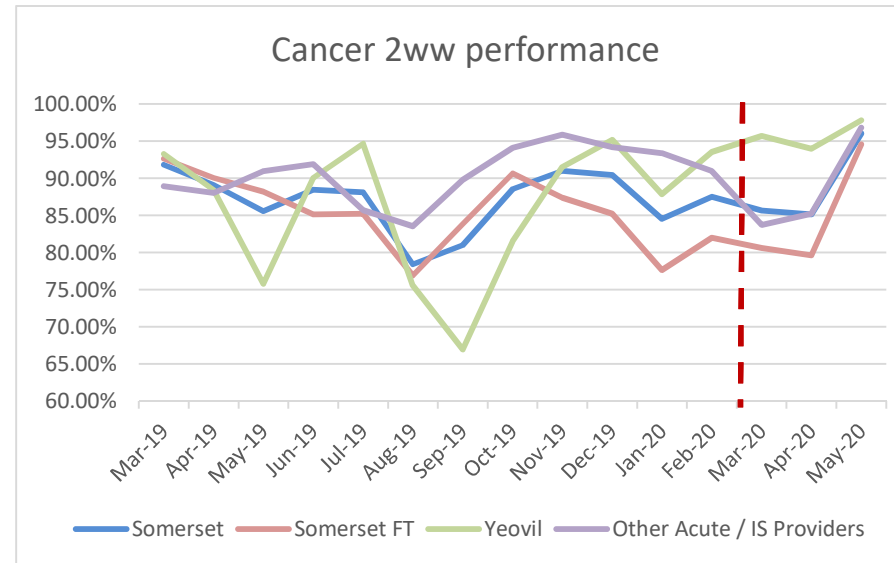
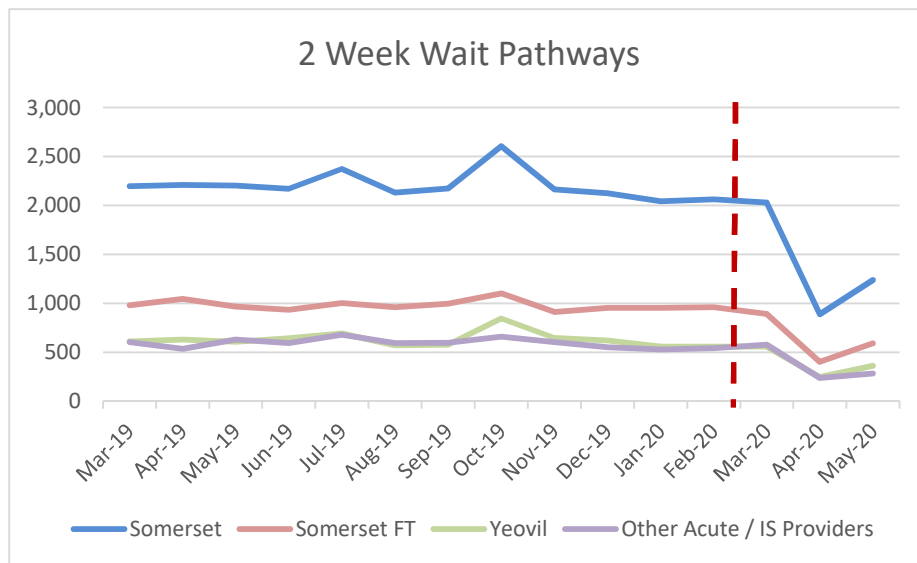
- A Sub-Group of the Elective Care Delivery Board has been convened with the immediate remit to gain a high level understanding of the capacity and demand to support investment decisions, but later to develop an ongoing programme of work to understand specialty / service level capacity across Somerset
 - The CSU have developed an RTT demand model to enable Systems to calculate the level of activity required at a specialty level to return waiting lists to pre-COVID levels building in the delayed timing and impact of delayed demand
- Recovery of elective activity is being carried out and planned on the basis of national prioritisation guidance. There continues to be a need to understand the impact of longer waiting times (exacerbated during the COVID period) on patients. The Patient Safety and Quality Team is working with the trusts to devise a new approach to review any harms so learning can be used to inform local scheduling and prioritisation.
- An Elective Care Restoration Workshop took place on Tuesday 14 July to discuss the key challenges for Out Patients, In Patients and Diagnostics and to gain a collaborative understand the investment proposals required to increase routine and cancer capacity to Pre-COVID levels

Cancer



Somerset

Clinical Commissioning Group



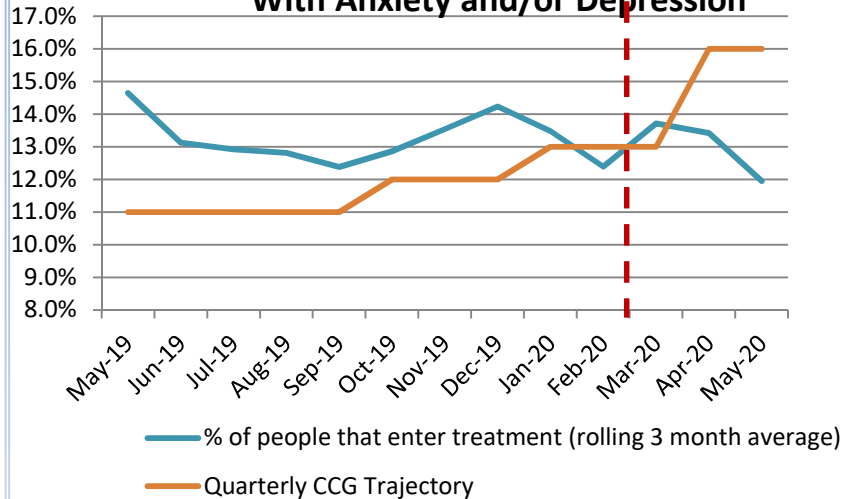
Key Challenges:

- There has been a 40.0% (-825) reduction in the number of 2 week wait referrals when comparing May 2020 to February 2020 (the last month unaffected by COVID):
 - Somerset FT: -38.50%, (-370); Yeovil FT: -35.1%, (-196), Other Providers: -47.7%, (-259)
- Whilst there has been an increase in the number of 2 week wait referrals in May they continue to be significantly lower than the same month in the previous year:
 - In May there were 1,238 patients on a 2 week wait pathway compared to a pre-COVID monthly average of 1,911
- Following an initial reduction in 2 week wait performance in April the percentage of patients seen within 2 weeks in May improved to 96.0%
 - Somerset FT: 94.6%, Yeovil FT: 97.8%, Other Providers: 96.8%
 - Breaches are predominantly within suspected lower gastroenterology and breast cancers, with a high proportion occurring at Somerset FT
- In May 2020 Somerset CCG saw a 49.8% reduction in the number of patients on a 62 day pathway receiving their first definitive cancer treatment when comparing May 2020 to February 2020 (the last month unaffected by COVID):
 - Somerset FT: -60.2% (-65); Yeovil FT: -14.9%, (-7.5), Other Providers: -59.7%, (-38.5)
 - Both Yeovil FT and Somerset FT are prioritising patients on the basis of clinical need and complete a weekly Situation Report for the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance
- The percentage of patients in Somerset receiving their first definitive cancer treatment within 62 days was 75.9% in May
 - Somerset FT: 69.8%, Yeovil FT: 78.7%, Other Providers: 80.5%
 - Breaches predominantly in Lung cancer (complex diagnostic pathways and delays to diagnostics or treatment planning) and Urological cancers (patient choice and complex diagnostic pathways)

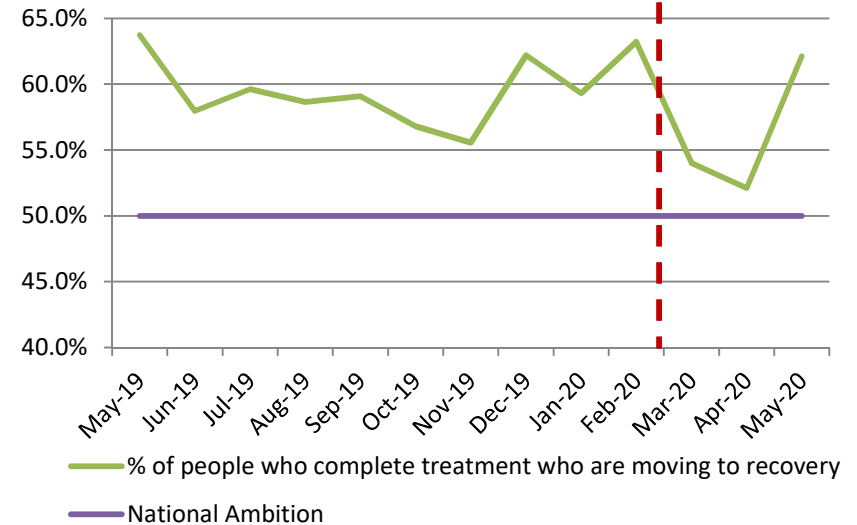
Actions to support cancer services:

- Screening Programmes:
 - The NHS England commissioning team are now actively working with providers to ensure all screening programs restart in a safe and efficient manner.
 - Reduced capacity owing to social distancing and infection control guidance in some programmes means services cannot resume service delivery at pre-COVID levels. However, national guidance and risk stratification is being followed to ensure patients are appropriately prioritised for screening.
- Long waits:
 - There is a national focus on long waits (104 day plus) and each STP has been asked to complete a 104 day waiters template by 17th July 2020.
- Pathway changes:
 - Both Trusts are working collaboratively to ensure full utilisation of IS capacity, with Somerset FT utilising Nuffield Hospital as a dedicated 'green' elective surgery zone and prioritising the treatment of cancer patients
 - Plans are in place to commence a pilot Prostate Cancer referral line via Consultant Connect Advice and Guidance
 - The use of Faecal Immunochemical Testing (FIT) in secondary care to support with the triage and prioritisation of suspected lower GI cancer patients.
 - Discussions underway with Primary Care colleagues to streamline the 2ww colorectal cancer pathway by introducing FIT 10 for all patients who present to the GP with symptoms and signs suggestive of possible colorectal cancer to support the triage and prioritisation of patients at point of referral.
 - Development of SWAG-wide cancer pathways. SWAG have drawn up proposal to develop Mutual Aid Cancer Surgery pathways during the COVID 19 pandemic which are intended to provide regional access to allow maintenance of crucial surgical oncology services, when physical capacity of staffing at individual trusts proves insufficient.

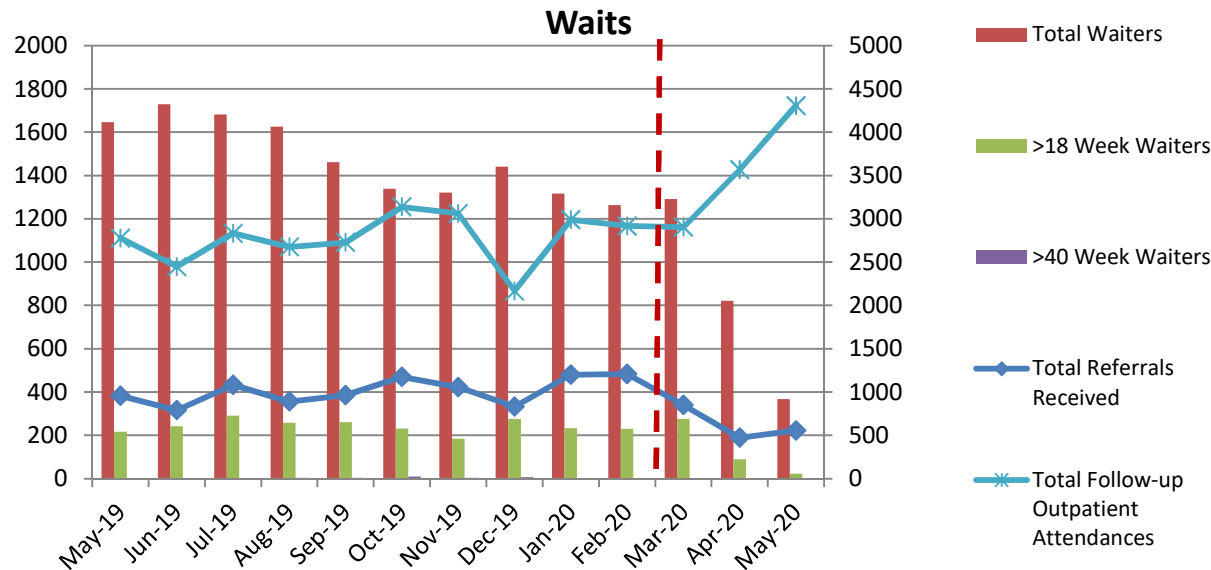
IAPT Access (roll-out) as a Proportion of People With Anxiety and/or Depression



IAPT Moving to Recovery



IAPT Referrals, Follow-up Attendances and Second Stage



Definitions:

IAPT access measures the number of people entering treatment against the level of need within the population

IAPT moving to recovery measures ended referrals that finished a course of treatment where the service user has moved to recovery

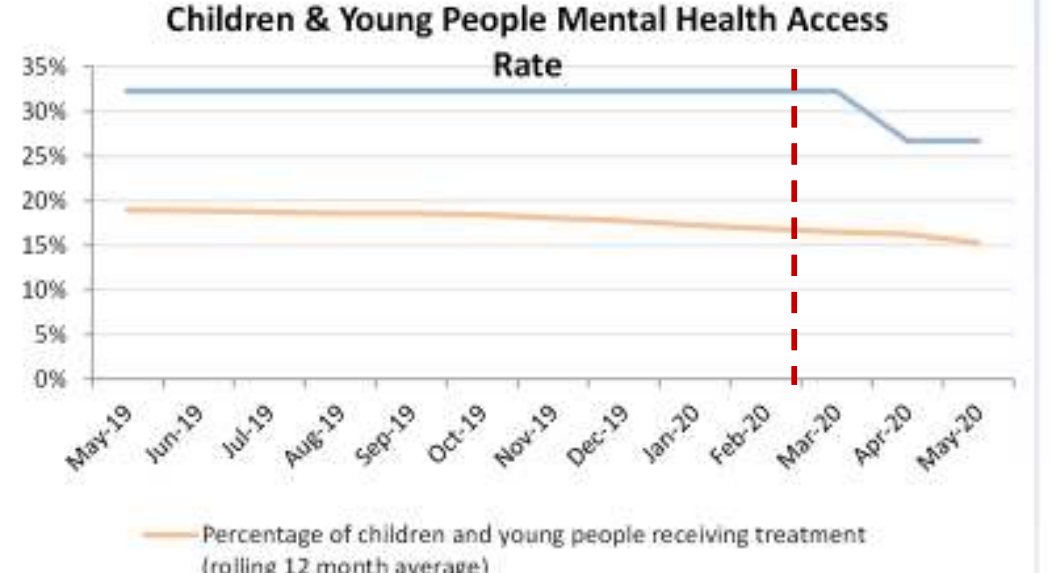
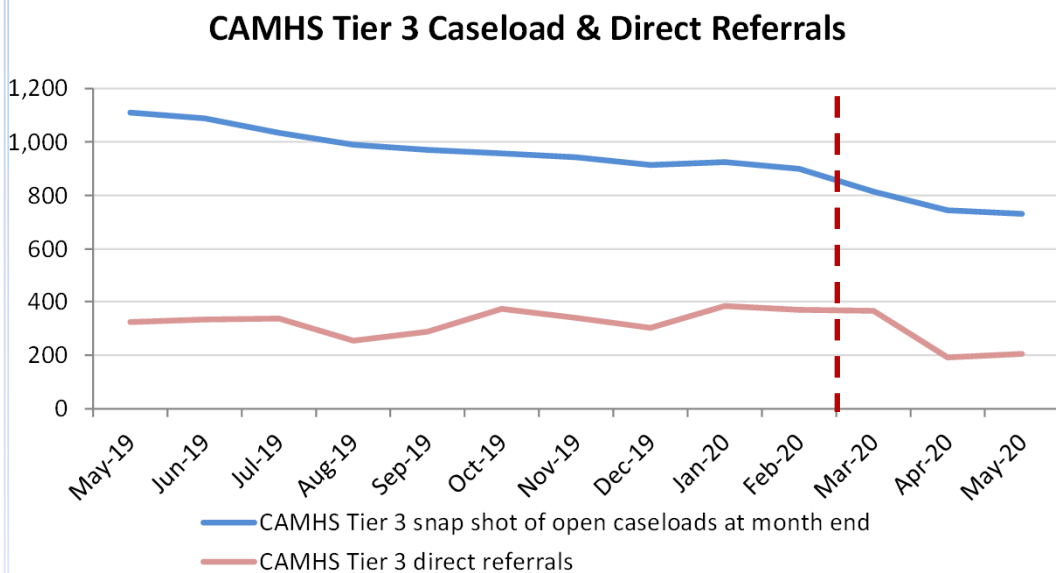
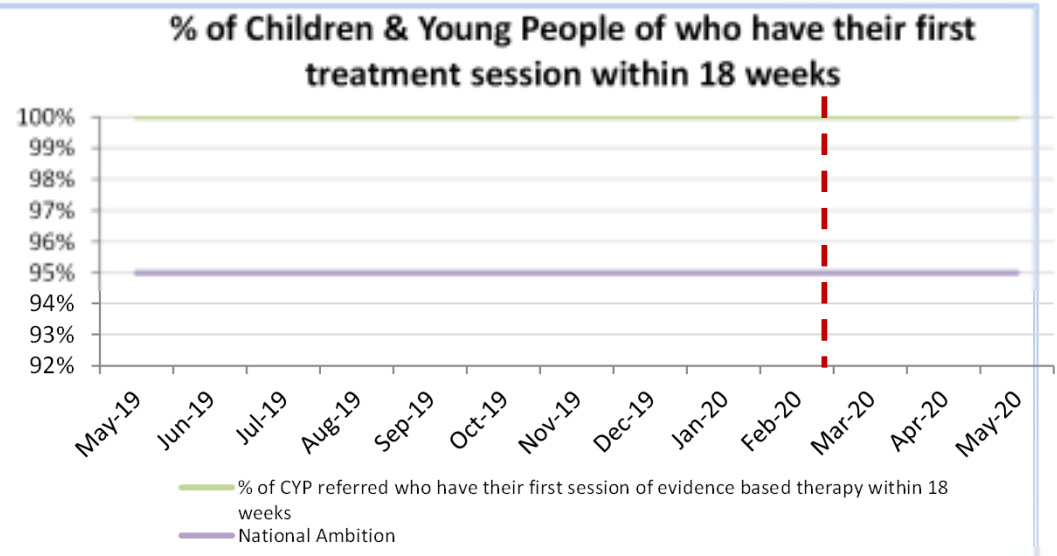
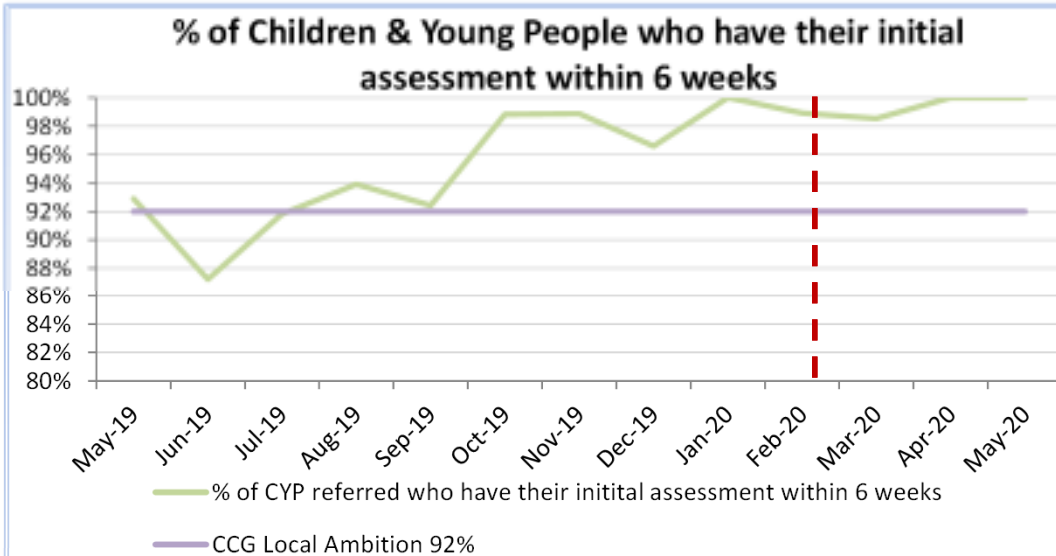
IAPT second stage waits measures those people waiting for second treatment appointment, following their first treatment appointment

Mental Health



Somerset

Clinical Commissioning Group



Definitions:

CYP within 6 weeks measures the percentage of CYP who have had their initial assessment within 6 weeks of referral (local measure)

CYP within 18 weeks measures the percentage of CYP who have had their first therapeutic treatment session within 18 weeks of referral

CYP MH access rate measures the percentage of CYP accessing (counted as two contacts) NHS funded community MH services

Improving Access to Psychological Therapies (IAPT):

- Somerset Foundation Trust (Somerset FT) has reported that there were a total of 555 referrals received by the Talking Therapies service during May 2020. This represents an increase of 82 compared to April and a decrease 653 when comparing to pre-COVID-19 levels of 1,208 in February
- The reported IAPT recovery rate for May was 62.1%, an improvement compared to April (52.1%) and a slight decrease of 1.1 % when comparing to pre-pandemic February position (63.2%). The national ambition of 50% continues to be met and exceeded
- The un-validated data shows that Somerset FT delivered an IAPT access rate for the rolling 3 month period to May of 12.0%, against the Quarter 1 CCG trajectory of 16.0% (Somerset FT have not yet agreed to this local ambition), when comparing to the rolling 3 month period to April (13.4%) this shows a decline in performance. Performance for the rolling 3 month period to March is 13.7%, and pre-COVID-19 performance in February is 12.4%
- The IAPT service continues to consistently meet and exceed the 6 week and 18 week national ambitions. Un-validated data tells us that in May 90.0% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.0% were seen and received treatment within 18 weeks from referral against the 95% national ambition
- Following the start of COVID-19 lockdown the IAPT service within Somerset has continued to run, and Somerset FT has successfully managed to have mobilised its clinicians to work from home and succeeded in maintaining its services to dealing with referrals via telephone, video and webinar interventions
- Following the COVID-19 pandemic NHSEI confirmed that the performance management regime has been paused and that assurances in respect of IAPT key national measures are on hold for at least the first quarter to allow local services to readjust and deliver psychological therapies in new ways and as best they can given the current situation
- At end of May the total number of patients waiting for second treatment appointment reduced from 822 in April to 367; in February there were 1,264 patients waiting. A marked decrease in patients who have accessed the IAPT service has been seen within the last three months and as a result there have been fewer referrals received, these changes have meant the local service has been able to introduce a new more dynamic, forward facing Assess and Treat model which aims to reduce the length of wait from referral to treatment. The provider has been enabled to address previous concerns in respect of second treatment appointment waiting times resulting in more patients being seen and greater numbers of treatments being completed; these factors combined have contributed to the recovery rate being sustained.

Children and Young People's Mental Health (CYPMH):

- The CCG has planned to deliver 32.3% access rate in 19/20 and Somerset FT, digital therapy and other tier 2 providers will contribute to the Somerset access rate, a local estimate of year-end performance is 24.7%. Un-validated data for the rolling 12 month period to May shows performance of 15.3% for Somerset FT. The CCG has planned to deliver an access rate of 26.7% in Quarter 1. Local plans will now need to be revisited as the operational planning process was paused due to the COVID-19 pandemic
- Project work with support from regional NHSEI is underway to understand all aspects of not being able to achieve this target. A system project and action plan is in development that is being led by NHSEI to understand the complexities of meeting the CYPMH Access Target
- Young Somerset Wellbeing Service has helped bridge the gap for early interventions to address the mental health and emotional wellbeing needs of CYP in Somerset aged 11-18, however there is an increase of demand for CYP who have higher complexity needs. Discussions are in place around the Wellbeing Services' Children's Wellbeing Practitioners (CWPs) attending additional courses at the University of Exeter to increase knowledge and expertise
- Overall, CAMHS/Young Somerset Wellbeing Service (CYP-IAPT) has a 91% acceptance rate. Despite positive acceptance rate and improving access for CYP, CAMHS sees CYP at a higher level with a defined mental health presentation requiring professional clinical intervention. This does mean there are CYP with array of multi-faceted needs that are too complex for a low level intervention but are not appropriate for specialist CAMHS. A strategic system group convened to look at Somerset's gap in service provision and the prevailing needs; a combination of Children's & Mental Health commissioning, Local Authority, GPs and Providers
- Mental Health Support Teams (MHSTs) start date collided with the start of the pandemic and despite moving to digital offer have not yet properly started thus not been in a position to identify those CYP's needs in schools due to lack of access. Somerset has been successful in bidding for a third MHST. The model (supporting a 'whole school approach') is currently in development with the system working through this to provide extra resource and to meet the needs of our CYP in Somerset
- There have been a number of technical issues around submitting data to the Mental Health Minimum Data Set (MHSDS) from the Wellbeing Service and Mental Health Support Teams via Young Somerset. Agreements have been put in place for Somerset FT to support Young Somerset with submitting data to the MHSDS

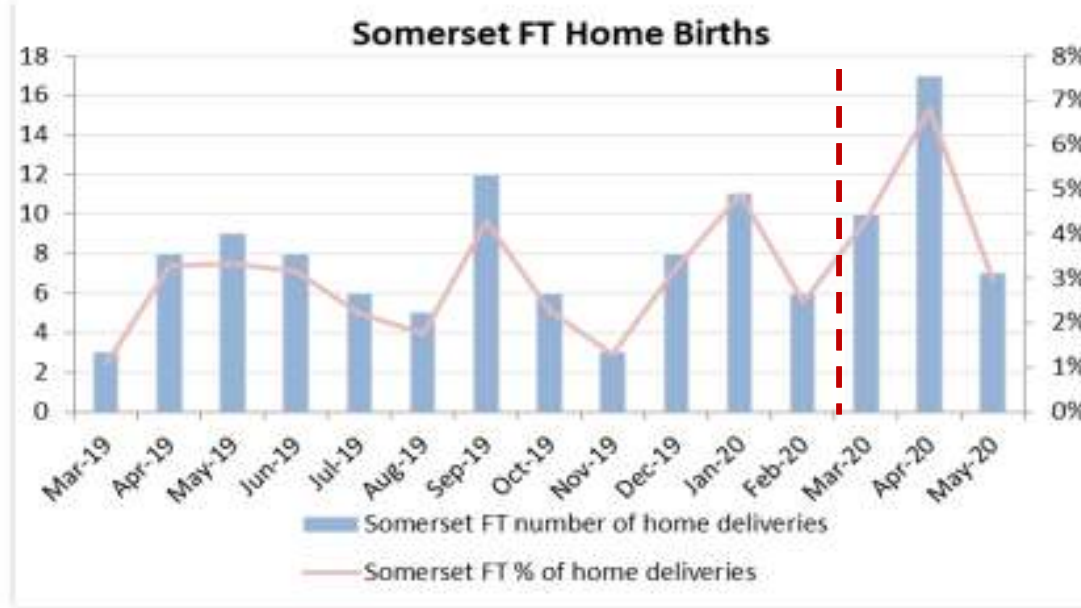
Mindline 24/7 Crisis Line:

- Mindline Somerset is being commissioned by Somerset County Council (Public Health) for the Covid-19 response, the 24/7 service offers additional support from other Mind in Somerset services in collaboration with alliance partners and has been in place since the beginning of the COVID-19 pandemic lockdown (week beginning 23 March)
- The Mindline 24/7 crisis line offers a supported conversation to callers and has increased access to availability of Mental Health Services within Somerset; the services include Mindline Enhanced, Somerset IAPT and Community Mental Health Teams, depending on the level of need
- Callers are presenting an increasing range of issues and high levels of anxiety, depression, distress, isolation, family, physical health issues, service issues and concerns around COVID-19 are being seen, the main purpose of a call is the provision of emotional support
- The service has seen a gradual increase in contact week on week since records began in respect of contact from CYP (aged 17 and under) and their families. Callers requiring non-urgent or wellbeing support are referred to the Young Somerset Wellbeing Service, those callers with an urgent MH issue are transferred to CAMHS Single Point of Access, Enhanced Outreach Team or 7 day Out of Hours. Mind in Somerset actively works with CAMHS to meet the needs of CYP.

Demand and Capacity Modelling:

- It is anticipated that due to COVID-19 a surge in demand will be seen across the full range of Mental Health services within Somerset. A mental health model is being developed by SCWCSU with the involvement all stakeholders and will help the System to understand the impact of COVID-19 on performance in the short and longer term.

Maternity



- During the COVID period (March to May) there have been 1,068 women that have delivered babies, 717 at Somerset FT and 351 at Yeovil FT.
- During May there has been an emerging number of stillbirths and neonatal deaths at both Somerset FT and Yeovil FT. Reviews within the Trusts are being carried out (which is routine practice) for each of these incidents; the findings of which will be shared with the Women and Children's Maternity Cell.
- The number of COVID cases within maternity patients remains low.
- In Somerset there has been a 37.5% (+15) increase in home births when comparing March 20 to May 20 with the same time period the previous year, with the majority of this uptake at Somerset FT (+14).
- Increasing these types of births an objective outlined within the Better Births framework and the Team intend to build on this increase going forward

- **Actions to support maternity services:**
- A number of digital and antenatal classes have been established during COVID, this includes digital antenatal classes, digital Bump to Baby Groups and digital “Wise Hippo” Hypnobirthing Groups, as well as virtual appointments.
- A Virtual Perinatal Mental Health peer support group has been established, which allows women to ‘step down’ from the specialist support service; as there is anticipated to be an increase in women needed perinatal mental health support these online groups are helping to free up capacity.
- A postnatal animation has been purchased which is anticipated to be shared with service users shortly which contains a lot of useful information and resources for women.
- The “Mum & Baby” app, which will enable all Somerset women to have a personalised care plan, has been launched and is now live, a formal launch of the app will follow.
- Three community hubs have been opened, 1 in Taunton and 2 in Yeovil; these hubs allow midwives, health visitors and other services, such as social services, to work from one base, and have been received very positively by women and the midwifery teams. More community hubs are planned in the future.