

GB1819/118

Meeting of the: Governing Body
Summary sheet

Date of meeting: 04/12/2018

For: Public session (Part 1)

For: Information

Agenda item and title:	Directors' Update
Author(s):	Directors
Presented by:	Jackie Pendleton
Lead director/GP from CCG:	Jackie Pendleton
Clinical lead:	

Executive summary:

The Directors' Update will be submitted to the Governing Body each meeting and is intended to ensure that members are aware of the extensive amount of work that is happening within the CCG and with partners.

It is not intended to be an exhaustive account and further information is available should it be required from the relevant director.

Recommendations and specific action the Governing Body needs to take at the meeting?

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| 1. | The Governing body is asked to note the range of activity that is being undertaken within the CCG. |
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Evidence in support of arguments:	For information only
Who has been involved/contributed:	Directors Group
Cross reference to strategic objectives:	Covers all strategic objectives
Engagement and involvement:	Considered as appropriate within each individual piece of work
Communications issues:	Considered as appropriate within each individual piece of work
Financial	Considered as appropriate within each individual piece of work

implications:	
Review arrangements:	Considered as appropriate within each individual piece of work
Risk management:	Considered as appropriate within each individual piece of work
National policy/legislation:	Considered as appropriate within each individual piece of work
Public health implications:	Considered as appropriate within each individual piece of work
Equality and Diversity:	Considered as appropriate within each individual piece of work
Other external assessment:	Considered as appropriate within each individual piece of work
Relevant conflicts of interest:	Considered as appropriate within each individual piece of work
For use with private and confidential agenda items only	
FOI consideration – Exemption*	Qualified /absolute*
None - item may be published	None - item may be published
If exemption is qualified then public interest test required. Check to see if the public interest in the information being released outweighs the exemption being used and record your consideration here to justify inclusion on the private and confidential agenda. Note the Information Commissioner states that there is a general public interest in transparency. For advice, contact KCCG.FOI@nhs.net	

Directors' Briefing – December 2018

1. Primary Care

1.1. East and North Cornwall Integrated Care Area

The first contact physiotherapist project in East Cornwall is to be expanded to all practices following discussions with Cornwall Partnership NHS Foundation Trust. There has been a significant reduction in physiotherapy referrals from practices in the pilot project as well as a reduction in GP appointments for musculoskeletal conditions. This concept could be expanded to other professions and East Cornwall is also looking at bringing in mental health practitioners to support the wider general practice workforce. The audit of GP appointments referred to in the last Directors' briefing showed that up to 40 percent of people did not need to be seen by a GP.

Dr Peter Burbridge, care of the elderly consultant in Plymouth, has returned to East Cornwall to provide some much needed support to practices for people on their lists with particularly complex needs. Peter will provide outpatient clinics at Liskeard Community Hospital and an advice service to GPs which includes attending practice multi-disciplinary meetings and some home visits.

1.2. Central Cornwall Integrated Care Area

The Central Cornwall practitioner event took place on 20 November bringing together colleagues from primary care, community services, social care and the voluntary sector. It provided an opportunity for closer working and building an integrated team dedicated to supporting people in the community. This event was the sixth opportunity within Central Cornwall for our practitioners to come together, network, learn new things, share their experiences and influence on the emergng model of care around integration. The most important thing about this event was the breadth, depth and impact that communities (voluntary and community sector) are having within Central Cornwall.

The 12 practices in Mid Cornwall and Newquay have identified that their overall priority area will be to improve the care for care home residents. This will start via a meeting with a small group of care home providers, GPs and practice nurses to review the activity data and to understand the experiences, challenges and opportunities from all sides. Seven practices are developing the 'active signposting' approach across their practices (five of these practices are doing this collaboratively to ensure there is a cluster wide implementation).

Carrick locality continues to work with Kernow Health CIC to establish their new organisational form. Their Board met for the second time in November, with an agenda focused on developing proposals for local projects to support general practice resilience and collaboration, such as developing new clinical roles and expanding the range of services that could be provided in the community. Making the most of community resources continues to be a priority. Active signposting training is well underway, with practices working together to ensure training is embedded and relevant information is available and maintained to support the provision of a sustainable signposting service. Social prescribing and community development projects are progressing, with link worker services for Truro and Coastal practices now live (from November 2018). The locality is also liaising with voluntary sector partners to introduce a similar project covering the Falmouth area.

1.3. West Cornwall Integrated Care Area

The social prescribing link workers have been recruited and are undergoing their induction, funded by the Department of Health and Social Care, and Cornwall Council, and hosted by Active Plus. Penwith and North Kerrier have agreed to fund another post in each of their localities so that there is equity of coverage across the whole of the West. The community co-ordinators are now also in post and underway in Penwith and South Kerrier, with interviews for North Kerrier to be held in the next few weeks.

The West teams are testing a process to develop the local model of care as part of Shaping our Future, starting with the Isles of Scilly and South Kerrier. The Isles of Scilly workshops were held over two days and brought together front-line staff from the hospital, primary care, care home, social care, South Western Ambulance Service Trust (SWASFT) and community teams to start to re-design services under the headings of frailty, mental health and prevention, working from real case studies. One outcome is that a small integration group is meeting weekly to develop the single point of access. This process has created a blue-print for developing the model of care ground-up, for the West and potentially the whole county.

The whole of the West has now agreed to prioritise dementia in 2019, starting with some community mapping to understand what non-statutory support is out there for people with a diagnosis of dementia and their carers.

It was agreed at the North Kerrier meeting to use its enabling fund to finance the expansion of the dressings' clinic at Camborne Redruth Community Hospital to seven full days a week and to explore the cost of voluntary sector transport. It was also agreed to use the fund to recruit an additional social prescribing link worker to ensure equity across the patch, support the extension of the fibromyalgia pilot and continue to fund the Centipede Club. The Camborne Redruth Community Hospital project is underway; point of care testing equipment is due to be installed very soon and changes to GP rotas for the walk-in service to match demand will take effect from January. In the meantime a frailty pathway (including 'rule out hip fractures') is being developed based around Lamorna ward.

In Penwith the SWAST and HomeFirst team have had their first referral; a gentleman was successfully supported to stay at home with help from HomeFirst, the Short Term Enablement and Planning Service (STEPs) and his GP, following referral by the SWAST crew to the local HomeFirst team for rapid response. As part of the West Cornwall Hospital (WCH) frailty project, a clinical audit session was held to look at data for people who had presented at the Emergency Department in Treliske but who were not admitted, to see if they might have been supported at WCH instead. There were a number of people who could have accessed the urgent care services at WCH but only one who might have benefitted from the frailty clinic. The next step is to look at people who had a short stay. The audit will now run quarterly and involve local GPs, acute GPs, community team, SWAST and the voluntary sector. This project has also identified and rectified issues with the Directory of Service (DOS) that will have a wider impact for the rest of the system.

At the recent south Kerrier locality meeting it was agreed to support the model of care workshops on the 21 and 22 November; rotate practice nurses in to the Centipede Club at Helston Hospital to provide capacity and upskilling; and support a local Dementia Fair as a pilot with support from the CCG dementia programme lead. It was also agreed to use the enabling fund for training on the Cornwall Link website, support the development of the monthly multi-disciplinary team; and bring practices together for a regular monthly meeting for a whole morning.

1.4. Medicines Optimisation (MO)

The team continues to support primary care with a daily medicines information service. Queries include the new legislation on medicinal cannabis, following the Government's announcement to reschedule certain cannabis-based products for medicinal use from 1 November 2018. NHS England (NHSE) has provided guidance to clinicians following the re-scheduling which sets out expectations of what this regulatory change will mean in practice for clinicians working in the NHS and in private practice in England.

The influenza vaccination supply this year has created a bit of extra work. The Local Medical Committee (LMC) sent an email to all practices requesting additional orders for the over 65 aTIV - however demand this year meant a few practices still did not have sufficient supply. The team has worked with the supplier and practices, so that last minute orders have all been acknowledged and all vaccines will be delivered by 12 or 19 November. The flu outbreak in institutions process is being finalised with NHSE and Public Health England (PHE) and will be in place for this winter season.

The Joint Committee on Vaccination and Immunisation (JCVI) advice for influenza vaccines for 2019/2020 is being considered by PHE and NHSE and guidance on the appropriate vaccines to order for 2019/2020 season will be published in the annual flu letter. GP practices and pharmacies are advised not to place any flu vaccine orders until this letter is published.

The Chief Medical Officer (CMO) for England is sending an annual winter season feedback letter on antibiotic prescribing rates to GPs in November 2018. The letters are designed to support GPs to improve their antibiotic stewardship and to contact the prescribing team for support. The timing of the letter this year was designed to complement the 'Keep Antibiotics Working' campaign by PHE as part of World Antibiotic Awareness Week 12-18 November and European Antibiotic Awareness Day on 18 November; which aimed to increase public understanding and therefore support health care professionals by reducing public expectations for antibiotics and increasing their support for alternative to prescriptions.

12-18 November was also self-care week, an annual awareness week that focuses on embedding support for self-care across communities and families. Resources include the Stay Well This Winter leaflet on antibiotics, and that these are not an effective treatment for the common cold.

The medicines optimisation in care homes (MOCH) programme continues to progress and two of the pharmacists (one full time equivalent) for the MOCH programme will be starting in January 2019. The care home dietitian post is being advertised. There is plenty of interest and we hope the post holders will also start in January 2019.

More practices are actively working towards Electronic Repeat Dispensing (ERD); the focus is not only on savings but support for winter pressures and GP workload.

The infant formula guidance has now been agreed and is available via the NHS Kernow formulary and website.

1.5. Delegated Commissioning of Primary Care Medical Services

NHS Kernow, along with NEW Devon, South Devon and Torbay and Somerset CCGs, has submitted an application for delegation of primary care medical services commissioning. The NHS Kernow submission has been approved by the regional panel and forwarded to the national panel for final approval which should be received by Christmas. Whilst NHS Kernow waits for

approval the CCGs and NHSE are working to make sure the appropriate arrangements are in place to support the transfer of responsibilities.

NHS Kernow has established an internal project group to oversee the internal due diligence process and ensure a smooth transition of functions over time. The project lead is meeting on an ongoing basis with all teams within NHS Kernow over the next few months, to help ensure there is clear communication within NHS Kernow about the purpose and impact of delegated commissioning for all colleagues.

The shadow Primary Care Commissioning Committee will re-form and will meet in January 2019. The terms of reference will need to be amended in order to prepare this Committee to easily transition into the fully delegated Primary Care Commissioning Committee for NHS Kernow from April 2019, subject to the NHSE approval outlined above. The Chairperson of this Committee is likely to be the newly appointed NHS Kernow Governing Body lay member with the portfolio for primary care and prevention.

In order to take on the delegated commissioning of primary care responsibilities the NHS Kernow constitution needs to be amended. This is a technical task and is required to follow an NHS England process. The constitution is currently being updated and will be shared with the GP practice members during November and December 2018 for support before final submission to NHS England in January 2019. It should be noted that the opportunity to amend the NHS Kernow constitution regarding delegated commissioning responsibilities is also being used to update the constitution in line with NHS England's recently published guidance on CCG constitutions.

2. Planned care initiatives

2.1 Ophthalmology

Following the all provider workshop held last month, NHS Kernow has continued to work with key providers to optimise capacity across the system and improve the referral to treatment performance. Waiting list initiatives for cataract surgery are being evaluated, and it is hoped the first outsourced session will run at the end of this month. Further sessions are planned into December.

An e-referral pilot for appointments with the Royal Cornwall Hospital NHS Trust's (RCHT) emergency eye clinic is in progress and is nearing completion of the first month's milestone checkpoint. It is anticipated the e-referral process will save valuable time for the referring practice and make it easier for the trust to clinically triage people making sure they are seen in the right clinic, first time.

2.2 Dermatology

Following a clinical practitioner forum in September 2018 and an improved referral to treatment position for dermatology, NHS Kernow has been working alongside the interim service lead at RCHT to ensure that learning from the previous Medinet sessions is embedded in to the practice at RCHT on a long term basis.

Presentations on the dermatology project have been given to the Clinical Leadership Group (CLG) and Quality and Performance Committee. At the request of CLG, a lessons learnt document to support GP localities is being drafted.

Work has commenced on developing a business case regarding “second pair of eyes” referral screening in primary care.

2.3 Ear, Nose and Throat (ENT)

Following the same principles used to understand dermatology at a system level, work has started with the ENT department at RCHT to understand ways in which the current referral to treatment position could be improved. Common themes for consideration will be a review of the current referral guidelines, ensuring directories of services and commissioning policies are aligned and that clinical and corporate governance arrangements are robust.

An exit strategy is in place for the Oak Tree GP with extended roles ENT service previously undertaken by Dr Toms. There is a process in place to offer people an alternative provider and to ensure that safe and clinically appropriate transfer arrangements are managed.

3. Nursing and Quality Directorate

3.1 Quality Team

NHS Kernow’s safety officer has been supporting RCHT with their internal investigations, working with the Trust 50% of their time. This arrangement is also supporting the CCG assurance processes by being able to comment and challenge serious incident reports in a timely way, mitigating the potential risks and spreading the learning. They have seen a marked improvement in the role of RCHT’s governance team and their processes and they also report a noticeable improvement in the timeliness and quality of serious investigation reports being provided.

3.2 Care home training

In a bid to support care homes in improving quality NHS Kernow has arranged a series of three training days for care home staff on the subject of nursing assessment. The approach taken is a multi-disciplinary one and includes contributions from Cornwall Council, Cornwall Partnership NHS Foundation Trust as well as NHS Kernow. Subjects covered include falls prevention, safeguarding adults, tissue viability and hydration. The course has been welcomed by the attendees and has been oversubscribed. Further sessions are now being planned.

3.3 Named GP for safeguarding children in primary care

A named GP for safeguarding children in primary care is a statutory requirement under the Care Act 2014. After several failed attempts to recruit to the post, NHS Kernow is happy to announce the appointment of Dr Mark McCartney, to the role of named GP for safeguarding children. Mark has over 25 years of experience working as a GP in Cornwall and Devon. Responsibilities included in this role are to deliver education, improve child protection processes, disseminate evidence based practice and guide general practices to deliver statutory functions in relation to safeguarding children. Mark will also work collaboratively with the designated professionals for safeguarding as a member of the safeguarding team at NHS Kernow and across the health economy in Cornwall. He will support and advise staff in general practice and the wider health community in relation to child protection and looked after children.

He will also work to create and maintain effective working relationships with primary care, local authority and the Local Safeguarding Children Partnership; and in due course be able to provide

specialist safeguarding children advice and support to primary care staff to ensure they understand their responsibilities in relation to safeguarding and promoting the welfare of children.

3.4 Joint targeted area inspection

A report of the joint targeted area inspection of the multi-agency response in Cornwall to child sexual abuse in the family was published on 26 November 2018.

Ofsted, the Care Quality Commission (CQC), HMI Constabulary, Fire and Rescue Services (HMICFRS) and HMI Probation (HMIP) undertook a joint inspection in October reviewing the way agencies work together to understand and respond to sexual abuse in the family environment. The inspection included an evaluation of the 'front door', known in Cornwall as the Multi Agency Referral Unit (MARU), which receives referrals when children and young people may be in need or at risk of harm.

The inspectors recognised the strong culture and commitment across agencies to improve practice and learning. They acknowledged the committed, stable and well trained workforce. They noted that the development of a multi-agency strategy to prevent child sexual abuse sets out areas of development. Thus further improving the identification of children at risk and improving access to the support available to them. The inspectors said that there was clear evidence that agencies had improved learning and understanding from the work to develop the strategy. Inspectors also agreed with the areas for further development.

The inspectors were impressed with the wide range of specialist psychological and therapeutic services available to children who had experienced sexual abuse and the strong commitment shown by schools and the voluntary sector to prevent and respond to sexual abuse. They also found that social workers knew their children well and that the wishes of children and young people were clearly captured.

3.5 Infection prevention and control

NHS Kernow has found and is monitoring some cases of norovirus being seen in hospital and some suspected outbreaks in schools and care homes this month. Prevalence is low at the moment.

Flu vaccine orders have been met and the vaccination of NHS workers, care workers and people in 'risk groups' is underway. All NHS Kernow employees have been encouraged to have a vaccination and clinics have been held at all NHS Kernow base sites. To raise the profile of the work of the CCG NHS Kernow's Head of Public Health Nursing spoke at the Royal Society of Medicine in November; 'Collaborating to fight antimicrobial resistance: Education and Innovation to tackle a mutual threat'.

4. Integrated Care

4.1 Section 75 and Better Care Fund

Delayed transfers of care (DToCs) continue to be a challenge and the system has failed to meet the allocated target in September and October. Over recent weeks the continued efforts of everyone appears to be driving a reduction nearer to the required system target of 71 days.

Monday 5 November 2018 saw a visit NHSE colleagues from the Better Care Fund (BCF) support team and included representation from regional nursing, performance and information technology. Predominantly the focus was quarter two BCF performance but also on how the system is approaching implementation of the high impact change model (HICM).

All partners came together to provide an overview of the active and planned schemes which are underway such as home first/discharge to assess, trusted assessor and red bag scheme. This included several schemes aiming to enhance health in care homes. Presentations were given on schemes such as the reliance on carer (ROC) hydration tool, dedicated dietician and pharmacy roles and the NHS Kernow scheduled workshops to provide training and support to care homes via the quality team. A positive response to the visit was received and NHSE colleagues went away assured with our progress.

During October the Secretary of State for Health and Social Care, Matt Hancock announced an allocation of adult social care winter funding. The extra funding is aimed at reducing delayed transfers of care and will be allocated to councils based on the adult social care relative needs formula.

The local grant awards have been confirmed as;

Cornwall Council	- £2,793,384m
Council of the Isles of Scilly	- £12,662k

Plans are underway to swiftly deploy the funds within the system to provide additional investment in critical areas such as workforce, home care and care home placements. To provide further assurance a joint NHSE, NHS Kernow and Cornwall Council meeting was held on Wednesday 14 November to discuss the additional funding. NHSE agreed with the outline proposals and also took the opportunity to confirm their positive view of the way in which partners and stakeholders are working together on winter planning and provision within Cornwall and the Isles of Scilly.

4.2 Continuing Healthcare (CHC)

The general manager for CHC has joined NHSE from November 2018 on a six month secondment as Transformation and Improvement Lead CHC (South). This is a great opportunity for NHS Kernow to not only share local success but also to actively be involved in NHSE's future planning and improvement programme for CHC.

The CHC management team is developing a service performance score card detailing the national key performance indicators alongside local performance indicators and quality indicators which will be included in the CCG quality framework. The CHC team continues to make steady progress with the quality premium requirements for the number of decision support tools completed in an acute setting and the number of decisions made within 28 days.

The CHC team continue to work within the strategic improvement programme collaborative testing and reviewing new models of delivery and offering professional feedback to the collaborative thereby influencing national change.

4.3 Personal Health Budgets (PHB)

PHBs are being embedded in the NHS CHC strategic improvement programme operating models and national framework best practice guidance. A further NHS mandate has instructed that PHB will be the default operating model in NHS CHC funded home care from April 2019.

An internal PHB audit highlighted areas of development as the historic PHB financial validation coupled with a backlog of reviews could be leading to significant financial risk for the CCG and the awarding of new PHBs was ceased. An audit project plan was commenced and all 19 actions have now been completed and evaluated by NHSE. NHSE has provided assurance that the quality and robustness of the new processes and is supportive of our potential to re-start offering PHBs as soon as the workforce is in place. TIAA has completed the final review of the audit and it is anticipated this will enable the CCG to reopen the ability for people to access PHBs.

In order to achieve the PHB national roll out and support the 19 cases on the waiting list additional workforce is required to support this initiative. This is due to the extra time that will be needed to complete each PHB. Existing PHB staff are attending all appropriate training sessions offered by NHSE in preparation for roll out in April 2019.

5. Urgent and emergency care

5.1 Improving emergency care leadership forum

On the 1 and 2 November a team of eight colleagues from Cornwall and the Isles of Scilly attended an event in Bristol. The team comprised representatives from Cornwall Council, CFT, RCHT and NHS Kernow.

The event was organised and hosted by NHS Improvement. The first day consisted of presentations in relation to a number of areas including frailty and reducing long lengths of stay in hospital. The second day covered a series of case studies with a focus on streaming, acute elderly care, reducing long length of stay, system triggers and social care. However, possibly the greatest benefit for the team was protected time to review the winter plan and wider capacity plans for CloS and with other health systems in the South West.

The next steps for the system following this event are for the team to undertake a debrief meeting with the intention of developing a regular systemised approach to working together in order to take forward initiatives and complement the good work already under way.

5.2 Multi-Agency winter planning workshop: 8 November

On the 8 November colleagues from across the system came together for a workshop session to test preparedness for winter in each partner organisation and the completeness of the system wide winter plan.

The session highlighted a number of strengths in acute and community hospitals, primary care and the wider community including the voluntary sector; along with suggested additional actions and contributions to further increase resilience through multi-agency working and support between colleagues.

5.3 Royal Cornwall Hospitals Trust planned visit: 26-28 November

Following the risk summit on 5 October, NHSE and Improvement were planning to visit RCHT over three days (26-28 November). However, on the basis of ongoing improvement work and attendance at the multi-agency winter planning workshop, it has been agreed to stand down this visit. The regulators commended the approach taken to winter planning at the workshop and the actions in place to mitigate key risks that occur in winter.

6. 2019/20 operational plan

Clinical Commissioning Groups are required by NHSE to produce an operational plan for next year. NHSE and NHS Improvement have jointly provided preliminary guidance with more detailed guidance to follow.

6.1 Timetable

NHS Kernow is working to the following national timetable:

14 January	An initial plan submission that will be focussed on activity and efficiency (CIP/QIPP) planning with headlines collected for other areas
12 February	Draft 2019/20 organisation operating plans
19 February	Draft aggregate system 2019/20 operating plan submission and system operational plan narrative
5 March	2019/20 contract/ plan alignment submission
4 April	Final submission 2019/20 organisation operating plans
11 April	Final aggregated 2019/20 system operating plan submission and system operational plan narrative
Summer	Systems to submit five year plans signed off by all organisations

6.2 Key points to note from the guidance so far

- The direction for local plans will be set by a ten year NHS long term plan to be published in December
- NHS Kernow is being asked to produce a local five year system plan
- The 2019/20 operational plans will be year one of the five year plan
- Five year commissioner allocations will be announced
- Whilst each organisation still has to produce an operational plan for 2019/20, NHS England and NHS Improvement are also asking for a local system operational plan narrative for 2019/20
- There is an emphasis on commissioners and providers working together on demand and capacity modelling to inform plans that are stretching but deliverable
- There is also an emphasis on the importance of workforce planning

6.3 Key elements of our approach as a system

- There will be an agreed set of strategic objectives to inform all plans
- The shared financial framework will continue to underpin our approach
- Work is underway to jointly understand demand and capacity across the system