

Meeting of the Governing Body

Summary sheet

Date of meeting: 1 December 2020

For: Public session (Part 1)

For: Information

Agenda item: Directors update

Author(s): NHS Kernow directors

Presented by: Helen Charlesworth-May, chief officer

Lead director/GP from CCG: Helen Charlesworth-May, chief officer

Executive summary

The Directors' update is a regular feature of each Governing Body meeting. It is intended to ensure that members are aware of key areas of work happening within NHS Kernow and with partners. The report focuses in particular on highlighting emerging issues and significant developments that are not otherwise covered on the agenda.

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

The Governing Body is asked to:

1. Note the information included in this briefing, much of which is helpful context for formal papers on the agenda.

1. Primary Care

The primary care team continues to work closely with general practice to support them during the pandemic and the full range of services continues to be provided to people across Cornwall and the Isles of Scilly. There have been no practice closures from COVID-19 outbreaks but staffing levels (both clinical and non-clinical) have been affected and demand on services has increased. Practices now offer a range of access options including telephone, video and online consultations to reduce the risk of infection during the pandemic. Where face-to-face appointments are necessary they are offered with infection control measures in place.

1.1 Flu vaccination

The flu vaccination programme is well underway with practices offering vaccinations in different ways such as drive through facilities or carefully managed clinics in surgeries or larger venues. NHS Kernow is currently achieving approximately 58% of over 65s being vaccinated. National additional funding has been released to support general practice and can be claimed for additional venue hires (plus associated costs) and additional fridges or mobile cold storage.

1.2 Mevagissey surgery

The surgery has now migrated to a new clinical system in line with the other St Austell Healthcare sites. This has meant even further improvements to the care of patients. The surgery has been pressing ahead with the ongoing review of long term conditions and is making significant improvements. The engagement process regarding the current closure of the Gorran Haven branch surgery is due to begin and will provide local people with an opportunity to feed into the final decision about how they access local health care.

1.3 Primary care network development

Primary care networks (PCNs) are back on track with recruitment to additional roles funded through the Directed Enhanced Service (DES). Workforce plans for each area have recently been submitted, which will boost those working in PCN teams to support people in the community. NHS Kernow is working more closely with wider PCN teams including community nursing, social care and the voluntary sector. Closer integration brings with it a more efficient workforce and we will continue to build on this at PCN and Integrated Care Area level over the coming months.

The latest update on the PCN DES has been released and introduces three substantive changes to the 2020/21 Network Contract DES:

- flexibility for the clinical lead under the enhanced health in care homes service requirements to be a non-GP;

- the introduction of two new reimbursable roles under the additional roles reimbursement scheme (ARRS); nursing associates and trainee nursing associates;
- introduction of the Investment and Impact Fund (IIF) worth £24.25m nationally. The IIF will operate in a similar way to the Quality Outcomes Framework (QOF), with PCNs having a range of indicators they can work towards, one of which is the percentage of 65+ who received a seasonal flu vaccination (lower threshold 70% and upper threshold 77%).

1.4 Primary care prescribing

The medicines optimisation (MO) team have met with most of the practices and agreed the work plan. With business planning and performance group support, we are now progressing with obtaining Eclipse Vista, a programme which provides access to hospital/ secondary care data including in patient, outpatient, and SWAST. This will support our work on targeting patients, risk stratify and support population health management work. The MO Programme Board has approved a further 3 protocols to support this work.

More practices are engaged with the electronic prescribing system (EPS) and electronic repeat dispensing (eRD) and figures show increases in both EPS items and eRD items month on month. OptimiseRx continues to be reviewed by Heidi Campbell (Pharmacist in the Meds Optimisation Team), strengthening the content as seen by increased acceptance rates (now 25%). More practices are working with OptimiseRx following recent migrations.

NHS Kernow costs per weighted patient are below the England average, and the prescribing costs growth rate is below similar and neighbouring clinical commissioning groups (CCGs), albeit higher than the England average growth rate.

2. Continuing healthcare update

The Hospital Discharge Service: Policy and operational model was published on 21 August 2020. The phase 3 COVID-19 response confirmed the requirement for continuing healthcare assessments of eligibility to be restarted from 1 September 2020. We are on track to complete deferred assessments by March 2021 when funding will cease.

Short term additional funding has been provided to help cover the cost of post-discharge recovery and support services, rehabilitation and reablement care for up to 6 weeks following discharge from hospital.

The CHC and Adult Social Care summer plan ceased at the end of September 2020. The majority of CHC staff has returned to business as usual. The CHC team are

now operating in line with the Hospital Discharge Service Policy and Operating Model to assess people outside of hospital within the community for long term care.

With regard to appeals, the local resolution process continues, supported by virtual local and independent review panels where appropriate.

Care home uplifts are being completed for those providers who have returned a signed contract variation for 2020/21.

We are developing joint working with the local authority CHC Lead to reintroduce CHC processes, deliver further training, and use trusted assessor models and virtual MDTs. Workforce risk and capacity is being reviewed.

Joint working with the Council continues reviewing contracting and commissioning arrangements.

3. Better Care Fund (BCF)

Work has progressed to reset the governance around the integrated commissioning group which manages the BCF. The membership has been extended to include commercial services in the Council and procurement in the CCG and a joint audit of the Section 75 has been completed, which sets out an action plan for all S75 funds. A task and finish group will be set up to implement the actions from the joint audit.

Meetings to discuss the future funding of the Generic Support Worker (GSW) contract from 1 April 2021 have started. The letter of comfort issued last year has set the notice for the current contractual arrangements to end 31 March 2021. However, work is underway to complete the Cornwall and Isles of Scilly workstream through the Embrace programme and it is expected that the early trial will inform future design of a joint STEPS reablement and GSW service.

These residual funding issues in this year's BCF funding, as below, have all been discussed through the Integrated Commissioning Group.

1. Supported living service (SLS) cohort
2. Equipment
3. Carers
4. GSW

A financial risk remains against the SLS cohort in year, all other risks have been resolved in year. A 'disputes resolution' meeting has taken place, to address the SLS historical and in year pressures, during November.

4. Care Homes

The joint care homes procurement has restarted and is going through the governance processes for both organisations at present.

5. Home Care

A review of Discharge to Assess (D2A) arrangements in Cornwall and the Isles of Scilly highlighted the opportunity to utilise the greater D2A response this winter. A 'surge plan' to deal with wave 2 and potentially Wave 3 of demand before the end of the financial year has been developed and Governing Body agreement secured to implement and refine the plan. The reablement provider, Corcare, progressed recruitment of additional reablement workers at risk during October and early November and has been able to expand its capacity to support pressures manifesting through hospital discharge. Further work to model the future orders for home care post D2A services is underway. The joint dynamic purchasing system (DPS) Home Care provider market is working together with the support of the Council and the proud to care campaign to attract new staff to fill vacancies and address unmet demand through the DPS.

6. Mental health, learning disabilities and autism update

6.1 Peer support worker trailblazer opportunity

Health Education England (HEE) invited regions to identify potential trailblazer sites in 2020/21 to appropriately recruit peer support workers (PSW) and supervisors and deliver a relevant education programme which embodies the national competence framework for PSWs in mental health published in September 2020.

NHS Kernow, Cornwall Partnership Foundation Trust (CFT) and Cornwall Voluntary sector forum partners worked together to develop a successful expression of interest to become a trailblazer site. Implementation of the scheme has started. HEE will provide a financial contribution to the education costs, salary support and supervision costs and the scheme will be evaluated nationally to inform the national roll out.

6.2 Proposed winter pressures schemes for mental health

Work continues in relation to winter pressures schemes, with areas of focus currently including:

- Extension of the current crisis offer delivered by valued lives to increase the mobile crisis café provision to 24 hours per day, 6 days a week in two locations at any one time in the county, to support the in and out reach service at RCHT.
- In/out reach link worker for Cornish residents in the east who present in crisis at Derriford hospital delivered by Cornwall Mind.

- Mental health practitioners co-locating with primary care settings in the east of the county to support primary care as a 'community alternatives' approach to work 'upstream'.

6.3 Learning disability mortality (death) review programme

Current priorities include:

- Development of a short campaign to raise awareness of 'Flu Jabs among people with learning disabilities, their families and care providers.
- A pilot project, funded by NHSE, of peer quality checking for individuals in out of area hospitals. This will be available to all 7 individuals with learning disabilities and autism who are placed in out of area hospitals.
- Focussed work on the application of treatment escalation plans for people with learning disabilities in primary and secondary to ensure best practice is adhered to.
- Review of increase in local bed usage and reduction in out of area bed usage for people with learning disabilities and autism requiring inpatient treatment.

7. Nursing and Quality

7.1 Infection prevention and control (IPAC)

Complexities with the flu programme continue as previously reported. The increased profile is highlighting fragmentation and weaknesses in whole system data availability inherent in the commissioning design of the national programme.

Avian flu outbreaks have been reported elsewhere in the region and local plan requirements have been described by Public Health England (PHE), and assurance requested as urgent, by NHS England/Improvement

Outbreak management workload has increased. There is good collaboration between the local authority public health team who are supporting the control of non-NHS related outbreaks, and the Royal Cornwall Hospitals Trust (RCHT)/ Cornwall Partnership Foundation Trust (CFT) teams who are managing NHS related outbreaks. The new RCHT/CFT combined infection prevention leadership is providing a clear and standardised approach.

Recruitment to provide an IPAC resource to primary care is progressing well and interviews will have taken place ahead of the Governing Body meeting.

8. Sedgemoor centre

As previously advised, NHS Kernow Clinical Commissioning Group agreed not to renew the lease on its current head office. The office is located within the Sedgemoor Centre in St Austell.

In response to COVID-19, many staff are working flexibly, including working from home. We anticipate we will make further changes to the way we work, with the development of COVID-19 vaccines. However, we do not believe we will require the same kind of office accommodation in future.

In response to COVID-19, we have adopted more agile ways of working, including working from home. Even when we can return to more office working, we do not believe we will require the same kind of office accommodation in future.

We will move out of Sedgemoor on 31 December 2020.

NHS Kernow will have six offices locations spread across the county. These are:

- Peninsula House Saltash,
- Daramoba House Liskeard,
- Truro Health Park
- Cudmore Centre Truro,
- Praze an Beeble Health Centre, Camborne.

In the short term our main point of contact will be Penwinnick House in St Austell. We have agreed to an initial 12 month license.

January's Workforce committee meeting will receive a paper with more detail on the type of accommodation we believe we will need in future. Each week we use half of the capacity in each of our buildings.

We continue to talk to staff about their office requirements. This includes how we want to work in future.

The termination of Sedgemoor lease will save us £600,000 annually. This is in addition to a £80,000 saving in 2020/21.

9. NHS Kernow's improvement and assessment framework rating published

NHS Kernow Clinical Commissioning Group's annual improvement and assessment framework rating was published on 24 November. It follows an assessment by NHS England and Improvement against a set of key criteria. NHS England and Improvement have a legal duty to assess our performance. This gives us an

assessment against the indicators in the NHS Oversight Framework. The assessment considers:

- financial performance
- the quality of leadership
- performance against 48 indicators related to the NHS Constitution
- core performance, health outcomes and transformation objectives

The CCG retained its green rating for the quality of our leadership. Following a robust assessment, the CCG also retained its green rating in relation to its compliance with statutory guidance on patient and public participation in commissioning health and care. The CCG received an overall rating of **requires improvement** as a result of its end of year financial position. This is a lower rating than last year.

Last year, NHS Kernow made the decision to hold the system's financial risk within its budget. This risk totalled £8.2million. This was done with the full support and approval of NHS England and Improvement, but is now reflected in a lower rating. We stand by our decision. We believe it was the right thing to do for our health partners and the people with support. This approach enabled the NHS to improve patient care. For example, we:

- spent £3.3m in orthopaedics to stop people waiting 52 weeks
- invested £0.5m to improve people's recovery after a stroke
- recruited more staff to work in maternity, neonatal, paediatrics and the emergency department
- increased intensive care beds
- purchased new ambulances to improve response times
- improved the support and care available for
 - children, adults and new mothers with mental health problems
 - people with autism at risk going into hospital

We think our decision is part of the reason we retained our leadership rating.

We know there is more for us to do to better manage our finances. In recent years, we have made improvements. We have put robust approaches in place to help us do this.

We will work with our health and care partners to improve further. We are focussed on the areas which will make the most difference. If we continue to work in this way, we will modernise services. We will also deliver services which we can sustain financially.