

Meeting of the Governing Body

Summary sheet

Date of meeting: 1 December 2020

For: Public session (Part 1)

For: Information

Agenda item: Minutes of the extraordinary Governing Body meeting held on 17 November 2020 and the minutes of the Governing Body meeting held on December 2020

Author(s): Trudy Corsellis, board secretary and Samantha Cox, PA to chief finance officer

Presented by: Governing Body chair

Executive summary

The minutes of the Minutes of the extraordinary Governing Body meeting held on 17 November 2020 and the minutes of the Governing Body meeting held on December 2020 along with the updated action grid are presented for accuracy and approval.

Meetings of the Governing Body for NHS Kernow Clinical Commissioning Group are held in public and a record maintained of proceedings in accordance with the requirements of the Constitution. Minutes are presented for agreement of accuracy and the Action Grid is presented to satisfy the Governing Body that appropriate progress has been or is being made.

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

The committee is asked to:

1. Approve the minutes as an accurate record of the minutes of the extraordinary Governing Body meeting held on 17 November 2020 and the minutes of the Governing Body meeting held on December 2020
2. Consider progress to complete actions and either agree that satisfactory progress has been or is being made, or designate further action.

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

Minutes of the Governing Body meeting

1 December 2020
10am
Microsoft teams

Members

- Dr Iain Chorlton, chair
- Chris Blong, lay member for governance and vice chair
- Clare Bryan, chief finance officer
- Helen Charlesworth-May, joint chief officer
- Natalie Jones, chief nursing officer
- Andrew Abbott, director of primary care
- Dr John Garman, GP member
- Dr Francis Old, GP member
- Dr Paul Cook, GP member
- Dr Deryth Stevens, GP member
- Dr Judy Duckworth, GP member
- Dr Rob White, GP member
- John Yarnold, lay member for fiscal management
- Dr Matthew Hayman, secondary care clinician
- Nikki Kelly, lay member for patient and public involvement
- Rachel Wigglesworth, director of public health (Interim) Cornwall council

Attendees

- Sally Turner, chair of citizens advisory panel
- Trudy Corsellis, board secretary
- Sam Cox, PA and minute taker
- Kate Mitchell, programme lead
- Jonathan Price, Cornwall council
- Mrs Fiona Field and Mr Martin Bassett, adult safeguarding board
- John Clements, children's safeguarding board

Apologies

- Melissa Mead, lay member for primary care and prevention

Minutes from the meeting

Item GB2021/089 Welcome and apologies

Dr Chorlton welcomed everyone to the meeting and reminded Governing Body members of their obligation to declare any interest they may have on any issues

arising at committee meetings which might conflict with the business of NHS Kernow. Declarations made by members of this meeting were circulated with the agenda and supporting papers. The full declaration of interest register is available via the Corporate Governance Team.

The quarterly gifts and hospitality register was received for information.

Item GB2021/090 Questions from members of the public received in advance of the meeting

Dr Chorlton noted there were no questions submitted in writing prior to the deadline, however, there had been two questions relating to the Edward Hain community hospital. The answers to the questions submitted are appended to the minutes.

Item GB2021/091 Children's safeguarding board annual report

Dr Chorlton welcomed Mr John Clements, independent chair of the children's safeguarding board to the meeting.

Mr Clements noted child safeguarding is a key responsibility for NHS Kernow and over recent years it has overseen significant improvements in the quality of child safeguarding within health organisations that support the children and families of Cornwall and the Isles of Scilly. The annual report provided an overview the key issues for child safety current, how child safeguarding is affecting NHS Kernow and how NHS Kernow can further support the work to help and protect children.

Mr Clements noted he had been in post for 6 years and Mrs Jones had been a partner for a majority of that time. As such strong relationships have been fostered.

The work of the partnership has been impacted by COVID-19 and as a result some partners had to reprioritise their focus slightly. However, child safeguarding has been continual and a clear priority across all organisations. There has been an increased awareness and improvement in the recognition of child sexual abuse, but we are now seeing a rise in child exploitation cases which is being reviewed as well as the need for more work with adolescents.

Our safeguarding children partnership (OSCP) has developed a 3-year strategic plan, covering the period 2019 – 2021. The key areas identified are as follows;

- Child exploitation
- Neglect
- Emotional wellbeing and mental health
- Domestic abuse
- Child sexual abuse

There is strong partnership working across Cornwall and an outstanding workforce whose commitment, especially over the past 9 months, has been outstanding. A review of system working with RCHT and CFT will be completed next year and a report submitted, however the initial signs are very positive.

Mr Clements thanked the Governing Body for their continued support to enable more doors to open and for different ideas to emerge.

Dr Chorlton commented the report was positive, adding safeguarding is everyone's business with no margin for complacency. This is a positive report building on strong relationships established across Cornwall.

Mrs Nikki Kelly commented on the child exploitation and gang element and would be interested in supporting the preventative work in the areas that have not had as much gang and knife crime and developing best practice in different engagement methods in terms of prevention.

Mr Clements noted there was a group that reviews child exploitation and works with adult social care. Mr Clements and Mrs Kelly to discuss offers of help outside the meeting.

Mrs Jones noted in wave one of the pandemic, the safeguarding team were redeployed to work with providers. This move has reaped benefits and the team have been able to meet virtually every day. Although of the team have since returned to NHS Kernow, the support continues and as a result of this success as looking to work with a nurse in the local authority to further integrate and include in daily discussions.

Dr Chorlton thanked Mr Clements for the informative report.

Action: Mrs Kelly to contact Mr Clements following the meeting.

Item GB2021/092 Minutes/action grid of Governing Body meeting on 4 August 2020

The minutes of the Governing Body meeting held on 6 October 2020 were presented for accuracy. The minutes were approved and signed as an accurate record of the meeting subject to the following amendments:

- Dr Judy Duckworth attended the meeting.
- Mr Andrew Abbotts title to be amended to director of primary care
- Mrs Sally Turner attended the meeting. Mrs Turner advised following a successful citizens advisory panel meeting she had agreed to stay as chair of CAP until March 2021.

The action grid was reviewed and updated.

The minutes of the Annual General Meeting (AGM) held on 1 September 2020 were received for accuracy. The following amendments were required:

- Amend the footer to read September instead of November
- Item GB2021/066 amend to read: Instead the CCG then applied to become joint commissioners with NHS England/Improvement

The revised minutes will be presented to the next AGM meeting in September 2021 for approval.

Item GB2021/093 Chairs update

Dr Chorlton noted the prospect of not one but three COVID-19 vaccines was a positive step, noting there are designated leaders and clinicians engaged with the mass vaccination process in the near future, including primary care networks and main providers. This will be the most important public health measure for a generation. Dr Chorlton advised Mrs Rachel Wigglesworth had joined the national call regarding the vaccination process and may be able to provide further details later in the meeting.

Clinical leadership: As part of the development session held in November 2020 a facilitated discussion took place around the future of clinical leadership and the evolving governance of an integrated care system. Following an NHS England and NHS Improvement Board meeting on Thursday 26 November 2020, a decision was made to progress the formalisation of a potential legislative change to integrated care systems (ICS) and CCGs. An engagement period has been established with an end date of 8 January 2021. There is an expectation that CCGs will transition to ICS' and Dr Chorlton wished to reassure CCG staff that all but senior leaders will have their employment protected. Dr Chorlton and Mrs Charlesworth-May have written to staff. Dr Chorlton noted clinical leadership remains an essential part of integrated care and as such requested that Dr Rob White's term of office be extended to June 2021 in his current role to aid stability during any transition.

Recommendation: Governing Body members agreed to extend Dr White's contact to June 2021.

Integrated care system: Dr Chorlton advised the recruitment process for the system executive lead and CCG accountable officer role has been paused. The shortlist applicants have been kept informed and the process will recommence as soon as possible.

Sedgemoor centre: During the pandemic, staff have been working from home and when necessary, working remotely. The lease at Sedgemoor has now ended and although the CCG retain office space at Saltash, Liskeard, Truro and Praze an

Beeble, it will be necessary to maintain a registered head office and interim arrangements are in place for a site at St Austell.

Dr Chorlton confirmed he would be stepping down as Chair of NHS Kernow at the end of this financial year and that February would be his last Governing Body meeting. A letter has been sent to all staff and member practices

Item GB2021/094 Director's update

Dr Chorlton expressed thanks to Mrs Charlesworth-May and the team for the Directors update which illustrates the breadth of work being undertaken.

Mrs Charlesworth-May noted the report was a lengthy and comprehensive report, demonstrating what the teams have been dealing with in response to the pandemic and was an exemplar on how dedicated everyone has been during this period.

Mrs Charlesworth-May noted the ICS engagement process had started and discussions were underway. As the deadline is 8 January 2021 all consultations will take place virtually given the tight turnaround. Governing Body members will be provided with details in order to engage with the process and the system leaders board are considering how to share the details with staff. There were two options shared in the report.

Mrs Charlesworth-May noted everyone was taken by surprise when the details were shared and felt the messaging could have been managed in a more cohesive manner to avoid causing concern for staff as many have interpreted the consultation in relation to their own roles. However, the guarantee of employment for most staff in CCGs was seen as a positive as there is more than enough work to do. Work will commence now to ensure staff are supported in the transition from one organisational form to another.

Sedgemoor: As Dr Chorlton noted above, the decision has been taken to give notice on the lease of Sedgemoor Centre, which will provide a considerable annual saving. A 12 month lease has been signed at Penwinnick House, St Austell to enable continuity of office space for those staff based in St Austell and the surrounding areas. Staff also have access to a number of other buildings and the CCG has arrangements in other buildings used exclusively, but not to capacity. As a result, over the next 12 months a review will be taking place to consider how the CCG operations in the future once we are no longer in pandemic response mode. The announcement from NHS England and NHS Improvement does potentially affect plans, but there is time to make informed decisions ensuring staff are kept abreast of changes.

NHS Kernow's improvement and assessment framework rating: NHS Kernow's rating was published on 24 November 2020. This follows an assessment by NHS England and NHS Improvement against a set of key criteria. The CCG received a rating of requires improvement, which is a step back from the good rating received

last year, but relates to the collective decision for the CCG to hold the system's £8.2m financial risk with its budget. This is disappointing news as the CCG was assured there would not be an impact on the rating. However, the decision about the financial risk sitting with the CCG has contributed to RCHT being able to progress out of special measures and CFT have maintained their rating.

Mrs Sally Turner asked if there was an update on discharge to access (D2A).

Mrs Charlesworth-May noted there had been some improvement. Dr Chorlton referenced an emergency Governing Body meeting that has taken place on 17 November 2020 where members agreed additional bed capacity to come on-line to support surge planning for December and January 2021.

Dr Chorlton thanked Mrs Charlesworth-May and the directors for the report.

Item GB2021/095 Safeguarding adults board annual report

Dr Chorlton welcomed Mrs Fiona Field and Mr Martin Bassett to the meeting. Mrs Field advised Mr Bassett is the new interim Business Manager for the safeguarding adults board (SAB).

Mrs Field noted writing this year's annual report and looking at 2019/20 seemed like a very long time ago. She advised the coronavirus pandemic has had devastating effects on our society in many ways, both for individuals and their families, as well as across employment and businesses local. We expect there may be an increase in the number of safeguarding adult reviews that may be needed to learn lessons from events during the pandemic. Recovery from the pandemic will take time and as a SAB, we will continue to support our local partnership in order to achieve a safe transition from pandemic and lockdown to a supportive society for vulnerable adults. The new 2020-2023 strategy will set out the development and delivery of a quality assurance framework to ensure our partner agencies are held accountable and are required to provide data/evidence to reassure the SAB that they have effective and responsive policies/procedures in place for safeguarding and promote positive outcomes for individuals.

The focus of our partnership and strategy remains to safeguard and promote people's independence, while listening to their experiences and their outcomes and to constantly improve the Health and social care services for the people who live in Cornwall and the Isles of Silly

Highlights from the report:

- The safeguarding adults board (SAB) includes 3 statutory members: NHS Kernow, Devon and Cornwall Police and Cornwall Council as per the Care Act 2014. Additional board members include representation from the CQC, Healthwatch and Falmouth University, amongst other organisations.

- The safeguarding adults review (SARs) and learning reviews have been completed for 2019/20. Group learning events have been held with staff and managers to identify local improvement actions. Lunch and learn events took place, videos were produced about self-neglect and being a volunteer during the pandemic, a multi-agency learning and competency framework and performance framework developed as well as a joint website with the children's partnership board to name a few.
- A multi-agency learning framework has been developed for Cornwall and the Isles of Scilly.
- The engagement tool kit continues to be used across the system with positive feedback received from Cornwall Council who have used it for their freshers week in September 2019 and is planned to be rolled out nationally. There is also joint working taking place with the children's partnership around drugs, alcohol and county lines.
- The 3 year strategy ended in July 2020, and a new plan for the next 3 years has been developed with 5 new strategic priorities for 2020 to 2023:
 - Exploitation of young adults
 - Neglect and hoarding
 - Domestic abuse and the whole family approach
 - Mental health and the Mental Capacity Act
 - The impact of coronavirus on safeguarding and vulnerable adults

Safeguarding concerns have increased by 230% as people are more aware about raising issues concerns for adults than in previous years, but not all concerns turn into a full enquiry. Most abuse happens at home, followed by care and residential homes and the SAR are looking to significantly reduce this number. The highest reported cases of abuse are physiological and neglect.

Mrs Field noted Falmouth university is keen to be more involved in the health and wellbeing of their 7,500 students and to engage with commissioners to the types of support available with health providers.

Mrs Field expressed thanks to Mrs Jones and Mrs Charlesworth-May for their support as well as to Mrs Nikki Thomas who had provided input to the annual report.

The annual conference that was due to take place in April 2020 had to be cancelled due to the pandemic, but will be rescheduled. The theme of the conference was prevention – working in partnership with people to keep adults safe. The conference will be rescheduled at a later date.

Dr Chorlton thanked Mrs Field for her report.

Item GB2021/096 COVID-19 update

Dr Chorlton welcomed Mrs Rachel Wigglesworth to the meeting.

Mrs Natalie Jones advised the county remained in a level 4 incident with a nationally led response for which NHS Kernow has to respond within 15 minutes from 8am to 8pm, 7 days a week.

Flu: People are being encouraged to have the flu vaccine, which will help with the roll out of the COVID-19 vaccination.

Brexit: Plans are being reviewed as there is a very little time between now and the transition period. A national request has been made not to stockpile locally.

Lateral flow testing will take place for staff twice weekly. Mrs Wigglesworth noted as part of the national strategy, this will include university students and visitor testing in care homes. Cornwall is in Tier 1 and have not been prioritised for the local test kits. Those who are in Tier 3 have been prioritised for more targeted tested but plans are being developing for when the kits are readily available.

Mrs Clare Bryan advised NHS Kernow has been identified to take place in an audit for COVID-19 claims made in the first 6 months of the financial year. As part of the national approach to reimburse all COVID-19 costs, NHS England/Improvement will now be carrying out a small number of audits to confirm the legitimacy of these claims. Mrs Bryan did not have any concerns regarding the audit.

Dr Rob White asked for clarification on the rollout of the COVID-19 vaccine as there appeared to mixed messages. Mrs Jones advised cohorts had been identified for the initial phase and primary care had been asked to identify designated specific sites for the vaccine to be delivered, noting clinical trials were still underway for the Pfizer and Astra Zenica vaccine. Mrs Jones noted the Pfizer vaccine would be for front line staff, health care workers (including social care and anyone who has patient contact) and would be given at mass vaccination centres and hubs due to the way the Pfizer vaccination is delivered and required to be stored and a follow-up booster required.

Older patients in care homes and those over 80s will be vaccinated using the Astra Zeneca vaccine using primary care.

Due to the pace of this work, there are still some elements to be clarified, however there are a lot of people working very hard to deliver this vaccine on our behalf.

A recruitment drive for vaccinators is taking place and an item has been added to the weekly staff bulletin. Should Governing Body members wish to offer their assistance, please contact Dr Judy Duckworth after the meeting.

Item GB2021/097 Edward Hain hospital

Mrs Kate Mitchell and Dr Neil Walden, clinical lead joined the meeting at 12.00hrs.

Mrs Mitchell noted the paper submitted was an updated version of the report submitted to health and adult social care overview and scrutiny committee (HASCOSC) on 25 November. Members were asked to review and feedback on the process followed and the way in which the needs and experiences of local people gathered through the co-production and local engagement has shaped the emerging model of care in Penwith. There are no substantial changes to the report, but it does contain minor updates to reflect the discussions that occurred at the scrutiny committee and NHS Kernow's finance and performance committee.

The main focus of the report is the Edward Hain Community Hospital review and engagement project. The 12 beds at Edward Hain Community Hospital were temporarily closed in 2016 due to fire safety concerns. Based on historical activity, the hospital has capacity to support 220 people in beds per year. The hospital has not been a resource for the sole use of people from St Ives. Based on historical usage of the beds, an average of 64% of people (140) a year have been Penwith residents with 42 of those (19%) being registered to Stennack GP Surgery in St Ives. The remaining 36% (80) people admitted to the hospital would have come from outside of Penwith. Community clinics have continued to run from the hospital 2 days a week.

Robust and thorough engagement has occurred to develop, appraise and evaluate options for the use of the hospital. This work has now concluded. A community stakeholder group (comprising people who live and work in Penwith) were involved in each step of the process which has determined that Edward Hain Community Hospital is not viable or safe to deliver health or care provision. The Governing Body endorsed a proposal to conduct a 4 week period of wider public engagement at the October meeting to enable those who had not had an opportunity to, to feedback on what the outcome of the evaluation would mean for them. This additional engagement has concluded and 102 items of feedback were received.

Mrs Mitchell explained she and Dr Walden presented the findings of the engagement to members of the HASCOSC, and a lengthy debate was held. Councillors stated their recognition of the robustness of the process and level of engagement undertaken. They supported the move to a more community based model of care and the strengthening of the service offer from West Cornwall Hospital. There were concerns about the lack of community hospital beds in Penwith, especially whilst the new model of care in Penwith was still in development. The HASCOSC members endorsed the recommendations being made to the Governing Body that Edward Hain Community Hospital is not viable for health and care provision.

There has been local and regional clinical endorsement for the Penwith model of care, including seeking and gaining assurance from NHS Kernow's finance and performance committee on the process and recommendations.

The engagement period has now ended and the long list of options appraised and short listed. The short-listed option was to reopen the 12 inpatient beds and continue with the existing community clinics in a refurbished clinical environment. This option was formally evaluated against 21 criteria that had been determined with the community stakeholder group. The conclusion and recommendation from the formal evaluation process is that Edward Hain Community Hospital is not viable or safe for health and care provision.

It was acknowledged that Edward Hain Community Hospital is important to the community, to the Edward Hain family and to the memories of those people who have been cared for in the hospital.

Dr Neil Walden reemphasised the new model of care that is based on what the community have told us they want, focussing on care closer to home. These conversations and developing the local model of care have occurred over the last couple of years. The Embrace Care Programme told us a lot about appropriate use of hospital beds and community services. Current work builds on those findings. There are strong networks in Penwith to have these discussions with representatives of the local community.

Dr Walden described how services have significantly changed since the Edward Hain Community Hospital beds were first temporarily closed due to fire safety concerns. More people receive rehabilitation and reablement in their own homes. Healthwatch Cornwall gathered data in 2019 that showed people preferred to die at home surrounded by their families rather than being in hospital. A recent survey completed by Stennack surgery in St Ives identified that of those who chose to, 94% of expected deaths were able to be supported to die in their own home or a care home rather than needing to go into a hospital. This is extremely positive.

West Cornwall Hospital (WCH) was acknowledged as a significant asset for Penwith and west Cornwall residents. The new community assessment and treatment unit at WCH had seen more than 600 attendances from the community since it started in April 2020. Furthermore, 70% of these people admitted were discharged straight home which avoided people needing to go to Royal Cornwall Hospital in Truro. WCH is therefore able to provide more services including step up and step down support for west Cornwall residents. WCH's length of stay has also considerably reduced in the 3 years since Edward Hain Community Hospital beds were temporarily closed which means more people are able to be seen there.

Dr Walden also stated that the Embrace Care Programme has shown that increasing access to home reablement will allow people to come out of hospital quicker and can reduce the chances of people going into hospital in the first place.

Following the HASCOSC meeting, confirmation has been received by Cornwall Council that a new 28 bedded care home in Penzance will be opened to receive its first residents in January 2021. This will provide 28 beds, commissioned as discharge to assess beds. Discharge to assess beds are for when people in an acute hospital bed no longer need to be there, but they require some care services to be provided with short term, funded support to allow them to be discharged to their own home (where appropriate) or another community setting. It is expected in time that the beds will provide specialist care for people with dementia and complex needs.

Mrs Charlesworth-May was clear that a new private care home was not a replacement for an NHS community hospital as the beds perform different functions. The care home does however provide an additional 28 beds for west Cornwall.

Dr Matt Hayman stated he was a secondary care clinician working in Devon and independent to an extent of the Cornwall context. He was impressed by the paper and the work carried out on this review and engagement. He reinforced the message that care in people's own home is preferable to bedded care where possible. Care and reablement delivered in people's own home is vital to recovery. Dr Hayman supported and endorsed the recommendations made in the report.

Mrs Charlesworth-May added that there has been a 21% increase in care at home capacity since March 2020 which is a huge increase and equates to between 6,000 and 7,000 hours. There is recognition that there are still some challenges in some specific areas such as Saltash and Torpoint areas. As part of developing this growth in domiciliary care 50 staff have been recruited into the reablement service to help through the winter. Once the winter has passed, the plan will be able to deploy these staff into long term caring opportunities. This is all part of the model of care to develop more community-based services.

Following discussions and a review of the report, the Governing Body:

- Reviewed the considerable evidence underpinning these recommendations, including the co-production, engagement and evaluation process and outcomes, including the recent, final 4-week phase of public engagement.
- Noted and endorsed the ongoing transformation of out of hospital care in the area since the Edward Hain community beds were temporarily closed in 2016, and how this has shaped final proposals.
- Confirmed that Edward Hain Community Hospital is not viable for health and care provision, and that:
 1. Inpatient beds should remain permanently closed, and the site be no longer used for health and care purposes.
 2. Existing community clinics should be re-located to a St Ives location (Stennack Surgery being a viable option).

3. Penwith Primary Care Network (PCN) continues to develop the local model of care, using feedback as appropriate from the 4-week public engagement process, and in the light of certainty about the future role of Edward Hain Community Hospital.
4. Penwith PCN continues to involve the community with the model of care development through the existing Penwith Integrated Care Forum (PICF).
5. An offer of support is made to PICF to consider how the community would want to celebrate the role that Edward Hain Community Hospital and the Edward Hain family has played over the last century, co-creating an appropriate commemoration with local people and the League of Friends.
6. As the initial step in responding to the Health and Adult Social Care Overview and Scrutiny Committee's third proposal, that the CCG commission the system modelling cell to undertake a review of the overall bedded capacity requirements in each integrated care area. This would take into account the 'non-COVID' position and the development of the model of care in each area.

Dr Chorlton thanked Mrs Mitchell and Dr Walden for their continued hard work on this process.

Item GB2021/098 Governing Body assurance framework

Mrs Corsellis noted that due to capacity constraints the corporate governance team had not produced the GBAF for December. Members last received the GBAF at its August meeting. Audit Committee members were assured the corporate red risks were going through committees as planned and members agreed that an update would be provided to the February Governing Body.

Action: Bring GBAF report to February 2021 GB meeting.

Item GB2021/099 Quality committee chairs report

Dr Paul Cook reported an independent review into the learning from deaths review (LeDeR) has been instigated following concerns raised over findings of an initial LeDeR. The learning and recommendations from the report have been disseminated. NHS Kernow has set up a review of the learning and how it applies to the CCG locally to better inform our procedures. The Quality committee will review again in January 2021.

Dr Cook also mentioned the impact on the vacancy of designated doctor for child safeguarding which CCGs should employ. The recruitment for this post is via RCHT and has been vacant since March 2019. As a result a number of issues have arisen for the named GP for child safeguarding, the designated nurse for look after children (LAC) and other health practitioners. These have been raised at the Quality Committee and recorded on the risk register.

Peer improvement tips for care and health (PITCH). Developed 12 months ago to provide general practice with a central reporting system where concerns can be raised, learning shared and excellence highlighted. The Quality committee have asked the quality team to review the current PITCH to ensure continued commissioner focus.

Item GB2021/100 Quality report

Mrs Natalie Jones noted the quality report focused on staffing and safeguarding. As referenced by Dr Cook above, the designated doctor for child safeguarding position has been vacant since March 2019 and as a result a number of issues have arisen for the named GP for child safeguarding, the designated nurse for looked after children and the other health practitioners across the health economy. This issue has been discussed at length with the medical director at RCHT and a plan has been devised for a different way to fulfil this role and a designated nurse for children and adults will start in January 2021.

Mr Chris Blong added he was the safeguarding champion, working with Mrs Jones and the team who have worked incredibly hard to produce these reports and had been a member of the designated nurse recruitment panel. Mr Blong expressed thanks to Mrs Jones and the team under what have been very difficult circumstances.

Item GB2021/101 Finance and performance committee chairs report

Mr John Yarnold stated the finance and performance committee had met via MS Teams on 25 November 2020. The minutes of the meeting held on 29 September and 27 October 2020 were circulated for information. There were three issues to highlight:

Risk 10676 relating to SLS costs. Due to an unexpected invoice for £1.8m for 2019/20 and recent discussions, the likelihood of being able to resolve this issue has disappeared and as such, the risk scoring will be increased and submitted to the next Governing Body.

There are a number of risks that are being reassigned to the Finance and Performance committee from the Quality Committee as there was little risk of patient harm and as such were thought to still present a performance risk. The committee requested these risks be rescored as currently the risk recorded represented patient harm risk.

The Better Care Fund (BCF) update was received. An amendment was required to the report submitted. The planned elements such as the generic support workers (GSW) for £1,800,000 should read £1,400,000.

Item GB2021/102 Finance and performance report month 7

Mrs Bryan reported month seven is the first month of a change in financial regime. The first six months of the year were on a pass through reimbursement basis recognising the impact and cost of COVID-19, however from month seven, have now moved to fixed envelope with a more business as usual approach and a need to work with partners across the system to manage within the resources allocated. Additional resource for the ongoing covid response based on expenditure from months 1-6 has been received and there are no increased financial risks.

A number of risks have been recognised in the plan including the volatility and uncertainty of the ongoing situation around COVID-19 and Brexit, with provision of medicines from the European markets and an increase of cost a risk, however this will be kept under increased scrutiny in order to try and remain within the submitted plan.

Mrs Bryan noted as part of the submitted plan is a system control total. This means the system has to work together in order to achieve financial targets, as previously each provider would have their own targets. This is an important change and brings both challenges and opportunities across organisations this includes working with NHS partners who are facing material risk around income for non-NHS sources, hospitality, car parking etc. which had decreased during the first wave of the pandemic. The only item outside the financial envelope is the hospital discharge programme which is funded on a pass-through basis and working with local authority colleagues to ensure costs are reclaimed appropriately.

Item GB2021/103 Audit committee

Mr Chris Blong reported that NHS England/Improvement have confirmed with Grant Thornton, our external auditors, that an audit of the 2019/20 mental health investment standard (MHIS) will be required. Confirmation of a start date is awaited but this is likely to be early 2021.

Value for money (VfM). The National Audit Office (NAO) undertook a consultation exercise over changes to the code of practice around what constitutes best value for money (VfM) going forward. It was agreed that a revised approach to VfM should provide improved scrutiny across a wider portfolio and external auditors will now be required to provide commentary across each of the areas specified for review, even if no specific risks or issues are identified. NHS Kernow staff and our external auditors welcome these changes which will enable the annual external audit to be better focussed, provide a more meaningful published report with regard to our stated outcomes as well as written advice and guidance where appropriate.

Winter planning. Karen Kay provided an update to members on this year's winter plan and the detailed powerpoint presentation is available, if required, from Samantha Cox. Key themes included: a system approach to winter planning, a

revised accountability framework, the implementation of key learning from last year and agreement to work to a system-wide winter operating model.

Approval of Audit committee terms of reference. Governing Body members were requested to review and approve the revised terms of reference for the audit committee whilst noting; that the quoracy requirement will remain at two members (unless the committee is able to attract a second GP member to support Dr Francis Old) and there will be not less than five meetings per year.

Decision: The revised audit committee terms of reference were approved.

Item GB2021/104 Primary care commissioning committee

Mr Andrew Abbott noted there are two new draft risks that have been approved as corporate risks by the Primary care commissioning committee, both are digital risks; one relates to GP IT capital and the insufficient capital funding to support the usual GP IT needs of primary care during 2020/21, and the second relates to insufficient capital to provide additional laptops to additional primary care network (PCN) staff recruited under the additional roles reimbursement scheme (ARRS). Whilst practices are being reimbursed for salary costs to grow their workforce, the budget for IT does not increase proportionally, which creates cost pressures.

Digital first primary care: NHS Kernow received £540,000 funding under the digital first primary care (DFPC) funding stream. Although further clarity is being sought as to the nature of the funding (capital versus revenue) and it is not recurrent funding, there are a number of short-term projects that this funding could be allocated to including rapid learning programmes, health inequality improvements, change management resources, PCN development, PCN cyber security, practice websites and remote monitoring.

The Committee is due to receive an update on Probus surgery and an application will be received next week.

COVID-19 virtual wards: There has been a national announcement of a further fund of £1,530,000 non-recurrent revenue to support general practice for Cornwall and the Isles of Scilly. Final negotiations are taking place to agree how to deploy these funds to general practice. The Governing Body to note the need to be aware of the focus to ensure health checks are carried out for people with learning difficulties, and the CCG will work with primary care to devise a plan to address health and care inequalities.

Item GB2021/105 Workforce committee

Mrs Nikki Kelly reminded members of the decision by NHS Kernow to withdraw the HR team from the proposed integration and restructuring process with RCHT's people and organisational development team.

She advised the committee meetings have also been moved to monthly, from bi-monthly, to better support the amount of work taking place.

Changes have been made to the attendees to ensure oversight and to enable directors and where appropriate deputies to attend to ensure consistency. Mr Blong noted Mrs Corsellis should be invited to join the Workforce committee to ensure governance and grip and control.

The terms of reference will be reviewed in January 2021.

Links to external meetings:

Health and wellbeing board / overview and scrutiny of 30 July 2020

Item GB2021/106 Questions from members of the public relating to the agenda

Mr Nigel Morson asked in light of the Governing Body decision about Edward Hain and what he felt was a weak response to a unanimous agreement of the Cornwall council scrutiny committee is any community hospital in Cornwall safe and what further plans are there to move health care into the private sector?

Dr Chorlton advised this was a clear response specifically around Edward Hain. Mrs Charlesworth-May noted this was not transferring healthcare to the private sector, but as it happens were available to assist with surge planning over the winter period and had this not been available, we would be in a different position. Social care has been privatised for three decades. The embrace diagnostic has been able to set out opportunities about how to use community hospital space and a clear reflection that more investment should be made in home-based services and people should be going home to receive care in their own home. The development of the out of hospital model builds on the work Dr Walden has been doing in the west and in response to the embrace diagnostic which was finalised this time last year. She reconfirmed this is not a blanket decision for community beds or the privatisation of the NHS.

Dr Levin asked about the new care home for Penzance and its location. Mrs Charlesworth-May offered to provide the address outside of the meeting and to answer Dr Levin's additional questions.

Dr Chorlton noted this was not the end of a process, but a journey so less people have to rely on long term nursing and residential care as the end point of health care and noted it has been made very clear that the model of care historically provided does harm to people as they rely on long term residential care and this is a way at looking to improve flow and outcomes for people.

Mrs Joan Heaton asked about the three community hospitals that are closing in Cornwall: Fowey, Saltash and Edward Hain. Will these hospitals be replaced and can they be replaced?

Dr Chorlton noted that information on future modelling will be shared when available.

Mrs Marna Blundy confirmed she was glad a reply will be submitted in writing to the questions asked, adding she is aware of the location of the facility, but noted there wasn't planning permission for a 28 bedded hospital and how without planning permission will it be ready for January 2021 as it was a primary school and would it be ready for the winter surge?

Dr Chorlton to provide an update in the written response as this facility is commissioned by the local authority and used by the NHS.

Jayne Kirkham: The overview and scrutiny committee felt there was a need to have a bedded facility until need was assessed and were not aware of beds in a care home. When will these beds be ready and is this a short or long term solution to this interim problem.

Dr Chorlton noted this was a short-term interim solution to help with winter flow. The longer-term intention is for this facility to be used as long stay dementia support.

Action: Ensure the written response to the questions from West Cornwall HealthWatch are appended to the Governing Body minutes.

Final copy for ratification

Signed by the chair:

Date:

Appendix 1: written responses to questions raised by West Cornwall HealthWatch

In April 2020, the Council published a draft market development strategy as part of the process of onboarding care homes to a new joint contractual agreement between the Council and NHS Kernow. This strategy included profiles for four priority development areas, one of which was West Penwith. This was intended to give an initial indication to care home providers about the areas of immediate priority and future demand for care homes services. The former Bolitho School site was acquired by Porthia Group (majority shareholder of Cornwallis care services limited) in 2015 with the intention of continuing to provide a local community service. The nursery element of the site was identified as a building that could be rapidly be developed into a specialist care service.

In March 2020, the HM Government mandated the discharge to assess model in its hospital discharge requirements and as a policy response to the covid-19 pandemic. To ensure the local health and social care system was able to rapidly respond to these requirements, commissioners agreed with Cornwallis that the building could be temporarily used to support this approach until the end of March 2021. This will allow the service time to establish itself before converting to a specialist dementia care home, which is expected to include both discharge to assess pathway 2 and 3 support for people with dementia and long-term complex care requirements. The design of the ongoing service is currently in progress and will be codesigned with key stakeholders. Although the new service will initially support people who are in the discharge to assess pathway 2 and 3, it will be registered as a care home and is intended to be provided as such longer term. The wider discharge to assess arrangements also includes additional capacity to ensure people are supported home through pathway 0 (home with voluntary and community sector support) and pathway 1 (home with some short-term support).

The Discharge to Assess care home beds have been jointly commissioned by Cornwall Council and NHS Kernow. As with any new care home which requires building work there is likely to be some slippage around the start date but at the time of commissioning the provider was confident that the works would be complete in time for a Jan 2021 start. The provider is confident that they can achieve this and will only be paid from the start of the service.

Q1. Where is the new building situated? Is it within a local community?

Answer: The new Care Home is situated on the Bolitho School site at Polwithen Road. The building is currently a nursery, which has been relocated to the Rosamunde Pilcher building on the same site in October 2020.

Q.2. Who owns the new building?

Answer: The building is owned by Porthia Group Ltd who are the landlord and the service will be provided by Cornwallis Care Service Ltd, who hold the CQC registration. There will be a lease between Porthia and Cornwallis for this.

Q.3. What are the terms of the contract between NHS Kernow, Cornwall Council and the owner of the building?

Answer: The service will be contracted via the Council's standard care home contract for 2020-21 as a block contracted arrangement and will then as part of the new joint Council and NHS contract for 2021-22 onwards. This will be a three year contract with an option to extend for a further two years.

Q.4. Who will manage the new building, how will it be staffed, and how will the staff be paid?

Answer: The service will be managed by Cornwallis Care Service Ltd and staffed as a care home. The staff will be paid by Cornwallis as the employer at not less than the Living Wage Foundation Rate.

Q.5. How will the new building be equipped, and who will pay for the equipment and its installation

Answer: The service will be equipped by Cornwallis Care Service Ltd in the first instance with equipment required by individual residents provided by CELS in accordance with the Care Home Equipment Policy.

Q.6. The conventional idea of a care home is a 'home from home', a place providing a sheltered environment where elderly people can pass their remaining days and enjoy the benefits of a communal life with some degree of continuity. This is not consistent with a perpetual rapid turnover of occupants, all looking forward to returning to their own homes. Is the new building intended to provide a home for long-term residents? If so, has any thought been given to how to accommodate short-term and long-term residents together?

Answer: The Discharge to Assess service is the commissioned service at the moment. Any future contract would take into account the mix of residents but it's not unusual for a care home to offer both short-term and permanent services.

Q.7. There is also a conflict between 'Discharge to Assess' (D2A) and provision for reablement. With D2A the emphasis is very much on speed, on rapid turnover. Patients are to be removed from hospital at the earliest possible moment, kept in beds while their needs are assessed, and then hastened on their way as quickly as possible. While in transit in the care home they have to be provided with care, a nursing function. This may not necessarily be good for them. A study published by the Local Government Association found that, unfortunately, ward-based staff such as nurses were predisposed to argue that patients should move on to a short or long-term residential placement rather than return home. This despite lacking knowledge of the full range of alternatives that were available to support patients at home.[1] Reablement, on the other hand, is a process of reskilling. Over a period of up to six weeks, those on a reablement programme will need to be provided with a training, they will need to be kept out of beds, and they will need to be in the charge of – chiefly – physiotherapists and occupational therapists, aided by healthcare assistants. Has any thought been given to the problems inherent in catering for these two quite different groups in the same building?

Answer: Please see our answer above.

Q.8. There will be workforce issues too. The revised report to NHS Kernow's Governing Body notes that staffing Edward Hain Hospital's 12-bed unit required a nursing force of 29. What consideration has been given to the make-up of the workforce necessitated by the functions that the new care home establishment is expected to perform?

Answer: The provider has a track record in delivering the right workforce for their provision.

Q.9. While welcoming the various initiatives undertaken by members of the medical and other professions under the NHS, and during the COVID pandemic being profoundly grateful for everything they have done and continue to do, they are not

above question. The era of the deferential patient is over, and members of the public are keenly aware of 'never events', things that go wrong and changing fashions. We do not want to be patted on the head and told that you know what is best for us. Will you take our questions seriously?

Answer: The process and continued response to your questions demonstrates we take you seriously.

Colour Key:
BLACK
Action Live
RED
Action missed
GREEN
Complete
BLUE
Updates since last meeting
**Kernow Clinical Commissioning Group
Governing Body - Action Grid**

Item	Actions	To be actioned by	Target date	Progress/ date complete
Actions from meeting 1 December 2020				
GB2021/098	Mrs Corsellis to submit the GBAF report to the Febraury meeting for review.	Trudy Corsellis	Feb-21	Close - on agenda for February 2021 meeting.
ACTIONS FROM MEETING 3 DECEMBER 2019				
GB2021/046	Governing Body members are to undertake mandatory Safeguarding training before year end	All	31-Mar-21	Deferred to March GB.
GB2021/049	The Terms of Reference for the Workforce Committee to be presented at Governing Body for ratification.	Nikki Kelly / Trudy Corsellis	05-Mar-21	Close - forms part of Workforce Chair's report to the February 2021 meeting.
GB1920/139	Trudy Corsellis to work with the respective Chairs and SRO's to develop bespoke risk registers for each of the system boards so that greater accountability and ownership is established.	Trudy Corsellis	31-Mar-21	Work remains outstanding and unlikely to be completed before April 2021.

Minutes of the Extraordinary Governing Body meeting

17 November 2020

1.30 till 2.00 pm

Microsoft teams

Members

- Dr Iain Chorlton, chair
- Chris Blong, lay member for governance and vice chair
- Helen Charlesworth-May, Joint Chief Officer
- Natalie Jones, chief nursing officer
- Dr Francis Old, GP member
- Dr Judy Duckworth, GP member
- John Yarnold, lay member for fiscal management
- Dr Matthew Hayman, secondary care clinician
- Nikki Kelly, lay member for patient and public involvement
- Rachel Wigglesworth, director of public health (Interim) Cornwall council

Attendees

- Trudy Corsellis, board secretary
- Simon Bolitho, deputy director of finance
- Jonathan Price, Cornwall council

Apologies

- Andrew Abbott, director of primary care
- Clare Bryan, chief finance officer
- Dr Paul Cook, GP member
- Dr John Garman, GP member
- Melissa Mead, lay member for primary care and prevention
- Dr Deryth Stevens, GP member
- Dr Rob White, GP member

Minutes from the meeting

Item GB2021/089 Winter planning and surge requirements

Dr Chorlton welcomed everyone to the meeting and reminded Governing Body members that although this was an extraordinary meeting there was still an obligation to declare any interest they may have relating to the item being discussed.

Declarations made by members of this meeting had been circulated with the agenda and supporting paper.

Dr Chorlton welcomed Jon Price to the meeting. Mr Price provided context to the paper, confirming an urgent decision was needed before the next Governing Body (GB) meeting in December. He recognised the information contained within the report was incomplete and the scenarios presented were based on educated guesses based on the data available. The £3.25m request for funding represented the worst case scenario and included higher than usual unit costs for care home placements. He advised the elements of the plan were deemed reasonable and providers were confident they could recruit to the additional posts created.

Governing Body members accepted the forthcoming peak would create pressure and in order to maintain flow additional capacity was needed. However, they recognised today's decision was being taken without all the facts being available, e.g. supporting the procurement of additional beds without a clear understanding of what exactly is required, paying for expensive agency staff when recruitment would be a more cost effective option. As a consequence, there was a request for regular updates and provider payment mechanisms to be based on a cost per case, not an automatic block payment basis.

Mrs Charlesworth-May confirmed further negotiations were needed with providers in order to reduce costs, where feasible. Mr Price reminded members the dementia care home beds planned to come on line in January 2021 would instead become discharge to assess beds which impeded our ability to create more dementia beds. GB members also recognised our future focus is on services delivered at home, not bedded care.

Decision: Governing Body agreed to fund the additional surge capacity required up to a maximum of £3.25m subject to the following:

- Time is taken to quantify the financial risks more fully
- Further modelling work is undertaken to better determine the cost required which includes a review of the capacity already available, e.g. generic support workers, STEPs team, accuracy of peak and number of individuals requiring support, etc.
- High unit costs are reduced, whenever feasible, e.g. for both beds and agency staff
- Only work undertaken is paid for, e.g. we do not intend to enter into block contracts
- Must ensure flow is maintained and the additional capacity purchased does not become used for those with stays beyond the envisaged 6 week period stated within national guidance
- A regular update is provided to the Finance and Performance Committee which also reviews the revised costs involved

Final copy for ratification

Signed by the chair:

Date: