

Meeting of the Governing Body

Summary sheet

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For: Public session (Part 1)

For: Information

Agenda item: Directors update

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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.

Primary Care

1.1 COVID-19 vaccination programme

Across Cornwall we have had 12 designated sites approved for the delivery of COVID-19 vaccinations. This started before Christmas and has been focussing on the over 80's, and the residents and staff of care homes. With the approval of the Oxford Astra Zeneca vaccine it is hoped that all 4 cohorts in phase 1 identified by the Joint Committee on Vaccination and Immunisation (JCVI) can be completed by mid-February.

The medicines optimisation (MO) team pharmacists have supported the COVID-19 vaccination programme by providing the clinical assurance assessment visits at the sites and have attended in person to support and help where needed.

1.2 Finance

Early forecasts indicate that NHS Kernow's non-rechargeable, primary care prescribing costs may exceed last year's outturn. The increase in costs is being driven by increasing volumes, rising prices, and price concessions caused by supply issues.

NHS Kernow's prescribing costs per weighted patient remain below the England average, and cost growth, while high, is the lowest among clinical commissioning groups (CCGs) and sustainability and transformation partnerships (STPs) in the south west region.

1.3 Medicines information

Providing daily medicines information has continued and particularly appreciated during COVID-19 when the stock shortages and national guidance has often changed on a daily basis. NHS Kernow's MO team continues to provide this service Monday to Friday, alongside Prescribing shots, the weekly communication to all GP prescribing leads, practice managers and many of the non-medical prescribers (NMPs) from the community teams.

1.4 GP leads

November's round of GP Leads focused on Parkinson's disease, presented by Dr Glen Harper, Lynne Osborne and the Parkinson's nurse team. There was also a safety update on home oxygen.

The March round of GP Leads meetings will have a paediatric epilepsy update from Mary Parrott and a session from Becky Osborne on zero suicide

1.5 Cornwall area prescribing committee

This committee met in November 2020 and is planned to meet on 13 January 2021. In November updated shared care guidelines were approved and the integration of pharmacy and medicines optimisation (IPMO) programme was discussed.

1.6 N365

The GP information technology (IT) team are working through the current list of NHSMail email addresses, both in GP practices and NHS Kernow, to identify actual people (not shared mailboxes) that will receive a N365 license. People will start to receive instructions on how to upgrade from Office 2010 over the coming weeks. For those practices still to migrate, they will move to N365 as part of the migration process.

1.7 Practice Migrations

We are now in the final phase of the Microtest migration plan with 7 practices migrating between now and end of March 2021. These practices are all in the Penwith PCN. The additional challenge of COVID-19 vaccinations brings an additional level of uncertainty and unknown risk. It has been agreed that the PCN and not the individual practice is responsible for delivery and have been asked to produce a delivery plan. NHS Kernow will then provide support where possible to fill gaps and remove bottlenecks.

1.8 Shared Care Record

The adoption of a regional shared care record across health and social care is mandated by September 2021. The procurement of a digital partner is underway with final tenders submitted last week. This coincides with the withdrawal of EvaHealth from the NHS marketplace and removes the need for the ongoing use of the medical interoperability gateway tool that currently feeds GP patient information to RCHT, CFT and community interest company (CIC) via the EvaHealth portal.

1.9 Extension of e-Consultation

All practices have agreed to extend the use of the eConsultation product for a further year. This was due to expire in March 2021 however with the ongoing challenges of COVID-19 and the mobilisation of the vaccination programme, the extension will ensure that patients still have the ability to digitally interact with the practices in a safe and secure manner. This is more important as we are also expecting that the ongoing funding of the video consultation product accuRx will become the responsibility of NHS Kernow. The costs of which are yet to be finalised.

1.10 Capital

The finance team have requested that £50,000 is brought forward from the 2021-2022 GPIT budget to assist in replacing some broken equipment.

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.

The deferred assessments for scheme 1 continue to be undertaken by the discharge to assess (D2A) (previously hospital social work team) and CHC team where health needs are identified for care in care homes under the bedded pathway.

Scheme 2 hospital discharge arrangements under the 6-week discharge to assess funding arrangements (scheme 2) commenced on the 1 September 2020 for bedded care and will continue under the D2A teams and a small team of CHC staff.

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 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. However, there are competing demands under the COVID-19 scheme 1, scheme 2 and business as usual. The areas of risk are community packages of care where the CCG may not have been notified on checklist that covid funding is in place.

CHC continue to jointly work with the local authority CHC lead/team. Workforce risk and capacity is being reviewed as ensuring we meet discharge policy and new ways of working has impacted on operational functions.

Regarding appeals, the local resolution process continues, supported by virtual local and independent review panels where appropriate. There have been delays in appeals being processed due suspension of CHC during first phase of pandemic.

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

Home care capacity remains a challenge especially for end of life care and work is underway jointly with local authority and the market to review commissioning arrangements and care provision.

3. Mental health winter discharge initiative and winter resilience plan

On 1 December we were approached by NHS England (NHSE) with an opportunity to bid for additional, one-off funding to help support the timely flow of mental health patients through inpatient services over the course of the 2020/21 winter period. The focus should be:

- Patient safety, support and suicide prevention
- Improved access to mental health beds
- Reduced pressure of emergency departments and fewer out of area placements

The allocation for Cornwall and the Isles of Scilly (CloS) totalled £478,000. In response to this opportunity, NHS Kernow worked in partnership with Cornwall Partnership Foundation Trust (CFT) key clinical teams, Cornwall Council and voluntary community and social enterprise (VCSE) partners to develop a proposal with four key initiatives:

1. Block booking accommodation, with additional workers from Cornwall MIND supporting safe and timely discharge transitions and follow-up
2. Empowering the ward teams to enable earlier discharges by establishing enhanced trusted assessment function to support more timely social care assessments. This trusted assessor model/team empowered to enable swift discharge of medically fit patients. This will be used to purchase residential, community and other support. This will be taken forward in partnership with Cornwall Council
3. The introduction of a ring-fenced 6-week flexible budget to provide additional intermediate and transitional care and support to reduce delays in agreeing joint packages as well as providing things such as vital home equipment, furnishing, personalised effects including mobile phone tops-ups and sundries
4. Building confidence in early discharges through VCSE support available to in-reach to provide support. Additional cohort of dedicated workers provided by Volunteer Cornwall and Pentreath to extend a rehabilitative model, including supporting living needs and specialised supervision and support for the VCSE workforce

In addition to targeted discharge initiatives, 2020/21 winter resilience planning for mental health includes additional capacity commissioned from valued lives to expand support to avoid emergency department attendance, reduce waiting times early discharge people home safely now 24/7. This will be directly complementary to the discharge proposal and ensure greater integration and pathway join-up and provides support for a wide range of health as well as social needs.

In addition to the above, a proportion of the funding (approx. £150,000) has been held in reserve to facilitate a flexible means of scaling up the initiatives if demand

proves higher than expected due to the impacts of COVID-19 pressures. This will mitigate surge demand and help secure such things as accommodation and bespoke, personalised support to enable people to return home quickly and safely and also provide flexibility to commission further support targeted towards reducing pressures on emergency departments.

NHSE confirmed acceptance of our proposal on the 21 December with the funding allocated to NHS Kernow in the same month.

3.1 Mental health section 75 review project

- The project continues to progress despite the challenges that the COVID-19 has meant for capacity. The tripartite arrangement between; Cornwall Council, NHS Kernow and CFT has demonstrated strong collaboration and partnership working to review and future proof a revised agreement. A recent audit has identified areas of good practice associated with this work which the team are extremely proud of and which sets a standard for the future.

3.2 Dementia

Dementia performance has been impacted by COVID-19. Most months have shown a net growth but against an increasing pre-determined (and pre-COVID) prevalence, which means a growth in numbers of people diagnosed has not translated to a growth in DDR (dementia diagnosis rate) performance.

- At 54.4% the November 2020 diagnosis rate across Cornwall and the Isles of Scilly dropped slightly, albeit less than average
- Dementia programme of work continues. Review of memory assessment service (MAS) and primary care dementia practitioners (PCDP) roles nearing completion.
- Regional dementia meetings led by NHSE restored.

3.3 Adult mental health strategy

- Work to finalise the implementation plan to deliver the adult mental health strategy 2020 to 2025; futures in mind is near completion. The document will complement the strategy to set out the key deliverables as well as key milestones
- The development of a common outcomes framework for mental health and wellbeing is underway. A range of system partners and stakeholders are working alongside Exeter University to develop a consistent approach to support all provider across all sectors report the benefits that their services deliver to people across our communities. This will capture both outcomes and experiences and will provide assurance that the mental health strategy is delivering against its key objectives as well as securing a return on commissioned investment

3.4 Severe mental illness

- Physical health checks for people with serious mental illness (PH in SMI) Q3 data will be collated from primary care manually and returned to NHSE in the first two weeks of January. A general practice extraction service (GPES) has also been set up by NHSE (where consent has been obtained). A performance report has been developed which will link in with the data warehouse information and enable monthly primary care performance reporting. This will enable targeted work for elements of the checks to increase overall performance
- Physical health in serious mental illness work forms part of the mental health transformation funding. In December, 6 Workshops took place to further develop this bid which has to be submitted on 20 January. Further engagement sessions will take place in January and into the mobilisation of the bid

3.5 Learning disability and autism

There is a current focus on annual health checks for people with learning disabilities. NHS Kernow has submitted an action plan to NHSE to offer assurance that primary care and learning disability commissioning will work together to achieve at least 67% coverage of the population. NHSE are releasing a £40,000 grant to expedite annual health check delivery, which will be utilised in partnership with primary care commissioning to increase uptake.

CFT continue to develop the intensive autism assessment service (IAAS), with a planned commencement in Q2, 2021.

NHS Kernow continues to focus on the repatriation of individuals with autism and / or learning disabilities from out of area hospitals. There are 5 planned discharges due to take place before Q3, 2021, which will bring NHS Kernow well under the target of 7 beds maximum.

The learning disabilities mortality review (LeDeR) programme for CloS is now very close to national target compliance after significant effort from the multiagency team around a programme of targeted work to improve the local position. The target is defined as mortality review commencement within 3 months and completion within 6 months. A LeDeR programme structural review is taking place in January to review the governance and operational delivery within NHS Kernow.

4. Community Hospital review and engagement programme:

Engagement work with St Barnabas, Saltash and Fowey Community Hospital stakeholders has again paused due to the need to focus resources on our local COVID-19 vaccination programme.

The update for Edward Hain Community Hospital is as follows:

- Whilst there is no nationally recognised community bed modelling software, NHS Kernow are working with system partners to review current and expected capacity for beds in the community. At this time there is no single view of all the beds available within the system, which needs to include care homes and the capacity for care at home. As previously indicated we know that there are regularly between 50 and 100 people in hospital beds across the county that, if suitable support were available in their home environment would and should have been discharged. The work that will be undertaken will seek to describe the capacity needed to deliver the right levels of community based care, clearly linking its development to the then revised need for bedded capacity for the provision of rehabilitation and reablement.
- The engagement outcomes have been shared with Penwith Integrated Care Forum (PICF) Chair. PICF have not met since the last Governing Body meeting and are currently in the process of recruiting a new Chair.
- Conversations have commenced with all necessary partners to progress the re-location of the existing community clinics to a viable location within St Ives.
- NHS Property Services (the hospital's landlord) has been formally notified of the Governing Body decision.
- The new 28 bedded care home planned in Penzance is not a direct replacement for Edward Hain Community hospital beds, but they do provide additional capacity for bedded care in the west. The beds in the new care home will help meet a commissioning need identified in our Market Position Statement published in 2019. The provision of the 28 beds in Penzance will provide much needed additional bed capacity, initially for discharge to assess functions and then for specialist dementia care. (Discharge to assess is a person-centred approach to the safe and timely transfer of medically ready patients from an acute hospital to a community setting for the assessment of their health and/or social care needs). Cornwall Council is working jointly with NHS Kernow and the provider to bring on the additional provision as soon as possible to support the current COVID-19 pressures, the building is being modified and as such building work is taking place. The provider has assured us that all the necessary permissions are in place and we will ensure that all the necessary checks are complete prior to agreeing the final contractual position.