

Meeting of the Governing Body

Summary sheet

Date of meeting: 2 February 2021

For: Public session (Part 1)

For: Information

Agenda item: Minutes of the Governing Body meeting held on 2 February 2021

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 Governing Body meeting held on 2 February 2021 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 Governing Body meeting held on 2 February 2021
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

Governing Body

2 February 2021

10am

Microsoft teams

Attendees

- 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
- Melissa Mead, lay member for primary care and prevention
- Rachel Wigglesworth, director of public health Cornwall council

Attendees

- Sally Turner, chair of citizens advisory panel
 - Trudy Corsellis, board secretary
 - Sam Cox, PA and minute taker
 - Nikki Thomas, acting director of nursing
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Minutes from the meeting

GB2021/121 Welcome and apologies

Dr Iain Chorlton welcomed all to a shorter February Governing Body meeting, recognising the many other responsibilities members have in responding to COVID-19 including vaccinations and winter planning. Dr Chorlton noted there had been an

article in The Times which mentioned the superb effort from St Austell practice in response to the vaccination process.

GB2021/122 Declarations of interest plus gifts and hospitality registers

Dr Chorlton 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.

Dr Chorlton advised his wife has retired and his related declarations will be removed from the register in the fullness of time.

GB2021/123 Questions from members of the public received in advance of the meeting

There were 4 questions received from members of the public in advance of the meeting. One question relating to social prescribing was answered by Mrs Clare Bryan and another relating to discharge to assess by Mrs Charlesworth-May. Mrs Charlesworth-May confirmed a fuller, written response, would be sent following the Governing Body meeting for the remaining two questions which related to Edward Hain community hospital and the commissioning of additional care home beds. These questions and responses are appended to these minutes.

GB2021/124 Minutes and action grid of 17 November 2020

The minutes of the extraordinary Governing Body meeting held on 17 November 2020 were approved and signed as a correct record.

The minutes of the Governing Body meeting held on 1 December were approved and signed as a correct record subject to the following amendment:

Item GB2021/097 Edward Hain hospital: amend to read: Dr Matt Hayman stated he was a secondary care clinician working in Somerset and independent to an extent of the Cornwall context.

GB2021/125 Chairs update

Dr Chorlton reflected on 2020, noting the challenges the system had faced and the response to COVID-19.

Joint chief officer appointment: The process had been paused in October 2020 due to the pressures across the region and priorities felt to be elsewhere. The appointment has now been re-started and Finegreen retained to facilitate the recruitment process. The interview pack is being reviewed and NHS England and Improvement will be supporting the process; interview dates are yet to be confirmed.

CCG chair recruitment: Mr Chris Blong has been working with members of the remuneration committee on the recruitment process for our new Chair. Dr Chorlton expressed his thanks to Mr Blong for leading this appointment and wished his successor success and good fortune.

Mr John Yarnold is nearing the end of his second term, Governing Body members supported the request for Mr Yarnold to commence a third term as the fiscal lay member. Dr Chorlton expressed thanks to Mr Yarnold for his continued support.

System wide green plan: Dr Rob White noted a declaration was made in October 2020 about the climate emergency. A report was prepared with partners which requires sign off by the Governing Body as part of the process to deliver a Green Plan. The Governing Body were supportive of the approach, but felt the plan was not ready to be socialised to the public at this time. As the next Governing Body meeting was not until April 2021, Mrs Trudy Corsellis proposed the plan be submitted to the February workforce committee to ensure the process was kickstarted and asked the Governing Body to delegate authority to the workforce committee to sign off the plan on behalf of the Governing Body. The plan to be brought back to the Governing Body at the earliest opportunity.

Decision: Delegated authority given to the Workforce committee to approve the Green Plan and commence work on the proposed actions it contains.

GB2021/126 Directors update

Mrs Charlesworth-May noted the pandemic continues to affect the work of all CCG staff on a daily basis. As such a decision has been taken to redeploy some staff from within the CCG into front line roles to support our care homes, clinical leadership, and clinical leaders in CFT and RCHT. Some staff also supporting the roll out of the vaccine, which has, over the past 10 weeks been the most significant project the CCG has led on with the number of vaccines delivered in Cornwall on a par with the best in the south west and nationally. A significant number of our older population and those in care homes have been vaccinated and the aim is to vaccinate all 4 cohorts in phase 1 by mid-February and to start to plan the roll out to cohorts 5 and 6 over the coming months.

Continuing healthcare update: The phase 3 COVID-19 response confirmed the requirement for continuing healthcare assessments of eligibility to be restarted from 1 September 2020. Work continues and is on track to complete the deferred assessments by March 2021 when funding will cease.

Mr Blong asked about the S75 shared services. Mrs Charlesworth-May declared a conflict of interest but advised there had been an exchange of correspondence in relation to the matters that were unresolved and a resolution between the partners was now being sought. It is clear however a dispute process will need to be instigated in order to reach a resolution. Mr Blong asked for Governing Body members to be kept informed of progress.

Dr Judy Duckworth raised a question regarding the discharge processes. There were a number of people moving to step down beds in care homes outside of their

area whilst waiting for packages of care. Dr Duckworth asked what plans were in place to repatriate people at a later date. Mrs Charlesworth-May noted, NHS Kernow had commissioned additional step-down beds in order to facilitate the rapid discharge requirements for hospital beds. As a result, the options around choice had been set aside as part of the response to the pandemic. A review and assessment in the way people will be discharged (to go home rather than stay in beds) is commencing and there is more work to do. The CHC team are working through all cases from the first 6 months of the pandemic, before any more current cases can be moved to a social care review and assessment. Those being discharged at the moment have got to go through a review and assessment process before being moved on. The hope and expectation is that as many people as possible are able to go home to avoid people staying in care homes for longer than is necessary.

The local authority and NHS Kernow have increased availability since March 2020 and the voluntary sector is supporting in excess of 1,000 people in a way that had not been done last year and gaps and shortfall in care provision from last year are being addressed, but, the extra demands placed on the system due to the pandemic has had an impact on the immediacy of response. Mrs Charlesworth-May noted Cornwall was not alone in this position.

GB2021/127 COVID-19 update

Ms Rachel Wigglesworth advised since the Governing Body met in December the infection rate has reduced and is now at 176 per 100,000. The position in January 2021 was critical and difficult for people and services across the health sector. However, work continues across the system including comms in order to engage with the public as well as colleagues in order to provide support in workplaces in health and care settings.

Testing: lateral flow tests are now widely used and a local based testing programme is being developed as well as new technologies which are being trialled at RCHT.

Mrs Natalie Jones advised the vaccine was being offered to all frontline staff via hospital hubs and second vaccinations would commence shortly.

There were now 2 large vaccination sites, located at Stithians and Wadebridge and a total of 13 local vaccination sites as well as 2 pharmacies in Truro and Roche have been set up. People aged 70 and over, the clinically vulnerable and front-line health and care staff will all be offered the first dose of a vaccine by 14 February. Cohorts 5 and 6 will start to be vaccinated from 15 February.

All care homes have been visited and a return visit will be booked for those care homes where residents and staff were unable to receive their vaccine.

Dr Judy Duckworth asked about wasted vaccines: Mrs Jones noted the data was collated and would provide Dr Duckworth with the information. Mrs Jones noted the wastage numbers were small and a rationale had to be provided as to why a vaccine was not used or had been wasted.

Ms Wigglesworth noted continued surveillance for new variants was being undertaken regionally, and on samples of cases.

The coordination and delivery of the vaccine programme is a major piece of work, but it appears that there is some duplication in those people being contacted and asked if the process could be smoothed out. Mrs Jones noted that there had been some duplication on bookings as people were choosing to attend the most convenient site for them, but not cancelling the appointment already booked. Nationally there is a piece work taking place to separate the cohorts and a different model for cohorts 5 and 6 being reviewed.

Dr Duckworth noted the invites for frontline staff to have their vaccine have been sporadic and she had raised a concern before Christmas as the invite for BAME staff was circulated on 24 December 2020 at which stage a number of back office staff had been able to access vaccination slots which reduced the capacity for front-line staff. Furthermore, a letter sent on 24 December 2020 by Professor Chris Whitty called for all people in hospitals to wear masks but this doesn't appear to have been implemented across the system, however it was made very clear in the letter that this was not open for debate.

Mrs Jones noted the issue regarding face mask use will be raised at the clinical practitioner cabinet meeting this afternoon. Ms Wigglesworth noted further guidance was received on 21 January 2021.

GB2021/128 Quality Report and Quality committee chairs report, update from 26 January and minutes from 24 November 2020

Dr Paul Cook reported the quality and nursing directorate was undergoing a restructure. There are a number of vacancies within the team, some are out to advert, and some posts have been successfully appointed to but are awaiting start dates. Once these appointments are in place, oversight will become more robust and the team will be able to support and facilitate quality improvement and mitigate potential risks.

Dr Cook noted Mrs Nikki Thomas has been invited to attend the Governing Body meeting in order to bolster the quality assurance process as Mrs Jones had been redeployed to the vaccination programme.

Mrs Thomas noted the quality team, made up of 3 to maintain a presence at quality provider meetings and the team have continued to have oversight of the never event action plan at RCHT.

GB2021/129 Finance and performance committee chairs report, update 26 January and minutes from 24 November 2020

Mr John Yarnold stated the finance and performance committee had met via MS teams on 26 January 2021. The minutes of the meeting held on 24 November 2020 were circulated for information.

The report was received for information.

GB2021/130 Finance and performance report month 9

Mrs Clare Bryan reminded Governing Body members of the change to the financial regime. The first 6 months of the year were on a pass-through reimbursement basis, recognising the impact and cost of COVID-19 and from month 7, moved to a fixed envelope with a more business as usual approach and a need to work with partners across the system to manage with the resources allocated. The hospital discharge programme (HDP) remains outside of the financial envelope and is funded on a pass-through basis and has 2 tranches, one relating to the first part of the year and second for discharges from 1 September onwards. The rate at which assessments under both tranches of the programme are undertaken will impact on the rate at which packages revert to business as usual, e.g. continuing healthcare and move back to normal funding streams in health or social care.

Prescribing: The risk in prescribing remains the potential impact from national prices issues, including the impact from the exit from the EU and was recognised as a risk on the plan. Although there have not been significant national pricing shifts, due to COVID-19 and Brexit, supply may yet be impacted leading to increased pricing. However, the CCG is broadly in a reasonable position to absorb any impact.

Mrs Bryan noted this was the month 9 financial position and not month 7 as reflected in the agenda.

GB2021/131 Governing Body assurance framework

Governing Body assurance framework

Mrs Corsellis reported all the GBAF entries have been reviewed by the audit committee and NHS Kernow's constitutional committees. Governing Body members agreed to revisit the sixth strategic objective and associated principal risk (ensure the commissioning services takes account of COVID-19 recovery plans, any subsequent peaks of infection as well as agreed long term plan expectations). Principal risk 9: commissioning of services. These amendments were submitted for consideration and were approved.

The Governing Body was asked to agree the strategic objectives for 2021/22 in view of the anticipated end of year financial position and consider whether the score of 25 for principal risk 5 (finance) remained appropriate, noting the score may be increased next year. It was agreed to reduce the financial principle risk to a 12.

Mrs Corsellis was asked to review principal risk 2 and resubmit to the Governing Body as part of the next GBAF update. It was noted some of the corporate risks has been amalgamated.

Mrs Corsellis advised the risk strategy has moved to 3-year cycle and will be reviewed at the appropriate committees. Mrs Corsellis advised TIAA had confirmed they were content with this proposal. The GBAF will continue to be submitted to the Governing Body three times a year.

GB2021/132 Committee updates

Audit committee of 19 January 2021

Mr Chris Blong reported NHS England and Improvement have confirmed that the reasonable assurance engagements for the 2019/2020 mental health investment standard (MHIS) will go ahead and our external auditors (Grant Thornton) will carry out the review. NHS Kernow is required to issue its statement of MHIS compliance by 28 February 2021. Dates for the 2020/2021 review have yet to be agreed.

Grant Thornton will issue their audit plan for this year's annual report and accounts review at the Audit Committee meeting in March. Due to the on-going impact of the pandemic, there will be a slight delay to this year's audit which will now take place between March to June.

Audit Committee members received an update on the quality account and clinical audit processes. Whilst satisfied comprehensive reporting processes were in place, Governing Body (GB) should note that, currently, there were inconsistent levels of access and detail provided to enable the quality team to become better assured. Actions to resolve the imbalance in access, quality and quantity of reporting continues.

Members were informed that the GB Assurance Framework had been reviewed and updated by the executive team, including revision of the wording for strategic objective 6 and the principal risks (PR) associated with it. The new strategic objective and PR were presented to GB for approval:

- **Strategic objective 6:** Ensure the commissioning of services takes account of COVID-19 recovery plans, any subsequent peaks of infection as well as agreed Long Term Plan expectations.
- **Principal risk 9:** Commissioning of services. NHS Kernow and system partners are unable to optimise resources resulting in constrained capacity services, longer waiting times and continued health and care inequalities.

Constitutional committees continued to receive and review those GBAF entries which rest with them (The primary care commissioning committee does not as yet have oversight of a GBAF entry but will receive those which are considered relevant to it for completeness). GB was asked to note that our constitutional committee structure is under consideration, with potential changes to roles, remits and committee titles possible. Future changes will be reflected in the GBAF once agreed by the GB.

Primary care commissioning committee of 8 October 2020

Mrs Melissa Mead reported the PCCC had noted that Grampound branch surgery had enacted a break clause within the lease in December 2019, without applying or potentially being granted permission. Although this is not in direct breach of their contract currently, the PCCC may in future decide this action warrants a remedial

notice to be served. Following a review of patients where it became clear there is an under utilisation of the premises, the PCCC agreed to the closure of Grampound branch surgery in December. This decision has created an issue with residents and local councillors and a process to create a benchmark to ensure practices follow an engagement process is in development.

Mr Andrew Abbott reported the primary team were reviewing and prioritising work, noting there was not a lot that could be stopped or held at this stage as well as continuing to support that vaccination programme and practices that have had COVID-19 outbreaks, all of which have been controlled. NHS England and Improvement required an increase in reporting around the pre-pandemic state and business as usual processes as well as preparing bids for capital funding, roll out of IT and support to practices that are struggling. Mr Abbott expressed his thanks to the primary care network who are having to work 7 days a week due to the constant demand.

Workforce committee of 19 January 2021

Mrs Nikki Kelly reported at the workforce committee in January members agreed to amend the title of the committee to people and organisational governance committee (POG). The revised terms of reference were ratified by members and submitted to the Governing Body for oversight and approval. POG will meet on a monthly basis with bi-monthly development sessions and a case study shared at the start of each session and will include oversight and reporting from the citizens advisory panel (CAP) to enable a public and patient voice to be heard in decision making.

Mr Abbott welcomed the revision and wider member of POG as the citizens advisory panel were an important group and their inclusion would reinforce the need to listen to the public and engagement should be actioned as routine business. The citizens advisory panel are connected to community group and have experience of what good and bad engagement looks like.

Mrs Charlesworth-May noted this was an important step to embed people who don't work in government and healthcare as we move into the next phase of the ICS.

GB2021/133 Questions from members of the public relating to the agenda

Marna Blundy expressed her disappointment regarding the bedded care in Cornwall. In late November, it was clearly advised there would be 28 discharge to assess beds in Penzance in January 2021, then March 2021. However, it is clear there will not be any D2A beds in Penzance this winter and she felt the public have been misled. Marna Blundy also commented she did not feel Dr Duckworth's concerns had been adequately addressed. There are people who require continued residential and nursing care. The situation is dire and expressed her frustration and that these issues were being swept under the carpet and she felt someone had to speak up about this and not let it disappear under the radar.

Mrs Charlesworth-May responded it had not been the intention to mislead. There had been discussions around additional beds in the care sector, which have been

commissioned for dementia, but recognised there was an issue with surge planning and D2A. These beds were never intended to replace one with the other but had been talked through as it was felt this information would be helpful. Mrs Charlesworth-May apologised if members of the public felt they had been misled.

Mrs Jane Kirkham asked about the dispute between Cornwall Council and the CCG and the funding within the BCF.

Mrs Bryan replied it was not appropriate to go into detail regarding the dispute, but noted, the disputes were material, significant, encompassing a number of areas including BCF and reach back over a long period of time, adding these are not recent disputes, but there is a renewed impetus in seeking resolution which has brought these issues more publicly to light. NHS Kernow and Cornwall Council have a resolution framework and will work together to reach a conclusion that suits both parties and as such discussions are live and ongoing.

Mr Blong noted the meeting had overrun quite considerably and asked that for future meetings timings be reviewed to enable full and frank discussions.

Before we close today's GB meeting, I would just like to say a few words in recognition of Iain's contributions and commitment to NHS Kernow over the past 8 years.

Iain, along with Fran and I are the last 3 from the original GB group...which started way back in the autumn of 2012. Natalie and Andrew were also a key part of that early band of brothers and sisters.

During those early days, as much time was spent taking over the commissioning of services as was explaining what the term KCCG actually meant and what we stood for back then. Iain started off as a GB GP member and later joined the audit committee. As a close GB group, we enjoyed numerous facilitated training days getting to know each other at a variety of venues across Cornwall, well away from Sedgemoor. We even managed to visit the IoS on a few occasions. It was certainly not all plain sailing and there have been numerous ups and downs: GP practices and secondary care provider closures, n+1 CFOs, rising cost pressures, increasing CCG overspends, provider Chairs and CEs came and went, as did our own. It was then that Iain applied to become Chair of NHS Kernow CCG.

Incidentally, I was a member of the panel which interviewed and selected Iain - the wheel has certainly turned full circle as I have been asked to chair the panel which will select Iain's successor.

Iain has been a thoughtful, engaging and reflective chair, balancing a very busy practice commitment with the role of Chair as well as enjoying family life. He has steered us through some seriously troubled times; internally as the healthcare commissioner, fully supported the quiet revolution in NHS services by our members and secondary care providers as well as encouraging our move towards a system way of working.

Iain has led us with understated fortitude and the determination to do what he believes is right. He has both challenged and entertained us with his weekly musings

on the staff and GP bulletins, the example of 'brahn boots' immediately springs to mind. Iain has now decided to relinquish his role as Chair in March, move to Somerset and seek new challenges, which will come in the form of additional family members, fewer days at work and more 'you time'. Good luck with that!

I am sure GB members would like to join me in thanking Iain for his years spent as a GB member and latterly as Chair of NHS Kernow CCG, and wish him the very best in what will be the next chapter of his life story. Thank you Iain.

Dr Chorlton thanked Mr Blong and the members of the Governing Body, adding it had been a pleasure and a privilege.

Final copy for ratification

Signed by the chair:

Date:

Questions for Governing Body meeting – February 2021

Four questions received:

- Discharge to assess and reablement
- New care home in west of Cornwall, discharge to assess and reablement
- New care home in the west of Cornwall and reprovision of community hospital services
- Social prescribing

(1) Discharge to Assess and Reablement (asked by Nigel Morson)
Helen Charlesworth-May to respond

There's a lot of emphasis on increased use of "Discharge to Assess" and "Reablement" to move people out of hospital and to free up acute beds. The definitions of "Discharge to Assess" (NHS England) and "Reablement" (National Audit of Intermediate Care) are both rather vague.

1. What definitions are being used in Cornwall to commission these services?

Response: The national guidance is used to commission these services. However, commissioners continue to work with NHS England and NHS Improvement colleagues with the expectation that future iterations of the guidance takes account of feedback and learning provided.

2. Against a current background of staff shortages and financial pressures, which providers and which staff will be involved?

Response: System health and care partners are working collectively to support each other and optimise the resources available, whether that is for funding, beds or staffing.

(2) New care home in west of Cornwall, discharge to assess and reablement (asked by John Forsyth on behalf of West Cornwall HealthWatch)
Helen Charlesworth-May to respond

At its meeting on December 1st, 2020, the Governing Body of NHS Kernow was told, in support of its proposal to close Edward Hain Community Hospital:

"[We] have received confirmation that a purpose built new care home will be open to receive its first residents in Penzance in January 2021. This is the first time a new care home has been built in Cornwall for over a decade. This will provide 28 beds and these have been commissioned as discharge to assess beds which by their nature have a focus on reablement. The intended length of stay for individuals will be up to 6 weeks ... Some beds will be for people with dementia and complex care needs. This will increase bedded reablement capacity in the west of Cornwall ... The beds are due to open mid-January 2021. (GB2021/071)"

We now discover that the 'new care home' will not be 'purpose built' but a conversion of a former nursery school, the rooms and facilities in the converted building are designed for long-term residential care for dementia patients, and it will apparently have no specialist rooms or facilities for D2A or reablement. Planning permission has not yet been granted and it seems that the beds are unlikely to be available for several months at least. We would like to ask:

1. What steps has NHS Kernow taken, or plans to take, to confirm the date when the building at Polwithen House will actually be ready to receive patients?

Response: As previously confirmed, commissioning of the new care home beds is the responsibility of Cornwall Council, not NHS Kernow. Colleagues from the Council will therefore respond more fully to this question and those below.

2. What steps has NHS Kernow taken, or plans to take, to ensure that building and its staffing will meet the requirements of the Discharge to Assess scheme (Pathways 2 and 3)?

Response: Cornwall Council colleagues have agreed to provide an answer to this question.

3. What steps has NHS Kernow taken, or plans to take, to ensure that Polwithen House is equipped with rooms, staff and equipment to provide for the reablement needs of individuals admitted?

Response: As noted above, Cornwall Council is commissioning the service and so will respond in due course.

4. How will NHS Kernow operate the D2A system for patients from West Cornwall in the short-term, given the lack of planned provision?

Response: In accordance with national guidance, the D2A arrangements have been in place for many months and continue to be co-ordinated by health and care system partners. The beds referred to above are additional beds which will supplement those already in place.

5. Will NHS Kernow consider the implications of this situation for its decision on Edward Hain Community Hospital and particularly for pathways for rehabilitation and reablement, as described in the previous report to the Governing Body, "Community Hospital Engagement" (GB2021/071)?

Response: The additional 28 care home beds in Penzance are not a direct replacement for Edward Hain Community hospital beds, but will provide additional bed capacity for the area. The beds in the new care home will help meet a commissioning need identified in Cornwall Council's Market Position Statement published in 2019.

NHS Kernow Governing Body made its decision on Edward Hain Community Hospital based on an 18 month long piece of engagement and a multi-agency formal evaluation process. This included considering 21 different criteria such as safety,

workforce, environment and finance. The evaluation process, criteria and scoring were agreed by the people on our community stakeholder group. The minimum score was not met for safety, financial, affordability or sustainability. The evaluation process determined that the option to re-open 12 Edward Hain Community Hospital beds and the continuation of existing podiatry and mental health community clinics in a fire safety compliant and refurbished hospital is not viable or safe. As a consequence, the December 2020 Governing Body decisions stands and any further questions relating to the care home beds should be re-directed to the adult social care team at Cornwall Council.

(3) New care home in the west of Cornwall and reprovision of community hospital services (asked by Andrew George on behalf of Save Our NHS Cornwall)
Helen Charlesworth-May to respond

1. In the report to the Board at your last meeting when it resolved to confirm the closure of Edward Hain Hospital the report on which that decision was based had repeated references to NHS commissioned beds in the community and assured the Board that "a purpose built new care home will be open to receive its first residents in Penzance in January 2021...This will provide 28 beds and these have been commissioned as discharge to assess beds which by their nature have a focus on reablement. ...This will increase bedded reablement capacity in the west of Cornwall, and addresses some of the [Scrutiny] Committee's concerns." (page 3 - Agenda item: Community Hospital engagement)

- How is this going?
- Has the presumably now up and running "commissioned" beds helped to meet the needs they are intended for? If not, why not?
- If KCCG has discovered (as we suspect) that no such beds exist or can be commissioned, what alternative arrangements does it plan to meet this identified need?
- Which organisation/company had the NHS intended to commission from to deliver the reablement beds; what is its clinical experience, success and outcomes in providing such services?
- What is the proposed period of the contract and what plans are there for provision of the service at the end of the contract?

Response: Please refer to the answers above in response to the questions raised by West Cornwall HealthWatch. It is Cornwall Council, not NHS Kernow, who is commissioning the additional care home beds. Colleagues from the adult social care team at the Council will therefore respond to your questions directly.

2. Would KCCG staff meet myself and other community representatives who are looking at a project to deliver a newly-provided, purpose-built community hospital with 20+ beds in the Penwith area and to advise on potential avenues this project could usefully take to meet the unmet need for reablement, end of life care and other community hospital services in the west Cornwall area and in response to the closures of Poltair and Edward Hain Hospitals?

Response: NHS Kernow, as well as health and care partners across the system, is clear our strategic commissioning intention is for new models of care which reduce the reliance on bedded care. At this stage there is no perceived requirement for another community hospital facility.

There are already several forums in place in the Penwith area that enable local engagement and input into the design of the new models of care work. Should require contact details please let us know.

3. In order to keep options open for the reprovision of community hospital services in the Penwith area, will KCCG ensure that it, RCHT and others in the NHS community do not dispose of any land or building assets - especially those at West Cornwall and St Michael's Hospitals - until these options have been fully explored? This may require maintenance/non-disposal of land and buildings for at least another 24 month period while options are exhaustively investigated.

Response: As noted above there is no intention to re-provide a community hospital service in the Penwith area.

- (4) Social prescribing (asked by Jonathon Holt)
Clare Bryan responded

Initial question (responded to outside the GB meeting due to timing of question)

I am chair of Directors of Camelford Leisure Centre, a community benefit society, set up to run the Leisure Centre in 2012 when Cornwall Council decided they could no longer afford to run it. We have always offered Concessionary Memberships to people referred by the local GPs and these have become increasingly popular. We currently have 93 single and 12 couples concessionary members at a monthly cost of £1713. There is no contribution to this by our GPs.

There is ample evidence to show the benefit of Social Prescribing both in terms of increased health and decreased cost of medicines.

I would like to ask the CCG why they are not actively promoting Social Prescribing and paying for it.

Initial response

The CCG supports the national programme for social prescribing and is committed to ensuring all areas have access to social prescribing. Across Cornwall this is being lead by the Public Health team and Volunteer Cornwall on our collective behalf. Primary Care Networks, which are groups of GP practices working together with community based health, care and volunteer groups, are now able to access funding for recruiting social prescribing link workers. Whilst this helps fund the social prescriber themselves, this does not fund or contribute towards the costs of the services referred to.

The two Camelford GP practices are not yet in a Primary Care Network, so have not yet been able to access this national funding stream. Despite this, the two practices are keen to start to provide such services and see the value of social

prescribing. The CCG will therefore be working closely with them to establish a local arrangement which will enable them to gain access to funding as soon as they are in a position to employ a social prescribing link worker.

Follow up question

This begs the question why the CCG and its practices are not prepared to support social prescribing financially and expect local businesses and charities such as ourselves to foot the bill for helping patients to get better. The evidence is clear that social prescribing improves patient outcomes and is cheaper than medication and so why is the CCG not prepared to support it financially?

Further response

I think it is helpful to clarify what social prescribing is; it is intended to be a link between statutory services and other community groups and charities, it is not 'prescribed' in the same sense that a medication would be from a local pharmacy. NHS England's website contains a wide array of information relating to social prescribing which you may find useful

<https://www.england.nhs.uk/personalisedcare/social-prescribing/>.

As you can see from the website, social prescribing isn't about funding or commissioning a service it is about linking people who would benefit to existing services. Whilst NHS Kernow recognises the positive impact many of these alternative services have on individuals, they are not clinical services which we would fund. This is because the NHS is bound by national regulations when it comes to commissioning or funding decisions, full details of which can be found online <https://www.england.nhs.uk/wp-content/uploads/2012/07/fs-ccg-respon.pdf> As the service offered by Camelford Leisure Centre would be considered to be lifestyle and prevention, these are matters which rest with the individual and, in some instances, the local authority.

As members of the local community we value the input that community organisations, such as yourselves, make to the community and the positive contribution such discounts can offer to individuals. However the discounts mentioned in your question are not a requirement of social prescribing and the CCG is therefore unable to fund them.

Colour Key:

BLACK Action Live
GREEN Complete

RED
BLUE

Action missed
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 2 February 2021				
No actions arising from meeting				
ACTIONS FROM MEETING 3 DECEMBER 2019				
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. Suggest close as ICS development work will overtake this.