

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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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. Localities

1.1 Integrated care areas

Much of the energy in our integrated care areas (ICAs) continues to be focussed on delivering the vaccination programme. With 13 designated local vaccination sites including the Isles of Scilly, as well as many more satellite sites.

Multi-disciplinary team working, such as the 'daily huddle' has really taken off in some primary care networks (PCNs), not least in response to the pandemic, which is strengthening the wider primary and community team relationships. PCN teams are growing in skill mix, with the additional roles reimbursement scheme, and now include mental health practitioners, health coaches and first response physiotherapists, among others.

Links with care homes and care home providers are starting to improve, using the enhanced health in care homes element of the PCN contract as an enabler, for example by linking each care home direct with a named GP practice.

While public and staff stakeholder engagement has been less visible during recent months, ICAs are starting to think about the 'new normal' plans for the future. This will be set in the context of the White Paper and the King's Fund paper, 'Recovery and then renewal', describing the parameters in which local decision-making and an empowered workforce can flourish.

Key to this will be developing a robust population health management approach. Cornwall will be part of a national programme and is asking for 3 PCNs to be involved. This approach will provide information to practices and PCNs about which cohorts of the population to focus on, as well as provide evidence of local health needs to inform decision-making about allocation of resource.

A health inequalities programme that 5 PCNs have expressed an interest in pursuing is being developed which aims to deliver specific projects to tackle local issues, such as social isolation and chronic disease. The programme will involve PCNs working with partner agencies including the council to look at the underlying causes of ill health and seeing if different interventions other than traditional health solutions can tackle health inequalities for specific cohorts of people.

1.2 Contract update

1 April 2021 brings significant change to the general medical services, personal medical services and alternative provider medical services contracts held by general practice. Firstly, as we are returning to a stronger business as usual position, enhanced services are being protected for quarter 1 but are required to return to payment by activity from 1 July 2021. The quality outcomes framework restarts in April with national guidance clearly confirming this must be completed alongside COVID-19 vaccinations.

In addition to this there are some instrumental changes to the additional services within the contract. Maternity services, child health surveillance, vaccinations and immunisations, childhood vaccinations and immunisations and cervical screening will all become essential services. This means that practices can no longer opt out of providing these.

1.3 Learning disabilities and severe mental illness health checks

Significant work is being undertaken to address the gap in uptake of health checks for patients with learning disabilities or severe mental illness. The primary care team have been working with the integrated care team to look at the different opportunities to improve NHS Kernow's overall position.

This is work in progress and further updates will be provided at a later stage.

2. Medicines optimisation

2.1 COVID-19 vaccination

The medicines optimisation team pharmacists have supported the COVID-19 vaccination programme. Most recently approving movement of vaccines through the mutual aid process to ensure maximum availability where it is needed.

The allergy pathway and referral form has been submitted to the referral management service

2.2 Medicines information

Providing daily medicines information has continued and particularly appreciated during COVID-19 when the stock shortages and national guidance has often changed daily. NHS Kernow medicines optimisation team continues to provide this service Monday to Friday throughout the whole lock down period and GPs have very much valued this resource and the support it provides.

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.

2.3 Community pharmacy minor ailment service update

Formal sign off obtained for NHS Kernow's minor ailment service for community pharmacies to provide and supply prescription only medication for the treatment of minor ailments (which currently include impetigo, urinary tract infections in women, nappy rash, and conjunctivitis in ages 1 to 2 years). The services and criteria have

been reviewed and potentially due to change in April 2021 following changes to national guidance.

2.4 Cornwall area prescribing committee

The committee met on 3 March 2021. There was discussion around the integrated pharmacy and medicines optimisation (IPMO) programme.

This committee revised the terms of reference and discussions held around consideration of integrated care system and primary care network (PCN) representation. An updated shared care guideline (SCG) for mycophenolate in rheumatology was approved and a new SCG for amiodarone was finalised.

Discussion was held around the new discharge medicines service, an essential community pharmacy service that supports patients with their medicines after discharge from secondary care and enables pharmacists to ensure patients are aware of changes made to their medication whilst they were admitted.

Discussion took place around the NHS patient safety strategy and how it links with medicines optimisation team's work plan.

The medicines optimisation team, with support from Cornwall Partnership Foundation Trust (CFT) colleagues, is developing a standard operating procedure to assist clinicians to deliver care at home for adult patients with COVID-19.

3. Digital

3.1 N365

80% of NHS Kernow staff have been upgraded to MS Office 365 from Office 2010.

7 practices have upgraded to MS Office 365 as part of their migration to a new clinical system. A new project manager started on 15 March 2021 to help co-ordinate the migration of the remaining 52 practices.

3.2 Vaccination sites

The team continue to support the GP and mass vaccination sites along with support from Cornwall Information Technology Services (CITS). Most sites working okay with a few that are challenged with connectivity. Not sure how the April vaccination restrictions (no under 50s) will affect the sites as yet.

3.3 Digital consultations

Video, SMS messaging, online triage – there are a variety of products in use across Cornwall and the Isles of Scilly – MJOG, eConsultation and AccuRx.

NHS England and NHS Improvement (NHSEI) has agreed discounts with AccuRx for video consultations until December 2021, however GPs have stated they wish to

continue with the AccuRx SMS messaging functionality, which allows 2-way messaging between the GP and patient and also includes pictures and documents. We are working with the other clinical commissioning groups across the south west region to get a cheaper offering by a combined procurement supported by the south west procurement hub that exceeds a 900,000 population.

3.4 Clinical system migration

The last migration has been completed. There is ongoing monitoring of the post migration workstreams with review periods at 2, 4 and 8 weeks. Migrations debriefing session planned for early May 2021.

4. Urgent and emergency care

People in Cornwall and Isles of Scilly continue to support the NHS by making the right choices when they need urgent care. People are phoning 111 or using 111 on line and getting access to urgent care or advice from the comfort of their own home, helping to reduce any unnecessary face to face attendance in the emergency departments and minor injury units and the associated risk of covid transmission.

However the health and care system continues to experience significant pressure. A number of improvements to operational processes have been made with some evidence of improvement and we are looking at what our colleagues in Exeter are doing resulting in delays when ambulances arrive at hospital.

Think 111 successfully supported more people through 111 with a resulting reduction in the number of people who needed to go to MIUs or emergency departments for urgent care and this continues.

Planning is well underway across the whole health and care system for what we expect to be a busy Easter holiday period and an even busier summer period to make sure we are ready to deal effectively with predicted higher demand than usual as we come out of covid restrictions

5. Update on Edward Hain, St Barnabas and Fowey Community Hospital review and engagement projects

St Barnabas and Fowey Community Hospital review and engagement projects remain on pause due to the current need to divert resources to the COVID vaccination programme.

The engagement process determined that Stennack Surgery was a viable and acceptable site for the clinics-bringing more community services into a central town location, providing greater opportunities for the podiatrists and mental health teams to be part of a wider community team. Work continues to relocate the existing Edward Hain Community Hospital clinics (twice weekly podiatry and once monthly mental health) to Stennack Surgery, St Ives.

6. Mental health: Crisis alternative bid

NHS England approached NHS Kernow on 12 October 2020, inviting us to develop a proposal with providers to receive our fair shares allocation for crisis alternatives funding in line with the NHS long term plan (LTP).

NHS Kernow worked collaboratively with Cornwall Partnership Foundation Trust (CFT) and the Voluntary Community Sector (VCSE) to develop a system proposal to enhance the 24/7 single point of access crisis line (now called Initial Response Service [IRS]) by 5 whole time equivalent (WTE) wellbeing coaches with lived experience into the operational model of delivery.

CFT will achieve this through a sub-contracting arrangement with the VCSE organisation Pentreath Limited, and the wellbeing coaches will be co-located and fully integrated with the mental health IRS team.

The role of the wellbeing coaches will be to provide a dedicated resource to support people early in the crisis pathway, through providing dedicated compassionate and holistic support for people experiencing mental health crisis, or whose needs may be escalating towards crisis, and will reduce pressure on statutory crisis services such as the emergency department (ED).

The wellbeing coaches will work shift patterns, providing a service 08:00 – 20:00 Monday to Friday alongside the IRS team. This will achieve greater integration of the VCSE sector into the crisis pathway in line with the NHS LTP. CFT will also employ a dedicated VCSE coordinator to strengthen links and work closely with the local voluntary sector to develop a comprehensive system and knowledge of support available for people in crisis which will further enhance the range of the offer to individuals seeking help.

NHS Kernow submitted the proposal on 18 November 2020. We were asked for supplementary information on 23 December which was returned on 22 January 2021. On the 24 February 2021, NHS Kernow were notified that the proposal had been approved by NHS England and that they would be releasing the first allocation of fair shares to the clinical commissioning group (CCG) early in 2021/22.

NHS England have informed us that formal award letters are on hold until the planning round has been finalised and has requested that areas proceed with their plans and mobilise ahead of the funding release.

6.1 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 Dementia Diagnosis Rate (DDR) performance. However, January saw a decrease nationally which was mirrored in the CCG's performance too.

- The dementia programme of work continues. Review of the memory assessment service (MAS) and primary care dementia practitioner (PCDP) roles nearing completion
- Regional dementia meetings led by NHSE commencing quarter 1 (Q1) 2021/22.
- Review of Garner ward recommencing – recognising the good work in avoiding out of county (OOC) placements and managing avoidable admissions when closed due to COVID-19

6.2 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.

CFT continue to develop the intensive autism assessment service (IAAS), with a planned commencement in Q2, 2021. Recruitment has commenced and the first staff have begun to be appointed.

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.

The learning disability mortality review (LeDeR) programme structural review is now complete and will be reporting its findings to the quality committee. This will deliver a renewed and strengthened governance structure to support assurance of both the process and service improvement related to learning from deaths.

NHS Kernow has ensured that the CloS vaccination programme is accessible to all general practitioners (GPs) registered individuals with learning disabilities. This has included a new COVID-19 vaccination pathway that links the programme to secondary care learning disability specialist services to ensure equitable and safe access.

6.3 Cornwall and the Isles of Scilly adult mental health strategy – futures in mind

The Adult Mental Health Strategy for CloS, Futures in Mind 2020-25, was developed after a 2 year period of listening, formal engagement and co-design. The final draft was endorsed by system boards including health and local authority in 2020 and formally ratified by respective health and wellbeing boards in July 2020.

Progress

The development of the implementation plan and associated outcomes framework has progressed despite the impacts and restrictions associated with the COVID-19 pandemic, albeit at a slower pace and with a reduced level of engagement. This work has been carried out in close collaboration with public health to ensure that the intentions set out in the CloS health and Wellbeing strategy are represented.

Work is underway to develop an outcomes framework for mental health. NHS Kernow CCG has enlisted the support of Professor Barney Dunn from Exeter University's nationally regarded Mood Disorder Service to carry out a programme of academic review, to establish a framework for adopting a consistent way of measuring and achieving positive outcomes for people coming into contact with services.

It should also be noted that local response planning has also included the development of a wider range of specific targeted actions and deliverables associated with the impacts of the COVID-19 pandemic which have been subject to formal planning and delivery. These have focused on three main objectives; Maintaining pathways of care and support, maintaining workforce wellbeing, maintain the wellbeing of the population. This has enabled momentum and focus to be maintained on mental health and wellbeing, by ensured robust and comprehensive emergency planning response which informs both NHS and Local Authority governance processes.

Achievement to date:

- Establishment of a fully inclusive system mental health strategic board, to drive implementation and maintain direction of travel
- First draft implementation plan complete (local authority/adult social care inclusive partnership approach)
- First design drafted by communications team
- COVID-19 mental health and suicide prevention plan complete, ratified and delivering
- Outcomes framework for mental health underway and academic review of evidence based measurement approaches completed by Exeter University
- Bespoke measurement tool under development
- Project plan and implementation milestones drafted

Next Steps:

- Progress implementation plan to final draft by April 2021
- Conclude final design
- Finalise work plan for outcomes and reporting framework in collaboration with Exeter University and local system stakeholder and partners

7. Nursing and quality

7.1 Infection prevention and control

The newly resourced dedicated infection prevention and control resource for care homes and primary care came into post in February. The team are supporting care homes with outbreaks and beginning to look at the raised Clostridium difficile (C.diff) incidence.

7.2 Patient safety incident response meetings

The fortnightly multiagency patient safety incident response meeting which is organised and chaired by NHS Kernow's quality team has continued to meet throughout the second wave and has built on the multiagency approach to learning from patient safety incidents, attempting to investigate right across the patient pathway including GPs.

There has been significant learning from multiagency round table meetings that have formed part of the investigation process. Recent examples include issues related to the delivery of care for young people with physical, mental health and social care needs. For us all it has also brought a greater understanding of each other's services and how we can work more collaboratively.

7.3 Practice nurse leads

The ShinyMinds app is funded via the GPN (general practice nursing) 10 point plan monies as part of the 'building resilience' workstream. It is an interactive emotional and mental wellbeing resource and NHS Kernow is in receipt of 160 licenses. It is provided to the GPNs automatically when they attend the CARE leadership programme. Additionally, nurses can be referred to the app or can themselves request registration.

We are currently in the planning stage to ensure equitable distribution of the app across practices. Administrators complete their training on 5 April after which communication will be sent to all practices. The app will be communicated widely by mid-April.

We are promoting ShinyMinds to all GPN leads and we are working with GP based mental health practitioners to increase awareness of its use. We intend to make this the basis for a wider emotional recovery and wellbeing offering for GPNs as we emerge from COVID-19 restrictions.

7.4 Safeguarding

The named GP for child safeguarding has continued to support practices with advice on policies and specific issues and engagement with the multiagency referral unit (MARU). Training has been delivered for the GP vocational trainees with the support of the safeguarding team.

Current work with the local authority includes consent and information sharing.

7.5 GP vaccination quality huddles

Initially these meetings shared good practice in setting up and running vaccination centres and provided an opportunity for sites to ask for advice and guidance. As well as a place to share the learning from any incidents.

There is now a weekly update from the NHS Kernow medicines optimisation team on the common questions asked, issues raised and national or regional updates.

Quality team and COVID–19 vaccination programme lead will add any updates from the regional clinical advice response service for example, making reasonable adjustments for those with learning disabilities.

On 4 March a quality assurance framework was published for COVID-19 vaccination sites and this week we will be exploring how primary care networks (PCNs) plan on using this and how can we share learning across sites.