

Governing Body Meeting frontispiece

Summary sheet

Date of meeting: 1 June 2021

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 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.

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

In the April director's briefing it was stated that St Barnabas and Fowey community hospital review and engagement projects remain on pause due to the need to divert resources to the COVID-19 vaccination programme. Options are now being considered to re-start the engagement for Fowey and St Barnabas community hospital projects. In view of the system resources required for re-starting these projects this will be discussed at Integrated System Executive Group (ISEG) to gain a system view on the options and the cost benefit analysis in view of the current prioritisation framework.

NHS Kernow continues to work with NHS Property Services, Cornwall Partnership NHS Foundation Trust and Stennack surgery to progress the re-location of Edward Hain community clinics to Stennack surgery. Some refurbishment and building works are required to ensure the appropriate clinical specification of the rooms and a general updating of all the spaces will be undertaken to create multi-purpose clinic spaces to increase opportunities for more community services co-location. Timescales for completion are dependent on building contractor availability (and potentially impacts of G7), but it is hoped the clinics will be re-located by summer this year. An update on this progress was provided to Penwith Integrated Care Forum (PICF) in March.

In the December Governing Body meeting it was recommended that some further work on determining bed capacity requirements for each integrated care area was undertaken. This would consider the 'non-COVID' position and the development of the model of care in each area. Some data and information has been produced and will be shared at PICF on 27 May.

This work reminds PICF of several key points:

- Embrace Care programme diagnostics provided evidence that we have an over reliance on hospital beds and many people are in hospital beds when that is not the best outcome for them.
- Embrace diagnostics determined that 22% of our acute beds and 67% of our community beds are occupied by people who would be better suited elsewhere.
- The data that we will present to PICF demonstrates that even if we were only able to place 25% of the individuals who were in a hospital bed (which was not the ideal setting for them) to an appropriate care setting this would 'release' 53 beds across the system. 50% of people in the ideal care setting would release 105 beds.
- Therefore, if we used our hospital beds for those people who required them we would have sufficient hospital bed capacity.
- 'Bedded care' includes the care we provide to people in their own beds, in care homes, in extra care housing and in hospices.
- The system modelling cell does not have the capacity or capability to undertake additional system bed modelling due to the complexity of the ongoing COVID-19 modelling.
- The system response to COVID-19 continues to be a priority and our use of bedded and non-bedded care continues to fluctuate through necessity and in response to COVID-19 driven needs.
- The system response to COVID-19 has accelerated and improved joint working in community-based care and more people remain in their communities.
- There is no national algorithm to establish how many beds, per head of population, are needed in a community setting. The complexity and nuances to consider the requirements for capacity are extensive and ever changing – COVID-19 is an excellent example – the system came together to support more people to stay safe at home and hospital bed usage decreased.
- COVID led to a reduction in hospital beds - 283 less beds in the first COVID-19 'spike' (238 acute beds, 45 community beds), and more recently (October to

December 2020) a reduction of 118 beds (77 acute beds and 41 community beds).

- Each integrated care area has enhancing out of hospital care as a local priority - in line with all national strategy.
- The development of the west integrated care area role and the local model of care continues as we move towards an Integrated Care System.
- Penwith Integrated Care Forum remains an important point for local stakeholders to join conversations around service planning and decision making.
- PICF will discuss the specific community based work in the west integrated care area that continues to support out of hospital care:
 - Community and care home virtual wards.
 - Community assessment and treatment units.
 - Community coordination centres.
 - Increase in digital and remote appointments.
 - Population health management approach.
 - Health inequalities project, focussing on older people with multiple conditions and the impact of social isolation on their health – this is part of a national programme called ‘Complete Care Community’, based on the principles of personalised care and a conversation about ‘what matters to you.’
 - Provision of temporary bedded care for rehabilitation and reablement.
 - Improving discharge and provision of community urgent care 2-hour response.

Planned care

Personal health Budgets

There is a need to make a distinction between personal health budgets and personal budgets for care. The pilot relates to small amounts of money that are provided to facilitate a discharge from hospital and not actually a personal health budget.

The test of change was due to run for approximately 1 month or up to a value of £30,000.00. Due to operational issues, the spend is currently just short of this amount, so a review has not yet taken place. A more detailed update to be provide at the August Governing Body meeting.

Nursing and quality

Infection prevention and control (IPAC)

The clostridioides difficile (C.diff) rate remains of concern at 33.58 cases per 100,000 population. This is the highest rate in the south west. A regional C.diff collaborative is planned for the near future. System collaboration has been established with IPAC teams in local and neighbouring acute trusts to share intelligence regarding joint C.diff cases.

Outbreaks of COVID-19 have remained rare in all settings. Learning from care sector outbreak control meetings and site visits is being fed into toolkits to support audit visits as part of the prevention programme. NHS providers continue to hold learning from experience meetings for previous larger outbreaks. The need for adequate fit

testing capability in the care sector is a recurring theme, which the local authority plan to provide guidance and reminders for.

Flu planning for the next season has begun locally although the usual regional support groups have yet to convene. No guidance has been received through previous flu channels about the delivery model this year.

The outbreak prevention and control (OPAC) team came into post this month. Orientation has included connection with the care home multidisciplinary team group (overseeing outbreaks), the local authority public health team, and the virtual ward team.

Practice nurse leads

A proposed project has been designed to test the value of increased general practice nurse (GPN) engagement in quality improvement projects at primary care network (PCN) level. Each project will align to population health management and/or long-term conditions and will also be relevant for the integration of services.

Safeguarding

Liberty protection safeguards (LPS) will replace the deprivation of liberty safeguards (DoLS) within the understanding of Article 5 of the European Convention of Human Rights (ECHR). This will change the health and social care systems and responsibilities. The planned implementation date is April 2022 and NHS Kernow's mental capacity act (MCA) and DoLS team are part of planning and assurance groups held at local and national levels.

NHS Kernow is currently recruiting a named GP for safeguarding adults, MCA and DoLS/LPS with 3pa per week.

Primary Care Integrated care area development

As we start to plan the journey towards becoming an integrated care system next year, the role of the integrated care areas (ICAs) has never been more in the spotlight. One of the underlying principles of the new system is to empower local decision-making and to plan service improvements with the involvement of local people and practitioners, from the ground up.

ICAs have an essential role in bringing together system and community leaders across their geographies (3 ICAs across Cornwall and the Isles of Scilly), to understand the issues that affect their population and work together to find solutions. The ICAs will need to evolve into their new roles and are starting to think about what the role looks like and the support that they will need. We are describing this from a local perspective as well as a system one, and each ICA will shortly have a facilitated session to develop their model.

There will be core components that we would expect all 3 ICAs to have in place, such as an integration board with a consistent membership; there will also be local

variation, such as the key individuals and groups with whom we need to work in partnership.

It is early days on this journey, and we are pulling together a plan to gather the views of a wide range of people very soon.

Population health management

3 primary care networks (PCNs) are embarking on the national population health management programme with a plan to roll out to the rest of the county's PCNs later in the year. North and east Cornwall ICA will also be taking a lead on behalf of the county for the ICA workstream of this programme. This exciting work is about using data to better understand population health at a local level and to use this understanding to better inform the actions required to address specific local health needs.

In addition, 5 PCNs have begun their health inequality projects 'Complete Care Community' with support from a national team. The projects include:

- Mental health in younger people, using social prescribing support.
- Younger people who self-harm.
- Cardiovascular disease in people with learning disabilities.
- Harnessing community assets to support local people, working with the Health Creation Alliance.
- Personalised approach to support people with multiple conditions, linked to deprivation, isolation and rurality.

GP contract changes 2021 to 2022

The following provides an overview of the changes to the national GP contract from 1 April 2021.

The national additional roles reimbursement scheme (ARRS) funding has been extended for 2021 to 2022, from £430,000,000 to a maximum of £746,000,000 nationally. From April 2021 further ARRS roles will be added:

- paramedics, as planned
- advanced practitioners
- mental health practitioners, in a way that supports improved working with local mental health services

However, the 4 additional services will not be introduced at the beginning of the year.

The quality outcomes framework (QOF) for 2021 to 2022 will be based upon the indicator set already agreed for 2020 to 2021, with very limited changes only. The 1 main exception is vaccinations and immunisations, where it was previously committed to improving payment arrangements for vaccinations and immunisations by replacing the childhood immunisation designated enhanced services (DES) with item of service payments, and a new vaccination and immunisation domain within the QOF. 4 indicators have been agreed to comprise the new vaccination and

immunisation domain, transferring almost £60,000,000 from the DES to QOF in 2021 to 2022. This reform to the contract does not generate new workload but provides clearer support for the delivery of vaccinations and immunisations.

No new quality improvement (QI) modules will be introduced in 2021 to 2022. The QI modules on learning disabilities and supporting early cancer diagnosis are subject to income protection arrangements for 2020 to 2021. These modules are too important not to be completed in full. They will be repeated for 2021 to 2022 in their original format, with some slight modifications to account for the impact of the pandemic upon care.

Extended access services have been used to support the general practice pandemic response, including the delivery of the COVID-19 vaccination programme. The transfer of funding for the clinical commissioning group (CCG) commissioned extended access service into the national contract will now take place in April 2022. A nationally consistent enhanced access service specification will be developed by summer 2021, with the revised requirements and associated funding going live nationally from April 2022.

Investment and impact fund (IIF)

The IIF forms part of the network contract DES. In 2021 to 2022, the IIF will run for 12 months, from 1 April 2021 until 31 March 2022. It will support PCNs to deliver high quality care to their population, and the delivery of the priority objectives articulated in the NHS long term plan and in investment and evolution; a 5 year GP contract framework to implement the NHS long term plan.

The IIF is a financial incentive scheme. It focuses on resourcing high quality care in areas where PCNs can contribute significantly towards the 'triple aim':

- improving health and saving lives (for example through improvements in the uptake of flu vaccinations)
- improving the quality of care for people with multiple morbidities (for example through increasing referrals to social prescribing services)
- helping to make the NHS more sustainable.

In 2021 to 2022, the initial phase of the IIF is divided into 2 domains:

- i. prevention and tackling health inequalities
- ii. providing high quality care

Both contain areas and these in turn contain indicators.

An initial 6 indicators are included in 2021 to 2022.

Special allocation scheme (SAS)

We are progressing the work to secure new SAS provision from 1 July 2021. The primary care operational group and finance committee have approved the draft contract award recommendation report (CARR). Meetings are taking place with the

prospective providers almost daily to finalise the resource plan and specification to enable the CARR to be finalised and ratified by the primary care commissioning committee and NHS England and NHS Improvement. We are undertaking a complete audit of our records, triangulating data between ourselves, Devon Doctors (the incumbent SAS providers) and Primary Care Support England (PCSE). There are weekly meetings with Devon Doctors to manage the exit plan.

Finance update

The 2020 to 2021 closing position of the prescribing budget has been submitted. Overall prescribing spend is £100,500,000 to date. 2020 to 2021 saw £4,500,000 in unforeseen spend from category M price increases (£3,000,000) and no cheaper stock obtainable costs (£1,500,000). NHS Kernow previously had a lower cost growth than peer CCGs in the south west but are now above Dorset CCG and Devon CCG.

The England average cost growth is significantly below that of all CCGs in the south west. However, this has been skewed by a low growth rate in London regions (2% compared to between 5% and 8% in other regions).

COVID-19 vaccination

The team is supporting second coronavirus doses at primary care network (PCN) vaccination sites, as well as with the transport of coronavirus vaccines under mutual aid. Honorary contracts allowing the team to support PCN vaccination sites have been extended until September 2021.

COVID-19 symptom control packs supplied by Royal Cornwall Hospitals NHS Trust (RCHT) expired mid-April 2021. Unlike after the first wave, RCHT will not be collecting any unused packs, and GP surgeries are being asked to dispose of them as they would other medicines.

As part of the COVID vaccination programme there has been multi-agency working at the traveller site at Minorca Lane. This way of working to support people being vaccinated is proving successful. Whilst people have been receiving their COVID-19 vaccination they have been provided with a range of additional support, such as being encouraged to register with a GP, children not in education supported and emergency support offered as needed. Translators have once again been invaluable to the success of this.

Volunteer and staff feedback has been positive and future pop-up clinic dates for the site are planned. The success of this has led to consideration of cascading the pop-up clinic programme to other sites across Cornwall. An owner of 1 of the sites has offered use of permanent space, a portacabin, for regular multi-agency pop up operations which will enable us to continue to support and improve health inequalities.

Medicines optimisation

A factsheet on vitamin B complex preparations, namely vitamin B compound and vitamin B compound strong, as well as a new asthma guideline are available on the formulary.

The draft medicines optimisation workplan was discussed at the Medicine Optimisation Programme Board (MOPB) on 29 April 2021 and has been shared with primary care, Kernow Local Medical Committee and RCHT colleagues. The plan will be taken to the business planning and performance group and the primary care commissioning committee for final approval. Virtual practice visits are being arranged with a view to practices signing up to the workplan.

The MOPB approved protocols for the review of emollient and hay fever prescribing in line with self-care advice.

Dietetics

The care home support dietitians have recently delivered the nutrition element of the pressure ulcer management training that was organised by the tissue viability team. The session covered the link between nutrition and risk of pressure damage, the importance of nutritional screening, the importance of nutrition in wound healing and the role of a food first approach in managing malnutrition. Sessions were attended by staff from Cornwall Partnership NHS Foundation Trust and care homes.

The care home support dietitians are starting to roll out malnutrition training to care homes on a PCN based approach, focussing on 1 PCN at a time. The care home support dietitians continue to provide bi-monthly post COVID-19 dietetic clinics on a partial redeployment basis with RCHT until the end of May 2021.

The prescribing support dietitian has been working closely with the Peninsula Purchasing and Supply Alliance (PPSA) on the enteral feed contract which has recently been extended for 12 months from 1 May 2021. This has also involved coordinating with RCHT dietitians, New Devon Clinical Commissioning Group, and continuing to work on invoice reconciliation alongside price changes. This contract is due to go out to tender later this year and we continue to work closely with the PPSA through this process.

Community pharmacy minor ailment service update

A new patient group direction (PGD) using hydrocortisone 1% cream will be in use from 1 April 2021 for insect bites and stings and mild irritant dermatitis, to include use on the face. The PGD for chloramphenicol has been withdrawn.

Workforce

Congratulations to Marco Motta in the team, who has been appointed as the new senior pharmaceutical advisor within the medicines optimisation team, following the resignation of Mandy Pell who is joining a PCN in Cornwall.

Cardiovascular risk oversight group

The cardiovascular disease group is continuing to work with the Academic Health Science Network (AHSN) around lipid management and familial hypertension, with a joint transformation bid being submitted. The AHSN is linking with Laura Wheeler at Kernow training hub to support resources for primary care. The national AHSN team are developing a 2 phase educational framework.

A bid for 550 blood pressure monitors has been secured, alongside submission of an additional bid for a further 1,800 monitors. 10 devices have been shared with the community stroke team.

GP IT Recruitment

The new head of primary care digital is planned to start on 14 June 2021. The interim resource is completing a handover and will leave on 4 June 2021. The 1 year fixed term transformation programme manager is now out for advert with a planned interview date of 1 June 2021.

N365

About 30 laptops still to be upgraded in the CCG, however these are some of the more complex upgrades due to incompatibilities with MS Excel macros or other software.

7 practice migrations are already complete with 3 pilot sites now planned for upgrades over the next 3 weeks, with a week to review. The plan is then to migrate 3 practices per week with a planned end date of September 2021 to hit the October deadline set by NHS Digital. If NHS Kernow can only upgrade 2 practices per week, then the end date would be mid-November.

Video consultations and SMS messaging

NHS Kernow agreed to join the South West Procurement Collaborative to obtain cheaper pricing for video consultations and SMS messaging via AccuRx.

The existing SMS contract has been extended for a further 12 months to aid service continuity, with a procurement exercise planned to start in quarter 1 of 2021 to 2022.

GP IT integration with Cornwall Information Technology Services (CITS)

The work to align the GPIT function with CITS continues, but with the focus on joint working, whilst the wider integrated care system development progresses. The 2 teams continue to operate, along with Crowbytes, to provide ongoing support to NHS Kernow and GP IT communities.

GP IT futures framework

As we move from the GP systems of choice (GPSoc) framework to the GP IT futures framework, there is a reliance that CCGs will absorb any future financial

pressures that are generated. NHS Digital has agreed to increase the price per patient from £1.61 to £1.70; however, this is still likely to add some additional financial pressure to local resources. Current assessment is underway to assess the overall impact.

ORCHA

A regional procurement of Orcha has been conducted to provide reach areas with a medical apps verification process. Each CCG is to be contacted regarding initial project briefing to commence very soon, with confirm of costs and funding anticipated from the national digital first primary care allocation.