

# Governing Body Meeting frontispiece

## Summary sheet

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**For:** Public session (part 1)

**For:** Information

**Agenda item:** Directors update

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**Lead director or GP from CCG:** Kate Shields

## 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.

## Primary Care Special allocation scheme (SAS)

As previously notified the new provider of the SAS service, Kernow Health Community Interest Company, commenced provision from 1 July 2021.

There has however been significant pressure in relation to this service over the last couple of months, with increasing referrals and some challenging situations to resolve.

### Phase 3 COVID-19 vaccinations

On 15 September 2021 NHS England and NHS Improvement released a [letter](#) providing an update on phase 3 of the COVID-19 vaccination programme. This confirmed that the “JCVI advises that for the 2021 COVID-19 booster vaccine programme individuals who received vaccination in phase 1 of the COVID-19 vaccination programme (priority groups 1 to 9) should be offered a third dose COVID-19 booster vaccine. This includes:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the green book), and adult carers
- adult household contacts of immunosuppressed individuals”

Currently we have sufficient support for the delivery of phase 3 via the primary care networks (PCN), mass vaccination centre at Wadebridge, community pharmacies across Cornwall and the hospital hub at Treliske. Capacity will continue to be monitored and additional pop-up clinics will be added where necessary.

### Contract update PCN development

On 23 August 2021 NHS England and NHS Improvement released an [update](#) on the primary care networks plan for 2021 to 2022 and 2022 to 2023.

This provides an overview of the support that has been provided to general practice over the last year and highlights 5 areas of focus for PCNs over the coming 18 months. These are:

1. improving prevention and tackling health inequalities in the delivery of primary care
2. supporting better patient outcomes in the community through proactive primary care
3. supporting improved patient access to primary care services
4. delivering better outcomes for patients on medication
5. helping create a more sustainable NHS

Alongside this the letter also provided guidance on the re-phasing of the service requirements in the PCN DES as follows:

Service requirement	Requirements in 2021 to 2022	Requirements in 2022 to 2023
Cardiovascular disease (CVD) prevention and diagnosis	From October 2021, the requirements on PCNs will focus solely on improving hypertension case finding and diagnosis, where the largest undiagnosed prevalence gap remains and where the greatest	Requirements on PCNs to increase diagnosis of atrial fibrillation, familial hypercholesteremia and heart failure will be introduced from April 2022.

Service requirement	Requirements in 2021 to 2022	Requirements in 2022 to 2023
	reductions in premature mortality can be made.	
Tackling neighbourhood health inequalities	PCNs will be asked to work from October 2021 to identify and engage a population experiencing health inequalities within their area, and to codesign an intervention to address the unmet needs of this population. Delivery of this intervention will commence from March 2022.	Continued delivery of the co-designed intervention.
Anticipatory care	Introduction of requirements for this service are deferred.	By 30 September 2022, PCNs will be required to agree a plan for delivery of anticipatory care with their integrated care system (ICS) and local partners with whom the service will be delivered jointly, in line with forthcoming national guidance.
Personalised care	Introduction of requirements for this service are deferred.	From April 2022 there will be 3 areas of focus for personalised care: further expansion of social prescribing to a locally defined cohort which are unable or unlikely to access through established routes; supporting digitised care and support planning for care home residents; and shared decision making training.

## Medicines optimisation

The MO team is working alongside the wider primary care and project management office teams, to improve delivery of medicines optimisation workplan and financial recovery projects and is now using the project management software SMART sheets. Workplan meetings have been completed, and agreements received to enable processing of the incentive payments via the finance team.

Quarter 1 prescribing data has been received and analysed. Early forecasts suggest a predicted spend of around £103 million for 2021 to 2022. Prescribing cost growth for NHS Kernow is higher than neighbouring clinical commissioning groups (CCGs).

However, an initial savings scorecard to track delivery of the medicines optimisation workplan has been developed and will be shared with PCNs and practices at the September GP leads meetings. Savings of £350,000 have been measured in quarter 1, suggesting potential full-year savings of £1.4 million.

The draft integrated pharmacy and medicines optimisation (IPMO) transformational plan was submitted to NHS England and NHS Improvement (NHSEI) with agreement to review at 3-month intervals as this is an evolving document.

The IPMO sets out the aspirations for pharmacy across the system focusing on leadership, workforce, governance, digital and medicines safety. 3 monthly reviews as it is an evolving document.

1,902 people used the community pharmacy emergency supply and minor ailment services in Cornwall during August 2021. This diverted 437 people away from local GP practices, 34 people away from the emergency department, 200 people away from the out of hours GP service and avoided 529 contacts with NHS 111.

### **Medicine optimisation in care homes**

The team continues to support the local authority adult social care and quality assurance and service improvement team with medicines management advice visits to care homes and supported living settings, where there are concerns about safe management of medicines.

### **Dietitians**

The enteral feed contract tender documents have been released via the Peninsula Purchasing and Supply Alliance.

Face to face and online training sessions are being delivered in care homes. Support is being provided to the community dietitians who will be piloting direct care home dietetic referrals in 2 primary care networks. Online malnutrition training sessions are also being delivered to community healthcare professionals, along with a trial of the patient association nutrition checklist in the community. A video to support the 6 steps to appropriate prescribing of oral nutritional supplements in adults' guideline has been produced. Ongoing support is being provided to care homes experiencing safeguarding issues

### **Respiratory**

Guidance on respiratory syncytial virus (RSV) has been circulated to community pharmacies, and practices have been advised how to code RSV cases to enable tracking of RSV cases in the community.

Members of the team have met with colleagues from RCHT around home oxygen, with further discussions to link home oxygen with the respiratory oversight group scheduled.

## **Protocols and formulary updates**

The adult oral nutritional supplements available to buy over the counter sheet has been updated and approved by MOPB. A new resource called eating well with dementia has been produced and approved by MOPB. Both documents are now available on the Cornwall and Isles of Scilly joint formulary website.

## **Chloramphenicol patient group direction**

After initial withdrawal due to safety concerns, the chloramphenicol patient group direction (PGD) for treatment of bacterial conjunctivitis in patients over the age of 1 year and under the age of 2 will be reinstated in line with the Medicines and Healthcare Products Regulatory Agency.

This PGD is for use by community pharmacists and allows patients to access treatment without having to use a GP appointment.

## **Antimicrobial resistance update**

The new updated National Institute for Health and Care Excellence (NICE) guidance on clostridioides difficile infection (formerly clostridium difficile): antimicrobial prescribing was published in July.

There have been some major changes which our team has discussed at Cornwall antimicrobial resistance group, with the infection prevention and control team and during GP Leads in September.

## **ECLIPSE Live and Eclipse Live VISTA**

Meeting held 9 September with practices and PCN pharmacists to promote and increase the use of Eclipse Live and training opportunities.

The Eclipse systems supports patient safety and prioritises patients dependant on risk to reduce hospital admissions.

This system has a new module that mirrors how the Care Quality Commission (CQC) will be accessing medical records during inspections to conduct searches related to national medicines safety indicator, thus enabling practices to self-assess compliance with quality standards.

## **Discharge medicine service**

The discharge medicines services (DMS), previously transfer of care around medicines (TCAM) is a national service whereby hospital communicates medicine changes to community pharmacy to follow up.

6 months into the service, there are nearly 3000 referrals with an 80% completion rate. Across England, NHS pharmacy leads and the Academic Health Sciences Network are working with trusts to implement this service, though in Cornwall we have been delivering this important patient safety initiative for many years.

## **Cardiovascular clinical champion**

Funding has been secured from the southwest cardiovascular risk factor oversight group for 1 day per week until 31 March 2022 to support PCNs in the delivery of the cardiovascular disease (CVD) priorities as outlined in the NHS long term plan. The role will ensure an in-depth understanding of CVD and associated pathways of care, promoting excellent leadership and influencing skills with the ability to motivate and support colleagues in primary care to develop and deliver best practice, high quality, evidence-based care, with an emphasis on addressing health inequalities.

## **GP information technology (IT) Primary care digital strategy events**

The primary care digital team held 2 digital strategy events in July and September with good attendance from the primary care community. The first event focussed on discussion around a number of high level objectives for the team over the next 12 to 18 months, including the requirement to procure both foundation clinical systems (EMIS and SystemOne) and online consultation services within the next year. The second event included systems demonstrations for foundation clinical systems and discussions around options for online consultations services.

The primary care digital team plan to expand the format of these events into a regular digital forum for attendance by practice managers, PCN strategic business managers and interested clinicians, to strengthen the communication between the team and service users.

## **Primary care digital and information steering group**

Another objective is to improve governance and establish a group that can advise, support and challenge the decisions made by team in relation to the provision of digital services. We have now circulated draft terms of reference for this group looking for expressions of interest in membership and hope to be able to hold the first meeting before the end of October. This group will report through to PCCC in the governance structure but will also feed updates through to the system wide digital transformation board and make recommendations to the CCG's business planning and performance group and finance and performance committee in relation to expenditure, in line with the CCG schemes of financial delegation and reservation.

## **GP IT capital plan**

NHS Kernow's application for capital funding to cover GP IT equipment refresh and additional equipment requirements, including for additional roles reimbursement scheme (ARRS) staff, was approved by NHSEI. Orders have been placed totalling £617,000, covering the provision of 300 replacement computers, 150 additional computers (to meet forecast growth) and 70 additional computers for ARRS staff. The replacement computers represent around 10% of the total estate and falls short of the 20% expected by a 5 year rolling replacement programme. We are well placed to quickly bid for any additional capital that becomes available throughout the year.

## **N365**

Following award of a contract to Crowbytes for the provision of implementation services, the rollout of N365 software to general practice is now well underway with about one third of the estate already upgraded and a revised end date of early December 2021 for completion.

### **Electronic prescribing and medicines administration**

Pharmacists working in GP practices and PCNs are now able to access a read-only version of electronic prescribing and medicines administration for patients discharged from RCHT and CFT. This support practices with any queries about patients who have recently been discharged.

## **Nursing and quality**

### **Children, young people and maternity**

NHS England has asked all integrated care systems (ICS) to plan for a surge in the respiratory syncytial virus (RSV) from the end of August, with a November peak. This is expected to increase paediatric acute admissions by between 30% to 50%.

There has been a significant month on month rise in referrals to the children and adolescent mental health service (CAMHS) following the pandemic. Additional commissioning is in place to manage this to include:

- holiday drop-ins
- a digital service for ages 11 to 25 to provide support 24 hours a day, 7 days a week
- additional self-harm work in schools
- additional assessment and brief intervention capacity in CAMHS
- additional support to those with eating disorders

### **Infection prevention and control (IPAC)**

The regional clostridioides difficile (C.diff) collaborative was initiated on 10 July 2021 and the antimicrobial resistance senior responsible officer, Allister Grant, is leading the local participation.

The gram negative bloodstream investigation process is now progressing in the clinical commissioning group (CCG) and case study resources are being produced. A selection of these will be appended to groups receiving IPAC papers, and resources will also be shared for local areas to use in learning discussions.

Outbreaks of COVID-19 continued to affect community settings such as care homes, schools, and businesses. Changes to self-isolation requirements have been made and an impact has been noted from transmission at large events.

Wider flu planning groups convened over the summer. Planning is impacted, particularly in primary care, by the delayed final decision on permission to co-

administer flu vaccine with the COVID-19 vaccine. Gains made by the COVID vaccination programme in seldom heard from groups are being reviewed for the flu programme.

194 contacts were made with the care sector by the outbreak prevention and control (OPAC) team during July and August including 28 site visits. Positive feedback has been received on the supportive nature of the team.

A [diarrhoea risk assessment tool](#) used in local hospitals has been adapted for the care sector in preparation for a potentially disruptive season of Norovirus and sent out via the care provider communication bulletin.

## Quality

The quality team will be at full complement in October when 2 new quality members join the organisation, 1 full-time and 1 part-time. The quality managers will support the heads of clinical quality and patient safety to ensure oversight of the 3 dimensions of quality: clinical effectiveness, patient experience and patient safety.

The new head of patient safety has commenced the Health Service Investigation Branch (HSIB) training pilot as early adopters of the new patient safety incident response framework (PSIRF) alongside our colleagues from the Royal Cornwall Hospitals NHS Trust (RCHT) and Cornwall Partnership NHS Foundation Trust (CFT).

The head of clinical quality has been interviewed as part of the evaluation of the early adoption PSIRF project which will potentially roll out across the country in 2022. The head of clinical quality will be presenting on our experience of implementing the pilot to a meeting of national patient safety specialists later this month.

NHS Kernow's quality team and medicines optimisation team have been working with the Regional Quality Assurance Group for the COVID-19 vaccination programme, chaired by NHS England and Improvement, to ensure we have robust quality assurance of sites in Cornwall as we move into phase 3. The quality assurance role for primary care vaccination site has been delegated to NHS Kernow.

6 newly qualified nurses (NQN) in general practice nursing have been appointed in Cornwall with general practice nurse (GPN) fellowship potential. They have also secured a place on the accredited Fundamentals of GPN training with the University of Plymouth which is fully funded through the training hub. One of the NQNs has progressed to her role through a mapped career journey from receptionist, healthcare assistant, apprentice student nurse to GPN. The training hub are producing promotional material around this.

A funding bid to NHS England to support those undertaking CARE (connected, authentic, resilient and empowered) projects to be coached has been successful, which will allow them time to complete and disseminate their projects across primary care networks (PCNs).

Through the National Association of Primary Care (NAPC) CARE leadership programme, 3 projects are moving forward:

- virtual group consultations – this has been picked up by the PCN and is being rolled out
- risk stratification for restarting long term condition (LTC) reviews
- culture of general practice nursing:
  - new Cohort for January 2022 with an engagement event from primary care to be held on 25 November 2021
  - the ShinyMinds app is being promoted across primary care

Paul Jeffrey, lead practice nurse with NHS Kernow, celebrates 40 years of working in primary care this month.

## Safeguarding

A named GP for adult safeguarding has now been appointed. This is a new post to support NHS Kernow in meeting its statutory duties, particularly in areas that relate to primary care.

There have been improvements in the information available to the safeguarding team about our trust's safeguarding arrangements through the safeguarding assurance scorecard (SAS).

An increase in the number of domestic homicide reviews (DHRs) and safeguarding adult reviews (SARs) has been noted in the past 2 months. These factors have delayed progression of some work areas.

The safeguarding team has responded to the impact of extreme pressures and supported the integrated safeguarding team with some operational work. The team is also supporting the wider system with some urgent and complex patient facing matters.

We have supported our partners in addressing some systemwide issues about the availability of essential information about a person's health in multiagency planning. The adult safeguarding team is involved in the planning for a multiagency adult safeguarding hub (MASH) for Cornwall. The children safeguarding team has put in a proposal about the multiagency referral unit (MARU). In both projects, we aim to improve the health contribution to the overall assessment of risk.

The safeguarding children team have raised an issue with Our Safeguarding Children's Partnership (OSCP) about how public health respond to information shared by acute health providers. We aim to ensure that public health have full sight of risk for children should the case need review.

Ongoing capacity of the specialist looked after children health team continues to be significantly compromised by staff sickness and vacancy. The completion of statutory initial health assessments within statutory timescales is also a concern. The designated nurse for looked after children is supporting the providers with these matters.

A self-assessment of our safeguarding adult arrangements has been submitted to the Safeguarding Adults Board (SAB) and the safeguarding team has participated in a self-assessment review panel on the 4 September 2021. Any key areas for the governing body will be shared through subsequent briefings.

A safeguarding children and adolescent mental health service (CAMHS) case review is being carried out. The outcomes will be reported through the quality committee and then shared with the Our Safeguarding Children Partnership.

The Cornwall and Isles of Scilly Safeguarding Adults Board (SAB) commissioned Healthwatch Cornwall to undertake research on people's experiences of adult safeguarding in Cornwall. The Healthwatch report sets out the findings and the recommendations from this research. An action plan is being developed and implemented by a multiagency group.

The Mental Capacity Amendment Act (MCAA) 2019 sets out new ways of authorising a deprivation of liberty for a person who lacks capacity, known as the liberty protection safeguards (LPS). The Act means that hospitals will be required to undertake an authorisation process for patients in hospital who are deprived of their liberty. CCGs/ICSs will be required to undertake an authorisation process for people who are continuing healthcare (CHC) funded and are deprived of liberty. The Department for Health and Social Care has advised that it expects the legislation to be implemented in April 2022.

Other safeguarding developments include the completion of a GP safeguarding survey and the development of an action plan. Internally the safeguarding team are working with NHS Kernow's people and organisational development team to provide assurance that the data provided about safeguarding training is accurate and that staff are allocated the appropriate level of safeguarding training.

## **Planned care initiatives**

### **Neurosurgery**

Devon and Kernow CCGs commissioned a pilot in Q2 2021 offering an alternative therapy, Cognitive Functional Therapy (CoFT), to patients on UHP's neurosurgical waiting list. CoFT is a pain management approach that focuses on the patient and targets their beliefs, fears and associated behaviours with both movement and lifestyle. Patients who accept the offer will remain on the surgical waiting list whilst undergoing assessment and treatment. Initial results indicate positive outcomes with a higher-than-expected number of people choosing not to continue with a surgical pathway and coming off the waiting list. NHSEI has just confirmed additional funding to support continuation of the pilot from October until March.

For Cornwall patients it is planned to open up the service offer to patients earlier in their pathway i.e., at the point of GP referral for those who meet the criteria. Currently, referral is via the Spinal Interface service. It is hoped that by supporting people in avoiding a surgical pathway, the number of people being added to the surgical waiting lists will reduce and over time help to reduce waits. Testimonials from the first phase of the pilot state satisfaction in finding a solution to pain where

medication and other forms of physical therapy have not worked. The statements emphasise the positivity of being “listened to”.

### **MSK new model of care**

In October 2020, the system’s planned care board approved plans to implement a new model of care for MSK patients. The new model aims to improve the community support offer for people with MSK conditions. An important new role of “MSK Connector” will exist in PCNs to link people with the right services to improve their condition and, where necessary, optimise their health prior to being referred for surgery. The vision is to create integrated MSK services at ICA level where MSK professionals will work closely with primary and secondary care colleagues and the community to ensure people with MSK conditions are part of a continuum of care. This will mean that that instead of being passed from one service to another without any ownership or overall accountability for outcomes, each individual will benefit from co-ordinated care and regular support and via contact from the MSK Connector. Patients needing quicker access to surgery will be able to access it via an MDT pathway that will ensure people are listed for surgery at the optimum time to ensure best possible outcomes.

Update as at August 2021: a first draft business case has been developed.

### **Respiratory**

Funding has now been secured to ensure that there are respiratory teams across the whole of Cornwall and the Isles of Scilly. This includes extra resources for:

West Cornwall ICA – ensuring pilot respiratory team is funded on a substantive basis

Central ICA – creating a team in this area

North and East Cornwall – building on the existing pulmonary rehab service in East Cornwall and adding additional resources to North which does not have a service at present

NHS Kernow are working with CFT to recruit into posts which include those of specialist respiratory nurse, speech and language therapist, occupational therapists, dieticians and physiotherapy. It is currently anticipated that if recruitment is successful, posts will be fulfilled later this year and will help towards winter pressures.

In addition to funding of these services, NHS Kernow have been successful in 2 bids for funding to enhance our pulmonary rehab services using technology. This will enable the teams to delivery hub and spoke models and increase the capacity of the service as well as using technology to better identify those people more at risk of their respiratory condition becoming worse.

### **Diabetes**

A model of diabetes good practice has been developed within the Three Harbours and Bosvena Primary Care Network (PCN) who agreed to be the trailblazer PCN in

Cornwall that works towards reducing the risk of long-term complications for people with Type 2 diabetes.

The PCN wanted to reduce variance in the three treatment targets and chose to measure HbA1c and to call and recall each of those identified within a specific cohort (through the use of the EMIS tool) at intervals of 3 and 12 months.

A dedicated team at each practice was selected to embark on the project. This included a GP, nurse clinician, prescriber, community diabetes specialist nurse and administrative support. A process map was developed by the CCG.

All five practices have had two sessions (with the exception of one practice who had one session only due to staffing issues) and this was supported by a secondary care Consultant who conducted face to face visits to each practice.

The Clinical Director took the approach of writing to the patients prior to their virtual review to advise that the practice had been fortunate to have some dedicated time from a Consultant from RCHT and that they would be contacted again if there were any suggested changes to support improvement with their diabetes medication.

Changes to individual's management plans/medications were captured immediately during the sessions and each patient was either contacted by telephone or letter to advise on the change. With a small number of patients, a change to their lifestyle proved to be the most effective measure.

Those who have received a change to their medication were recalled after a three-month period and, to date, the CCG has received data from three of the five practices which evidences that 191 people have had their medication plans reviewed, 124 of those have seen improvements in their diabetes and overall improvement in units to HbA1c is currently at 1457. Each of those people will be recalled again at 12 months. The remaining two practices will be submitting their outcomes in August.

There will be a quality review learning event in September as part of the evaluation which is based on the practices feedback related to the pilot. Two PCNs have expressed an interest to follow the success of the trailblazer pilot.

## **Mental Health:**

### **System staff mental health and wellbeing hub**

NHS England awarded systems non recurrent funding to develop system staff mental health and wellbeing hubs. CFT have been working closely with NHS Kernow, NHS England and system partners to develop a hub that is suitable for the local staff population needs and provide:

- proactive outreach and engagement
- rapid clinical assessment
- onward referral and care coordination to support rapid access to evidence-based mental health services

CFT have confirmed that they are going live for a soft launch of the hub on Monday 13 September. The staff support line continues to be available on 01872 255757 Monday to Friday 9-5 and there is a central email address for people requiring support: [cft.systemstaffhwb@nhs.net](mailto:cft.systemstaffhwb@nhs.net).

The intention will be to expand on this offer following the recruitment of band 5 health and wellbeing (HWB) co-ordinator roles (x3) and a band 7 HWB specialist post – interviews are taking place at the end of September.

The hub will be available for system staff which includes NHS, adult social care, Voluntary Community and Social Enterprise (VCSE) agencies and South Western Ambulance Service Trust (SWAST).

Currently NHSE have been unable to confirm to systems whether additional funding will be made available next year or beyond.

### **Section 136 (S136)**

NHS Kernow is working with CFT and system partners on the analysis and improvement of the S136 pathway. CFT lead on a multi-agency steering group and a range of task and finish groups looking at areas such as substance misuse, repeat attenders and the use of voluntary sector organisation to increase provision of crisis alternatives. The group has led on an in-depth audit of detention records for the last 12 months which has led to the identification of three main priorities to improve the outcomes of people where a S136 detention has been considered as:

1. Access to timely advice for professionals
2. Alternative provision for people
3. Training for the police

Currently Cornwall S136 detentions have increased, this does however reflect the current national trend. The greatest increase has been seen in the under 18s with 40 in the last 12 months.

Highlights from the internal audit show that 86.6% of those detained are already known to Cornwall mental health services. It also shows the police are only seeking advice 68% of the time prior to detention. A recent deep dive into a small number of cases showed that although recorded as seeking advice the reality was the decision had already been made and opportunities to divert are wasted.

The steering group is making progress towards achievement of its priorities as follows:

1. The initial response service (IRS) professional's line is due to go live towards the end of September giving all professionals a single point of access to discuss patients needs with a mental health professional.
2. A police training programme is under development and at the request of the Force will work collaboratively to deliver a quality programme merging the priorities of the force with those of the health providers.

3. CFT's Rio system is being changed to allow services to access more robust and meaningful data

There has been an increase in those under 18 years of age being detained under section 136 of the Mental Health Act. More information is being gathered to better understand this increase and a dedicated project has been established which includes police and, health professional as well as the young people themselves. This project will include providing dedicated youth workers in West Cornwall to work closely with the policing teams in that area to support them and young people who are subject of police intervention to learn why they have got into crisis and what could have been done to prevent them from doing so.

## **Dementia**

- 53.5% (July 2021) up 0.3% from previous month
- Revised recovery funding to improve Dementia Diagnosis Rate (DDR) in 2021/22 – plan being worked on (developed with complex care and dementia service/memory assessment service) – focus on DDR activities

## **Severe mental illness (SMI)**

- Physical health checks for people with serious mental illness (PH in SMI) Quarter 1 (Q1) data collated from primary care manually and returned to NHSE (14.0%)
- SMI cohort COVID-19 vaccine uptake currently at 79%
- NHSE additional funding provided to NHS Kernow to purchase remote health check kits and NHS Kernow have been chosen as southwest integrated care system (ICS) to bid for additional interoperability funding (expression of interest submitted). Plan to trial 7 remote health check kits across services and to feed into primary and secondary care systems

## **Learning disability and autism (LDA)**

### **Out of area hospital placements**

There are currently 6 people with learning disabilities or autism who are in out of area beds. Each individual is visited at least every 8 weeks to ensure quality and safety of the hospital placement. In August 2021, one individual has returned to Cornwall from an out of area inpatient bed into a house with a secure tenancy, funded by the NHS. We are anticipating a further discharge back to the community in September (again into an NHS funded house) and a transfer of one individual into local hospital provision. Further discharges are expected in Q3, 2021, with a further NHS funded house being renovated for a specific patient.

### **Section 117 (S117) aftercare**

NHS Kernow has recruited a very experienced commissioning manager to oversee the commissioning of S117 aftercare services for individuals who have previously been detained under the Mental Health Act. The commissioning manager will continue the programme progress towards a jointly agreed, multi-agency policy for S117 aftercare. The new role will also further develop joint protocols with our local

authorities to ensure the timely commissioning of aftercare that delivers high quality and safe services for individuals subject to S117.

### **Long Term Plan (LTP) and 3 year roadmap**

NHS Kernow has submitted a financial plan for the next three years to ensure attainment of the NHS LTP targets. This year focusses on the needs of children and young people, including further development of a crisis pathway and addressing the autism diagnosis pathway. In addition, funding has been awarded by NHS England to increase self-advocacy for individuals with learning disabilities and autism.