

**Meeting of the Governing Body
Summary Sheet**

Date of Meeting: 05/12/2017

For: Public session (Part 1)

For: Decision

Agenda Item and title:	Directors' Update
Author(s):	Executive Management Team
Presented by:	Jackie Pendleton
Lead Director:	Jackie Pendleton

Executive summary:

The Directors' Update will be submitted to Governing Body each month and is intended to ensure that members are aware of the extensive amount of work that is happening within the CCG and with partners.

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 note the range of activity that is being undertaken within the CCG.

Evidence in support of arguments:	For information only
Who has been involved/contributed:	Directors Group
Cross Reference to Strategic Objectives:	Covers all strategic objectives
Engagement and Involvement:	Considered as appropriate within each individual piece of work
Communications Issues:	Considered as appropriate within each individual piece of work

Financial Implications:	Considered as appropriate within each individual piece of work
Review arrangements:	Considered as appropriate within each individual piece of work
Risk Management:	Considered as appropriate within each individual piece of work
National Policy/ Legislation:	Considered as appropriate within each individual piece of work
Public Health Implications:	Considered as appropriate within each individual piece of work
Equality & Diversity:	Considered as appropriate within each individual piece of work
Other External Assessment:	Considered as appropriate within each individual piece of work

3.0	Assessment
	<p data-bbox="236 208 710 241">3.1. Better Care Fund –Section 75</p> <p data-bbox="236 275 1407 443">Confirmation was received in September that the Better Care Fund (BCF) Plan submitted to DH/DCLG had been approved without conditions. This approval allowed the system to continue with its plan to meet the High Impact Changes required within the health and social care system in Cornwall, and which include the reduction in Delayed Transfers of Care (DToC) as a joint BCF metric.</p> <p data-bbox="236 443 1407 611">In the period immediately after the approval Cornwall Council undertook a review of adult social care services in which significant cost pressures were identified. The integrated Commissioning Partnership has received assurance that the Cabinet approved savings plan will not affect the IBCF funded schemes, and Cornwall Council remains committed to the conditions of the Grant and the wider BCF schemes.</p> <p data-bbox="236 611 1407 947">The first NHS England BCF report was submitted in November and this confirmed the system had failed to meet the required target by a small margin, 120 vs 115 average days delay. The next milestone, due in November and relates to a category split between NHS and Adult Social Care (ASC) delays. The NHS delays are currently on target to meet the required trajectory; and this ensured the CCG was not called to account, however the ASC delays are proving more difficult. Overall, whilst there continues to be a reduction in reportable DToCs and overall the system is likely to meet the 115 target there is a real risk the system will not achieve the target for ASC delays. NHS Kernow’s contribution to the Discharge to Assess Pathway 3 and GP Enhanced Cover continues to support the downward trend.</p> <p data-bbox="236 981 1407 1115">The section 75 agreement for 2016/17 was finalised in October 2017. The 2017/19 agreement is in draft and despite the recent departure of the BCF Programme lead we are aiming to achieve the signature date of the 30/11/17 for both Cornwall and the Isles of Scilly agreements.</p> <p data-bbox="236 1149 774 1182">3.2. Safeguarding Children and Adults</p> <p data-bbox="236 1216 1407 1384">The current vacancy for Designated Nurse for Child Protection and the new posts for Designated Nurse for Looked After Children were advertised at the beginning of November and have attracted a good deal of interest. The interviews take place on Monday 27 November. In the meantime an Interim Safeguarding Children’s Advisor with a wealth of experience in children’s safeguarding is helping the CCG.</p> <p data-bbox="236 1417 1407 1518">The new post of Mental Capacity Act and Deprivation of Liberty Lead is being progressed jointly between Continuing Healthcare and Safeguarding. The job description has been banded and it is hoped to advertise the post before Christmas.</p> <p data-bbox="236 1552 1125 1585">3.3. Learning Disabilities Mortality Review (LeDeR) Programme</p> <p data-bbox="236 1619 1407 1787">The Learning Disabilities Mortality Review (LeDeR) Programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and delivered by a team based at the University of Bristol. Many of the delivery team were involved with the Confidential Inquiry into Premature Deaths of people with Learning Disabilities (CIPOLD).</p> <p data-bbox="236 1821 1407 1955">The LeDeR programme began local reviews of deaths of people with learning disabilities from January 2016 and was launched in the South West in May 2017. Each area has a Local Area Contact (LAC) who oversees the review process and provides support to the Programme and the Reviewers.</p> <p data-bbox="236 1989 1407 2087">To date Cornwall and Isles of Scilly have seven reviewers trained and a further training day is planned for 6 December which currently has seven further professionals enrolled. The reviewers are from Cornwall Partnership Foundation NHS Trust (CFT), Cornwall</p>

Council, Royal Cornwall Hospitals NHS Trust (RCHT) and NHS Kernow. Cornwall and Isles of Scilly currently have four reviews allocated by the programme and has commenced two of them.

A multi-agency steering group has been set up to oversee and guide the review process. This has inclusion from commissioner, provider organisations, Safeguarding Adults Board, Safeguarding Children's Partnership and the Coroner's office. The first meeting of the group is planned for early December when it plans to examine the preliminary findings of the initial reviews and decide whether an in depth review needs to take place for each of the allocated cases.

3.4. Care Home Quality

The Nursing and Quality Directorate now has a programme of quality assurance visits to care homes established in conjunction with colleagues at Cornwall Council. This is in line with our vision for more integrated working with other organisations and is proving both popular and successful, especially with the homes that now only get one quality assurance assessment instead of two.

There has been some pleasing progress with two care homes that were causing some concerns earlier in the year. The close support from NHS Kernow and Cornwall Council along with the hard work by the homes has resulted in one having suspension to placements lifted and the other having made such significant progress that the Care Quality Commission who rated the home as 'requiring improvement' earlier in the year made a further unannounced visit in October and have now rated the home as 'good'.

3.5. Cornwall 111 mobilisation update

The Cornwall and Isles of Scilly NHS 111 and Out of Hours (OOH) service contract has now been signed by NHS Kernow CCG, RCHT, Kernow Health CIC and Vocare; and the service will be in place from 30 November 2017. Scenario testing is currently under way and a mass call event took place as part of this testing on the 8 November 2017. During this event, test calls from landlines and mobile phones for every area code in Cornwall and the Isles of Scilly were made to the service to test connectivity and line quality. NHS England has also confirmed that all systems need to have a plan in place for 111 Online implementation by December in 2018.

3.6. Urgent Treatment Centres (UTCs) Update

NHS England published a national specification for an Urgent Treatment Centre (UTC) earlier this summer. There is a national expectation that a number of UTCs will be created across the county to relieve pressure on acute hospitals. A national commitment was made that there will be around 150 sites meeting the national UTC standards by the end of March 2018.

NHS England has subsequently requested that all systems assess their existing urgent care facilities (A&E Sites, Minor Injury units & Walk in centres) against the standards and requirements detailed in the national specification. The purpose is to identify which currently meet the national UTC standards or could be supported to before March 18. In Cornwall our range of Type 3 A&E sites include Minor Injury Units, the Primary Care Centre at Camborne Redruth Community Centre and West Cornwall Hospital Urgent Care Centre. The Emergency Department at Treliske is a Type 1 A&E department, which includes a "minors" pathway and therefore provides the function of a Minor Injury Unit for the Truro catchment.

NHS England recognise that many systems, like Cornwall, are still developing new models of care as part of their Sustainability and Transformation Partnership plans and

that for most, this will require public consultation. Cornwall's Shaping our Future STP plans include a commitment to replace Minor Injury Units with fewer strategically placed Urgent Treatment Centres. The work to identify the number and location of sites is in an early phase.

We have made some progress in developing a draft service specification for a Cornwall UTC and we will share this with the Urgent Treatment Centre Programme Delivery Group on the 30th November, and the Clinical Leadership Group (GP Locality Leads) and Clinical Practitioner Cabinet (a system-wide Clinical Cabinet) in December or January. Our next series of 'co-production workshops' with local clinicians and stakeholders including Healthwatch, is planned for February. We will be sharing the specification, our criteria for assessing sites and our methodology for determining the number of UTCS that are accessible, affordable and operationally viable.

Following discussion with A&E Delivery Board system partners, we have confirmed that West Cornwall Urgent Care Centre currently meets the standards of the national specification (with some improvement required around digital capabilities) and as such, it will be designated as a UTC. The term "designation" refers to the process of assuring that facilities meet the national standard for UTCs. It should be noted that designation of facilities reflects those services that currently meet the national standards. Therefore, designation of sites should not be seen as an indicator of the future location of UTCs as it is accepted that these may change on conclusion of the strategic review currently underway.

The following sites have been identified as the next closest to a match, but fall some way short. Following discussion with the Chief Executives of Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospital Trust, who own the sites, we have agreed that these sites can be classified as 'fast followers' with an expectation of designation in March 2018. This is likely to include a request for exemption against certain national requirements that are not considered locally appropriate or within local patients' best interest.

- Camborne Redruth Community Hospital Primary Care Walk-in Centre. The rationale here is that the service specification requires the presence of a GP from 08:00 to 22:00 and evening and weekend x-ray cover. The service does not comply with the following aspects of the specification:
 - Point of Care testing facilities
 - Direct booking from NHS 111 or
 - Electronic prescribing
- Co-located Out of Hours Primary Care treatment centre.
- To date, the service has focussed on the provision of walk-in primary care as opposed to the more complex fractures and injuries that are seen by the West Cornwall Hospital Urgent Care Centre and make a bigger impact on diverting ambulance journeys from the Emergency Department.
- The Minors Department at the Treliske Emergency Department. The rationale here is that the service employs GPs on some evenings and weekends to enable front door streaming. There is also round the clock access to x-ray and other diagnostics. Operationally, it is not configured as an Urgent Treatment Centre in the same way that WCH Urgent Care Centre is. The service cannot support direct booking from NHS 111 or offer electronic prescribing. There is no co-located out of hours primary care treatment centre, although this is anticipated in 2018-19 as part of the new Integrated Urgent Care Service (111 and OOH) operational model which will be provided by RCHT, Kernow CIC and Vocare from the 30th November.

- Liskeard Minor Injury Unit (MIU). The rationale here is that it offers one day of weekend x-ray (as does Launceston MIU). This factor, combined with its modern infrastructure marginally sets it apart from the remaining Type 3 A&E sites which are the other MIUs in Cornwall. The DOS profile for the service is consequently significantly limited compared to that of the other Type 3 A&E sites selected for designation i.e. West Cornwall Hospital UCC CRCH Primary Care Centre. The service does not comply with the following aspects of the service specification:
 - GP-led or delivered
 - Evening x-ray
 - Provision of point of care test
 - 111 booking
 - Electronic prescribing

The inclusion of Liskeard has the benefit of offering a more evenly geographical spread of designated sites, but should in no way be seen as pre-determining our future model of Urgent Treatment Centre locations.

3.7. Improving Access to General Practice

The national commitment for Improving Access to General Practice is that 100% of the population should have access to routine appointments in the evenings and at the weekend by March 2019 with 50% of the population (national target) having access by March 2018. Although not all the criteria are being met the pilot projects at Camborne Redruth Community Hospital and surrounding practices, and in Helston, have provided a population of around 90,000 with some form of extended access for the last two years.

During November the CCG primary care commissioning team is engaging localities, provider partners, the LMC, NHS England and other CCGs, to consider how best to provide extended access. Critical to choosing the preferred method for commissioning is the need for solutions to adhere to seven core national criteria including requirements to link with NHS 111 and integrate with in-hours and out of hours GP services. It is vital the solution does not destabilise existing services, given workforce shortages, but instead integrates to improve the resilience of the system, practices and availability of services for patients.

To inform our commissioning strategy the CCG is working with HealthWatch Cornwall to develop a patient survey in order to get a better understanding of patient needs i.e. do patients want access to routine Primary Care on a Sunday, for example? The test and learn sites are also going to be assisting as following appointments, patients will be asked to complete a short survey. The timeline for developing the commissioning strategy is outlined below:

- November and December 2017 – collating feedback from localities, provider partners, procurement options, and preparing patient feedback. Production of a draft commissioning strategy.
- January to March 2018 – feedback from test and learn sites, options appraisal conducted, preferred commissioning approach and recommendation to Finance Committee. Implementation plans drawn up for preferred option.
- April 2018 onwards – additional funding available, so go-live in line with preferred option implementation plans.

3.8. Delegated Commissioning

NHS England is encouraging CCGs to apply for delegated commissioning of primary medical services. This is part of a wider strategy to support the development of place-based commissioning. Across the SW Peninsula only Dorset CCG has been approved to take on the delegated function. NHS Kernow has not made an application to take on

delegated responsibility for the 18/19, and instead is working with NEW Devon, South Devon & Torbay CCGs, and the NHS England local primary care directorate, to develop the concept and implementation plan for a shared function across the SW Peninsula. This will be developed and tested alongside the shadow Accountable Care System development work.

3.9. IM&T and GPIT

- **GP Connect:** This is the national solution to GP system interoperability, with Cornwall being a 'first of type' pilot site. A major milestone has been achieved by the CCG GPIT team – a successful demonstration.
 -
 - The outstanding technical issues have now been resolved enabling the 'view only' link between Microtest and EMIS, with a record viewer embedded in each of the respective clinical systems. Initial testing has been well received by clinical and practice staff and the plan is for further demonstrations with the across North Kerrier (a mix of EMIS and Microtest Practices) during November 2017. The aim is to undertake live simulations of extended access clinics during December.
 -
- **GURU:** This is the interim interoperability solution and uptake continues to increase across acute, mental health and adult community services. The GURU admin portal and audit reports have now been fully deployed.
 -
 - All but one of the 62 GP Practices in Cornwall has a signed Information Sharing Agreement (Version 2) (ISA) in place. Issues regarding the data sharing model within SystmOne (highlighted by ICO in Feb 2017) means several TPP sites still have sharing 'switched off'. TPP will be rolling out a new data sharing model (date TBC) which should resolve the risks identified by the ICO.
 -
- **NHS Wi-Fi in GP Practices** – NHS England has provided £260k non-recurrent funding to deliver Wi-Fi to all 62 Practices by 31 December 2017. Following a tendering exercise Daisy has been selected as the preferred delivery partner to work alongside CITS. The project is currently mobilising with proposed roll-out plan expected to be announced. Given the tight timescales and the high probability of delays from BT is likely that the project will extend in 2018. This will however provide reliable Wi-Fi in Practices for both the public and practitioners.

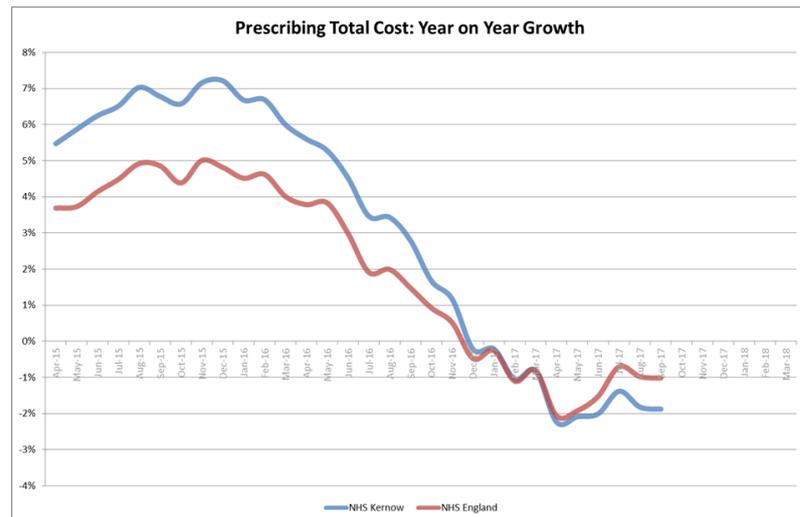
3.10. Locality Development

Locality Development Managers are supporting practices to progress cluster arrangements and work collaboratively to deliver primary care at scale. Localities are working with service partners to strengthen community team arrangements and develop social prescribing/ signposting/ navigation functions. Members of the Shaping Our Future programme team are attending Locality meetings throughout November and December to hear about resilience issues, local priorities and projects, to link work together. This engagement on local arrangements will inform development of the new community based model of care.

3.11. Prescribing and Medicines Optimisation

Prescribing total cost growth is still below the national rate and still negative locally. This is illustrated in the graph opposite.

Current forecasts suggest a small overspend position against a very challenging budget. However, the savings delivered through prescribing continue to represent a significant part of the £30m quality and efficiency improvement challenge.



The QIPP tracker suggests expected in-year savings of around £4m against a challenging target of £5.1m.

A few technical issues remain with OptimiseRx but the system is supporting cost effective prescribing, improving quality, generating savings and implementing safety interventions.

There is a national 'limited value drugs' consultation under way and the CCG response has been submitted. This will support much of the work already underway across Cornwall and the Isles of Scilly.

Cost pressures are impacting the financial position and the NCSO Price Concessions (no cheaper stock obtainable) is creating additional costs of £400-£500K per month in September and October 2017 due to shortages in generic drug availability.

Cost benefits usually available to CCGs in the form of Category M price changes are now being retained nationally. This benefits the national position but does not impact the local financial position as is usually the case.

3.12. Care Quality Commission (CQC) system wide report on the Cornwall and Isles of Scilly

Early in October 2017 the CQC published a review of its findings on the Cornwall and Isles of Scilly health and care system which focused on how effectively different parts work together. This was a review of the whole system although discharge processes were used as a focus. The review concluded that services need to make urgent and significant change to improve and work better together to ensure that people get the services they need as they move through the system.

In response to the CQC report local system leaders publicly committed to work together to address the recommendations made and a plan that has been drafted to this end. The action plan is currently under review by Senior Operational Leads and focuses on developing a more integrated service between health and social care, between providers and with the voluntary sector. This integrated model will be wrapped around community and primary care and the needs of the local communities and be underpinned by a shift of resources into preventing ill health and caring for people in their homes or communities, avoiding the need for admission to hospital wherever possible.

NHS England and NHS Improvements have also committed to support the implementation of the plan.

3.13. Winter Planning – Flu Vaccinations

The A&E Delivery Board will receive a monthly update on winter planning and delivery from the system Winter Director until April 2017. The update will consist of a revised version of the Winter Plan which is being maintained as a living document with key changes highlighted to the Board at each update. NHS England has announced that all care home and home care staff will be eligible for free flu vaccination as part of national flu preparedness campaigns. Local system partners are working with NHS England to address this issue and to ensure that care workers are able to easily get their flu jab, in conjunction with local pharmacies and GPs.

3.14. Delayed Transfers of Care (DToC)

The Department of Health and Department for Communities and Local Government wrote to the Cornwall Council to note that Cornwall's DToC performance identifies the system in the bottom quartile for the rate of DToC.

The number of bed days lost per month in September 2017 was the lowest it has been since June 2016 and nearly 600 bed days less than September 2016. It is the second month that it has been lower than the same time last year which is a promising indicator. However this needs to be maintained for a further couple of months at the very least before the A&E Delivery Board can be sure of cause, effect and sustainability.

Further work to reduce DToCs has been outlined in the priority reports to the A&E Delivery Board, and weekly calls continue to take place between system leaders to ensure that all relevant actions are taken to aid the reduction of DToCs.

3.15. National Audit Office Study into Reducing Admissions

System partners in Cornwall have been working with the National Audit Office to support a study of how admissions to hospital can be reduced, in particular for older members of the population. The study will encompass six systems in the UK, and will be used as part of the Department of Health's commitment to reduce emergency admissions. While the study may not establish value for money, it will establish the progress made and effectiveness of the efforts made by the Department of Health, NHS England and system partners. The draft report is expected in December 2017 and will be shared with the Cornwall system to check for factual accuracy ahead of publication in February 2018.

3.16. Stroke

In October an update on the stroke pathway was taken to NHS Kernow CCG's Quality and Performance Committee. In February, an Executive-Led Stroke Steering Group was formed to oversee the next steps for stroke care in Cornwall. The pathway has been split into workstreams each with a dedicated project plan for improvement. Through formation of this group there is now improved understanding of the whole pathway and steps being taken to address gaps; including gaps in measuring performance.

There have been significant improvements in the number of people who are admitted quickly (within 4 hours) from Emergency Department to the Stroke Units at RCHT and Plymouth Hospitals NHS Trust but these targets are negatively impacted when the whole system is in periods of pressure. Improvements have also been seen in the number of patients receiving care on specialist units and in urgent scanning and swallow testing.

3.17. Mental Health:

The Perinatal and Infant Mental Health mapping tool was completed and submitted to NHS England on the 17 November which included baseline information relating to the specialist pathway. This collaborative process, coordinated by NHS Kernow CCG, brought together leads from Public Health, Health Visitors, IAPT, CFT and Maternity.

A refresh of the Mental Health Delivery Plan took place, including the addition of the milestone impacts tracker and submitted to NHS England on 17 November.

A joint working approach to review Prevention and Early Interventions services has been agreed with Cornwall Council and after an initial joint scoping exercise, a number of shared objectives have emerged which are informing the development of a delivery plan to include key milestones.

The team has planned an approach to future Deep-Dive processes in order to review pathway-specific and support the implementation of the 5 Year Forward View for Mental Health. Commissioners met with lead clinicians from CFT on 21 November and have agreed an initial Deep-Dive focusing on capacity and flow across the Acute Care Pathway with a particular focus on reductions in Out of Area Placements.

NHS Kernow CCG has been involved in the review of the current Multi-Agency Suicide Preventions and is in the process of supporting Public Health leads in refreshing the current plans to emphasise early intervention, prevention and delivering responsive interventions to those individuals with complex needs and comorbidities.

Phillip Confue, Chief executive of CFT was welcomed to the Clinical Leadership Group on the 14 November 2017 to discuss and respond to questions arising from primary care colleagues in relation to the provision and delivery of mental health services. This led to the identification of a number of objectives and local actions for improvement and development. The actions agreed will be circulated with the minutes of the meeting and followed up in order to report back to the CLG in three months regarding progress against actions.

A bid-writing team has been formed to work up a local proposal to enhance Individual Personal Support links to the national programme of enhancement. This will aim to support employment for those with complex mental health needs. This team will be working alongside the national team to plan next steps in order to align to the national specification.

The team has been working with colleagues to develop mental health dashboards aligning to key areas of performance and delivery which will be measured against the five Year Forward View objectives for transformation.

3.18. Continuing Healthcare – Good News: Thank you to Katie Collings and the Continuing Healthcare team

A family has expressed their gratitude for the care and support their disabled son received from the Continuing Healthcare team.

Despite his mother battling the grief of the recent death of her son she sent a card to show the very real difference the CHC makes to the lives of those that they support and their loved ones.

Trudy Rayment, operations manager for Continuing Healthcare and related services, said that despite the man's severe mental and physical disabilities he had "an amazing personality and sense of humour".

Trudy added: "Katie made such a difference to his and his family's life and this is what CHC is about. Continuing Healthcare are much more than a funding stream. We are a lifeline, we are a support stream and health professionals."

3.19. Non-Emergency Patient Transport Services (NEPTS)

Since the implementation of the revised policy on 14 August 2017 the CCG has received a number of communications from patients, patient groups, hospital consultants, charitable organisations, HealthWatch and politicians.

The main issues raised were relating to:

- Frequent travellers
- Discretionary payments
- Wheelchair users
- Isles of Scilly specific issues

Locally frequent travellers are defined as those patients who have historically automatically received NHS funded transport on the basis that they have to travel three or more time a week to receive treatment. The majority of these patients are patients receiving renal dialysis, radiotherapy or chemotherapy.

Renal Dialysis

The CCG has extended the originally stated transition period of four weeks to the 30 November. This is to enable the CCG, RCHT renal physicians and Kidney Care UK to work on the development and agreement of specific medical criteria that relates to patients attending renal dialysis treatment. The team continues to work with renal consultants on the development of the assessment criteria for this specific group of patients to ensure it is clinically evidenced, robust and transparent to support clinicians and transport booking staff to correctly assess someone's eligibility. Once agreed, this assessment process will be incorporated into our non-emergency patient transport policy.

Wheelchairs

Locally there appears to have been a misunderstanding that patients in wheelchairs automatically qualified for NHS funded Non-Emergency Patient Transport under the nationally defined eligibility criteria for health need.

There are wheelchair users that can transfer themselves from their chair into a vehicle unaided or have access to their own adapted vehicles. If a patient is not able to transfer themselves in and out of the wheelchair without an aid or without the assistance of two people they would be eligible for NHS funded Non-Emergency Patient Transport. The CCG and the Centralised Booking Service are working with clinicians and patients to ensure that this criterion is understood and applied consistently.

Isles of Scilly issues

There have been several issues raised relating to Urgent and Emergency Treatment travel costs. These do not form part of the NHS-funded transport policy as this is for Non-Emergency Patient Transport. The CCG has agreed to work with the Centralised Booking Service, Isles of Scilly Healthwatch and Isles of Scilly Overview and Scrutiny Committee to develop a specific policy for Isles of Scilly Urgent and Emergency travel.

NEPTs Impact Assessment

The CCG carried out an initial impact assessment and given the feedback it has received it has been reviewed and revised. This has changed from our initial assessment and the team is carrying out the mitigating actions required where a negative impact has been identified. As and when amendments or additions are made to the policy the impact assessment will be reviewed.