



Minutes

Partnership Senate Meeting

27 May 2021

9:30am

Microsoft teams

Attendees

- John Govett, independent chair, NHS Kernow Clinical Commissioning Group
- Natalie Jones, acting accountable officer and chief nursing officer, NHS Kernow
- Carolyn Andrews, system transformation director, NHS Kernow
- Dr Paul Cook, chair, NHS Kernow Clinical Commissioning Group
- Kate Kennally, chief executive, Cornwall Council
- Kate Shields, chief executive, Royal Cornwall Hospitals NHS Trust
- Gillian Derrick, deputy medical director, Royal Cornwall Hospitals NHS Trust
- Anne Thomas, chief executive, Cornwall Care
- Meredith Teasdale, strategic director for children, schools and families, Cornwall Council
- Rachel Wigglesworth, director of public health, Cornwall Council
- Trudy Corsellis, deputy director of corporate governance, NHS Kernow
- John Yarnold, finance and performance joint assurance committee chair, NHS Kernow
- Nigel Morson, chair citizens advisory panel, NHS Kernow C
- David Smith, chair of Cornwall Partners in Care
- Vanessa James, South Western Ambulance Service NHS Foundation Trust
- Paul Masters, chief executive, Isles of Scilly Council
- Penny Atkinson, ICA clinical director, north and east Cornwall.
- Anita Cornelli, integrated care area director, Cornwall Partnership NHS Foundation Trust
- Loraine Brennan, PA and minute taker, NHS Kernow
- Cllr Joel Williams, Lead, Isles of Scilly Council
- Tracie North, quality joint assurance committee chair, Cornwall Partnership NHS Foundation Trust
- Mario Dunn, chief executive, Cornwall Healthwatch
- Jayne Price, Cornwall Partners in Care, for patient story item

Apologies

Claire Bryan, director of finance, NHS Kernow

Item 1 Welcome and introductions

John Govett welcomed all to the Senate Partnership Board meeting via Microsoft teams and extended a warm welcome to Nigel Morson, newly appointed chair of the citizens advisory panel, who has recently taken over the role from Sally Turner. He also thanked Cornwall Council councillors who have previously served on the Partnership Senate and following the recent Cornwall Council elections on 6 May 2021 he anticipated welcoming newly elected councillors to the next meeting.

John Govett confirmed the appointment of Kate Shield as accountable officer of NHS Kernow and as acting chief executive of the integrated care system (ICS) subject to legislation. Kate will commence her new role in August 2021 and he congratulated her on her appointment.

Apologies received are noted on the record of attendance above.

Item 2 Actions and matters arising from previous meeting

The last meeting of the Senate Partnership Board was on 15 October 2020 and it was noted that during January 2021, COVID-19 became onerous again. The minutes were agreed and actions were updated.

Item 2a Update on system equalities work

Rachel Wigglesworth provided a verbal update on the progress of the system equalities work and confirmed she was deemed the system wide health inequalities lead.

The aim was to start this work with a system approach and already significant work has enabled equality leads from health and care partners to join up for discussions about the drivers of health inequalities and to link into agendas. A logic model has been designed to look at what needs to be achieved. There are statutory requirements and the people undertaking this work are very passionate around equalities and improving working conditions and opportunities.

Rachel Wigglesworth emphasised the importance of building good relationships and understanding a common purpose. She referred to the deliverables against 8 priority areas, confirming that an update and response in this respect has been relayed to the NHS England and NHS Improvement (NHSEI). She explained going forward we will aim to expand groups into specific sub-groups

Kate Kennally said the approach being taken to build a common purpose is appropriate. Over the next 12 months she is keen to look at the delivery of the Health and Wellbeing Strategy to reduce health inequalities and to consider how we might get more visibility around this work.

John Govett enquired whether there is positive engagement from all partners and Rachel Wigglesworth confirmed there was. However, with changes to executives, it

would be helpful for new appointments to affirm their commitment to continue to provide leadership on equality.

John Govett thanked Rachel Wigglesworth for her update.

Item 2b System board objectives

Carolyn Andrews recalled that system board objectives were discussed at the last Senate meeting in October 2020 but that as a consequence of COVID-19 the objectives have been further developed but not formally monitored. NHSEI has provided national clarity on expected recovery trajectories and these have been incorporated into the objectives.

She also referred to the focus on population health management and confirmed that place based level work is underway which has allowed there to be strengthening of relationships in health equalities through the leads and population health management programme.

Carolyn Andrews confirmed in November 2020, Cornwall and the Isles of Scilly (CIOS) were designated as an Integrated Care System (ICS) and shortly afterwards NHSEI decided ICSs would become a statutory organisation resulting in a need for new legislation. More guidance was awaited.

John Govett confirmed it is the intention for there to be a shadow Integrated Care System Board in place by September and that objectives need to be considered and developed towards the end of 2021.

Item 3 Questions from members of the public

There were no questions from the public.

Item 4 Patient Story

Jayne Price, Cornwall Partners in Care, expressed her thanks for an opportunity to raise the profile of Cornwall's carers and to share a case study of a caring role and to highlight the benefits for the system both through supporting carers and the potential financial benefits. She relayed that Care UK have reported that the financial value of unpaid carers in Cornwall is £132 billion.

Case Study

- Mrs A cares for husband Mr A who has vascular dementia, registered 70% blind, with a heart condition, osteoarthritis and fibromyalgia.
- Mrs A also has health needs of her own. She had a heart attack and is experiencing some confusion and disorientation. Often feels "wobbly".
- Mrs A supports her husband with all aspects of personal care and is solely responsible for household tasks.
- Mrs A described her life as 'like living in a prison.' feeling low and isolated and getting closer and closer to burn out and carer breakdown.

- Mrs A feels very depressed and a sense of complete lack of hope. She stated that she 'desperately needed help.'
- The couple have a large house and garden. Mrs A worried about the maintenance of both. Mrs A feels very isolated. She did not have friends to call on. She was not able to leave Mr A unless measures are put in place for him. Mrs A was reaching the point where Mr A would have to enter permanent residential care as she felt unable to cope with the situation as it was.

Jayne Price confirmed that following an initial assessment a range of support services were accessed to support wellbeing including Care Choices, Age UK, Outlook SW, Home Solutions and a COVID-19 resilience grant.

Outcomes

- A suitable property was found nearer to the couple's daughter.
- The team member then applied for a grant (grants available to carers for support) for removal costs as without this funding the move would not have been possible. The grant was successful
- Carer has now moved to Devon. Mrs A says that the grant has very much improved the quality of her life and has reduced the need for additional support.
- Mrs A gave us feedback saying that she had 'no idea how cathartic it would be to unburden my fears to a sympathetic and kindly ear.' She says that she has 'gone from deep depression to hope and relief' and that she 'cannot express highly enough my gratitude and thanks to your life-enhancing service.'

Kate Kennally thanked Jayne Price for sharing the case study and acknowledged the importance of provision of support for carers within the remit of adult social care (ASC) where there are four elements for carers including, health, poor housing, feeling socially isolate and career breakdown. She enquired whether there was anything which Jayne felt might be improved upon in terms of support.

Jayne Price said it is important to have knowledge and understanding of unpaid carers and their roles and, that possibly due to COVID-19, carers roles may not have been prioritised. Within the ICS there will need to be an understanding of how to signpost people for appropriate support and to engage with the provision available locally. Also, for there to be effective communications and the provision of early support to ensure better outcomes.

Natalie Jones, Chief Nursing Officer thanked Jayne Price for her attendance at this meeting and for sharing the carer's experience as it was helpful to assist in raising awareness of the challenges for carers so that we can going forward working together to support them and she asked whether as a community there might be anything more, we can do to better support our carers.

Action

Presentation slides on this Cornwall Partners in Care report to be sent to be distributed to members.

Item 5 Isles of Scilly Council update

Paul Masters provided a verbal update on the results of the May election for the Council of the Isles of Scilly. There will be a re-election on Bryher in June 2021 as no candidate stood for election. He recommended there be political representation from the Isles of Scilly Council on this Senate Board Partnership and it was agreed Cllr Joel Williams, Leader of the Council, is likely to fulfil this role.

The Secretary of State visited the Isles of Scilly on 24th May 2021 and plans for the new integrated health and care campus at St. Marys were discussed.

Paul Masters confirmed there is work being undertaken around an Isles of Scilly bid for a levelling up fund of up to £50 million which can be transport focussed. Currently transportation vehicles are breaking down and upgrading or replacement vessels is needed.

This bid will need to be submitted by 18th June and Paul Masters requested the support of John Govett and this Senate Partnership Board.

Action

John Govett to send written support of the bid to the chair of the Council of the Isles of Scilly.

Item 6 Cornwall Council update

Kate Kennally provided an update on Cornwall Council following the recent County Council Elections on 6 May 2021 as follows:

- There has been a considerable reduction in the number of councillors from from the previous 123 to 87 and this is significant because going forwards councillors will be supporting larger divisions.
- The Conservative party is the single party with overall majority, and this is a significant change since previously the council has been run by a coalition.
- The Leader of the Council (Councillor Linda Thomas) has named the Executive Cabinet members which has resulted in changes to portfolio holders.
- All councillors are committed to continuing to support partnership working and the integration of Health and Social care.

John Govett referred to the induction of the councillors and to Carolyn Andrew's role and project which will ensure that all the councillors are aware of the terms of the integration of health and social care are going forward.

Item 7 Covid-19 update

Rachel Wigglesworth confirmed since January it has been a particularly challenging time which has impacted on hospitals and care homes alike. In total there have been 573 deaths in the county related to COVID-19 and the region was severely affected. We are currently in a more positive situation and now facing the challenges which follow the pandemic.

She emphasised there is a note of caution due to being high rates of detection of the indian variant of COVID-19 in the northwest and midlands and some small clusters of this variant in Cornwall. This is not an issue now, but we want to maintain this position and whilst we know that vaccinations are effective, there remain concerns around future increases

JG enquired about the potential influx of people to the Peninsula, due to worldwide travel restrictions and the G7 summit etc. and asked how concerned we should be about this during the forthcoming months.

Rachel Wigglesworth acknowledged that the southwest region is indeed experiencing the highest rates of planned visits but pointed out that there is only so much capacity in the county and this will be the limiting factor and added that the economy will be enjoying the bounce back. With regards the G7 summit there is a huge amount of ongoing preparation to ensure system function.

Kate Kennally referred to the recent rise in the value of property which has seen an increase of 15% and she urged all major landowners to identify possible sites since there is a need for an increase in supply of housing due to the shortfall on housing in Cornwall and this is a significant issue and a controversial one around where the houses will be developed.

John Govett asked Gillian Derrick if she had any knowledge of the estate strategy from an RCHT perspective. Gillian confirmed the RCHT building is a clinical facility and that onsite accommodation is being looked at now that the building is owned and managed by the NHS. He suggested that perhaps estate teams from both RCHT and Cornwall Council could work collaboratively to look at the issues around housing and accommodation and take this forward.

Paul Masters suggested Phil Mason as an appropriate person to contact at Cornwall Council regarding these issues.

Paul Masters also highlighted concerns around housing and accommodating staff which is also being felt on the Isles of Scilly with it being almost impossible to find accommodation for key workers and school teaching staff. He welcomed collaborative working around the issues raised. Anne Thomas concurred and felt these issues to be a real crisis for recruitment to Cornwall.

Rachel Wigglesworth concluded her report by thanking everyone for their continued support.

Action

Lack of housing in Cornwall and the Isles of Scilly and its impact on recruitment to be reflected on the risk register

Item 8 – Vaccination update

Natalie Jones confirmed the vaccination programme which has been running for 6 months is going well and clinicians are currently vaccinating people over the age of

30 and will shortly move on to the next age group down as well as concentrating on hard to reach groups.

There has been a change in timescale between first and second dose which is now at 8 weeks instead of 11 – 12 weeks due to the indian variant. The programme remains on target to complete all vaccinations by the end of July 2021.

There is booster dose planning from the autumn as well as consideration to making vaccinations available for children aged 12 – 16.

Dr Paul Cook relayed his thanks and commended primary care for immense flexibility and agility and for having administered 300,000 vaccinations with great personal pride but also at great personal cost. He feels his colleagues within primary care have been holding up a significant part of the system at this time and confirmed that on 4 July 2021 which marks the annual birthday of the NHS, primary care will be thanked for their work.

Dr Penny Atkinson concurred with Dr Cook's comments and raised her concerns that a booster campaign in the autumn will prove challenging as sites which have been used for the vaccination programme will be resuming normal activity and there will be winter pressure.

John Govett expressed thanks to everyone at 'Team Cornwall' (the vaccination programme clinicians and volunteers).

Item 9 Integrated Care System Update

John Govett confirmed that progress is being made towards legislation of the integrated care system and that it is anticipated that legislation will be completed by the end of July 2021. There will be a requirement to produce a memorandum of understanding (MOU) between system health and care partners and NHSEI by the end of June 2021.

John Govett advised that if all goes according to plan, there will be a shadow board in place by September/October and he emphasised the importance for engagement and collaborative working between the NHS, the newly elected council members, health and care partners and NHSEI.

John Govett spoke of the white paper and the process before it moves into legislation. NHSEI and regional guidance is expected and he expressed his desire for CIOS to be ambitious and capture what, as a system, we would like to achieve with the citizen at the centre of what we want to do going forward.

It was also noted the System Board has invited Kate Shields to work on the MOU and to consider how work can be undertaken collaboratively between partners and to develop new patient pathways which will help address financial sustainability issues. It was recognised future work will involve other partners outside our county, such as Devon.

Carolyn Andrews referred to the draft system development plan which will be presented to Mark Cooke, at NHSEI in early July and there is a scheduled round table event to discuss provider collaboratives.

Vanessa James, representing SWASFT added that she felt there is a need to keep things simple as there is enough complexity with multiple interfaces between partners and stakeholders and SWAST would want to be a partner in the system through this process and going forward.

Vanessa James was able to provide some background information about the function of the ambulance service and explained they will need to interface with 7 systems. There is a need, if possible, for the ICSs to speak with one voice around commissioning their services. Carolyn Andrews agreed with the plea to keep things simple and confirmed she has scheduled a meeting with Tim Bishop and was able to provide assurance from her personal perspective in that she understands the ambulance service having previously worked for the ambulance service in the East of England.

Item 10 Integrated care area (ICA) update

Dr Penny Atkinson provided the ICA update on behalf of the 3 ICA clinical directors and highlighted key areas as follows:

- In all 3 ICAs there is a firm focus on how they are a part of the shaping of the Integrated Care System and it is critical that the ICAs support this in terms of place-based care and with emphasis on a population health driven agenda and health inequalities.
- During the last few months, they have evolved as ICA boards to identify the resource requirements and the people and skill set and these conversations, they can then feed back to system boards. They have a place-based person-centred strategy on delivery. Population health work is being undertaken with north and east ICA and they now have a data sharing agreement and this will provide evidence to push them in the right direction.
- Penny and Anita Cornelius have been involved in the work of Ageing Well. There has been representation from the community, nursing teams, voluntary sector, public health and adults social care on the task and finish group for the Embrace Care Project.
- Clinical input in patient pathways will require stepping across capability boundaries to enable delivery of place-based care and this might revolutionise how care is delivered in Cornwall.
- There is a willingness to make changes and place-based care is the key.

Anita Cornellius introduced herself to the members as Integrated Care Area Director, Cornwall Partnership NHS Foundation Trust, representing the West ICA and explained that having left an acute trust she is now working in Cornwall and she acknowledged that despite COVID-19, and the subsequent difficult challenges for our population and workforce, this has provided an opportunity to push forward and to build on trusted relationships. She informed the Senate that there is a cultural shift regardless of profession to achieve best outcomes and noted the concerns raised by Paul Masters regarding lack of housing on the Isles of Scilly. The latter was acknowledged by Cornwall Partnership Trust and is on their corporate risk register.

John Yarnold commented this update had been encouraging and believes this work needs to be driven from place with consideration given to ICA governance arrangements which would be the next level down, i.e. beneath the System Board.

PC referred to the comments by Vanessa James in relation to keeping things simple, and especially as SWASFT is a conveyancing service and the first point of contact for many people. He queried how we might describe how SWASFT can be involved at place-level. Vanessa James acknowledged his comments and suggested contact is made with Geoff Griffin at SWASFT so that there is engagement in conversations going forwards.

Action

Geoff Griffin SWAST to be contacted for his input into further discussions.

John Govett acknowledged that albeit being a difficult situation due to the pandemic, colleagues have made huge changes at a scale which was never thought possible and he thanked Dr Penny Atkinson and Anita Cornelius for their update on the ICA.

Item 11 Operational Planning and financial position

Natalie Jones explained that due to the timing of this meeting an update in terms of the financial planning submission on 3 June 2021 is difficult to provide as work is still ongoing in terms of finances and narrative. There was an executive director meeting yesterday at which it was confirmed there is ongoing work with directors of finance and clinical leads to look at prioritisation at where the system will by September 2021 as well as the second half of the year. There is also a need to consider preparation for the 2022/23 financial year/

John Yarnold stated NHS Kernow looks at system level finances. A gap is apparent between the first and second halves of this year. During the pandemic there was extra money available to cover vaccinations and swabbing testing etc. The first half of this year is based on what we spent on the second half of 2020/21 and fortunately the gap between our forecast and the level of funding which we expect to receive is small. However, the second half of the year is more problematic. This is when we are expected to return to normal. Looking at the costs incurred during the pandemic, seeing the benefits now, considering and looking at whether we continue with all these things and/or will some areas of spend need to be scaled back. The work is to be completed by the end of the first quarter.

Item 12 Questions from the public relating to the agenda

No questions were raised from the public relating to the agenda.

Item 13 Any other business and reflections

John Govett reflected on the interesting side debates which had occurred during this meeting including:

- Housing demand
- SWASFT input from Vanessa James and how the trust can contribute in being progressive to develop in Cornwall.
- Maintenance of vessels on the Isles of Scilly

Nigel Morson commented that he was very encouraged by what he had heard during the meeting and has learnt a lot. He offered potentially there is relatively little public understanding of the changes coming through with the ICS. Public engagement was not discussed during the meeting and he would like to see more emphasis on this going forward so that there is more clarity on what is happening.

Kate Kennally felt that given that this is a public meeting consideration should be given on how we might capture all the learning which has gone on around COVID-19 and bring this together to the Partnership Senate and continue to build on what needs to remain in place and in ways of working going forward.

Action

John Govett, Carolyn Andrews, Kate Kennally to meet to discuss and progress bringing together a consolidated COVID-19 learning report.

John Govett thanked everyone for their participation at today's meeting and emphasised the importance of keeping focussed on delivery and for there to be engagement. He looked forward to meeting with members again at the next meeting on 26 August 2021.

Addendum: Due to holiday period and number of apologies, next Senate meeting moved to 30 September 2021.

Final copy for ratification

Signed by the chair:

Date: