NHS Cornwall and Isles of Scilly Integrated Care Board - Disclosure log
Freedom of Information requests
September 2022

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All appendices for this disclosure log are available upon request by emailing ciosicb.foi@nhs.net with the appropriate FOI reference below.

Continuing healthcare

FOI 91650 date received 23 September 2022 personal health budgets

Requested information

1. Are you partnering with any other private or public sector organisations to deliver your Personal Health Budgets (PHBs)? If so, please provide the names of those organisations and a summary of the services they provide?
2. Who is responsible for the delivery of the PHB targets and what are their contact details (name, email and phone number)?
3. Who is responsible for the delivery of the Continuing Healthcare programme and what are their contact details (name, email and phone number)?
4. Who is the Personalised Care or Personalisation Lead/Personalised Care Operations Lead at the ICB and what are their contact details ((name, email and phone number)?
5. Who is the Integrated Care Lead at the ICB and what are their contact details (name, email and phone number)?
6. Who is responsible for the digital transformation within the ICB and what are their contact details (name, email and phone number)?
7. Who is the current Director of Finance within the ICB and what are their contact details (name, email and phone number)?
8. How many people in your ICB have been awarded a Continuing Healthcare budget and how many of these have taken up a PHB?
9. What was total annual spend on PHBs for your ICB and how does that spend break down by Direct Payment, 3rd party managed and notional budgets?
10. What software, if any, is used to manage PHBs and direct payments in your ICB?
11. What is the total annual cost for this software and what licensing model is used, e.g., X% of budget/per user/fixed cost
12. When is the contract for the PHB software up for renewal?
13. If not in use already, are you considering digital automated services to assist with the delivery of services and budget management of your PHBs, personal budgets, direct payments and integrated personal budgets?

14. Do you use a Direct Payment Support Service (DPSS) to assist direct payment recipients and if so, please provide details of who this is?
15. Is the DPSS a contracted service and if so when does that contract expire?
16. What is the annual cost of the DPSS?

Response

1. We partner with Cornwall Local Authority who deliver the carers PHBs. Cornwall Partnership Foundation Trust (CFT) who deliver the wheelchair budgets. Disability Cornwall and Enham offer support care services (managed accounts) and Payroll Direct supports payroll. Disability Cornwall support one off discharge grants/ PHBs.
2. We do not give names below director level, the director with responsibility for PHBs is Dylan Champion dylan.champion2@nhs.net.
3. The director with responsibility for continuing healthcare is Dylan Champion dylan.champion2@nhs.net.
4. The director with responsibility for personalised care or personalisation lead is Dylan Champion dylan.champion2@nhs.net.
5. The integrated care lead is Dylan Champion dylan.champion2@nhs.net.
6. The director with responsibility is Andrew Abbott andrew.abbott1@nhs.net.
7. The director of finance is Simon Gittoes-Davies - s.gittoes-davies1@nhs.net.
8. For the period 1 April 2022 to 30 September 2022 128 people have been offered and taken up PHBs.
9. The total annual spend on PHBs is as follows for the period in Q8:
   Direct payment - £984,843.41
   Notional budget - £4,614,402.67
   Direct payment via brokerage - £1,068,399.28
10. Broadcare assists with the management of CHC direct payments.
11. The total annual cost of Broadcare is £41,740 plus VAT.
12. The contract is up for renewal in March 2023 and will be extended for another year.
13. We are not consisting digital automated services currently.
14. Disability Cornwall and Enham - offer support care services (managed accounts) and Payroll Direct supports payroll Louise can you give details. Disability Cornwall support one off discharge grants/ PHBs.
15. DPSS is not a contracted service.
16. We do not calculate the annual cost of DPSS as it is done on an individual basis.

Attachment(s)

None

FOI 91620 date received 16 September 2022 continuing healthcare information

Requested information

1. Please could you supply the name, email address and telephone number of the commissioner with responsibility for packages of homecare for adults aged 18-64.
2. Please provide the number of adults aged 18+ in receipt of CHC funded care packages at year-end 2016/17, 2017/18, 2018/19, 2019/20, 2020/21 and 2021/22.
3. Of those adults in receipt of CHC funded care packages (q.2), please provide the number that were homecare packages for adults aged 18+ at year-end 2016/17, 2017/18, 2018/19, 2019/20, 2020/21 and 2021/22.
4. Of those adults aged 18+ in receipt of CHC funded homecare packages (q.3), please provide the number that were processed through the fast-track system (this is often related to end-of-life care packages) 2016/17, 2017/18, 2018/19, 2019/20, 2020/21 and 2021/22.
5. Of those adults aged 18+ in receipt of CHC funded care packages (q.2), please provide the number that are in receipt of personal health budgets 2016/17, 2017/18, 2018/19, 2019/20, 2020/21 and 2021/22.
6. Please provide the ICB's total gross expenditure on continuing healthcare funded packages for adults aged 18+ during the year for 2016/17, 2017/18, 2018/19, 2019/20, 2020/21 and 2021/22.
7. Please provide the ICB's total gross expenditure on continuing healthcare funded homecare packages for adults aged 18+ during the year for 2016/17, 2017/18, 2018/19, 2019/20, 2020/21 and 2021/22.
8. Please provide the lowest, mean, and highest rate (fee) paid per week for CHC funded homecare packages for adults aged 18+ during 2021/22.
9. Please provide a list of the 10 providers who received the greatest amount of funding from CHC funded homecare packages during 2016/17, 2017/18, 2018/19, 2019/20, 2020/21 and 2021/22.

Response

1. Cornwall and Isles of Scilly Integrated Care Board's (CIOS ICB) director with responsibility for continuing healthcare (CHC) is Dylan Champion dylan.champion2@nhs.net.
2. The number adults in receipt of CHC for last 6 years was as follows:
   2016/17 – 851
   2017/18 – 712
   2018/19 – 660
   2019/20 – 568
   2020/21 – 466
   2021/22 – 381
3. The number of CHC homecare packages for the last 6 years was as follows:
   2016/17 – 310
   2017/18 – 281
   2018/19 – 298
   2019/20 – 262
   2020/21 – 249
   2021/22 – 206
4. The number of CHC fast track packages for the last 6 years was as follows:
   2016/17 – 80
   2017/18 – 67

2018/19 – 68
2019/20 – 59
2020/21 – 97
2021/22 – 76

5. The number of CHC clients in receipt of a personal health budget (PHB) for the last 6 years was as follows:
   2016/17 – 37
   2017/18 – 41
   2018/19 – 60
   2019/20 – 116
   2020/21 – 91
   2021/22 – 82
6. CIOS ICB's total gross expenditure on CHC for the last six years was as follows:
   2016/17 – £51,061,690
   2017/18 – £47,566,249
   2018/19 – £45,669,680
   2019/20 – £49,901,152
   2020/21 – £42,101,477
   2021/22 – £40,542,338
7. CIOS ICB's total gross expenditure on CHC homecare packages for the last six years was as follows:
   2016/17 – £15,793,929.59
   2017/18 – £17,610,062.04
   2018/19 – £18,967,475.59
   2019/20 – £22,619,332.49
   2020/21 – £20,127,485.69
   2021/22 – £17,567,849.60
8. The lowest, mean, and highest rates paid per week for CHC homecare packages during 2021/22 were as follows:
   Lowest - £16.94
   Highest - £16,952.66
   Mean - £891.87
9. The 10 providers who received the greatest amount of funding from CHC homecare packages for the last 6 years was as follows:
   Direct payment – PHB
   Total Community Care Ltd
   Bluebird Care (Mid Cornwall) – Starboard Tack LLP
   Astive Assistance Brain Injury Service
   Newcross Healthcare Solutions Ltd Domicillary Care Agency
   Heath of the South Care Agency
   Disability Cornwall
   Alexandra's Community Care
   Penhellis Community Care Ltd
   Stayathome Ltd/Chaos
   Pulse

Attachment(s)

None

FOI 91560 date received 9 September 2022 117 funding

Requested information

I am making a FOI request to enquire around the standard 117 aftercare funding arrangements within different ICBs (e.g. CCG/LA split %) and the rationale for this (e.g. attaching the joint agreement if available or LA/Health rep provide a summary).
If the 117 funding contribution does vary for each case – how is the 117 aftercare funding split determined? Is there a tool/matrix that is used?
Alternatively, if the requested information is publicly available; if you could send the direct link to access this information, it would be greatly appreciated.

Response

Each request is a case-by-case basis, determined on the needs being met. We do not have an agreed matrix for decisions but hold a joint panel meeting to discuss any cases which all parties are not in agreement with to gather any additional information and make an informed decision. The clinical team are asked to propose a split based on assessed needs and all applications are submitted jointly by health and social care staff.

Needs are split into health and social care identified needs and apportionment of funding is agreed on this basis.

We have a joint 117 policy which defines this arrangement however the policy is not yet ratified and therefore not in the public domain.

Dementia 117 nursing care is agreed 50/50 with local authority colleagues.

Attachment(s)

None

Contracts

FOI 91750 date 30 September 2022 mobile phones

Requested information

1. How many mobile phone and mobile broadband (data only) connections do you currently have in total?
2. How many of these are data only (for laptops and tablets)?
3. How many of these are voice and data (for mobile phones)?
4. Who is your mobile phone network provider?
5. Do you have a shared data bundle or individual allowances?

6. What is your organisations average total data usage across all connections?
7. What was your total spend on mobile phone contract and overage costs in April 2021?
8. What was your total spend on mobile phone contract and overage costs in May 2021?
9. What was your total spend on mobile phone contract and overage costs in June 2021?
10. What was your total spend on mobile phone contract and overage costs in July 2021?
11. What was your total spend on mobile phone contract and overage costs in August 2021?
12. What was your total spend on mobile phone contract and overage costs in September 2021?
13. What was your total spend on mobile phone contract and overage costs in October 2021?
14. What was your total spend on mobile phone contract and overage costs in November 2021?
15. What was your total spend on mobile phone contract and overage costs in December 2021?
16. What was your total spend on mobile phone contract and overage costs in January 2022?
17. What was your total spend on mobile phone contract and overage costs in February 2022?
18. What was your total spend on mobile phone contract and overage costs in March 2022?
19. Do these numbers include VAT?
20. When did you renew your mobile phone contract?
21. How long does your contract run for?
22. What is the renewal date of your contract?
23. How did you source your contract?
24. What is the value of your hardware/technology/transformation fund provided with the contract (if none provided please mark as n/a)
25. Who is the stakeholder/primary contact for this contract?

Response

1. We currently have 298 mobile phone and mobile broadband connections.
2. 4 of these are data only.
3. 294 are for voice and data.
4. Our network provider is Vodafone.
5. 5 shared on mobile phones.
6. For the period listed in questions 7-18, 724GB.
7. The total spend for mobile phone contracts and overage costs in April 2021 was £1,569.60.
8. The total spend for mobile phone contracts and overage costs in May 2021 was £2,733.94.
9. The total spend for mobile phone contracts and overage costs in June 2021 was £4782.44.
10. The total spend for mobile phone contracts and overage costs in July 2021 was £2,642.23.

11. The total spend for mobile phone contracts and overage costs in August 2021 was £0.
12. The total spend for mobile phone contracts and overage costs in September 2021 was £5,070.66.
13. The total spend for mobile phone contracts and overage costs in October 2021 was £40.80.
14. The total spend for mobile phone contracts and overage costs in November 2021 was £10,485.20.
15. The total spend for mobile phone contracts and overage costs in December 2021 was £0.
16. The total spend for mobile phone contracts and overage costs in January 2022 was £0.
17. The total spend for mobile phone contracts and overage costs in February 2022 was £2463.60.
18. The total spend for mobile phone contracts and overage costs in March 2022 was £2,463.60.
19. These numbers do not include VAT.
20. We renewed our mobile phone contract 1 April 2019.
21. This contract expires 31 March 2023.
22. See Q21.
23. This contract was a direct award.
24. Rights of use is mobile handsets and the spend last fiscal was £23,840.16.
25. CIOS ICB does not release the name of employees below director level. The director with responsibility for contracting is Simon Gittoes-Davies.

Attachment(s)

None

FOI 91600 date received 13 September 2022 IT systems

Requested information

I am writing to you under the Freedom of Information Act 2000 to request the following information about the CCG/ICB clinical systems:

1. Which clinical system/s does the organisation use across the region (EMIS/TPP or other)?
    a. If there is a split across the region, what is the percentage?
2. What online digital triage system is currently used?
    a. Who currently provides the online digital triage?
    b. What was the contract start date?
    c. What is the contract end date?
    d. What is the annual cost?
    e. What framework was used to procure the supplier?
    f. Will there be a tender to consider new providers?
    g. If so, which framework will be used?
    h. When will this likely to occur?

Response

Cornwall and Isles of Scilly Integrated Care Board is not a provider of clinical services and therefore does not use or have access to any clinical systems.

Attachment(s)

None

FOI 91570 date received 9 September 2022 wheelchair services

Requested information

Would it be possible to receive the following information regarding your current wheelchair services and approved wheelchair repair services contracts for your ICB please? Understanding ICBs were formally created only recently and that you may not have updated contracts, this could be the collection of current contracts from your constituent CCGs.

1. Who is your WCS provider?
2. Do you carry out a regular customer satisfaction score on your WCS provider? How is it done and scored? What scale is used?
3. What is the current customer satisfaction score for your current WCS provider?

Response

1. Cornwall and Isles of Scilly Integrated Care Board has a contract with Cornwall Foundation Trust (CFT) to carry out assessments and a contract with Millbrook Ltd to provide the equipment and maintenance.
2. For the CFT contract there is a local quality requirement for this provider to conduct friends and family testing (FFT) in accordance with FFT Guidance, using all reasonable endeavours to maximise the number of responses from service users – more information is available here: http://www.England.nhs.uk/ourwork/pe/fft/.

   There is also a requirement as within service condition SC3 of the NHS standard contract service conditions to ensure the results of national and local surveys and any action plans, to be made available on request. Provider to include which surveys being carried out each quarter, including the National Patient Survey.

   These performance indicators relate to all services they provide and is not specific to the wheelchair service.

   For the Millbrook contract there is a key performance indicator in the contract that requires the provider to ensure that all service users complete a post-handover satisfaction survey and have access to an online customer

feedback tool. The threshold is that 90% of end users are satisfied with the delivery time, and handover process of the product supplied to them

3. CFT – this provider reports 91% positive feedback as of July 2022 – again this is for the whole CFT service and is not specific to the wheelchair element.

   Millbrook – Several reporting requirements for contracts have been stopped during the COVID-19 pandemic including this requirement and therefore we do not hold this information. As we move to COVID-19 recovery we will be working with this provider to reinstate their reporting requirements.

Attachment(s)

None

FOI 91550 date received 7 September 2022 IT systems

Requested information

1. What IT systems and/or digital tools does your ICS use to enable frictionless movement of staff across your ICS to allow flexible and remote working? Please state if your ICS does not currently enable this.

2. Which suppliers provide the digital communication tools that are used across the ICS to enable self-service pathways such as self-triage, referral, condition management and advice and guidance? Please state if your ICS does not currently provide some or all such digital communication tools.

3. Do your ICS-wide clinical systems meet clinical safety standards as set out by DTAC and DCB0129 and DCB0160?

4. Does your ICS have a population health management system that has a fully linked, longitudinal dataset with primary, secondary, mental health, social care and community data? If yes, please state the name of the supplier of this system.

5. Do all your ICS-wide digital transformation projects, programmes and services meet the Technology Code of Practice?

6. Does your ICS have a shared care record that adheres to Professional Records Standard Body's Core Information Standard? Please can you also state the supplier of this shared care record, even if it does not currently adhere to the PRSB standard?

Clarification:
These questions are based on the What Good Looks Like framework, which sets out NHS England's expectations and guidance for ICSs to digitise, connect and transform NHS services. Where we use the term "ICS" in this request, we are referring to the integrated care system which is overseen by your Integrated Care

Board. We understand that the information requested should be held by the ICB, as the statutory body responsible for NHS services across the ICS.

Response

1. Cornwall and Isles of Scilly Integrated Care Board uses Microsoft Teams for day to day communications. To enable frictionless remote working we use Direct Access which is managed by Cornwall IT Services (CITS), please contact Royal Cornwall Hospitals NHS Trust (RCHT) for more information rch-tr.foi@nhs.net.
2. In Primary care the following suppliers are used: EMIS, TPP, eConsult, Klinik, Footfall, AccuRx, BT, MJog.
3. All clinical systems used in primary care meet the clinical safety standards as set out by DTAC and DCB0129 and DCB0160.
4. We do not have a population health management system, we have longitudinal linked data, including all those mentioned, via Southwest Central commissioning support. We have an in house built and maintained warehouse with front end power BI reports. Population health management is managed by Cornwall Council foi@cornwall.gov.uk, please contact them for more information.
5. ICS-wide digital transformation projects are headed up by CITS, please contact rch-tr.foi@nhs.net for more information.
6. ICS-wide shared care records are managed by CITS, please contact rch-tr.foi@nhs.net for more information.

Attachment(s)

None

Mental health and learning disabilities

FOI 91670 date received 26 September 2022 contracts

Requested information

I would like to request the following:
Details of Mental Health services procured from independent providers
Details of Mental Health Services with independent providers, procured or otherwise
Details of these contracts including, but not limited to; duration, value of contract, scope of work, deliverables (eg number of therapy sessions or ADHD assessments provided.

This is to include the names of the service providers as well.

I would like information pertaining to Private companies, not charities or social organisations.

I would like information pertaining to children and adults.

Response

Mental health services procured for children from independent providers are less than 5, therefore we cannot release this information to protect the identities of individuals involved.

We procure packages of care from the following independent providers, we cannot disclose how many packages to protect the identities of individuals involved:

Cygnet Healthcare Ltd - IPP - S117. Mental Health Personailty Disorder. Locked Service – for a total value of £44,528.9.

Cygnet Healthcare Ltd - IPP - S117. Mental Health. Locked Service – for a total value of £43,371.95.

Cygnet Healthcare Ltd - IPP Adult. Mental Health. Out of County Bed - Psychiatric Intensive Care Unit – for a total value of £245,374.11.

The Priory Group - IPP Adult. Learning Disabilities. Locked Service – for a total value of £17,993.94.

The Priory Group - IPP Adult. Mental Health. Locked service – for a total value of £154,869.05.

As each contract is an individual package of care, releasing durations of contracts could identify individuals involved therefore we cannot release this. We also cannot disclose the deliverables for this same reason.

We also commission packages of care from Ruchcliffe and Elysium but we cannot disclose further information on these without risking identifying individuals involved.

Attachment(s)

None

FOI 91740 date received 30 September 2022 ADHD

Requested information

This national survey is being undertaken at the University of Exeter. This research aims to find out about the healthcare services for people with ADHD that are available through primary care. The research is funded by the National Institute for Health and Care Research (NIHR) and has NHS Health Research Authority (HRA) ethical approval from the Bradford Leeds Research Ethics Committee (22/YH/0132).

By completing this freedom of information request (FOI), you will help to gather valuable information to help improve healthcare for people with ADHD. Findings may

inform the development of innovative solutions to provide joined up care and support for people with ADHD through integrated care systems (ICSs) and help to tackle health inequalities.

1. Demographics

   We would like to know about commissioning arrangements for young people and adults with ADHD provided by integrated care boards (ICBs) across England, with a focus on primary care.

   1.1. Which NHS region is your ICB located within?
   (One of: East of England, London, Midlands, North East and Yorkshire, North West, South East, South West)

   1.2. Which ICB do you represent?

   1.3. Please provide your details
      a. Job Role:
      b. Name:
      c. Email address:
      d. Phone number:

   1.4. Please provide details of the person (if not you) within your ICB that is responsible for commissioning services to support the delivery of primary healthcare for young people and adults with ADHD.
   For example, we are interested in: Mental health and social prescribing, Shared care arrangements and other locally enhanced services that may affect care provided for young people and adults with ADHD
      a. Job Role:
      b. Name:
      c. Email address:
      d. Phone number:
      e. Comments:

2. Adult mental health services for ADHD

   We would like to know about the healthcare available from adult mental health services (AMHS) for young people and adults with ADHD that are located in your ICS.
   AMHS - Any adult mental health service including specialist ADHD teams
   Young people and adults with ADHD - Any young person with suspected or confirmed ADHD, aged from 16 years old and upwards

   2.1. Is there an NHS funded AMHS that is available to provide healthcare (diagnosis and/or management) of adult ADHD for patients within your ICS?
      a. Yes
      b. No
      c. Do not know
      d. Not applicable

2.2. If yes, roughly how long is the waiting list for patients referred to this service?
   a. 0 months, up to 6 months
   b. 6 months, up to 12 months
   c. 12 months, up to 24 months
   d. 2 years or more
   e. Do not know

2.3. In your ICB, can primary care providers refer patients using the 'right to choose' legislation to other adult healthcare services for ADHD (outside of your ICS footprint)? For example, commissioned private adult ADHD services that are available online.
   a. Yes
   b. No
   c. Do not know
   d. Not applicable

2.4. If you would like to add anything on the 'right to choose' legislation, please comment below:

2.5. Do primary care providers in your ICS have shared care protocols/agreements in place with an AMHS to enable prescribing of adult ADHD medications through primary care? ADHD medications - NICE guideline [NG87] recommended medications for adult ADHD.
   a. Yes
   b. No
   c. Do not know
   d. Not applicable

2.6. If you would like to add anything on shared care provision for young people with ADHD, please comment below:

3. Primary Care services for ADHD

We would like to know about the support provided by primary care in your ICS for young people and adults with ADHD.
This includes support from primary care providers or networks (PCNs), but not support from other services, such as secondary care, or voluntary sector organisations

3.1. Are any of the following additional roles being funded within your ICS (either via PCNs or directly)? If yes, please also indicate whether these roles are filled, in development, or if this varies by provider/PCN?
There is space to provide any comments if necessary.

a. Care co-ordinator:
Yes, currently filled / Yes, in development / Yes either filled or in development (varies by PCN) / No
b. Health and wellbeing coach:

Yes, currently filled / Yes, in development / Yes either filled or in development (varies by PCN) / No

c. Pharmacy technician:
   Yes, currently filled / Yes, in development / Yes either filled or in development (varies by PCN) / No
d. Occupational therapist:
   Yes, currently filled / Yes, in development / Yes either filled or in development (varies by PCN) / No
e. Physician associate:
   Yes, currently filled / Yes, in development / Yes either filled or in development (varies by PCN) / No
f. Nursing associate:
   Yes, currently filled / Yes, in development / Yes either filled or in development (varies by PCN) / No
g. Social prescribing link worker:
   Yes, currently filled / Yes, in development / Yes either filled or in development (varies by PCN) / No
h. Mental health practitioner or counsellor:
   Yes, currently filled / Yes, in development / Yes either filled or in development (varies by PCN) / No
i. Other (please specify):

3.2. Does your ICB have any enhanced services agreed with primary care providers for prescribing and monitoring of ADHD medication?

This question is asking about agreements to provide additional care (in place or in development), but not about shared care.

a. Yes
b. No
c. Do not know
d. Not applicable

3.3. Does your ICB have any other enhanced services agreed with primary care providers for extended support or services for people with long term mental health conditions (such as ADHD)?

This question is asking about agreements to provide additional care (in place or in development), but not about shared care.

a. Yes
b. No
c. Do not know
d. Not applicable

3.4. If yes to Q3.2 or Q3.3, please list the enhanced services agreed with primary care providers in your ICS (that are relevant for people with ADHD).

3.5. If you would like to add anything about enhanced services, please comment below.

3.6. Has your ICB identified any localities within your ICS where there are inequalities in access to healthcare services for young people and adults with ADHD?

a. Yes

b. No
c. Do not know
d. Not applicable

3.7. If you would like to add anything about inequalities, please comment below.

3.8. Please list any barriers your ICB faces when commissioning effective services for young people (aged 16-25) with ADHD

3.9. If you would like to add anything to your answers, please comment below.

Response

1. Demographics
   1.1. Cornwall and Isles of Scilly Integrated Care Board is in the Southwest.
   1.2. We represent Cornwall and Isles of Scilly Integrated Care Board (CIOS ICB).
   1.3. CIOS ICB does not give names below director level. The director with responsibility with learning disabilities is John Groom john.groom@nhs.net.
   1.4. Please see Q1.3.
2. Adult mental health services for ADHD
   2.1. Yes, NHS funded AMHS is available to provide healthcare for adults with ADHD.
   2.2. The waiting list for this service is 2 years or more.
   2.3. Yes, primary care providers can refer patients using the 'right to choose' legislation to other adult healthcare services for ADHD.
   2.4. No comment.
   2.5. Yes, primary care providers in our ICS have shared protocols and agreements in place with an AMHS to enable prescribing of adult ADHD medications through primary care.
   2.6. No comment.
3. Primary care services for ADHD
   3.1. Additonal roles funded in our ICS:
   a. Care co-ordinators are not being funded.
   b. Health and wellbeing coaches are funded, and the roles have been filled.
   c. Pharmacy technicians are not being funded.
   d. Occupational therapist roles are in development.
   e. Physician associates are funded, and the roles are filled.
   f. Nursing associate roles are in development.
   g. Social prescribing link workers are funded, and the roles are filled.
   h. Mental health practitioners and counsellors are funded, and the roles are filled.
   3.2. CIOS ICB does not have an enhanced services agreement with primary care providers for prescribing and monitoring ADHD medication.
   3.3. CIOS ICB does not have any other enhanced services agreed with primary care for extended support services for people with long term mental health conditions.
   3.4. Not applicable.
   3.5. No comment.

3.6. CIOS ICB have not identified any localities within our ICS where there are inequalities in access to healthcare services for young people and adults with ADHD.
3.7. No comment.
3.8. Recruitment of qualified and skilled staff is a barrier for commissioning effective services for young people with ADHD.
3.9. The provider of ADHD services in Cornwall and the Isles of Scilly is Cornwall Foundation NHS Trust. They may be able to give more detail on barriers to their service development.

Attachment(s)

None

FOI 91730 date received 29 September 2022 autism services

Requested information

1. Could you provide your actual inpatient rates for Transforming Care (learning disabilities & autism) patients for each year since 2015 to present.
2. Could you provide your target rate for Transforming Care (learning disabilities & autism) patients for each corresponding year?
3. Since 2015, have you required NHS England intervention or oversight at any stage relating to your delivery of Transforming Care services?
4. How many of your inpatients since 2015 have been discharged into private hospital or healthcare settings?
5. How much have you spent on delivering Transforming Care services each year since 2015?
6. If mechanical restraint is used within your organisation, how many recorded instances of its use have there been each year since 2015?
7. If mechanical restraint is used within your organisation, what are the methods of mechanical restraint currently used?
8. How often are these methods and guidelines reviewed and, if necessary, updated?

By 'Transforming Care Services' - I am referring to any CCG/NHS-commissioned services which support adults with learning disabilities or autism.

By 'rate' - I am referring to a number of inpatients. If it is less than five, and so cannot be released in case of patient identification, could you simply mark it with either <5 or an asterisk (*)

In Question 3 - I am referring to whether the ICB, or the previous CCGs, ever required direct intervention from NHS England due to either poor service delivery or issues relating to it. From information I've received from NHS England, this would typically be if the ICB/CCG was classified in either Segment 3 or Segment 4 of the NHS Oversight Framework:

Response

    a. Inpatient rates for Transforming Care (TCP) (learning disabilities and autism:
    b. 2015-2018 – less than 5.
    c. 2019 – 12 people were in CCG commissioned inpatient beds during the financial year. This is not a concurrent figure for a specific point in time.
    d. 2020 – 14 people were in CCG commissioned inpatient beds during the financial year. This is not a concurrent figure for a specific point in time.
    e. 2021 – 18 people were in CCG commissioned inpatient beds during the financial year. This is not a concurrent figure for a specific point in time.
    f. 2022 – so far in 2022, 11 people were in CCG commissioned inpatient beds during the financial year. This is not a concurrent figure for a specific point in time.
2. Our current target for inpatient bed usage (ICB commissioned) is 10. Between 2016 and 2021, the CCG commissioned bed target was 6. This is also the 2024 target. Please note these figures include inpatients in Cornwall and those placed out of area.
3. We have not been informed that we were under NHS oversight as described in the link that you sent us. We have not required oversight since 2015.
4. When a patient is discharged from hospital, they have entered care and support provided by the NHS and local authorities.
5. This is not a definable sum, given the descriptor of “any CCG NHS commissioned services that supports adults with learning disability or autism”. The TCP is a population wide approach with the local authorities and the NHS. All services are focussed on the wellbeing and health of individuals with learning disabilities or autism, thus encompassing TCP aims. It is not possible to break down spend to Transforming Care services
6. Mechanical restraint is not used within our organisation.
7. Not applicable.
8. Not applicable.

Attachment(s)

None

FOI 91640 date received 21 September 2022 independent providers

Requested information

I would like to make a FOI request for the ICB's Mental Health Services that have been procured by independent providers. This includes the scope of the contract; services provided, length of contract, cost, and deliverables.

Response

Cornwall and Isles and Scilly Integrated Care Board only holds information on services we procure. We do not have records of/or control over how independent providers procure their services or conduct their business.

Attachment(s)

None

Organisation

FOI 91710 date received 27 September 2022 equality and diversity

Requested information

Please provide the following information:

1. What was the membership fee given to Stonewall as part of their Diversity Champions programme in 2021-22 by your organisation?
2. Is your organisation currently a member of Stonewall's Diversity Champions programme?
3. What additional monies have been given to Stonewall in 2021-22? Specifically, this incorporates:
    a. Events/conferences (where, for example, your organisation has purchased tickets to attend or entered raffles or auctions organised by Stonewall). Please name any events/conferences that your organisation attended and the date attended.
    b. Other programmes (such as LGBT Leadership programme, LGBT Role Model programme, Ally and/or Trans Ally programmes, as well as Train the Trainer programmes).

Response

1. Cornwall and Isles of Scilly Integrated Care Board has not paid a membership fee to Stonewall as part of their Diversity Champions programme in 2021-22.
2. We are not currently members of Stonewall's Diversity Champions programme.
3. We have given no additional monies to Stonewall in 2021-22.

Attachment(s)

None

FOI 91630 date received 16 September 2022 Prism improvement

Requested information

1. Please send the full report carried out by Prism Improvement, which was commissioned to look at patient flow across the Cornish health system. Reference to the review can be found on page 6 of the CEO report in the ICB's public papers for September 2022 (link here): https://docs.cios.icb.nhs.uk/DocumentsLibrary/NHSCornwallAndIslesOfScilly/Organisation/PublicMeetings/BoardMeetings/2223/202209/ICB2223026ChiefExecutiveUpdate.pdf
2. Please state the total amount paid to Prism by the ICB or – if applicable – Kernow Clinical Commissioning Group for the work described in Question 1.

Response

1. The work with Prism is still underway and the executive summary that was released with September's board papers is the summary of the diagnostic piece of work. The fuller findings will be released in due course and will be discussed at a future ICB board meeting once the commission is complete.
2. To date we have not paid Prism for the work they have carried out. We publish all of our spending above £25,000 on our website https://cios.icb.nhs.uk/about/what-we-spend/, so our full payment to Prism will be disclosed in due course.

Attachment(s)

None

Prescribing and pharmacies

FOI 91660 date received 26 September 2022 formulary

Requested information

Due to newly created 'NHS Cornwall and The Isles of Scilly ICB' the current formulary followed is 'Cornwall Joint Formulary' are there any plans to create a new formulary, if so what is the timeline and where will it be published, or will you continue to refer to this existing formulary?

Response

NHS Cornwall and the Isles of Scilly ICB continues to use the Cornwall joint formulary found here. Whilst there has been some discussion within the team regarding the potential benefits of moving to a new formulary platform, no actions have yet been taken towards procurement and so no timeline or location is in place.

Attachment(s)

None

FOI 91690 date received 27 September 2022 rebate schemes

Requested information

What primary care rebate schemes does your ICB/ Board currently hold (brand and generic if possible)?

Response

Details of all current rebate schemes, including start and end dates, can be found on this page of the Cornwall and Isles of Scilly Integrated Care Board website Publication scheme - NHS Cornwall and Isles of Scilly (icb.nhs.uk).

Attachment(s)

None

FOI 91590 date received 12 September 2022 formulary

Requested information

I am making a FOI request to enquire around the standard 117 aftercare funding arrangements within different ICBs (e.g. CCG/LA split %) and the rationale for this (e.g. attaching the joint agreement if available or LA/Health rep provide a summary). If the 117 funding contribution does vary for each case – how is the 117 aftercare funding split determined? Is there a tool/matrix that is used?
Alternatively, if the requested information is publicly available; if you could send the direct link to access this information, it would be greatly appreciated.

Response

Each request is a case-by-case basis, determined on the needs being met. We do not have an agreed matrix for decisions but hold a joint panel meeting to discuss any cases which all parties are not in agreement with to gather any additional information and make an informed decision. The clinical team are asked to propose a split based on assessed needs and all applications are submitted jointly by health and social care staff.

Needs are split into health and social care identified needs and apportionment of funding is agreed on this basis.

We have a joint 117 policy which defines this arrangement however the policy is not yet ratified and therefore not in the public domain.

Dementia 117 nursing care is agreed 50/50 with local authority colleagues.

Attachment(s)

None

FOI 91530 date received 5 September 2022 eye disorders

Requested information

Agepha Pharmaceuticals has Aciclovir Agepha 3% eye ointment available in the UK for herpetic keratitis. At present there is no other Aciclovir available in the UK, since Zovirax GSK was discontinued in 2018.

We would therefore like to a reach out and ask if the product is available in the formulary and if not what's the procedural inclusion steps into the formulary, which will allow healthcare professionals to prescribe Aciclovir.

Response

Aciclovir eye ointment is not listed on our formulary. There is an application process for clinicians to get items onto the formulary. Please contact ciosicb.prescribing@nhs.net for more information.

Attachment(s)

None

FOI 91520 date received 2 September 2022 sleep disorders

Requested information

Can you tell me when the guidelines for Melatonin for sleep disorders in children and adolescents is to be reviewed?

Can you tell me which key clinicians, by name and positions and location are involved in this decision?

Response

Our current shared care guidelines for the use of melatonin in children are due for review in early 2023. The guidance is written and reviewed by several specialists and multidisciplinary teams from both primary and secondary care, but the individuals that will make up these bodies when the guidance is reviewed has not yet been determined. Please note we do not release the names of employees below director level.

Attachment(s)

None

Referral management

FOI 91720 date received 28 September 2022 out of area costs

Requested information

1. How many people were provided with a) accommodation in hotels and b) taxis as part of government plans to reduce the waiting list by sending patients to out-of-area hospitals from January 1st 2022 to the date of this email?
2. Please tell me a) the total number of nights in a hotel funded over this period and b) the total number of taxi journeys funded, as well as c) the types of medical procedures that were 'outsourced' in this way to out-of-area services and the names of the hospitals that carried them out
3. What was the total cost of a) the hotels and b) the taxis?
4. Please tell me a) the THREE most expensive amounts paid per single night of accommodation in a hotel, and tell me the names and addresses of the establishments and b) please also state the THREE biggest amounts spent on taxi rides and the starting point and destination of each of these rides.

Response

1. No people were provided with accommodation in hotels or taxis as part of government plans to reduce the waiting list by sending patients out of area.
2. Not applicable.
3. Not applicable.
4. Not applicable.

Attachment(s)

None

Urgent care

FOI 91700 date received 27 September 2022 out of hours services

Requested information

Please could you advise the service provider(s) that your ICB uses for the following services':

NHS 111 Services

Clinical Assessment Services

GP Out of Hours Services

Response

The Cornwall and Isles of Scilly Integrated Care Board commissions Royal Cornwall Hospital Trust (RCHT) to provide Integrated Urgent Care Services (IUCS). RCHT hold a subcontract with Kernow Health CIC to deliver the national IUCS specification. Kernow Health provide the Clinical Assessment Service and in turn Kernow Health commission Vocare to provide the telephony element.

Attachment(s)

None

FOI 91610 date received 14 September 2022 out of hours services

Requested information

1. The number of occasions in the past 12 months when there were no out-of-hours GPs on shift;
2. What advice was given to patients who sought a GP during the period when none were available;
3. What other staff were available during these occasions to provide assistance to patients;
4. The number of patients who sought out of hours care while there were no GPs on duty in the past 12 months;
5. The number of children who sought out of hours care while there were no GPs on duty in the past 12 months;
6. The number of occasions when an out of hours centre was closed due to lack of staff in the past 12 months;
7. The number of occasions when just one GP has been on duty for an out of hours shift in your area in the past 12 months
8. The total number of patients in your region.

Response

1. There have been no occasions in the past 12 months when there were no out of hours GPs on shift.
2. Not applicable.
3. As well as GPs, the service has advanced nurses and paramedics on shift.
4. Not applicable.
5. Not applicable.
6. Not applicable – if a treatment centre is not open for any reason patients are directed to the nearest alternative treatment centre to them or are seen at home by the car service.
7. There have been no occasions in the past 12 months where there has been just one GP on duty for an out of hours shift.
8. The total number of patients registered with a GP practice in Cornwall and Isles of Scilly is 598,643.

Attachment(s)

None
