Social Policy Research for Cornwall

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Backroom visionaries or frontline practitioners: who should shape Cornwall’s integrated health and care system?

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Last week we saw for the first time evidence of behind-the-scenes rivalry over how to decide what the shape of Cornwall’s new integrated health and care system should be.

Thanks to a report called System Objectives submitted to the ‘Partnership Senate’, which is overseeing developments, we can now see exactly what’s going on.

On one side, we have the backroom utopian visionaries who obviously wrote the report and want the Senate to endorse it. On the other are the frontline practitioners, currently busy coping with the coronavirus pandemic.

The System Objectives report set out some ‘high-level objectives’ and ‘game-changing aspirations’. It painted a glowing picture:

**Our vision:** A Health and Care partnership working for a better quality of life in a thriving Cornwall & IoS, with every resident making informed choices, in a strengthened, integrated and more efficient health and care system, where ‘place’, community and people are at the heart of our thinking.

This is said to mean things like

- We enjoy an inclusive economy, which promotes skills development and access to good work for all.
- Everyone has access to a safe home, community assets and built environment that supports wellbeing.
- We live sustainably and value the health benefits of our natural environment.
- Ensuring the development of positive social networks.
- We create healthy and sustainable places and communities to live, learn, work and age.
- Our children are lifted out of poverty and protected from adverse childhood experiences.
- Every young person is equipped to be successful in the next stage of their life.

What on earth, we wonder, are aspirations like these doing in a document on health and care when there is hardly anything that the NHS and Cornwall Council can do to bring them about.

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On the other side from the visionaries are the practitioners working on the front line. They don’t see the problem in terms of a vision: they are all too aware of issues, i.e. ‘what shall we do about X?’ questions. For example, they were quick to identify an issue around making best use of the available hospital beds and treatment facilities, and it was heartening to discover last week that the chief executives of Cornwall’s two NHS hospital trusts are in talks about a merger to address this issue. (This is something we were advocating back in March.)

The differences between visionaries and practitioners are highlighted by one simple fact: the visionaries’ report is so ‘head in air’, so utopian, that it overlooks what is happening on the ground. It makes no mention whatever of the coronavirus pandemic!

Evidently the visionaries have learned nothing from the pandemic. By contrast, the practitioners have learned, and continue to learn, a great deal.

What is very clear now is that the way forward is to address issues. Here is our first shot at a list:

- **Issue**: How to integrate care homes and domiciliary care into the system. Freeing up NHS hospital beds by off-loading patients into care homes without a test for the virus has been a scandal, as has been the failure to provide homes and carers with the personal protective equipment (PPE) they needed.

- **Issue**: How to enable people to die with dignity, with their loved ones around them. This is badly needed both for the sake of those departing and those they leave behind.

- **Issue**: How to ensure that people who have to self-isolate, on their own or with their children or frail elderly relatives, are given support for their mental health.

- **Issue**: How to maintain ‘normal’ services, especially for planned and emergency acute care, during abnormal times.

- **Issue**: How to ensure that, with a new combined NHS hospitals trust, (a) services for the elderly and chronic sick, necessarily provided both by hospitals and in the community, are truly and seamlessly joined up; and (b) there are sufficient beds available in community hospitals to accommodate patients who require rehabilitation close to home after acute treatment.

Successfully addressing these issues would go a long way towards creating an integrated health and care system. We don’t need utopian visions.

Here in Cornwall we already know what ‘high level’ visionary thinking leads to, from our experience of the 2016 Sustainability and Transformation Plan. This ill-thought-out plan, now jettisoned, was devoid of input from the public, and presented in jargon-laden language and with incomprehensible diagrams – the usual management-consultant guff. Our message to the Partnership Senate is a simple one: please don’t let them pull that trick again!