



Taking Control, Shaping our Future

Cornwall and the Isles of Scilly
Health and Social Care Plan 2016 - 2021



SHAPING
OUR FUTURE

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Cornwall and the Isles of Scilly
Health and Social Care Plan

“RIGHT NOW WE
HAVE A GOLDEN
OPPORTUNITY TO
CHANGE THE WAY
WE PROVIDE HEALTH
AND SOCIAL CARE
SERVICES”



“THE TIME AND
OPPORTUNITY HAS
COME TO TAKE
CONTROL AND
SHAPE OUR OWN
FUTURE”

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FOREWORD

A joint statement from members of the Cornwall and Isles of Scilly Transformation Board

In the next five years, we have a once in a generation opportunity to change the way we provide health and social care services for the people of Cornwall and the Isles of Scilly.

The current health and social care system needs reform and we must seize the moment. Lifestyles, communities and technology have changed and our approach has become outdated, fragmented and reactive.

Local services must adapt to meet the needs of the current and future population - including those who visit our region each year. We must put more focus and resources into preventing ill health, keeping

people in their homes or communities and adapting services for a growing, ageing and technology enabled population.

The time and opportunity has come through the NHS England Five Year Forward View and Devolution Deal for Cornwall to take control and shape our own future.

Historically, in Cornwall and the Isles of Scilly we have struggled to achieve major reform of health and care services. There are many areas of excellent practice and innovation but overall we are still not achieving the best outcomes for local people.

There is too much variation in the quality of care and the system has become very complex to understand. We must put the citizen at the centre of our approach and think differently about the way we organise care to enable better access to services.

We also cannot ignore the fact that the NHS is spending more money than is allocated and not always in cost effective ways. We know that some people will continue to argue that Cornwall and the Isles of Scilly needs more money for health and care but our focus must be on providing the best possible services within the resources available.



We believe that we can still be more efficient, take a more joined up approach and move more resources into prevention and early intervention. This will require courage and the need to take some difficult decisions on where we spend the available money. Through our local health and care plan we will work in partnership with citizens to develop the right approach.

Our vision is that:

- We will work together to ensure the people of Cornwall and the Isles of Scilly stay as healthy as possible for as long as possible.
- We will support people to help themselves and each other so they stay independent and well in their community.
- We will provide services that everyone can be proud of and reduce the cost overall.

This document provides a summary of our Sustainability and Transformation Plan (STP) Draft Outline Business Case submitted to NHS England in October 2016. We set out a range of priorities that are based on the best available evidence, clinical expertise and the views of local people following engagement in early 2016.

We want to continue to involve the local community in developing the solutions in the months ahead and we want to hear from as many people as possible on the priorities and approach we are taking.

Following a period of engagement from Monday 28th November until Friday 20th January 2017, we will finalise our Outline Business Case. We will then develop detailed plans and consult the local community further on any major service changes from the summer of 2017.

Community support is vital if we are to succeed in transforming health and social care services and we will listen and respond to the range of views that we receive.

Please read this document carefully and in the appendices you will find a survey and list of some of the public events where you can have your say.

The Transformation Board is made up of leaders from the main public sector health and care organisations and is a partnership project to improve local care and services.



INTRODUCTION

What if we had an opportunity to reshape local health and care services to meet the needs of citizens and communities today and for future generations?

Knowing what we know about the way people live today would we build an NHS in the same way as the great Aneurin Bevan – the man who spearheaded the establishment of a medical service free at the point of need for all Britons?

No-one could have predicted in the years after the second world war how the NHS would grow, how clinical capabilities and smart technology would revolutionise healthcare. The NHS has always been evolving as has our relationship with those who work within it and our expectations of the services. The truth is that if we started again today we probably wouldn't build the NHS as it is today but many of us would fight for the values and ethics which are at its core.

In the next five years we have an opportunity to reshape local health and care services. Through the NHS England Five Year Forward View and Devolution Deal for Cornwall we have a chance to take control of our own destiny and work together to develop a range of services that meet current and future population needs.

In October 2014, NHS England published a Five Year Forward View, setting out the need to achieve three aims through local Sustainability and Transformation Plans:

- 1 Improve the health and wellbeing of the local population.**
- 2 Improve the quality of local health and care services.**
- 3 Deliver financial stability in the local health and care system.**

In Cornwall and the Isles of Scilly, all of the major health and care organisations are committed to achieving these three aims and to get there we need to involve all sectors including voluntary and private organisations, and most importantly the population we serve.

How did we develop our priorities and proposals?

The proposals in the Draft Outline Business Case have been developed by a team of people working for local health and care organisations including NHS Kernow Clinical Commissioning Group, Cornwall Council, Cornwall Partnership NHS Foundation Trust, the Council of the Isles of Scilly, Kernow Community Interest Company, Royal Cornwall Hospitals NHS Trust and NHS England as a commissioner of local services. We have also worked with partners in Devon to ensure that people who live in Cornwall and the Isles of Scilly but need health services from Devon have been considered.

“WE HAVE A CHANCE TO TAKE CONTROL OF OUR OWN DESTINY AND WORK TOGETHER TO DEVELOP A RANGE OF SERVICES THAT MEET CURRENT AND FUTURE POPULATION NEEDS”



It is important to say that the Sustainability and Transformation Plan does not focus significantly on services for children and young people. A connected and much more detailed transformation plan is being developed specifically for young people but we do reference important areas such as preventing ill health.

The priorities set out in this document have been carefully considered and reflect our conversations with local communities, public health teams and clinicians or practitioners based on knowledge, experience and national evidence.

Central to our plans is the need to work with individuals and communities to take more care of themselves and each other. We now know that 5 lifestyle behaviours – alcohol, smoking, physical inactivity, diet and social isolation – contribute to 5 diseases which cause 75% of premature death and disability. In Cornwall and the Isles of Scilly too many of us are not living well and 20% of NHS costs are associated with these harmful lifestyle behaviours. We have also become dependent and attached to providing care in hospitals rather than at home which with the right services in place can aid faster recovery and be more cost effective.

“CENTRAL TO OUR PLANS IS THE NEED TO WORK WITH INDIVIDUALS AND COMMUNITIES TO TAKE MORE CARE OF THEMSELVES AND EACH OTHER”



Broadly, we have devised three phases to developing our local health and care plan:

Phase 1: Strategic Outline Case (complete)

Establish the vision and high-level priorities for the future of our health and care system which was informed by public engagement in early 2016.

Phase 2: Outline Business Case (aim to complete by end of January 2017)

Set out a more detailed case for change and how we will operate as a single joined-up system and build proposals for how we will deliver changes.

Phase 3: Full Business Case (February 2017 onwards)

Detailed design of final options to lead into implementation alongside public consultation on any major service changes.

Why are we engaging?

From November 2016 through to 20th January 2017, we want to engage the local community on the health and care plans set out in this document and the Sustainability and Transformation Plan '**Draft Outline Business Case**'.

Over the next few months we will invite a wide range of people in a number of different ways to have their say on the plans so far.

We want a two way conversation with citizens about service changes. We are keen to listen to and take account of public views to inform the final Outline Business Case.

We know that there will be many different views about the priorities which we would like to hear and consider. There may be different options in some areas which we want to explore together and understand the impact of any changes which we cannot do alone.

Finally, we want to adopt an approach of no surprises and no decision about you without you. We will have to make difficult decisions over the next few years and some may not be popular but we will be honest about the choices and the approach.

This document is part of our Phase 2 engagement and is a summary of our Draft Outline Business Case. It seeks to engage people on the principles, priorities and changes we want to make to reshape health and care services.

Through a series of 'What if...?' questions, we pose the case for change and priority actions we think are necessary to ensure our health and care services can meet the needs of the local population now and in the future.



How you can have your say:

You can start making your comments from 28th November 2016 until the second phase of engagement closes on 20th January 2017. You can:

1 Complete the online version of the engagement survey at www.cornwall.gov.uk/shapethefuture

2 Download and print the engagement survey from the website and post it to:

FREEPOST RTES-UZXK-SHBG
Louise Moore, NHS Kernow
Sedgemoor Centre, Priory Road
St Austell
Cornwall PL25 5AS

3 Give us your views in person by attending one of the public meetings set out in Appendix B. At these meetings you will be able to hear about the proposals and ask questions.

Please note you will need to book your place in advance.

All responses will be treated as confidential and will be analysed by an academic team at University of Exeter. A final report containing a summary of feedback from the engagement activities will be published to inform the final version of the Outline Business Case and next stage of the plans.

For further information about the Sustainability and Transformation Plan and updated list of public events you can visit our website at

www.cornwall.gov.uk/shapethefuture

Or email us at: shapethefuture@cornwall.gov.uk



THE OVERALL CASE FOR SYSTEM CHANGE

The case for changing the current health and social care system is clear and there is an increasing understanding within the local community that services are not meeting people's needs. There are many areas of good and outstanding practice but also areas where we do not achieve national standards with big variations in health outcomes.

Within the current system, many services are fragmented or duplicated. There is an over-reliance on expensive hospital based care instead of preventing illness in the first place and offering support at home or in the community. Financially, we are also following an unsustainable model and in Cornwall and the Isles of Scilly we are currently spending per head of population what we will have available to spend in 2020/21. To put this into context, our whole system annual budget is approximately £1.2 billion and if we do nothing our overall budget deficit will grow to £264 million by 2020/21. We must therefore make significant savings.

Overspending and underperforming is not where we want to be and so to achieve better health outcomes and financial sustainability we need to focus more resources on ensuring individuals take greater responsibility for their own health and

wellbeing, preventing ill health, utilising the very latest technology and avoiding hospital attendance or long hospital stays.

We also know that factors such as housing, employment and education have a major impact on people's health and wellbeing. Throughout this document we set out the case for change in six priority areas which were determined by earlier engagement with the local population.

Community support for change

The consensus and evidence for change is not just amongst health and care professionals but also the wider community. At the start of 2016, over 3,000 people told us their views about the current health and social care system and we published an initial report, independently reviewed by the University of Exeter: 'Shaping the future of health and social care in Cornwall and the Isles of Scilly'.

In summary, people told us that their priorities were:

- Quick, convenient access to services – including getting the right care at the right time in the right place.
- Staff that are professional, caring and competent.
- Co-ordinated care, ideally with one lead contact.
- More focus on prevention with better use of technology and support in the community.

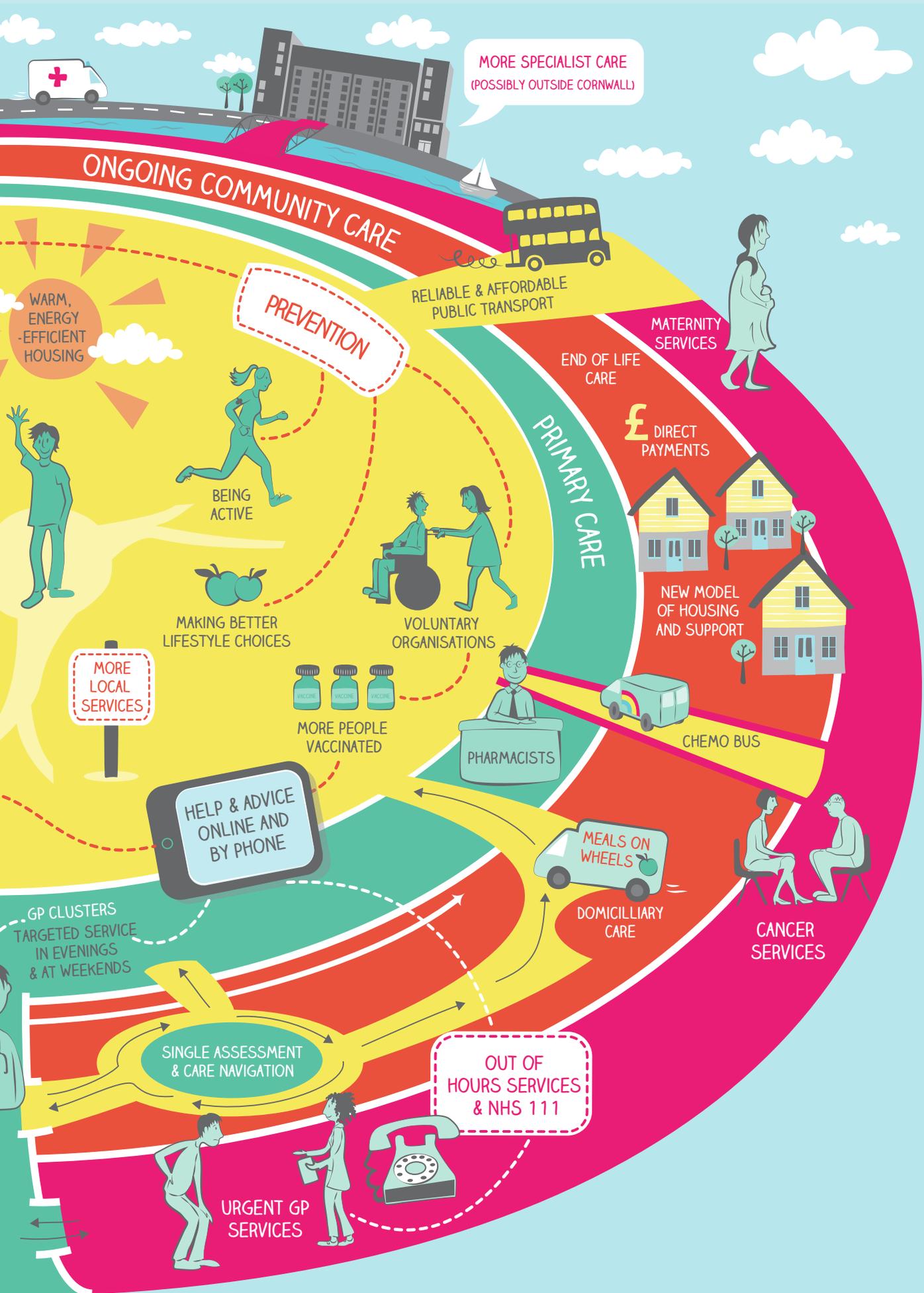
These priorities have been central to the development of the 'Draft Outline Business Case' and have helped form the six main priorities in this document which we now seek to engage upon further.

“WITHIN THE
CURRENT SYSTEM,
MANY SERVICES
ARE FRAGMENTED
OR DUPLICATED”



VISION OF THE FUTURE





FACTS THAT SUPPORT THE NEED FOR CHANGE

75% of premature death and disability

are caused by five lifestyle behaviours (smoking, alcohol, physical inactivity, diet and social isolation) which contribute to the high prevalence of five diseases



20%

of NHS costs are associated with these 5 harmful lifestyle behaviours



Over 25%

of children are **overweight or obese**

People in most deprived areas are **twice as likely** to be **physically inactive** than the least deprived.

Around **25,000** people **drink at harmful levels** costing £75 million a year to health and social care system

Nearly

500 people in our community **die early from heart disease and stroke each year**



5%



of people report **long term mental health problems** which is higher than nationally

17 neighbourhoods

or **13.9%** of our population are among the **most deprived in England**

15%

of all households in Cornwall have a person **over 65 living alone**

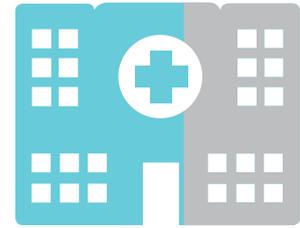
By 2019



1 in 4 of our population will be **aged 65 or over**



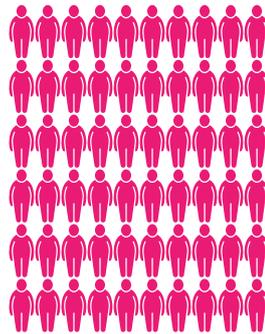
46% of health spend is on people aged 65+



62% of hospital bed days are occupied by people over 65 years old

51%

of health and care spend is in the **acute sector**



Around **60 people each day** are staying in an acute hospital bed in Cornwall and they don't need to be there



35% of community hospital bed days are being used by people who are fit to leave

£820m

is an estimate of the **gross cost per year to the NHS** of older people in hospital beds who are no longer in need of acute treatment

Older people can lose

5% of their muscle strength per day of treatment in a hospital bed



1 in 5

GP appointments



are for minor illnesses such as coughs, colds, back pain and insect bites which can often be treated with over-the-counter treatments and self-care



Around **20%** of GPs and **31%** of practice nurses are due to retire within 5 years



37% The average annual turnover of care workers, nursing and health visitors

1) PREVENTION AND IMPROVING POPULATION HEALTH

People told us they want:

- More focus on prevention with better use of technology and support in the community.
- Better support for activity and healthy lifestyle programmes.

What if... we invested a minimum of £20 million in preventing people getting ill, supporting self-care and targeting citizens who are most likely to have health problems?

WHY WE NEED TO CHANGE

It is a sobering fact that today 5 lifestyle behaviours – alcohol, smoking, physical inactivity, diet and social isolation – contribute to 5 diseases which cause 75% of premature death and disability. In Cornwall and the Isles of Scilly too many of us are not living well and 20% of NHS costs are associated with these harmful lifestyle behaviours.

Over a quarter of children are overweight or obese. Around 25,000 people drink at harmful levels costing the NHS £75 million a year. More people are admitted to hospital for conditions related to smoking than the national average and more mothers are still smoking when their baby is delivered than nationally. Nearly 500 people in our community die early from heart disease and stroke each year.

Poverty, deprivation and isolation are big issues in Cornwall and the Isles of Scilly. 17 neighbourhoods are among the most deprived in England. 15% of households have a person over 65 living alone. Fuel poverty is affecting overall wellbeing and people in deprived areas are twice as likely to be physically inactive than people in affluent areas.

Mental health is an equal concern. Cornwall has high rates of suicide, self-harm and deliberate injuries and 5% of people report long term mental health problems which is higher than nationally.

We believe that focusing resources on preventing ill health is simple common sense and we can do more to keep people healthy, happy and well. Fundamentally, we must also ask people to do more for themselves and support each other in their community. Personal and social responsibility must be at the heart of our health and care reforms.

Through investment and targeted interventions, including a minimum of £20 million investment over five years, we estimate that we can make around £17 million of savings from the overall budget by 2020/21.



SHAPING OUR FUTURE

Start well, live well, age well and end well must be our community mantra.

Starting young and even before birth is vital. We want to engage mums who are smoking during pregnancy, create a comprehensive local strategy to tackle childhood obesity, increase the uptake of immunisation, work with schools on physical activity and emotional resilience programmes and act earlier to protect children from domestic violence.

For adults, we want to increase access to psychological therapies; expand job opportunities for people with mental health problems, learning disabilities or long term conditions; join forces with employers to create healthy workplaces; and vitally build more affordable homes alongside making homes warmer and safer. We want to work with leisure providers on a get active programme and make the most of our beautiful environment. We will begin local pilots and target specific areas to give everyone the best chance of a healthy life.

We want to develop a self-care service using technology and targeted information, alongside specialist support to help people manage minor or long term conditions. It is estimated that 1 in 5 GP appointments are for minor illnesses such as coughs, colds, back pain and insect bites which can often be treated with over-the-counter treatments and self-care. This approach could save an average GP up to an hour per day to focus on other more serious cases.

With long term conditions such as heart disease we know that cardiac rehabilitation programmes can reduce people's need for hospital care and early action on type 2 diabetes can reduce its progression by around 26% or even prevent it for some people who are showing early signs. We also want to develop a specialist community falls prevention and fracture team who can visit those most at risk to reduce the need for hospital admissions.

A comprehensive, affordable prevention programme that is based on national evidence is our goal because in health terms a stitch in time can save nine.

Priority actions

- Starting young and acting early on the root causes of poor health.
- Better support and opportunities for people with mental health problems and long term conditions.
- More affordable housing and insulated homes to keep people warm and well.
- Supporting active communities to make the most of our environment.
- Targeted lifestyle advice and information for people to self-care and manage their own health.

Measures of success

- Healthy life expectancy at birth.
- Fewer pregnant women smoking.
- Fewer households in fuel poverty.
- Fewer overweight children aged 10 or 11.
- Fewer people admitted to hospital for smoking or alcohol related conditions.

Have your say

To what extent do you agree with our approach on prevention and improving population health, including our priority actions and measures of success?

Have your say in our survey or come to one of our community events – see appendix A and B.

“BETTER USE OF TECHNOLOGY AND SUPPORT IN THE COMMUNITY”

2) INTEGRATED CARE IN THE COMMUNITY

People told us they want:

- Quick, convenient access to services – including getting the right care at the right time in the right place.
- Extended use of community hospitals as hubs with better access to specialist services to meet local need and teams working together under one roof.
- Co-ordinated care, ideally with one lead contact.
- Improved housing options, particularly for older people.

What if...
we had outstanding
community care
that was properly
co-ordinated to keep
people well, help people
stay out of hospital or
leave hospital quicker
with more personalised
care and support?

“ QUICK, CONVENIENT
ACCESS TO SERVICES -
INCLUDING GETTING THE
RIGHT CARE AT THE RIGHT
TIME IN THE RIGHT PLACE ”



WHY WE NEED TO CHANGE

Right now around 60 people each day are staying in a bed at Royal Cornwall Hospitals and they don't need to be there. 35% of community hospital bed days are being used by people who are fit to leave. A third of people in a community hospital or nursing/residential care are not in an appropriate place. Much of this is because we have our resources and money in the wrong place and sadly this is affecting older people the most.

Nationally, we know that around 62% of hospital bed days are occupied by people over 65 years old. £820 million is an estimate of the gross cost per year to the NHS of older people in hospital beds who are no longer in need of acute treatment. Most importantly, it is estimated that older people can lose 5% of their muscle strength per day of treatment in a hospital bed. This quickly affects their mobility, independence and quality of life.

If we don't act now this problem will get worse. By 2019, 1 in 4 of our population will be aged 65 or over. 46% of overall health spend is on people aged over 65 and 51% of health and care spend is in the acute sector. Emergency inpatient spend alone accounts for 20% of overall system spend.

We believe that caring for older people, vulnerable citizens and those with multiple long term conditions is a top priority for community services and we can do better. The status quo is not sustainable on a human or financial level.

Financially, through changes and better co-ordination of community services we estimate that we can make around £24 million of savings from the overall budget by 2020/21.



SHAPING OUR FUTURE

Properly funded and staffed primary, community and social care is a must if we are to make the changes needed. It must be co-ordinated and joined up to avoid duplication and wasting resources. The right care professional must work on the right task for their skills. We can make this a reality if we change our approach as some parts of the UK are already doing.

GPs and community teams

We want joined up care teams in the community, linked to GP practices. Alongside this we want to expand the roles of community pharmacists, practice nurses, health care assistants, therapists and other primary care practitioners to enable GPs to use their expertise in the most effective way.

General practice plays a vital role in supporting people in the community and avoiding hospital. Right now GPs are spending too much time on administration and their workload could be reduced through targeted actions such as more effective self-care, early detection, better use of technology and a more flexible workforce. We want to secure our share of promised national investment in general practice. We will recruit more GPs and community workers as around 20% of GPs and 31% of practice nurses are due to retire within 5 years. In adult social care the annual turnover of care workers is around 37%.

The size of individual GP practices also varies enormously and many are finding it difficult to manage. We want GPs to work closer with neighbouring practices and will support them to group together so that they can cope better with rising demand.

This will help us to increase the number of routine appointments in the evening and at weekends with an expanding range of services. We also want to use technology more to offer telephone and online consultations and enable people to use self-care tools and mobile phone applications – though we know this won't suit everyone.

The focus of community care will be on preventing ill health and taking action early. Care professionals will work together on a range of conditions from mental health and learning disabilities to frailty, stroke and end of life care. This care will be accessible to all including care home residents who can too often end up in hospital because a care professional could not visit them.

We want citizens to have a single point of contact so that they tell their story just once to care professionals. To support this we will share information more across care providers.

Our community teams will work as one to both prevent people coming into hospital and help people leave hospital quickly - co-ordinating the care and support required. We want to stop disjointed care which leads to citizens being held up in hospital due to poor communication between different providers or difficulty getting a care package at the weekend.

We will also involve voluntary services more and support our army of extraordinary carers. In the UK, one in four of the six million people who care for an older person is over 65 and often unpaid. Our community service should support carers and volunteers too and we will work with these citizens on ways we can improve.

Community hospitals

To support GPs and community teams we want to adapt community hospitals so that they become community hubs which offer multiple services and prevent or reduce acute hospital visits. This may mean a reduction in sites and concentrating services in better locations because we expect changes in community services to reduce the need for community hospital beds.

We also need to address the significant cost of community hospitals with many in a poor state of repair and needing major investment. We would prefer not to spend money on old buildings and instead invest that money in clinicians providing direct patient care. Working with local people we want to review community hospital provision and bring forward proposals for change in 2017.

Housing

We know that the current volume and quality of accommodation does not support independent living with too many people relying on residential care. We want to invest in additional housing with care and support and review our use of public sites to support a community based housing strategy. We know that high quality, safe, warm homes will make a big difference to independence and quality of life.

Priority actions

- More focus and resources in primary, community and social care – including the voluntary and carers sector.
- Create community teams and hubs with care professionals working together, co-ordinated by GPs.
- Prioritise care for older people and stop unnecessary visits or stays in hospital.
- Act early to prevent illness or manage conditions using technology whenever possible.
- Provide more housing with care and support to enable independent living.

Measures of success

- Increase in number of adult carers who have as much social contact as they would like.
- Reduction in number of people with hip fractures aged 65 and over.
- Increase the number of people over 65 who are still at home 91 days after leaving hospital.
- Increase the number of people who feel supported to manage their own health.
- Reduction in the number of people who are delayed in a hospital bed when ready to leave.

“CO-ORDINATED CARE,
IDEALLY WITH ONE LEAD
CONTACT”

Have your say

To what extent do you agree with our approach on community services, including our priority actions and measures of success?

Have your say in our survey or come to one of our community events – see appendix A and B.

3) TRANSFORMING URGENT AND EMERGENCY CARE

People told us they want:

- Reliable services that are consistently provided, easy to contact and with sufficient capacity.
- More clarity on what services are available, where and when.
- Improvements in NHS 111 to address overuse of the Emergency Department.

What if...
we had an urgent care service that was accessible, reliable and co-ordinated with clinicians at the end of a phone if you need advice, visiting you when essential or on average 30 minutes from home so that you only need to visit an Emergency Department in an actual emergency?



WHY WE NEED TO CHANGE

In 21st century Britain more people are using urgent and emergency care than ever before. This is partly because people are getting older and have multiple, complex conditions, partly because we can't get the service we want at home or in the community when we want it, and partly because we worry more and don't know where else to go.

And right now you can see why people are confused about the choices available. In Cornwall and the Isles of Scilly we have 14 Minor Injury Units or Urgent Care Centres operated by 3 different providers. The clinical skills, services on offer, opening times and facilities are different at each. Thinly spread resources can lead to closures in Minor Injury Units at short notice and many of the buildings have seen better days.

Negative stories about NHS 111 have knocked people's confidence, changes to out of hours services have left people confused and more people are turning up to the emergency department which only leads to overcrowding and delays for people with a genuine emergency. Under pressure and with a lack of alternatives, we are admitting too many people to hospital beds where people are staying too long which is often not the best outcome for their recovery.

Many GPs are struggling to cope with demand and alongside too few resources in the community people are finding it difficult to access the care they need at the time they need it. In crisis or confusion citizens are turning to emergency care.

Our staff who work in emergency and urgent care are extraordinary and working under relentless pressure but it is no wonder that in the current system it is difficult to recruit the additional people we need. Treating people effectively in their hour of need is at the core of our NHS and we can do better if we reshape services to meet demand.

Through changes to urgent and emergency care we estimate that we can make around £2 million of savings from the overall budget by 2020/21.

SHAPING OUR FUTURE

We want to have one organisation that provides NHS 111 and out of hours care, co-ordinated by GPs and urgent care professionals, with much earlier access to a clinician. We want to reduce the duplication of services and the idea that people need a manual to work out who is best to contact. We want to provide high quality services in a timeframe people need them to prevent unnecessary visits to the Emergency Department.

We want to have one provider of Urgent Care Centres with high quality clinicians and consistent services so that people have confidence in the care on offer. This will probably mean changing the Minor Injury Unit service into Urgent Care Centres but on fewer sites. An Urgent Care Centre is better than a Minor Injury Unit mainly because it has more senior clinicians and a bigger range of services. If we want to improve the level of service at Urgent Care Centres, increase access to senior clinicians out of hours and offer more GP appointments at weekends we won't be able to afford services or provide staff at 14 locations. We want to engage citizens on the Urgent Care Centre approach and the difference this will make.

As for our Emergency Departments, we are already changing the way we work at the front door to fast track patients so they get to the right specialist or ward first time. We want to improve partnership working with other urgent care professionals, ambulance drivers, GPs, dentists, mental health experts, social workers and volunteers to ensure citizens get the best possible care when they arrive in their hour of need. Royal Cornwall Hospital in Truro and Derriford Hospital in Plymouth will continue to treat the majority of emergency and trauma patients in our region.

“MORE CLARITY ON WHAT SERVICES ARE AVAILABLE, WHERE AND WHEN”

Priority actions

- Joined up NHS 111 and out of hours service using clinical expertise more effectively.
- Smartly placed Urgent Care Centres that offer better and more consistent services on fewer sites.
- Change the way we work at the front door of Emergency Departments with more partnership working and services that either prevent arrival in the first place or enable faster access to the right care professional or location.

Measures of success

- Better access to NHS 111, out of hours care and senior clinical care.
- 95% of patients treated, admitted or discharged within 4 hours.
- Less emergency admissions for acute conditions that you wouldn't expect to require a hospital stay.

Have your say

To what extent do you agree with our approach on urgent care, including our priority actions and measures of success?

Have your say in our survey or come to one of our community events – see appendix A and B.



4) REDESIGNING PATHWAYS OF CARE

People told us they want:

- More focus on preventing ill health and enabling people to control their own lives.
- Better use of technology for information sharing and condition monitoring.
- Staff that are professional, caring and competent.

What if... we changed our approach to caring for people with specific conditions so citizens got equitable access to high standards of care regardless of where they lived or their individual clinician within the resources available?



WHY WE NEED TO CHANGE

Conditions such as diabetes, cancer, dementia, heart disease and stroke affect many people in Cornwall and the Isles of Scilly – more so than in many other parts of the country and with too much variation in outcomes.

Redesigning pathways of care is about identifying and following the best approach to treat or manage specific conditions based on the best available evidence. Pathways of care in the NHS aim to ensure the best results with the available resource and expertise.

In Cornwall and the Isles of Scilly, we have too much variation in the way we treat citizens with the same condition and in some cases with much worse results than other parts of Britain. For example, on diabetes we have high rates of amputations because we are not acting early enough to prevent deterioration.

Technology is a growing part of improving care pathways, putting citizens in control of their treatment and their communication with care professionals. The digital age can also help us save money so that citizens can access specialist care online and don't necessarily need to visit a doctor or nurse.

In Cornwall and the Isles of Scilly, we currently spend £120 million on specialised services such as cancer and mental health with 42% spent in Cornwall, 44% in Devon and 14% in the rest of England. In future, with growing demand and an older population with more complex conditions we must ensure that we spend every penny wisely.

Through best practice and a different approach to care pathways we estimate that we can make around £22 million of savings from the overall budget by 2020/21.

“MORE FOCUS ON PREVENTING ILL HEALTH”

SHAPING OUR FUTURE

We want to review our approach to specific pathways of care and specialised services. We are working with clinical experts to develop and standardise specific pathways of care and we want to involve patients to get the services right. Technology, innovation and citizen education will be central to our approach.

We know that early and effective interventions can make a major difference to people who live with conditions such as diabetes, heart disease, stroke, cancer, joint problems and dementia.

We want to implement a national prevention programme for diabetes patients, standardise care across GP practices to avoid complications and use technology more to review patients and avoid the need for outpatient appointments. On heart disease we want to standardise the way patients are managed in the community and improve the flow of information between primary and secondary care.

We also want to create a single therapy service to standardise care in 5 initial areas – frailty, musculoskeletal/orthopaedics, respiratory, neuro-rehabilitation and stroke. This could, for example, help patients being considered for hip and knee replacements by offering them targeted therapy in advance of making a decision on surgery or ensure that stroke patients return home quicker.

We want to reduce the number of out of county mental health placements and see what other services we can provide locally or what makes sense clinically to provide outside of Cornwall and the Isles of Scilly. We continue to work with partners in Devon and further afield on the provision of specialist services and access to the best expertise.

Care closer to home is our goal but only when it makes clinical and financial sense. We are fortunate to have outstanding local clinical expertise in many areas but at times we will need to ask people to travel to get the best available care.

Involving citizens in developing the best pathways of care is critical and we still have work to do before we can say more about proposed reforms.

Priority actions

- Review and redesign pathways of care and specialised services focusing on those where we perform poorly or can make the most difference.
- Early and effective intervention on conditions such as diabetes, heart disease, stroke, cancer, joint problems and dementia - including better use of technology.
- Single, joined up therapy service focused on those conditions where we can make the most difference.
- Reduce the number of out of county mental health placements.

Measures of success

- Reduce variation in patient outcomes.
- Improve performance on conditions such as diabetes, stroke and musculoskeletal.
- Improve access to children's mental health.

Have your say

To what extent do you agree with our approach on pathways of care, including our priority actions and measures of success?

Have your say in our survey or come to one of our community events – see appendix A and B.



5) IMPROVING PRODUCTIVITY AND EFFICIENCY

People told us they want:

- Better sharing of information across services and boundaries.
- The same records to be kept by all health and care organisations.
- Funds put together to create greater transparency and public accountability.
- Reduction in management overheads and duplication.

What if...
local care providers
changed the way they
worked together to
enable joined up care,
shared expertise more
effectively and used
the properties we have
efficiently?



WHY WE NEED TO CHANGE

We have talked in Cornwall and the Isles of Scilly for too many years about integrating health and social care, working better together, sharing services as well as information. The time has come to put our money where our mouth is.

It is increasingly clear that fragmentation and duplication across the health and social care system is wasteful and leading to poorer patient experience and inefficient use of resources. Our workforce is our strongest asset but it could be used more effectively and flexibly supported by better technology and infrastructure.

With a smart and lean approach to our workforce and estate we can save millions of pounds that would be better spent on direct patient care.

Through improving productivity and efficiency we estimate that we can make around £7 million of savings from the overall budget by 2020/21.

“ BETTER SHARING
OF INFORMATION
ACROSS SERVICES
AND BOUNDARIES ”

SHAPING OUR FUTURE

We know there is public support for reducing administrative costs and managerial posts and we want to make further changes in these areas so that we have a single shared team in areas such as finance, human resources and procurement. There is plenty of evidence that says we can save money if we join forces and buy goods and services in a more efficient way.

We want to improve the way we recruit staff in one team instead of working as individual organisations in competition. We want to develop a united workforce with career progression across services and new roles to support our new approach to health and care.

We want to take a co-ordinated approach to information management and technology so that professionals and citizens can access similar information to improve care.

We want to have one plan for our public sector estate to use our buildings and sites in the most cost effective and efficient way that will enhance care. Some of our buildings are old, tired and not fit for purpose or in other cases new, expensive and underused.

A large proportion of the savings we want to make can come from the way we operate and function. Our aim will be to modernise and change organisational form with minimal impact on clinical staff and services.



Priority actions

- Reduce spend on administrative and support teams with shared teams where possible.
- Buy goods and services in a more efficient way in keeping with national guidelines.
- Join up our approach to developing technology and sharing information.
- Co-ordinate our approach to recruitment and workforce development.
- Rationalise our estate to make best use of the sites we have and releasing money where we can for direct patient care.

Measures of success

- More spend on patient care rather than administrative functions.
- Reduction in agency spend across all organisations.
- Higher rates of staff satisfaction and retention.
- Investment in technology that supports effective care across organisations.
- Better use of public sector estate and reduction in running costs.

Have your say

To what extent do you agree with our approach on productivity and efficiency, including our priority actions and measures of success?

Have your say in our survey or come to one of our community events – see appendix A and B.

6) SYSTEM REFORM TO ACHIEVE BETTER CARE

People told us they want:

- Better co-ordination. Put the person first and not the organisation.
- Cut out the number of referrals and handovers.
- Joined up services.

What if... we had a co-ordinated approach to planning and delivering health and care services and a simple system that everyone could understand?



WHY WE NEED TO CHANGE

Believe it or not, in Cornwall and the Isles of Scilly our health and care system is actually simpler than in many areas. We have three main commissioners who plan and buy services which are NHS Kernow, Cornwall Council and the Isles of Scilly Council and a few main providers of health and care services – although lots of other smaller providers are involved. Much of the money though is within the big organisations.

In theory, this should make it easier to plan and deliver services but history and financial problems tell us otherwise. Organisations acting individually, in competition or in a disconnected way has led us to the challenges we face today – an outdated, reactive and financially unsustainable model.

We know that the local community want us to get our act together, work closer together and better co-ordinate care.

Through system reform we estimate that we can make around £6 million of savings from the overall budget by 2020/21. It is important to say that the largest proportion of the savings we want to make are from the way we operate as organisations and use our resources. For example, we know from other areas that if we organised care more effectively we could reduce costs on medicines, products and services. Around £150 million of savings by 2020/21 is estimated to come from changing the way health and social care organisations work as effective businesses.

“BETTER CO-ORDINATION. PUT THE PERSON FIRST AND NOT THE ORGANISATION”



SHAPING OUR FUTURE

In the past 12 months, the major health and care organisations have united to develop a joint five year plan. The main NHS providers have recently joined forces to lead community hospitals and services. This is a first step. Work is underway to look at further opportunities for joint ventures and partnerships in areas such as urgent care.

In the future, we all want further reform to enable shared ownership and accountability so that we improve the health and care outcomes for the people we serve. There are various organisational models we could adopt that are working in other parts of the country and we need to do further work on the options before we can engage more fully. Our priority will always be service quality rather than organisational form.

Priority actions

- Provider reform that will focus on joining up teams to deliver outstanding services.
- Look at commissioner reform and planning services at a local level to meet specific population needs.

Measuring success

- Reducing the number of inappropriate referrals between organisations.
- Reducing the cost of care packages overall.
- Reducing delays in hospital beds.
- Reducing spend on medicines and prescribing.
- Reducing the demand for hospital care.

Have your say

To what extent do you agree with our approach on system reform, including our priority actions and measures of success?

Have your say in our survey or come to one of our community events – see appendix A and B.

NEXT STEPS

We are at the beginning of our journey to transform health and social care services. Our plans are still work in progress and remain in outline form.

From 28th November 2016 to the 20th January 2017, we want to engage people on the work so far – the priorities, principles and emerging ideas.

The feedback that we receive over the coming weeks will shape the development of our plans as we move into the next phase of implementation and consultation on any major service changes.

From February 2017, we will put together more detailed plans or options and continue our conversations with the local community as we progress.

The challenges ahead must not be underestimated. We are talking about the biggest reforms to the health and social care system since the creation of the NHS.

It is time for change and time to take control of our destiny for the benefit of the people of Cornwall and the Isles of Scilly. We have a proud and innovative community so let us unite and shape the health and care services we want for ourselves, our families and future generations.

If you would like more information about the Sustainability and Transformation Plan, the Transformation Board and the programme for health and care reform please just contact us at: shapethefuture@cornwall.gov.uk



Do you agree with the approach we are taking?

Have your say on our priorities and outline plans. From 28th November 2016 to 20th January 2017, we want to engage people on the work so far – the priorities, principles and emerging ideas.

Find out more at: www.cornwall.gov.uk/shapethefuture



If you would like more information about the Sustainability and Transformation Plan and the programme for reform please just contact us at: shapethefuture@cornwall.gov.uk



APPENDIX A: SURVEY

Have your say on the Cornwall and the Isles of Scilly Health and Social Care Plan 2016 - 2021

In the next five years, we have a once in a generation opportunity to change the way we provide health and social care services for the people of Cornwall and the Isles of Scilly.

The current health and social care system needs reform and we must seize the moment. Lifestyles, communities and technology have changed and our approach has become outdated, fragmented and reactive.

We also cannot ignore the fact that the NHS is spending more money than is allocated and not always in cost effective ways. We believe that we can still be more efficient, take a more joined up approach and move more resources into prevention and early intervention. This will require courage and the need to take some difficult decisions on where we spend the available money. Through our local health and care plan we will work in partnership with citizens to develop the best approach.

Our vision is that:

- We will work together to ensure the people of Cornwall and the Isles of Scilly stay as healthy as possible for as long as possible.
- We will support people to help themselves and each other so they stay independent and well in their community.
- We will provide services that everyone can be proud of and reduce the cost overall.

We have set out a range of priorities that are based on the best available evidence, clinical expertise and the views of local people following engagement in early 2016. We want to continue the involvement of the local community in developing solutions in the months ahead and we want to hear from as many people as possible on the priorities and approach we are taking.

Please let us know your views which we will use to help refine our plan.

The closing date for responses is 20 January 2017.

Community support is vital if we are to succeed in transforming health and social care services and we will listen and respond to the range of views that we receive.

Following a period of engagement from Monday 28th November until Friday 20th January 2017, we will finalise our Outline Business Case. We will then develop detailed plans and consult the local community further on any major service changes from the summer of 2017.

Questions

1) To what extent do you agree with each of our priorities?

Priority	Agree	Neither agree or disagree	Disagree	Don't know
Prevention and improving population health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated care in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transforming urgent and emergency care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redesigning pathways of care (best practice treatment for specific conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving productivity and efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System reform to achieve better care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state the reasons for your choices below:

Please let us know if there is a priority you think we have missed and why this is a priority for you:

Health and care services must be delivered within the budget available.

2) If you had to rank our priorities in order of importance to you which would be your first, second and third choice. Please write number 1, 2 or 3 next to:

- Prevention and improving population health
- Integrated care in the community
- Transforming urgent and emergency care
- Redesigning pathways of care
- Improving productivity and efficiency
- System reform to achieve better care

Please let us know the main reason behind your number one priority:

We recommend investing a minimum of £20 million over 5 years in preventing people getting ill, supporting self-care and targeting citizens who are most likely to have health problems.

We believe that focusing resources on preventing ill health is simple common sense and we can do more to keep people healthy, happy and well. Fundamentally, we must also ask people to do more for themselves and support each other in their community.

3) To what extent do you agree with our recommended approach and our prevention priorities?

Agree Neither agree or disagree Disagree Don't know

Please state the reasons below and let us know if there are any particular groups of people or types of issues you think we need to prioritise:

We recommend changes to community hospitals so that they become community hubs which offer multiple services to prevent or reduce acute hospital visits.

Community hubs will be linked to GP practices providing co-ordinated care and personalised support to keep people well, help people stay out of hospital or leave hospital quicker.

Better community and home care should mean less need for community hospital beds and sites so we may reduce these over time, particularly if they need major financial investment.

4) To what extent do you agree with our recommended approach and our community care priorities?

Agree Neither agree or disagree Disagree Don't know

Please state the reasons below and let us know if you have any alternative suggestions to reducing community hospital beds and sites:

We recommend changes to General Practice and grouping more GP practices together so they can better meet rising demand and expand the range of services.

Right now GPs are spending too much time on administration and their work load could be reduced through targeted actions such as more effective self-care, early detection, better use of technology and a more flexible workforce.

5) To what extent do you agree with our recommended approach and our primary care priorities?

Agree Neither agree or disagree Disagree Don't know

Please state the reasons below and let us know if you have any alternative suggestions to improve the sustainability of GPs:

We recommend an urgent care service that is accessible, reliable and co-ordinated with clinicians at the end of a phone if you need advice. With clinicians visiting you when essential or in Urgent Care Centres so that you only need to visit an Emergency Department in an actual emergency.

Better location of Urgent Care Centres (accessible within 30 minutes from homes in Cornwall, on average) should mean we can provide a better, more reliable service than Minor Injury Units but they would probably need to be on less sites so that we could afford them and resource them.

6) To what extent do you agree with our recommended approach and our urgent care priorities?

Agree Neither agree or disagree Disagree Don't know

Please state the reasons below and let us know how far you would be prepared to travel to access quality urgent care services:

We recommend changing our approach to caring for people with specific conditions such as diabetes, heart disease, stroke, cancer, joint problems and dementia so that citizens get equitable access to high standards of care regardless of where they live or their individual clinician, within the resources available.

We want to reduce the number of out of county mental health placements. We also want to explore what other services we can provide locally or what makes sense clinically to provide outside of Cornwall and the Isles of Scilly.

7) To what extent do you agree with our recommended approach and our priorities for redesigning pathways of care?

Agree Neither agree or disagree Disagree Don't know

Please state the reasons below and let us know if there are any specific conditions or improvements you think we need to prioritise:

We recommend that local care providers change the way they work together to enable joined up care, share expertise and information more effectively and use public sector properties efficiently.

A large proportion of the savings we want to make can come from the way we operate and function. Our aim will be to modernise and change organisational form with minimal impact on clinical staff and services.

8) To what extent do you agree with our recommended approach and our priorities for system reform and improving productivity and efficiency?

Agree Neither agree or disagree Disagree Don't know

Please state the reasons below and let us know if there are any alternative suggestions you think we need to prioritise:

Could you please provide a bit more information yourself – we will use this data to identify any trends in local areas, age groups, levels of need and background.

What is your postcode?

What is your age?

Under 11 11 – 18 19 – 35 36 – 50 51 – 65 66 – 80 Over 80

Do you have a long standing health condition? i.e. a physical or mental health condition or illness that is lasting, or expected to last, for 12 months or more.

Yes No Don't Know

Do you have a written care plan? i.e. an agreement between you and your mental health professional or social services to help you manage your day to day health.

Yes No Don't Know

Are you a registered / non-registered carer?

Yes No

Are you a health and care professional or support worker?

Yes No

Data Protection Act

Any information held by Cornwall Council will be processed in of The Data Protection Act (1998) which places the department under a duty to process information with due consideration for your privacy, and gives you certain rights in relation to the information that we hold. This information will be held in a secure manner and will be retained in accordance with Cornwall Council's record retention guidelines.



APPENDIX B:

COMMUNITY EVENT SCHEDULE

You can also give us your views in person by attending one of our community events in January 2017 where you will have the opportunity to find out more about proposals and ask questions:

Bude Parkhouse Centre

Monday 9 January • 3pm - 4:30pm

St John's Hall, Penzance

Tuesday 10 January • 7pm - 8:30pm

Wesleyan Chapel, St Mary's, Isles of Scilly

Thursday 12 January • 10:30am - 12noon

Bodmin Shire House Suite

Thursday 12 January • 3pm - 4:30pm

National Maritime Museum, Falmouth

Monday 16 January • 3pm - 4:30pm

St Austell Print Company Conference Centre

Monday 16 January • 7pm - 8:30pm

Liskeard Public Rooms

Tuesday 17 January 3pm - 4:30pm

Truro Health and Wellbeing Centre

Wednesday 18 January • 3pm - 4:30pm

Heartlands

Thursday 19 January • 7pm - 8:30pm

Please register in advance to guarantee a place at the event and ensure we can accommodate everyone who is interested. For more information and to register to attend please contact **KCCG.Engagement@nhs.net** or phone **01726 627897**.

If you are a member of community group or organisation and would like a representative from the Sustainability and Transformation Team to join one of your meetings to provide a briefing and hear your views please us using the details above.

Visit our website for details of other public meetings:

www.cornwall.gov.uk/shapethefuture

HEALTH AND CARE PLAN ON A PAGE



The current health and social care system needs reform and we must seize the moment. We must put more focus and resources into preventing ill health, keeping people in their homes or communities and adapting services for a growing, ageing and technology enabled population.

We also need to provide services within the resources we have available. In the next five years, based on evidence and local feedback, we recommend focusing on six themes or priorities each with identified priority actions.

Priority actions on prevention



- Starting young and acting early on the root causes of poor health.
- Better support and opportunities for people with mental health problems and long term conditions.
- More affordable housing and insulated homes to keep people warm and well.
- Supporting active communities to make the most of our environment.
- Targeted lifestyle advice and information for people to self-care and manage their own health.

Priority actions on redesigning pathways of care



- Review and redesign pathways of care and specialised services focusing on those where we perform poorly or can make the most difference.
- Early and effective intervention on conditions such as diabetes, heart disease, stroke, cancer, joint problems and dementia - including better use of technology.
- Single, joined up therapy service focused on those conditions where we can make the most difference.
- Reduce the number of out of county mental health placements.

Priority actions on community care



- More focus and resources in primary, community and social care – including the voluntary and carers sector.
- Create community teams and hubs with care professionals working together, co-ordinated by GPs.
- Prioritise care for older people and stop unnecessary visits or stays in hospital.
- Act early to prevent illness or manage conditions using technology whenever possible.
- Provide more housing with care and support to enable independent living.

Priority actions on productivity and efficiency



- Reduce spend on administrative and support teams with shared teams where possible.
- Buy goods and services in a more efficient way in keeping with national guidelines.
- Join up our approach to developing technology and sharing information.
- Co-ordinate our approach to recruitment and workforce development.
- Rationalise our estate to make best use of the sites we have and releasing money where we can for direct patient care.

Priority actions on urgent care



- Joined up NHS 111 and out of hours service using clinical expertise more effectively.
- Smartly placed Urgent Care Centres that offer better services on fewer sites.
- Change the way we work at the front door of Emergency Departments with more partnership working and services that either prevent arrival in the first place or enable faster access to the right care professional or location.

Priority actions on system reform



- Provider reform that will focus on joining up teams to deliver outstanding services.
- Look at commissioner reform and planning services at a local level to meet specific population needs.

DO YOU AGREE WITH THE APPROACH WE ARE TAKING?

Have your say on our priorities and outline plans. From November 2016 to 20th January 2017, we want to engage people on the work so far – the priorities, principles and emerging ideas.

Find out more at: www.cornwall.gov.uk/shapethefuture



If you would like this information in another format or language please contact:

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