Report to: Health and Adult Social Care Overview and Scrutiny Committee

Date: 12 July 2017

Title: Shaping our Future

Portfolio Area: Health and Adult Social Care

Divisions Affected: All

Relevant Scrutiny Committee: Health and Adult Social Care Overview and Scrutiny Committee

Authors, Roles and Contact Details:

Kathy Byrne, Senior Responsible Officer for Shaping our Future and Chief Executive, Royal Cornwall Hospital Trust

Approval and clearance obtained: Y

For Cabinet and delegated executive decisions only

Key decision? (≥£500k in value or significant effect on communities in two or more electoral divisions) N

Published in advance on Cabinet Work Programme? N

Urgency Procedure(s) used if ‘N’ to Work Programme? N

Date next steps can be taken

Recommendations:
The Committee are recommended to:

1. Note the progress made and the priority next steps for the Shaping our Future programme including the business case for a new model of integrated care, the development of an Accountable Care System and how our Devolution status can support our plans

2. Review and support the approach to local engagement planned between July and November as part of the development of the business case for the integrated model of care.

1. Executive Summary

The local health and care system has a once in a generation opportunity to re-shape local health and care services, working together to develop a range of services that meet current and future population needs.
As part of the next phase for the Cornwall and Isles of Scilly Sustainability & Transformation Programme, known as Shaping our Future, we are committed to developing the business case for a future model of care that better meets the needs of the people of Cornwall and the Isles of Scilly and addresses the financial sustainability issues of the current system. In addition we have committed to move with pace to establish an accountable care system (ACS) for Cornwall and the Isles of Scilly.

Development of business case for new integrated model of care

An outline business case for a new integrated model of care was submitted to NHS England in October 2016 and between November 2016 and February 2017 local people were asked for their views on the ideas for change that were emerging.

The Overview and Scrutiny Committee’s Sustainability and Transformation Plan Subcommittee issued a position statement on the outline business case and engagement process in March 2017. The Subcommittee, whilst supporting the strategic intent of the outline business case, expressed some concerns about the content and the engagement events. Actions have been taken which address the Subcommittee’s feedback and learning from both the production of the outline case and the engagement events, and which are informing the further development of the business case and the next phase of engagement.

The three phases to develop the plan are explained in the report. The next phase starting in July involves working with invited practitioners and people with experience and understanding of using services in a series of local workshops. A briefing was held with the Health & Adult Social Care Scrutiny Committee on the 30th June in advance of the commencement of the workshops. Further updates will be provided to the Committee as the engagement events progress.

Accountable Care System

In May 2017, leaders from across the system came together and agreed on a vision for an Accountable Care System for Cornwall and the Isles of Scilly. It is intended to comprise a small, Integrated Strategic Commissioning Function for health, care and wellbeing services and an Accountable Care Partnership (ACP), operating as a single provider, whilst comprising several legal entities, central to which will be the organisation and delivery of primary care services. On the 9th May, we submitted an expression of interest to NHS England and NHS Improvement to become a first wave Accountable Care System. We were not one of the approved across the country but have been advised informally that Cornwall and the Isles of Scilly is being supported as a ‘fast follower’.

Devolution

Devolution provides the opportunity for a range of freedoms and flexibilities to expedite progress with regard to the implementation of a new model of integrated care, a much greater focus on prevention and early intervention, as well as the establishment of an ACS. It also supports greater control over determining local outcomes and performance aligned to local needs. We are in the process of developing our strategic case for Devolution to enable decisions to be secured ahead of public consultation in 2018.
2. Purpose of Report

To advise the Committee of progress within the Shaping our Future programme including actions taken in response to the feedback by the Scrutiny Sub-Committee at the end of the last phase and provide an overview of next steps in developing our Shaping our Future plan for health and social care.

3. Benefits for Customers/Residents

The Shaping Our Future plan is our opportunity to create a locally developed and owned plan shaping how health and wellbeing will be supported in Cornwall and the Isles of Scilly in the future. There is a national requirement by NHS England for a local ‘Sustainability and Transformation Plan’ which we call Shaping our Future.

We intend the Shaping our Future plan to drive a genuine transformation in health and care in Cornwall and the Isles of Scilly between 2016 and 2021. It has to deliver a new way of supporting health and well-being that is clinically viable and financially sustainable, and with a much greater focus on keeping people well and supported in their local communities.

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 is very complex. 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 we are spending more money than is allocated and not always in cost effective ways. Our focus is on providing the best possible services within the resources available. We believe we can 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 how we best spend the available money. Through our local health and care plan we will work in partnership with citizens to develop the right approach.

There are three phases in our local approach to developing our plan:

- **Strategic Outline Case (developed April 2016)** - Establishing the vision and high-level priorities for the future of our health and care system
- **Outline Business Case (developed November 2016)** - Setting out how we will operate as a single integrated system and building proposals for how we will deliver system changes
- **Full Business Case (current phase)** - Detailed design of final options with public engagement and consultation to lead into implementation

An outline business case was submitted to NHS England in October 2016, which included a case for change, a high level set of evidence based priorities for the next five years and a high level financial summary. Public Health England has
said that our strong focus on the importance of prevention, wellbeing and addressing the wider determinants of health is an exemplar of good practice.

**Next steps**

NHS England requires what it calls a ‘pre-consultation business case’ to be produced and tested before formal public consultation on service reconfiguration. This requires more detail than the Shaping our Future outline business case.

The following diagram shows the stages of developing the case. We are now at the detailed design phase of stage 3.

![Diagram showing three stages prior to formal public consultation]

From July to November we will be holding a series of workshops in six areas of Cornwall and on St Mary’s for local input into reshaping services. Invited participants will be encouraged to share results of the workshops locally and feedback views of colleagues into the next workshop. Further information on the local area workshops and other engagement taking place or planned during this phase is included in the appendix.

We are continuously seeking to improve our approach and a regular update will be brought to the Committee on progress with engagement and development of the Shaping our Future plan.

**Developing an Accountable Care System**

We see the swift development of an Accountable Care System, comprising an integrated strategic commissioner and a network of providers with a single leadership team, as critical to the delivery of our system-wide strategic plans for health and care. We wish to focus our system and resources more effectively on keeping people healthier, at home or close to home, for longer. We want better health and care outcomes by co-producing with patients, clinicians, the community and other stakeholders a refreshed way of delivering services flexibly within the available resources. We want to shift resources to support locality
level integration based around empowered and innovative primary care. We want the agility that comes with joined up decision making, devolved responsibilities and greater control over our system resources, managed through an ACS that improves population health outcomes and enables shared clinical and financial accountability.

On 4 May 2017, around 60 system leaders from health, local authorities and the voluntary sector across CIOS along with NHS England/NHS Improvement took part in a System Reform workshop which led to a collective vision for an ACS for Cornwall and the Isles of Scilly and agreement endorsed by all STP Chief Officers, to accomplish the key deliverables necessary to establish the basis of the ACS framework over the coming months. A full definition of the Cornwall and Isles of Scilly ACS can be found in appendix 2. This agreement will be formalised through a signed ‘ACS accord’ which will be used to bind each system leader to account for the delivery of our ACS roadmap.

On 9th May, an expression of interest was submitted to NHS England and NHS Improvement to become a first wave Accountable Care System. Cornwall and the Isles of Scilly were not one of the five approved across the country but have been advised informally that Cornwall and the Isles of Scilly will be a ‘fast follower’.

A System Reform Delivery Group with senior representation from key organisations chaired by the STP Chief Executive is overseeing the development of the ACS. The Group’s remit includes provider reform, commissioner reform and the optimum configuration of support services.

**Devolution**

Our ambitious plans will involve us re-balancing the system to have a much greater focus on helping people stay as healthy as possible for as long as possible, truly supporting people to remain independent and well in their community, whilst providing much more integrated and efficient health and care in local communities that everyone can be proud of whilst having a sustainable system and providing better value for taxpayers.

We believe that we can enhance our existing efforts through a suite of devolution measures that will allow us to:

1. Enhance our health transformation programme through additional devolved powers
2. Accelerate delivery of our change programme
3. Prevent ill health through a radical upgrade in prevention measures

We are in the process of developing our strategic case for Devolution to enable decisions to be made ahead of public consultation in 2018.

**4. Relevant Previous Decisions**

The Overview and Scrutiny Committee’s Sustainability and Transformation Plan Subcommittee issued a position statement on the outline business case and engagement process in March 2017.
The Subcommittee, whilst supporting the strategic intent of the outline business case, expressed some concerns about the content and the engagement events. It was clear from the Subcommittee’s findings that improvements were needed. The following table provides an overview of the Subcommittee’s feedback and actions taken to date which respond to the feedback provided.

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<thead>
<tr>
<th>Feedback from Scrutiny Subcommittee</th>
<th>Actions taken</th>
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<tr>
<td>Financial plans, which relied heavily on national benchmarking</td>
<td>Local Director of Finance appointed for Shaping our Future and a local finance team from across the system mobilised for financial planning and modelling with local data</td>
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<tr>
<td>Engagement with the public, staff and key stakeholders such as GPs (The engagement report was not available in March)</td>
<td>A detailed engagement report has been published, drawing out key themes to date. Two engagement experts have been secured from NHS England and the South West Commissioning Support Unity to help shape our engagement programme, and the Programme Board has extended the timeframe for producing the business case to allow meaningful co-production in local communities.</td>
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<td>Links with Devon</td>
<td>Representatives from Devon are included on the Clinical Practitioner Cabinet and Transformation Board, and arrangements are being made to strengthen links with Devon as we plan services in the east of the county.</td>
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<td>Parity of esteem for mental health</td>
<td>Clinical leadership for mental health added to all work streams to ensure its inclusion in all aspects of our new model of care. The proposed Accountable Care System will also assist in the delivery of joined up and holistic care, addressing physical and mental health needs.</td>
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<td>Content for young people</td>
<td>The health and care elements of One Vision for children and young people are being closely aligned with the work being taken forward by Shaping Our Future.</td>
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<td>How it will be demonstrated that there is sufficient alternative provision if there are bed closures</td>
<td>Detailed options for alternative provision will be modelled and costed for the business case in respect of any bed closures. The Academic Health Science Network has been commissioned to support local business intelligence leads to model and test different scenarios.</td>
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<tr>
<td>Clarity in governance arrangements</td>
<td>Governance arrangements have been refreshed.</td>
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<tr>
<td>Clarity over development of an Accountable Care</td>
<td>A workshop focused on system reform was held in May and a road map agreed to develop it. This led to a jointly agreed definition (see Appendix 2) and support to</td>
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5. Consultation and Engagement

Between November 2016 and February 2017, local people were asked to give their views on the Shaping Our Future outline proposals through a survey, written responses or by attending a series of community and stakeholder events.

Over 5000 local people responded or took part in the events and said top priorities should be ‘Prevention and improving population health’ and ‘Integrated care in the community’.


6. Financial Implications of the proposed course of action/decision

Detailed financial implications cannot take place ahead of the options appraisal stage for either the model of care or ACS design.

7. Legal/Governance Implications of the proposed course of action/decision

All decisions will be made within the required constitutional governance arrangements of all partner organisations.

Whilst this report is for noting only, it is recognised that a number of legal implications will arise from the proposed changes to the model of delivery in accordance with the Shaping our Future Programme, in particular in relation to the creation of an Accountable Care System. Specific legal advice in relation to
the development of the options appraisal will be required as the programme progresses.

8. Risk Implications of the proposed course of action/decision

Key risks are reviewed monthly by the SoF Portfolio Board

9. Comprehensive Impact Assessment Implications

SoF has been informed by a wide range of data, analysis and intelligence to develop our Case for change (Outline Business Case, pages 9-19). This considered population health needs and trends, performance, feedback from local people, finances and supply issues.

- Cornwall’s population is older than average with the greatest population increases expected in the older age groups.
- Birth rates are increasing, however, and young people are choosing to live and stay in Cornwall, so while the STP should plan for the ageing population needs it should not do so exclusively.
- Accessibility issues - Cornwall’s size and geography, with its largely remote rural areas interspersed with small urban centres and limited public transport availability, makes service accessibility a significant challenge for the health and care system.
- Seasonal demand - As a popular tourist destination, the number of people in Cornwall surges to four times the resident population in the summer, resulting in high seasonal demand for primary care and urgent care health services.
- Poor start in life – Some children are experiencing poor health in their early years which has a significant impact on their future health outcomes.
- Increased proportion of lives spent in poor health - People are living longer but the length of time that they remain healthy is not increasing.
- Disease prevalence, co-morbidity and frailty - Nearly 500 people die early from heart disease and stroke each year; 10% of people aged over 65 years have frailty.
- Significant health inequalities - There are stark disparities in outcomes between areas of affluence and deprivation in Cornwall.

Therefore in the STP we recognise that there are significant health inequalities across different communities within Cornwall and the Isles of Scilly which we need to address. The plan signals a strong focus on tackling these gaps, particularly for our poorest areas which experience some of the worst health outcomes. Our population is ageing, as people are living longer, but often in poor health with disabilities.

The Joint Strategic Needs Assessment (JSNA) provides us with a process to identify and monitor changes in local health and wellbeing needs and inequalities of the local population. We have used available equality data to show current issues in Cornwall and the Isles of Scilly.
Safeguarding vulnerable adults will remain a priority for all the services involved in the transformation. Although there will be no direct changes to the current policy and processes to protect vulnerable adults, improving system wide integration of health and care will have a positive impact on identifying and supporting vulnerable adults.

Some groups in our population are known to have poor health outcomes and multiple complex needs, leading to high health service use. These groups include people with chaotic lifestyles which could include alcohol or drug misuse, mental health problems, people in contact with the justice system, ex-offenders and rough sleepers.

- The STP includes plans to provide better support for people with mental health problems and complex needs via integrated community teams and prevention approaches.
- The plans for more focus and resources in primary, community and social care – including the voluntary and carers sector do not currently consider community safety issues.
- The STP recognises the impact of domestic abuse on people and communities in Cornwall.
- People with complex needs may frequently present at emergency departments, improvement of partnership work could improve contact with the right professional.
- The Community Safety partnership has not been a key stakeholder of the STP to date.

10. Options available

The process for developing and appraising the options as part of the development for the new model of care are set out in section 3 above

11. Supporting Information (Appendices)

- Appendix 1 – Engagement planned during this phase of development
- Appendix 2 – What we mean by an Accountable Care System

12. Background Papers

None

13. Approval and clearance

All reports:

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<th>Final report sign offs</th>
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<td>04/07/17</td>
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<td>Finance (Required for <strong>all</strong> reports)</td>
<td>Not applicable as NHS authored report</td>
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<td>Equality and Diversity (If required)</td>
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