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

Date: 27 September 2017

Title: Shaping our Future

Portfolio Area: Health & Adult Social Care

Divisions Affected: All

Relevant Scrutiny Committee: Health & 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

Recommendations:
The Committee are recommended to

1. Note the progress made and the priority next steps for the Shaping our Future programme including:
   a. the business case for the new model of integrated care, with a much greater focus on prevention;
   b. the development of an Accountable Care System to support the delivery of more integrated care.
   c. Strategic case for devolution which is intended to act as an enabler for change, and support transition.

1. Executive Summary
At the last Health & Adult Social Care Overview Scrutiny Committee (HASCOSC) meeting on the 12th July we provided an overview of the three programmes of working running in parallel under Shaping our Future

1. Development of business case for new integrated model of care
2. Moving to an Accountable Care System (ACS)
3. Developing a strategic case for Devolution

Development of business case for new integrated model of care
Since the last HASCOSC meeting we have completed the first wave of co-production workshops to support the development of the business case for the
emergent future model of integrated care. Our approach to co-production was well supported by the Scrutiny Committee at the last meeting.

These workshops are an integral part of the Shaping Our Future programme’s commitment to ensuring there is meaningful engagement by:

- Providing opportunities for local insight and views to be fully considered in the working up of models of care and possible options for public consultation
- Being open and transparent as ideas progress so that communities and stakeholders can see progress, understand where and how their contributions have been considered and learn more about the challenges and benefits of any service redesign.

Seven Co-Production workshops were conducted across Cornwall and the Isles of Scilly during July. Approximately 250 local stakeholders attended across all sectors, including patients and carers, unions, elected councillors and service delivery practitioners from a range of specialities and roles in primary, community and secondary care, mental health and children’s services.

The data from each workshop has been analysed so that feedback and insight gained can be fully considered by all constituent parts of the Shaping Our Future programme. In particular, there is a separate report for each local area, recognising that the model of care will be locally tailored to best meet the specific needs of local communities.

The second wave of workshops will take place between the 5th and 26th September.

**Accountable Care System**

Fundamental to us working in a more integrated way and facilitating the transformation of care, is the establishment of an Accountable Care System (ACS) enabling our ambition of one budget delivering one outcomes based plan for integrated care and working within one system for CIOS. Subject to securing the relevant approvals, we plan to be working as a shadow ACS by April 2018. It is proposed that the ACS will comprise an integrated strategic commissioner for health, care and wellbeing services and a network of providers overseen by a single leadership team within an Accountable Care Partnership (ACP).

The Integrated Strategic Commissioning function will be charged with developing a place based strategy and outcomes framework on a population basis for health, care and wellbeing services for all citizens resident in Cornwall and the Isles of Scilly.

The ambition for the ACP is to operate as a single network of providers for acute, mental health, community, primary, children’s, ambulance, wellbeing and social care services, including a range of public, independent and third sector organisations. It will need to encompass providers who are located outside of Cornwall, but serve our local communities.
At the core of the ACP, will be a leadership team with collective responsibility for the effectiveness of the overall provision of health and care within Cornwall and the Isles of Scilly (CIOS). The ACP would hold a place based budget and would tactically plan and deploy resources to secure the improved outcomes in population health required by the strategic commissioners, delivering more joined up, better coordinated and more efficient care. Work is being progressed to appraise the options for developing the ACP.

Devolution

Over recent weeks we have shared and tested our emerging devolution asks. There are 4 key elements to our proposition to government as follows:

- **Offering Cornwall and the Isles of Scilly as a test bed for innovation and new ways of organising and delivering care** - We believe that with the right government support we can act as a prototype for what can be achieved in a rural community, testing new ways of organising and delivering care using predictive analysis for service planning and robotics, aids and adoptions for care provision.

- **A radical upgrade in preventing ill health** - We are living longer but as we get older we spend more years in poor health with at least one long-term medical condition. Under Shaping our Future people of all ages will benefit from improved physical health and mental well-being, helping children and young people do well at school, reducing working days lost to ill-health and fewer years of ill-health for older people. As fewer people start to need our more expensive health services we can redirect the funding towards preventing ill-health. To support us in this, we are seeking freedoms and flexibilities to influence the sale, advertising and over consumption of unhealthy foods and drinks combined with invest to save funding for a programme of activities led by local communities to reduce smoking and alcohol abuse, tackle poor diet, increase physical activity and reduce social exclusion. This includes additional support in areas of multiple deprivation, where people are at greater risk of ill-health earlier in life.

- **Accelerating delivery** - A one-off injection of investment would provide a catalyst to develop a more mobile and multi-skilled workforce, reduce our reliance on expensive agency staff and accelerate delivery of prevention, innovation and integration.

- **Local control and influence** - We see the swift development of an integrated and highly functional ACS, as critical to the delivery of our system-wide strategic plans for health and care. It will enable the delivery of high quality, proactive and effective care, address some longstanding performance and financial challenges and lower the per capita cost throughout the county. Devolution provides the opportunity progress with regard to the establishment of an ACS, with a single place-based budget and strategic plan for health and care. It also supports greater control over determining local outcomes and performance aligned to local needs.
2. Purpose of Report

To advise the Committee of progress within the Shaping our Future programme including the outputs and feedback from the first wave of co-production workshops for the development of the future model of care, progress towards setting out the blueprint for an Accountable Care System and an update on the development on the strategic case for Devolution.

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.

As part of the next phase for Shaping our Future, we are committed to developing the business case for a proposed future model of care that better meets the needs of the people of Cornwall and the Isles of Scilly and in doing so addresses the financial sustainability issues of the current system. In addition we have committed to establish an Accountable Care System (ACS) for Cornwall and the Isles of Scilly to support the delivery of more integrated care.

**Update on business case for new integrated model of care**

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 developed in October 2016.

At the last Health & Adult Social Care Scrutiny Committee meeting held on the 12th July we provided an overview of the approach we are taking to develop the case. Between July and November we have committed to holding 3 waves of workshop in six areas of Cornwall and on St Mary’s for local input into reshaping services.

An overview of the findings from the first wave of workshops held in July can be found in section 5 of this document.

The 2nd wave of workshops will run from the 5th – 26th September. The topics of discussion will be centred around exploring a range of ‘what if’ scenarios in relation to prevention, community care and urgent care to help identify the different options for evaluation.
Following the completion of the 2\textsuperscript{nd} wave of workshops we will be reviewing the level of engagement to date in the co-design and whether any further work is anticipated in addition to that already planned. We already anticipate that we may need to build in a fourth set of co-production events following the November workshops, with the more detailed options appraisal taking place in the subsequent session. It has always been our commitment to build in sufficient time to undertake meaningful co-production.

On completion, the business case for the future model of care will need to be assured by NHS regulators and the Health & Adult Social Care Scrutiny Committee. Any formal consultation required on service changes will follow this assurance process as outlined in the timeline below.

### Developing an Accountable Care System

Within the last report to the Health & Adult Social Care Scrutiny Committee on the 12\textsuperscript{th} July we provided the vision for an Accountable Care System developed by system leaders at a workshop in May. It is proposed that the ACS will comprise an integrated strategic commissioner and a network of providers with a single leadership team. It is intended that the ACS will operate in shadow format from the 1\textsuperscript{st} April 2018.

**Strategic commissioning**

It is proposed that the Integrated Commissioning Partnership will be charged with developing a place based strategy and outcomes framework on a population basis for health, care and wellbeing services for all citizens resident in Cornwall and the Isles of Scilly. It will work in collaboration within the south west peninsula and wider as appropriate to secure benefits from working at a larger scale.

Under an outcomes based commissioning approach the role of the strategic commissioner is more focussed towards development of population level outcomes and procurement of models of care to deliver those outcomes. The approach offers an opportunity to incentivise accountable care partners to deliver the right models of care. This enables partners to progress towards
population outcomes in a way that reduces duplication of effort and supports providers to design services with a breadth of diverse partners.

The Shaping our Future plan sets out the high level commissioning strategy for health and care services alongside making the case for greater investment levels in prevention through influencing how other public services such as roads, licensing, welfare services can improve health of the local population.

The Director of Public Health has made clear that health services contribute towards only 10% of health improvement at a population level and a step change in health outcomes can only be achieved through influencing the wider determinants of health. This means that the strategic commissioning function, if its aim is to improve the health outcomes for the people of Cornwall and the Isles of Scilly, needs to be able to influence the delivery of other public services in the area and not just health and care services which constitute approximately 25% of all public expenditure within the local area.

This approach is based on the principle of looking at how the Cornwall and Isles of Scilly ‘£’ is best spent and builds on the learning from the Total Place pilots commenced in 2010 and subsequent whole system devolution deals such as that for Greater Manchester. The emphasis of this approach has been to address ‘allocative efficiency’ rather than simply ‘technical efficiency’ through the commissioning process. Effective strategic commissioning requires the system to understand and act on the need for integration and early intervention in their everyday thinking by paying attention to both allocative efficiency (is the money allocated to where it is best spent?) and technical efficiency (are we spending the money allocated in the best way?).

It is recognised that there is an on-going need to meet statutory and regulatory requirements for which CCGs, Local Authorities and NHSE are accountable. This can be done in a number of ways from directly commissioning as individual organisations, creating partnerships with other commissioners or out-sourcing (via contracts) specific aspects of commissioning activity to the delivery system.

The latter of these is often referred to as ‘tactical’ or ‘operational’ commissioning. The rationale for out-sourcing this activity is that it will be discharged in a more efficient and effective manner than if retained by the increasingly strategic commissioning organisations. In a nutshell, it is likely to surround the mechanics of ‘contracting’, rather than high level decisions about the allocation and deployment of resources within individual programmes.

In order to progress strategic commissioning in the short to medium term a number of key early actions have been agreed including:

1. Confirmation that the ACS encompasses the total population; children / families / working age & ageing well. Strategic and tactical commissioning functions need to reflect this and SoF needs to embed Children’s and mental health services at its core. Workshop being scheduled to confirm the alignment of Children’s services.

2. Refocusing the established Integrated Commissioning Partnership (ICP) between the Council and the CCG ensuring that the Better Care Fund & iBCF is governed and deployed to deliver key priorities to reduce non
elective activity in secondary care, reduction of delayed transfers of care and reducing admissions to long term care settings. This implicitly means that the appropriate commissioning to enact the BCF and iBCF health and social care commissioning can be integrated without the requirement for organisational change at this time.

3. Strengthen reporting arrangements to Health and Wellbeing boards and statutory commissioning bodies.

4. Address and eliminate historical anomalies in funding assumptions and provide clarity about the BCF schemes and their required outcomes.

5. Enhance the ICP (Commissioning board) to include public health and housing considerations at every opportunity ‘planning together / buying together’. Extend the current arrangements to include schools and children’s services and make links to wider services. Consideration is being given to increasing the pooled budgets within the BCF to support the development of the ACP. Confirm timescales for development with Providers. This needs to be done in the context that the Adult Community Services contract expires at the end of March 2018.

6. Develop joint commissioning intentions and principles of working that can inform future health and care commissioning in Cornwall. Work alongside colleagues within the Isles of Scilly to ensure developments are symbiotic and offer the right solutions for the localities.

7. Focus the ICP on the development of whole population based segmentation and an outcomes based framework that can be shaped by key stakeholders including patient and client reference groups

**Accountable Care Partnership (ACP)**

The ambition for the ACP is to operate as a single network of providers for acute, mental health, community, primary, children’s, ambulance, wellbeing and social care services, including a range of public, independent and third sector organisations. It will need to encompass providers who are located outside of Cornwall, but serve our local communities. It will also need to be established in ways which ensure that the statutory responsibilities of providers are delivered.

At the core of the ACP, is to be a single leadership team with collective responsibility for the effectiveness of the overall provision of health and care within Cornwall and the Isles of Scilly (CIOS). The ACP would hold a place based budget and would tactically plan and deploy resources to secure the improved outcomes in population health required by the strategic commissioners, delivering more joined up, better coordinated and more efficient care.

**Devolution**

At the last Health & Adult Social Care Scrutiny meeting we advised of our intention to develop a strategic case for Devolution to enable decisions to be made ahead of public consultation in 2018.
Over recent weeks we have shared and tested our emerging devolution asks with the following groups:

- Cornwall Executive Group – 05.07
- Council Corporate Directors Meeting – 13.07
- SoF Transformation Board – 21.07
- Informal Portfolio Holder Briefing – 31.07
- SoF Clinical Practitioner Cabinet – 08.08

There are 4 key elements to our proposition to government in support of our plans under Shaping our Future illustrated in the diagram below.

**A test bed for innovation and new ways of organising and delivering care** - We believe that with the right government support we can act as a prototype for what can be achieved in a rural community - for our citizens, as an employer and as a contributor to the economy. Characteristic of our strong sense of entrepreneurship in Cornwall and the Isles of Scilly, we have ambitious and radical plans to pioneer use of emerging technologies, including robotics, automation and self-management tools as well as optimise leading edge digital solutions to our significant access challenges.

Our vibrant Higher Education Sector and Innovation Centres are a key strength in taking this forward, and already committed to this.
R&D funding and capital for set up costs would enable us to trial emerging technologies and self-management tools in our new paths of care and assess their impact on maintaining independence and other outcomes for people and on the cost per head of providing care and support.

**Local control and influence** - We see the swift development of an integrated and highly functional ACS, as critical to the delivery of our system-wide strategic plans for health and care. It will enable the delivery of high quality, proactive and effective care, address some longstanding performance and financial challenges and lower the per capita cost throughout the county. Devolution provides the opportunity to progress with regard to the establishment of an ACS, with a single place-based budget and strategic plan for health and care, allowing us to more quickly and easily align investment across the system against local priorities. It can also provide us with greater control over determining local outcomes and performance aligned to local needs.

**Accelerating delivery** - We want Cornwall and the Isles of Scilly to be the employer of choice for the health and care sector. This requires a step change in how we develop and grow our workforce, offering quality jobs in the care sector and career opportunities that attract a younger generation of health and care professionals by offering a range of experience in various settings and across various paths of care. We also have ideas about how we could most effectively operate in a post Brexit environment to ensure we have the workforce we need to deliver care.

A one-off injection of investment would provide a catalyst to develop a more mobile and multi-skilled workforce, reduce our reliance on expensive agency staff and accelerate delivery of prevention, innovation and integration.

**A radical upgrade in preventing ill health** - We are living longer but as we get older we spend more years in poor health with at least one long-term medical condition. We have high rates of diabetes, heart disease, stroke, cancer and osteoarthritis and for many people they can be prevented or delayed, or for others contained if caught early and managed well.

We are fortunate to have a high quality natural environment with opportunities for physical activity and people willing to help each other with a strong sense of community and high levels of volunteering.

People of all ages will benefit from improved physical health and mental well-being, helping children and young people do well at school, reducing working days lost to ill-health and fewer years of ill-health for older people.

As fewer people start to need our more expensive health services we can redirect the funding towards preventing ill-health. As the health and wellbeing of our population improves, the cost per head of providing health and care services will reduce allowing us to cope with growth and help more people within the same budget, thus creating a sustainable health and social care for future generations. Invest to Save funding for a radical and ambitious programme led by local communities to reduce smoking and alcohol abuse, tackle poor diet, increase physical activity and reduce social exclusion would help us accelerate our plan and truly demonstrate the long term benefits of investing in prevention.
Evaluation of this work would be a key component of our proposed Shaping our Future learning enterprise, providing early feedback to government on the indicative return on investment that could be realised in other rural areas.

In addition, we would like to go further. We would like to work with central government to examine opportunities to influence the sale, advertising and over consumption of unhealthy foods and drinks.

Sajid Javid, Secretary of State for Communities and Steve Baker MP from the Department for Exiting the EU, is visiting Cornwall on September 26. The purpose of the visit is to discuss the impact of Brexit and to hear our views on how Cornwall sees the future and what opportunities and challenges we have identified. This is an important opportunity to set out our future devolution plans to address our system challenges and how government can support us.

4. Relevant Previous Decisions

Whilst the Outline Business Case submitted to NHS England in October sets out our strategic ambitions no formal decisions have been made in relation to the re-configuration of services or architecture for an Accountable Care System.

5. Consultation and Engagement

Approximately 250 people attended the first wave of the co-production workshops as follows:

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<th>Workshop</th>
<th>Attendance</th>
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<tr>
<td>Bodmin (North)</td>
<td>33</td>
<td>Marazion (West)</td>
<td>46</td>
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<tr>
<td>Heartlands (West to Mid)</td>
<td>49</td>
<td>St Austell (Mid to East)</td>
<td>44</td>
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<tr>
<td>Liskeard (East)</td>
<td>29</td>
<td>Truro (Mid)</td>
<td>46</td>
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These workshops are an integral part of the Shaping Our Future programme’s commitment to ensuring there is meaningful engagement by:

- Providing opportunities for local insight and views to be fully considered in the working up of models of care and possible options for public consultation

- Being open and transparent as ideas progress so that communities and stakeholders can see progress, understand where and how their contributions have been considered and learn more about the challenges and benefits of any service redesign.

The data from each workshop has been analysed so that feedback and insight gained can be fully considered by all constituent parts of the Shaping Our Future programme. In particular, there is a separate report for each local area, recognising that the model of care will be locally tailored to best meet the specific needs of local communities.
However, a broad overview of what was discussed and considered most important by local delegates across all workshops is provided below.

<table>
<thead>
<tr>
<th>Workforce</th>
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<tbody>
<tr>
<td>• addressing issues around morale and capacity and also helping to reduce duplication</td>
<td>• Shared skills and blended roles across vocations and organisations to reduce the number of individuals and organisations having contact with service users • Offer training to encourage recruitment and retention by making jobs more interesting and to offer staff a wider range of career pathways • Co-location of staff from different organisations including voluntary and community sector (VCS) and pharmacy, primary and community care nursing teams and other allied health and care professionals</td>
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<tr>
<td>IT</td>
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<tr>
<td>• Integrated working to reduce duplication of effort</td>
<td>• Shared care records (one set that follows the patient to be available at all times) • Make greater use of telemedicine to reduce the number of face to face appointments that patients need to travel for • Increase use of video conferencing to make it easier for staff to attend meetings and to encourage cross organisational collaboration • Increase use of social media as a medium for providing information related to prevention and self-management to patients and families • Enable information sharing – single password access across organisations</td>
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<tr>
<td>Budgets</td>
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<tr>
<td>• Pool budgets to remove perverse incentives and enable resources to be focused where they are most needed</td>
<td>• Local budgets e.g. care hub has its own budget or budgets could be pooled across health and social care specific to community footprint and local population needs • Commission based on outcomes and population needs, not demand</td>
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<tr>
<td>Access</td>
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<td>• Reduce variation in opening hours</td>
<td>• Provide mobile/peripatetic services – provide screening, treatments (e.g. mobile chemo), labs and primary care services in vans in remote areas as appropriate • Create age and locality sensitive services (old vs young; rural populations vs. urban have different needs)</td>
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<tr>
<td>Voluntary and Community Sector</td>
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<tr>
<td>• Directory of services (community maps kept up to date by ‘community makers’)</td>
<td>• Provide support to VCS that provide part of a pathway to ensure stability and sustainability of voluntary sector • Plan and review services with all partners that contribute to health and wellbeing including VCS. • Shared leadership and HR structures across sectors</td>
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Just over half of the delegates (52%) completed an evaluation form. The overwhelming majority of their feedback and comments were positive. For example, people said:

[It was] “Great to have a pre-arranged facilitator (who was v.skilled) and Scribe.”

"I feel that consultation can be tokenistic, this felt different - I hope it will be.”

"It was good to meet and feel encouraged that others care.”

"Excellent event, good mix of health, community and council attendees. Looking forward to Sep!”

Nevertheless, the acoustics of one of the venues was criticised and has not been included as a venue for Wave 2 as a result. Some of the delegates at the first two workshops complained about the lack of food provided given the timing of the meeting. Fruit was provided from the third workshop onward, such that subsequent delegates said "Good to have fruit too. Good structure and interaction. Good facilities.”

One delegate suggested the table top discussions to identify hot topics “may not have been most effective use of time”. Another said they thought there was a “Useful length of time on tables working, and great to have a facilitator who had clearly been briefed to listen as well as contribute.”

Similarly, one delegate said “the video wasn’t particularly inspirational - I couldn’t help thinking there were a lot of people in the room to create a change
for one person, but maybe it starts one at a time.”, whilst others found it “thought provoking and a good way to stimulate the table top discussions”.

Several people asked that the information packs be sent out in advance because “the info pack was too large to take in to really aid conversation”. Unfortunately, our inability to send out information in advance is a reflection of the timeline and the length of time it took to get the content of the information packs agreed. Hence, we are not confident this request can be met in time for Wave 2 when considerably more information needs to be available.

There was also concern that many of the issues identified had been discussed before and wanted reassurance that this engagement would lead to action.

With the next wave of workshops taking place between the 5th and 26th September, the feedback from wave 1 has been built into the planning and delivery of wave 2.

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.

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)
None

12. Background Papers
None

13. Approval and clearance

**All reports:**

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