



SHAPING OUR FUTURE

Cornwall and the Isles of Scilly
Health and Social Care Partnership

Shaping our Future Assurance report to Transformation Board Part One: Progress in 2017/18



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Achieving System Sustainability – the contribution of Shaping Our Future



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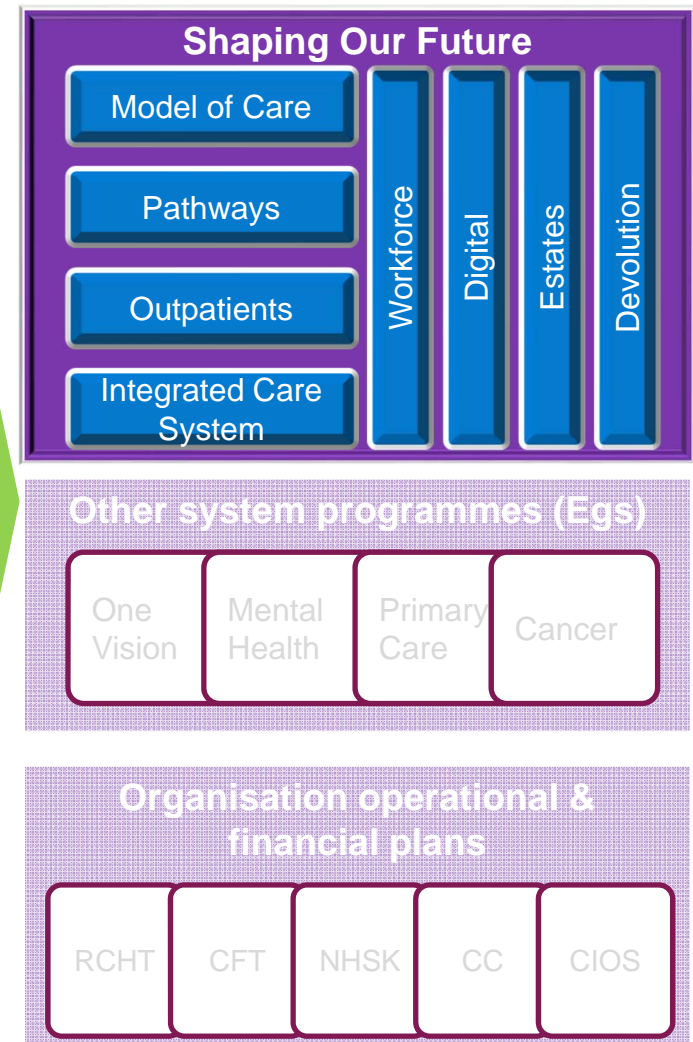
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- The triple aim is the key to achieving a sustainable health and care system.
- Shaping our Future (SoF) has a significant role, alongside a range of system and organisational programmes, in contributing to the Triple Aim.
- Through SoF we will:
 - Transform our place based model of care, integrating primary and community services, creating a strong and resilient community-based system of planned and urgent care that better meets local needs;
 - Change how we work together across organisations to provide seamless and efficient pathways of care for people;
 - Join up how care is provided through the development of an integrated health and care system.
 - Transform outpatient services so that people receive innovative care and information, in the right place, by the right practitioner

Our 'Triple Aim'



Programmes of work



Steps to delivering Shaping our Future



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2016/17	<p>Phase 1: Clinical and financial sustainability plan</p> <ul style="list-style-type: none"> • Design and engage on a strategic sustainability plan for Cornwall & the Isles of Scilly (Outline Business Case) • Integration of community and mental health services into a single provider
2017/18	<p>Phase 2: Start planning and implementing the longer term clinically and financially sustainable models of care</p> <ul style="list-style-type: none"> • Co-production of new service model of care shaped around integrating primary and community services, creating a strong and resilient community-based system of planned and urgent care that better meets local needs • Partner commitment to work towards the development of an integrated care system • Establish new integrated 111 and Out of Hours service and new joint domiciliary care service • Agree 3 year financial framework for achieving financial sustainability across NHS and move to single local NHS control total
2018/19	<p>Phase 3: Take major steps towards joining up how care is provided through the development of an integrated health and care system</p> <ul style="list-style-type: none"> • Develop, subject to gateways, the model for strategic, outcome based, health and social care commissioning • Establish an integrated care partnership, subject to gateways, with a strong locality focus, using 2018/19 to design and refine the model, ensuring that it facilitates providers being able to respond more flexibly to local need and improves how we function as a system • Agree a set of system priorities to be delivered at pace in 2018/19 to support our system sustainability and demonstrate early success • Establishing local integrated care teams to increase the capacity, capability and resilience of community-based care • Support the development of primary care networks and GP Practices to deliver primary care at scale • Components of new care model to be assessed through 'test and learn' approach to bolster capacity ahead of winter 2018 and build local evidence for reconfigured service model • Further develop three year financial recovery plan, in line with agreed financial framework, and Implement year 1, meeting regulator control totals and better aligning with local authority finances • Production of system workforce transformation plan to support care model delivery and development of other enabling strategies including estates and digital
2019/20	<p>Phase 4: Secure the benefits of reduced variations in care with efficient pathways of care for people, improving quality and performance and continue transition to new out of hospital service model</p> <ul style="list-style-type: none"> • Deliver system wide efficiencies and remove unwarranted variation, starting with making care more effective and efficient for people who have musculoskeletal problems; cardiovascular problems; people with complex needs or have fallen or are at risk of falling. • Consult (if necessary) on reconfigured service model for community services • Implement new governance and leadership arrangements for the Integrated Care System • Implement agreed approach to transforming our enabling (back office) services to support our operation as an integrated care partnership
2020/21	<p>Phase 5: Clinical and financial sustainability secured</p> <ul style="list-style-type: none"> • Deliver 3 year financial recovery plan • One plan, one system, aligned budgets • Realisation of new out of hospital service model



What we achieved in 2017/18

Developing an integrated health and care system

- ✓ ICS Accord signed by all key partners setting out intention to work together to establish an ICS, incorporating agreed principles for whole system working and joint decision making
- ✓ Proposal for staged approach to development of Integrated Strategic Commissioning approved by all commissioning organisations
- ✓ Mobilisation Group established by provision system to oversee the development of an Integrated Care Partnership
- ✓ System wide Transformation Board to assure progress one of the first to be held in public
- ✓ Framework of system governance established, including a system wide risk register
- ✓ System leader established, and system leadership roles agreed for Chief Officers facilitating a 'system first' culture at leadership level
- ✓ System priorities agreed, including a focus both on in year improvements ahead of winter 2018 as well as progress towards new vision for place based model of care
- ✓ Quarterly SoF Leadership Forum established comprising the boards of local organisations and cabinet members to develop a common understanding of the challenges and opportunities the system faces and how working together as an integrated system will help to address these
- ✓ A number of system roles established including System Directors for Urgent and Emergency Care and (more recently) Planned Care, Clinical Director, Finance Director and Winter Director – all with a mandate to work on behalf of the system. Director of Adult Social Care and Health established. Joint Discharge post established.
- ✓ Three year financial framework developed and approved
- ✓ Improved NHS financial position: from £50m deficit 16/17 to £30m deficit 17/18 to a £9m deficit plan for 18/19
- ✓ Agreement with regulators on combined organisations' "system " control totals for 18/19
- ✓ Started to balance demand across the system through greater collaboration between health and social care



What we achieved in 2017/18

Transforming our model of care

- ✓ Substantial programme of co-production undertaken, building strong relationships and productive relationships in localities which are informing place based models of care. Approach supported by Scrutiny Committee and HealthWatch
- ✓ Established a Citizen Advisory Panel (CAP) to ensure that the independent voice of the local population is heard and influences plans for developing integrated health and social care across CloS.
- ✓ Vision for place based, out of hospital care developed and endorsed by the Clinical Senate
- ✓ 111 and out of hours service re-procured as an integrated service with more clinical input
- ✓ End to end MSK pathway (knees and hips) developed, with investment in place and roll out underway for shared patient decision making, EscapePain, pathway electronic patient notes, multi-disciplinary triage, and a joint school group clinic
- ✓ Our most vulnerable GP practices identified and primary care investment providing targeted support
- ✓ Diabetes prevention programme implemented
- ✓ Hard reset of patient flow delivered, leading to significant improvements in ED performance
- ✓ Significant focus on and improvement in delayed transfers of care – work continues to further drive down improvements

Secure Devolution as a strategic enabler

- ✓ Development of an agreed set of asks to go to Government as part of Cornwall's New Frontiers document
- ✓ Positive meetings with key Government stakeholders including senior HM Treasury colleagues to explore our plans for health and social care
- ✓ Management of funding devolved from Health Education England
- ✓ Agreement with NHS regulators to work up designs for a single regulatory assurance framework



Learnings to date

Learning	Action taken/ to be taken
<p>Capacity and prioritisation - tension between prioritising the finite resource we have on 'delivering for today' and /or 'planning for tomorrow' in a stretched system, impacting on pace of change and meaning that the desire to maintain the status quo is often stronger than the motivation to change.</p>	<ul style="list-style-type: none"> • SoF budget in 18/19 better targeted to focus on transformation (SoF programmes). • Oversight by mobilising ICP recognised as important for all prioritised work streams – system wide and organisational • A plan to deliver system wide OD is under development to support the cultural shift on which transformation depends, with input from a range of national bodies • Refresh workshop held with SROs for system priorities in July 2018 to reinforce expectation of delivery in 18/19. Timelines for next steps subsequently agreed with each project.
<p>Better alignment needed between organisational plans and SoF to avoid risk of duplication and missed interdependencies</p>	<ul style="list-style-type: none"> • Significantly greater connectivity between SoF and organisational Programme Management Offices in 2018/19 to streamline, align and avoid duplication
<p>Whilst co-production of our future model of care has been positive, there is still a need for much clearer communications and engagement supporting the total transformation agenda, and in particular communicating the benefits of the system transformation we are undertaking in terms that resonate with our stakeholders, build confidence and understanding about what transformed models of care mean for local people and supporting staff and enable us to secure the discretionary funds on which transformation depends.</p>	<ul style="list-style-type: none"> • Senior SoF Communications Lead resource secured, with support from NHSE, and operating with a communications and engagement hub across health and social care • Communications and engagement strategy being developed • Evolving service models for out of hospital care to be fully developed and articulated • Early successes to be better promoted and celebrated



Learnings to date

Learning	Action to be taken
<p>The extraordinary achievements secured by our health and care system through the hard reset that took place in response to unprecedented levels of demand on urgent and emergency services in the Spring demonstrated what we can achieve working as a purposeful integrated care system, managing risks appropriately across the system</p>	<ul style="list-style-type: none"> • A similar purposeful whole system approach is now being adopted in relation to planned care to recover RTT performance. • There is more to do in building confidence in system working by sharing the success that can be achieved by the approach taken to the hard reset, as well as further work underway to ascertain how improvements are most effectively sustained
<p>There are opportunities to streamline governance arrangements with many programmes reporting to SoF, organisations and regulator assurance regimes</p>	<ul style="list-style-type: none"> • System governance under development • SoF PMO working with organisational PMOs to align and where possible standardise working practices • Work underway with regulators to move to a single regulatory framework (see separate paper)
<p>Accountability to lead on behalf of the system not consistently seen as an imperative below chief officer level</p>	<ul style="list-style-type: none"> • Interim system leadership team in place in ICP mobilisation year
<p>The criticality of alignment of clinical, political and managerial leadership to be effective,</p>	<ul style="list-style-type: none"> • SoF Leadership Forum established to bring together Board members, lead clinicians and Cabinet members • Inquiry Days held in relation to joint strategic commissioning proposals • Design approach to place based out of hospital care and the underpinning ICP have strong primary care input as integral elements.



Learnings to date

Learning	Action to be taken
<p>The criticality of our progress as an ICS in securing the transformational investment required, with discretionary funding often being directed to the most advanced ICS areas</p>	<ul style="list-style-type: none"> • Devolution plans to focus on those areas that cannot be progressed through other routes available to us locally, recognising that transformation funds most likely to be accessed through progressing our ICS mobilisation plans
<p>Our planning and design for an Integrated Care System must sufficiently prioritise function before form</p>	<ul style="list-style-type: none"> • The Integrated Strategic Commissioning Steering Group and the ICP Mobilisation Group are responsible for ensuring that discussions about form and function are appropriately aligned.
<p>The challenges, in common with many other STPs, in setting out and quantifying the benefits to be derived from our transformational programme, including the need to be clearer with targets for delivery from each of the programmes.</p>	<ul style="list-style-type: none"> • Work is taking place with Programme and Project Leads to develop plans for years 4 and 5 of the SoF and to quantify the benefits that are to be realised in accordance with the change framework. Benefits identified at gateway 1 will be high level with a number of assumptions. By gateway 2 projects will have worked up solutions with greater confidence over the benefits case • The ICP Mobilisation Group will be considering the contribution of SoF and other system change programmes and assessing this against achievement of the triple aim. This will form an integral part of the system planning for 19/20
<p>Large scale transformational change of this scale requires a range of change approaches. Further development required to help build our change capability to realise full change potential throughout the system</p>	<ul style="list-style-type: none"> • Working with organisational PMOs to develop a standardised change framework and supporting toolkit for change delivery • Developmental programme to be established

3 year financial framework



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- ❑ NHS Kernow, Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust have created a joint 3-year financial recovery plan which successfully balances the books by the end of 2020/21. Further work is required between alignment of NHS and local authority plans
- ❑ Our aim is to maintain spending at our current 17/18 levels to focus on stability and sustainability.
- ❑ We have reduced our system deficit from a forecast of £50m to £30m in 2017-18, with a plan for a £9m deficit in 2018-19, but we still have more to do.
- ❑ Control totals have been agreed for all NHS organisations in 18/19 underpinned by organisational financial and operational plans
- ❑ We are working to develop a system control total for 19/20 . The change programmes within SoF will be critical to delivery of years 2 and 3 of the 3 year financial plan. Work is on-going to quantify the amount and timescales.
- ❑ We will need access to national capital and revenue funding to achieve some of the proposed changes identified to put us on a longer-term sustainable footing in the future, and this is being taken forward by SoF enabling work streams such as digital and estates.

System Performance framework



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- ❑ The CloS system has had in place and developed over the last 12 months, a system view of key performance indicators across acute, mental health and social care
- ❑ This essentially is system performance through the commissioning lens , ensuring a broader view than Cornwall provider specific performance
- ❑ The data is produced in full, timed to available national performance data sets . More recent performance data may be available through specific provider Board performance reports
- ❑ The performance data covers a wider set of system performance measures that than those targeted through the programmes within SoF
- ❑ As we develop the outcome measures and targets for SOF programmes through the change framework, the aim is to separately report and align those performance metrics which are directly impacted by the SoF programmes of work as part of the benefits realisation plan.
- ❑ Whilst the tracking of benefits related to SoF is a key function of the Transformation Board, performance management of the system currently remain within the purview of NHS boards and regulators and between commissioner and Provider
- ❑ The emerging integrated system arrangements may lead to a varying of those arrangements, and are covered elsewhere on the agenda