



# **A Sustainability and Transformation Plan for Cornwall and the Isles of Scilly: Summary of the draft Strategic Outline Case\***

## **Shaping the future of local health and care**

\*This document is a summary of the draft Strategic Outline Case currently being worked on by health and care organisations (NHS and councils) serving Cornwall and the Isles of Scilly to transform local services in the next five years.

# Introduction

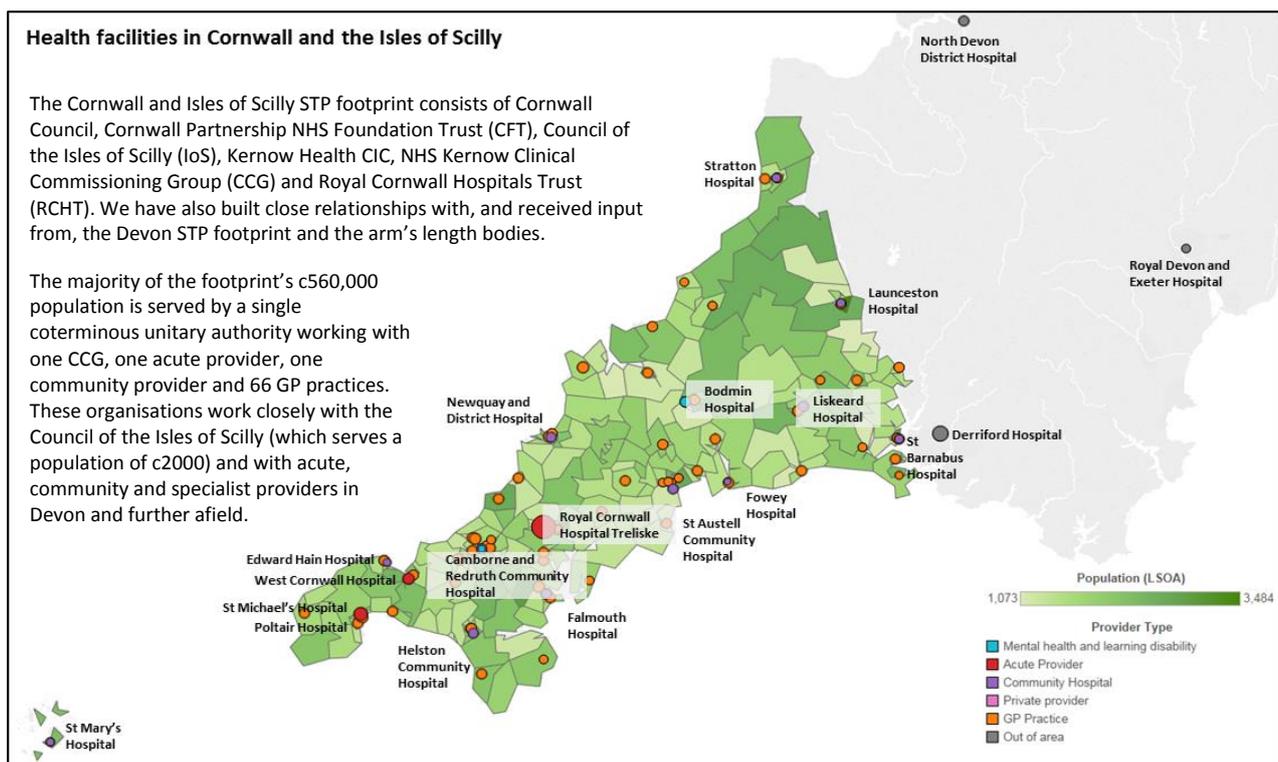
In the next five years, we have a once in a generation opportunity to transform local health and care services through the Cornwall and Isles of Scilly Sustainability and Transformation Plan (STP).

The STP is mandated by NHS England to achieve three aims set out in the NHS Five Year Forward View:

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

Our local STP will focus on the actions and changes required in Cornwall and the Isles of Scilly to achieve these triple aims. It will involve all of the major health and care organisations in Cornwall, the Isles of Scilly and Devon (plus specialist providers further afield) who are involved in providing or commissioning services for the people of Cornwall and the Isles of Scilly. It will involve all sectors including voluntary and private organisations and most importantly the STP will be developed through the engagement and consultation with the population we serve.

The STP will build on work already underway to integrate health and care services and is part of the programme to deliver greater devolution for Cornwall. Through the STP we will create one plan, one budget and one system to better serve the local community within the resources available.



## The case for change

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The case for change is clear and there is an increasing understanding amongst stakeholders, clinicians, practitioners, health campaigners and the wider population that the current health and care system is disjointed, overstretched, outdated, reactive, under-achieving and not cost effective. There are many areas of good and outstanding practice but also areas where performance is below national standards with unacceptable variations in health outcomes.

Right now we are spending per head of population what we will have available to spend in 2020/21. We are predicting a £140m deficit in 2016/17 across the health and social care system and if we do nothing this will grow to £277m by 2020/21. Health and care services are currently fragmented and duplicated with an over-reliance on an expensive bed-based model of care instead of placing the citizen at the centre of an integrated system and offering care at home first.

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. The Devolution Deal for Cornwall also identified the direct link between people's health outcomes and factors such as housing, employment and education. We therefore need a whole system and population approach to transformation that is evidence based with care delivered in the most appropriate setting.

## Our challenges

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### Health and Wellbeing Gap

Our system faces many of the same demand pressures as the rest of the country with changing lifestyles, an ageing population, increasing rates of frailty and complex care needs. Through the STP we have identified our main challenges in Cornwall and the Isles of Scilly which are summarised below. Work is now underway to better understand the specific health and care needs within each community and to tailor services appropriately. We should also recognise the many advantages that living in Cornwall and the Isles of Scilly has for improving health and wellbeing such as strong communities, a volunteering ethos and the local environment which will all help to shape our STP.

	<b>Population.</b> Our population is older than average, and getting older, with a longer than average life expectancy. 10.3% of our people are aged over 75, compared with 7.8% in England.
	<b>Deprivation.</b> Seventeen neighbourhoods, constituting 13.9% of our population, are among the most <b>deprived</b> in England.
	<b>Challenging geography.</b> The proportion of our population living in sparsely settled communities twice the national average. Forty per cent of our population live in settlements of less than 3,000.
	<b>Complex needs.</b> Our population has complex needs, with prevalence of dementia and presentations of depression in the worst quartile nationally; a higher than expected rate of suicide and a higher than average prevalence of diabetes.
	<b>Risky behaviours.</b> More than half of our population's circumstances or risky behaviours are increasing their susceptibility to disease. We have higher than average obesity levels and a high percentage of mothers smoking at the time of delivery.
	<b>Financial</b> – if we continue as we are with rising demand, rising costs, no reform and no change to current budget allocations we will have a deficit of £277 million by 2020/21.
	<b>Structural</b> – too many organisations, not enough integration of services and over-reliance on hospital beds instead of providing care at home or within the community.

## Quality Gap

The quality of care that our citizens get is inconsistent. The majority of people who use local services report positive experiences but we also hear from people who are concerned about the pressure on services, the timeliness of services and the communication from clinicians and practitioners. Cancellations, waiting times, access to GP appointments, delayed transfers of care and the demand on our urgent and emergency services are common issues raised.

Whilst Royal Cornwall Hospitals NHS Trust is meeting its Referral to Treatment Targets, around 8.4% of patients in Cornwall and the Isles of Scilly wait more than 18 weeks from referral to hospital treatment, placing us in the bottom quartile of national performance. At the Royal Cornwall Hospital Emergency Department attendances have risen by as much as 18% compared to last year against a national average increase of 9%. The number of delayed transfers of care are double the national average. The estimated diagnosis rate for people with dementia is 58.2%, placing the region in the bottom quartile for national

performance. There are also workforce challenges with a too heavy reliance on agency staff, 30% of GPs saying they plan to retire in the next three years and staffing shortages in social care.

However, we must also recognise the good and outstanding practice in areas such as clinical research and innovation, good performance at Royal Cornwall Hospitals on cancer and referral to treatment standards, good Care Quality Commission (CQC) ratings for many aspects of community, mental health and acute services. Our STP will ensure that we build on the good practice and offer consistent services in all areas.

## **Financial Gap**

Earlier this year, we identified that by 2020/21 Cornwall and the Isles of Scilly would have a deficit of £277m in the health and care system - if we do nothing. This financial gap is driven by increasing demand for services, an ageing population, requirements for new technology and drugs, operational inefficiencies, variation in practice and a model of care skewed towards hospital bed-based services.

We also need to take into consideration that around 20% of our citizens travel to Devon for their care where there is a predicted £572m funding gap by 2020/21. We are therefore working closely with our partners in Devon on their STP, including the financial and service solutions.

In Cornwall and the Isles of Scilly, we have estimated that if we adopt best practice in priority areas we could achieve £221m efficiency savings, leaving a residual gap of £56m by 2020/21. More detailed work and financial modelling is now underway in each of the priority areas to verify this work and ensure the transformation options are credible and evidence based. It is essential that any proposals for service transformation can be delivered within the funding available.

## **The vision**

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All the local health and care organisations are committed to developing a profound and progressive plan with the involvement of the community to transform services:

“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 that they stay independent and well in their community. We will provide services that everyone can be proud of and reduce the cost overall.”

## **Governance and accountability**

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We recognise that difficult decisions will have to be made to transform health and care services and that this requires a very different way of working.

To support the delivery of the Sustainability and Transformation Plan we have established a Transformation Board which includes the Chief Officers, Chairs and Cabinet Member representation from the lead health and care organisations. We have appointed an

independent Chair person – Joyce Redfearn – who has significant experience of integrating health and care services. Phil Confue, Chief Executive of Cornwall Partnership Foundation Trust is the Senior Responsible Officer and reporting to Phil is an Executive Delivery Group with a Transformation Director. This senior team will ensure the delivery of the STP and the involvement of the right experts and wider community in the development of the options.

## Stakeholder engagement and consultation

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A Communications and Engagement Strategy is already underway to involve the right individuals and groups in the development of the STP. This includes clinicians, practitioners, academics, politicians, patient representative groups, health campaigners and the wider community. In March 2016, a series of public and service provider events were held across the region and the results were published in a report, independently reviewed by the University of Exeter: [‘Shaping the future of health and social care in Cornwall and the Isles of Scilly’](#)

This work has already influenced the emerging priorities in the local Sustainability and Transformation Plan and helped establish the principles for future engagement. We expect to undertake further public engagement on the developing plans in October, November and December 2016 and we will be working with the relevant Scrutiny Committees in each local authority on our engagement programme and, where needed, our consultation plans for any major service changes.

There is a proposal to establish a joint health and care Scrutiny sub-committee with members from Cornwall Council and the Isles of Scilly Council to focus specifically on the STP.

## The five priorities and emerging ideas

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Through stakeholder engagement we have identified five priorities which will provide the focus for transforming services in Cornwall and the Isles of Scilly. We know that the challenges we face are driven mainly by rising demand and the way we currently deliver services, especially to those who are frail or vulnerable with complex needs.

Our approach and care model must be more proactive, preventative, place-based and integrated. We will join forces and resources to provide solutions that enable people to live independently in their community with visits to hospitals only when clinically necessary. Our five priority areas are:

- 1) Prevention and Primary Care – This will focus on the wider determinants of health (education, lifestyle, mental health), primary and secondary care prevention, transforming primary care, GP sustainability and GP commissioning.
- 2) Community care and support – This will focus on community recovery, re-ablement and rehabilitation, case management and co-ordination, care home support, community based care, end of life support.

- 3) Urgent and Emergency Care – This will focus on NHS 111 and out of hours services, Urgent Care Centres and Emergency Department development.
- 4) Clinical pathways, provider and commissioner reform – This will focus on improving clinical pathways for specific patient groups such as those with stroke, diabetes, musculoskeletal or heart conditions as well as specialist services and organisational reform to focus on the individual citizen.
- 5) Productivity and efficiency – This will focus on workforce, administration, procurement, estates, Information Management & Technology and the Lord Carter recommendations.

Each of these priority areas has a senior leader responsible for involving relevant stakeholders and developing an Outline Business Case. Further work is required before we can fully set out the options available however, there is likely to be a mixture of some popular and some controversial proposals that will need further engagement. Throughout, we will focus on the evidence presented and the best possible health outcomes for individuals and whole communities. With the citizen at the centre of these plans, we will be including some fresh ideas rather than simply continue to rely on custom and practice, or be limited in our thinking by organisations or buildings.

Examples of potential service changes include more integrated services in communities led by GPs; better use of technology to reduce or eliminate patient travel, co-ordinating care to better manage long term conditions; switching the focus from reactive care to supporting health promotion, prevention and early intervention; trading hospital beds in the acute and community sector for more care at home (which may lead to some hospital closures); establishing a tight network of effective Urgent Care Centres in place of a multitude of unsustainable Minor Injury Units; referring more people to specialist centres if there are better outcomes available; and boosting therapy services to help reduce time spent in hospital and to prevent avoidable hospital readmission.

It is also likely that the workforce will change over the next five years with more integrated working across organisational boundaries, new skills required for less institutional and more community care and the necessity for fewer non-clinical staff overall.

At the organisational level we expect to be integrating health and social care commissioning, devolving commissioning to the lowest level possible and integrating provider services, potentially into an Accountable Care System, to achieve more joined-up and responsive care for citizens as well as greater efficiency. We still need to develop the detailed proposals but we recognise that our greatest single asset is our dedicated workforce and that they represent one of our biggest opportunities to achieve service transformation.

## Conclusion and next steps

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Collectively our ambition is to transform services to focus on prevention, early intervention, community care and keeping people well and independent for as long as possible. There will be an emphasis on shared resources, infrastructure, technology and workforce.

Citizens will be able to access many services close to home but where necessary may need to travel to specialist centres further away from home than now to ensure the very best outcomes.

Right now many of the local services are well regarded and rated but there are also too many areas that require improvement or where people experience too much variation. Through the Sustainability and Transformation Plan we want to ensure that the hallmark of Cornwall and the Isles of Scilly is outstanding care each and every time.

To achieve this we will need the full support of clinicians, practitioners, politicians – indeed all our citizens. In the next five years we have an opportunity to create a health and care system fit for the 21<sup>st</sup> century and we are committed to working with the community on the emerging plans and options every step of the way.