



SHAPING
OUR FUTURE

Cornwall and The Isles of Scilly
Health and Social Care Partnership

Consolidated Performance Management Report

November 2017

Senior Responsible Officer: Kathy Byrne

Programme Director: Tracey Lee



Reporting Period

October 2017

Overall Programme Summary

Resources

We continue to progress the filling of key vacant roles, as set out below:

- **SoF Clinical Director** – Despite a further interview, an appointment has not been made. We are currently reviewing how best to take forward clinical leadership across the system.
- **Finance** – Sarah Brampton, Director of Finance at Devon Partnership Trust is bolstering financial leadership at system level to support CIOs in the development of our 3 year financial strategy.
- **ACS Business Change Lead** – A secondment offer has been made but it has not been possible to release the individual. We are currently reviewing with the System Transformation Director the support that is required.
- **Modelling** – Two analyst posts are being recruited and we are exploring opportunities to bring in specialist demand and capacity modelling expertise at pace.
- **Strategic communications** - NHSE has committed funding for a **strategic communications** post until March 2019. In the meantime interim support is being sourced by NHSE.
- **Business change leadership for development of the model for reablement, rehabilitation and recovery (including beds)** – CCG have confirmed Kate Mitchell to lead this important component of the future community model

Developing the emerging model of community based care

Information has been used from the wave 1 workshops to update the case for change and design principles. The wave 2 reports have been produced and a tracker developed to provide an audit trail of whether suggestions are taken forward. The third wave of workshops has been rescheduled for the new year to enable attendance at GP locality meetings during November and December to gather further information on what is being delivered or planned in local areas. This will then further inform the emerging model of community based care.

The critical path for development of the new model of care, and the resources required to deliver this, is being reviewed by the new Chief Officer Lead for the Model of Care with the current SROs. Work is underway to address the analytical capacity gaps that are impeding progress.

Accountable Care System Developments

A second ACS workshop was held on 9th November 2017 to take forward ACS developments. NHSE has secured local senior capacity in the form of a System Transformation Director, reporting directly to the SoF System Leader, in post until March 2018 to oversee the transition to a shadow ACS (subject to the relevant approvals).

The critical path for developing shadow ACS arrangements by 1st April was agreed by the Portfolio Board on the 23rd November. To support 'system first' working as we move towards a shadow Accountable Care System in April 2018, the Chief Executives/Officers from the statutory organisations leading *Shaping Our Future* (SoF) have agreed to take on defined system leadership roles. Task and finish leads are being assigned against key deliverables within the critical path.

A Business Case setting out the case for change, expected benefits and success measures of an ACS is scheduled to go to Cabinet, KCCG Governing Body and NHS England in February 2018 together with an appraisal of the available options for the form of an Integrated Strategic Commissioning function and plans for closer working during the shadow year for the provider organisations.

Four enquiry sessions have been scheduled in December and January for the Health & Adult Social Care Scrutiny Committee to understand the rationale behind the establishment of Accountable Care Systems across the NHS in England and specifically for Cornwall and the Isles of Scilly and to consider the option put forward for integrated strategic commissioning as part of a Cornwall and Isles of Scilly Accountable Care System and take a view on which is more likely to achieve the desired outcome and the route map to achieve it.

System Governance

Following agreement on system priorities at the September Portfolio Board meeting, a proposed revised system governance framework was approved by the Portfolio Board in November. This is being progressed in a way which starts the transition to working as a shadow ACS.

Section 48 report

The Care Quality Commission (CQC) visited Cornwall in April 2017, using powers under s.48 of the Health and Social Care Act, to test out a process and methodology that could be used by local CQC teams when they identify risks or priorities that cross the boundaries between organisations or sectors of the community. A report on their findings was published in October 2017. The review concluded that services need to make urgent and significant change to improve and work better together to ensure that people get the services they need as they move through the system. A large majority of the report findings are already known to the system and there are plans in place to improve many, but not all of the recommended areas. The Cornwall and Isles of Scilly system leaders are committed to work together to address the recommendations. Progress will be reported on a bi-monthly basis to the SoF Portfolio Board (or successor arrangements). The action plan was approved by the Portfolio Board in November.

Devolution

Work is on-going to develop the devolution case, with a particular focus on strengthening the 'offer' and providing a strong evidence base to underpin the 'asks'. Following helpful external challenges, the case is being re-positioned to better draw out the strengths and uniqueness of the offer from Cornwall. The timetable for preparing the devolution strategic case has been aligned with the critical path for ACS developments to enable work to be streamlined and taken forward with the right underpinning detail.

Taking Forward SoF Mid Year Review

The SOF PMO has undertaken a mid-year review of all programmes within SOF to enable SROs and programme leads to reflect progress against the development of the business case for the future model of care, progress of projects / schemes under the future model of care that are not dependent upon consultation and progress towards the development of the ACS. The recommendations from the mid year review can be found in appendix 2

NHSE STP Stocktake

NHSE undertook a stocktake of the STP on 18th October. The stocktake focused on the following:

- Review of our STP strategic plans
- Review of progress in delivering the priorities as set out in the *Next Steps* strategic document
- Review of progress in delivering upon our in-year operational plan for the STP
- Key challenges and how we can support

Appendix 1 sets out the actions and feedback received following the meeting, and how this is being taken forward. The most challenging recommendation relates to in year financial recovery. An in year financial recovery plan was submitted to NHSE on 30th November, and work continues to improve the in year position.

	<p>Flash discovery Work has taken place with GE to develop a proposal for taking forward the development of a command control centre concept. This proposal incorporated technical development, on-site consultancy, and development of a wider business case and addressed winter pressures with payments linked to sustained achievement of DTOC and 4 hr wait performance. NHSE were approached for sponsorship of the proposal. This was discussed in detail with NHSE's CIO. Feedback from NHSE was that, although supportive of the initiative, immediate funding of the proposal by the central team was not possible and any decision on funding would not be made before Christmas. On this basis, their expectation would be for Cornwall to utilise the STP Provider Digitation funding which is now due for release in April 2018.</p>																																																																																																																																																																																
Project Status	<p>GREEN – Under control and within tolerance AMBER – Out of tolerance and with a plan in place to bring back under control RED – Out of tolerance with no current approved plan</p>																																																																																																																																																																																
Overall RAG status for portfolio	<table border="1"> <thead> <tr> <th colspan="2"></th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> </tr> </thead> <tbody> <tr> <td>Pre Consultation Business Case (PCBC)</td> <td>Jackie Pendleton</td> <td>Red</td> <td>Yellow</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Yellow</td> <td>Yellow</td> <td>Red</td> <td>Red</td> </tr> <tr> <td>Prevention</td> <td>Caroline Court</td> <td>Yellow</td> <td>Yellow</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Yellow</td> <td>Yellow</td> </tr> <tr> <td>Primary Care</td> <td>Andrew Abbott & Peter Stokes</td> <td>Yellow</td> <td>Green</td> <td>Yellow</td> <td>Yellow</td> <td>Green</td> <td>Yellow</td> <td>Green</td> <td>Yellow</td> <td>Yellow</td> </tr> <tr> <td>Integrated Care in the Community</td> <td>Julie Dawson</td> <td>Red</td> <td>Yellow</td> <td>Yellow</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> </tr> <tr> <td>Urgent Care</td> <td>Karen Kay</td> <td>Yellow</td> <td>Yellow</td> <td>Yellow</td> <td>Yellow</td> <td>Yellow</td> <td>Yellow</td> <td>Yellow</td> <td>Yellow</td> <td>Yellow</td> </tr> <tr> <td>Pathways</td> <td>Ethna McCarthy</td> <td>Yellow</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> </tr> <tr> <td>Outpatients</td> <td>Ethna McCarthy</td> <td>White</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> </tr> <tr> <td>Housing</td> <td>Jonathan Price</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Yellow</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Green</td> </tr> <tr> <td>Specialised & Vulnerable Services</td> <td>Gordon Frame</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> </tr> <tr> <td>System Reform</td> <td>Helen Childs & Jonathan Price Judith Dean</td> <td>Yellow</td> <td>Green</td> <td>Yellow</td> <td>Yellow</td> <td>Green</td> <td>Yellow</td> <td>Yellow</td> <td>Green</td> <td>Green</td> </tr> <tr> <td>One Vision</td> <td>Jack Cordery</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Yellow</td> <td>Yellow</td> <td>Red</td> <td>Yellow</td> <td>Yellow</td> <td>Yellow</td> </tr> <tr> <td>Estates</td> <td>Garth Weaver</td> <td>Yellow</td> <td>Yellow</td> <td>Yellow</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Green</td> </tr> <tr> <td>Workforce</td> <td>Adrienne Murphy</td> <td>Yellow</td> <td>Yellow</td> <td>Yellow</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Green</td> <td>Green</td> </tr> <tr> <td>IM&T</td> <td>Steve Trowell</td> <td>Yellow</td> <td>Red</td> <td>Yellow</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> <td>Red</td> </tr> </tbody> </table>														Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Pre Consultation Business Case (PCBC)	Jackie Pendleton	Red	Yellow	Green	Green	Green	Yellow	Yellow	Red	Red	Prevention	Caroline Court	Yellow	Yellow	Green	Green	Green	Green	Green	Yellow	Yellow	Primary Care	Andrew Abbott & Peter Stokes	Yellow	Green	Yellow	Yellow	Green	Yellow	Green	Yellow	Yellow	Integrated Care in the Community	Julie Dawson	Red	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Urgent Care	Karen Kay	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Pathways	Ethna McCarthy	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Outpatients	Ethna McCarthy	White	Red	Red	Red	Red	Red	Red	Red	Red	Housing	Jonathan Price	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Specialised & Vulnerable Services	Gordon Frame	Red	Red	Red	Red	Red	Red	Red	Red	Red	System Reform	Helen Childs & Jonathan Price Judith Dean	Yellow	Green	Yellow	Yellow	Green	Yellow	Yellow	Green	Green	One Vision	Jack Cordery	Red	Red	Red	Yellow	Yellow	Red	Yellow	Yellow	Yellow	Estates	Garth Weaver	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Workforce	Adrienne Murphy	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green	IM&T	Steve Trowell	Yellow	Red	Yellow	Red	Red	Red	Red	Red	Red
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct																																																																																																																																																																							
Pre Consultation Business Case (PCBC)	Jackie Pendleton	Red	Yellow	Green	Green	Green	Yellow	Yellow	Red	Red																																																																																																																																																																							
Prevention	Caroline Court	Yellow	Yellow	Green	Green	Green	Green	Green	Yellow	Yellow																																																																																																																																																																							
Primary Care	Andrew Abbott & Peter Stokes	Yellow	Green	Yellow	Yellow	Green	Yellow	Green	Yellow	Yellow																																																																																																																																																																							
Integrated Care in the Community	Julie Dawson	Red	Yellow	Yellow	Red	Red	Red	Red	Red	Red																																																																																																																																																																							
Urgent Care	Karen Kay	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow																																																																																																																																																																							
Pathways	Ethna McCarthy	Yellow	Red	Red	Red	Red	Red	Red	Red	Red																																																																																																																																																																							
Outpatients	Ethna McCarthy	White	Red	Red	Red	Red	Red	Red	Red	Red																																																																																																																																																																							
Housing	Jonathan Price	Green	Green	Green	Green	Yellow	Green	Green	Green	Green																																																																																																																																																																							
Specialised & Vulnerable Services	Gordon Frame	Red	Red	Red	Red	Red	Red	Red	Red	Red																																																																																																																																																																							
System Reform	Helen Childs & Jonathan Price Judith Dean	Yellow	Green	Yellow	Yellow	Green	Yellow	Yellow	Green	Green																																																																																																																																																																							
One Vision	Jack Cordery	Red	Red	Red	Yellow	Yellow	Red	Yellow	Yellow	Yellow																																																																																																																																																																							
Estates	Garth Weaver	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green																																																																																																																																																																							
Workforce	Adrienne Murphy	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green																																																																																																																																																																							
IM&T	Steve Trowell	Yellow	Red	Yellow	Red	Red	Red	Red	Red	Red																																																																																																																																																																							
Pre Consultation Business Case	<p>Developing the emerging model of community based care: The recent stocktake highlighted issues with capacity due to people allocated to work streams having to respond instead to operational pressures. This has resulted in delays. The critical path for development of the new model of care is being reviewed by the new Chief Officer Lead with the current SROs.</p>																																																																																																																																																																																

	<p>Local co-production workshops: Information has been used from the wave 1 workshops to update the case for change and design principles. The wave 2 reports have been produced and a tracker developed to provide an audit trail of whether suggestions are taken forward. The third wave of workshops has been rescheduled for early in 2018 to enable attendance at GP locality meetings during November and December to gather further information on what is being delivered or planned in local areas. This will then further inform the emerging model of community based care.</p>
<p>Prevention</p>	<p>The Prevention programme is rated as Amber because, whilst there is recognition of the importance of prevention, programmes require investment in order to have a significant impact on reducing demand across the system. An update on progress across the work streams is provided below:</p> <p>Physical Activity: Substantial bid submitted to Sport England to increase physical activity in population – especially least active. A decision is expected in the next 2 weeks but could provide up to £10m funding.</p> <p>Diabetes Prevention: Full roll out of the Diabetes Prevention Programme – Good engagement with the GP practices to achieve over 1,200 people referrals to the ‘Healthier You’ service.</p> <p>Social Prescribing: Building on the work of Living Well and learning from elsewhere a Social Prescribing Network has been established for Cornwall, with wide membership across VCSE, GPs, CFT community team, CCG GP locality leads, GP CIC commissioners, Exeter Uni, AHSN, patient groups, localism teams, etc.</p>
<p>Primary Care</p>	<p>General Practice resilience continues to be the programme’s top priority. A number of practices have been identified as vulnerable and work is ongoing to understand issues and support practices with sustainable solutions and working at scale. Work stream progress is summarised below:</p> <p><u>Stabilising General Practice</u></p> <ul style="list-style-type: none"> • 24 practices have completed the Resilience Assessment Tool. 13 practices identified as vulnerable and are being supported with action plans. 2 practices have given notice to hand their contracts back to NHSE. • The Community Education Provider Network (CEPN) is managing delivery of a programme of training and development schemes to support workforce capacity (including Care Navigation, Clinical Correspondence, Self- Management motivational interviewing, Prescribing and Emergency Care Practitioners). HEE and Council funding has been secured to develop placement and apprenticeship opportunities in primary care. <p><u>Investment</u></p> <ul style="list-style-type: none"> • GP Resilience funding has been committed to support practices to collaborate and provide primary care at scale. Practices are submitting applications (5 applications (18 practices) have been approved). • An Enhanced Services review is underway to look at existing schemes and explore new opportunities. A specification is being drafted for an enhanced care scheme that will enable practices to support frailty, MDT, care homes and ease winter pressures. It is anticipated the scheme will be piloted over the winter with PMS funds, with more formal contracting arrangements to be secured from April 2018. <p><u>Care Redesign</u></p> <ul style="list-style-type: none"> • Practices are working together to progress cluster arrangements for working collaboratively at scale. 70% of practices are part of the Primary Care Home, one of the biggest inclusions in England. Localities are working with CPFT to strengthen integrated community teams and MDT protocols. • NHSE funding has been secured to develop extended access for routine GP appointments (to meet the national target for 100% of the population by March 2019). • The programme is contributing to work to shape virtual team/local delivery unit arrangements that will support leadership, business management and service transformation at a local level. East Cornwall has secured PCH funding to establish a virtual team at pace and have formed an umbrella organisation for business management – Kernow Health East Ltd.

<p>Integrated Care In the Community</p>	<ul style="list-style-type: none"> • Resourcing: To address the significant resource issue for the Integrated Care programme team the Council has employed a Project Manager who started on 27 November. CFT has identified a Business Change Manger lead for the Community hospitals work but a project manager has yet to be identified. There are still considerable concerns about the ability of all organisations to support the programme as people are under substantial day-to-day operational pressures. Although the CFT CQC inspection is now over, winter pressures and the business planning and contracting round processes will undoubtedly be calling on the same resources. • Integrated Care teams: The framework for the Multi-disciplinary Team and network ways of working has been further developed with broader engagement across the voluntary sector, social care and health organisations. This will now be used to develop detailed implementation plans at the locality and cluster level. • Single Point of Access: The engagement events highlighted the need for Single Points of Access to services. Some of this work is already being undertaken within localities. The Cornwall wide use of single points of access is a substantial programme in its own right for which we need an agreed model to be taken forward.
<p>Urgent Care</p>	<ul style="list-style-type: none"> • 111/OOH: Contract mobilised on the 30th November • Urgent Treatment Centres The critical path for developing the case for the configuration of UTCs has been re-set in co-ordination with the revised plan that was presented to Portfolio Board on the 27th November. The timeline is predicated on rapid mobilisation of the team including freeing up resource that is currently committed elsewhere. Any slippage will put delivery of milestones at significant risk. £200k has been secured to cover costs for project management and site visits at the appropriate time. The immediate priorities are to finalise the UTC specification, agree the methodology and criteria for determining the viable number of UTCs in Cornwall and commence the desk top review of existing MIU sites. <p>West Cornwall Hospital UTC has been “designated” as an UTC in line with NHS England requirements. This simply means it meets most of the standards in the national specification for an Urgent Treatment Centre. There will be no changes to signage, service delivery and it does not mean the service has to remain a UTC. NEW Devon have done the same for the Cumberland Centre in Plymouth</p> <p>A petition of around 1,400 signatures has been submitted lobbying for Launceston to be one of the future UTC sites. We will have regard for this feedback as we go through the decision making process and consultation on UTC sites</p> <p>The Strategic Outline Case for capital funding has been completed and submitted, but no funding has been identified at this stage.</p>
<p>Pathways</p>	<ul style="list-style-type: none"> • Resource: For the Pathways Programme to continue it is essential that dedicated project management expertise and resource is identified. Two of the four work streams currently have no resource allocated to them. • Hip and Knee pathways: – business case for investment has been approved by the New Model of Care Delivery Group and the Clinical Practitioners Cabinet since July 2017. The business case is now subject to scrutiny with regard to potential impact. • CHD pathway is benefiting from dedicated project management time. Activity and cost profiles for adopting the new NICE guidance for chest pain are being developed alongside a business case for implementation. The project plan has been updated to reflect the additional resource. New milestones developed. • Diabetes: the diabetes prevention programme is delivering ahead of profile. The additional inpatient diabetes nurse is in post with her work focussed on 4 clinical areas. KPIs for this new post are in place and being reported to commissioners. Roll out of the Virtual Clinic for diabetes is

	behind plan, but the appointment of the 4 th endocrinologist at RCHT should facilitate uptake. A diabetes oversight group has been implemented to progress the various pathway improvements. Discussions are underway about a tier 3 weight management service.
Outpatients	The mid year review identified the Outpatient programme as currently only being related to the RCHT catchment and not looking at the whole population including those using Devon services. The scope of the work is currently under review.
Housing	The Strategic Business Case seeking the investment for this programme was due to go to Cabinet in November 2017; however this has been postponed until February 2018 to allow for detailed financial modelling to take place. An application was made to the Local Government Association (LGA) for their Housing Advisers Programme which supports local authorities deliver a project that helps meet the housing need of their local area. Children's, Families and Adults were successful in their application and have funding support from the LGA for 15 days from an adviser. The LGA is supporting the development of the Business Case by reviewing and ratifying; the demand and financial modelling, the proposed models of care and support and offering advice. The LGA support will enable Cornwall to share its future learning and principles with other local authorities.
Specialist	There is general agreement on the principle that NEW Devon act as the Lead Commissioner for Specialised Commissioning across Cornwall, Somerset and Devon. We are supportive of the staged approach proposed, as due diligence, governance, and system development will require to be worked through in a timely manner. The proposed timescales are outlined as follows i) all parties engage in collaborative working 18/19 ii) joint arrangements in place 19/20 and iii) delegation 20/21. Potential for around 20 services which could be commissioned by STPs..
One Vision	The programme is reporting Amber to reflect the scale of the transformation required under One Vision and the capacity restraints to deliver this. A programme manager has now been appointed and began in post on 23 rd October. A workshop was held on the 24 th October to propose and agree a list of priority projects for delivery within the next 6-12 months. 25 participants attended with good representation from colleagues across the system from Cornwall Council Children's Services, Kernow Clinical Commissioning Group, Cornwall Foundation Trust and Royal Cornwall Hospitals Trust partners. The One Vision programme board agreed on the following 5 prioritised areas in the short to medium term: <ol style="list-style-type: none"> 1. Family Hubs/Integrated Teams 2. Emotional Wellbeing and Mental Health 3. Short Breaks 4. Neurodevelopmental Pathways 5. Emergency Department presentations and admissions Development of the Integrated Commissioning Strategy between Cornwall Council and NHS Kernow continues to progress and is anticipated to be completed by December 2017. Consultation on the first draft will take place during January 2018 and it is anticipated sign off will be May 2018.
System Reform	The critical path for developing shadow ACS arrangements by 1 st April was agreed by Chief Officers on the 9 th November. To support 'system first' working as we move towards a shadow Accountable Care System in April 2018, the Chief Executives/Officers from the statutory organisations leading <i>Shaping Our Future</i> (SoF) have agreed to take on defined system leadership roles. Task and finish leads are being assigned against key deliverables within the critical path. A Business Case setting out the case for change, expected benefits and success measures of an ACS is scheduled to go to Cabinet, KCCG Governing Body and NHS England in February 2018 together with an appraisal of the available options for the form of an Integrated Strategic Commissioning function and plans for closer working during the shadow year for the provider organisations.
Estates	None of the available capital funding to support estates development has been allocated to Cornwall at this stage. Work is about to commence on an STP Estates Strategy that is a central requirement from DH to be drafted by Dec 2017 and submitted by March 2018.

<p>Workforce</p>	<p>Organisational Development: Senior Leadership Kings Fund Event was held on 22 Nov to discuss leadership in the context of an Accountable Care System.</p> <p>Workforce Analytics: Workforce data has been collated from across the system and workforce profiles developed by locality. Workforce data also provided in support of the wider AHSN modelling and PCBC consolidated data requirements.</p> <p>HR and Employment Law: Having agreed that whilst we are separate organisations it is not possible to align policies, the workforce group are now reviewing and simplifying the Honorary Contract policy and process and are working on a process for Agenda for Change Job Banding Consistency checking.</p> <p>Recruitment and Retention: The Joint Summer Recruitment Campaign ‘One Workforce’ is now complete and under review. There were 495 texts expressing interest in job vacancies in response to the various advertising campaigns. There were 3 assessment days and 117 job offers made to 99 people. 109 were Health Care Assistants and 8 were nurses. Following the review of the Summer Campaign the group are looking to extend the regional approach to a national focus and are exploring the possibility of an International Recruitment campaign for nurses in 2018. The group also plan to develop a medium and long-term system-wide recruitment strategy.</p> <p>Education and Training: A task and finish group has been established to progress the work on developing a Training Needs Analysis to identify the future training needs across the clinical development pathways and to look at Apprenticeships across the system. Workforce transformation support has contributed to the ‘Apprenticeships in Cornwall’ task and finish group.</p>
<p>IM&T</p>	<p>The Digital Technology SRO has scoped out the main themes and priorities for the Digital Programme. The following themes are proposed:</p> <ul style="list-style-type: none"> ○ Patient-facing technology and ownership of records ○ Robust, secure infrastructure and connectivity ○ Support of the prevention agenda, ‘keeping well’. ○ Clinical access to information, decision support ○ Optimising patient flow ○ Outcomes-based BI to enable service improvement <p>The IM&T workstream remains rated red as the full plan for recovery remains under development. The draft Digital Priorities paper includes a number of recommendations for governance models, resourcing, and development of the strategic direction and, if approved, will form the basis for the work over the next 3 months.</p>

Risks log

Risk description	Date logged	Risk score			Risk Owner	Controls	Planned actions
		Likelihood	Impact	Priority			
<ul style="list-style-type: none"> Portfolio Level 							
<p>There is a risk of inability to deliver the full expectation, scope and priorities of the STP. This is as a result of the scope and expectations of the STP having grown significantly with new requirements stemming from the Five Year Forward View (5YFV) refresh, the STP becoming the focal point for in year delivery of key system issues and new local priorities emerging. This would lead to the system being unable to address its quality, performance and financial challenges, with the attendance risk of further regulatory action</p>	01/06	4	4	16	Tracey Lee	<ul style="list-style-type: none"> System priorities agreed by Portfolio Board Sep 2017. Mobilisation Director for ACS secured by NHSE from October 2017. Additional support seconded in from NHSE. System leadership roles agreed by COs November 2017. Recommendations on streamlined governance and system PMO to support oversight of system priorities presented to the Portfolio Board in November 2017. 	<ul style="list-style-type: none"> Chief Officers to agree resources required to support delivery of priorities. Once planned actions are implemented and resources are identified, this risk rating should reduce.
<p>There is a risk that the data feeding the modelling on which the options appraisals for the model of care will be based will be insufficiently broad or deep. This is as a result of information being unavailable or of insufficient quality. This would compromise the integrity of the PCBC.</p>	03/17	4	4	16	Jackie Pendleton	<ul style="list-style-type: none"> Strategic Info Lead role. Actions regularly monitored through JIG group and agenda. Additional support commissioned from AHSN. 	<ul style="list-style-type: none"> Modelling team (Joint Intelligence Group) currently undertaking assessment which will identify specific data issues. Working with performance leads from each organisation to ensure the data is of a good quality where available. Where data is difficult to analyse due to different naming conventions mapping work has taken place to map activity, workforce and finance naming conventions.

Risk description	Date logged	Risk score			Risk Owner	Controls	Planned actions
		Likelihood	Impact	Priority			
							<ul style="list-style-type: none"> Work is ongoing to obtain GP practice information but needs to be conducted on a practice by practice basis.
There is a risk that the council administration and the Scrutiny committee will not support our plans for the development of the Accountable Care System. This is as a result of lack of confidence in the model given the significant challenges across the local health system in respect of both commissioning and provision functions. This could dilute the ambitions of local leaders with regard to the integration of health and social care.	01.07	4	4	16	Trevor Doughty	<ul style="list-style-type: none"> SoF engagement programme specifically for new administration in place. Early engagement with new leader, portfolio holder s and scrutiny chair undertaken. Cabinet away day held. Discussions held with NHSE regarding the strategic role of the Council with regard to strategic commissioning. 	<ul style="list-style-type: none"> 1:1 relationship managers to be agreed for leader, scrutiny chair and portfolio holders. HWBB role to be strengthened. Four scrutiny enquiry sessions scheduled in December and January to examine purpose, function and options for strategic commissioning
There is a risk of not being able to transform the estate to support new service models as a result of the shortage of public capital. This could limit the options available for consideration.	03/17	4	4	16	Karl Simkins	<ul style="list-style-type: none"> STP capital bid submitted to national timescales (May & Sept 2017). Further capital bids in development in readiness for autumn statement. 	<ul style="list-style-type: none"> Ensure the STP is performing sufficiently well to meet the criteria for national funding. Strategic estates group oversight and alignment between collective groups (Council/NHS) and specific workstream with Exec Lead. Active exploration of all local and national funding sources and flexibilities. As part of devolution, we are seeking to retain capital receipts from the disposal of capital assets in Cornwall. Transition funding to form part of our strategic case for Devolution.

Risk description	Date logged	Risk score			Risk Owner	Controls	Planned actions
		Likelihood	Impact	Priority			
There is a risk of a lack of digital innovation in our plans for transformed services as a result of insufficient capacity. This risks limiting our innovation and missing creative opportunities to mitigate for access issues arising from proposals.	03/17	4	4	16	Steve Trowell	<ul style="list-style-type: none"> Head of Digital for NHSE South West seconded to Cornwall to provide digital leadership. 	<ul style="list-style-type: none"> Recruitment of Programme Manager underway to provide day to day leadership to digital programme. As part of our case for devolution we are asking for transition funds to support our digital ambitions.
There is a risk that we cannot realise our future model of care built around prevention and locally responsive communities due to the investment needed to transform. This would inhibit the ability to reduce demand over time, and impact on securing improvements in local health outcomes.	01/05	4	4	16	Karl Simkins	<ul style="list-style-type: none"> Capital bids submitted to support digital and estates infrastructure investment. Engagement with Cornwall devolution case for health and social care. 	<ul style="list-style-type: none"> Continue NHSE/I regional engagement and joint working across the health community to support sustainable options. As part of our case for devolution we are seeking access to prioritised revenue and capital funding for transformation and sustainable services for critical infrastructure projects including UTCs/IM&T.

Risk description	Date logged	Risk score			Risk Owner	Controls	Planned actions
		Likelihood	Impact	Priority			
Insufficient dedicated programme capacity and capability to respond effectively to support PMO and developing new model for PCBC critical path. In addition, a number of roles that are fixed term contracts requiring secure confirmation of funding post 31 March 2018.	11/17	4	4	16	Tracey Lee / Nick Hayden	<ul style="list-style-type: none"> Some capacity secured on fixed term basis. Some on going recruitment still underway. 	<ul style="list-style-type: none"> Further evaluation of priorities capacity and utilisation of resource to be conducted. Confirmation of existing fixed term contracts to be underwritten and agreed by Chief Officers / Portfolio Board. Completion of on going appointment/recruitment to be secured to July 2018 (upon funding beyond 31 March 2018 agreed). System funding and resources to be agreed by Portfolio Board (Jan 2018).
There is a risk that the plans for an Accountable Care System are not publicly supported as a result of insufficient communications and engagement leading to concerns about the purpose and impact of the proposals. This could lead to delays in establishing shadow status, thus making it more challenging to deliver the system improvements set out by the CQC.		4	4	16	Jackie Pendleton	<ul style="list-style-type: none"> Emergent communications and engagement strategy Inquiry days enabling concerns of stakeholders to be heard and addressed Event for clinicians 12th Dec to discuss benefits of ACS 	<ul style="list-style-type: none"> Communications and engagement strategy for ACS to be finalised and mobilised

Appendix 1- Response to NHSE stock take feedback (November 2017)

NHSE stocktake action required	Action proposed by NHSE	SoF Response	By When	Accountable Lead and Supporting Officer	Group to oversee action, implementation, monitoring and evaluation
Leadership	Strengthen clinical leadership for the STP - a clinical leader to be appointed.	Recent recruitment unsuccessful. Options for taking forward under active review. In the meantime, Clinical Practitioner Cabinet becoming more established.	January 2018	Jackie Pendleton supported by Tracey Lee	Clinical Practitioner Cabinet
	The STP to progress the OD and alignment work.	Chief Officers to take on agreed system leadership roles - by Dec 17 Wider system leaders workshop to identify and address barriers to system leadership - Nov 17 CEO facilitated sessions - Feb 18 Clinical and management workshops to scenario test changes and address leadership challenges - Feb 18 Further OD work to be taken forward as part of ASC developments	February 2018	Kathy Byrne supported by Judith Dean	SoF Portfolio Board
	Further capacity to be identified with the help of regulators to address the need for transformational activities.	Capacity requirements to be worked through with Chief Officers in their new system roles.	November 2018	Tracey Lee supported by Nick Hayden	SoF Portfolio Board
Communication	Further communication work to articulate the vision to the public and the workforce, and encourage patient and public engagement to support the transformational process. Public consultation is anticipated for the summer 2018.	NHSE confirmed funding for Senior Strategic Communications and Engagement post to lead this work at a strategic level. Progressing towards recruitment. Interim support being sourced by NHSE.	In post by March 2018	Jackie Pendleton supported by Corrine Yates	SoF Portfolio Board
Safety and Quality	The STP team is looking at OD opportunities to enhance leadership and encourage cultural change to allow open, transparent and proactive safety discussions.	OD Strategy for Cornwall being scoped. Leadership Summit taking place, with King's Fund support, 22 nd November 2017.	May 2018	Adrienne Murphy supported by Isobel Downs	Strategic Workforce Board

NHSE stocktake action required	Action proposed by NHSE	SoF Response	By When	Accountable Lead and Supporting Officer	Group to oversee action, implementation, monitoring and evaluation
	Achieving the 95% 4 hour standard by March 2018 at RCHT, and reducing DToC remain priorities for the STP	<p>The entire focus of the A&EDB (on behalf of the STP) is on delivery of 6 outcomes for patients, one of which is 'consistent achievement of the 4 hour emergency department standard' and one is 'fewer people in acute and community hospital beds who no longer need to be there'. The A&EDB oversee four priority programmes of work with executive level leadership designed to deliver on the agreed outcomes. The last report showed:</p> <p>4 hour standard- the trajectory has not been reached at RCHT (both sites combined 81.86% against target of 90%) since July, although at system wide level in October performance was 91.5%. However performance in October was better than in September, and better than the previous October for all three measures (RCH only/ RCHT both sites/ system wide including MIUs). Daily variation is still an issue but less variable than in previous months.</p> <p>DToCs - Some progress is being made. The number of beddays lost per month in September was the lowest it has been since June 2016, and nearly 600 beddays less than September last year. It is the second month that it has been lower than the same time last year.</p> <p>The daily average target is 115 total delays and 28 social care delays (actual for October was 122.2 in total and 64.8 for social care – un-validated).</p>	31st March 2018	Karen Kay supported by Jess Hodgman, Julie Dawson, Jonathan Price, Rab McEwan	A&E Delivery Board
FYFV	The Preventative strategy is fundamental to future advancement and supported by Public Health.	Some aspects of the prevention work stream are progressing. External funding has been secured to support this but a radical upgrade will require significant additional resource.	On-going	Caroline Court	Model of Care Delivery Group

NHSE stocktake action required	Action proposed by NHSE	SoF Response	By When	Accountable Lead and Supporting Officer	Group to oversee action, implementation, monitoring and evaluation
	Integrated care in the community will focus on locality rather than service lines across the system. Ten localities within the system (including the Isles of Scilly).	A place-based model of care is being developed around clusters of GP Practices in six local areas in Cornwall plus the Isles of Scilly. Up to four waves of co-production workshops are being held in each locality to design the new model and local areas are themselves identifying priorities and testing elements of integrated care linking to primary care transformation.	Summer 2017	Jackie Pendleton	Model of Care Delivery Group
	Primary Care Home model is the basis of primary care transformation.	70% of practices are part of the Primary Care Home concept, and whilst it is not mandatory, many are finding it a helpful framework for developing an alternative model for the wider primary care team.	On-going	Jackie Pendleton supported by Andrew Abbott	Oversight at Primary Care Development Group (although this is a Practice and cluster owned initiative, and therefore there are no specific targets in relation to this).
	The LA is working on an alternative delivery model for children's services.	Option appraisal presented to Scrutiny Nov 2018. Business case now being worked up to go to Cabinet in April. Would be an integral element of shadow ACS.	Summer 2018	Trevor Doughty supported by Jack Cordery	One Vision Programme Board
Financial planning	To have a clear understanding of areas of over / under spend – the three year financial strategy will address.	<p>3 year Financial Framework developed with a focus on constraining cost growth going forward. Capacity and demand modelling procured to quantify scale of challenge in reaching control totals and impacts of system changes.</p> <p>Will include review of benchmarking data, including GIRFT and Rightcare, to inform areas of focus. Focus areas already identified include: Prescribing, CHC, Learning Disabilities and MSK. Work is also ongoing to understand the MH spend benchmarking, which is widely considered to be inaccurate.</p>	March 2018	Simon Bell supported by DoFs	SoF Portfolio Board

NHSE stocktake action required	Action proposed by NHSE	SoF Response	By When	Accountable Lead and Supporting Officer	Group to oversee action, implementation, monitoring and evaluation
	Details of the financial plans to return to balance to be shared with regulators by the end of November.	Response being worked up, to include actions and gains Cornwall have secured, summarise the current position, and set out actions in place to agree the 3 year Financial Framework as a mechanism to constrain cost growth going forward. Current plan does not achieve significant level of recovery in year.	November 2017	Simon Bell supported by DoFs	SoF Portfolio Board
	Devolution may offer the opportunity for moving funds around the system – to be explored with DCLG and DH.	Devolution case being worked up. External reviews helping shape case – both in relation to asks and offers. Treasury input scheduled to commence Dec 2017.	February 2018	Kate Kennally supported by Jessie Hamshar and SoF PMO	SoF Portfolio Board and Leadership Board
	A multi-agency Planned Care Board for elective care has been established led by the CCG AO.	First meeting taking place January 2018. Terms of Reference under development.	January 2018 onwards	Phil Confue supported by Gordon Frame	SoF Portfolio Board
Workforce	The A&E Delivery Board Home First program is affected by workforce difficulties in recruiting support workers - local recruitment fairs established.	As of 25th October, 44 out of 48 WTE Generic Support Workers are fully operational. 48 will be in place by 20th November, with six additional agency staff over and above establishment being recruited now and to remain in place until March 2018 to mitigate some of the previous slippage in recruitment.	November 2017	Julie Dawson supported by Angie Turner	A&E Delivery Board

Appendix 2- Update on recommendations from mid year review

	Recommendation	Progress Update
Model of Care & PCBC	<ul style="list-style-type: none"> Refocus Model of Care Delivery Group on the transformation of community services: <ul style="list-style-type: none"> governance of programmes outside of this scope to be reviewed as part of SoF governance review reporting in November Scope of the future integrated community model to be broadened to include full social care offer including accommodation with care 	This is proposed in the revised governance arrangements with a re-focussed group for community based services.
	<ul style="list-style-type: none"> Refreshed Group to move to commissioning leadership. Utilise opportunity to strengthen the clinical leadership by appointing a GP /SoF Clinical Director as chair of the Model of Care Delivery Group, supported by a commissioning SRO (from CCG or Council) 	Commissioning leadership agreed. Chief Officer Lead for locally integrated care reviewing the programme of work going forward and how resource will be organised to deliver on priorities
	<ul style="list-style-type: none"> Orientate a clearer relationship with the localities by appointing the Locality Clinical Leads as members of the Model of Care Delivery Group, supported by a locality infrastructure and the thematic work streams, to support the development of a place based model of care. Implications for SRO arrangements to be reviewed if proposals are approved by Portfolio Board 	
	<ul style="list-style-type: none"> Key discussions with regard to the integration of social care to await appointment of Director of Adult Social Care and Integration 	Agreed at October 2017 Portfolio Board. DASC interviews held December 2017
	<ul style="list-style-type: none"> Agree and share a clear description of place based care 	Blueprint for future model of community based care in development. To be signed off by the end of December as per the agreed critical path.
	<ul style="list-style-type: none"> Agree the locality structure underpinning the integrated care work 	Chief Officer Lead for locally integrated care leading on this
	<ul style="list-style-type: none"> Planned wave 3 co-production workshops to be postponed until new year to allow: <ul style="list-style-type: none"> SoF Team to attend locality meetings to understand their locality developments and alignment with SoF (dates planned) Time to provide wider engagement on learnings to date from SoF co-production via a number of routes including Community Network Panels Re-organisation of MOCDG to take place Development of options to be undertaken for UTC and community hubs 	Actioned.
System Reform	<ul style="list-style-type: none"> Engagement with Primary Care over different integration options required as an immediate priority 	This forms part of the critical path for moving to shadow ACS.
	<ul style="list-style-type: none"> Develop detailed mobilisation plan for delivery of shadow ACS by 1st April 	Actioned.

	Recommendation	Progress Update
	<ul style="list-style-type: none"> Business Change lead resource to be secured from RCHT with start date within 4 weeks or recruitment process re-started 	Resource not secured. Next steps to be agreed with Transformation Director.
	<ul style="list-style-type: none"> Resource to lead work streams to deliver on mobilisation plan to be agreed 	Task and finish leads being assigned to deliverables outlined in the critical path
	<ul style="list-style-type: none"> Back office integration of providers to be integrated into ACP plans 	Actioned. External support being secured.
	<ul style="list-style-type: none"> Three year financial plan to reset savings targets for SoF workstreams 	To be picked up as an integral element of three year financial plan.
Resources	<ul style="list-style-type: none"> Recruitment underway for SoF Clinical Director post 	Appointment not yet made. We are currently reviewing how best to take forward clinical leadership across the system.
	<ul style="list-style-type: none"> Interim arrangements for SoF DoF to be secured 	Interim support being secured, with support from NHSE. Options being explored, and discussions taking place.
	<ul style="list-style-type: none"> Modelling/ intelligence lead to be recruited (SoF funding available) to provide leadership on behalf of Joint Intelligence Group. Analyst capacity to be aligned to MOC programmes 	Lead identified for Joint Intelligence team, subject to relevant agreements and release of time. Recruitment underway for analyst and modelling support
	<ul style="list-style-type: none"> Recruit transformation lead to lead on development of business case for integrated care in the community recognising the criticality of this work stream to the model of care work and its interdependencies with other work streams. Use current underspend to fund post 	Chief Officer Lead for locally integrated care is currently reviewing the programme of work and the resources need to deliver
	<ul style="list-style-type: none"> As part of planned governance review, make recommendations to better align our transformative capacity with agreed system priorities and identify potential work streams that can be stopped/deferred to free up capacity. Depending on outcomes of this review, consider appointment of full time dedicated project managers to priority programmes with SoF underspend 	To be co-ordinated through SoF PMO.
	<ul style="list-style-type: none"> Senior comms post currently being recruited with national NHSE funds 	NHSE funds now secured for senior strategic communications post until March 2019. JD being finalised. Interim support being secured with NHSE support.
10	<ul style="list-style-type: none"> Review of governance arrangements for system priorities to commence 	Actioned

Recommendation	Progress Update
<p>following conclusion of mid year review. Recommendations for streamlining and simplification to be presented to Portfolio Board in November.</p>	
<ul style="list-style-type: none"> • Work with NHSE & I to explore opportunities to streamline current assurance regimes 	<p>Terms of Reference being worked up with NHSE and NHSI.</p>
<ul style="list-style-type: none"> • SoF PMO to bring report to November Portfolio Board setting out system response to Section 48 report 	<p>Actioned</p>
<ul style="list-style-type: none"> • Business case process for system investment decisions to be confirmed 	<p>Process drafted (albeit mainly in relation to pathway business cases). Scheduled for review at next PMO meeting.</p>