

SUMMARY REPORT		
Transformation Board Meeting in Public	06 April 2018	Item: 06
Title of report	Development of an Integrated Care System	
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Purpose of report	This report provides an update to the SoF Transformation Board on the developments towards an Integrated Care System including the decisions reached by each of the commissioning organisations on their preferred option for progressing integrated strategic commissioning, and the positive impact of recent intensive work at system level.	
Recommendation	The Transformation Board are recommended to: <ul style="list-style-type: none"> • note the progress being made and next steps 	
Engagement and Consultation Undertaken to Date	The developments to date have been worked up by mobilisation groups for both Integrated Strategic Commissioning (led by Kate Kennally) and the Integrated Care Partnership (led by Kathy Byrne) and have been subject to engagement with board members of each of the partner organisations	

Executive Summary

Health and social care leaders in Cornwall and the Isles of Scilly (CIOS) have agreed, subject to securing the right approvals, to work towards the development of an Integrated Care System (ICS) for the county, comprising an Integrated Strategic Commissioner for health and social care and an Integrated Care Partnership (ICP), a network of providers with a single, co-ordinating leadership team.

Developing a fully functioning Integrated Care System is complex and needs to be a multi-stage process, requiring a developmental and incremental approach. This report provides an update on the developments towards an ICS since the last Transformation Board meeting in December including the decisions reached by each of the commissioning organisations on their preferred option for progressing integrated strategic commissioning.

An Integrated Care System will help us in:

- Joining up health and care resources in local communities;
- Shifting from an over-reliance on bed based care;

- Jointly addressing performance and quality challenges;
- More agility to tackle workforce challenges, including in primary care;
- Incentivising how we tackle big variations in health and wellbeing outcomes;
- Contributing to our long term system sustainability (clinical and financial).

Integrated Strategic Commissioning

Since the last Transformation Board in December all commissioning organisations have contributed towards the development and appraisal of a range of options for integrated commissioning across Cornwall and the Isles of Scilly.

Six options on how a single integrated strategic commissioning function were considered:

- Option 1. No change – commissioning arrangements remain separate, split between four organisations with separate decision-making, except where joint commissioning arrangements already exist.
- Option 2. Greater use of existing funding alignment arrangements, such as Section 75 / Better Care Fund with organisations retaining their own budgets and accountabilities.
- Option 3. Kernow CCG acts as lead strategic commissioner for all health, social care and public health commissioning on behalf of system.
- Option 4. Cornwall Council acts as lead strategic commissioner for all health, social care and public health commissioning on behalf of system.
- Option 5. Cornwall Council acts as the lead strategic commissioner for Children and Young People services on behalf of system. Kernow CCG acts as lead commissioner for Adult services on behalf of system.
- Option 6. Strategic commissioning of health, social care and public services is undertaken through a new group on behalf of system

Commissioning with Devon was initially considered but not taken forward through the assessment process as Devon commissioners were not in a position to engage in developing new arrangements outside of their STP footprint at this time.

In service of the appraisal of the options a panel of the Health & Adult Social Care Scrutiny Committee held four Enquiry days to consider the options put forward and, for the preferred option, ascertain how democratic control and clinically led commissioning can be retained. As an outcome of these Inquiry days the panel recommended to Cornwall Council Cabinet via HASCOSC that 'no change' was not an option and that option 6 should be further developed during 2018/19 with a number of gateways in place for each of the commissioning organisations to progress in a controlled manner.

During March Cornwall Council's Cabinet, the Council of the Isles of Scilly, NHS Kernow Governing Body and NHS England have reviewed the options. All commissioning organisations have signalled an ambition to move towards option 6 (a joint delegated committee arrangement). It has been acknowledged that there is a need to progress to this final state in a considered and timely manner with the utilisation of gateway checks to confirm that all organisations are content that all required parameters to proceed have been achieved. A work plan for 2018/19 to progress this approach is currently in development.

Integrated Care Partnership

An outline proposal has been developed setting out the case for change and transition arrangements for an Integrated Care Partnership (ICP) during 2018/19 which was discussed with provider organisations during February and March. This included a single co-ordinating leadership structure. The ICP Mobilisation Group are using feedback to refine the proposed leadership structure and the developmental work plan for 2018/19.

Senior representatives from the integrated care system for North Cumbria visited Cornwall earlier this month to share their improvement journey, and their approach to developing integrated care approaches. There were opportunities for executives, board members and Clinical Practitioner Cabinet members to meet with the visiting team. They were honest and insightful, and there is much to reflect on following their visit.

What we can achieve working as an integrated care system

In March 2018, Cornwall A&E Delivery Board established a Gold Command in response to unprecedented levels of demand on urgent and emergency care services, leading to the Royal Cornwall Hospitals Trust being in a constant state of escalation for many weeks. Patients were experiencing long waits to be seen in the Emergency Department in Truro, some patients were having to be cared for in the corridor and high number of beds were closed due to flu or norovirus. Some planned surgery needed to be cancelled due to the pressures within the hospital. High numbers of patients in acute and community hospitals were being held up in their transfer home or on to another care setting. Also, ambulances had regularly been unable to transfer their patients into ED due to overcrowding with a consequent adverse effect on ambulance responsiveness.

The Gold Command approach brought together Chief Executives, senior clinicians and operational managers from across health and social care twice daily every day to work intensively together at every level, deploying additional resources, in order to return to a position where people had access to safe health and social care.

The achievements of this intensive system approach have been extraordinary. There have been significant improvements for example in ambulance lost time, delayed transfers of care and the provision of timely care within the Emergency Department. GPs have been working alongside their hospital colleagues, community services and social care have provided additional resources to support patients' discharge and

improvements have been made in transport booking to support patients to be in the most appropriate setting for their needs. Many staff made themselves available for extra shifts. In the lead up to Easter, for the first time in recent memory, Cornwall was on the lowest level of operational alert: Operational Pressure Escalation Level 1 (formerly 'green'). Emergency Department performance has been above the national standard of 95% and local hospitals greatly reduced the number of long stay, medically fit patients. Indeed, performance on the 4 hour Emergency Access Standard was the best for any Trust in the South of England.

The co-ordination and co-operation across our health and social care system has been outstanding, and provides strong demonstration of what can be achieved by a joined up, cohesive system putting patient care before the interests of individual organisations. Working as an Integrated Care System, there is a determination to maintain and build on the progress over recent weeks.

Interdependencies with other work streams	
Financial implications	With regards Integrated Strategic Commissioning, during the design phase, other than reviewing and improving the effectiveness of the existing S75 agreements, creating system-wide commissioning financial reports and ensuring greater transparency between the four commissioning organisations there are no proposed changes to the current organisational financial arrangements.
Key Risks	Developing a fully functioning Integrated Care System is a complex process and would need to be a multi-stage process, requiring a developmental and incremental approach. With organisations working together in 2018/19, subject to approval, to test the concept, review and refine the model and progressing through a series of phases. Mobilisation, Design, Refine and finally Operational subject to the appropriate approval processes. It is proposed that there will be gateways to act as 'checkpoints' within the transition arrangements that will allow partners to assure themselves of the system readiness to move to the next phase.
Sources of evidence in support of proposals	Proposals for both Integrated Strategic Commissioning and the Integrated Care Partnership have been developed via a range of sources including other STP reference sites that have a similar construct to Cornwall and the Isles of Scilly and are further advanced in their integration.
Equality and Diversity Statement	Subject to approval to proceed, an impact assessment will be undertaken during the mobilisation phase of Integrated Strategic Commissioning development
Communications requirements	A communications programme for staff and the public is in development, with a strong focus on describing the benefits for local citizens.