

SUMMARY REPORT		
Transformation Board Meeting In Public	8th October 2018	Item: 6
Title of report	Transforming our Model of Care Update	
Senior Responsible Officer (SRO)	Jackie Pendleton - NHS Kernow Helen Charlesworth-May – Cornwall Council	
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Purpose of report	To brief the Board on most recent progress	
Recommendation	To note the contents of the report	
Engagement and Consultation Undertaken to Date	<p>The emerging model has been endorsed by the South West Clinical Senate and Clinical Practitioner Cabinet as a good working draft. It has now been shared with the NHS Kernow Clinical Leadership Group, Shaping our Future Portfolio Board, Overview and Scrutiny Committees and the Health and Wellbeing Boards.</p> <p>The emerging model has been shaped by:</p> <ul style="list-style-type: none"> • three waves of co-production workshops; practitioners leading and working with work streams; • workshops and discussions with practitioners involved in particular elements of community-based care; • visits to GP locality meetings; feedback from GP localities and community teams testing new ways of working; • feedback from the Citizen’s Advisory Panel and HealthWatch, whose members have been participating in the co-production workshops. Members of the Health Overview and Scrutiny Committees have also attended the workshops. • Scenario modelling for some parts for example urgent care services 	

Executive Summary

This paper builds on previous Shaping our Future Model of Care updates provided to the Board to keep them informed of ongoing work to transform community services and develop placed based integrated services in seven integrated care communities (six in Cornwall and one on the Isles of Scilly).

The areas covered in this paper are

- Urgent Care services
- Decision making about the future of services at Saltash, Edward Hain and Fowey Community Hospitals
- Mental Health
- Community Rehabilitation and Re-ablement Services
- Domiciliary Care provision

The Shaping our Future programme is providing a much greater focus on keeping people well, shaping care and support around individual needs and aspirations and supporting people in their local communities and their own home for as long as possible. All areas described in the paper should be seen within this broader context. The ambition is to ensure people get the the right care in the right place, whenever they need it.

Interdependencies with other work streams (where relevant)	<p>The community based model of care is being developed with reference to the following:</p> <ul style="list-style-type: none">- 2018/19 NHS Planning Guidance requirements- Alignment with organisational annual operating plans and change programmes- System quality and performance priorities- The three year system financial recovery plan to contain cost and demand.- Other programmes of work including those relating to mental health, public health, adult social care transformation, One Vision (children's services strategy) and primary care
Financial implications	<p>The model of care must support delivery of the three year system financial recovery plan to contain cost and demand in the NHS. It must also support the delivery of the savings plan for adult social care services.</p> <p>The intention is to shift resources from reactive high cost unplanned care in acute settings towards pro-active preventative services in communities.</p>
Key Risks	None identified.
Sources of evidence in support of proposals	Many of the components in the draft model are based on best practice in other parts of the country.

Equality and Diversity Statement	Any proposed service changes would pay due regard to relevant equality and diversity legislation.
Communications requirements	A Communication and Engagement plan has been developed.

1 Decision making process and timeline on the future of St.Barnabas (Saltash), Edward Hain (St.Ives) and Fowey Community Hospital sites.

- 1.1 St.Barnabas (Saltash), Fowey and Edward Hain (St.Ives) inpatient facilities have been closed on a temporary basis for over a year and in the case of Edward Hain, over two years. Podiatry clinics continue to operate from the Edward Hain site. Outpatient clinics continue to operate at St Barnabas and 74 staff are using the building as the clinical base. Fowey Hospital has never hosted outpatient clinics. At the meeting of the Health and Adult Social Care Overview and Scrutiny Committee (HASCOSC) held in June, the committee agreed that NHS Kernow would provide a description of the process and timeline by which a decision about the future of services at each site would be reached.
- 1.2 Edward Hain Hospital has a single ward of 12 beds however podiatry clinics continue to operate from the site. It was temporarily closed to in-patients in March 2016 by Peninsula Community Health due to fire safety risks. There is no Minor Injury Unit site.
- 1.3 Fowey Hospital contains a single ward of 10 beds and a minor injuries unit without x-ray facilities. 6 beds were temporarily closed in March 2016 due to fire safety risks, and the remaining 4 beds were temporarily closed in August 2016 following concerns raised by the Environmental Health Officer (flooring/infection control risks).
- 1.4 St. Barnabas Hospital provided nine inpatient beds outpatient clinics and a minor injury unit, without x-ray facilities. The minor injuries unit temporarily closed in December 2016, with a decision taken in February 2017 to consolidate all site staff, due to recruitment issues, to Liskeard Hospital. The site currently hosts 74 staff, who provide adult and children's community services and Health Visiting to Saltash and its local areas.
- 1.5 To date there have been constructive local discussions about the future of services on the sites in the context of local service needs with a very small group of stakeholders and interested parties in each of the three towns. The next step is to build on this work, formally capture all options and identify others before evaluating.
- 1.6 Any substantial service changes would require the Clinical Commissioning Group to undertake formal public consultation. This will include, as per the regulations, consultation with the Health and Adult Social Care Overview and Scrutiny Committee.
- 1.7 Any public consultation will be planned and conducted in line with current best practice, the requirements of NHS England's gateway team and the Government's Consultation Principles (2016).
- 1.8 Three separate and concurrent projects will be established with the aim of understanding local service needs, identifying and evaluating options to determine how these needs are best met and the role those sites could play in local delivery. The work will be set within the overall context of the system

plan and the changing community based model of care that has emerged from the extensive Shaping our Future Co-production events. It will build on the constructive discussions held already in the three areas with a range of stakeholders including clinicians and primary care colleagues. Where potential options have already been identified, this process will formalise the recording and evaluation of these and allow for other options to be identified as required.

- 1.9 During this process the CCG will need to comply with NHS England's reconfiguration assurance process which also involves working with the Clinical Senate to assure that any proposals meet current best practice guidelines.
- 1.10 Regular progress updates will be provided to the NHS Kernow's Governing Body, the Cornwall Partnership NHS Foundation Trust Board, the Clinical Practitioner Cabinet, the Integrated Care Partnership mobilisation group, the Transformation Board and the Health and Adult Social Care Overview Scrutiny Committee.
- 1.11 Although it is not possible to determine ahead of identifying options for each site whether public consultation would be required, for planning purposes this has been assumed.
- 1.12 The proposed process and timeline is summarised below. It may be possible to accelerate timelines and this will be done wherever possible.
 - June to November 2018 – establish multi-agency project team
 - November to April 2019 – produce position statement, long list of options and potential evaluation criteria. Public workshops to co-produce options, evaluation criteria and weighting of criteria
 - May/June 2019 – public workshops to share options and discuss process for further evaluation
 - July – October 2019 – each option scored against weighted criteria; equalities and impact assessments completed; ranked and/or recommended option(s) produced with business case(s) as required.
 - November 2019 – February 2020 – public consultation as required. There is a legal requirement to extend the usual 3 month public consultation timeframe if it falls over public holidays.
 - –March – April 2020 – decision made

2 Urgent care update

- 2.1 This paper contains the latest high-level thinking about the future model and location of urgent care services. This has been informed by three waves of

co-production events, scenario modelling and the views of a range of clinicians, practitioners and stakeholders. Whilst the information at this stage can only be high-level, it is shared to provide confidence and assurance that important details will continue to be provided transparently at the earliest opportunity. The Board will continue to be briefed as further details are defined. Service design will be iterative and incremental and informed both by local need, future national policy and the South West Clinical Senate.

- 2.2 The Board is reminded that the objective of Shaping our Future remains to develop place-based integrated services in integrated care communities. Shaping our Future is providing a much greater focus on keeping people well, shaping care and support around individual needs and aspirations, and supporting people in their local communities and their own home for as long as possible. Urgent care services must be seen, designed and delivered within this broader context.
- 2.3 In 2017, NHS England published a national specification for an urgent treatment centre (UTC) with an expectation they will provide care closer to home, relieve pressure on acute hospitals and create ambulance capacity by reducing journey times. In December clinicians and stakeholders started developing a local enhanced service specification for an urgent treatment centre which was endorsed by the Clinical Practitioner Cabinet and shared with the Citizen's Advisory Panel in February 2018. It was then considered and reviewed at Wave 3 Co-production workshops in February and March 2018, where it was positively received.
- 2.4 Locally, the key challenge facing our emergency departments is not that too many people are walking in with minor injuries and illnesses as these people can be seen relatively easily and quickly, but too many people especially frail older people arriving, often by ambulance late in the day, with complex health needs requiring an assessment in a hospital. Therefore, this is the cohort of people who should be supported to receive care closer to home in a more local urgent treatment centre. For people this will mean shorter travel times to receive care for more serious conditions currently only available in acute hospitals. Fewer ambulance journeys will release valuable crew and vehicle capacity to be able to respond more quickly to people calling 999 with life-threatening and urgent needs.
- 2.5 It is envisaged that an urgent treatment centre would provide an enhanced range of services from a skilled multi-disciplinary team and be able to see a broader range of people including those with frail and complex needs, than a minor injury service. They will also have access to short stay assessment beds.
- 2.6 The learning from all waves of co-production events is Cornwall and the Isles of Scilly will continue to need a mixed model of provision that meets the needs of the local population because of Cornwall and the Isles of Scilly's rural geography and because there is insufficient clinical need to have an urgent treatment centre on every site.
- 2.1 The model will therefore include a network of provision including:

- (a) emergency departments in Cornwall and Devon
- (b) urgent treatment centres.
- (c) minor injury units.
- (d) pharmacies – many already provide minor ailments, emergency supplies and extended hours services
- (e) GPs – 25 GP practices offer minor injury services as a Locally Enhanced Service. This is currently being reviewed to determine potential improvements and whether the service should be commissioned from additional practices.
- (f) NHS 111 and NHS 111 online providing access and advice via the telephone and online.
- (g) Alignment of services with out of hours primary care treatment centres currently provided by Cornwall 111
- (h) Alignment of services with additional primary care services during evenings and weekend in line with the local roll out of the national Improving Access to General Practice programme.

- 2.2 The Board will be aware from the August update that a suite of modelling tools has been developed to aid decision making on which and how many sites could be upgraded to become an urgent treatment centre.
- 2.3 The outputs from this modelling, combined with consideration of other factors not captured by the models including operational and site feasibility and feedback from all three waves of co-production and a range of stakeholders has been used to reach a view about the optimal number and location of urgent treatment centres . There are no proposed changes to the location of operational minor injury units.
- 2.4 Taking all of the above into consideration, it has been concluded that the strategic direction of travel would be to have three urgent treatment centres as follows:
- 2.5 **Penzance, West Cornwall Urgent Care Centre.** NHS England has already designated the service as an urgent treatment centre on the basis that it met the requirements of the national specification and locally enhanced specification. The service is well used, optimally located to serve the local population and requires no further investment. It is currently testing a new Frailty Assessment service with access to short stay assessment beds designed to provide care closer to home for people and prevent unnecessary ambulance journeys to Truro. NHS England has now requested, and it will be enacted, that the service is renamed as an urgent treatment centre, with corresponding changes made to local road signage by March 2019.
- 2.6 **Truro, Royal Cornwall Hospital Tresliske.** GPs are already employed within the Emergency Department and the site hosts a minors pathway, an Acute GP service, a Same Day Emergency Care Service and the out of hours

GP Treatment Centre. There is already round the clock access to X-Ray, CT scanning and other diagnostics. It is envisaged that these services could be reconfigured within existing resources to provide an urgent treatment centre care model RCHT is leading on an implementation plan in collaboration with key partners including Cornwall Partnership NHS Foundation Trust who host the Acute GP service and Kernow Health Community Interest Company who host the out of hours GP Treatment Centre as part of the Cornwall 111 service.

- 2.7 **Bodmin, Bodmin Minor Injury Unit.** This has been identified on the basis of accessibility for the public and the ambulance service, physical site capacity for development and the potential to positively pull activity away from emergency departments in Devon. Moreover, were Cornwall to have a fifth CT scanner for the county Bodmin would be the optimum location to enhance current provision at Treliske and West Cornwall Hospital and provide equitable distribution across the county. Therefore it would be logical to co-locate an Urgent Treatment Centre here. Demand for additional CT capability is expected to increase as clinical guidelines change and the population increases. This additional demand is not expected to materialise in the next three years and would come from elective and planned care pathways as well as from urgent care services. The current priority remains to replace existing scanners on the Royal Cornwall Hospital NHS Trust sites in 2019-20. Decision about additional future CT scanning provision would be subject to a standard business case process.
- 2.8 The proposed model of provision is summarised in the map below. This includes the current 25 GP practices which provide a Minor Injury Locally Enhanced Service. This is currently under review and could expand in the future.



- 2.9 The three chosen sites are all close to pharmacies providing 100 hour per week provision, opening early mornings and late into the evenings.
- 2.10 There are no plans to close any operational minor injury units (including Camborne Redruth Primary Care Centre) to fund or staff the creation of future urgent treatment centres. As now, all sites and Emergency Departments will be networked clinically with clear transfer protocols between sites and the acute trust continuing to provide supervision.
- 2.11 Plans to enhance other minor injury sites and services will continue to be developed as now with local partners and stakeholders within the context of broader and ongoing discussions about future models of community based care. For example co-location of primary care services could lead to an enhanced service offer. Other sites may benefit from additional point of care testing equipment. For example this is being installed at Camborne Redruth Primary Care Centre as an enabling step towards the service providing a frailty assessment service. Constructive discussions have begun at Stratton and Liskeard sites with local GPs and other partners about opportunities to collaborate to improve the local service offer.
- 2.12 As a principle, discussion and decision making about the future models of integrated urgent care will take place locally in partnership with practitioners, people who use services and local communities.

- 2.13 Any significant changes services determined by this process at a future date would require public consultation.
- 2.14 Furthermore, it is acknowledged that there would be considerable risk and little benefit in closing other operational minor injury unit sites because:
- 2.14.1 They are well used and provide a good network of local alternatives to Emergency Departments. Activity is increasing year on year and this is already placing strain on existing site infrastructure. A system-wide workforce plan will be developed to increase the resilience of these services. This will also consider the important role GP practices providing minor injury services through a Locally Enhanced Service (LES) and pharmacies can play. A review of the GP LES is underway and this will consider the feasibility of extending the service and/or integrating with other urgent care services.
- 2.14.2 The local population is increasing (c360,000 in 1965 to 561,000 now to c650,000 by 2045)
- 2.14.3 Modelling shows that activity from any potential closed site would be displaced to other sites ill equipped to cope with additional demand in terms of estates and workforce. Displaced activity could also see increased demand on Emergency Departments in Devon and Cornwall and local GP practices.
- 2.14.4 Any service closures would also reduce community based options for conveying ambulance crews, increase journey times and reduce available capacity to respond to new calls.
- 2.14.5 The average journey time and cost for people using services would increase. This may deter people from seeking help when necessary.
- 2.15 The West Cornwall Hospital urgent care centre already operates in line with the Urgent Treatment Centre specification and therefore requires only a name change, which will take place in line with recently received NHS England guidance by March 2019.
- 2.16 It is anticipated that a Truro service could broadly be provided by reconfiguring existing services to improve access, experience and quality and this will need to be tested as plans are developed.
- 2.17 Enhancing current capability on the Bodmin site in the future would require additional capital and revenue investment. Current modelling suggests that the additional investment to enhance services in Bodmin would not reduce system costs sufficiently to pay for itself. By identifying Bodmin as the optimum site for future upgrades now, it will be prioritised in, for example future requests for national capital funding and other additional funding.
- 2.18 In the meantime, providers will consider going at financial risk to develop the site, for example to test the effectiveness of increasing clinical staffing and capability and introducing point of care testing kit and access to short stay assessment beds. It will take time to recruit and train a new workforce and this needs to be done carefully so as not to destabilise other services including General Practice. This means that the Bodmin site would need to be

developed over time, incrementally and in collaboration with local partners including GP practices.

- 2.19 The future of Saltash and Fowey minor injury units, both temporarily closed at present, will be determined as part of the wider process to determine options for the future of services on these sites in their entirety.
- 2.20 System-wide workforce and estate plans will be informed by the strategic direction of travel described in this paper.

3 Mental Health update

- 3.1 Delivery of the Five Year Forward View for Mental Health objective across Cornwall and the Isles of Scilly is progressing well with transformation programmes gathering pace and early evidence of positive impacts in many areas with ahead of target performance against national requirements.
- 3.2 The Mental Health Investment Standard (MHIS) has been negotiated for 2018/19 onwards and has secured the investment required to deliver the Five Year Forward View strategy. The strong and consistent collaboration between 'commissioner' and 'provider' has been nationally recognised and is enabling targeted resourcing to priority areas
- 3.3 The all age crisis café continues to see increased demand and is delivering quantifiable benefit to the system with partnership working bringing benefits to some complex individuals in needs of alternatives to inpatient and emergency care. NHS Kernow has secured additional investment from the Office of the Police and Crime Commissioner (OPCC) to expand the pilot to deliver pop-up café support across the county to target such groups as unskilled workers, low income households and the unemployed.
- 3.4 The Psychiatric Liaison service based at Royal Cornwall Hospital Trust is now providing a 'CORE24' service which is operating at performance levels well in advance of the 2020 national target position
- 3.5 Performance in the Improving Access to Psychological Therapies (IAPT) service which provides support for people with depression and anxiety is now meeting all national standards.
- 3.6 A proposal to deliver psychological therapy specifically aimed at people with one or more Long Term Conditions (Coronary Heart Disease, Chronic Obstructive Pulmonary Disease, Pain, Diabetes) is being developed in partnership with key stakeholders.
- 3.7 Beyond Places of Safety (BPOS) bid – On the back of securing £1.5million capital investment into Cornwall and Isles of Scilly to establish multi-agency hub to avoid admission and reduce risks, a project team has been established and implementation plans put in place. Go-live planned for November 2019.

- 3.8 Suicide prevention: A suicide prevention project manager has been appointed by Public Health to oversee a number of system-wide initiatives designed to reduce the number of deaths from suicide including projects focused specifically upon 'Support after Self Harm', 'Men and Sports' and 'Suicide Safer Primary Care'.
- 3.9 Section 135 and Section 136 protocols have been reviewed and refreshed and are now awaiting sign-off at Peninsula level
- 3.10 A new Out-Of-Hours telephone helpline for those in distress, feeling low or anxious has been commissioned. The service is being provided by Mental Health Matters (MHM) and went live on 3 September 2018. The service operates between 5.00pm – 9.00am on weekdays and all days on weekends and public holidays. It is available for people on the Cornwall Foundation Trust mental health caseload.
- 3.11 The Cornwall and Isles of Scilly Integrated Street Triage/Neighbourhood scheme has gone live, closing the gap in providing across the Peninsula. This service will provide specialist mental health support to police officers to reduce the use of Section 136
- 3.12 A multiagency (health, social care, police, fire, voluntary sector) Dementia Partnership Board has been established to develop Dementia Action Alliances and Dementia Friendly Communities
- 3.13 Out-Of-Area acute admissions (non-specialist) have remained at a zero position since April 1st 2018 as per plan. This excellent position has been supported by targeted work with Cornwall Partnership NHS Foundation Trust to address issue of flow and capacity with clear evidence of reductions in bed occupancy and length of stay in advance of the national target date.
- 3.14 Reductions in those requiring specialist out of area rehabilitation has continued with the steady repatriation of those being cared for out-of-county with some excellent personalised care planning via our specialist clinical review process.
- 3.15 A Cornwall and the Isles of Scilly Mental Health Strategy 'kick-off' workshop is set for 12th October engaging multi-agency representation to start to develop strategy objectives.
- 3.16 Winter planning includes provision of mental health in-reach/outreach service to work alongside CORE24 Psych Liaison team at RCHT to deliver round the clock one to one emotional support to vulnerable individuals and to offer safe and timely transport home where appropriate. Impacts will reduce unnecessary ambulance call-outs and to provide early intervention to avert Emergency Department presentations. This will go-live on 1st November
- 3.17 A joint development (NHS Kernow and Cornwall Council) of a streamlined process for agreeing Joint Packages of Care (JPOC) has been established and maintained over recent months. Improvements include timeliness of process, quality based outcomes for individuals and evidence of financial sustainability.

- 3.18 The Home Treatment Team service has extended its hours of support from 8:30 pm to 10:30 pm to provide alternative to inpatient care, improve discharge processes, reduce length of stay and deliver acute care in peoples own environment.
- 3.19 The Specialist Perinatal Service will receive further funding via the Wave 2 transformation funding process at NHS England to support the further enhancement of the team, and build capacity to allow them to deliver a wider range of evidence based therapies for women.
- 3.20 NHS Kernow have been part of a joint procurement (led by Cornwall Council) to commission a new, all age, Integrated service for Domestic Abuse Sexual Violence (DASV) . The new service has brought together five separate services with a single point of access for referrers and individuals. Specialist therapy for DASV is part of this offer. This service started on 1st July 2018.

4 Community rehabilitation and reablement update

- 4.1 The Board will recall that this year, we will be testing new ways of delivering hospital and community based rehabilitation and reablement services. Our aim is to increase the ways people can receive care in their own home.
- 4.2 Cornwall Council cabinet members agreed in July to engage Newton Europe Ltd to support this work along with other initiatives designed to improve adult social care services. Their focus is on maximising independence for people, therefore reducing reliance on costly, debilitating ongoing packages of care. For example, case studies show 40% of long term residential placements are not ideal.
- 4.3 The scope of the programme covers Onward Care Team social workers based in hospital, STEPS reablement and all of the community social work teams working with older adults The programme is currently in a 'Design' phase in St.Austell that will run until October. The rollout across localities will take place between November 2018 and April 2019. The programme will deliver extra capacity of 1,000 people in STEPS reablement, but this full capacity will not be achieved until Spring 2019 since the change comes from operational improvement rather than additional staffing capacity (due to known workforce recruitment constraints). The project will also include changes to how social work Onward Care Teams operate, to support timely discharges that also achieve the best outcome for the individual.

5 Domiciliary Care update

- 5.1 The new domiciliary care contract for the Cornwall health and social care system went live on 9th June 2018, using the Dynamic Purchasing System (DPS) framework. This will support the Shaping our Future strategic aim of building additional capacity in communities.

- 5.2 The previous Council 'Care at Home' framework had just over 20 providers, whereas the new DPS agreement has more than 50 providers, with more coming on board every week.
- 5.3 The work during 2017 to design the new joint Council and NHS Kernow DPS identified the need to address recruitment and retention problems across the care market and the new contract has secured better terms and conditions for the domiciliary care workforce (including rates of pay that adhere to the Living Wage Foundation minimum rates). This is fundamental to the strategy for increasing workforce and system capacity through the domiciliary care market.
- 5.4 In order to further address the issues around Delayed Transfers of Care (DToC), the Council and NHS Kernow have undertaken analysis of the postcode areas where packages of care are difficult to source. One of the benefits of the new DPS is that it provides greater management information and for the first time links the use of the finite resource available across both the Council and NHS commissioning.