



SHAPING OUR FUTURE

Cornwall and the Isles of Scilly
Health and Social Care Partnership

AN INTEGRATED CARE SYSTEM FOR
CORNWALL AND THE ISLES OF SCILLY



Case for change

- The health and care system for Cornwall and the Isles of Scilly (CloS) is struggling, clinically and financially, to meet and sustain high quality services and over several years the system has been unable to achieve a number of the NHS constitutional standards.
- Inspections have shown that the quality and safety of care services delivered is inconsistent, there is poor quality of care in some services and there is insufficient focus on how care is experienced.
- Providing services as we have done, in the face of changing population needs, rising demand and limited growth in resources has led to services that are increasingly unsustainable and provides little or no confidence that quality and safety of practice will improve to the required standards.
- The approach of all partners to these challenges is changing to transform the delivery of care in line with the needs of the population, the aspiration of our workforce and the standards set by the regulators.

The three aims of Shaping our Future



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

In developing an Integrated Care System our focus is on working in partnership to deliver better joined-up services and making sure that people and our workforce are at the centre of what we do.

Integrated care simply means putting residents first – bringing together health and care practitioners to supply care focused on people's needs and ensuring they can remain living independently for as long as possible.

Why do we need to work in a different way?



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Fragmentation: Care delivered in different settings and not well co-ordinated, with professional and organisational silos, fragmented care, duplication of cost / effort and gaps in information

Delivery model: System has a high and outdated reliance on bed based care with insufficient focus on patient empowerment, prevention and improving the health and wellbeing of the population.

Performance and quality: System is struggling to achieve / maintain national quality standards and has big variations in health and wellbeing outcomes.

Focus: Organisations are focussed on their own performance rather taking a wider system view

Access: With numerous entry points into the system, patients and clinicians are often unclear on how to access the best care available and how to coordinate care to maximise their health outcomes

Workforce: With fragmentation, duplication and operational constraints comes a workforce challenge – there is difficulty recruiting and retaining staff to resource all the services we need to provide, leading to gaps in provision, unsustainable services and low staff morale

Long Term System Sustainability: The above drive expenditure and contribute to the long term unsustainability of the CloS health and care system



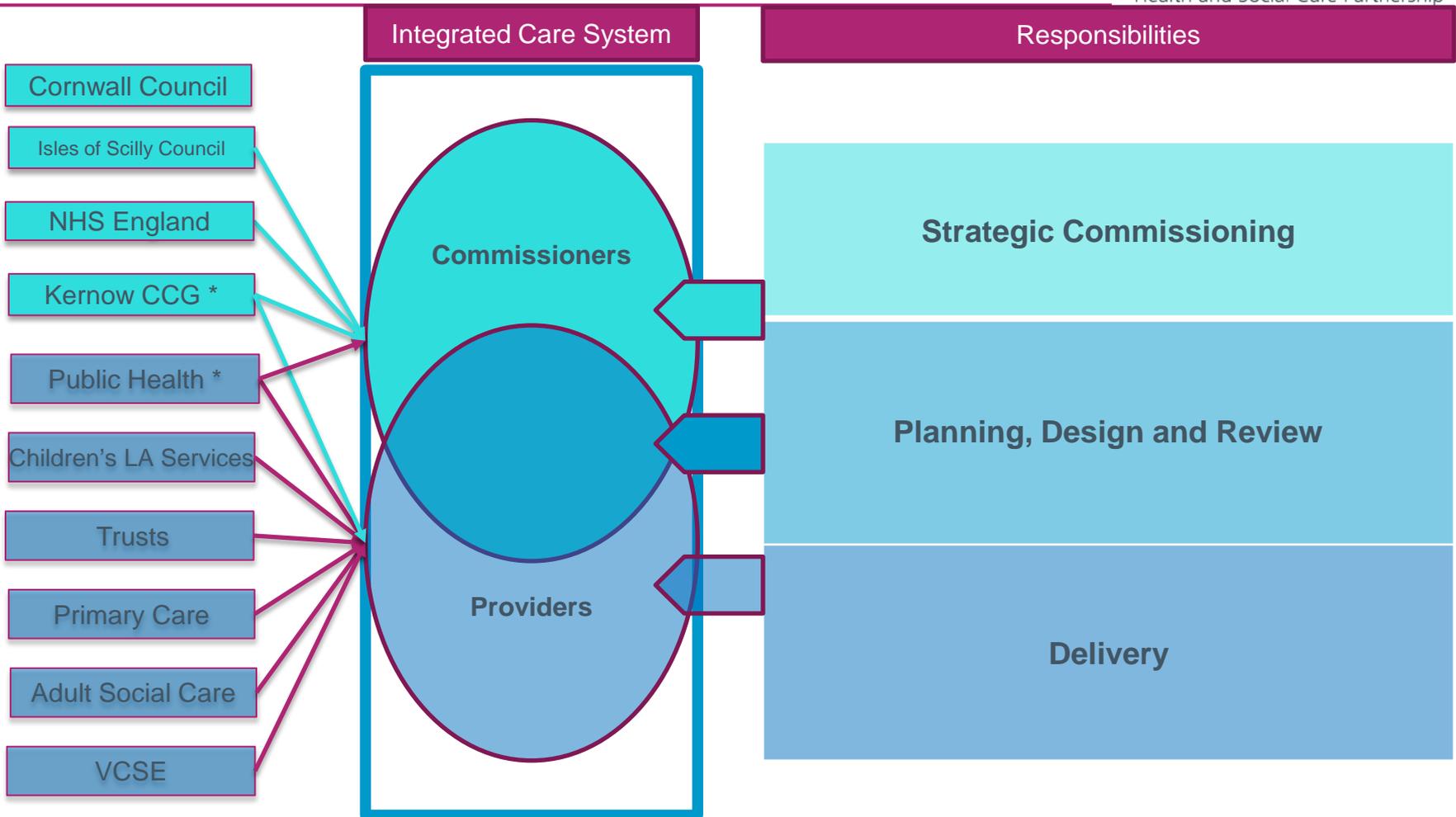
The CloS Integrated Care System

THE CloS Integrated Care System is made up of:

- A small **Strategic Commissioning** function that brings together commissioning organisations to establish the needs of the population, set the strategic commissioning vision and identify the commissioning priorities for the system.
- An **Integrated Care Partnership**, where the network of local providers take collective responsibility for the effectiveness of the overall provision system:
 - Refocussing resources to support community level integration
 - Keeping people healthier, at home or close to home, for longer
 - Improving productivity and increasing frontline workforce capacity.
- While the Integrated Care Partnership is responsible to the Strategic Commissioner for the delivery of agreed clinical and care standards and operationalising new care models, the proposal is for a **collaborative approach between commissioners and providers** around the planning and design of the optimum health and care system to secure the best quality and outcomes for the CloS population within the available resources.

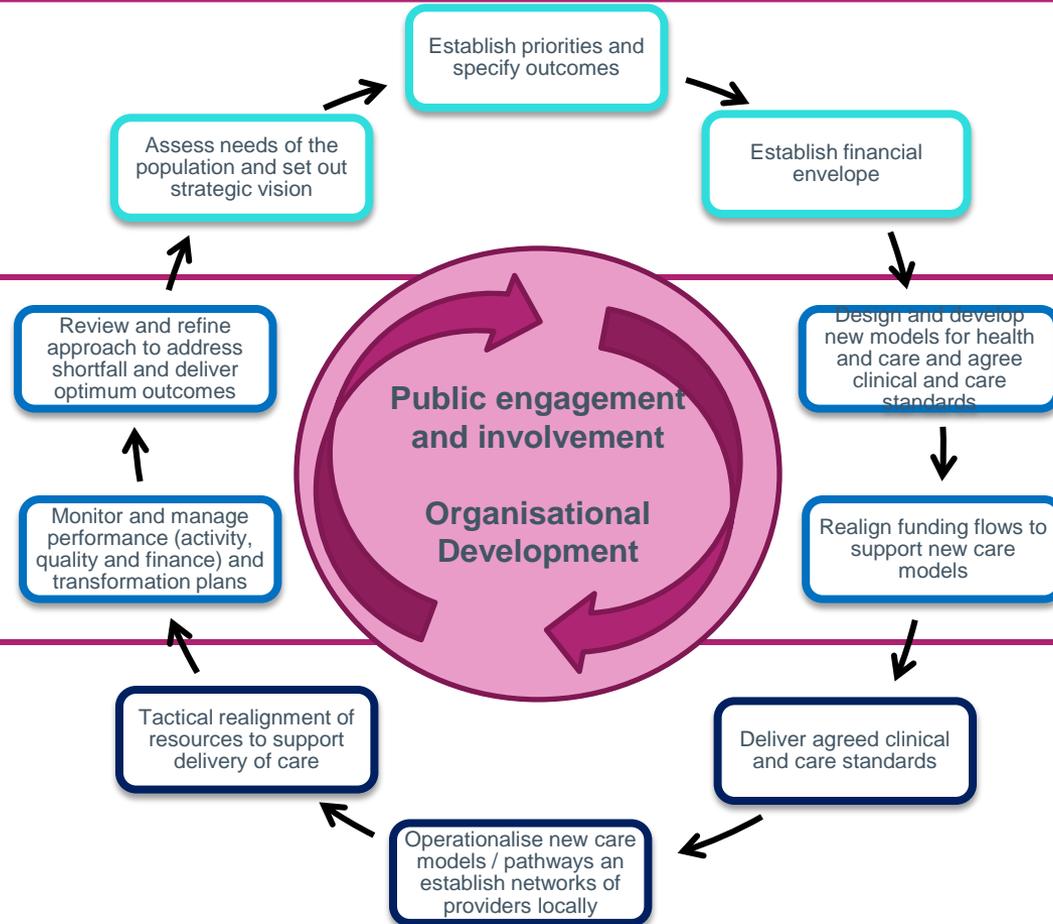


Proposed CloS Integrated Care System





Proposed CloS System Working



Strategic Commissioning Function

- Cornwall Council
- Isles of Scilly Council
- Kernow CCG
- NHS England

Integrated Care System

- Cornwall Council
- Cornwall Partnership Foundation Trust
- Isles of Scilly Council
- NHS England
- Primary Care – Represented by Kernow CiC
- Royal Cornwall Hospital
- Kernow CCG

Integrated Care Partnership

- Integrated Care Areas
- Cornwall Partnership Foundation Trust
- Royal Cornwall Hospital
- Cornwall Council (provider services)
- Isles of Scilly Council (provider services)



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DEVELOPING THE INTEGRATED CARE PARTNERSHIP

HOW WE ARE GOING TO WORK TOGETHER

These next slides summarise a more detailed paper, that has been developed by the Integrated Care Partnership Mobilisation group, proposing the development of new working arrangements between organisations to ensure joint decision making and to drive forward the implementation of integrated health and care services across Cornwall and the Isles of Scilly.

Developing the CIOS Integrated Care Partnership



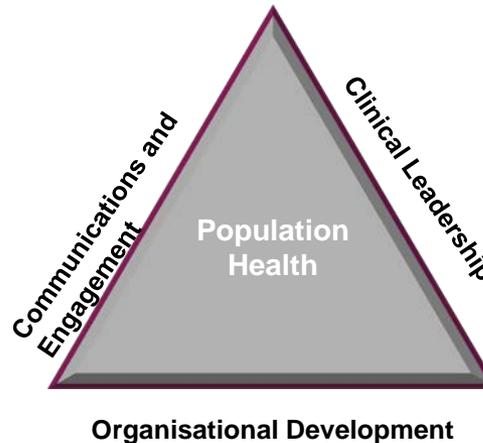
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Three Integrated Care Areas, delivering integrated care models closer to home, focussing on self-care and prevention and reducing our reliance on bed based care.

Planned Care pathways and Urgent Care pathways developed to support escalation from localities.

**Integrating
Services**



**Creating the
Integrated Care
Partnership**

Developing a system view of financial and quality performance, working together to drive forward the 18/19 improvement priorities and delivery of the three year financial plan.

**Building a common
platform**

Integrating clinical informatics and IM&T, workforce, estates, finances to support single system working and drive cost improvements through shared back office services.



Moving at the speed of trust

- The proposal is for a phased process adopting an incremental and developmental approach, with health and care organisations working together to test the concept, design, review and refine the operating model.
- We do not need to create a new organisational form to deliver the required improvements in the system as most things can be achieved by working closer together now and the proposal is that this is the starting point.
- Each phase will see progressively closer working between partner organisations
- A series of gateways will act as 'checkpoints' for organisations within the transitional arrangements to allow all partners to assure themselves of the system readiness to move to the next phase
- If the benefits of developing integrated care provision is not being realised, the approach will be reviewed. Individuals have a responsibility for speaking up when things are not working and partners have a responsibility to listen to concerns and jointly agree resolution.

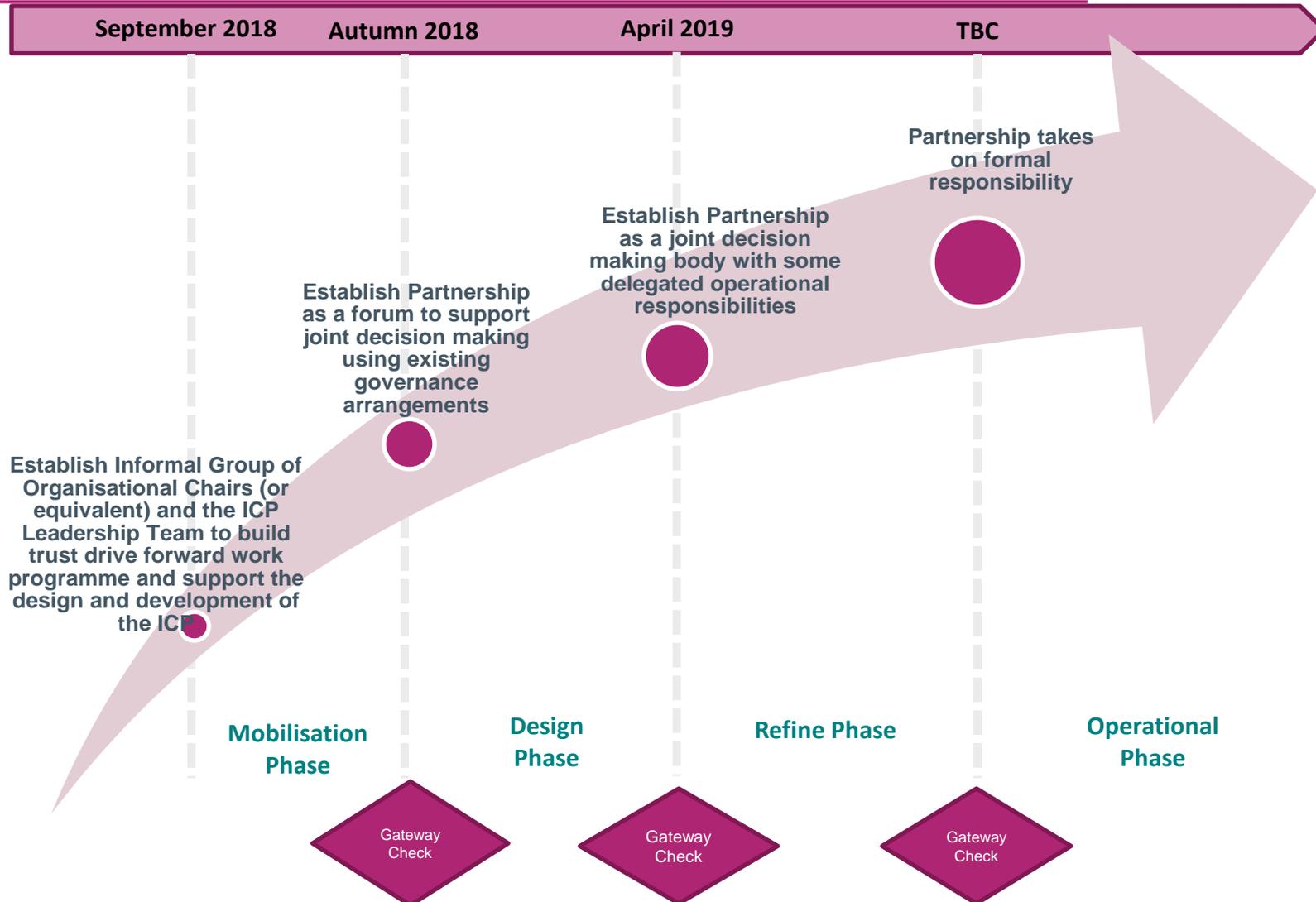


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Developing the operating model for the Integrated Care Partnership

Indicative timeline



Draft ICS Governance Arrangement

For discussion



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