



# Cornwall and the Isles of Scilly Health and Care Partnership

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## Prevention and Population Health Update

Steve Brown

# Prevention and Population Health



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Progress and achievements made since April 2019:

## System Support and Leadership

- Development of a draft Joint Health and Wellbeing Strategy for Cornwall and Isles of Scilly. Engagement period underway with plans for local implementation plans on ICA footprints.
- Population Health workshop delivered to Cornwall System Leads, and Population health management support provided to ICAs.
- Joint population health Intelligence training by PHE for teams to be delivered August 2019.

## Wider determinants of health

- Joint development of an ESF Work, Health and Wellbeing Programme in Cornwall to support employment of people with health conditions and disabilities.
- Real time Suicide Surveillance programme in place to support post-vention; Suicide safety plans introduced.
- Ecoflex fuel poverty programme supported 183 people in poor health living in cold homes to install central heating, new funding secured to extend.

# Prevention and Population Health



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## Health Improvement

- Cornwall campaign to promote being more physical active launched – ‘How do you get yours?’.
- Making Every Contact Count/ Prevention coordinator recruited and linked to HEE workforce to develop Prevention training offer.
- National Diabetes Prevention programme recommissioned, new provider for Cornwall is Weight Watchers.

## Self management, self care

- Further development of social prescribing with VCSE with proposals to expand the scheme with new NHS funding via PCNs.
- Delivery of phase 1 of pilot falls prevention strength and balance classes, further development reliant on Falls and Fragility Fractures business case.

## Issues to highlight

- Need to address low uptake of seasonal flu vaccination both in at risk groups and staff.
- Low but improving NHS Health Check uptake (identify risks early) – delivered via Primary Care
- Green Paper published ‘Advancing our health: prevention in the 2020s’ sets the national framework for prevention.
- Need for longer term joint commitment to investing in prevention as part of LTP.



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## Assurance Report - Children's Services

**Alison Cook**

**Progress update – August 2019**

# One Vision Executive Group



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## Progress and achievements made since April 2019

- Learning from recent mental health crisis response
- CAMHS provision
- Public Health Nursing Transfer
- Community Development workers
- Public health Annual Report
- One Vision scorecard
- Housing Report
- Local Maternity System
- Youth Volunteering
- Public Health Nursing Integration
- Clinical Associate Psychologists (CAPs)
- Climate Emergency
- Making Integration Happen – model for Cornwall



## Milestones:

Important milestones between now and December 2019:

- Implementation of Family Hubs model with Local Family Partnership and the delivery of Local Delivery Plans
- CAMHS development including opening of Sowenna
- Action on Public Health report recommendations



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## **Community Services Update**

(Also refer to Embrace Diagnostics & Building Market Capacity agenda items)

**Helen Charlesworth-May**



# Community Services Update - 1

## Progress and achievements made since April 2019

- **Primary Care Networks:** 53 practices out of 59 in the county have successfully applied to become one of 13 Primary Care Networks across Cornwall & Isles of Scilly. There are ongoing discussions with others and it is hoped that issues will be resolved by September
- **Embrace:** The detailed findings phase of the project has now been completed, 5 patient pathway workshops involving 130 staff have been completed, 265 cases reviewed, 934 beds across Cornwall reviewed, 320 people engaged and over 1 million rows of data analysed. During July and August, key findings will be shared widely and in parallel proposals will be developed for a 2 or 3 year transformation programme. This is likely to focus on reducing the number of over 65s unnecessarily admitted to hospital, reducing the length of acute hospital stays; reducing the reliance, and providing alternative pathway to community hospital admission, developing greater domiciliary care capacity and improving and aligning reablement and rehabilitation services.
- Procurement plans are in place to secure consultancy support to implement agreed priority projects informed by the diagnostic.
- **Mental Health Strategy** – drafted and out to review with key partners and people who use services.





## Community Services Update - 2

- June **dementia diagnosis rates** increased to 54.3%, the highest rate reached since August 2018 and slightly increased compared to May 2019 (53.7%), against a local trajectory target of 65%.
- Following a governance review of all system boards, the Community Services Board has been refreshed to include a monthly Executive Group and a quarterly Partnership Board. Quality, performance, finance and activity reports are being developed to enable delivery of key changes.
- **Community Hospital Engagement Projects** – evaluation criteria by which options for the future use of temporarily closed community hospitals in St.Ives, Fowey and Saltash have been drafted. Workshops with local communities continue to develop options
- The Department of Health and Social Care funded social prescribing scheme has received 1,952 referrals providing a strong foundation on which to roll-out social prescribing in primary care networks.
- The Suicide Safer primary care programme has been delivered to several practices and further practices during August and September
- Cornwall has been selected as one of four systems to work with the Building Health Partnership programme to build relationships between the voluntary, community and social enterprise (VCSE) sector and integrated care systems to deliver improvements to care and health for local people. This will assist with the high intensity user work taking place in St Austell which is also part of the NHS Leadership Academy/Yale University initiative.



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# Planned Care Programme

Phil Confue

# Planned Care Programme

## RTT 19/20 plan and progress to date



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Standard	National target	June NHSK	19/20 plan NHSK*	June RCHT	19/20 plan RCHT**	June UHP	19/20 plan UHP**
<b>Referral to Treatment (RTT) &lt; 18 weeks</b>	92%	84.83%	Improve to 88.3%	84.44%	Improve to 90%	75.01%	Improve to 80.3%
<b>52 week breaches RTT &gt; 52 weeks</b>	Zero	27	Reduce from 29 ↓ 0	2	Maintain zero	25	Reduce from 22 ↓ 0

Continued focus on improvement to achieve standards, within budget

Notable achievements include:-

- Ophthalmology minor eye conditions service (MECS) starting August
- Rheumatology - work has begun to establish a HOPE group for Fibromyalgia sufferers
- Respiratory - ongoing development of the case for change
- Cardiology - proposal developed for the Community Rehab and “One Cardiology Service”
- Gastroenterology - Faecal Calprotectin business case approved July to commence new pathway by Q3 19/20
- Advice and guidance – continued roll out with over 60% RCHT services now offering A&G

# Planned Care Programme

## Current issues/priorities to highlight



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### Realising benefits of Pathways work – MSK, CVD, Falls

- Overall review and recommendations for future model for System Pathways to be received by PCB in August – to date budget for 19/20 not allocated
- MSK reset process clarified progress and issues still to resolved – focus is on interface criteria and alignment with First Contact Practitioner, expand Escape Pain, hold next MDT. Revised benefits plan to follow these actions
- Community specialist services and role in elective care CVD risk factors progressing within Atrial Fibrillation; plan for expansion of primary care screening for other risk factors not yet confirmed

**Peninsula Clinical Services Strategy (PCSS)** - Project plans now being developed for seven priority areas with 6 months to finalise preferred options for improvement and a timeline for implementation.- ( Medical Oncology, Neuro Surgery/Spinal, Cardiac Surgery & Cardiology, Paeds/Neonatology & Paediatric Surgery. Specialist Commissioning and service model across Peninsula

# Planned Care - key activities to note between now and December 2019



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- Develop Long term plan for Planned care includes facilities to support placed based care, and provide capacity for the future
- Communications promoting changes to be published in Western Morning News
- System event planned for Oct - Cornwall Expo – shaping our ambition for Cornwall
- East Cornwall / UHP - strategies to reduce waits, as part of wider Devon engagement; potential changes in Northern Devon Hospital
- Outpatient Digital Strategy being developed, early trials of video consultation started with Hepatology (RCHT) with a cohort of patients. Key findings to be shared with the SOF OP Board in August
- Shift to patient initiated follow up (PIFU) – Development of PIFU being undertaken by RCHT OP Board with Clinical Haematology, Rheumatology and Respiratory being the first services



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# Assurance Report Urgent & Emergency Care

Kate Shields

# Current status – July 2019

## SoF projects summary overview



Programme	Project	System Lead	SRO	RAG		
				May	Jun	Jul
Urgent & Emergency Care	NHS 111 to 999 Cat 3,4 calls	Kate Shields	Karen Kay			
	NHS 111 to 999 Cat 2 calls					
	Urgent Treatment Centres (Treliske, West Cornwall, Bodmin)					
	Lab in a bag					
	Commissioning EMI beds					
	Block booked beds					
	High Intensity users					
	Therapy capacity					
	Integrated onward care					
	Acute frailty pathway & OPAL beds					
	Stroke					
	MIS (GP LES)					
	Minor Injury Units (MIU)					
	Non emergency patient transport					
	Enhanced Minor Ailments Service (MAS)					
	ITU capacity (RCHT)					
	Resus capacity (RCHT)					
	Safer Red to Green (RCHT)					
	Safer Red to Green (CFT)					
	Core24 (RCHT)					
	NHS 111 online					
	SWAST investment					
	OPAT Service					
Mental Health Crisis Café						
Mental Health in/out reach into RCHT						

# Current status

## *Headline messages*



### Integrated Community Services - Urgent Care

- **NHS 111 to 999 Cat 2, 3, 4 calls** – 93% of cat 3,4 calls validated with a downgrade rate of 47% positively impacting conveyances and attendances at RCHT ED. A business case for Cat 2 call validation will be presented at the August A&EDB for authorisation and implementation in October 19.
- **High Intensity Users** – A single member of Volunteer Cornwall, managing a case load of approximately 15 people, achieved significant improvements in quality of life (illustrated by patient stories) a statistically significant reduction in service utilisation, non-cashable system saving of approximately £40,000 in Q1. A business case to extend the service to up to 6 case workers is being developed.
- **ITU increased bed capacity in RCHT** – Business case has been authorised and recruitment underway so on target to fully implement by end of December 2019.



# Exception Report

## *Amber & Red Projects*



### Urgent & Emergency Care

- **UTCs (Amber)** – West Cornwall designated with 2 national criteria not met but plan in place to be completed December 2019. Treliske partially compliant and on track for designation in December 2019. Bodmin at project initiation stage aiming for designation in line with national deadline Q4 20/21 but planned to complete earlier at end Q2 20/21.
- **Lab in a bag (Amber)** - Commencement of 3 month pilot is behind schedule as it was due to commence in July 2019 and has been put back to September 2019. This delays the delivery of benefits in reduced 999 calls, hospital conveyances, hospital attendances & NEL admissions which were scheduled to commence in October 2019 which are now likely to occur in January 2020.
- **Commissioning EMI beds (Amber)** – Planning assumption used was a cumulative monthly reduction in emergency beds days of 67 days, starting in July 2019. A revised programme of work is being compiled but with no firm commencement date at this time.
- **Block booked beds (Amber)** – Contract negotiations with bed providers have not secured the additional 10 beds assumed in the original plan. Alternative provision options being actively pursued with current capacity remaining at circa 50 beds as per 2018/19 capacity.
- **Treliske ED therapy capacity (Amber)** - The original plan was to complete the test and learn cycles and implement revised pathway and capacity by the end of December 2019. This has been pushed back to the end of March 2020 resulting in deferment of benefits in respect of reductions in hospital admissions and 1 day LOS.
- **Acute frailty pathway and OPAL beds (Amber)** – Progress being made but restricted due to availability of 7/7 specialist nursing capacity.
- **Stroke (Amber)** – ESD (Amber) workshops have taken place to review the pathway to be more efficient to increase capacity and reduce waste. TIA clinics (Green) centralisation of clinics has been successful and effective, inappropriate referrals significantly reduced and pathway through ED to be developed further which will impact demand. Fully functioning HASU beds (Green) on track for implementation in November 2019.
- **Non emergency patient transport (Amber)** – systemwide collaboration but with minimal improvement in same day booking performance impacting on vehicle occupancy and capacity. A further review to take place in August to understand and address the root cause to get back on track.
- **Integrated onward care** – Project on pause as will be incorporated within wider Embrace Care programme - no pre-planned activity or performance impact in operational plan from this project.
- **MIUs** – No predefined plan in place- increased functionality being defined locally. Newquay overnight provision in place over the summer period, Stratton resilience model in place and 3 month pilot partnership between RCHT and Kernow CIC in place in West Cornwall hospital.
- **Resus bed capacity (Amber)** - This is an internal RCHT project – focus on safety - system operational plan activity/ performance not predicated on delivery.
- **SAFER Red to Green in CFT (Amber)** - Review and revision of safer implementation now underway. Average length of stay for community hospitals (exc. stroke and IOS) is improved at 15.5 days at the time of writing.

# Significant actions in next reporting period (Aug to Oct)



<b>Urgent &amp; Emergency Care</b>	<ul style="list-style-type: none"> <li>NHS 111 to 999 Cat 2 calls validation scoping (building on learning from Cat 3 and 4 now embedded)</li> <li>Lab in a bag pilot commences</li> </ul>
<b>Pathways</b>	<ul style="list-style-type: none"> <li>Funding discussions for Pathways Programme as part of 2019/20 planning</li> <li>Discussion and agreement of resources for programme for 2019/20 and beyond</li> <li>Revision of Project Proposals for Cardiovascular Disease and Falls/Fragility Fractures</li> <li>Initiation of Falls Prevention Move More Cornwall strength and balance training classes</li> <li>Initial MSK First Contact Practitioner meetings with North and Penwith localities due to take place in January.</li> </ul>
<b>Outpatients</b>	<ul style="list-style-type: none"> <li>Establish the Programme deliverables and milestones for the 2019/20 planning session on 23<sup>rd</sup> January</li> <li>Determine funding for Programme resourcing 2019/20 onwards.</li> <li>Explore the case for comprehensive frailty assessment as part of the referral pathway.</li> <li>Establish RCHT Outpatients Transformation Programme key initiatives and targets.</li> <li>Produce a monthly communication for stakeholders.</li> <li>Establish key information relevant to the 2019/20 planning.</li> <li>Start implementation phase for short term projects including MECS Service, Nurse led IBD, 5 day Consultant led Advice and Guidance services.</li> <li>Establish Outpatient priorities for Respiratory and Cardiology services.</li> <li>Complete Virtual Consultation specification and establish procurement process .</li> </ul>
<b>ICP Mobilisation</b>	<ul style="list-style-type: none"> <li>Complete ICS Readiness Self Assessment tool and identify support needs in conjunction with NHSE</li> <li>Plan for system governance and resource requirements for 2019/20 aligned to four System Boards</li> <li>Continue work on 2019/20 system plan</li> </ul>
<b>ISC Mobilisation</b>	<ul style="list-style-type: none"> <li>ISC Steering Group to meet to refresh the project, deliverables and timelines</li> </ul>
<b>Enablers</b>	<ul style="list-style-type: none"> <li>Further develop draft strategy in light of NHSI feedback and in readiness to respond to long term plan</li> <li>Meet with NHSI to kick off successful projects. Oversight of project delivery.</li> <li>Support individual estates project teams to progress projects</li> <li>Integrate planning gain role into both NHS Shaping Our Future and planning departments work.</li> </ul>
<b>Digital</b>	<ul style="list-style-type: none"> <li>Master Patient Index: pre-procurement work to be started (linked to LHCRE programme) and completion of business case</li> <li>Outpatient Video Conferencing: Completion of business cases and associated NHSE template, procurement planning / timeframe to be agreed</li> <li>Nerve Centre and Flow: NHSE national approval following which implementation planning will proceed on 14th January</li> <li>Artificial Intelligence Tools for Clinical Decision Making (GP): reprioritisation as part of 2019/20 HSLI planning</li> </ul>
<b>PMO</b>	<ul style="list-style-type: none"> <li>Finalisation of the Gateway 1 reviews for Cardiovascular Disease and Falls/Fragility Fractures</li> <li>Determination of the for Gateway 2 requirements for Outpatients, Cardiovascular Disease and Falls/Fragility Fractures</li> </ul>



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## **Programme Summary Report** **WORKFORCE ENABLER PROGRAMME**

**Phil Confue**

# Programme Summary

## June 2019



- Supported the diagnostic workshops as part of the **Embrace Care project**
- Continuing to work on **refresh of the workforce transformation strategy**
- Scoping out application process for Phase 2 of the Kings Fund system leadership programme
- Buurtzorg workshop 10<sup>th</sup> July** – adverts have been disseminated through the area integration groups
- Re-launching the Workforce Delivery Group (to be chaired by Amanda Shobrook)** as the group that focuses on undertaking the work prescribed by the Workforce Strategy Board

### Area Highlights

- West**
- **MDT** – Support continues to embed and sustain all MDT meetings. All practices in the West and IOS are engaged on at least a monthly basis, some weekly. Now business as usual
  - Site visit to Gloucester Royal to the **Frailty assessment service** and CCG – Supporting CRCH in developing a community frailty unit,

- Central**
- Scoping for **workforce redesign pilot** workshop to be delivered in partnership with HEE ('Jigsaw' project) focusing on High Intensity Users

- North & East - Stratton/Bude & Surrounding Sprint Event** - attended Stratton MIU Workshop and outcome from meeting was to hold a sprint event to encompass the Primary care Network area – Holsworthy
- **Liskeard Therapy Integration** - Workshop held 6th June 2019 – all therapy team attended & developed their team vision 'canvas', for the service around the patients needs and support their journey / transition from hospital to home

### Programme dashboard

Project	RAG	
	May	June
Workforce planning and development for new model of care	Green	Green
System leadership development	Green	Green
Clinical leadership development	Green	Green
	Grey	Grey
	Grey	Grey
	Grey	Grey



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# Integrated Care System Update

Tracey Lee



## Developing as an Integrated Care System

Our progress towards becoming an Integrated Care System represents a further step in our maturity as a cohesive health and care system, and as such is a further evolution of the existing Sustainability and Transformation Partnership (STP). It is a way of organising our system working as our new 'business as usual'.

Operating under shared leadership, supported by an independent chair, it will facilitate how we work in partnership and make shared decisions about how we deploy our collective resources to respond to and improve population health – at both place and system. Our primary focus in working together is to ensure the needs of local citizens are at the centre of developments, taking precedence over the interests of individual component organisations and disciplines, and adopting a 'system first' culture. Working as an ICS will help deliver integration of primary and specialist care, physical and mental health services, and health with social care. In particular, our ICS readiness work is focused on the following components:

- supporting the development of three integrated care areas, delivering integrated care models closer to home, focusing on self-care and prevention and reducing our reliance on bed based care;
- developing a system view of financial and quality performance, working together to drive improvement priorities and delivery of the three year financial plan and further developing the rigour of our system governance arrangements;
- establishing shared enabling services for prioritised work streams to ensure more coordinated and efficient support to frontline staff;
- developing integrated strategic commissioning.

Through the system working undertaken to date, significant progress has been made in this respect, with a strong emphasis on prioritising those actions that move us towards the delivery of high quality, timely, integrated care by frontline staff,. A cohesive system operational plan has been developed for 2019/20, shaped by strategic commissioning priorities, and underpinned by a single set of system strategic objectives adopted by all key partners.

We are realistic about the timeframe and developmental work required to become a mature ICS. We have recently updated our assessment against the national criteria for a maturing ICS. This has highlighted a number of strengths in our local approach, as well as clarifying our areas of development. We are preparing to be an ICS by 2020, and have been assessed by NHS England and Improvement as possibly joining the November 2019 cohort for the accelerator programme. This will unlock national support in a range of areas, and facilitate us in working with other developing ICSs to share good practice and approaches.

A summary of our current position and priorities is set out below.



ICS Domains	Progress and achievements made since April 2019	Status of main projects and any risks to delivery	Any important milestones between now and December 2019	Specific issues you wish to highlight or escalate
<b>Overall progress</b>	<ul style="list-style-type: none"> <li>Assessment of progress against national ICS criteria undertaken, and progress shared with regional and national NHSE/I colleagues, who remain positive about developments, and our readiness to join ICS development pipeline</li> </ul>	<ul style="list-style-type: none"> <li>Overarching ICS development action plan nearing completion, in response to local assessment of development needs</li> </ul>	<ul style="list-style-type: none"> <li>Potential inclusion in November ICS development cohort</li> <li>STP being blended into NHS Kernow 'business as usual' with resultant integration of SoF functions by October 2019</li> </ul>	
<b>System Leadership, Partnerships and Change Capability</b>	<ul style="list-style-type: none"> <li>CCG rated good and special measures and legal directions lifted</li> <li>CFT rated as good by CQC</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment of independent chair underway (see separate agenda item)</li> <li>Capacity and support being established to enable change at place and primary care network (PCN) levels, including PCN Clinical Directors</li> <li>System accountability framework in development</li> <li>System organisational development (OD) and talent management group established</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment of independent chair</li> <li>System accountability framework to be agreed and adopted</li> <li>Development of system OD and talent management strategy to support embedding system working at all levels</li> <li>Kings Fund programme being rolled out</li> <li>Establish Cornwall and Isles of Scilly Quality Surveillance Group (QSG)</li> </ul>	<p>Independent chair to support discussions about future facing system leadership model locally</p>



ICS Domains	Progress and achievements made since April 2019	Status of main projects and any risks to delivery	Any important milestones between now and December 2019	Specific issues you wish to highlight or escalate
<p><b>System Architecture and Strong Financial Management and Planning</b></p>	<ul style="list-style-type: none"> <li>System Oversight Meetings (SOM) maturing towards a model of self-regulation with active support from NSHE/I colleagues, in line with arrangements previously endorsed by the Transformation Board for the system to take on increased responsibility for oversight</li> <li>Phased approach to primary care commissioning delegation underway</li> <li>Embrace diagnostic undertaken to highlight high impact opportunities for transformation</li> <li>System operational plan for 2019/20 finalised</li> <li>Health and Care Academy Principal appointed and in post</li> </ul>	<ul style="list-style-type: none"> <li>System assurance arrangements being further developed to drive delivery of operational plan deliverables and intended impacts</li> <li>Next phase of development of integrated strategic commissioning being progressed, informed by Unleashing Potential work stream in NHS Kernow. To include agreement on future leadership arrangements</li> <li>First phase of Enabling Services reform underway, with focus on prioritised services</li> <li>Progress towards system wide implementation for enabling strategies (workforce, estates and digital)</li> </ul>	<ul style="list-style-type: none"> <li>Development of system assurance framework, to support work of system boards</li> <li>Further enhancement of 2019/20 system delivery plans, including in response to Embrace diagnostic</li> <li>Delivery of first prioritised integrated back office service as test bed for new model of integrated enabling services function</li> <li>First health and care academy intake in autumn to support growing local workforce</li> </ul>	





ICS Domains	Progress and achievements made since April 2019	Status of main projects and any risks to delivery	Any important milestones between now and December 2019	Specific issues you wish to highlight or escalate
<p><b>Integrated Care Models</b></p>	<p>Primary Care Networks in place covering 96% of population.</p>	<ul style="list-style-type: none"> <li>• Population health management approaches continue to mature, and outputs informing development of Long Term Plan (LTP)</li> <li>• Integrated leadership groups forming within each Integrated Care Area to lead the planning and delivery of new models of care which bring together integrated care in the community and reduce avoidable admissions</li> <li>• LTP in development, informed by priorities being determined through development of new health and wellbeing strategy</li> <li>• Discussions continue to secure solutions for the six practices not currently part of a PCN, with support from NHSE/I</li> </ul>	<ul style="list-style-type: none"> <li>• Agreeing how population health analytics and broader BI are best deployed and utilised and at all levels, including PCNs</li> <li>• LTP agreed locally by all partners</li> <li>• Approved Health &amp; Wellbeing strategy across system</li> </ul>	



ICS Domains	Progress and achievements made since April 2019	Status of main projects and any risks to delivery	Any important milestones between now and December 2019	Specific issues you wish to highlight or escalate
<p><b>Evidencing delivery of LTP priorities and service changes</b></p>	<ul style="list-style-type: none"> <li>System operational plan finalised, aligning finances, demand and capacity and transformation programmes.</li> </ul>	<ul style="list-style-type: none"> <li>System assurance arrangements to oversee operational plan delivery being refreshed, including review of system dashboard metrics and development of system assurance framework</li> <li>Engagement in Fowey, Saltash and Penwith continues with regard to how community health needs are best serviced, including in the context of community hospital facilities</li> <li>Embrace diagnostic helping shape and prioritise early actions</li> <li>RCHT continues to respond to CQC improvements, as part of its journey towards special measures being lifted, and CAMHS improvements being</li> </ul>	<ul style="list-style-type: none"> <li>Confirmation that on track with in year delivery of system operational plan (year 1 of LTP)</li> <li>Further aligning financial plans with relevant Council investments/ savings</li> <li>Refreshed in year arrangements in the context of Embrace diagnostic findings</li> </ul>	<p>Current pressures on urgent care services have led to escalated actions to recover in year position. This remains challenging, with longer term solutions to be set out in LTP.</p>



ICS Domains	Progress and achievements made since April 2019	Status of main projects and any risks to delivery	Any important milestones between now and December 2019	Specific issues you wish to highlight or escalate
<b>Coherent and defined population</b>		<ul style="list-style-type: none"><li>• Peninsula Clinical Services Strategy work underway to determine optimal configuration of acute services across Devon and Cornwall</li><li>• Strategy for securing equitable access and outcomes for all local citizens being developed, with a particular focus on our interface with UHP and related community services</li></ul>	<ul style="list-style-type: none"><li>• Work progressed in partnership on prioritised clinical areas across Peninsula</li></ul>	



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# Finance and Local Performance Dashboard

Trudy Corsellis / Clare Bryan

# 2019/20 Q1 System Financial Position Update



## Year To Date at M3 (3 months to June 19)

- NHS System financial plan combined NHS control total is a **c£11.5m deficit for 2019-20**;
- Year to date plan at Q1 is a £6.4m deficit with performance at a £6m deficit, £0.4m ahead of plan;
- At Q1 RCHT and CFT Provider Sustainability Funding including Financial Recovery Fund allocation results in £4.2m of funding which is on plan;
- Cornwall Council (adult social care and public health) is *yet to report its latest in-year financial performance*.

19-20 YTD (M3)	Kernow CCG £m	RCHT £m	CFT £m	NHS Total £m
YTD Plan surplus / (deficit)	(3.5)	(4.0)	1.1	(6.4)
Current YTD actuals	(3.5)	(3.6)	1.1	(6.0)
Variance to Plan	0.0	0.4	0.0	0.4
Net financial performance surplus / (deficit)	(3.5)	(3.6)	1.1	(6.0)
Net I&E surplus / (deficit) after reserves	(3.5)	(3.6)	1.1	(6.0)

## 2019-20 Forecast Outturn

- The NHS system forecast outturn at Q1 is a deficit of c£15.3m including NHS sustainability funding (NHS £11.5m deficit, in line with submitted plan).
- Financial performance to date across the system continues to highlight financial risk relating to delivery of challenging efficiency targets and continued demand impacting RCHT urgent care services,
- The Council (adult social care and public health breakeven) is *yet to be reported to Cabinet members in September*.

19-20 FOT	Kernow CCG £m	RCHT £m	CFT £m	NHS Total £m
Plan surplus / (deficit) Pre-CSF/PSF/FRF& MRET	(16.8)	(17.3)	3.0	(31.1)
Current forecast	(16.8)	(17.3)	3.0	(31.1)
Variance to Plan	0.0	0.0	0.0	0.0
STF financial performance funding (CSF/PSF/FRF & MRET)	0.0	17.3	2.3	19.6
Net financial performance surplus / (deficit)	(16.8)	0.0	5.3	(11.5)

# Executive Summary



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Area	Key points
Overall	<p><b>Key points: 19/20 Benchmark Performance to latest available (largely m2)</b></p> <ul style="list-style-type: none"> <li>The purpose of the dashboard is to provide the most recently updated benchmarked system level data on a range of key metrics, including key metrics across health and social care (including wider than Cornwall providers). It should be noted more up to date organisational level data is available through organisational performance reports for some indicators. The most recent data has been provided which can vary by indicator. Local trajectories have been included where applicable.</li> <li>System Boards are asked to review the indicators most relevant to them at their next meetings.</li> <li>Of the 42 RAG rated indicators, 21 are red for the most recent month, 10 are amber and 11 green.</li> <li>In terms of patient experience, Friends and Family test response and recommended rates remain largely positive, with the exception of the response rate in mental health services.</li> </ul>
Emergency care	<ul style="list-style-type: none"> <li>A&amp;E performance is worse than last year for the first 2 months, but is close to the national average.</li> <li>Emergency presentations are higher than planned (up 5.1% on Apr-May 2018).</li> <li>Delayed transfers are higher than plan and 2018/19.</li> <li>111 calls resulting in ambulance and A&amp;E referrals are lower than last year and national averages, whilst ambulance response times are better than last year but remain worse than the national and regional averages.</li> <li>Instances of harm within the safety thermometer (pressure ulcers and catheter UTIs) have increased on last year, and are around the national average.</li> </ul>
Planned care	<ul style="list-style-type: none"> <li>RTT system performance for April and May has exceeded the system trajectory, remaining below the national average. The 52 week wait trajectory has also been met.</li> <li>6 week diagnostic performance has deteriorated and is worse than national performance and the local trajectory.</li> <li>Cancer performance has been relatively poor during April and May but is expected to improve rapidly following changes to the breast pathway.</li> </ul>
Mental health and community	<ul style="list-style-type: none"> <li>The IAPT recovery rate for the first 2 months remains below the relevant benchmarks, with some improvement in May compared with April.</li> <li>The dementia diagnosis rate has remained similar – above last year, but well below the national performance and standard.</li> <li>The early intervention in psychosis indicator has remained well above the national standard.</li> <li>Out of hours GP coverage remained compliant with the national ambition.</li> </ul>
Social care	<ul style="list-style-type: none"> <li>Social care DTOCs are around the national average and above the local trajectory, but lower than in 2018/19.</li> <li>Admissions to residential and nursing homes were lower than in 2018/19.</li> <li>The proportion of older adults with an LD supported in their own home was lower than the local trajectory and performance in recent months.</li> </ul>

# ACUTE SCORECARD



Cornwall and the Isles of Scilly  
Health and Care Partnership

Metric	National Target	Local Target (latest month)	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	YTD
ED 4 hour target (All Depts)	95.00%	92.59%	92.10%	89.23%	88.52%	86.02%	87.31%	87.42%	86.00%	82.78%	82.61%	85.55%	82.34%	88.27%	84.60%
ED 4 hour target ( Type 1 ED Depts only)	95.00%	91.05%	83.65%	78.17%	76.27%	72.77%	75.10%	76.02%	80.78%	67.50%	67.30%	72.39%	65.40%	69.08%	66.56%
Total Cornish emergency presentations to hospitals compared with last year (ie ED attenders + emergency admissions)		11642.05	11124	11282	10474	10661	10975	10918	10986	10983	10308	11633	11497	11809	11653
DTOS Days per 100k Population	322.40	210.13	458.60	542.96	592.44	624.79	709.57	567.49	560.72	519.70	517.17	570.02	565.13	531.85	548.49
ED Re-Attendance Rate	8.42%	7.35%	8.92%	8.28%	9.40%	10.19%	9.68%	10.06%	9.71%	10.29%	10.25%	9.43%	Information in arrears	Information in arrears	9.55%
30 Day PbR Emergency Readmission Rate	7.11%	5.69%	7.06%	6.62%	7.13%	6.88%	6.81%	6.38%	7.09%	6.30%	6.84%	Information in arrears	Information in arrears	Information in arrears	6.80%
Friends & Family Test - A&E Response Rate	12.35%	8.46%	9.08%	6.69%	6.53%	5.24%	6.53%	7.92%	9.23%	8.24%	10.81%	10.83%	8.76%	8.23%	8.49%
Friends & Family Test - A&E Not Recommended Rate	7.80%	1.36%	1.35%	0.86%	1.51%	1.76%	1.02%	0.69%	0.37%	1.45%	2.45%	3.00%	3.61%	4.41%	4.01%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	92.00%	84.02%	80.74%	81.95%	82.15%	82.29%	82.98%	82.95%	82.67%	83.21%	83.21%	83.20%	83.79%	85.38%	84.58%
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	99.00%	96.14%	88.73%	87.71%	89.92%	93.22%	94.76%	93.95%	91.33%	93.11%	95.57%	95.59%	93.18%	89.68%	91.45%
Max 2 months (62 days) wait from urgent GP referral to first definitive treatment for cancer	85.00%	79.48%	80.77%	76.75%	72.40%	77.03%	78.11%	77.83%	83.03%	81.90%	80.11%	80.32%	72.64%	77.98%	74.63%
Max two week wait for first outpatient appointment for patients referred urgently with suspected cancer by GP	95.00%	93.29%	95.47%	96.25%	94.91%	95.79%	95.27%	95.09%	93.67%	90.07%	89.52%	84.95%	89.51%	86.66%	87.21%
Cancelled Operations 28 day breaches	9.55	19.10	24.00	29.00	52.00	55.00	46.00	21.00	41.00	58.00	43.00	28.00	37.00	34.00	35.50
MRSA per 100k Beddays	0.00	0.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.86	0.00	3.94	0.00	13.92	6.96
C Difficile per 100k Beddays		17.00	8.41	27.17	16.26	8.35	11.35	19.49	7.89	14.86	7.87	27.15	42.73	38.27	40.50
% of people who spend at least 90% of their time on a stroke unit	90.00%	82.49%	88.06%	84.14%	82.47%	76.52%	81.75%	78.45%	77.87%	82.86%	80.73%	78.99%	79.45%	79.51%	79.48%
Summary Hospital-Level Mortality (SHMI)	1.00		1.03	1.03	1.03	1.03	1.04	1.04	1.04	1.04	Information in arrears	Information in arrears	Information in arrears	Information in arrears	1.03
Superstranded Patients (LOS > 21 days)		270.00	289.00	285.00	303.00	274.00	319.00	313.00	279.00	310.00	281.00	296.00	Information in arrears	Information in arrears	280.67
Friends & Family Test - Inpatients Response Rate	24.82%	32.28%	37.60%	31.23%	30.94%	29.16%	31.51%	31.48%	33.22%	31.10%	32.24%	30.13%	31.90%	33.98%	32.96%
Friends & Family Test - Inpatients Not Recommended Rate	1.64%	0.74%	0.69%	0.80%	0.69%	0.67%	0.49%	2.08%	0.64%	0.50%	0.57%	0.47%	0.69%	0.85%	0.77%
Friends & Family Test - Maternity Response Rate	21.16%	24.68%	28.90%	18.81%	28.05%	22.01%	27.29%	26.35%	22.75%	29.02%	26.63%	10.35%	25.37%	23.59%	24.44%
Friends & Family Test - Maternity Not Recommended Rate	1.29%	0.46%	1.05%	0.81%	0.00%	0.00%	1.02%	0.00%	0.00%	0.00%	0.00%	0.57%	0.00%	0.00%	0.00%
Safety Thermometer - Harm Free %	93.83%	94.87%	95.01%	94.14%	94.64%	91.70%	94.74%	94.12%	91.47%	91.24%	93.25%	93.57%	94.14%	93.80%	93.97%
Safety Thermometer - Pressure Ulcers %	4.69%	3.60%	3.98%	4.63%	3.60%	4.90%	3.67%	3.72%	4.11%	5.94%	5.41%	4.87%	3.91%	5.14%	4.53%
Safety Thermometer - Falls (with harm) %	0.56%	0.31%	0.55%	0.39%	0.29%	0.35%	0.43%	0.67%	0.30%	0.49%	0.42%	0.42%	1.46%	0.14%	0.80%
Safety Thermometer - Catheter UTI (new & old) %	0.68%	0.84%	0.62%	0.77%	1.17%	0.78%	1.15%	1.64%	1.57%	1.06%	0.56%	0.71%	0.56%	0.85%	0.71%

NHS Constitutional Metric

NHS Constitutional Supporting Metric

# NON-ACUTE SCORECARD



Cornwall and the Isles of Scilly  
Health and Care Partnership

Metric	National Target	Local Target (latest month)	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	YTD
NHS 111 calls resulting in ambulance referrals	13.21%	13.80%	13.44%	13.43%	12.22%	14.14%	15.97%	15.58%	14.13%	14.82%	13.37%	12.32%	9.17%	10.18%	9.68%
NHS 111 calls resulting in A&E referrals	9.12%	6.70%	7.33%	8.40%	7.08%	8.01%	8.08%	6.75%	5.96%	5.92%	5.19%	5.01%	4.66%	4.63%	4.64%
Ambulance Category 1 Mean Response Time	00:07:00	00:06:48	00:09:53	00:08:07	00:08:19	00:07:41	00:07:50	00:08:23	00:07:27	00:07:12	00:07:52	00:09:00	00:07:33	00:07:29	00:07:31
Ambulance Category 1 90th Centile Response Time	00:15:00	00:12:30	00:18:35	00:15:02	00:16:23	00:14:28	00:15:02	00:15:18	00:13:56	00:13:08	00:14:04	00:17:23	00:14:36	00:14:21	00:14:28
IAPT: People discharged from services who achieved recovery	50.00%	51.56%	52.04%	51.31%	51.71%	53.14%	51.49%	53.65%	50.09%	50.35%	48.90%	49.57%	45.48%	49.71%	47.60%
Dementia diagnosis rate	66.67%	52.04%	51.18%	50.96%	51.93%	51.65%	51.89%	52.03%	52.12%	52.10%	52.55%	53.56%	53.48%	53.74%	53.61%
More than 50% of people experiencing a first episode of psychosis will receive treatment within 2 weeks	53.00%	94.39%	88.89%	100.00%	80.00%	100.00%	100.00%	91.67%	92.31%	88.89%	100.00%	100.00%	81.82%	92.31%	87.07%
% population coverage evening and weekend GP appointments	100.00%	100.00%	5.40%	11.04%	11.04%	36.70%	99.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Friends & Family Test - Community Response Rate	3.74%	4.10%	4.61%	4.73%	3.44%	4.13%	3.95%	3.27%	4.51%	3.27%	4.00%	4.43%	5.21%	4.22%	4.70%
Friends & Family Test - Community Not Recommended Rate	1.81%	0.82%	1.21%	0.99%	0.74%	0.75%	0.51%	0.95%	0.73%	0.65%	0.86%	0.72%	0.71%	0.69%	0.70%
Friends & Family Test - Mental Health Response Rate	3.00%	1.29%	0.94%	1.06%	1.03%	1.32%	0.98%	1.29%	2.38%	0.80%	1.54%	1.25%	1.48%	1.33%	1.40%
Friends & Family Test - Mental Health Not Recommended Rate	3.67%	6.32%	13.92%	7.69%	3.26%	4.27%	6.06%	6.98%	5.08%	3.57%	5.48%	6.56%	2.16%	1.55%	1.87%
Social Care DTOCS per 100,00 18+ population	7.40	5.50	6.80	9.20	10.30	10.20	11.00	9.10	9.20	6.50	6.10	6.20	7.70	6.90	7.00
The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	-	85%	80.19%	76.53%	77.17%	85.71%	90.48%	96.36%	96.08%	93.30%	Information in arrears	Information in arrears	Information in arrears	Information in arrears	85.40%
Long-term support needs of older adults (65 and over) met by admission to residential and nursing care homes, per 100,000 population	-	482.00	521.52	503.69	499.32	529.17	508.06	506.60	498.60	484.80	473.10	460.70	423.30	408.90	417.10
The proportion of adults with a learning disability who live in their own home or with their family	-	78%	79.35%	78.64%	77.33%	75.46%	74.60%	74.70%	72.40%	70.37%	68.08%	69.34%	78.00%	77.50%	77.75%





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# EMERGENCY ACTIVITY, IN HOSPITAL

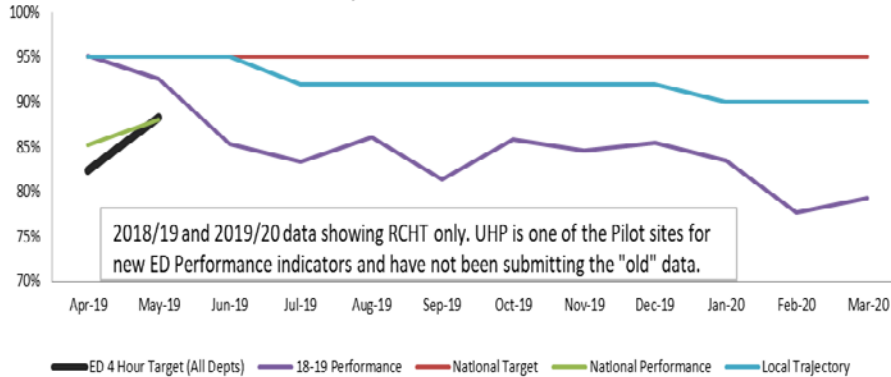
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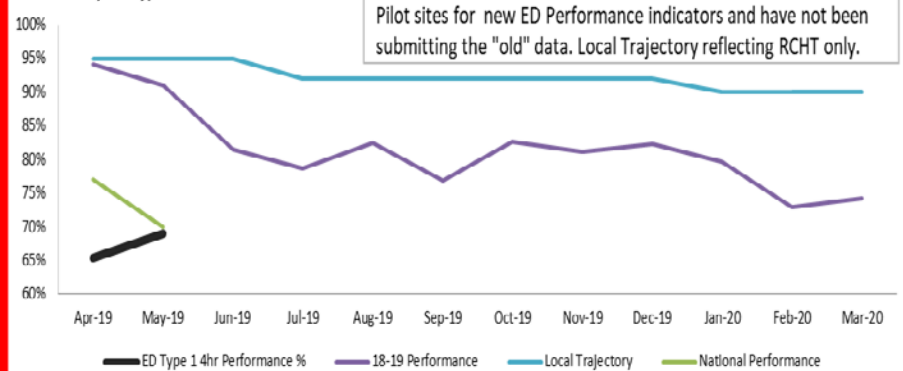


# Emergency Activity, In Hospital

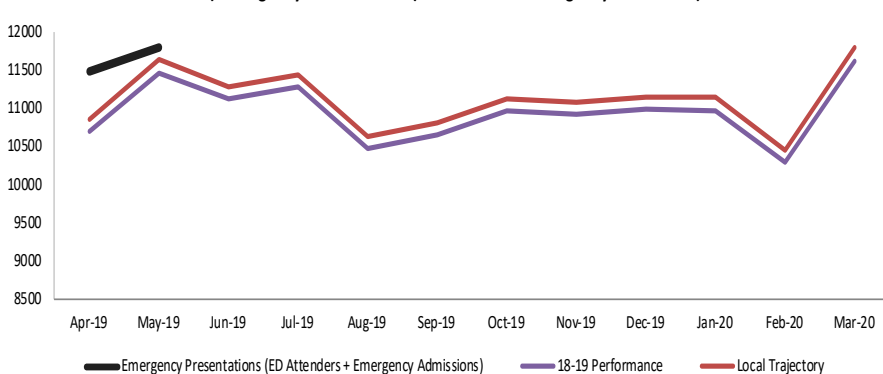
### 1) ED All 4 hr Performance %



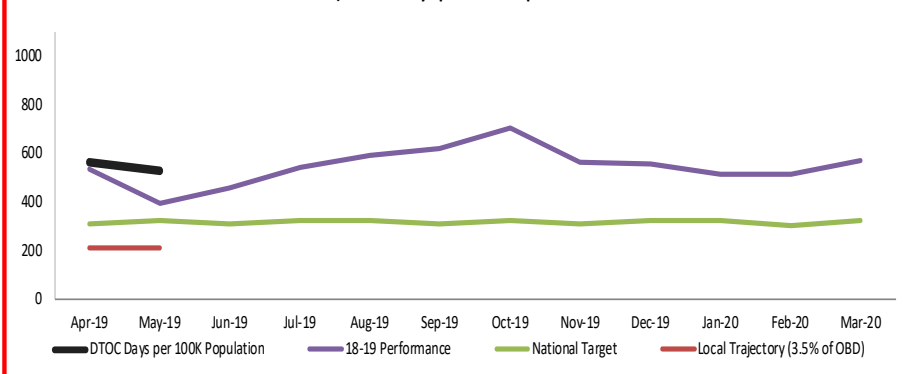
### 2) ED Type 1 4hr Performance %



### 3) Emergency Presentations (ED attenders + Emergency admissions)



### 4) DTOCS Days per 100k Population

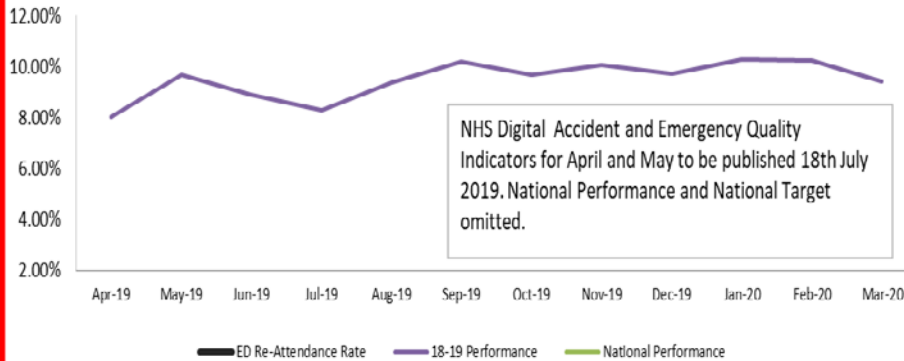


- ED all-type 4 hour performance was 88.3% in May, and type 1 69%. Both were within 1% of the national average for that month, but considerably lower than the same months in 2018/19 (which were the months immediately following the success of Gold Command).
- UHP, as one of the sites involved in the new emergency care standard pilot, is not reporting A&E data at present and so is excluded.
- Emergency presentations are up 5.1% for the year to date (3.0% in May), higher than planned.
- DTOCs per day per 100k population are well above the national average and 2018/19 levels.

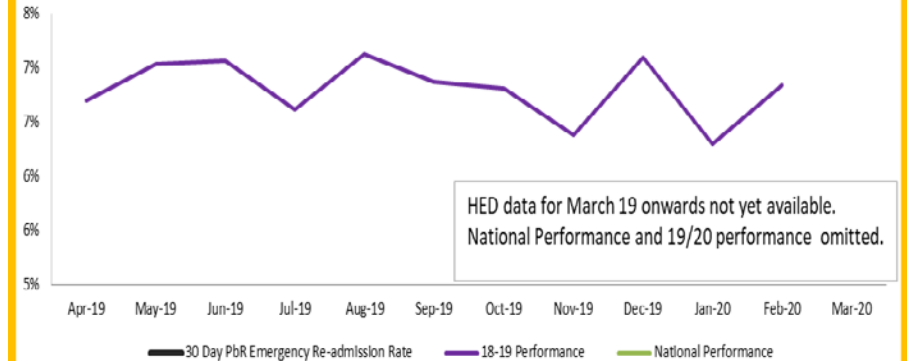
# Emergency Activity, In Hospital - Continued



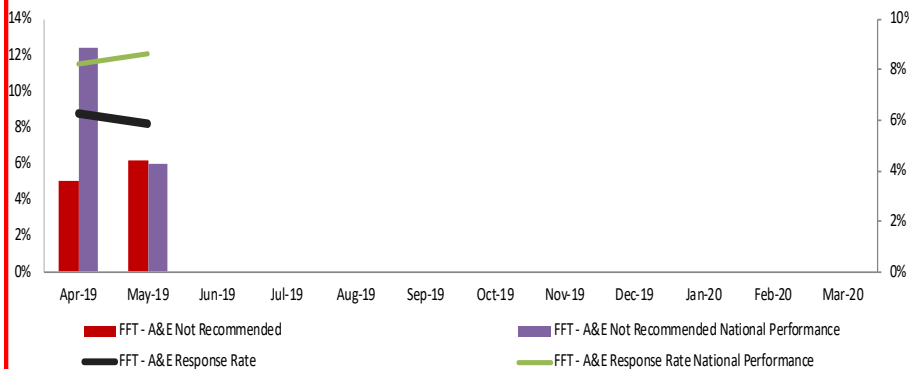
5) ED Re-Attendance Rate



6) 30 Day PbR Emergency Readmission Rate



7) Friends & Family Test - A&E



- Emergency readmissions and ED reattendance rates from HED for the YTD are not yet available. RCHT ED reattendance information for April and May is showing slightly higher than last year.
- The FFT response rate is well above the national average, but the not recommended rate (for the most recent month) was (unusually) slightly higher than the national average.



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# EMERGENCY ACTIVITY, OUT OF HOSPITAL

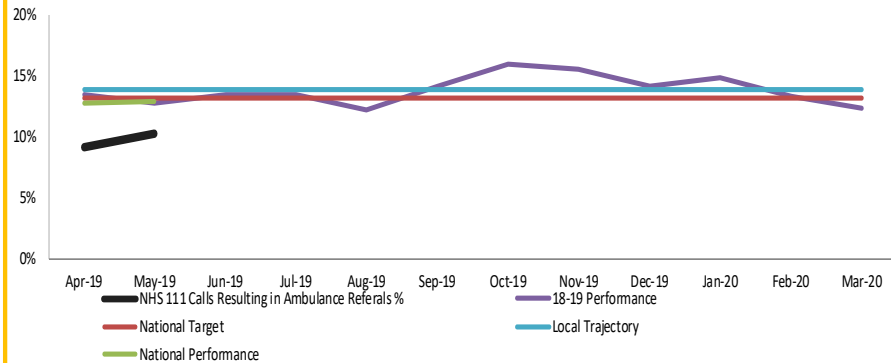
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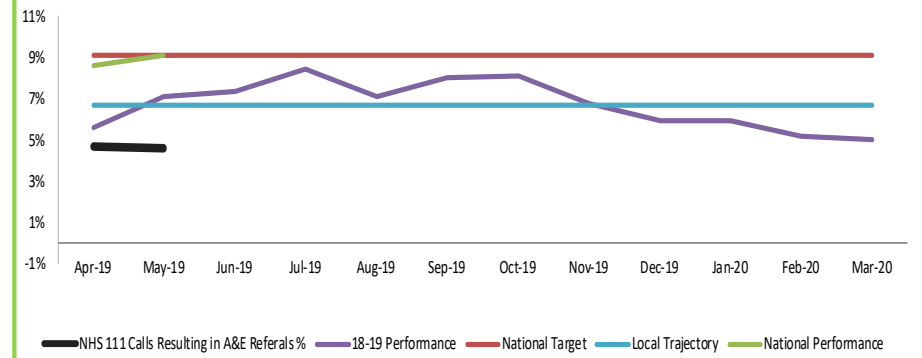
# Emergency Activity, Out of Hospital



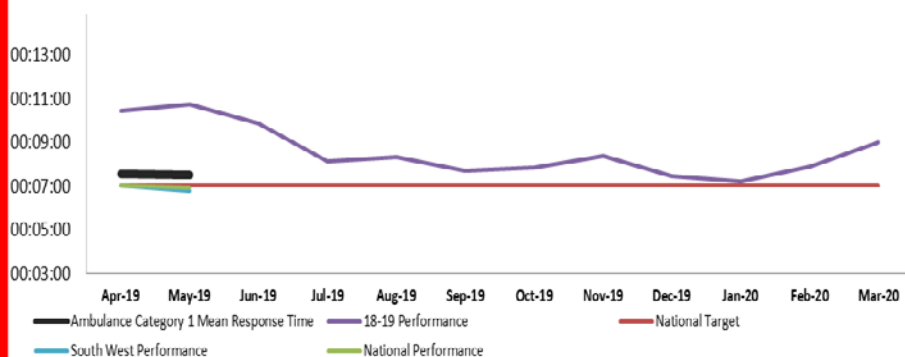
8) NHS 111 calls resulting in ambulance referrals %



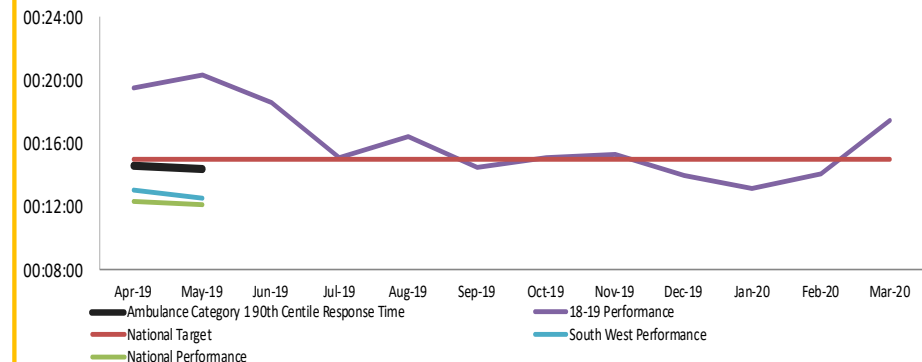
9) NHS 111 calls resulting in A&E referrals %



10) Ambulance Category 1 Mean Response Time



11) Ambulance Category 1 90th Centile Response Time



- NHS111 calls resulting in A&E and ambulance referrals have improved; they were lower than the national average and 2018/19.
- Ambulance response times have also improved compared with last year, but remain higher than national and regional averages.



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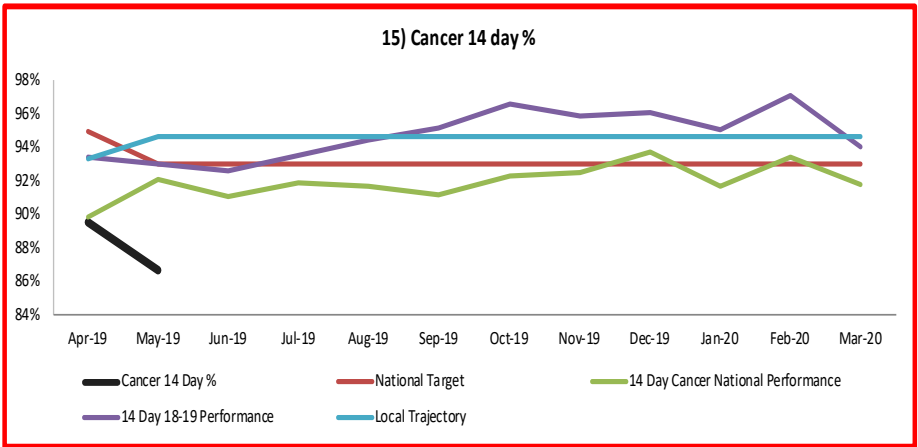
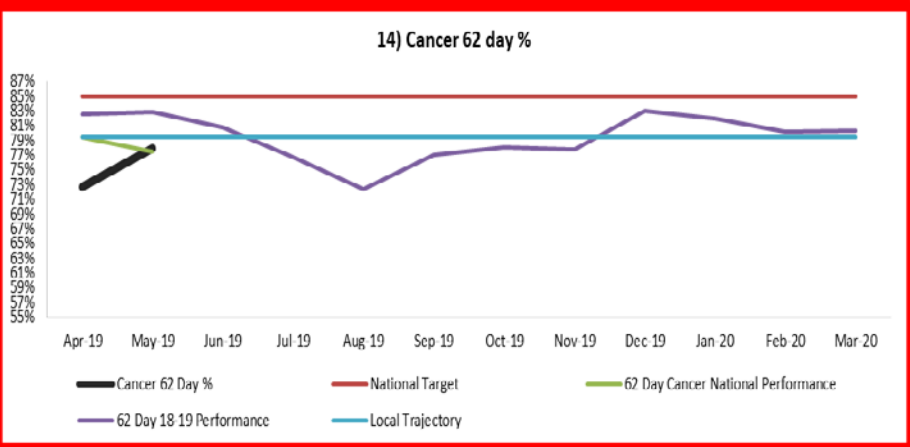
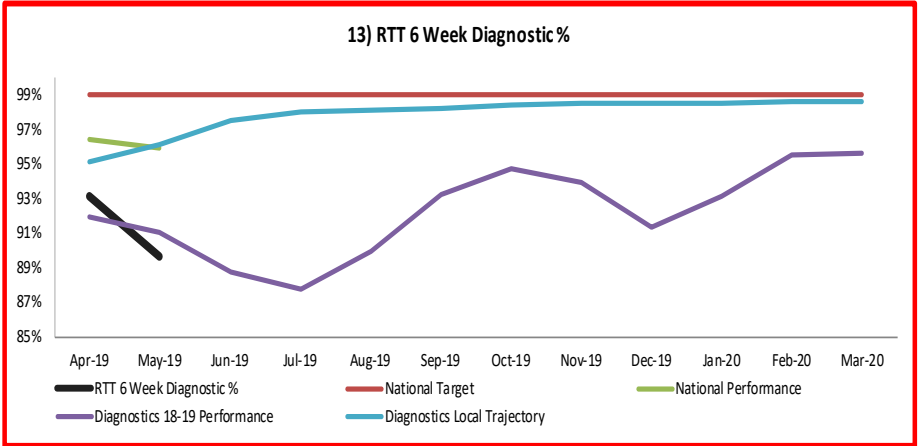
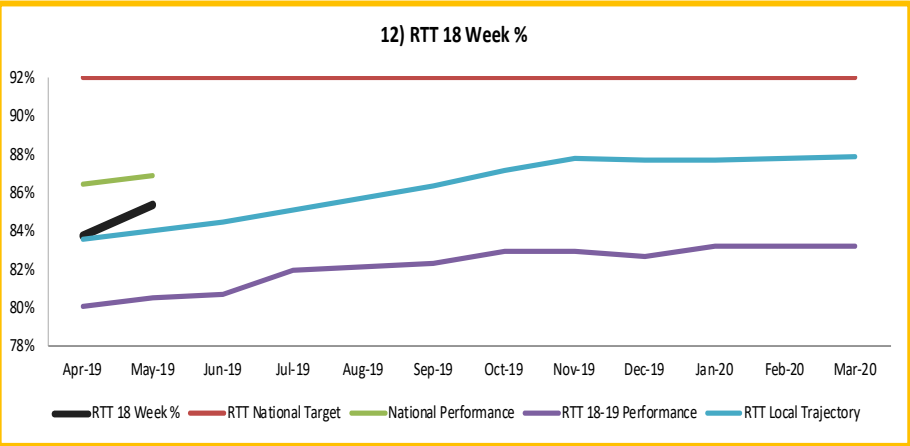
# PLANNED CARE

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# Planned Care



- RTT system performance for April and May has exceeded the system trajectory, remaining below the national average. The 52ww trajectory has also been met.
- 6 week diagnostic performance for the year has deteriorated and is worse than national performance and the local trajectory.
- Cancer 62d performance was just above the national average in May, but worse than last year and the local trajectory.
- With the challenges on the breast pathway, cancer 14d performance was below the national average in April and May but is expected to recover rapidly.



# OTHER KEY INDICATORS

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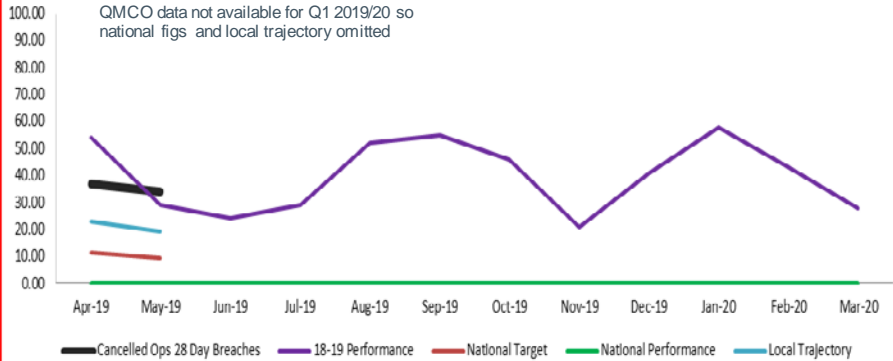




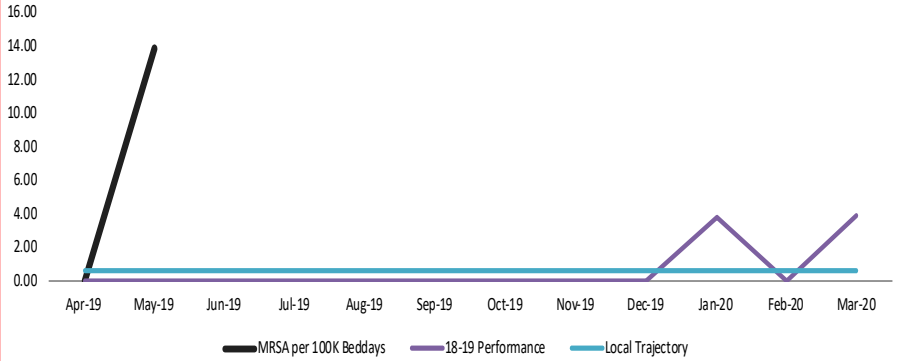


# Other Key Acute Indicators

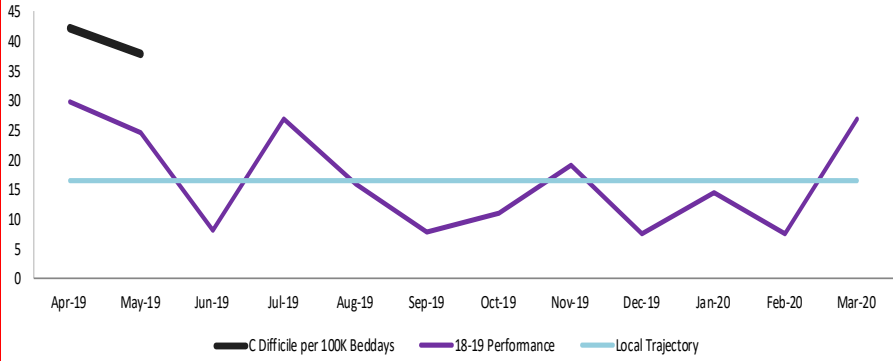
16) Cancelled Ops 28 Day Breaches



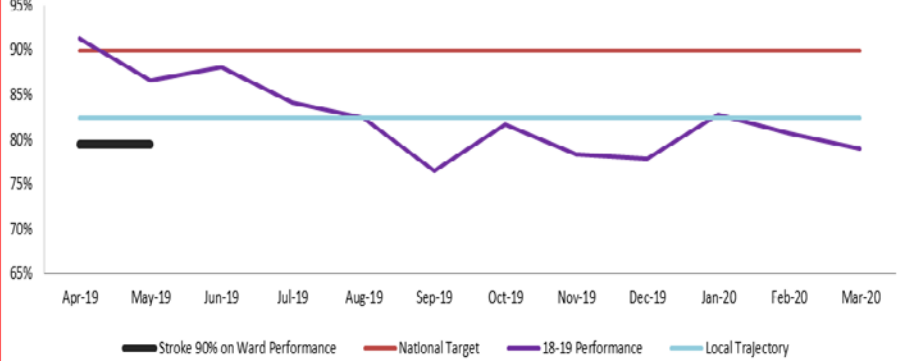
17) MRSA per 100k Beddays



18) C Difficile per 100k Beddays

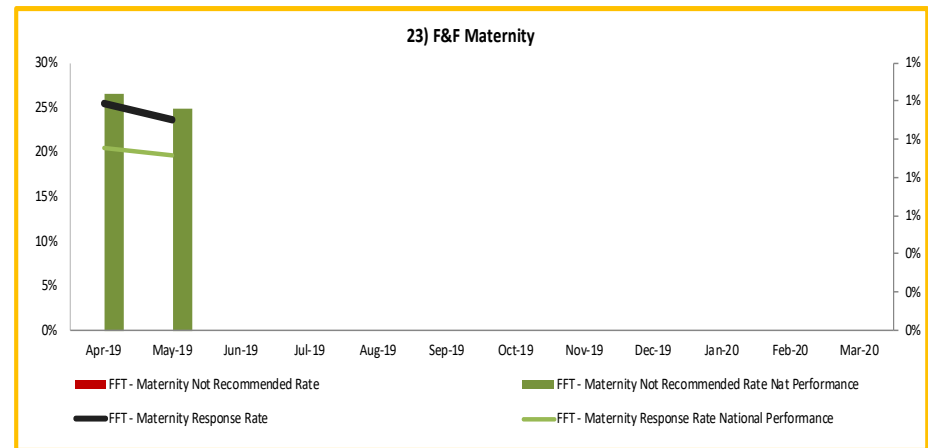
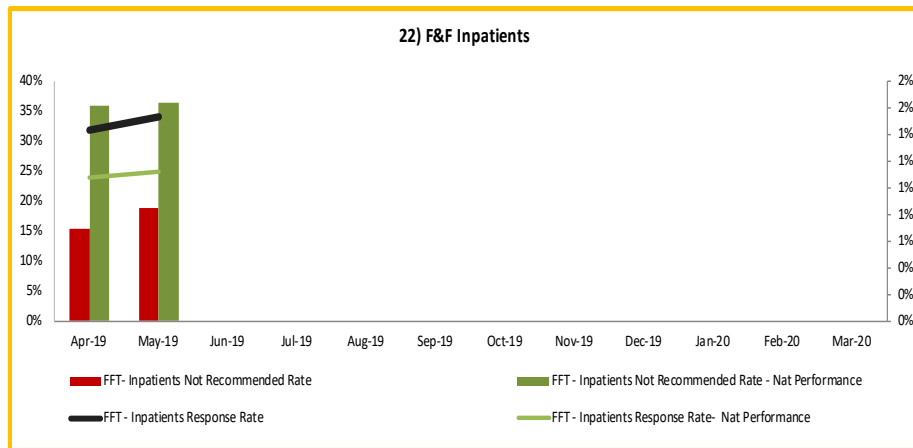
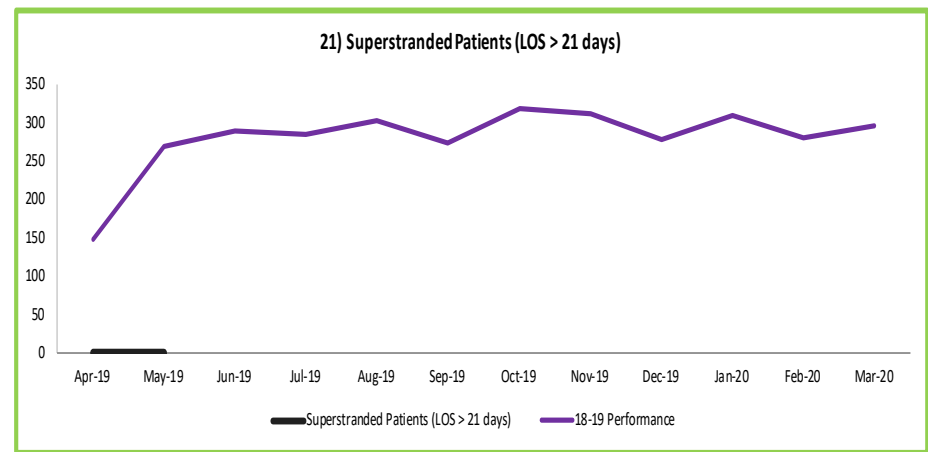
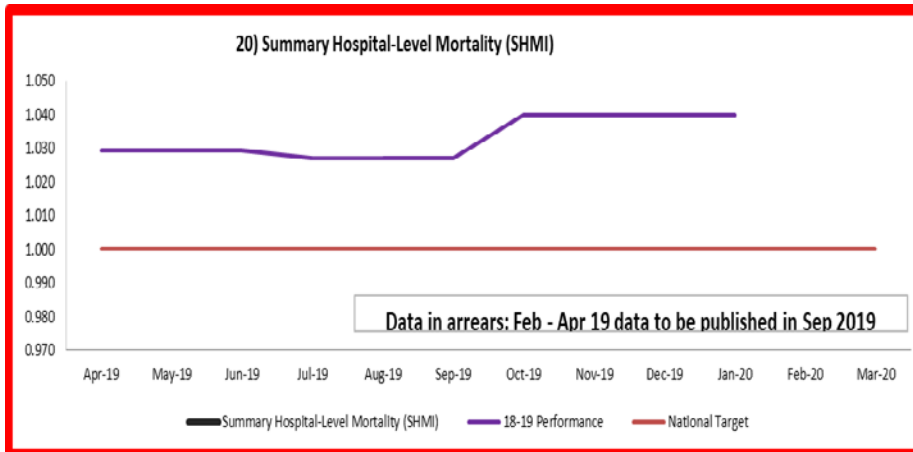


19) Stroke 90% on Ward Performance



- Cancelled operation 28 day rebooking breaches have been slightly lower than last month for the YTD but remain well above the national average and local trajectory.
- MRSA and C Difficile are both above the local trajectory for April and May.
- The percentage of patients' time on a stroke unit is below the national average and local trajectory.

# Other Key Acute Indicators - Continued



- An updated SHMI position for the year is not yet available. The latest position showed Cornwall overall slightly over the 1.00 benchmark, with UHP well above and RCHT slightly below.
- System superstranded patient data for the year is not yet available. The RCHT position for June is showing a YTD average of 81, which is similar to 2018/19, against a nationally set ambition of 49.
- For both IP and maternity Friends and Family Test, the response rate is better and the not recommended rate lower than the national average (it is zero for maternity services).



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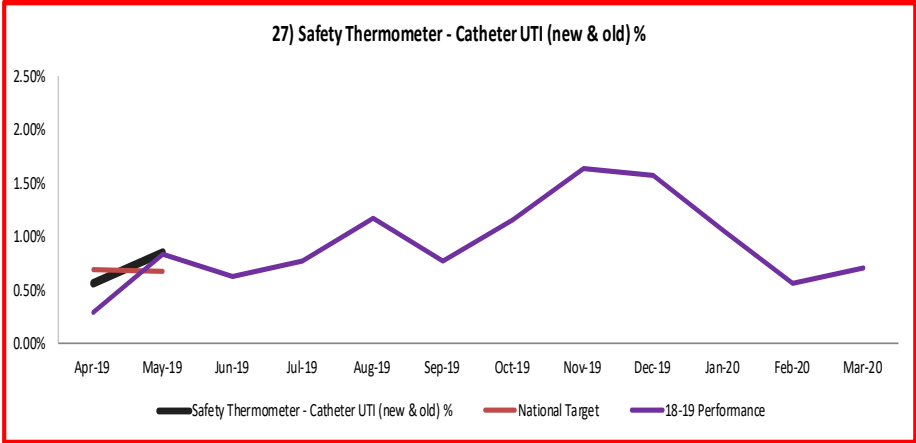
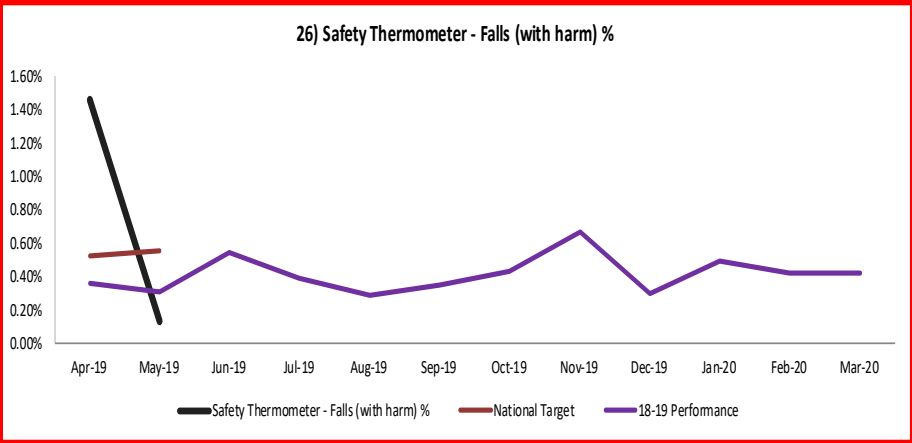
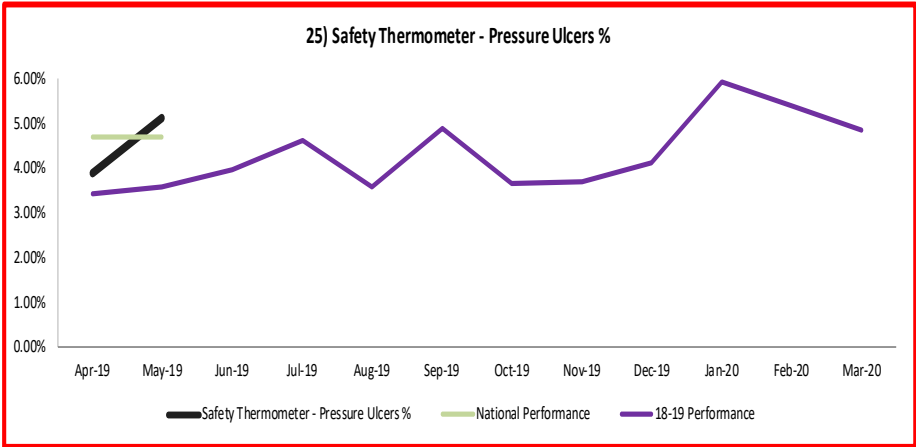
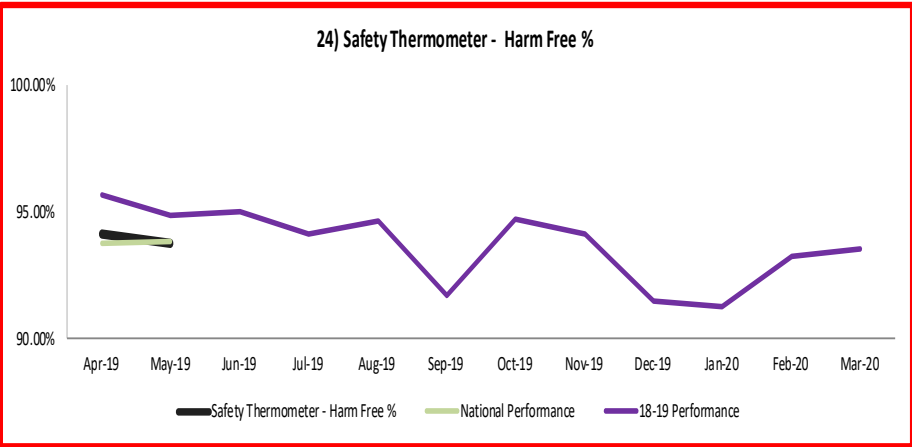
# SAFETY THERMOMETER

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# Safety Thermometer



- The harm free percentage closely matched the national average but was lower than last year. This is largely because pressure ulcers have increased since last year, as (slightly) have catheter UTIs.



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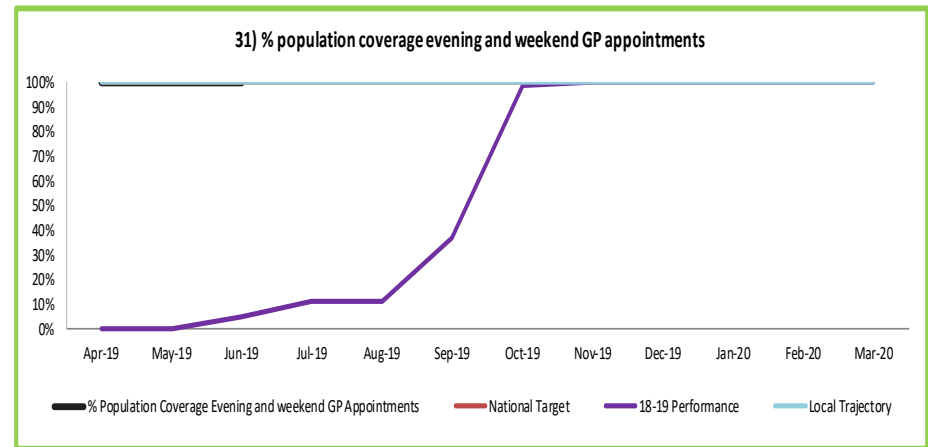
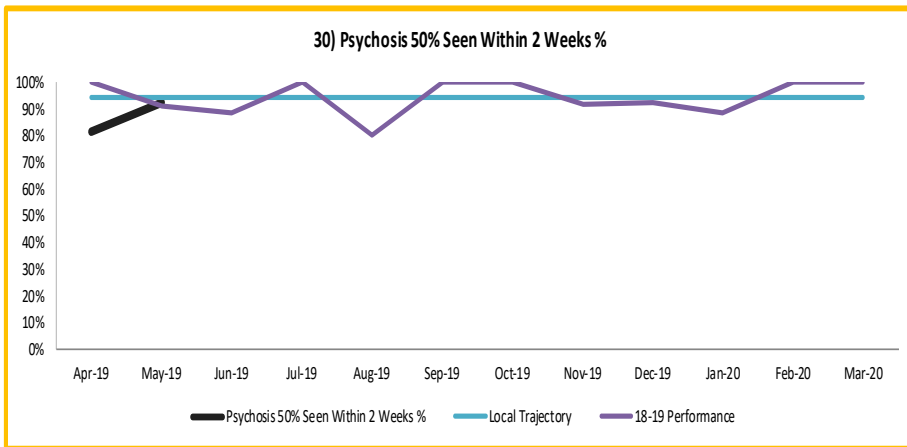
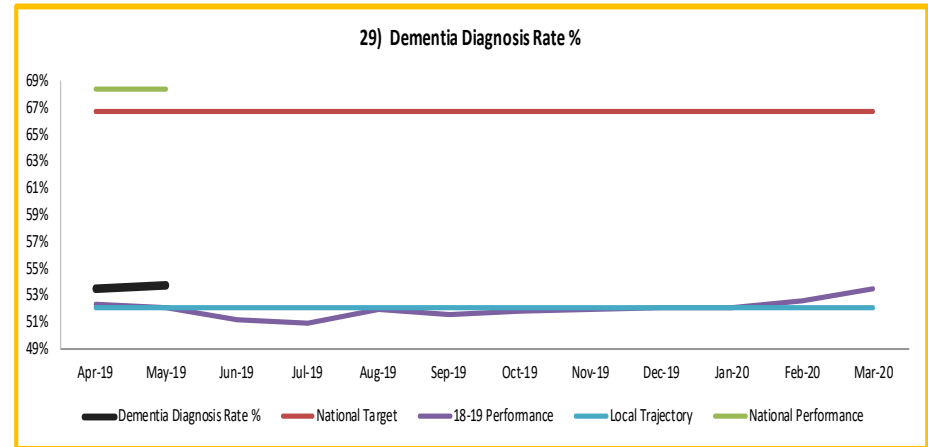
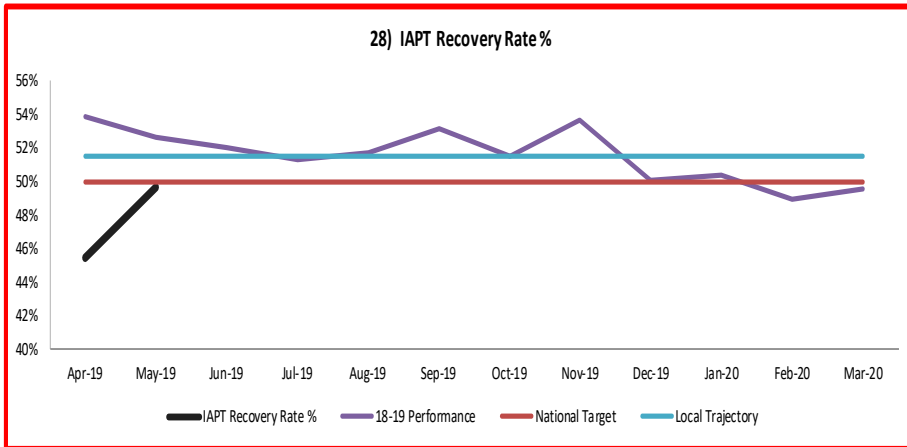
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# MENTAL HEALTH & COMMUNITY

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# Mental Health & Community

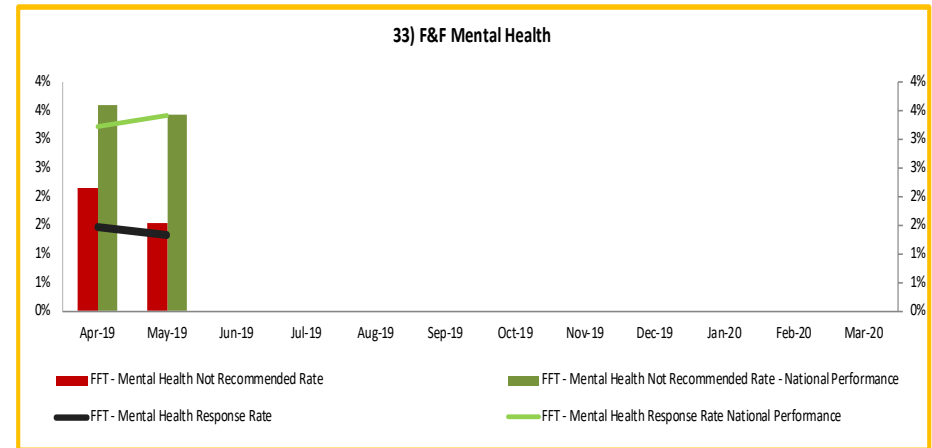
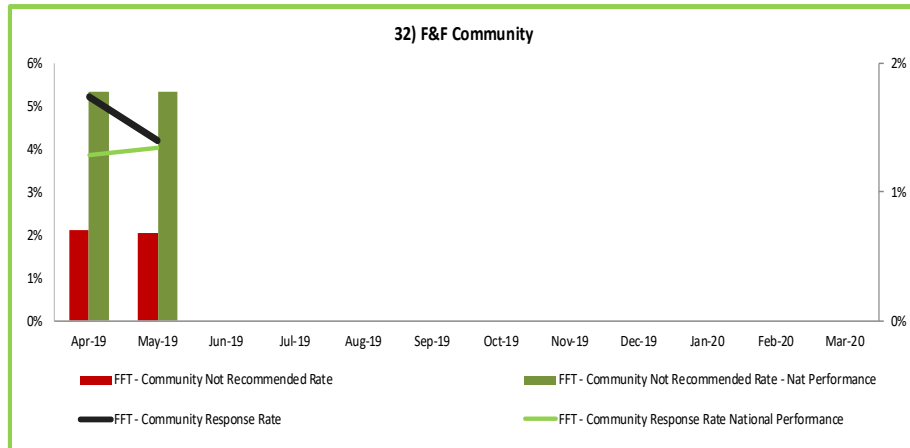


- The IAPT recovery rate for the first 2 months remains below the relevant benchmarks, with some improvement in May compared with April.
- The dementia diagnosis rate has remained similar – above last year, but well below the national performance and standard.
- The early intervention in psychosis indicator has remained well above the national standard.

# Mental Health & Community - Continued



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- The community FFT remains positive in terms of response and recommended rates.
- The mental health FFT response rate remains lower than the national average, although the not recommended rate is below the national average, which is positive compared with previous months.



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# ADULT SOCIAL CARE

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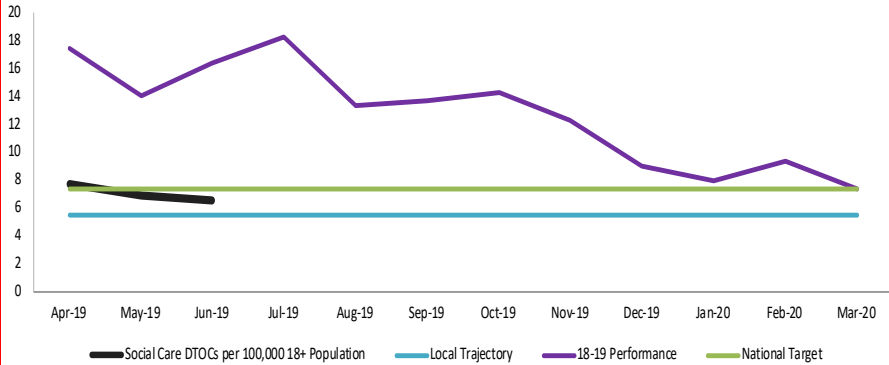




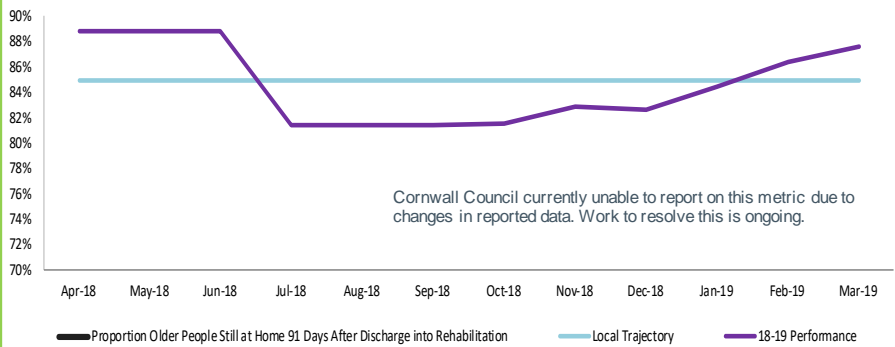


# Adult Social Care

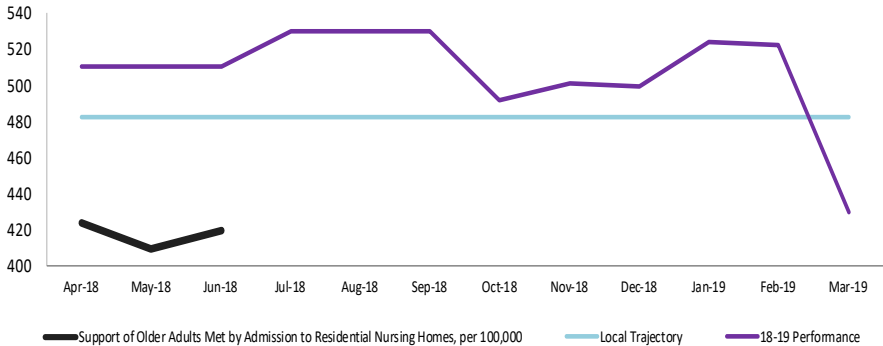
34) Social Care DTOCS per 100,00 18+ population



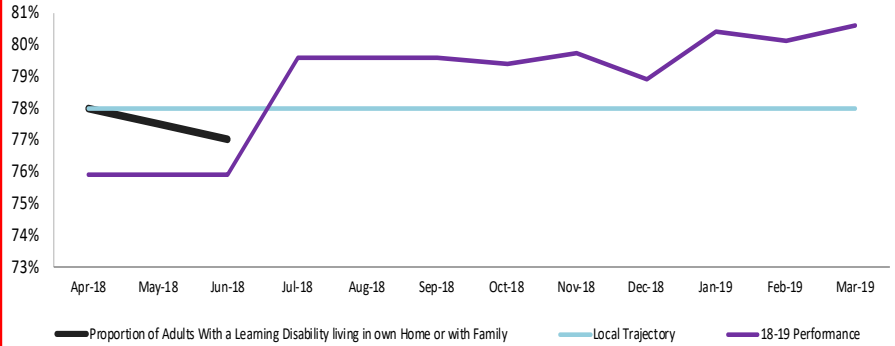
35) Proportion older people still at home 91 days after discharge into Rehabilitation



36) Support of Older Adults met by admission to residential & nursing homes, per 100,000



37) The proportion of adults with a learning disability who live in their own home or with their family



- Social care DTOCs are around the national average and above the local trajectory, but lower than in 2018/19.
- Admissions to residential and nursing homes were lower than in 2018/19.
- The proportion of older adults with an LD supported in their own home was lower than the local trajectory and performance in recent months.