



CLlr Jim McKenna

Cabinet Member for Adult Care





- Population of 550,000
- Economy – weakest in England and still (hopefully) in receipt of EU structural funding until 2020
- Elderly – over 65s are 24% of total
- Health conditions - 1 in 8 people have a life limiting illness or disability
- Cornwall Devolution Deal – first rural authority in the Country to negotiate
- Leadership – very high turnover @CEO level throughout the health system in Cornwall
- Finance – CCG ‘under direction’ from NHS England. Whole system 2020/1 recurrent challenges of £280m of which £56m remains unidentified (CC £13m)





Governance

- Co-ordinated by monthly STP Transformation Board with an independent Chair (Joyce Redfern); Chief Officer, Chair/Cabinet Member representation of 'directable organisations'
- Senior Responsible Owner (Chief Executive of Cornwall Foundation Trust) responsible for delivery of STP
- Shared Director inter-organisational team of officers with a nominated Programme Director
- Commitment to continue to engage with practitioners and community

Continued ...





Priority Areas

- New models of care targeting prevention, early intervention, community services, building community capacity and resilience
- Shared resources and infrastructure including premises (Cornwall Deal)
- Possible reduction in bed-based services
- Rationalisation of the emergency and urgent care pathway
- Financial sustainability:
 - £1.2BN annual spend on health and care
 - Five year financial challenge £277m of which £56m unidentified
- Final submission September 2016





- Throughout March 2016
- Council led with support from CCG and other health partners:
 - Provider and stakeholder workshops
 - On-line survey
 - Public meetings
 - Media engagement
 - All Member briefing
- Report produced in May 2016 after evaluation by University of Exeter and local health campaign groups.
www.cornwall.gov.uk/shapethefuture
- ‘Infographic’ summary of the Report forms part of the initial STP submission (colour copy supplied on the day)
- Generally very well received ... further engagement work planned in October/November





- A programme originating in Cornwall, led by the voluntary sector to support individuals, primarily aged 50+ with no more than one long term condition, who have become or who are at risk of becoming dependent on statutory care.
 - Referrals made by health and social care practitioners
 - Intervention focused on individual needs, goals and aspirations
 - Volunteer support on a 1:1 and subsequently a group basis.
 - Care co-ordinated by an integrated care team based around a GP practice ... local knowledge vital.
 - Started in Newquay (2013) subsequently extended to far West of Cornwall (2014) and East Cornwall (2015) ... total of c.1,500 people.
- Initial analysis based on a sample size of 200, suggests possible annualised saving of up to £2,680 per person.
- Potential future cohort of 22,500 people over a 5 year period.
- Future funding uncertain Social Impact Bond, Lottery? Final decision in September





How do we aim to reduce delayed discharges

Current position

- Cornwall's urgent care performance is in the bottom quartile nationally.
- 74.3% of A&E patients were seen within four hours
- A&E attendances at Royal Cornwall Hospitals Trust (RCHT) were up by 18% in Q4 of 2015/6 compared with a national increase of 9%
- There is a high rate of delayed discharges, in part due to difficulties recruiting and retaining social workers and care staff
- The CQC assessed urgent and emergency services as inadequate, with particular concerns about care and safety in the ED department

The draft STP anticipates 'the transformation of our urgent care system which allows us to meet our performance targets through admission avoidance and a more responsive Out of Hours service.'





How do we aim to reduce delayed discharges

Actions

- 4 x Social Care teams at RCHT and 3 community hospitals
- Weekend brokerage team
- STEPS (x6 weeks)
- Short Term interim placements
- Welcome Home (voluntary sector commissioned by CC/CCG)
- ECIP (support from NHS England) focus on improving patient flow/decision making
- CORCARE
- Improved triage arrangements support by GPs @ RCHT





Reasons to be cheerful

- The Cornwall Deal
- The benefits of (the CCG) being in intervention
- Co-terminosity
- New leadership
- A genuine willingness to collaborate and to share both cost and risk
- The scale of the financial challenge is quantified and plans are being developed to tackle it
- The Council is at the heart of the development of the STP
- Health commissioners and providers will become much more publicly accountable
- 'Cornwall is no longer a basket case' !



