Integrated health plan for Cornwall & Isles of Scilly - summary

NHS Kernow was established on April 1, 2013 to commission services to improve the health and wellbeing of patients across Cornwall and the Isles of Scilly. It will do this by securing sustainable services that enable patients to receive modern, responsive, high quality and cost effective care.

The geography of Cornwall and the Isles of Scilly, and the remoteness of some of the communities, presents some unique challenges for users in accessing services close to their homes. NHS Kernow’s approach aims to ensure localised services are available where clinically and financially viable, and that centralised services are only required where clinically necessary.

NHS Kernow therefore aims to:

- Maintain a high standard of care for all patients by focussing on improving health and reducing health inequalities in partnership with patients and the wider community
- Ensure patients have timely and equitable access to primary, community and secondary care services including mental health
- Ensure patients receive the right care, in the right setting from the most appropriately skilled clinician. This will improve the quality of care and reduce dependency on acute care
- Provide outpatients and end of life care in a local setting via GP led networks of care
- Ensure the provision of services is needs-led, sustainable and fair
- Work with local authority partners to integrate services, where appropriate, and reduce duplication across social care, acute and community care
- Provide an integrated preventative model of health and social care to enable an Early Intervention Service for patients with long-term conditions
- Ensure that patient and public engagement plays a central role in the commissioning of services
- Ensure appropriate use of the services commissioned to manage activity within the available budget
- Create a Network Leadership Group to allow localities to influence what services are commissioned
- Demonstrate the principles of good governance and make informed and transparent decisions
- Invest in better information systems and put in place stronger governance structures to hold service providers to account and ensure patients can easily report what is not working at every stage of care

Listening to our patients and their representatives
NHS Kernow is absolutely clear that patients should be at the centre of decisions regarding the provision of health services and is committed to listening to GP locality feedback and groups that represent the public such as the new HealthWatch. For this reason NHS Kernow has established the People’s Commissioning Board which will enable the public to be directly involved in the commissioning of health services for their community.

An extensive engagement programme has been undertaken across the county. Residents and health and social care professionals have worked together to identify a range of health priorities for the population of Cornwall and the Isles of Scilly for the next three years.

These priorities have helped to create a shared vision which has the support of the National Health Service across Cornwall and the Isles of Scilly and the local authority – this vision is outlined in the ‘Integrated Plan’ for Cornwall & Isles of Scilly which has been published by NHS Kernow. The plan will build on the good results that are already being achieved and aims to reflect the joint working across the health and social care system.

Examples of how NHS Kernow has listened and acted on patient feedback include:

- **You told us ophthalmic and pharmacy services on the Isles of Scilly were inadequate.** Both issues are being addressed as part of new arrangements for primary care on the islands and improvements are expected this year (2013)
- **You told us there is a need for a 24-hour, doctor-led emergency service in the west of Cornwall.** A pilot is now running at West Cornwall Hospital which provides just this.
- **You told us that we need to prove our commitment to being open and transparent and involving local people.** Our review of services in the Penwith area, led by a GP and involving local groups, is demonstrating our determination to be open and involve local people

**The future shape of health and social care**

Too many patients are ending up in an acute hospital when they would be better treated in a community setting or could have avoided becoming ill in the first place by early intervention from health and social care.

There needs to be a significant shift from hospital care to more services being provided in the community and primary care settings with a particular focus on prevention, early intervention and reducing patients needing urgent care. Most patients will be managed in their GP practice, or in their local community, to reduce the reliance on acute hospital services particularly the emergency departments.

Some exciting key changes are likely to be seen over the next three years:

- Services, especially urgent care, will be provided seven days a week
• There will be less need to visit a large acute hospital and unnecessary outpatient follow-ups will be reduced
• In response to the ‘Francis Report’ NHS Kernow is coordinating health and social care to ensure improvements are identified and implemented

In 2013/14 plans include:

**Unscheduled care**

• Developing alternative, lower cost community-based urgent care services seven days a week
• Providing an effective urgent response in an acute hospital seven days a week
• Ensuring patients are effectively discharged when they no longer require hospital care
• System-wide integration and collaboration across health and social care by sharing information and financial risk and jointly developing a strategy

**Elective care**

• Ensuring there is more consistency in patient referrals
• Reducing unnecessary outpatient follow-up appointments
• Reducing unnecessary referrals from one consultant to another
• Reducing unnecessary elective admissions
• Provision of more community-based services

**Long-term conditions**

• Improving wellbeing, prevention, early detection and intervention
• Improving care planning and the management of specific diseases
• Supporting the patients to help themselves with peer support and self-management of their condition
• Improving palliative and end of life care

There will be more focus on living healthily – GPs will be able to prescribe exercise classes or therapy to stop smoking and local charities with the voluntary sector able to provide these services.

**How we are going to fund new services**

Funding has to be identified to provide new services. Annual increases from the Department of Health for the foreseeable future will only address inflation so there is no real growth in money available for new services. NHS Kernow also has to make savings of £24m over three years in line with the Government’s Quality, Innovation, Productivity, Prevention programme (QIPP) – the target for 2013/14 is £14.5m. Nine major schemes aim to identify these
savings this year concentrating on improving quality of care; safety; improved patient access to services and bringing services closer to home.

It is vital that the NHS and local authorities become more integrated to create a seamless and cost-effective health and social care service built around the needs of the population. By pooling funds with the local authorities, and integrating elements of health and social care, it should be possible to deliver more efficient, high quality care. By being more efficient we can make savings to invest in alternative services which will focus around prevention, early intervention and supporting patients in the community.

**Local health care meeting local needs**

There is a long history of clinical commissioning in Cornwall with health services structured around ten localities with their own health plans based on the needs of their local population. These groups of practices are self-formed and come together in natural groupings that share an acute provider, a community hospital or a geographic area.

Priorities identified by localities are derived from experiences arising from daily patient consultations. This bottom-up approach to developing improvement priorities provides a patient-focused and clinically supported approach to commissioning services. Both small scale and much larger scale services improvements have developed as a result of this system. For example, models for dementia care in Lostwithiel and Pool are now being replicated across the county;

Specific priorities for localities include:

- Improving access to diagnostics and investigating the use of tele-consultations for patients on the Isles of Scilly with the aim of reducing the number of patients having to travel to the mainland for their care
- Making best use of the facilities at St Barnabas Community Hospital in Saltash providing a wide range of services including outpatients, minor surgery and ambulatory care (such as blood transfusions) that don’t need to be provided in an acute hospital
- Reviewing community services, including facilities and staff, in the West Cornwall area to ensure they address the needs of the local population. This is a project that is likely to be replicated across other localities
- Improving the way in which ophthalmology, rheumatology and dermatology services are provided, particularly bringing these services closer to home, is a priority for a number of localities.

The ‘Integrated Plan’ helps to ensure the work being done locally fits in with the wider work being done across Cornwall at the same time as being sensitive to local needs.
Localities have indicated that their priorities include providing care closer to home; ensuring services are value for money; looking at alternative ways of providing care; promoting good health and developing prevention services.

The county wide priorities are improving elective care for patients with planned procedures by reducing the number of appointments which are not clinically necessary; improving unscheduled care by reducing medically unnecessary attendances and admissions and improving care for patients with long-term conditions by shifting the focus from crisis management to prediction, prevention and self management.

NHS Kernow has introduced ten change programmes that focus on improving care for the population. They are aligned with Cornwall Council’s adult social care strategies which cover wellbeing, early intervention and prevention; care homes and autism. Each programme is led by health professionals and aims to improve the quality of care a patient receives.

The programmes are:

1. Developing the organisation
2. Patient safety and experience
3. Lifestyle and health
4. Children and maternity
5. Urgent care
6. Elective care
7. Long-term conditions
8. Mental health
9. Learning disabilities
10. Medicine management

The health provision for Cornwall and the Isles of Scilly is benchmarked in many ways. In most cases the services we provide exceed the national average. However there are some areas of lower performance which will be specifically addressed by these programmes.

• Quality of life for people with long term conditions
• Elective groin hernias
• Emergency admission of children with respiratory tract infections

**Partnership working**

NHS Kernow works with many partners including Cornwall Council’s Health and Wellbeing Board which addresses inequalities and aims to improve the overall health and wellbeing of the local population. NHS Kernow is actively seeking opportunities to work with Cornwall Council to bring commissioning, planning and expenditure into common arrangements across health and social care.
A joint commissioning group has been established for joint issues for people over 18. Children’s services are due to be integrated from 2014/15.

An example of improved working is the commissioning of care homes with health and social care working together to improve the quality and reassure users and potential users.

By providing a joined-up and simpler health and social care system the public will have a better understanding of the services provided and be more empowered to make the right choices about what care they receive. We will be encouraging an open and honest system, that is sensitive to signs of failure in quality and safety and that plans for and reacts in a robust and integrated way.

In planning new services NHS Kernow will ensure that investment, savings and system change proposals are worked up in partnership with stakeholders before they are introduced. Any proposals for change will take into account any impact on service providers and be clear about the impact on the workforce, estate and other costs.

NHS Kernow will set out to commission services which provide incentives for service providers to work collaboratively to support joined up solutions for the benefit of patients. It will continue to work in partnership with bordering clinical commissioning groups to ensure quality healthcare for patients living on the boundaries of the area. It has established a health and social care Leadership Summit which brings together the Chief Executives and Chairs of NHS commissioning and provider organisations to establish a joint future vision.

Responsibility for public health has been transferred to local authorities. NHS Kernow will work in collaboration with Cornwall Council on public health services for children from pregnancy to age five, including health visiting and the family nurse partnership and responsibility for child health information systems; immunisation and national screening programmes; public health care for people in prison and other places of detention and the sexual assault referral service.

As well as working with the local authorities and neighbouring NHS organisations. NHS Kernow will also be working with the Local Area Team which commissions GP services, dental services, pharmacy and some optical services.

NHS Kernow is an active member of the Public Sector Forum and the Cornwall Deal developing the long term vision and strategy for Cornwall, including economic development and sustainability. It is also involved in the Strategic Partnership which aims to improve services, collaboration and value for the people of Cornwall and the Voluntary Sector Commissioning group which ensures the voluntary sector aligns it priorities with the NHS and understands how to engage with clinicians, managers and the commissioning process.