CEO Board Report

July 2022

Introduction

This is my sixth report to the Board as CEO. Our organisation remains in a good health financially and reputationally. The new Integrated Care System in Cornwall (and the rest of England) is now operational and I attended the inaugural meeting of the governing Integrated Care Board (ICB). A more detailed update regarding this is included in this report.

Waiting times for ambulances, admissions to the Emergency Department at Royal Cornwall Hospital and operation waiting times remains a major issue for the public. I have undertaken a number of media engagements to comment on this and call for the better integration of health and social care.

The principal activities we have undertaken over the past three months are set out in this report.

Healthwatch Cornwall core contract work

Mental Health issues

We attended the first in person Mental Health Strategic Board where we were updated on various strands of work that are happening across the system to improve services, while being acutely aware of the pressures that are exacerbated by rising demand and workforce pressures. Of particular interest is the investment in the Voluntary sector with the Suicide

Prevention Innovation Fund where a number of local organisations have received grants to enable projects that seek to support more vulnerable people in Cornwall. We were pleased to have sat on the decision panel for this and will be interested to look at the impact reports when available.

Engagement

Sue Hooper has resigned after her short time with us and, due to the fact that the post is secondment cover with only potentially 5 months left before the secondment ends, the decision has been made to not immediately go out to recruit – this will be pending the outcome of discussions to extend the secondee role and therefore make the Engagement Project Officer potentially a longer term contract. In the interim, both Sarah Jones and Rhiannon Pring are increasing their hours by 7 hours each in order to provide extra capacity. There is potentially another staff member who might also increase their hours by 7 to assist but this is currently being considered.

Despite the capacity issue, there has been a good range of engagement activity including Royal Cornwall Show (full report below), Chronic Sisters, Duchy and Callywith Colleges, Clay Crusades, Your Voice MH Group, Dementia Conference, Perranporth Surgery, Falmouth University, Reconnect Tour, Devoran Coffee Morning, Newquay Health Centre, Blue Light Day, Bodriggy Health Centre and Stithians Show. We were also really pleased to be able to go back into the Trelawney Entrance at RCH Treliske and will be looking to attend other hospitals again soon – Covid restrictions allowing. The next quarter will see us attending more events in the East and North of the County, as well as other events across the rest of the county. An increasing number of volunteers are also re-engaging with community events.

CRM and Evidence Management

Subsequent to previous Board updates, our systems and processes to manage evidence continue to evolve. Healthwatch England recently announced new digital transformation plans including the retirement of its customer relationship and evidence management database (CiviCRM) used by more than half of the network including HC. Natalie Swann attended a meeting with HE digital and Network leads who would like us to support the national programme by learning from our extensive in-house development of processes to turn information into insight. We will work with a small number of other SW Healthwatch to inform HEs future approach. We are able to discontinue use of the HE CRM ahead of the planned retirement (end of Q4). There is possible funding for this development work. We are also supporting HE with the testing of its new data platform, and have also signed up to use HE's new survey tool, creating a saving to our existing research budget.

Healthwatch Cornwall Key Projects

Kernow Maternity Voices Partnership & Kernow Parenting Journey

The Board will be receiving an update from Project Coordinator Morwenna Gee in respect of our two maternity projects.

Mental Health and Suicide Prevention

This is a project commissioned by Public Health over 8 months to engage with 14 population groups plus social prescribers and service providers for qualitative feedback on Mental Health and services available or needed. The engagement phase of the project is very nearly complete with a real focus on a final push to encourage engagement from groups with less feedback (Physical and sensory impairment - the deaf community and Young People with Autism and SEN, Veterans, Homeless and Carers). The Project Officer is continuing with Focus Groups and 1:1

interviews and continuing to promote the General Population survey at events and online. There has also been a focus on finalising the coding framework, data input and theming and analysis, with considerable support from the Research team. The draft report will be submitted at the end of August, with a final version being completed in mid-September. There will then likely be some follow up to ascertain potential next steps and ensure recommendations are understood and embedded. It has been a challenging timescale with the breadth of groups to engage with but the Project Officer has worked very effectively to maximise all available opportunities.

Ageing Well

Commissioned by Cornwall Foundation Trust, Phase 2 is now underway, with Project Officer now established in post and having developed a good working relationship with the commissioners and liaising with the three Integrated Care Areas to receive referrals.

Interviews will be carried out during July and August with 18 patients and 18 staff, with a mix of those experiencing the 2 hour and 48 hours response from the urgent crisis and reablement services within Cornwall. There will also some video content to feed into the final report due at the end of the calendar year.

Carers of People Living with Dementia: Experience of Services and Support

We have continued to work closely with Memory Cafe colleagues to promote the survey and set up the focus group aspect of this work. We have now closed the public survey which ran from 29 April and was extended until the end of June. Three focus groups have been conducted at Memory Cafes, plus one memory cafe visit talking with carers. Between 15 and 20 semi-structured interviews will have been completed by the end of July with the majority completed in June. The aim is to draw together key findings from the survey, interviews and focus groups to inform the strategy

being written in collaboration with the CCG lead and commissioner. Challenges have been the capacity to balance current staffing to deliver on this project, as Research (Core Contract) are also providing significant support to the MHSP commissioned project in order to meet project deadlines. This has affected the dementia project timelines. Therefore, the aim will be to produce a public-facing report on the dementia and memory loss project, after the summer.

NHS England and Improvement commissioned project: Carer experience of hospital discharge

Since the Stakeholder Workshop in March, Natalie has continued to liaise with Patient Experience Teams across all three trusts and has presented the workshop content at formal patient experience meetings. While we await the imminent release of the NHSE/I report on this work, we have already begun to see the influence of this work on the strategic and operational approaches being taken to address key findings. One such example was the RCHT carer engagement activities during June. Numerous initiatives are being implemented by the trusts, such as, revised carer passports; better signposting and information for carers; ward-based carer champions; the use of volunteer champions; and improved discharge planning and carer involvement. NS has been asked by NHSE&I to present the project at the NHSE&I Carer Collaborative event in July.

Partnership Boards

Carers Partnership Board

The Board continues to scrutinise the implementation of the Adult Carers Strategy through the delivery of the Informal Carers Service, implemented a year ago. The reporting mechanisms developed to enable the five providers to provide the Board with quarterly updates on their work are working effectively. Task and Finish Groups for independent elements of work in relation to the Adult Social Care Modernisation Programme are currently being convened by Cornwall Council, which should lead to CPB involvement over the coming months.

We continue to develop working relations with NHSEI to ensure that we are aware of work undertaken locally to meet the objectives of the NHS Long Term Plan and to ensure that the Board can contribute at a local level. Our Chairs participate at a regional and national level through Carers Collaborative Events, providing sight of both regional and national level work and links with groups outside of Cornwall to share knowledge and best practice.

Tanya Falaschi has engaged with local organisations that we have previously not linked with and represented the Board during Dementia Action Week with a view to gaining a wider range of carers on the Board.

In August the Board will meet at the Venton Conference Centre. Not only will it be the first in-person meeting since the pandemic, it will also be a hybrid meeting, allowing those that can't travel to join online.

Learning Disability Partnership Board and Autism Partnership Board

Although the issues considered by these two Boards differ, the key matters to report overlap.

The Cornwall Council Commissioner that was lead officer for the Boards recently left her post and the current lead is Karen Hooper, Interim Head of Commissioning: Learning Disability, Mental Health and Participation. Karen has been enthusiastic about supporting the Boards so we are optimistic that they will not suffer from the same long-term communicative issues experienced with previous lead.

We continue to hold additional meetings specifically for self-advocates and service users in order to gain the necessary level of input for voices to be heard and to effect change. These in-person events are proving to be highly effective, leading to conversations being held with professionals at Board meetings and also escalated to higher authorities. Subjects include the lack of Autism specific mental health care, support post-diagnosis and communicative issues across health and social care, as well as with the DWP. Feedback has been very positive, with service users recognising and appreciating the support we are providing and the opportunity to input into service design. Two service user meetings to be held at the end of July will allow the Council to engage on the roll-out of ASC strategies at the earliest stage in the process. One concern to highlight is that once the Older Persons PB is again functional, capacity to hold such additional meetings will be reduced.

It was discovered in November last year that in July 2020 Cornwall Council had commissioned The Advocacy People to work with service users to help them to develop the skills to become self-advocates. Part of that contract stipulates that their work should '*include but is not limited to helping people to have their voices heard and influence decisions at the Cornwall and Isles of Scilly Partnership Boards facilitated by Healthwatch Cornwall. The approach that is taken to providing feedback from group Community Advocacy sessions to the Partnership Boards will need to be agreed between the Service Provider and Healthwatch Cornwall in collaboration with Commissioners.*' We had not been notified that this contract had been awarded but proactively approached and began to work closely with The

Advocacy People with a view to assisting them to work with service users to help them to develop the skills to become self-advocates. Such work could be key in ensuring that we have more self-advocates that are empowered to join full Board meetings and, ultimately, co-Chair them. Unfortunately, we have seen no benefit to the link up, with not a single self-advocate being referred to the Boards. A meeting between the PB team, The Advocacy People lead and the Commissioner for the contract will take place soon.

At its recent meeting, the APB agreed to adopt a new logo incorporating the St Piran's flag and the infinity symbol. Whilst this may seem to be a small matter we feel that it has helped to further develop camaraderie within the membership and demonstrated how we hear the voices of self-advocate members. Members of the LDPB have now also been invited to design a new logo and will vote on a winner at the September meeting.

Older Persons' Partnership Board

Following agreement with the previous contract manager and the current membership of that Board, the OPPB was paused as it was felt that there was an overlap with the CPB. It had proven difficult to find a way to focus agendas as the opportunity for influence was so broad and there are no specific strategic leads for older persons.

We have continued to liaise with the contract manager to determine the direction that a reformed Board should take, particularly in light of the evolution of governance structures across the sectors. Having not gained a clear steer, we are currently engaging with partners and attending events with a view to gaining perspective on the key issues affecting people over-65 post-pandemic. On the morning of the next CPB, the Venton Conference Centre will be used to involve older people on how the Board should be shaped moving forward and also for Cornwall Council to engage on the development of services within the ASC Transformation programme.

Other Matters

Tanya Falaschi leads on the engagement side of the PBs, making contacts and reaching out to individuals and organisations that we haven't engaged with previously. As the need for this becomes less pressing, Tanya will lead on engagement with members between meetings, enabling greater focus of specific issues that arise both inside and outside of Board meetings.

The Partnership Boards were represented at both Royal Cornwall Show and Blue Light Day to promote the Boards and encouraging participation by people with lived experience. Two Board Chairs attended and service users join us throughout the events in the newly developed role of 'Community Promoter', helping us to gain contacts for potential new members.

Updates on other issues and projects

Royal Cornwall Show

We had a bigger stand this year and in a prime location, just down from the main entrance. Due to the size of the stand, we were able to have representatives from both KMVP & our Partnership Boards. We offered free tea/coffee/squash/water for those that wanted to have a chat or just rest/breastfeed in a safe space. We had leaflets about Healthwatch Cornwall, our Partnership Boards, information about different services, and A5 cards for our current two projects, Dementia and Mental Health and Suicide Prevention - anyone could also take part there and then. We had a few activities to engage with the public and for the children whilst we spoke with the parents/carers. The team worked really well together and enjoyed spending time together with staff and volunteers but it was very hard work, with very long days and everyone felt exhausted at the end of each day. We spoke to over 750 people, with roughly 95% that had not heard of

Healthwatch Cornwall before. We gave out hundreds of stickers and fuzzy bugs to locals – especially school children - and managed to get some valuable feedback, film some great content for social media, and both ourselves and KMVP also had an increase in social media views/likes during RCS.

We had a full debrief after the event and, among other thoughts and feedback, we have decided that next year we would like to keep the size and location of the stand but have a few bigger activities to draw in more families. We did complain to Royal Cornwall Show about the quality of our stand, as the set up was delayed, one of the sides was very stained, and the floor was rather uneven - they have given us a refund of over £1,000. It was a wonderful three days and we look forward to next year, as always anyone is welcome to attend any of our events.

Integrated Care System (ICS).

I attended the inaugural meeting of the Integrated Care Board – the governing body that replaces the Clinical Commissioning Group. Healthwatch Cornwall is represented on the ICB along with the Integrated Care Partnership (the committee bringing together the key organisations in Cornwall delivering health and social care services). We are also a participant on the Citizen's Engagement sub committee (Jody Wilson).

The first meeting was largely concerned with governance issues – the constitution, financial arrangements, staffing developments and risk matters. The meeting lasted seven hours and had an agenda pack running to several hundred pages.

The second meeting is being held on the day this report is being sent to you so I will update you on that at our Board meeting.

The Citizen's Engagement committee has now been constituted and will meet eight times a year. It has yet to meet but we will update the Board on developments with that.

Prior to the first ICB meeting I attended a two day inaugural conference – True North. This was attended by 75 people from across "the system" in Cornwall over two days. It set out the direction for the ICB with a commitment to change based on the needs of people rather than the ambitions of organisations. The Citizen was central to most conversations and break outs. Attached to this report is a summary of the conference.

Should any Board members wish to have more detailed briefing on ICS matters I will be happy to provide it. This is early days for the ICB so the arrangements for public engagement and perhaps an advisory role for Healthwatch Cornwall are as yet to be defined.

Internal and staffing issues

As I have advised previously employee turnover remains a problem for us. Our Communications and Campaign Manager, Stephen Jopling has handed in his notice to move on to a charity based in London. This is extremely unfortunate as he plays a key role in promoting our work utilising the wide range of communication disciplines. We are advertising for a replacement, and it is important we make an appointment as soon as we can.

The deadline for the annual staff survey has now passed and we will update the Board on the details once I have them. The survey is managed by our employee representative, Sarah Jones, independently from the management team.

Priorities July – October 2022

In addition to on-going reported activity and project management there are a number of additional priorities for our attention over Q1 that include:

- Producing a Healthwatch Cornwall Inclusion Statement – management and team consultation
- Implementation of aspects of Recruitment and Retention Policy
- Recruitment of new Comms and Communication Manager
- Update of signposting to take account of new NHS Cornwall & Isles of Scilly ICB in place of Kernow CCG
- Support with final stages of MHSP project and continue discussions with Commissioners with regards to potential for follow on work.
- Continue to develop understanding and knowledge regarding the ICS local developments, especially with regards to citizen involvement/engagement.
- Support staff with managing workload and balancing capacity.
- Develop Communications and Engagement plan utilising feedback from Team away day.
- End of Life: In cooperation with partners from the hospice and CCG, formalise plans to deliver public EOL research which can be used to inform the Cornwall Palliative and EOL Strategy. This project will include both external funding and collaboration with external research support.
- Support staff with managing workload and balancing capacity to deliver across key projects, digital development work and increasing public awareness of the impact of our work.

MARIO DUNN

CHIEF EXECUTIVE

HEALTHWATCH CORNWALL

July 2022

TRUE NORTH

Ignition Session

Executive Summary

Cornwall and the Isles of Scilly
Integrated Care System

Event summary

On Wednesday 29th and Thursday 30th June, 75 stakeholders and partners from across the newly formed Cornwall & Isles of Scilly Integrated Care System (ICS) came together for two days of collaboration to shape the future health and wellbeing of the county.

The event was formally opened by John Govett and Kate Shields. Stakeholders first reflected on the current context in the county: Meredith Teasdale and Rachel Wigglesworth reminded the group of the Cornwall and Isles of Scilly plan and vision.

The participants then split into four tradeshows to explore:

- The current context of what the ICS in Cornwall and the Isles of Scilly is already doing
- Foreseen challenges & opportunities across the County
- The role of digital in driving health and wellbeing outcomes
- Insights on health systems nationally, and from others across the globe.

The group was then joined by two young people who provided some hard-hitting insights, in poem form, on the challenges of living in Cornwall and some ideas as to what the ICS could do to make it easier.

The participants then engaged in a series of conversations over the course of the afternoon of the first day.

They discussed: what was important to them (personally) in creating a healthier happier Cornwall and then reflecting on what challenges and issues were important to address across the Integrated Care Areas (ICAs) – both in terms of how we operate as a system and population health.

Finally, the group looked at the Cornwall and Isles of Scilly Health and Wellbeing Strategy and captured the key areas that needed to change to deliver the ‘Healthy, Safe Communities’, ‘Healthy Start’, ‘Healthy Bodies’ and ‘Healthy Minds’ the system aspires to. This final piece of work enabled the group to identify a series of key priorities and enablers that would take the ICS forward; and would form the basis of more detailed conversations over the course of the event’s second day.

Key event outputs

Together we agreed our collective aim: *Connected, healthy, caring communities for One and All*					
Recognising the purpose of all ICSs nationally is to:	*Improve outcomes in population health and healthcare.*	*Tackle inequalities in outcomes, experience and access.*	*Enhance productivity and value for money.*	*Help the NHS support broader social and economic development.*	
We also agreed five priority programmes of work to deliver our aim and support our purpose as an ICS. The work proposed in these five areas will drive the achievement of our aim and objectives and be managed through the governance of the ICB	***Person at the Centre:*** *Every conversation will be honest and starts with 'what matters to you?'*	***My Place:*** *Creation of transdisciplinary, flattened hierarchy, citizen centered approach that is so good nobody can change it! The closer to the citizen, the more effective and the more innovative we can be. Live / Eat / breath subsidiarity – it starts and ends with the citizen!!*	***Finance Strategy for Channel Shift:*** *We have enough money, but are we spending it in the right way? Driving out inefficiencies to further invest in prevention.*	***Population Health Management (PHM):*** *Focusing on data to better enable the system support the people of Cornwall and the Isles of Scilly. Ensure they feel listened to, see actions leading to improvements, feel supported to keep healthy, feel their care is integrated and they are at centre.*	***Employment:*** *Building & retaining a health and care workforce, fit for the future, from our local communities.*

Our strategic priorities and key enablers (in detail)

The following slides capture the detail of the work achieved on what our strategic priorities need to be, and how we can deliver them.

Also captured is the detail around the two key enablers we focused on for the ICS as it moved forward and our communications approach post the event.

Cornwall and the Isles of Scilly Integrated Care System

Defining our strategic priorities and how we will deliver them – Person at the centre

Definition of this strategic priority	Every conversation will be honest and starts with 'what matters to you?'	**The work that needs to be done within 5 years**	Records that capture what matters to people (outcomes and impact) and generate a single shared truth Education on wellbeing – selfcare We share the gift of time, not ration it
Five years from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	• More people feel they live in compassionate, inclusive communities • Warm, fed, healthier, safer, happier, valued, respected with their needs met in their place when appropriate(valued, included, achivment) • Qualitative and quantitive research / evidence which support actions and decisions and based on achieving the shared truth		
Five years from now, we will know we are successful because…	Make the order of importance about patient outcome 'service is vehicle together • People closest to the issue design, deliver and measure the effectiveness of services ✓ People ✓ Community ✓ Workforce • We have improved mental, physical, social and emotional wellbeing • We have one system which allows people to access information and evidence • We are on our way to achieving net zero through more services delivered at place • Our workforce culture has evolved and "what matters to you" + "I don't know, but I know who knows" are at the heart of our practice	**The work that needs to be done within 1 year**	• "You said… We did…" • Common language – non jargon, no TLAS • Shared intelligence unit • Re-engineer the pathways we have in place to change from "system pathway" to person's journey • How many touch points are there?!! • Champions of change and training for our workforce • Communication of "the change"
One year from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	More people feel included and heard We talk about journey's and living our lives Language which everyone understands	**What we must stop doing to enable this work**	Agree to: Remove all organization plans and develop just ONE PLAN and one system Language is inclusive and non-judgmental Data and information Stop using local practices and policies as an excuse no to change Allowing contracts to trump service change Stop confirming and start challenging and asking for support from NHSEI Stop being patronising and tokenistic in how we involve people closest to the issues Stop being paternalistic / parental in how we treat people
One year from now, we will know we are successful because…	• One plan, one system • Removal of ALL the local practices and policies that stop action • Our workforce understands their own power and privilege and how this bias / experience affects practice		
Metrics	Feedback on experience – people / families / carers (use viva to measure and collect people's stories as well as quantifying experience) – workforce		

Defining our strategic priorities and how we will deliver them

My Place

Definition of this strategic priority	Creation of transdisciplinary, flattened hierarchy, citizen centered approach that is so good nobody can change it! The closer to the citizen, the more effective and the more innovative we can be. Live / Eat / breath subsidiarity – it starts and ends with the citizen!!	**The work that needs to be done within 5 years**	1. Workforce ICA to include third sector - Well-being - Retention - Recruitment - Appropriate staff 2. Embed personalised care 3. Population / community understanding (qualitative) 4. With evidence towards equity robust BI and methodology 5. Evidence to allow flows → delegated authority 6. Innovation / system BI (quantitative) 7. Reduced CO_2 footprint
Five years from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	• Not handed off • Empowered – golden thread – what matters to you? • Safe • Working together around and for them • Driven by equality – not just health! Clarity of decision making • Clear route of access to help		
Five years from now, we will know we are successful because…	• Physical and mental heath / wellbeing improvement • Empowered / motivated staff to do the right thing • Co-located • "One Team" couture & risk management • User / Carer / Practitioner well-being improved • Innovation is easy and focus on positive outcomes • Called out the elephant of the silo (finance / governance) – have we got a JCB big enough to smash them down?	**The work that needs to be done within 1 year**	1. Understanding community (to include Core 20 plus 5 strengths / assets) 2. How – speaking to citizen ✓ People proximal to Problem ✓ What works/ trial/ Feedback 1. Organisational challenges understanding → 'ONE TEAM risk Mx' 2. Enforced sharing appropriate data 3. Agree appropriate ICA outcomes 'whole ' ICA outcomes 4. Understand financial flows / transparency / inceptives 5. Co-location of team
One year from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	• Safer • Heard • Informed • Connected / transparent • I've not had to repeat myself!		
One year from now, we will know we are successful because…	• Enforced sharing data • Team mapped to populations • Core 20 plus 5 - woven into all decision making, finance & resource use - connected - action! • Built resilience into community to support system priorities • Co-location / continuity of relationships • Environment built into every decision	**What we must stop doing to enable this work**	Focus shift → community and prevention Silo mindsets Diminish organizational pull → citizen

Defining our strategic priorities and how we will deliver them – Finance strategy for channel shift

Definition of this strategic priority	We have enough money, but are we spending it in the right way? Driving out inefficiencies to further invest in prevention	**The work that needs to be done within 5 years**	• Share our understanding of health and social care resources including where money is spent (source of funds) • Programme spend info • ICA level information (resources, spend etc.) – 3 months time! • Develop strategy – operating model and underlying cost model and establish programme to deliver this model • Comprehensive comms and engagement plan for workforce (health, care, VCSE) and public about why and what future looks like • System wide projects with defined projects • Check that PIDs address inequalities, focus on prevention etc. Do they align with new direction of travel? • Rapidly establish programme for being more effective and efficient – people in the right/wrong place
Five years from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	• The population is more aware of its health and wellbeing and there are places to go for help (beyond the NHS)		
Five years from now, we will know we are successful because…	• We are not talking about money ☺ • Resources are deployed closer to people in their communities • Can see the impact of the levelling up money • We can see the change for core 20 plus 5 cohorts	**The work that needs to be done within 1 year**	• Review results of efficiency programme – roll out, expand • Establish and deliver an estates strategy • Use of technology as alternatives to e.g. face to face appointments, hospital stay (virtual ward) • ICAs have matured – can plan and deliver care/support for their population • Time integration of health, care, VCSE to a single support offer
One year from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	• We have a clear definition of what the services look like including LHC spend etc., prevention (via e.g CFT) • Our workforce will be confident in our plan and that they can influence it • A more integrated NHS • People know where to go for help e.g. community hubs		
One year from now, we will know we are successful because…	• We have a clear care/service strategy (supported by a financial strategy) • We have regular information (an operational dashboard & PHM data including comparisons with other areas) for ICAs to make decisions – who is using which services currently and what is the cost? • ICAs resourced to be able to look at this and do something with it (using existing people and skills) • We will be able to describe why we need to make changes • We are more effective and efficient • Inefficiencies – can we identify who is in the right/wrong place and improve this? • Future operating model and underlying cost model • Risk management – shared decision making and shared risk • We look at finances across health and social care • Understand and influence levelling up money • X % of ICA spend is operating under a shared risk arrangement • Keep countywide overview (to avoid postcode lottery)	**What we must stop doing to enable this work**	• Be more proactive (not reactive) • Stop behaving as individual organisations

Defining our strategic priorities and how we will deliver them

Population Health Management (PHM)

Definition of this strategic priority	Focusing on data to better enable the system support the people of Cornwall and the Isles of Scilly. Ensure they feel listened to, see actions leading to improvements, feel supported to keep healthy, feel their care is integrated and they are at centre.
Five years from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	• Democratise data – enforce data sharing? What data / with whom – for PHM, for citizens • Citizens feel listened to and they see actions leading to improvements • Feel supported to keep healthy • Feel their care is integrated and they are at centre – personalised interventions • Services designed that allow rapid access where and when citizens want
Five years from now, we will know we are successful because…	PHM embedded and we understand its use and benefits – owned by the citizens Services specific to people's needs will be visible in their community Local leaders will know what their communities are doing locally to improve HI Citizens will see innovative services being developed We have the capacity to design services that serve our communities We can evidence the improvements and value of prevention and address health inequalities
One year from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	ICA HI budget → people in localities will understand how PHM is influencing local services Behavioural insights inform comms and public engagement We know who the 20 + 5 are. We know our hidden communities
One year from now, we will know we are successful because…	PHM is influencing CIOS development / strategy and allocating resource as a result (informs DOH and local funding We have specific examples of success that are celebrated in their communities – local councilors PCN / ICA level We will use our communities to decide what's most important to them e.g. target a community rather than a disease Data is believed by all and used routinely – proactively to inform preventative actions We have developed local skills and resource that are resilient

Defining our strategic priorities and how we will deliver them

Population health management (PHM) continued

The work that needs to be done within 5 years	1. Shared care record in place across health, social care and VCSE 2. PHM dashboard accessible to system, services, citizens – used for action 3. PHM has identified "Core 20 + 5" population and changed allocation of resources to improve equity – changing prioritisation 4. Evaluated and evidenced the value of PHM approaches - Changing demand - Identifying and acting on need - Improving health inequalities / Core 20 + 5
The work that needs to be done within 1 year	7. Agreed how we share risk to stop things to invest in PHM approaches → enable universal proportionalism approach to resource allocation 6. Ensure PHM data is informing system operating model design and cost model 3. Shared care record in place (phase 1) - Primary care - CFT - UHP - RCHT } Appointment data 4. PCN PHM test beds: • Invest in capacity / capability in test beds • Identify and make available existing data 5. Create a single BI / PHM unit • Data science and analytics • Community engagement and research (Qual) 1. Clear commitment and strategy, allocated resource and PHM performance report / dashboard for PHM at ICB / system level → PURPOSE - Demand management & Health inequalities 2. Our system leadership understand PHM
What must we stop doing to enable this work	• Stopping 'pet projects' that are not aligned to PHM strategy • Stop making decisions about services without understanding - PHM data, Experience of communities, Engagement in service design • Stop doing 'bull shit reporting' → from activity reporting to PH analytics • Stop prioritising in year cost saving over longer term PH improvement

Defining our strategic priorities and how we will deliver them

Employment

Definition of this strategic priority	Building & bind a health + care workforce, fit for the future, from our local communities.	**Builds**
Five years from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	→ Work collaborate with Wales + explore opportunities → Wales + Northumberland models	• Language 'health and care'; • Single workforce • Flexibility in deployment • Role definitions • Too restrictive • Respecting disciplines • Deploy flexibly • Joined up pathways from care • Demonstrating how roles are valued • Benefits , trainings • Volunteering in employment is health outcome in itself • Specification into employment pathways • Comparable contract not single employer • Agency and bank – S**t bust • Different Workforce model to pay for • Digitalisation effect on work / roles etc • Understanding how to use the bank • Different approaches to different sector of workforce • ' Bind' strategy – benefit of our careers • Cultural approach • The same values outside and inside – personalised • Marketing our careers
Five years from now, we will know we are successful because…	We will collaborate rather than compare with an economic employment model across health and social care that offers an equitable reward. → Measure investment in workforce see shift from acute → Community →Primary → (Hospital)	
One year from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	→ Engage with (* CARE CADET)- schools + educations with council to promote to colleges/ schools, the career and experience opportunities → Link into DOE Voluntary / skills	
One year from now, we will know we are successful because…	• Economic model that link the cost of health + social care in the population, equity in terms of reward • GO LARGE OR GO HOME, the only way we could afford the employment cost of ' levelling up' is to take cost out of agency and expensive health and care. • Economic model to ensure that training + education opportunity are available + mandatory • Promote Scholarship opportunities → 2 years golden handcuffs	

Defining our strategic priorities and how we will deliver them

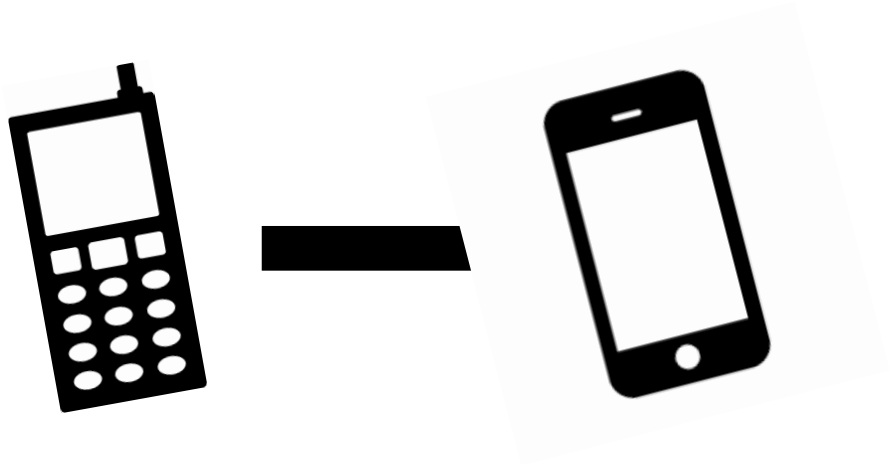
Employment continued

The work that needs to be done within 5 years	
The work that needs to be done within 1 year	1. Future Workforce Plan – influenced by integrated clinical plan / social care plan with workforce plan (transform how we do the planning) → the people outcome of this is people doing work they love to do 2. Sort out our approach to key worker housing 3. Transform recruitment practice by thinking like an 18 year old! - 90 days to 2 days - Passport - Role definition - Marketing 4. Appraisal→ training 5. Sort the delivery team with capacity to do the work 5. Make or buy data analytics capacity Creating capacity for change is our #1 problem Sort the delivery team with capacity to do the work
What we must stop doing to enable this work	- Stop loosing our staff - Stop disengaging our staff - Be efficient with meetings - Streamline governance - Stop competing with each other - Stop fudging the numbers on workforce requirements - Single view of the truth on finance / workforce numbers - But still needs capability to take the actions

Defining our strategic priorities and how we will deliver them

Our aim

Connected, healthy, caring communities for One and All



Blow your socks off like the iPhone

How will we take this forward?

- Be brave and accept that we need to change
- Risk appetite and ambition are linked and we need to ensure that everyone is on the same page
- Understand what is holding people back and ask regularly so that any blockers (layers of process and people holding others back) can be addressed
- Comms and buy in and branding to ensure that the aim is embedded within the system and drives change by being at the heart of every decision
- Share what we do well – culture
- Drafting design principles that sit behind this, it is important that we include communities within this process
- Mandating information transfer across systems
- Ensure we are heard – what do we stop, unblock, just do?
- Clarity around impact for each task that our people do
- Ambition to ensure that the top 12 service lines become completely reengineered – what they want and enable that
- Evidence driven →best practice sharing
- Everything is routed in place (investment in their time and resources), some will be outside of this (universal services)
- Cost of change, financial plan (workforce, tech)
- Equality check
- How do we incorporate environment?
- How are we doing against this? Health check
    - Are things getting better?
    - Baseline – staff survey, community survey
    - Active workforce and community engagement and representation
- Reflect on how we get people onboard and engaged
- How do we build in global best practice?

Defining our strategic priorities and how we will deliver them

How we work together

What do we need to do or do differently in order to work better together?

Compassion & Communication
Working with the citizen as part of the ecosystem of Team Cornwall & Isles of Scilly
We must show every day that we have Cornwall's back
Remember how I made you feel even if you cannot recall what I said: authenticity & integrity
We = all of Kernow

Culture
Culture f trust and integrity – permission given to move away from fear and blame Really living by the principles of freedom to speak up is everyone's freedom of professional compassion
This is a daily quest, it will never be a 'job done'

Behaviours
- To hold our nerve & truly share risks, no matter how much we are 'banged from above' and below – compassionate buffers because stressors are our reality
- Do as we would be done by in everything done by each of us
- Shows everyone how important health and social care and voluntary professional services are, how proud we all are, of our work and our colleagues and our outcomes
- For those examples of which we hear, where things do not sound quite right, take time to find out, to seek to find the facts which allow compassionate feedback then share those stories with all

Communication
- Transparency across our population
- Honesty that builds trust and reduces fear
- The right sort, in the right way with follow through which Involves listening, understanding, explaining and acting
- Balance

Actions

❖ Rules and guidance are needed but they need to surface from a pool of compassionate iterations
- No wrong door

❖ Go out, ask for honest appraisal and then do follow through on what we hear
- Working that involves meaningful contacts, not multiple contacts
- Efficient use of time: everyone's is precious
- Local 'red tape' campaign
- More doing, less talking

❖ Start to change the language:
  - Talk of 'our' patient / person not 'your' patient
  - Call our referrals a 'request for help'?
  - Every role profile will include all our agreed values
- Cohabitation: mental health service shares its space with Devon & Cornwall Police (the CCG shared space with the LMC that paid off)

- Ego – let go of the ego / power outage

❖ Starfish – make a difference to this one

Moving our conversations forward

Communication

Five Key Messages

1. We, the leadership from Cornwall, came together to agree an aim and framework for the future – focused on the people of Cornwall and Isles of Scilly
2. This was different because we came together for the greater good and have been collaborative and open
3. We have a big ambition – connected, healthy, caring communities for One and All
4. It's not going to be easy – it's a joint commitment to deliver our priorities
5. Judge us not by what we say but what we do

Inform

Traditional

Formal comms and plan

Engage

1) Every leader (here) to engage their own teams / stakeholders
2) Invite further dialogue
    - Listen
    - Engage
3) Use our aim – anchor
    - Check back and test
4) Meet every 6 months – guiding coalition