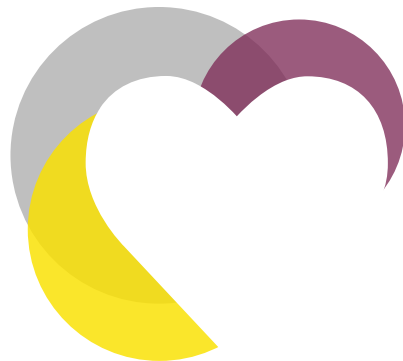


TRUE NORTH



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*

<p>Recognising the purpose of all ICSs nationally is to:</p>	<p><i>Improve outcomes in population health and healthcare.</i></p>	<p><i>Tackle inequalities in outcomes, experience and access.</i></p>	<p><i>Enhance productivity and value for money.</i></p>	<p><i>Help the NHS support broader social and economic development.</i></p>	
<p>We also agreed five priority programmes of work to deliver our aim and support our purpose as an ICS.</p> <p>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</p> <p>High level plans with key metrics and milestones were also developed for each of these five priority programmes, although these will require further work, an SRO, resources and formal agreement.</p>	<p>Person at the Centre: <i>Every conversation will be honest and starts with ‘what matters to you?’</i></p>	<p>My Place: <i>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!!</i></p>	<p>Finance Strategy for Channel Shift: <i>We have enough money, but are we spending it in the right way? Driving out inefficiencies to further invest in prevention.</i></p>	<p>Population Health Management (PHM): <i>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.</i></p>	<p>Employment: <i>Building & retaining a health and care workforce, fit for the future, from our local communities.</i></p>

We also agreed: how to better work together, looking at how we show compassion, how we communicate, our culture and our behaviours.

The following slides capture the work in more detail.





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.



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?	<ul style="list-style-type: none"> • 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 quantitative 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...	<p>Make the order of importance about patient outcome ‘service is vehicle together</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • “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?	<p>More people feel included and heard We talk about journey’s and living our lives Language which everyone understands</p>	What we must stop doing to enable this work	<p>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</p>
One year from now, we will know we are successful because...	<ul style="list-style-type: none"> • 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	<ol style="list-style-type: none"> 1. Workforce ICA to include third sector <ul style="list-style-type: none"> - 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 CO₂ footprint
Five years from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	<ul style="list-style-type: none"> • 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...	<ul style="list-style-type: none"> • Physical and mental health / wellbeing improvement • Empowered / motivated staff to do the right thing • Co-located • “One Team” culture & 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	<ol style="list-style-type: none"> 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?	<ul style="list-style-type: none"> • Safer • Heard • Informed • Connected / transparent • I’ve not had to repeat myself! 		
One year from now, we will know we are successful because...	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • The population is more aware of its health and wellbeing and there are places to go for help (beyond the NHS) 	The work that needs to be done within 1 year	<ul style="list-style-type: none"> • 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
Five years from now, we will know we are successful because...	<ul style="list-style-type: none"> • 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 	What we must stop doing to enable this work	<ul style="list-style-type: none"> • Be more proactive (not reactive) • Stop behaving as individual organisations
One year from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	<ul style="list-style-type: none"> • 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...	<ul style="list-style-type: none"> • 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) 		



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?	<ul style="list-style-type: none"> • 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...	<p>PHM embedded and we understand its use and benefits – owned by the citizens</p> <p>Services specific to people’s needs will be visible in their community</p> <p>Local leaders will know what their communities are doing locally to improve HI</p> <p>Citizens will see innovative services being developed</p> <p>We have the capacity to design services that serve our communities</p> <p>We can evidence the improvements and value of prevention and address health inequalities</p>
One year from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?	<p>ICA HI budget → people in localities will understand how PHM is influencing local services</p> <p>Behavioural insights inform comms and public engagement</p> <p>We know who the 20 + 5 are. We know our hidden communities</p>
One year from now, we will know we are successful because...	<p>PHM is influencing CIOS development / strategy and allocating resource as a result (informs DOH and local funding)</p> <p>We have specific examples of success that are celebrated in their communities – local councilors PCN / ICA level</p> <p>We will use our communities to decide what’s most important to them e.g. target a community rather than a disease</p> <p>Data is believed by all and used routinely – proactively to inform preventative actions</p> <p>We have developed local skills and resource that are resilient</p>

Defining Our Strategic Priorities and How We Will Deliver Them

Population health management (PHM) continued

<p>The work that needs to be done within 5 years</p>	<ol style="list-style-type: none"> 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 <ul style="list-style-type: none"> - Changing demand - Identifying and acting on need - Improving health inequalities / Core 20 + 5
<p>The work that needs to be done within 1 year</p>	<ol style="list-style-type: none"> 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) <ul style="list-style-type: none"> - Primary care - CFT - UHP - RCHT <p style="margin-left: 150px;">} Appointment data</p> 4. PCN PHM test beds: <ul style="list-style-type: none"> • Invest in capacity / capability in test beds • Identify and make available existing data 5. Create a single BI / PHM unit <ul style="list-style-type: none"> • 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
<p>What must we stop doing to enable this work</p>	<ul style="list-style-type: none"> • Stopping ‘pet projects’ that are not aligned to PHM strategy • Stop making decisions about services without understanding <ul style="list-style-type: none"> - 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
<p>Five years from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?</p>	<p>→ Work collaborate with Wales + explore opportunities → Wales + Northumberland models</p>	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • The same values outside and inside – personalised • Marketing our careers
<p>Five years from now, we will know we are successful because...</p>	<p>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)</p>	
<p>One year from now, what difference will the people of Cornwall and Isles or Scilly see? How will they feel?</p>	<p>→ Engage with (* CARE CADET)- schools + educations with council to promote to colleges/ schools, the career and experience opportunities → Link into DOE Voluntary / skills</p>	
<p>One year from now, we will know we are successful because...</p>	<ul style="list-style-type: none"> • 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

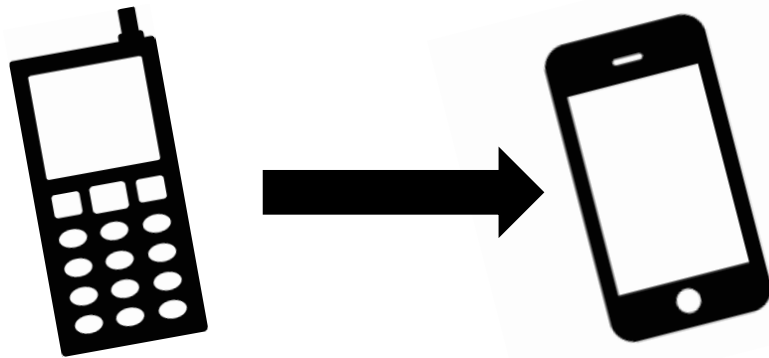
Employment

<p>The work that needs to be done within 5 years</p>	
<p>The work that needs to be done within 1 year</p>	<ol style="list-style-type: none"> 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! <ul style="list-style-type: none"> - 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 <p>Creating capacity for change is our #1 problem Sort the delivery team with capacity to do the work</p>
<p>What we must stop doing to enable this work</p>	<ul style="list-style-type: none"> - Stop losing 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?

<p>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</p>
<p>Culture Culture of 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'</p>
<p>Behaviours</p> <ul style="list-style-type: none"> • 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
<p>Communication</p> <ul style="list-style-type: none"> • 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

