

SOF Assurance Report

March 2018

Senior Responsible Officer: Kathy Byrne

Programme Director: Tracey Lee



Reporting Period

March 2018

Overall Portfolio Summary

1. Developing the emerging model of community based care

A new Programme Director has been seconded to lead the Model of Care programme. A review of the existing projects under the Model of Care programme has been completed and the Programme Director is in the process of re-allocating existing resource to ensure that each project has a dedicated Project Lead with sufficient capacity, with a particular focus on securing sufficient capacity for the Re-ablement & Rehabilitation project. Each of the Project Leads are in the process of clarifying their plans for 18/19 with a request that time, effort and initial attention is prioritised to what can be tested and achieved ahead of, and during winter, 2018. The objective here is to build additional capacity, contain demand and construct an evidence base to justify long term service change. Leads have been asked to ensure 2018/19 planning guidance and local Annual Operating Plan priorities are reflected in their project plans. In parallel to this the Terms of Reference for the Model of Care Delivery Group are being reviewed.

At the time of writing six of the seven wave 3 co-production workshops have been completed with the snow events causing some delay. Recent poor weather has meant that the rescheduled workshop on the Isles of Scilly was again postponed and a new date has been set for the 26th April. Planning for the next phase of engagement, provisionally timed for late May and pre-consultation engagement with wider stakeholders before summer holidays will now start.

2. Integrated Care System Developments

During March Cornwall Council's Cabinet, the Council of the Isles of Scilly, NHS Kernow Governing Body and NHS England have reviewed the options. All commissioning organisations have signalled an ambition to move towards option 6 (a joint delegated committee arrangement). It has been acknowledged that there is a need to progress to this final state in a considered and timely manner with the utilisation of gateway checks to confirm that all organisations are content that all required parameters to proceed have been achieved. A work plan for 2018/19 to progress this approach is currently in development.

An outline proposal setting out the case for change and transition arrangements for the Integrated Care Partnership (ICP) during 2018/19 was discussed with provider organisations during February and March. This included a single co-ordinating leadership structure. The ICP mobilisation group are using feedback to refine the leadership structure and the developmental work plan for 2018/19.

3. Devolution

Health and social care devolution is one of a number of propositions to Government within the draft 'New Frontiers' document which has been developed over the last four months. *New Frontiers* is a proposition to Government for a series of inter-linked devolution, fiscal and policy enablers to be transferred to Cornwall and the Isles of Scilly. Its main purpose is to outline a series of 'asks' and 'offers' to Government that taken collectively will improve the economic, environmental and social resilience of Cornwall and the Isles of Scilly.

The *New Frontiers* document includes a chapter on 'Health and Social Care Integration', which emphasises those aspects of devolution which will contribute to our economic resilience post Brexit. The document is being presented to the SoF Transformation Board for endorsement.

Senior HM Treasury colleagues visited Cornwall on 27 March at the Council's invitation to explore our plans for strengthening our economy and for transforming public services –with a particular focus on health and social care integration. There was a great deal of interest from the Treasury in the work taking place in Cornwall, and how devolution could act as a strategic driver for change.

4. Project delivery framework and gateway approval process

To help the system facilitate the changes necessary to achieve operational and financial sustainability the SoF PMO has developed a delivery framework and approval gateway process for agreed system priorities. The framework provides a methodology and the mechanisms by which we identify, scope, plan, deliver, monitor and control the delivery of business change, as well as ensuring the conditions for the delivery of project benefits. A gateway approval process within the delivery framework will ensure that each project or potential project (the first three stages are all part of the approvals process for potential new projects) has been properly evaluated, scoped and planned at key points in the project lifecycle. It is essential that we properly define and evaluate each potential project in order to avoid wasting resources on abortive work for projects which ultimately prove not to meet our priority objectives or are undeliverable. The SoF PMO is co-ordinating gateway 1 reviews for each of the turnaround priorities in April. At this review each project will be assessed against:

- The potential quality and financial gains
- Workforce impact
- Cost of delivery and timescales for implementation and realisation of benefits

The recommendations from the gateway 1 reviews will be ratified by the Portfolio Board on the 27th April.

5. SoF Leadership Forum

The first System Leadership Forum meeting was held on the 27th February. The Forum is an opportunity for Board and Cabinet members to meet together informally to learn, discuss and develop our common vision for health and care in Cornwall and the Isles of Scilly, as discussed at the last Transformation Board. The first meeting reiterated the case for change, provided an update on SoF developments and set the scene for the system priorities in 2018.

A second Leadership Forum was held on the 12th March when colleagues from North Cumbria were in Cornwall to share their experiences of developing an integrated care system.

6. Visit from North Cumbria STP

Senior representatives from the integrated care system for North Cumbria visited Cornwall earlier this month to share their improvement journey, and their approach to developing integrated care approaches. There were opportunities for executives, board members and Clinical Practitioner Cabinet members to meet with the visiting team. They were honest and insightful, and there is much to reflect on following their visit.

7. Resources

Following approval at the last Portfolio Board we are extending the contracts of individuals employed on SoF work who are on fixed term contracts into 2018/19. The SoF PMO has met with System Leads to review the leadership and resources for each of the projects within their respective portfolios. System Leads are also in the process of confirming Executive and Project Leads for taking forward each of the turnaround priorities. As in 2017/18 the principle remains that we re-prioritise existing resource to support delivery of priorities under Shaping our Future as the new 'business as usual'.

8. System Governance

Since the last meeting of the Transformation Board, the Planned Care Board has become established and the inaugural meeting of the Strategic Digital Board has taken place, as part of the SoF revised governance arrangements previously reported to the SoF Transformation Board.

Project Status	GREEN – Under control and within tolerance AMBER – Out of tolerance and with a plan in place to bring back under control RED – Out of tolerance with no current approved plan									
Overall RAG status for portfolio	Programme	System Lead	SRO	Sep	Oct	Nov	Dec	Jan	Feb	
	Prevention	Jackie Pendleton	Caroline Court	Yellow	Yellow		Yellow	Yellow	Yellow	
	Primary Care	Jackie Pendleton	Andrew Abbott & Peter Stokes	Yellow	Yellow		Yellow	Yellow	Yellow	
	Integrated Care in the Community	Jackie Pendleton	Julie Dawson	Red	Red		Red	Red	Red	
	Urgent Care	Jackie Pendleton	Karen Kay	Yellow	Yellow		Yellow	Yellow	Yellow	
	Pathways	Phil Confue	Ethna McCarthy	Red	Red		Red	Red	Red	
	Outpatients	Phil Confue	TBC	Red	Red		Red	Yellow	Red	
	Specialised & Vulnerable Services	Phil Confue	Gordon Frame	Red	Red		Red	Red	Red	
	Provider Reform (ICP)	Kathy Byrne	Judith Dean	Green	Green		Green	Green	Yellow	
	Integrated Strategic Commissioning	Kate Kennally	Helen Childs	Green	Green		Green	Green	Green	
	One Vision	Trevor Doughty	Jack Cordery	Yellow	Yellow		Yellow	Yellow	Yellow	
	Estates	Jackie Pendleton	Garth Weaver (under review)	Green	Green		Green	Yellow	Yellow	
	Workforce	Phil Confue	Adrienne Murphy	Green	Green		Green	Green	Green	
	Digital	Kate Kennally	Steve Trowell	Red	Red		Yellow	Yellow	Yellow	

	Exception Report – Projects reporting RED
Integrated Care In the Community	<p>The project is reporting red due to the challenges for organisations in supporting this system programme in terms of clinical/professional/analytical and business change manager input due to substantial and on-going day-to-day organisational operational pressures in 2018/19.</p> <p><u>Rehabilitation, reablement, recovery:</u> Capacity issues have meant that work to progress the development of the system wide reablement, rehab and recovery model is significantly behind schedule. Discussions are currently taking place to ensure that the new Project Lead has sufficient capacity to progress the project at the pace required. The team are also looking at opportunities to bring in external support to accelerate the work. A tender process is required for the proposed clinical utilisation audit and will further delay securing this information. This will affect timescales for option development in the Rehabilitation, Reablement and Recovery project.</p> <p><u>Integrated Care Team:</u> Whilst progress is being made across localities in developing the model for integrated care teams the recent focus on personalised care and support plan project has diverted resource from the MDT development work. However, focus is now being placed on the Integrated Care Team work in an effort to accelerate change to directly impact on 2018/19 winter pressures.</p> <p><u>Personalised Care and Support Plans:</u> Although good work has been carried out within Cornwall Foundation Trust (CFT) to move to a single care plan, engagement and agreement is required across the rest of the system in respect of both documentation and the processes required to manage the plans. Focus has been applied to move this project forward and resources to develop a project plan and form a working group has been diverted from the Multi Disciplinary Team work.</p>
Pathways	<p>Pathways is RED rated as delays and shortfalls in resourcing have resulted to delays in the progress on the next wave of priorities. The Pathways Board is now adopting a more agile approach, with improved links to operational teams to adopt best practice, adopt small tests of change, and development pathways in stages rather than whole system approach – except where there is a clear case for the latter.</p> <p>MSK Hip and Knees: The MSK case has been presented to and supported by the Planned Care Board. Funding is expected from April 2018. Savings are expected to be delivered after a 6 month development phase; the main issue is the development of the IT infrastructure. The project manager has continued to develop materials to support the development of IT and patient flow across the pathway.</p> <p>Funding from 17/18 budgets had been identified to support the IT developments to support the pathway however the money needed to be used before March 31st in accordance with NHS accounting procedures. This timeframe is not sufficient in view of the technical complexities involved with the IT solution. £81,000 will now need to be sourced in 18/19 to progress with the IT development to support the pathway.</p> <p>The start of the project manager allocated by NHSK to take on the implementation of the hip and knee pathway has been delayed from January. We are optimistic that she will commence later in March, this will ensure continuity in project management when the current lead moves on (May 2018).</p> <p>Cardiology: A draft business case for the transfer of patients on the Rapid Access Chest Pain Service to CT Angiogram was presented at the Pathways Programme Board on 2nd February 2018. This element of the pathway will now be handed over to Royal Cornwall Hospital Trust for implementation. The project manager is preparing a handover document for RCHT’s Medical Director. A part time project manager from NHSE has been sourced to support work on cardiac risk factors commencing in March 2018. An assignment brief has been prepared which is being shared with NHSE.</p>

	<p>Diabetes: A project manager to progress work on diabetes has been allocated to the Commissioning Manager from NHSE, taking up post in March 18. The additional Diabetes Specialist Nurse is appearing to make a difference to the level of errors in prescribing and administration errors for inpatients, however, more data is required before any conclusion can be made. There has also been an increase in the uptake of self-medication whilst in hospital. On-going education of nursing and medical staff is not improving performance. The specialist nursing team are looking into technological means of improving identification of type 1 diabetes in the ED department.</p> <p>Virtual diabetic clinics have been rolled out across Penwith, North and South Kerrier. There are some technology issues in further implementation in Newquay and Falmouth which is being reviewed by NHS Kernow. There is still work to do to encourage uptake for St Austell area and North Cornwall. The diabetes prevention programme continues to over deliver on recruitment, however as expected recruitment has slowed. Additional communications with primary care are planned to ensure recruitment is maintained.</p> <p>NHS Kernow has commissioned a further 200 cases of Patient Activation Measures (PAMs) for diabetics from community pharmacy. This is being targeted to patients known to have had ketoacidotic episodes. The intervention is intended to improve patients' ability to self-care. The initial study of 300 patients is being evaluated by the CSU.</p> <p>Trauma and Injury: A project manager has been identified to recommence the Trauma and Injury work stream by NHS Kernow. Work has commenced with data exploration and research of best practice models. Proposals for emergency falls vehicles are being developed. The primary purpose is to respond to fallers at home and avoid admissions. Also being progressed is delivery of the NHS England 2017 Quality Standard 'Falls in Older people' strategy which emphasises multifactorial assessment and personalised interventions alongside a falls prevention service working across providers.</p>
Outpatients	<p>Transformation of outpatients has been prioritised by System Leaders for 2018/19 to ensure services are fit for purpose and able to meet future needs, tailored to the each of our localities. This will challenge how outpatient services are best delivered in the future across primary, secondary and tertiary care. At the time of writing an Executive Lead and Project Lead to take forward the development of proposals have yet to be confirmed. This has been escalated to the System Lead. The completion of the Discovery phase and the gateway 1 review of outline proposals is due to be completed by the end of April.</p>
Specialist and Vulnerable	<p>The status is deemed to be RED as the plan for taking this work stream forward is not yet developed. Helen Childs will oversee the Strategic Commissioning aspects from a CCG perspective, with Paul O'Sullivan leading from a Devon, Cornwall and Somerset regional view. NHS England will provide the national strategic direction. At this stage we are not in a position to provide a definitive update as this process is still evolving and Specialised Commissioning will remain with NHSE during the shadow year</p> <p>The CCG is leading on the Clinical Services Review (Vulnerable Services).</p> <p>Specialist and vulnerable services will now be reviewed by the Planned Care Board under the revised governance arrangements.</p>