



## Summary report

<b>Name of meeting</b>	<b>Senate Board</b>
<b>Meeting date</b>	<b>16<sup>th</sup> July 2020</b>
<b>Agenda item (#7)</b>	<b>STP/ICS accreditation update &amp; System Leader role update</b>
<b>Presented by</b>	<b>Chair</b>
<b>Purpose of report</b>	<b>A STP/ICS update re progress towards becoming an ICS and also the creation of a future System chief executive officer (CEO) role</b>
<b>Recommendations</b>	Members are asked to note: <ul style="list-style-type: none"><li>• The progress of our STP towards being an accredited ICS in Autumn 2020</li><li>• The development of CloS System Chief Executive role</li><li>• The proposed job description and interview process for the System Chief Executive role (with support for NHSE/I) will be shared at the next System Board meeting and feedback provided to the October Senate</li></ul>
<b>Engagement and consultation</b>	Discussions taking place with chairs, chief executives, sovereign boards, councils and the regional NHSE/I team.
<b>Date of next meeting</b>	Next Senate: 15 <sup>th</sup> October 2020.

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## 1. Progression towards CloS STP becoming an accredited ICS

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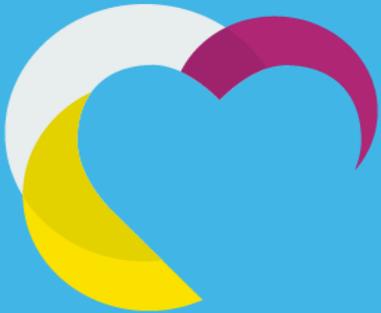
- 1.1. NHSE/I has indicated they are pleased with our progress and our governance changes and arrangements in Cornwall & IoS (CloS) and, if we continue our progress, we may wish to apply to be moved from being an STP to becoming an accredited ICS during the Autumn 2020 cohort.
- 1.2. See attached report into our Progress towards becoming and ICS recently shared with NHSe/i Region (prepared by Tracey Lee).

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## 2. System Lead

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- 2.1. Back in March 2020, pre covid, the System Leadership group had discussions around the options for a System Chief Executive Lead (or not). Tracey Lee was asked to speak with each of the System Leaders at the time.
- 2.2. Since then, Covid has delayed this debate. However, recently some of our Chief Executive Officers (CEOs) and our Independent Chair have been in contact with our NHSE/I Regional Leads and it is clear we need to move towards the national and regional position for being an accredited ICS, and therefore to have our own “Executive System Lead” for our ICS.
- 2.3. The draft national guidance and our local discussions have led us to develop our thinking and we now wish to develop the proposal of having a System CEO lead. Although the national guidance has not been published yet we have based our suggested way forward on conversations with Region about likely ways forward.
- 2.4. As a result, discussions have and are taking place with a range of our CloS CEOs and Chairs to propose what the role might entail and the process for recruitment and any appointment.
- 2.5. Discussions with NHSE/I are ongoing with a range of system partners too.
- 2.6. In order to make our transition towards being an accredited ICS in the next cohort in the Autumn 2020, we would need to be clear on our intentions for a System CEO lead, its recruitment and timings.
- 2.7. Thus our plan is to have a System Executive Lead, and use the next few weeks to form the shape of that role that the CloS partners can agree.



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## **Our ICS Maturity Journey**

**Readiness update: 18<sup>th</sup> June 2020**



**“By working together, with our vibrant communities, we are better able to ensure the people of Cornwall and the Isles of Scilly stay as healthy as possible – starting well, living well and ageing well.**

**Together we are transforming the ways in which we plan and deliver care with more emphasis on better supporting people to help themselves and each other to stay independent and well. We will provide joined up, high quality health and care services that we can all be proud to deliver, with more services delivered in people’s homes or in their local communities. This will also make the very best use of the funds available”.**



## Our ICS journey to date

- **October 2016: STP established**, with agreed set of system priorities, and a focus on seemingly intractable longstanding issues. Operating with a **distributed leadership model** since June 2018, and Local Authorities core and equitable members from the beginning
- **March - June 2019: ICS development self assessment completed, and system plan developed in response** to identified development needs- since integrated into Long Term Plan
- **July 2019: Positive ICS review meeting held with NHSE/ colleagues**, and support for our request to join the aspirant ICS November 2019 cohort, building on our growing track record of success (subsequently deferred due to general election)
- **July 2019: Cornwall Foundation Trust overall CQC rating improved** from Requires Improvement to **Good**
- **August 2019: NHS Kernow** received a “good” rating in national assessment, one of only two CCGs to improve its performance by two ratings, and came **out of special measures**
- **September 2019: Sowenna unit opens**, providing inpatient mental health treatment for young people in county for the first time, realising Cornwall’s ambition to provide centres of excellence .
- **October 2019: Independent chair recruited** to lead our journey to becoming a fully fledged ICS
- **November 2019: Cornwall Council’s children’s services given an overall rating of Outstanding** by Ofsted, the only such rating in the South West.
- **January 2020: Long Term Plan finalised**, framed to respond to Health and Wellbeing Strategy, and reflecting up to **£590m of capital allocated** in response to coherent system enabling strategies
- **January 2020: Cornwall announced as one of seven Ageing Well sites nationally** on back of pioneering plan to help keep elderly people out of hospital
- **April 2020: Groundbreaking joint leadership role** Joint Accountable Officer NHS Kernow and Strategic Director for Adults and Public Health appointed providing strong, single commissioning voice to ICS.
- **April 2020: RCHT released from special measures**
- **Spring 2020:** Strong system incident management response to COVID-19 pandemic, with **accelerated transformation** seen across the patch
- **June 2020: Refreshed system governance enacted** with first meeting of Systems Board

## Tangible areas advised by NHSE/I to address before entering ICS pipeline (April 2019)



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Issues to address	Current Status
Getting out of special measures at RCHT	Achieved April 2020
Getting legal directions lifted at the CCG	Achieved August 2019
Reaching shared understanding of leadership model	Independent Chair appointed October 2019 Options appraisal for system leadership completed March 2020, with input from NHSE/I. Discussion on outputs deferred during pandemic.
Securing support for primary care commissioning delegation in 19/20	Achieved. Joint arrangements in 2019/20, with delegation in place from April 2020

More recent discussions (October 2019) suggested that whilst Cornwall continues to make good progress, the challenging financial position could impact on support for us to be a fast-tracked systems (the maturity matrix has a strong emphasis on the criteria for financial management, and at the time we were in the bottom 10 systems in the country in respect of our finances).



## Responding to COVID19 as a system

### Accelerated Transformation

- Place based care operationalised at pace to free up hospital capacity and support people to be cared for at home where in their best interests – with full involvement of primary care and the voluntary sector
  - 3 x Community Assessment & Treatment Units established
  - 3 x Community Coordination Centres established operating 8-8, 7 days a week
  - Community Bed Bureau established - a single discharge to assess bed bureau to manage, oversee and prioritise the hospital discharge process – triaging all requests for bedded care in the community (community hospitals, hotels, residential and nursing care)
  - Community demand and capacity modelling being developed
  - Significantly strengthened real time community dashboard (attracting national attention)
  - Clinical and support staff redeployed across health and care in response to changing demands via System Workforce Cell
  - Emergence of strong and supportive PCN Clinical Director network providing clinical leadership in localities
  - A new focus on supporting care homes as an integral element of our care system
  - Moving to ‘digital first’ - widespread digital transformation and virtual consultations at all level

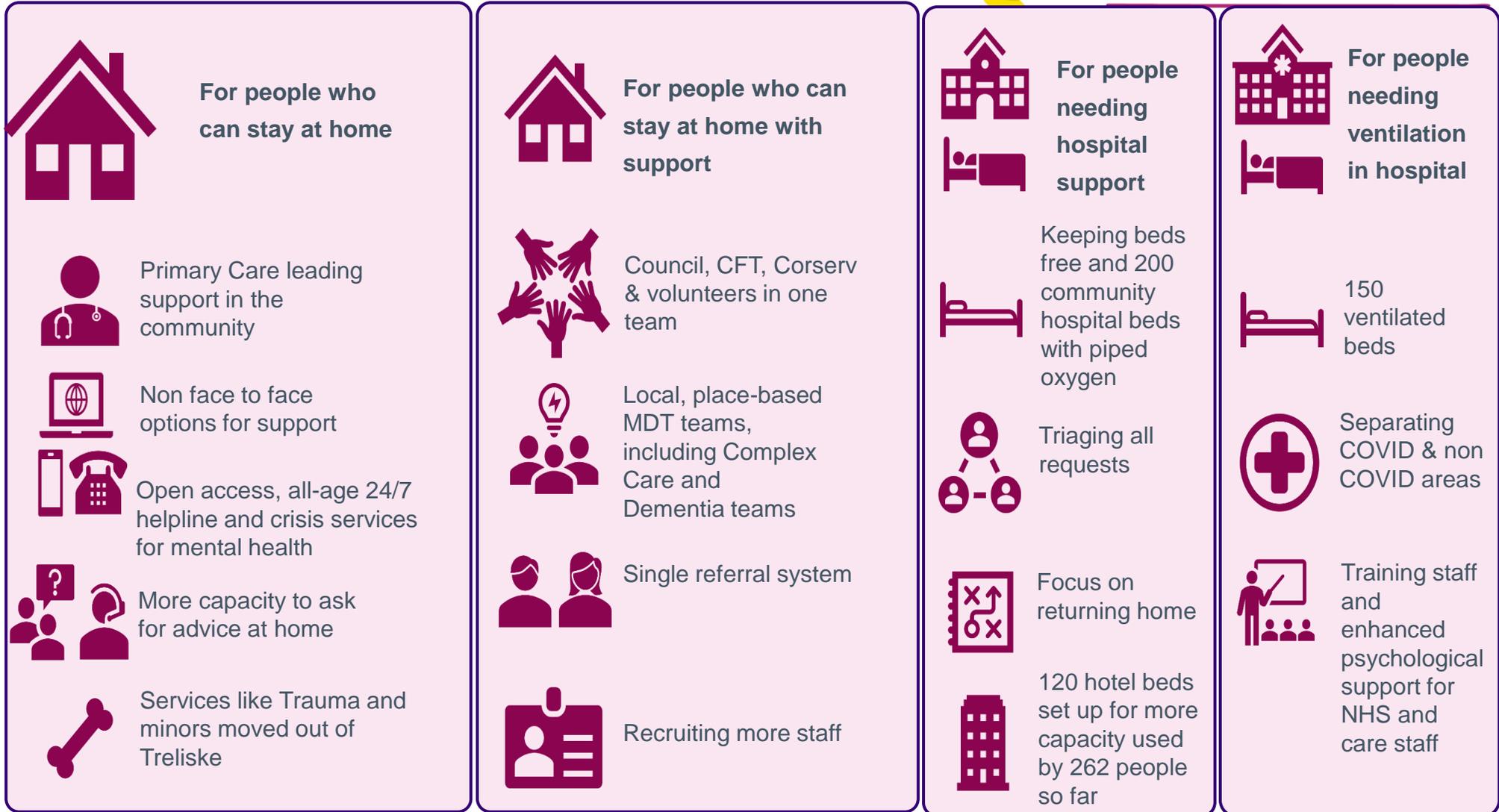
### Highlights from our approach

- Taking a learning approach – AHSN commissioned to undertake rapid cycle learning to inform the next phase,

# Responding to COVID-19 in phase 1 – our model of care



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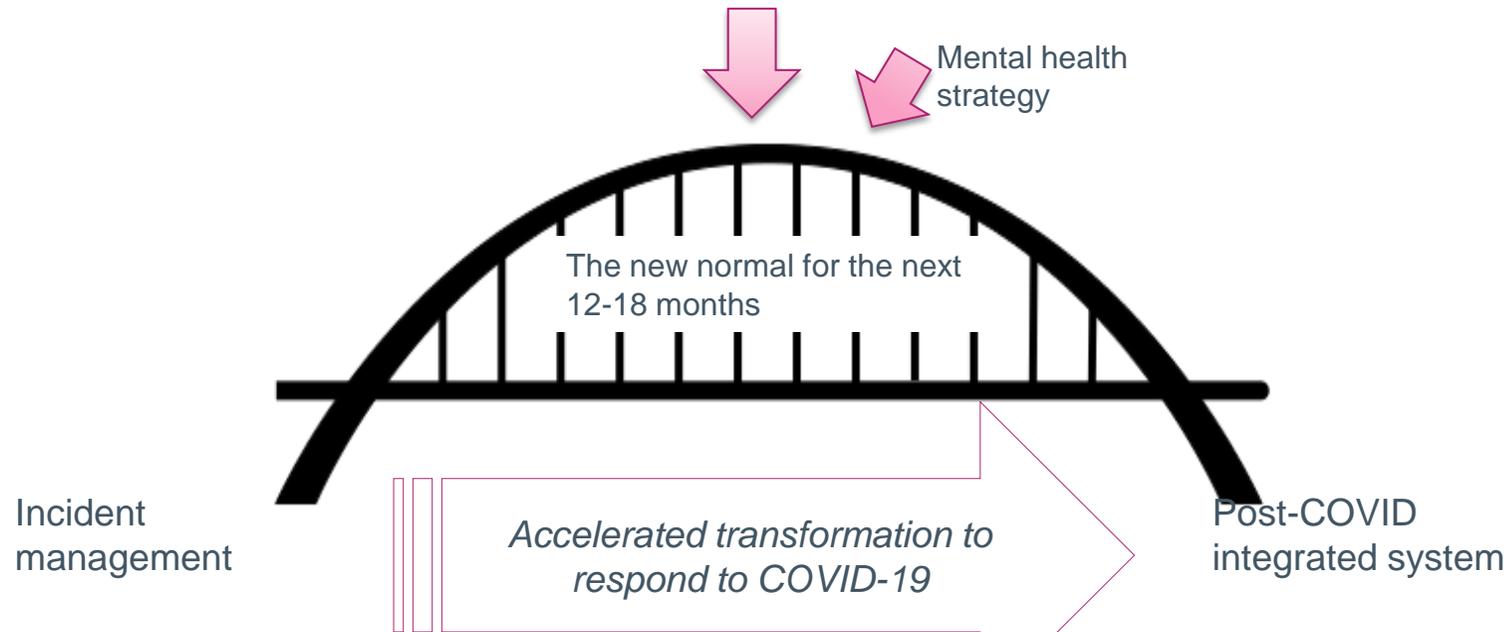


# Moving to the recovery phase: continuing to transform health and care (#nogoingback) whilst continuing to provide an effective response to the ongoing pandemic



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Our Health & Well Being Strategy  
and Long Term Plan to 2023/24



- Transformation has been accelerated during the first phase of COVID-19 and will continue
- We are still operating within the strategy set by our Health and Well Being Strategy and Long Term Plan and delivering elements of it

- What we do in the next 12-18 months will be the bridge taking us from incident management to our post-COVID-19 integrated system
- We will continue to reflect and learn and have a single joint Recovery, Restoration and Transformation plan that aims to lock in and sustain the benefits of recent ways of working

## Our ICS development support needs from NHSE/I



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- Future facing system leadership model (for ICS, ICP and strategic commissioning) agreed locally and supported by regulators – regionally and nationally
- Capacity and support to take forward system OD at all levels, co-produced with the workforce and rolled out to support the embedding of system working.
- Supporting our recruitment to System Transformation Director to drive delivery of system priorities
- Support for recruitment of System Communications and Engagement Director to help build visibility of a simple, credible and compelling overarching narrative focused on people and communities
- Continuing to share thinking on the direction of travel for systems to support our work locally to agree and deliver next phase of development of strategic commissioning
- Support for our service and financial recovery plans, and reframing of timeframe for delivery of LTP priorities, in the context of implications of the ongoing pandemic
- Ongoing support for move to an increasingly mature and self regulatory assurance process
- Support for our inclusion in the ICS pipeline at a timeframe to be mutually agreed
- An approach that increasingly reflects, respects and enables our integrated health and care approach locally