



Taking Control, Shaping our Future

Community views on the Cornwall and Isles of
Scilly Health and Social Care Plan 2016 – 2021



SHAPING
OUR FUTURE

Cornwall and the Isles of Scilly
Health and Social Care Plan

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“THIS PLAN KNOWN AS
'SHAPING OUR FUTURE'
HAS BECOME THE NUMBER
ONE PRIORITY FOR
EVERYONE WORKING IN
HEALTH AND SOCIAL CARE”

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EXECUTIVE SUMMARY

In November 2016, all the major public sector health and care organisations in Cornwall and the Isles of Scilly published an outline plan to improve local services over the next five years. This programme is known as ‘Shaping Our Future’ and has three aims:

- 1 Improve the health and wellbeing of the local population.**
- 2 Improve the quality of local health and care services.**
- 3 Deliver financial stability in the local health and care system.**

The information published in November 2016 was a ‘Draft Outline Business Case’ and a summary document called ‘Taking Control, Shaping Our Future: Cornwall and the Isles of Scilly Health and Social Care Plan 2016 – 2021’.

These documents were designed to communicate a broad set of priorities and proposals that could be discussed with local citizens to help shape the future of local services. Following the publication of the Shaping Our Future documents, the local health and care organisations embarked on an engagement programme to listen to the views of the community to help inform the next stage of development.

This report provides a summary of the communication and engagement activity undertaken between November 2016 and February 2017, a summary of the feedback received and a set of recommendations to the local Transformation Board on next steps.

Summary of communication and engagement activity

Between November 2016 and February 2017, citizens were asked to give their views on the Shaping Our Future proposals through a survey, written responses or by attending a series of community and stakeholder events.

In response, over 5000 people directly engaged with the Shaping Our Future team in this period. This includes almost 2000 people who completed the survey, over 100 written responses and over 3000 people who attended community or stakeholder events. This amounts to around 2000 people more than the first engagement phase in early 2016 - around 1% of the local population. We have received a wide range of feedback about our engagement approach and we will reflect on where we can improve for the next phase of work and how we can involve more citizens.



“BETWEEN NOVEMBER 2016 AND FEBRUARY 2017 OVER 5000 PEOPLE DIRECTLY ENGAGED WITH THE SHAPING OUR FUTURE TEAM.”

Summary of engagement feedback

Overall, it is clear that respondents supported the priorities and case for change set out in the Shaping Our Future documents with many saying it is hard to disagree with the positive approach. Respondents said the top priorities should be 'Prevention and improving population health' and 'Integrated care in the community'.

Throughout the engagement period, many people had significant questions and concerns about service changes and understandably are keen to gain more information about the Shaping Our Future programme, particularly in their local area, as plans progress.

The main opportunities people identified were:

- Investing in prevention strategies with people taking more responsibility for their own health and wellbeing with guided support from local services.
- Better use of information technology to communicate and support people, alongside data sharing between organisations to enable more co-ordinated care.
- Improving NHS 111 and out of hours care to prevent more visits and admissions to Emergency Departments.
- Investing more in frontline services by reducing bureaucracy and management burden.

The main concerns people identified were:

- Potential reduction in community hospitals with concerns about travel times and the impact on the major hospitals without alternatives yet in place.
- Financial with people wanting to see more investment in community services and many questioning whether the plans could be delivered within the budget.
- Workforce with people wanting to see more investment in community staff and training.

The main gaps people identified were:

- Mental health with people wanting to see care and facilities for people with mental health needs, both adults and young people, as a high priority.
- Social care with people wanting to see much more integration between health and social care.
- Children and young people's services with people expecting more alignment between the 'One Vision' work and 'Shaping Our Future' programme.
- Infrastructure and population growth with many people saying that the plans did not sufficiently address housing, employment and facilities to meet the needs of a growing population.

“OVERALL, IT IS CLEAR THAT RESPONDENTS SUPPORT THE PRIORITIES AND CASE FOR CHANGE”

Further information about the priorities and themes are provided in this document as well as the recommendations to the Transformation Board on next steps.



Recommendations based on Shaping Our Future engagement:

- Fast track integrating health and social care to improve services.
- Release more funding for frontline services by reducing back office costs.
- Reduce delayed discharges from hospital, sharing data and knowledge.
- Fast track investment in preventative services based on best available evidence.
- Bring together in one place a local directory of services and promote range of services.
- Improve NHS 111 and out of hours care with more access to senior clinicians.
- Urgently reform social and community care with more care workers to help people return home from hospital faster. Establish new career programme for care workers.
- Give greater priority to mental health services in the Shaping Our Future programme.
- Provide clear plans for community hospitals including use of community beds and Urgent Care Centres. If changes are proposed include transparent information about the impact on travel times and provide evidence that the alternatives will not affect quality or access.
- Provide detailed local plans for community services, including reforms to GP services, better utilisation of technology and collaboration with other health and social care professionals. This should be done in partnership with local communities.
- Provide more information about population growth and infrastructure including plans for housing, education and employment.
- Better align the 'One Vision' work on children and young people with the Shaping Our Future programme.
- Provide the evidence that the reforms are affordable and will maintain high quality, accessible services. Make a case for additional transformation funding where needed.

“IMPROVE NHS 111 AND OUT OF HOURS CARE WITH MORE ACCESS TO SENIOR CLINICIANS.”

“URGENTLY REFORM SOCIAL AND COMMUNITY CARE WITH MORE CARE WORKERS TO HELP PEOPLE RETURN HOME FROM HOSPITAL FASTER.”



NEXT STEPS

Based on the community recommendations from the Shaping Our Future engagement programme the following should be seen as priority actions:

- 1** Establish an integrated system that brings together health and care provider organisations. This will include a review of administrative functions, enhanced data sharing and as a minimum a single team dedicated to hospital discharge with a central command centre.
- 2** An improved NHS 111 and out of hours service to be operational by early 2018, working in concert with the rest of the system.
- 3** The development of a full business case that sets clear options for service change that utilises community feedback, the best available clinical evidence and transparent information on quality, access, population growth and transport. It should also set out the financial savings and required transformation funding.
- 4** The development of a full business case that is explicit on plans for improving mental health services, social care and children and young people's services.
- 5** The development of a communications, engagement and consultation programme that is co-designed with priority stakeholders including local Scrutiny Committees, NHS England, Healthwatch, the Citizens' Advisory Group, Clinical Senate and the local Clinical/Practitioner Cabinet.

In addition, all the community recommendations throughout this report will be reviewed to inform the next stage of the Shaping Our Future programme as well as the communication priorities in 2017. A monthly Shaping Our Future newsletter will be published online that will provide an update on progress.

Establish an integrated system that brings together health and care provider organisations.



INTRODUCTION

In November 2016, all the major public sector health and care organisations in Cornwall and the Isles of Scilly published an outline plan to improve local services over the next five years within the resources that are expected to be available.

This plan known as ‘Shaping Our Future’ has become the number one priority for everyone working in health and social care to build a better system that puts the citizen at the centre of reform and has three aims:

- 1 Improve the health and wellbeing of the local population.**
- 2 Improve the quality of local health and care services.**
- 3 Deliver financial stability in the local health and care system.**

The outline plan was approved by the local Transformation Board which is made up of all the leaders of the major health and care organisations. It was based on the expert knowledge of people working within health and care, public health teams and engagement with local communities on their priorities in early 2016.

The information published in November 2016 was a ‘Draft Outline Business Case’ and a summary document called ‘Taking Control, Shaping Our Future: Cornwall and the Isles of Scilly Health and Social Care Plan 2016 – 2021’. These documents are available at www.cornwall.gov.uk/shapethefuture

The documents were designed to communicate a set of priorities and proposals that could be discussed with local citizens to help shape the future of local services. This was not formal consultation on specific options but in line with NHS England guidance and an early opportunity for a wide range of people to have their say on the emerging ideas and approach being taken.

Following the publication of the ‘Shaping Our Future’ documents, the local health and care organisations embarked on an engagement programme to listen to the views of the community to help inform the next stage of development which will include a full business case for substantial service changes.

This report provides a summary of the communication and engagement activity undertaken between November 2016 and February 2017, a summary of the feedback received and a set of recommendations to the Transformation Board on next steps.

The report has been written by Garth Davies, Associate Director, Communications and Engagement for the Shaping Our Future programme but with special thanks to the Social Innovation Group at the Centre for Geography, Environment and Society at the University of Exeter for their data analysis and independent view on the findings. Dr Michael Leyshon at the University of Exeter has confirmed that the report is a “fair account of our analysis”.

“THIS PLAN KNOWN AS ‘SHAPING OUR FUTURE’ HAS BECOME THE NUMBER ONE PRIORITY FOR EVERYONE WORKING IN HEALTH AND SOCIAL CARE”





SUMMARY OF COMMUNICATIONS AND ENGAGEMENT ACTIVITY

Between November 2016 and February 2017, health and care organisations set out to communicate and engage with different communities across Cornwall and the Isles of Scilly on the ‘Shaping Our Future’ priorities and proposals. Citizens were asked to give their views through a survey, through written responses or by attending a series of community and stakeholder events.

The Shaping Our Future priorities, proposals and engagement opportunities were communicated through a wide variety of channels. Information was provided through the local media including a BBC Spotlight debate broadcast live on television and Facebook with an audience of over 300,000 people, a BBC Radio Cornwall debate, adverts in all the main local newspapers, radio adverts on Pirate FM for two weeks with a reach of 166,000 per week, a Facebook campaign including a short video which was viewed over 30,000 times as well as communication materials distributed in public places and through local partners and stakeholders. Further information was provided online at www.cornwall.gov.uk/shapethefuture viewed by around 4,800 individuals from November 2016 to February 2017.

In response, over 5000 people directly engaged with the Shaping Our Future team in this period. This includes 1896 people who completed a survey, over 100 people or organisations who provided written responses and over 3000 people who attended community or stakeholder events. This amounts to around 2000 people more than the first engagement phase in early 2016 - around 1% of the local population. We have received a wide range of feedback about our engagement approach and we will reflect on where we can improve for the next phase of the work and how we can involve more citizens.

The survey

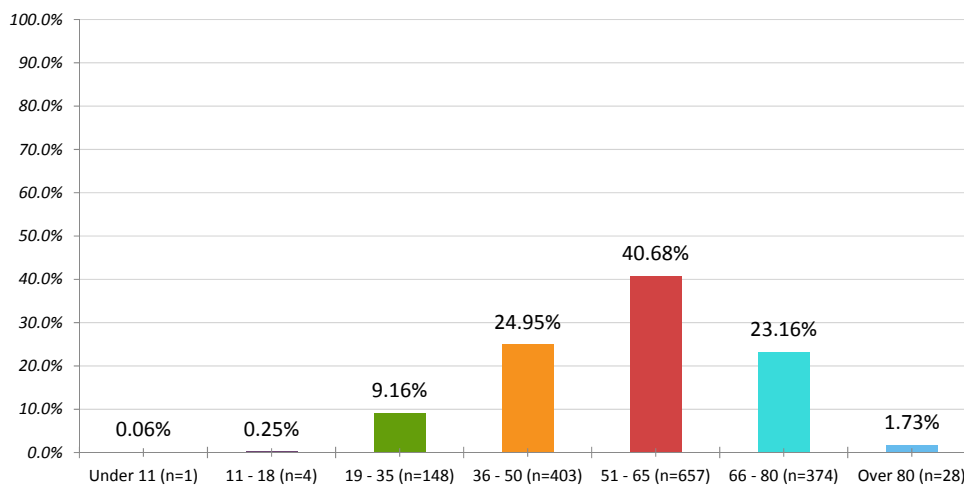
Between 28th November 2016 and 31st January 2017, 1896 people from across Cornwall and the Isles of Scilly completed the Shaping Our Future survey. Figure 1 and Figure 2 show participation rates by age and postcode with high representation from those aged between 51 and 65 and low representation from people younger than 35 years old. Areas such as Truro and parts of West and North East Cornwall had the highest participation rates and areas such as the Isles of Scilly and Camelford had the lowest.

Around 38% of responders said they had a long standing health condition, 12% said they were a registered or non-registered carer, and 30% said they were a health and care professional or support worker.

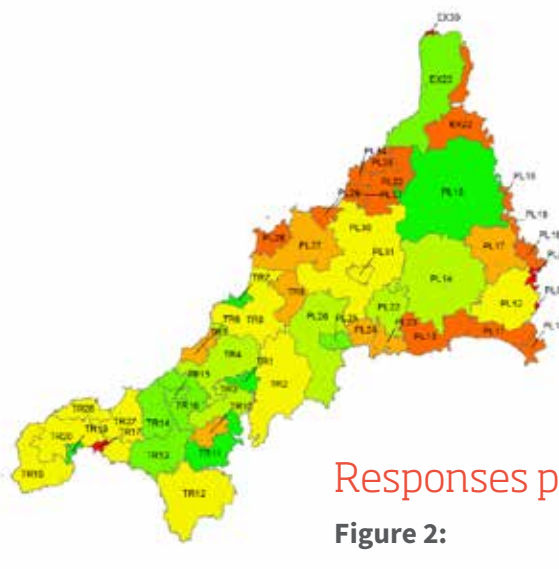
Participants were asked eight core questions about the Shaping Our Future priorities with some supplementary questions as well as demographic information about themselves. It is fair to say that some participants criticised the survey for not providing enough specific information to answer the questions and others thought that it was designed to make it difficult to disagree. It is evident in the survey responses, individual written responses and at the community events that some people were expecting more detailed proposals and a more formal consultation process with frustration expressed that this was not the case.

Despite these issues and thanks to the expertise of the University of Exeter in analysing complex data, valuable information was obtained about people’s priorities and concerns for the Shaping Our Future programme.

What is your age? **Figure 1:** Participant age range



Responses Per Postcode



Responses per postcode

Figure 2:

The community events

Between 28th November 2016 and 31st January 2017, over 25 community events were held across Cornwall and the Isles of Scilly on Shaping Our Future. These were a mixture of Community Network Panel events involving Cornwall councillors and representatives from town and parish councils but open to all and standalone community events specifically on Shaping Our Future. The attendance at these events was exceptional with over 2000 people involved.

The format for the community events was a short presentation, an opportunity for questions to a panel and then an opportunity for detailed feedback on specific Shaping Our Future priorities. The vast majority of the events went to plan and good quality feedback was obtained. The format at a few of the standalone community

events received criticism from some attendees and the very high turnout occasionally made the engagement sessions challenging with not everyone satisfied that they could have their say. The event in Penzance was particularly difficult with a poor quality soundsystem and unsatisfactory results for all involved but other feedback has been received from other sources in that area including from a Community Network Panel event, a West Cornwall Health Inquiry set up by MP Derek Thomas, a community event held by health campaigner Andrew George and local stakeholder events.

It is also important to note that due to adverse weather conditions some leaders from local health and social care organisations did not travel to the community event on the Isles of Scilly and we will need to do further work on the islands in the coming months.

The stakeholder engagement

Alongside the community events, there was also a wide ranging stakeholder communications and engagement programme. This activity ranged from sessions with local MPs and councillors, local scrutiny committees, local patient groups, clinical and staff groups, carers support groups, volunteers, local charities, campaign groups, people with learning disabilities, homeless people, a rotary club, a day centre and a local school.

Over 1000 people were directly involved in this way with insightful and expert information obtained. Through the Shaping Our Future programme good connections and contacts have been established which will be built upon for the next phase.

A specific Citizens' Advisory Group, a Healthwatch representative on the Transformation Board and a Clinical/Practitioner Cabinet alongside the Clinical Senate has been established who will help guide future engagement and consultation activities. A local scrutiny sub-committee focused on the Shaping Our Future programme has also been established by the Local Authorities.

“ALONGSIDE THE COMMUNITY EVENTS, THERE WAS ALSO A WIDE RANGING STAKEHOLDER COMMUNICATIONS AND ENGAGEMENT PROGRAMME.”



SUMMARY OF ENGAGEMENT FEEDBACK

Support for priorities

Overall, people responded favourably to the priorities set out in the Shaping Our Future documents and many thought it was hard to argue with the positive approach. In the survey very few disagreed with any of the priorities but did rank their priorities which is presented in figure 3. 'Prevention and improving population health' was consistently the strongest priority for people in all forums followed by 'Integrated care in the community'. The detailed feedback for each priority is set out in the next chapter.

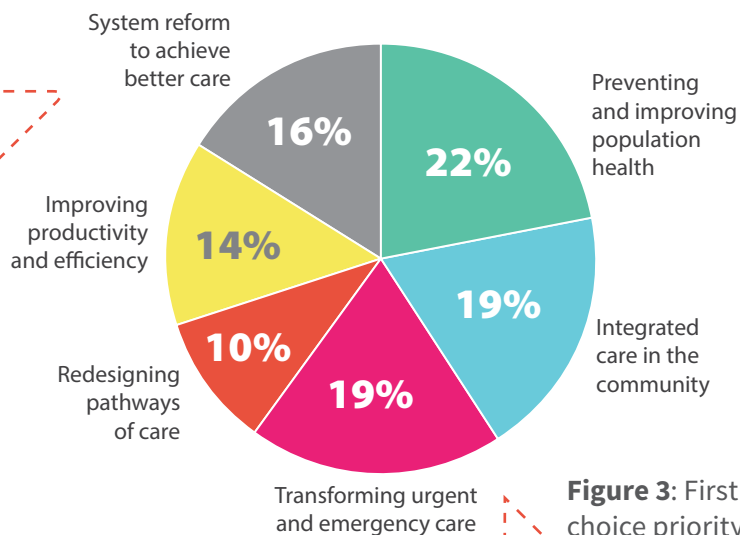


Figure 3: First choice priority

Questions and concerns

It is important to take account of the fact that even though a majority of people supported the overall Shaping Our Future priorities and case for change many people had concerns and questions about how the programme would be delivered. Around 40% of survey participants said they needed more information before they could make an informed decision on any future changes.

There were several broad questions about the proposals that must be addressed in the next phase:

- **Where is the evidence behind these plans?**
- **How will these plans be carried out?**
- **Where is the money coming from to fund these plans?**
- **What are the financial implications of these changes?**
- **Do clinicians/practitioners agree with these plans?**

Many of the survey respondents and individuals at the community events perceive the Shaping Our Future proposals to be about funding and service reductions with some saying that the plans were based on financial reductions from central government that should be rejected.

There was strong opposition from many respondents to possible closures of community hospitals. Citizens see community hospitals as vitally important as a step down facility between major hospitals and home care as well as an important local facility because of transport difficulties. At each local community event people asked if their community hospital would stay open and around 40% of survey respondents raised concerns about or disagreed with potential closures of community hospitals.

In some of the stakeholder events there were comments that some of the community hospitals are in a poor state. There were also some concerns expressed about the quality of care and clinical doubts that they were the right approach for the future. Those who supported changes to community hospitals wanted more information about the alternatives.

Many people commented on problems in social care, the difficulty in obtaining packages of care and concerns about private care and therefore community hospitals were seen as a trusted place with caring staff.

The other main concern about changes to the health and social care system was that it would lead to further confusion and possibly inequitable service delivery. Uncertainty was a significant factor in people's fears about change.

Missed priorities

Respondents were asked if any priorities had been missed in the plans. Survey participants thought that higher priority should be given to improving hospital facilities to cope with increasing demand. This included the major acute hospitals and community hospitals.

“THE NEXT BIGGEST REQUEST WAS FOR HIGHER PRIORITY TO BE GIVEN TO MENTAL HEALTH”

Improving mental health facilities and treatment alongside prevention strategies for young people was mentioned numerous times in all forums.

Many people also wanted plans for social care and young people to be integrated within the overall Shaping Our Future programme. Participants wanted integration to be a higher priority to enable sharing of services, better communication and a more connected approach. It was felt integration would both increase care quality and reduce costs. Integrating health and social care budgets was frequently mentioned as an important solution to the current problems.

“AN AGEING AND ISOLATED POPULATION WAS SEEN AS THE SECOND BIGGEST CHALLENGE FOR THE SHAPING OUR FUTURE PROGRAMME TO ADDRESS.”



“PEOPLE ALSO THOUGHT HIGHER PRIORITY SHOULD BE GIVEN TO IMPROVING HOSPITAL FACILITIES TO COPE WITH INCREASING DEMAND.”

Challenges to delivery

Participants saw access and transport as the biggest challenge to delivering the Shaping Our Future programme. Respondents explained that travel time and distance is a very important consideration when planning service changes. Some participants commented that over-centralisation of health services was inefficient and unfair. The challenge posed was either to improve transport links or to design services to get around the travel time problem such as better use of technology.

An ageing and isolated population was seen as the second biggest challenge for the Shaping Our Future programme to address. This was followed by concerns with staffing levels and staff training, particularly in community care.



Opportunities

Participants saw the greatest opportunity to reduce costs and improve health through prevention strategies. Individuals should be encouraged to take responsibility for their own health but it was thought that service providers would need to actively support and empower individuals to change lifestyles.

Improving the NHS 111 and out of hours service was seen as another major opportunity. It was felt that improvements would reduce unnecessary GP and Emergency Department visits. The current system was thought not to be working effectively and online or telephone consultations with a clinician should be part of the reforms.

Respondents felt strongly that any NHS reform should involve reducing bureaucracy and administrative burden rather than frontline staff. People think the NHS is 'top heavy' and would like to see a restructure of the management burden.

Communication and assistive technology was a further big opportunity identified. Technology which improved communication and assisted patients to live in the community was desirable, including smart apps and web camera style support.

Linked to this was data sharing and IT infrastructure which was perceived to offer great opportunities for improved care and productivity.

“ INDIVIDUALS SHOULD BE ENCOURAGED TO TAKE RESPONSIBILITY FOR THEIR OWN HEALTH BUT IT WAS THOUGHT THAT SERVICE PROVIDERS WOULD NEED TO ACTIVELY SUPPORT AND EMPOWER INDIVIDUALS TO CHANGE LIFESTYLES. ”



1) PREVENTION AND IMPROVING POPULATION HEALTH

Participants strongly supported prevention strategies because they were perceived to reduce NHS costs and have public health benefits. People thought the health and social care system should target the causes of ill health not just cure illness.

Respondents wanted to know why £20 million was the right figure to invest and where this would come from.

- It was frequently stated that individuals need to take responsibility for their own health but also that they must be supported in this by local services.
- Many participants felt that individuals need to take responsibility for care rather than relying on the NHS, this applies to personal care as well as caring for a friend or relative. Setting up community groups for support with similar conditions could contribute to this or healthy living/activity clubs alongside more accessible sports facilities.
- Some felt that prevention and population health should be tackled within communities and the NHS budget should not be diverted for this use or that alternative money should be found for this work. Town and parish councils were thought to be able to play a bigger role in community health and wellbeing.
- Public and school education on health issues is vital and should include appropriate use of services and information about how lifestyle choices affect health. Tackling obesity, smoking, alcohol and substance misuse was strongly supported.
- The Haven – an integrated health centre at Budehaven school was cited as an outstanding example of providing preventative and integrated care in the community for young people.
- Support for people with mental illness must be improved, particularly for young people. There is thought to be very little support for people with anxiety or depression. This was acutely felt in rural communities and respondents felt that technology and online consultations could help in these circumstances.
- Poor public transport and unequal access to local services was thought to be a factor in prevention services not working better.



- Most people supported investment in preventative services and staff. There was a perception that there have been recent reductions in preventative services.
- A learning disabilities group in St Austell had lost access to a service that helped people cook and eat healthy food and this was seen to be a backward step. The loss of 'Living Well' co-ordinators to direct people to community support was also seen as a negative move in some areas.
- More investment in vaccination programmes, early diagnosis and screening was supported to prevent illness.
- Better support for health and care staff was also a priority to lead by example. Health and care organisations should set an example for other employers.
- Many said that we could utilise volunteers more to prevent social isolation but need to recruit and co-ordinate additional volunteers.
- Better jobs and employment opportunities were seen to be a critical part of health and wellbeing with higher wages leading to higher living standards. The poor quality of housing in Cornwall was often mentioned as a significant problem that has to be addressed.
- People were divided about who should be prioritised in prevention strategies. Many said focus should be on socially and economically disadvantaged such as older people, people with disabilities or those without a fixed abode. Others thought it needed to be broader and focus on people who could maintain good health. Almost every age was cited as a priority.
- Prevention was believed to be where the biggest gains could be made in terms of public health and costs.
- People wanted prevention strategies to be based on best available evidence and to know more about that evidence. Respondents wanted to know why £20 million was cited as the right figure to invest and where this would come from.

Priority recommendations:

- Invest now in preventative services and staff based on best available evidence. Bring together in one place a local directory of services and promote.
- Work with town and parish councils on health and wellbeing facilities.
- Advocate individual responsibility and support individuals, volunteers and communities to improve health.
- Better support for people who work in health and care who could lead by example.
- Create better employment opportunities and tackle poor housing.



2) INTEGRATED CARE IN THE COMMUNITY

Prevention may have been the survey respondent's highest priority but people at the community and stakeholder events had most to say about integrated care in the community. Participants explained that better community services would reduce cost pressures in the NHS, particularly the problem of delayed discharges and avoidable hospital admissions.



- Many thought community hospitals are the best place for step down, rehabilitation and palliative care. Most respondents would prefer reform and investment in community hospitals rather than closure. Respondents were concerned about travel time to further away locations and had either not considered that care could be provided at home or did not believe it would happen. It is clear that people trust community hospitals and did not trust or have confidence in alternatives. For many reducing community hospital beds was counter-intuitive and counter-productive.
- Many people working in health and social care said that a mindset change is required about where patients receive care and an understanding that hospitals are not always the best setting. It was interesting how many people would say privately at the end of community and stakeholder events that they thought community hospitals should change but that the politics and campaign groups would make it impossible.
- Those that were more open to community hospital reductions said that alternatives must be in place before closing or reducing hospital beds.
- Respondents were worried that home care was not always appropriate because of facilities or access to medical equipment.
- People thought higher quality care homes were needed that are affordable with sufficient capacity. Further investment is thought to be required in care and nursing homes. Community care providers also need to be able to deal with more acute cases.
- There needs to be better care at home, more carers, district nurses and care plans for when people leave hospital. More support is needed for carers who play a vital role in supporting people in the community.

- Investment in care staff was seen as essential for the plans to work and some suggested there should be clear career progression for care staff. A role such as a 'Community Healthcare Assistant' was recommended with better pay.
- Many said that each area needed a clear directory of services and people did not know the range of services they could access. A major communications programme was recommended to detail services and promote availability and appropriate use.
- People felt infrastructure was not supporting population growth or change. More housing and a population that was growing older was not perceived to be leading to more service provision.
- The concept of community hubs was not clearly understood but people felt they needed diagnostic capabilities, primary and secondary care services, proper staffing and resources, pharmacies and wellbeing services. Sharing knowledge and skills was thought to be an obvious benefit.
- In Saltash, a recommendation was made for a new facility that combined primary, secondary and preventative care. In Penwith, a feasibility study was requested for a health and social care hub.
- The Cornwall Health for Homeless service at the Coastline centre in Camborne was highly regarded and provided excellent services alongside signposting advice. Homeless people talked about the difficulties in accessing services consistently, dedicated support if they had alcohol or drug problems and dental care with some saying they were regular visitors to the Emergency Department.
- Many respondents said that community care is more effective and efficient and could decrease hospital admissions but the current infrastructure and approach is not working.
- Many recommended a more person centred approach that put community wellbeing facilities at the heart of reforms.
- Many people recommended further investment in technology and more support available online or on the phone.
- The perceived lack of a comprehensive community workforce and poor public transport were the biggest concerns for people in relation to the future of community services. This was most acutely felt in more rural and remote areas such as the Isles of Scilly and in the North East and far West of Cornwall.

Primary care

- There were strong views about GP services and many thought they could be better integrated into the whole system. Technology should be improved for booking appointments and communication. It is thought too much GP time is spent on administration and paperwork.
- Respondents wanted better access to GPs but recognised they are under pressure. Some said the GP role should be rethought in terms of how they work alongside other care workers. It was thought a wider range of professionals could communicate with patients and manage less serious conditions, visit them at home and help avoid GP appointments.
- People said services could better utilise district nurses, community psychiatric nurses, paramedics, pharmacists, physios and even volunteers to reduce GP workload. More drop-in or combined health centres were recommended alongside more home visits for people who are isolated. Better communication on health issues would reduce need for GP appointments.
- Pharmacists were mentioned numerous times in the feedback and thought to be missing from the plans, including a clear approach to medicine management.

- The accessibility of GPs was the biggest concern. Many described difficulties getting appointments. People were concerned about mergers if they reduced access particularly in rural areas with transport the major issue again.
- Some respondents recognised the benefits of collaboration, particularly around providing greater access to appointments and sharing administrative tasks.
- Some people in St Austell felt that the GP hub/ collaboration was not working and providing poor results. Others said that the changes to the health centre in Cardew had not worked.
- Many people want a local GP service they can trust, where they can get face-to-face contact and someone who knows them and their family history. This was thought to be particularly important for people with long-term conditions.

“FAST TRACK INTEGRATING HEALTH AND SOCIAL CARE. RELEASE MORE FUNDING FOR FRONTLINE SERVICES BY REDUCING BACK OFFICE COSTS.”

Priority recommendations:

- Fast track integrating health and social care. Release more funding for frontline services by reducing back office costs. Focus on reducing delayed discharges from hospital, sharing data and knowledge.
- Urgently reform social and community care with more care workers to help people return home from hospital faster. Establish new career programme for care workers.
- Provide clear plans for community hospitals including use of community beds and Urgent Care Centres. If changes are proposed include transparent information about the impact on travel times and provide evidence that the alternatives will not affect quality or access.
- Provide detailed local plans for community services, particularly any reforms to GP services and collaboration with other health and social care professionals. Pharmacists and medicine management should be included in the plans.
- Work at community level on local reforms as each area has experience, knowledge and ideas to offer.

3) TRANSFORMING URGENT AND EMERGENCY CARE

Any changes to Minor Injury Units/ Urgent Care Centres must consider equal travel times, public transport access and travel costs. Travel time was more important to people than distance.

The majority of people would be prepared to travel up to 30 minutes to an Urgent Care Centre but not much more.

Urgent Care Centres need to have necessary diagnostic equipment, suitably trained staff and longer opening times.

People wanted more information about the difference between an Urgent Care Centre and Minor Injury Unit and were concerned about losing a service without understanding the alternative.

However, lots of people mentioned that they couldn't always get the service they needed at Minor Injury Units and were referred on to the main hospitals in Truro or Plymouth.

NHS 111 is perceived not to be functioning well and requiring more experienced clinicians.

People said better access to GPs out of hours would prevent visits to the Emergency Department and this service should be co-ordinated with Urgent Care Centres. Better use of technology with telephone and online communication was required to prevent visits to hospitals.

Some thought it would be good to have a higher threshold for people to access emergency care and penalties for those who didn't use the service correctly. Others thought better education was needed.

Priority recommendations:

- Improve NHS 111 and out of hours care with more access to senior clinicians.
- Provide clearer information about the difference between a Minor Injury Unit and an Urgent Care Centre as well as the travel time if any service changes.
- Utilise technology and online communication to help prevent hospital visits.



4) REDESIGNING PATHWAYS OF CARE

Mental health was the number one priority in pathways of care. People felt it had not been given enough prominence in the plans and support was not adequate in Cornwall. Mental health was mentioned significantly more than any other condition.

Concerns were raised about both adult and child mental health services, particularly the number of facilities available in Cornwall. People had strong concerns about the long distances people were travelling to visit family and friends in mental health facilities outside of Cornwall.

Other top priority conditions for pathway improvement were dementia, diabetes, breathing conditions, cardiac conditions, eye care and cancer. Better pain management was also mentioned for a range of conditions. Further investment was also suggested for end of life care, particularly in the community.

People thought we should just be getting on with improving care pathways and striving for local excellence but would like to see the evidence for pathway improvements.

Most people would like to see as much care as possible provided in Cornwall but recognised that some specialist care may need to be provided out of county. Travel and transport was again a major concern for people. Long journeys outside of Cornwall were considered to be unfair and inequitable.

Better use of technology is needed for long-term conditions with more education and access to support. Better access to clinical advice in evenings and weekends was also supported to avoid hospital visits.

Priority recommendations:

- Give greater priority to mental health services in the Shaping Our Future programme.
- Fast track improving care pathways based on best available evidence with the principle of providing as much care as possible in Cornwall.
- Utilise technology more to support and educate on long-term conditions.





“ GIVE GREATER PRIORITY TO MENTAL HEALTH SERVICES IN THE SHAPING OUR FUTURE PROGRAMME ”

5) SYSTEM REFORM AND IMPROVING PRODUCTIVITY AND EFFICIENCY

Data sharing was seen as a top priority to improve services and to aid communication between health and care professionals, ensuring good citizen experience in multiple locations.

People currently perceive dysfunctional IT systems which waste clinical time and a reluctance between organisations to share data.

Joined up care was mentioned and supported by almost all respondents. Many said the current system was failing patients due to disjointed delivery and poor continuity of care. Co-ordinated care was thought to reduce duplication and wasted travel in some cases. Some were frustrated that we had been talking about integration for 30 years and not seemed to make much progress. The West Cornwall Health Inquiry specifically recommended setting up an accountable care system.

Investing in frontline staff, especially care workers, was the number one suggestion by survey respondents. Good training and support for staff was perceived to improve quality of care.

People said that private care providers and contractors should be under the same scrutiny as NHS organisations and held to account when necessary to improve standards. People said they would like to see more not-for-profit providers and more collaboration between NHS and community care providers.

People wanted joined up care to be incentivised with more co-operation rather than competition and learning from areas where integration has been a success.

The discharge process is thought to be in need of significant reform. Many examples were given of bureaucracy, unnecessary delays or inappropriate discharge with poor information provided on exit from hospitals.



People said savings should mostly come from reducing bureaucracy and the management burden. People do not want to see the quality of care reduced in any changes and want clinicians to lead change. Sharing infrastructure and administrative teams was recommended.

People want to see a cultural shift in organisations away from blaming each other and protectionism. Sharing knowledge and skills was seen as essential to reform. Many said modernisation will require investment and asked where this money will come from.

Many suggested that health and social care leaders should set out a case for more transformation funding and investment, rejecting any changes to services that would affect quality or access. Many feared private companies running public services and thought that in the past private ventures had not been successful in Cornwall.

Many people in the east of the county also said that there must be better co-ordination with Devon and not enough had been said in the plans about co-operation between the two counties. People in north-east Cornwall were particularly concerned about potential changes in Devon.

People also said there did not seem to be enough in the plans about housing, education, employment and transport and co-ordination with these services was vital.

Priority recommendations:

- Fast track integrating health and social care. Release more funding for frontline services by reducing back office costs. Focus on reducing delayed discharges from hospital, sharing data and knowledge.
- Reform the discharge process to reduce bureaucracy, paperwork and inappropriate exits from hospital.
- Take a collaborative and co-operative approach to providing health and care. Make a strong case for any additional transformation where needed.

“ REFORM THE DISCHARGE PROCESS TO REDUCE BUREAUCRACY, PAPERWORK AND INAPPROPRIATE EXITS FROM HOSPITAL ”



CONCLUSIONS AND RECOMMENDATIONS

Putting the citizen at the centre of reform is vital to the Shaping Our Future programme and this includes listening to their views, ideas and perceptions on local services.

Overall, it is evident that if you look at the views expressed between November 2016 and February 2017, that there is broad support for the Shaping Our Future priorities and approach. This should not detract from the concerns raised about Sustainability and Transformation Plans, how the financial challenge will be addressed and the potential closure of community hospitals.

If you could set aside the strong views held about potential changes to community hospitals, the Shaping Our Future proposals would actually have much broader support.

An overwhelmingly majority of people agreed with the priorities set with prevention and integrating community services considered to be the most important.

Respondents supported the notion of integrating health and social care budgets with many saying that we should just get on with it.

People support investment in frontline staff and particularly care workers, reducing management burden and improving use of technology alongside knowledge, skills and data sharing between organisations.

Respondents support reform of the NHS 111 and out of hours service to utilise clinical expertise more effectively.

Throughout the engagement period the most contentious issue was any potential closure of community hospitals. At every community event there was vocal support to keep local hospitals and if possible improve the range of services they offer. Many respondents could not understand why you would close community hospital beds at a time of significant pressure on the major hospitals, particularly in the absence of any current alternatives. There is strong public trust and support for community hospitals.

At the same time at some of the stakeholder events there were views that community hospitals are in a poor state, that the care was not always of a high standard and concerns voiced that they were not the future of healthcare.



“THROUGHOUT THE ENGAGEMENT PERIOD THE MOST CONTENTIOUS ISSUE WAS ANY POTENTIAL CLOSURE OF COMMUNITY HOSPITALS.”

In the next phase of the Shaping Our Future programme there must be open and honest dialogue about the future of the community hospital model involving more local clinicians, practitioners and communities based on the best available evidence. There are people on either side of the argument with strong, intransigent views but the experience from this phase of engagement is that there are many more people willing to listen and work together on the solutions.

There is more support for the proposals to develop Urgent Care Centres in place of Minor Injury Units although many respondents wanted more detail, more clinical evidence and assurance that they would not be travelling much over 30 minutes for urgent care.

Another area that people want to know more about is reform of GP services. Many people commented on the difficulty in accessing GP appointments and concern about the capacity in primary care. There was broad support for reducing the administrative burden on GPs as well as collaboration with other health and care professionals to free up GP time. Respondents were divided though on whether GP practices should merge and wanted assurance that it would not lead to a reduction in service.

The number one issue of concern for people in Cornwall and the Isles of Scilly in relation to service change was travel time. Many people felt that in such a rural community increasing travel time for patients and relatives was unfair and could be counter-productive if it prevented people getting the care and support they need in a timely way.

Many people said that better use of technology would be a solution to address some travel issues but in certain circumstances only a face to face service would do. This was also true of young people who strongly support accessing a much bigger range of care and information online but want to know that a senior clinician was accessible when they need it.

“ ANOTHER AREA THAT PEOPLE WANT TO KNOW MORE ABOUT IS REFORM OF GP SERVICES. MANY PEOPLE COMMENTED ON THE DIFFICULTY IN ACCESSING GP APPOINTMENTS AND CONCERN ABOUT THE CAPACITY IN PRIMARY CARE ”



Mental health was a major missing priority for people in the Shaping Our Future documents. Many respondents raised concerns about mental health for adults and young people and more detailed plans must be provided in the next stage of development. Others commented that we should bring social care and the plans for children and young people into the Shaping Our Future programme. These were thought to be other obvious gaps in the plans.

Overall, the Shaping Our Future engagement activity between November 2016 and February 2017 has been valuable, constructive and provided important information for the next stage of programme development. A few of the standalone

community events were difficult to manage but nevertheless worthwhile to understand the strength and depth of feeling about community services as well as concerns about the impact of the Shaping Our Future reforms. The next phase of service development must ensure even greater local community involvement and enable more people to feel part of the debate and decision making.

This report now completes the second phase of engagement building on the work in early 2016 to establish the initial priorities. It has helped establish good contacts and information for the next phase although it is worth noting that so far only 1% of the local population has engaged directly. Many more people will have heard or read the proposals alongside the related media coverage but it will be important to encourage more people to engage directly in the next phase to co-design solutions.

In particular, more people under 35 years old should be targeted as well as those who find it hard to engage through community events and surveys. The guided conversations with people with learning disabilities, homeless people and school children

were valuable and effective. It is evident that there were many common themes and experiences across the age and social spectrum but to ensure success in the next phase it will be vital to include people from every stage of life and background to shape our future services.

Equally, there must be additional work to expand the stakeholder programme and in particular deepen our engagement with clinicians and practitioners, care providers and the voluntary sector. These groups will be central to designing the next phase of the Shaping Our Future programme.

“IT WILL BE IMPORTANT TO ENCOURAGE MORE PEOPLE TO ENGAGE DIRECTLY IN THE NEXT PHASE”



Recommendations based on Shaping Our Future engagement:

- Fast track integrating health and social care to improve services.
- Release more funding for frontline services by reducing back office costs.
- Reduce delayed discharges from hospital, sharing data and knowledge.
- Fast track investing in preventative services based on best available evidence.
- Bring together in one place a local directory of services and promote range of services.
- Improve NHS 111 and out of hours care with more access to senior clinicians.
- Urgently reform social and community care with more care workers to help people return home from hospital faster. Establish new career programme for care workers.
- Give greater priority to mental health services in the Shaping Our Future programme.
- Provide clear plans for community hospitals including use of community beds and Urgent Care Centres. If changes are proposed include transparent information about the impact on travel times and provide evidence that the alternatives will not affect quality or access.
- Provide detailed local plans for community services, including reforms to GP services, better utilisation of technology and collaboration with other health and social care professionals. This should be done in partnership with local communities.
- Provide more information about population growth and infrastructure including plans for housing, education and employment.
- Better align the 'One Vision' work on children and young people with the Shaping Our Future programme.
- Provide the evidence that the reforms are affordable and will maintain high quality, accessible services. Make a case for additional transformation funding where needed.

NEXT STEPS


Based on the community recommendations from the Shaping Our Future engagement programme the following should be seen as priority actions:

- 1** Establish an integrated care system that brings together health and care provider organisations. This will include a review of administrative functions, enhanced data sharing and as a minimum a single team dedicated to hospital discharge with a central command centre.
- 2** An improved NHS 111 and out of hours service to be operational by early 2018, working in concert with the rest of the system.
- 3** The development of a full business case that sets clear options for service change that utilises community feedback, the best available clinical evidence and transparent information on quality, access, population growth and transport. It should also set out the financial savings and required transformation funding.

4 The development of a full business case that is explicit on plans for mental health services, social care and children and young people's services.

5 The development of a communications, engagement and consultation programme that is co-designed with priority stakeholders including local Scrutiny Committees, NHS England, Healthwatch, the Citizens' Advisory Group, Clinical Senate and the local Clinical/Practitioner Cabinet.

In addition, all the community recommendations throughout this report will be reviewed to inform the next stage of the Shaping Our Future programme as well as the communication priorities in 2017. A monthly Shaping Our Future newsletter will be published online that will provide an update on progress.



“A MONTHLY SHAPING OUR FUTURE NEWSLETTER WILL BE PUBLISHED ONLINE THAT WILL PROVIDE AN UPDATE ON PROGRESS.”



FIND OUT MORE

Go online at: www.cornwall.gov.uk/shapethefuture



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