

NEW FRONTIERS

HEALTH AND SOCIAL CARE



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Context

Between 2016 and 2040 Cornwall and Isles of Scilly's population of over 85s will increase by 31% more than in the rest of the UK⁴⁶. While Cornwall and the Isles of Scilly have above average life expectancy, it has only average healthy life expectancy. We must deliver a radical upgrade in prevention, self-care and care in the community so that people in Cornwall and the Isles of Scilly can live well for longer, supporting improved personal wellbeing, as well as managing the significant cost pressures of an ageing population upon our health and care budgets. We also have the challenge of providing locally accessible, timely and equitable care across rural and island populations.

Cornwall and the Isles of Scilly are ideally placed to pilot innovative responses to the Industrial Strategy grand challenge of an ageing society. We have a strong local offer: the Cornwall & Isles of Scilly Local Enterprise Partnership has already invested heavily in e-health and we are ideally placed to test new models of technology enabled care capable of being scaled up nationally, with particular benefits in sparsely populated rural and island populations.

Cornwall Council is directly investing £90m in extra care and supported housing alongside upgrading hard to heat homes for 1,300 of our most vulnerable households every year – a radical upgrade in prevention, ill-health prevention and wellbeing. Our local universities are internationally recognised for research into healthy aging and supported living and are supporting the application of big data, artificial intelligence and machine learning to improve health and wellbeing through our Smartline project with 350 Cornish households in social housing. CIOS's Smart Islands investment will deliver 200 Smart Homes reducing fuel poverty and improving health outcomes for vulnerable people on the Isles of Scilly.

While our local health and care system has challenges, local partners across the Councils, NHS, private and voluntary sector are committed to effective joint working so that we can live within our means through a fair settlement and local flexibilities. We are already demonstrating the impact of integrated approaches, in relation to our demonstrable progress in tackling delayed transfers of care.

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Unlocking barriers

The rationale for change

We have high rates of diabetes, heart disease, stroke, cancer and osteoarthritis and for many people they can be prevented or delayed, or for others contained if caught early and managed well.

We have some of the most disadvantaged neighbourhoods in the country. Seventeen of Cornwall's neighbourhoods are in the 10% most deprived in England⁴⁷. People in our disadvantaged communities are at higher risk of living with at least one debilitating condition.

We have a significantly higher rate of childhood obesity than nationally with no evidence of a reduction in this trend⁴⁸. Obesity in childhood is largely due to lifestyle factors such as diet and physical inactivity, and therefore preventable.

We have above average rates of economic inactivity which are both a cause and a consequence of ill health. Business, voluntary, health, academic and local authority partners are working to support those furthest from the labour market into work. This is essential to improve health and wellbeing, and also to our future economy as research shows our labour market challenges are already increasing as Britain prepares to leave the European Union.

As with many other health and social care systems across the UK, we are facing significant operational and financial pressures and we are working together across the health and care system to re-align how we work. Underpinning this proposal, we now have a credible plan to fix what have for too long seemed intractable challenges. This provides a strong platform for taking forward our devolution proposals, which feature securing greater control over our system resources, devolved powers and simplified decision making. These are key to unlocking our ambitions for the future.

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⁴⁷ <https://www.cornwall.gov.uk/media/15560743/imd-2015-analysis.pdf>

⁴⁸ <https://www.cornwall.gov.uk/media/29038814/healthy-children-infographic-2017.pdf>

Our ask

To support our radical upgrade in prevention, we are seeking:

- an injection of invest to save funding to tackle our biggest population challenges, in particular obesity, fuel poverty, employment for those with health problems and harm from alcohol, as part of a wider locally led health and wellbeing plan.
- an opportunity to test a place based approach to the development of physical activity and sport in schools, exploring direct, ring fenced allocation of the Healthy Pupil Programme.

Alongside our work locally, we want to work with central Government to examine wider opportunities to:

- influence the national approach to the sale, advertising and over consumption of unhealthy foods and drinks which is a key factor in local health challenges within Cornwall and the Isles of Scilly
- test alternative approaches to using winter fuel payments which recognise that 14% of households in Cornwall struggle to afford heating compared to less than 10% nationally, another key contributing factor to local health challenges

To support the creation of an **innovation testbed for rural and island communities** we are asking for **transformation funding** to enable:

- the development of a more flexible, blended workforce capable of utilising technology enabled models of care and working flexibly across a community focussed health and care system, whilst managing significant operational pressures.
- testing of new technology enabled methods of care provision using robotics, aids and adaptations
- critical infrastructure projects in estates and information technology, including Urgent Treatment Centres.

- an Intelligence System that will create a unique system-wide intelligence platform to provide real time situational analytics and a digital system model against which to test future service configuration options.

Moving to a more community focussed model of care will require investment in local care facilities which people across Cornwall and Isles of Scilly can access. To develop these facilities and build strong community support, we wish to secure prioritised access to national capital to enable delivery of our transformation plans, in addition to invoking our original devolution commitment from Government to retain local capital receipts for reinvestment.

Living within our means through a fair settlement and local flexibilities

We want to move to a devolved, place-based five year funding settlement which enables local partners to co-ordinate budgets across health, social care, public health and health-related funds, working together to commission and provide the best possible health outcomes for people in Cornwall and the Isles of Scilly. While each local partner will remain accountable for effective management of its budgets, strong joint working and co-ordinated deployment of budgets will ensure the most cost-effective use of local resources.

Consistent with our ambition to be a testbed for other rural and island based communities, we would welcome dedicated resource and expertise to help us understand the impacts of the funding formula and Market Forces Factor locally, in order to better inform the national debate, particularly in the context of providing services to dispersed rural and island communities, and public sector pay relative to average local wages.

We want to work with Government to shift to a single local outcomes framework for measuring the impact that health and social care services have on the health and well-being of a local population; and continue the work already underway with regulators to develop a coordinated approach to place reducing the burdens on the local system whilst strengthening local accountability.



Our offer

Cornwall and the Isles of Scilly are the ideal testbed for piloting innovative new approaches. Largely surrounded by sea, with a single unitary authority for Cornwall working closely in partnership with the Council of Isles of Scilly, supported by a single CCG, and a single Local Enterprise Partnership we have all the ingredients for successful joint working. Building on our considerable local investment and award-winning research base into e-health we will provide a prototype for a new model of technology enabled care in a rural community that shows how we can improve the health and well-being of our citizens, develop our workforce and contribute to strengthening our local economy.

Our relatively uncomplicated organisational landscape provides the right environment to progress rapid integration of health and care services and test an innovative approach to delivery. Providers, commissioners and the local authorities all believe that the Cornwall and Isles of Scilly system can provide a 'test bed' of how other rural areas can meet the challenge of an aging society. Part of our offer is to contribute to national policy on how health and care needs are best served in rural areas.

Radical upgrade in prevention

We are investing significant local resources which, coupled with Government support for our devolution ask, will deliver measurable improvements in health outcomes for people in Cornwall and the Isles of Scilly within five years - helping to manage the considerable cost pressures we will face over the same time period from meeting the health and care needs of our changing and aging population.

We have secured £7.5m private investment over three years alongside investment from our social landlords to make the homes of 1,300 vulnerable fuel poor households cheaper to heat each year. Alongside this, Cornwall Council is directly investing over £90 million in extra care and supported housing, helping more people live well and independently for longer.

We are piloting older and disabled worker initiatives with the Department for Work and Pensions, alongside managing European Social Fund investments to establish innovative approaches to support those furthest from the workplace into work through supportive pathways and skills development.

Create an innovation test-bed for rural and island communities

We will pilot a technology-enabled care model capable of national roll-out, building on our £8 million e-health investment, and create a pioneering System Intelligence System.

Through our internationally recognised European Centre for Environment and Human Health we will explore the impact of nature on health, and the role new technologies such as virtual reality can play for those unable to access our 'green' and 'blue' spaces.

With InnovateUK support, we will work with the South West Centre of Excellence in Satellite Applications to build on our SMART & Well study phase, using satellite technology to deliver better health services to remote areas, with a focus on critical medical services, health and social care and healthy active lifestyles.

We will secure wide engagement in this pilot through our established Peninsula Forum on Environment and Human Health, the eHealth and eWellbeing Stakeholder Group, and sector groups such as Software Cornwall.

We will pilot a £3.5m capital investment in primary care with a possible further roll-out, and explore options for local capital investment in community facilities.

We will continue to release land through our One Public Estate programme to increase access to health and care facilities for the residents of Cornwall.

Living within our means through a fair settlement and local flexibilities

Local health and care partners across Cornwall and the Isles of Scilly – from Council, NHS, and voluntary sectors - will work jointly in partnership to deliver the best possible health outcomes for our residents, working as one system to one plan. We will test our partnership arrangements from April 2018, before formalising arrangements from April 2019.

We will jointly commission the strategic health and care outcomes we need for Cornwall and the Isles of Scilly, and help providers work in partnership to better join up community health services that are sustainable for the long term.

We will provide early feedback to Government on the indicative return on investment that could be realised in other rural areas, from new models of technology enabled care within a strong framework of local community facilities.



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Benefits

With the right support from Government we will secure better health outcomes from our local health and care budgets, helping to manage the cost pressures arising from the needs of our rapidly changing population. We will ensure that we improve our A&E performance, meeting national expectations as a minimum, and we will reduce further the delayed transfers of care beyond our stretch targets. By 2019, we will jointly establish an outcomes-based contract with a partnership of local providers that encourages quality and innovation as well as improved financial and performance management.

As part of our prevention strand, we aim to close the gap between the local employment rate for those with a long-term health condition and the national average (29.6%). This is critical not just to the health and wellbeing of local people, but also to our ability to maintain a strong local economy with well-paid jobs, with independent research showing that local businesses will face significant recruitment challenges in an already tight labour market as Britain exits the European Union. Our investment in tackling fuel poverty and more supported housing, above, will help more people live well for longer.

Government support for our devolution asks above, coupled with our local investment, will enable us over five years to tackle the rise in childhood obesity and lead a reduction in smoking prevalence towards the national ambition of 13%. Scaling up evidence based interventions could prevent up to 700 cardiovascular events per year, reduce falls by 40% and fall-related admissions to hospital in over 65s by 10%.

Creating an innovation test-bed for rural and island communities will deliver a technology enabled care model capable of national roll-out, reducing demand. Improving A&E performance and reducing delayed transfers of care in line with agreed improvement trajectories.

Staff turnover will be reduced, vacancies requiring expensive agency cover will be reduced and 800 extra care, 400 specialist houses and 1000 houses with disabled adaptations will be built. Urgent treatment centres will be established, operating as an important component of our community based urgent care strategy and additional GP access for a population of 100,000 will be released via the One Public Estate programme.

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