Shaping the future of Health and Social Care in Cornwall and the Isles of Scilly

A short report to present the findings from engagement with public and providers to help shape future health and social care provision and improve the wellbeing of our residents.

May 2016

Executive Summary

This report provides an overview of the findings from our engagement events in February and March with public and providers to help shape the future of Health and Social Care in Cornwall and the Isles of Scilly. It was commissioned by the Joint Strategic Executive Committee which includes Cornwall Council, NHS Kernow, the Council of the Isles of Scilly and key health partners in line with work to bring all organisations responsible for health and social care services in Cornwall and the Isles of Scilly closer together with the objective to improve the health and wellbeing of residents and provide seamless health services.

The foreword to this report is provided by Dr Iain Chorlton and Cllr Jim McKenna as the co-Chairs of the Joint Strategic Executive Committee to set the context of this engagement.

The introduction provides more detail about the scope of the engagement, an overview of the survey and events included and how these findings will be used and distributed.

The findings in this report will serve two purposes, firstly, to inform the development of Cornwall's Sustainability and Transformation Plan, and secondly, to inform the longer term and generational changes that we will progress jointly as a system through Devolution. To this end, the report includes a response from Phil Confue, Chief Executive of Cornwall Partnership NHS Foundation Trust and lead for the Sustainability and Transformation Plan, and a response from Kate Kennally, Chief Executive of Cornwall Council, to reflect on how this information will help shape our plans and priorities including the Cornwall Deal.

The University of Exeter was commissioned to provide an independent review of the report. A response to this report is also provided by Dr Michael Leyshon as an independent perspective on the value and limitations of these findings and proposed next steps to build on this engagement

The report includes a detailed overview of the engagement approach and the findings. The first section outlines the priority areas for change, summarising what is good and not good about health and care in Cornwall and the Isles of Scilly currently and highlights the priorities identified by the public. These findings will be used together with information about what is clinically and financial viable to help us prioritise changes and identify the most effective options for services in the future.

The second section outlines the changes people want to see. Feedback, ideas and solutions have been grouped to meet our three challenges; improving experience of care and support, improving health and wellbeing of our population, and reducing the cost of care and support. There are some consistent themes related to both improving health and wellbeing, and reducing cost i.e. navigating the system, keeping fit and healthy, prevention, early intervention and personal responsibility, and connected communities.

The final section outlines how we can join up services to improve outcomes. This summarises the feedback from people providing frontline services and support in response to the challenge to join up services in order to improve outcomes for people including the barriers and issues identified, together with proposed solutions and ideas to address those barriers.

Foreword from Dr Iain Chorlton and Cllr McKenna

Co-chairs of the Joint Strategic Executive Committee, leading on the whole system transformation required to deliver the health and social care integration agenda within the Cornwall Deal

This engagement was planned as part of the Cornwall Devolution Deal, to build on previous engagement with the public, practitioners and staff, and feed into the development of a plan for devolution to help improve the health and wellbeing of people in Cornwall.

Devolution is a long term ambition; more local control over decisions and budgets that affect the health and wellbeing of residents will enable us to have a bigger impact and allow us to better tackle some of our major challenges.

The Deal recognises the need to reshape the whole system, working closely with people and partners across all sectors to develop plans – this report covers our early engagement to understand people's priorities and to help shape our vision for health and wellbeing in Cornwall and the Isles of Scilly in the future. This is just the start of the process, we are committed to continued engagement with the public and the people delivering services and continuing to help us to build our plans as a community.

These findings will also inform the development of Cornwall's Sustainability and Transformation Plan, a 5 year plan to address some of our immediate challenges. This plan will address how we need to close the gaps in health, finance and quality of care between now and 2020/21.

As part of the Sustainability and Transformation Plan development we have identified what we think works now, and what could be better. The input of residents and the people providing services in Cornwall and the Isles of Scilly will help us check we have got this right and ensure we are focussed on addressing the things that matter to local people.

There are a number of ideas and suggestions put forward in this report that we can just get on and do as individuals, in our local communities and in line with current work plans. There are also some potential changes which will need further consultation and will require a greater understanding of the different perspectives held by carers, parents and providers from the public and voluntary sector before they can be implemented.

Through the engagement with the public we received feedback to suggest that an independent review of this report would be important. We have worked with the University of Exeter to review and validate our findings and their reflections have been included in this report.

Thank you to everyone that responded to this consultation, we heard from over 3000 people, including members of the public and frontline staff and managers delivering services. This is a great foundation and provides rich insight into the challenges we face and those we should prioritise in order to have the greatest impact on improving the health and wellbeing for our residents.

Dr Iain Chorlton and Cllr Jim McKenna

Introduction

Cornwall Council and NHS Kernow are working together with the Council of the Isles of Scilly and key health partners to bring all organisations responsible for health and social care services in Cornwall and the Isles of Scilly closer together. The objective is to improve the health and wellbeing of residents and provide seamless health services.

To help achieve our objective, we have conducted an engagement exercise across Cornwall and the Isles of Scilly to understand the key health and care priorities of the public and staff who deliver those services to help shape and refine our vision for the future *(see image):*

The engagement included a public survey, a series of community events from Bude to Penzance and the Isles of Scilly and four Open Provider Forum events. Individuals and organisations also submitted responses online and via email. We engaged with a wide range of people – members of the public, people providing health and care services on the front line, people providing other public services, representatives from voluntary agencies and other organisations.

Over 3000 people, including members of the public and staff from front line health and care organisations took part *(see Appendix 1 for the full list of engagement events and organisations represented)*. They told us their health and social care priorities, the challenges they face, and how we could deliver improved and more sustainable services that best meet the needs of our residents.

The initial engagement was designed to build a general picture of the priorities and perspectives from people in Cornwall and the Isles of Scilly – irrespective of level or nature of health and care needs. It provided a platform for people to reflect on their own experience and invited open discussion between the public and health and care leaders. The findings will help shape our plans and priorities for the future of health and wellbeing in Cornwall and the Isles of Scilly.

This report demonstrates there are clear priorities for the general public which we must respond to. The findings will serve two purposes, firstly, to inform the development of Cornwall's Sustainability and Transformation Plan, and secondly, to inform the longer term and generational changes that we will progress jointly as a system through Devolution.

This report has been widely distributed to Chief Officers and Chairs of organisations involved with health and social care in Cornwall and the Isles of Scilly *(see Appendix 2 for the full list of organisations)* for reference and to cascade further within their organisation. It is available to public for reference on our webpage together with an infographic to summarise the key findings *(see Appendix 3)*: www.cornwall.gov.uk/shapethefuture and printed copies will be available in Libraries, Council One Stop Shops, GP surgeries and hospital waiting rooms in June 2016.

This engagement is the start of the process; we are committed to engaging with the public and the people delivering services to continue building our plans as a community. We will continue to engage with people over time to develop a greater understanding of the different perspectives held by carers, parents and providers from the public and voluntary sector to develop both the Sustainability and Transformation Plan and to inform the longer term and generational changes that we will progress jointly as a system through Devolution.

Responses to the engagement report

Response from Phil Confue, Chief Executive of Cornwall Partnership NHS Foundation Trust
Lead for the Sustainability and Transformation Plan for Cornwall and the Isles of Scilly

The discussions held during this engagement have highlighted the areas where we should be proud of the achievements made; and where we need to focus our efforts in future to transform services and ensure they remain sustainable.

To achieve the changes everyone wants, we must retain our focus on quality and innovation. We must be confident that our services achieve core quality standards while being flexible enough to respond to the individual communities we serve. We are using these findings, along with a range of other tools to formulate a five year Sustainability and Transformation Plan for Cornwall and the Isles of Scilly that focusses us on delivering our most important priorities together.

We will need to invest in communities so they are better placed to support the people who live in them by helping them to stay well, manage when they become unwell by accessing the care and treatment they need. We will continue to engage people in our plans to ensure services provide quality care while remaining financially resilient.

Using the views from the public and providers we have set out our guiding principles for future planning:

- *Listening to the people and care professionals of Cornwall and the Isles of Scilly and being transparent and honest about the difficult choices we need to make.*
- *Empowering the people of Cornwall and the Isles of Scilly and asking them to take on more responsibility for their own health and wellbeing and for supporting others in their communities.*
- *Being bolder and braver in focusing our resources on prevention.*
- *Being accountable to the people of Cornwall and the Isles of Scilly for delivering on these commitments.*
- *Setting aside all organisational and professional boundaries and focus on the best use of the resources available.*

Response from Kate Kennally, Chief Executive of Cornwall Council

This engagement highlights the need to look beyond our current boundaries of influence in health and care and work with partners from across the public and voluntary sector as well as our local communities to improve health and wellbeing at a local level. Some of the solutions and ideas put forward by the public and providers require us to look at the wider determinants of health, not simply focussing on more traditional approaches to health and care provision.

The ability to develop new ways of working that focus on wider preventative approaches, such as the health impact of housing, our environment and economic circumstances, is an area Cornwall can be a leader on. We need to develop the role of health and wellbeing in all our policy decisions and continue to work with our partners to consider the wider public sector role in improving the health of Cornwall's residents and reducing inequalities.

Devolution provides the opportunity to consider how we do things differently and how we could have a greater impact on the health and wellbeing of our residents by granting more local control over decisions and budgets.

Afterword from Professor Catherine Leyshon, Dr Michael Leyshon and Dr Timothy Walker, University of Exeter

This report provides a base of evidence from which Cornwall Council and NHS Kernow Clinical Commissioning Group can begin to re-shape how health and social care is delivered. In order to reflect on the longer term trajectory this work should take, considering the wider policy context, Professor Catherine Leyshon, Dr Michael Leyshon and Dr Timothy Walker have provided this guiding Afterword.

Changing Policy Arena and Social Context *- As the brokers of health and social care service delivery, NHS Kernow and Cornwall Council work at the nexus of multiple policy agendas and in an ever-changing and complex social context. In the short term both organisations must work with partners towards delivering the Sustainability and Transformation Plan and the Health and Wellbeing Strategy; in essence these policies demand re-shaping social care around people and places rather than institutions. In the longer term the Council must make a business plan for, and deliver on, the Cornwall Devolution Deal. This demands the integration of health and social care services alongside enabling local control over decisions and budgets. But in the context of the Health and Social Care Act (2012) and the Care Act (2014) this will also require engaging with new stakeholders (for example meeting the duty of care the Council now has for carers) as well as working more closely with existing stakeholders such as the voluntary sector. Alongside these policy agendas Cornwall Council also face the problem of managing and delivering health and social care to a population with complex needs. These needs, in part, stem from an ageing population but also derive from the nature of Cornwall's diverse social, cultural, economic and physical geography.*

There is, then, a mixed and volatile policy arena and a complex geography of health and social care need and provision in Cornwall. The challenge NHS Kernow and Cornwall Council must rise to is working within this volatility to build a robust and sustainable system for the provision of health and social care. This report has begun that process by identifying the key barriers and potential solutions from the perspective of publics (communities of people) and service providers. Based on the findings in this report, and contemporary literature on service delivery, we make three recommendations for next steps which build on this work.

Coproduction in Service Design and Delivery *- The coproduction model is already embedded within Cornwall Council's Social Care Innovation Programme (SCIP). However, coproduction is easy to model and hard to practice. To enable genuine coproduction, where communities are given the power to both design services and be involved in their delivery, requires new mechanisms of participation. Unlike 'public consultation', coproduction is not a quick one-off process. Coproduction is iterative and longitudinal in which publics (communities of people) are enabled to continually and meaningfully input into service design. To achieve this, new methodologies are needed to engage with the public and service partners. Many examples of good practice can be found within academic literature. But, there are of course resource limits to what can be achieved compared to what is desired by different stakeholders. As such the coproduction process must involve identifying, communicating and negotiating priorities of care between the public's needs and the provider's capacity.*

Towards Partnership Working *- The need for partnership working is well recognised within policy; i.e. the co-involvement and cooperation of relevant agencies (national government, local authorities, private companies, voluntary organisations and so forth) in the delivery of health and social care. However, what is often overlooked in policy rhetoric is the issue of framing. Each professional partner will have a different perspective on the problems, their priorities and what should, and crucially what could, be done to improve the delivery of health and social care. The findings in this report begin to uncover how different partners frame issues. Improving understanding of different perspectives is crucially important for effective partnership working. A more systematic examination of the desires, needs and the barriers to delivering improvements in health and social care from all stakeholders' perspectives is needed.*

Geographies of Care *- The most insurmountable barrier to care identified by participants was travel: the time, cost and accessibility of the transport they need to receive treatment. It is clear that people's experience of the care system is dependent on their location and transport means. This concurs with research findings from the University of Exeter (www.volunteersincommunities.org) which found a differentiated geography of health and social care need and health and social care provision in Cornwall. The wider implication of this is that one policy or health and social care provision initiative will materialise, and be experienced, differently depending on where people live in the county. Understanding the different communities of care in Cornwall and how the Sustainability and Transformation Plan can deliver a place-based approach should now be a key objective.*

Going Forward *- The big question emerging from this report is how do the statutory, private and voluntary sectors work together to improve the provision of health and social care in Cornwall? There is of course no one answer to this question. Nevertheless, further participatory action research into coproduction of service delivery, partnership working and geographies of care would be a significant step forward in developing a more robust, adaptive and sustainable approach to the provision of health and social care.*

Engagement Approach

The following section outlines the approach for this consultation in more detail including an overview of the purpose and response to the public survey, community events and provider events.

Public survey and events

The public survey and events were promoted widely through local media and social media to attract member of the general public across Cornwall and the Isles of Scilly, they were promoted through Cornwall Councillors, town and parish town councils, local GP surgeries and patient participation groups. The survey and events were also through key partner organisations including Healthwatch Cornwall and Healthwatch Isles of Scilly using established newsletters, bulletins and briefings to reach a wider population.

The survey was launched in January and remained open for nine weeks. 2450 people completed the survey which was available online as a web survey and to download, in Easy Read format and with copies available in libraries, Cornwall Council One Stop Shops and GP surgeries.

The survey was designed to understand people's priorities for health and care and how we can improve the wellbeing of the population and meet needs more efficiently. We asked:

- What are the three most important things to you when you experience health and social care services and support in Cornwall?
- What would you like to achieve in terms of your own health and wellbeing? What are you already doing towards that? What additional help might you need?
- Do you have any suggestions that would help to improve your overall wellbeing and better meet your health and care needs at less cost?

The completed responses were from residents across Cornwall including responses from all towns, age ranges, ethnic groups and needs – a full breakdown is outlined below. This demonstrates that the results are broadly representative of the wider population of Cornwall and the Isles of Scilly. The survey was not designed for residents of the Isles of Scilly as a similar exercise was conducted in November 2015 by Healthwatch Isles of Scilly; the findings from this report are broadly consistent.

Response by closest large town

Truro, St Austell, Penzance and the Camborne / Pool / Redruth area accounted for 54% of the responses. A further 40% of responses were from Falmouth / Penryn, Newquay, Liskeard, Wadebridge, Bodmin, Bude, Hayle, Launceston and St Ives.

Full overview of responses across the survey and public events by town illustrated opposite.
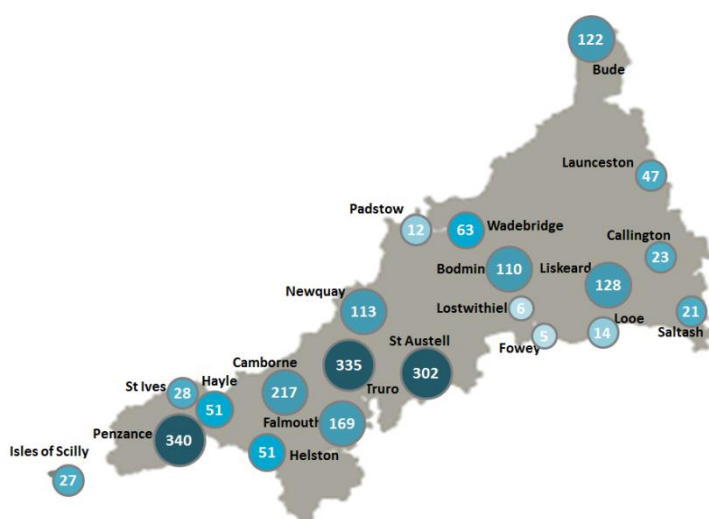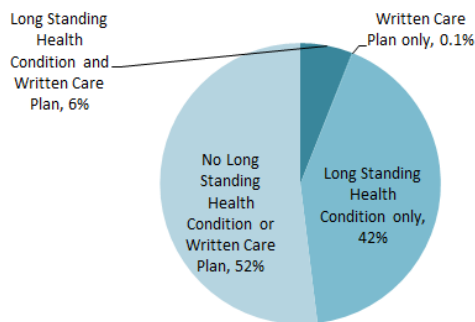
Response by age range

97% of respondents were between the ages of 19 and 80. Full overview of survey response by age range illustrated opposite.
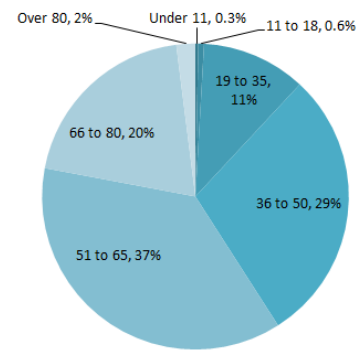
Response by ethnicity

71% of the sample identified as White and a further 23% as Cornish, 4.5% identified as 'Other' and 0.8% of the sample identified as Black, Asian or Mixed ethnicity.


Response by need

There is not a significant sample of people with only a written care plan (0.1% of the sample). There is a balanced representation of people who have long standing health or care needs and those who do not as illustrated opposite.

Public events

450 people participated in a series of public events in March 2016 across Cornwall and the Isles of Scilly. These events took place in Penzance, Pool, Falmouth, Truro, Newquay, St Austell, Bodmin, Liskeard, Bude and the island of St Marys. There were representatives from local town councils, patient participation groups, carers, community groups, community service providers as well as interested members of the public.

The events took the form of an afternoon drop-in session and evening panel discussions. The drop-in sessions were an opportunity for people to find out more information about health and social care in Cornwall and the Isles of Scilly and the current challenges we face, and to give their views on a number of topics:

- What's good about health and care in Cornwall now?
- What's not good about health and care in Cornwall now?
- How can we join up services to better meet your needs?
- How can we best use the resources and local assets we have got?
- How can we help you start well, live well and age well - away from hospitalised care?
- How can we help you access the right care in the right place at the right time? i.e. GPs / doctors' surgeries, minor injuries and urgent care centres, operations / surgery, social care, mental health, community hospitals
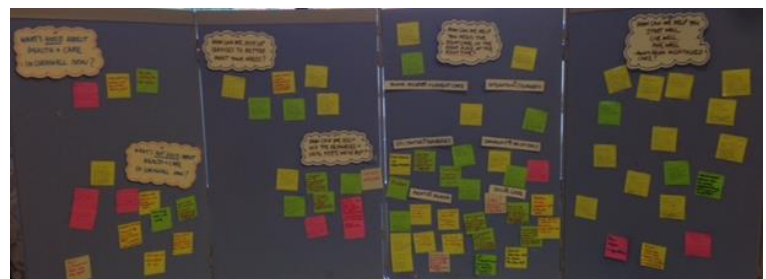
Panel discussions provided the public with an opportunity to put their views and questions to senior representatives from Cornwall Council, the Council of the Isles of Scilly, NHS Kernow, Royal Cornwall Hospital NHS Trust, Kernow CIC and Healthwatch Cornwall. The panel discussion in Truro was webcast from New County Hall with people posting questions through social media as well as the audience in the Council Chamber.

Further comments were received directly via email and social media to supplement the survey and events which have been incorporated.

Provider events

250 representatives from over 100 organisations providing front line services, including health and care, education, voluntary, public and private sector organisations, joined one of four open provider forum events in the East and West of Cornwall to help co-design our plan for the future.
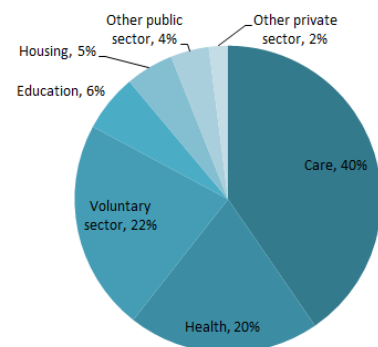
The provider events used a range of personal case studies, representing young people, adults and elderly people with different needs, to help facilitate discussion about how we can best support the person to achieve their goal. Groups also discussed what they need to make it possible to achieve their goal, what can be done to help and how best to organise that care and support around the person.

Groups reflected on the barriers stopping us delivering that joined up care and support, the solutions people are already working on and what other solutions we need to work on. The output of each event was a list of the top barriers and solutions for joining up services and wrapping services around people and communities as well as some suggested actions to progress as a priority for year one of our plan.

What are the priority areas for change?

We asked people:

- What is good about health and care in Cornwall and the Isles of Scilly now?
- What is not good about health and care in Cornwall and the Isles of Scilly now?
- What are the three most important things to you when you experience health and social care services and support in Cornwall?

The headline priorities:

Timely access to services, available at a suitable time

Support from friendly and professional staff who are well trained and care

Services are close to where people live/work or otherwise easily accessible with more services based in local facilities

Access, or greater access, to services including primary care/GPs, adult social care, mental health, community hospitals and dental services

Services needed are reliably and consistently provided, easy to contact and with sufficient capacity

What is good about health and care in Cornwall and the Isles of Scilly?

In shaping the future of services it is important to reflect on what is good about those services now to make sure we don't make changes for the worse. Some of the common themes that emerged from feedback across the events are:

Staff, support networks and standards of care

People providing front line services and volunteers are valuable to service delivery, staff and standards of care were the most commonly cited positive aspect of current provision. Specifically, staff are doing their best for people, and people feel well supported through family, carers, volunteers and support groups. Standards of care are high and public and providers would like to see investment in the care workforce to ensure this continues.

Local provision of some services

People value community hospitals and perceive that their role could be expanded in the future. Views on GP services varied by location, however, the GP surgery provision in Stratton was cited as a good example, the local physio referrals system was reported as working well. There were examples of GP surgeries expanding on their local provision, for example providing operations, minor surgery and x-rays. These local initiatives were supported.

Good progress on integration to build on

Coordination of care on the ground is working well for some people where the NHS, social care and voluntary sector are working together. There are a number of changes already in place on the ground, to join up services around people and communities which is evident from local practitioner groups. There are a number of pilots underway in different communities and there is also a good model of integrated services for mental health provision. There was interest expressed from a number of areas specifically in the Living Well model with demand to roll this out further.

Opportunities and enthusiasm to integrate and do things differently

Both front line staff and public demonstrated that there is a strong interest and enthusiasm in getting on and doing things differently, in particular, when it comes to integration of services. A wealth of ideas and suggestions for improvement were put forward, through the engagement events and survey which demonstrated the need to change.

Engaging with the public

The honest and transparent dialogue with the public and providers was welcomed by people involved in the events. Events demonstrated good quality discussion and debate about the complex challenges we face and ways we can tackle these together. People felt empowered and listened to through the events.

What is not good about health and care in Cornwall and the Isles of Scilly?

As well as understanding what works well today, it is critical we identify what is not working well today and needs improvement. This will help to make sure our plans focus on the areas which need the most attention. The areas for improvement are detailed further in following sections of the report but to summarise, the common themes about what is not good are:

Need to travel for treatment

The need to travel to receive treatment and attend some routine appointments is inhibiting for a number of people in terms of time, cost and in particular where there is a reliance on friends, carers or voluntary support for transport. There is a specific impact for carers and the care workforce who travel with people. Transport links to hospitals are underdeveloped, for example there is no direct bus route from Newquay Airport to Treliske which impacts residents from the Isles of Scilly. Access to services is a key issue for people as demonstrated in being the number one priority.

Limited access to mental health services and support

Mental health services are perceived as underfunded and underdeveloped in Cornwall, in particular for young people who need to travel out of county for placements. Concerns about mental health provision were raised at the majority of panel discussions and almost 10% of people, when asked what additional help they might need to improve their health and wellbeing, proposed greater access to or improved mental health services. Feedback suggests there is a gap between Child and Adolescent Mental Health Services and adult services. There are long waiting lists, limited provision is available to meet demand and there is a need for a joined up approach between the Police, Ambulance Service, GPs and the Mental Health team.

Local resources and facilities are underused

Comments related to local resources and facilities such as community hospitals reflected a common perception that local facilities are underused and their use could be extended in function. There is anecdotal evidence demonstrating support for services to be provided more locally, with a move away from central provision in Truro. There were concerns raised at the majority of panel discussions over continued closures to community hospitals.

Lack of investment in prevention

There is not enough investment in prevention, a lack of awareness among the general public regarding their own health issues, personal responsibility and how the way in which they use or misuse the health and social care system can have an impact i.e. missed appointments or misuse of the emergency department.

There were also a number of themes that came through, based on anecdotal feedback and individual experience i.e.

- **Limited specialist services available in Cornwall -** Limited availability of specialists in GP surgeries or hospitals, meaning people need to travel out of county and in some cases to London to access specialist services. There are competing views about the value of providing specialist services locally versus regionally.

- **Lack of availability of GP appointments in specific locations -** This varied by location, with specific GP surgeries cited in St Austell, in particular, frustrations with access to appointments and variance in provision across different surgeries. From more general feedback it is evident that not everyone believes 24/7 access is required but there are concerns about the amount of appointments not attended and delays in being able to see a GP. People are keen to see the same GP, which is not always possible and can result in long waits.

- **Lack of continuity of care -** Services and support are disjointed in particular when people move settings or there is a change in circumstances and people can fall between services and get left behind. A lack of continuity is apparent in discharge from hospital and follow up services and also in delayed transfers of care. There is fragmentation of services across borders both locally within county and between Cornwall and Devon, in particular, there is a lack of information sharing across services and borders which impacts people.

- **Lack of information to help people help themselves -** It is difficult for people to navigate the system. There is a perception that people need to push and fight for services and that there is a lack of information, upfront, about what is available to them, for example, where, when and how. There is too much focus on assessments and meeting eligibility criteria as opposed to understanding and looking to meet individual needs.

- **Workforce is stretched and under-developed -** Caseworkers in Adult Social Care are perceived as stretched and there is a lack of capacity, with care needs being unmet in some remote areas. There is not enough staff available to deliver the satisfactory standards of care and reach all of the population. There is also no clear workforce retention and development plan in place.

- **System does not respond well to crises -** It is suggested that people are turning to the emergency department as a last resort and in some cases are signposted there by GP surgeries that are under pressure and unable to cope with demand. Extra burden is being placed on voluntary services and public sector agencies, for instance, the Police.

- **Health infrastructure is not developing in line with housing growth –** There is a perception that infrastructure for Cornwall's growing population is not developing at the same pace as housing development, putting extra pressure on GP services, and is not sustainable. Specifically there is a perception there are not enough beds in step up/step down facilities in the right locations to meet demand.

- **Need to challenge for fairer funding in Cornwall** - There is a perception that Cornwall is underfunded and under-resourced and pressure should be put on central Government for fairer funding for Cornwall.

What are people's priorities for health and care in Cornwall and the Isles of Scilly?

In order to focus our efforts on the things that will have the most impact for people, it is important we understand what people's priorities are when it comes to health and care. This information will help us to prioritise changes, it will be used together with information about what is clinically and financial viable to identify the most effective options for services in the future.

More than 2400 residents across Cornwall and the Isles of Scilly provided their top three priorities when they experience health and care.

55% of people listed access to services as their number one priority. This includes being able to access services reliably, quickly, easily, near to where they live or work.

Priority themes, ordered in importance, across the top three priorities provided:

1. Access to services (43%), specifically:

- Services available quickly and promptly, at a convenient time (23%)
- Services are available close to work or home and easy to access (7%)
- Services are consistently available and reliable (7%)
- Access, or greater access, to a specific service including mental health services and support for people with mental or physical disabilities (5%)
- Quick, accurate and complete diagnosis (1%)

2. Staff are professional, competent, caring and well trained (19%)

3. Right standards of care, delivered in the right place, at the right time (8%)

4. I have one point of contact who I know is coordinating my care and keeps me informed (6%)

5. I am involved and supported in planning my care (5%)

6. Services are free at the point of delivery or I can easily access financial support as needed (4%)

7. I am listened to and given the time I need to communicate my needs (3%)

8. When I move between services or settings there is a joined up plan in place (3%)

9. I have the information I need in a way I can access and understand it (3%)

10. All my needs and personal goals are understood and met (2%)

Other priorities represented 4%, key themes to note:

- People are able to stay healthy and independent
- Better access to mental health services
- Services are resourced adequately and people are confident they will be there if the need them in the future.

Variance by place, age or need

Priorities were broadly consistent across all towns, age groups and whether people had a long standing health condition or written care plan. A few specific variances to highlight are:
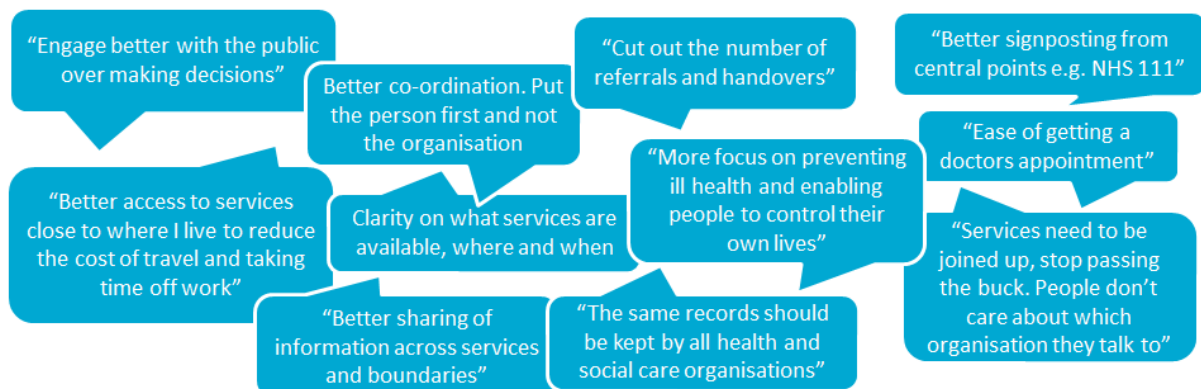
- Access to services quickly and promptly at a convenient time, as well as staff that are professional, competent, caring and well trained were the top two priorities for all towns in Cornwall.
- The Isles of Scilly prioritised having one point of contact coordinating care and nearby provision of services.
- Access to services that are available close to work or home and easy to access was more of a priority for more remote towns that are further from the main hospitals in Truro, Plymouth or Exeter, in particular, Penzance, Fowey, Wadebridge, Bude and St Marys on the Isles of Scilly.
- Access to services nearby was of greater importance to people under the age of 11 or over the age of 80, this could be attributed to the need to depend on others for transport.
- Children under the age of 11 had different priorities to other age groups; having one known point of contact coordinating care was a top priority for 28% of people, compared to the average of 6% across all age ranges. Involvement in their care planning was also significantly more important for this age group, as a top priority for 11% of children, compared to the average of 5%.
- For people aged 11 to 18, being listened to was significantly more important than for other age groups. It was a top priority for 8%, only second to the competence of staff, compared to the average of 3%.
- There was not a significant sample of people with only a written care plan (0.1% of the sample), however for those people being listened to was a top priority alongside nearby and quick access to services.
- Priorities were consistent for people with a long standing health condition, a long standing health condition and a written care plan or neither. The only key variance is the importance for people with a long standing health condition of receiving the right standards of care, delivered in the right place, at the right time. This was the number three priority for people with a long standing health condition at 13%, compared to the average of 8%.

What changes do people want to see?

We asked a range of questions to gather feedback, ideas and solutions to meet our three challenges:

- Improving experience of care and support
- Improving the health and wellbeing of our population
- Reducing the cost of care and support

The headline changes:

"Engage better with the public over making decisions"

Better co-ordination. Put the person first and not the organisation

"Cut out the number of referrals and handovers"

"Better signposting from central points e.g. NHS 111"

"Better access to services close to where I live to reduce the cost of travel and taking time off work"

Clarity on what services are available, where and when

"More focus on preventing ill health and enabling people to control their own lives"

"Ease of getting a doctors appointment"

"Services need to be joined up, stop passing the buck. People don't care about which organisation they talk to"

"Better sharing of information across services and boundaries"

"The same records should be kept by all health and social care organisations"

Improving experience of care and support

In setting the priority areas for focus we asked people what is good and what is not good about health and care now, we also asked people about their priorities. This information provides the baseline for improving experience of care and support for future planning.

We also asked people to provide specific suggestions about the changes they would like to see to existing services and how we could join those services up to better meet their needs. Key themes and suggestions have been grouped by topic:

Joining up services

'Improvements needed to information sharing across services and boundaries – need joined up systems and better signposting from central information point e.g. NHS 111'

'Pool funds together or make it clear who pays for what to create greater transparency and public accountability'

'Extend use of community hospitals as hubs; teams working together under the same roof'

'Better coordination, put the person first not the organisations, need for greater continuity of contact who understands a person's needs and goals and has the specialist knowledge to support them'

'Improve working links between social services and mental health teams'

'Consider the funding and support available for the voluntary sector, vital for service delivery'

GPs/doctor's surgeries

'Shorter waiting time for GP appointments'

'Increased access to GP appointments including evenings and weekends to prevent misuse of the emergency department'

'Greater continuity from GP, assigned doctors'

'Easier access and provision of free parking at local surgery'

'Multi-Disciplinary Teams at each practice extended to include social care and other professionals, e.g. legal representatives, to encourage joined up working and information sharing'

'Extend use of GP surgeries as information hubs'

'Cut out referrals from GPs'

'Promote option for telephone / Skype consultations for minor issues and check-ups'

'Introduce more local walk-in facilities'

Mental health services

'Better access locally and provision of facilities for young people in county'

'Quicker access to help when in crisis, especially if having suicidal thoughts'

'Underinvested, over capacity and waiting times are too long'

'Important to have better continuity of contact and ongoing support for mental health problems'

'Need greater understanding of mental health across hospitals and GP surgeries'

'Need to understand the high suicide rates in Cornwall'

'Need alternative forms of treatment to cognitive behaviour therapy and group sessions'

Social care services

'Need better information about how to access social services for guidance'

'Greater support for carers of people with long term conditions including availability of respite facilities and adequate day centre provision'

'Quicker access to assessments'

'Quicker implementation of care packages to support efficient discharge from hospital'

'Integrate social care in Multi-Disciplinary Teams at GP practices'

'Important to retain local residential care provision in the Isles of Scilly to avoid need to travel to the mainland away from friends and family'

'Investment needed in carer workforce development, care to be regarded as a profession not a fallback option, better conditions for pay and travel between appointments'

'Need to make caring a more interesting and varied job, consider hybrid roles and responsibilities'

Community hospitals

'Introduce more step down beds to get people out of hospital to reduce pressure on the emergency department'

'Need better services at community hospitals in place for example to provide better access to specialist services regionally to fit with local population's needs'

'Need to maintain and extend those community hospitals we do have, use for basic tests like blood tests rather than referring to Treliske or Barnstaple'

Minor injuries, urgent care, operations and surgery

'Improvements needed to 111 services to address overuse of the emergency department'

'Consider a minor injuries unit next to Treliske with a nurse on triage at the entrance to the emergency department'

'Need to stop operations being cancelled due to lack of beds'

'Need for more step up/step down beds for convalescence'

'Develop more minor injury and operation centres in other areas'

Enabling better outcomes

'Start with prevention – shift funds from hospitals back into the community to address hospital admissions'

'Encourage people to take personal responsibility for their own health and care and developing local solutions'

'Provide more information about what is available, where and when to help people make informed choices about their care'

'Extend use of personal budgets to wider population'

'Focus on place based plans for community development and consider impact of new housing developments on hospitals, GP surgeries, dentists, schools etc when granting planning permission'

'Consider new technology opportunities and extending information sharing pilots such as patient passports'

Improving the health and wellbeing of our population

In shaping the future of health and care, we asked people about their personal goals and what additional help they might need to achieve them. We also asked for suggestions about how we could help people start well, live well and age well – away from hospitalised care.

Common themes that emerged based on survey responses:

- Better, quicker or closer access to services including GP, physio, mental health services and counselling, and dental services (referenced in a third of survey responses), notably:
  - Greater provision of mental health services and counselling (5%)
  - Greater access to physiotherapy (2%)
- Better access to facilities to help stay active and exercise near home in an affordable way (15%)
- Easier access to information, better access to advice and guidance including support groups, provide more information upfront when a condition is diagnosed (6.5%)
- Help and support to achieve a healthy weight and diet, local groups for ongoing support (6%)
- Support to remain independent in own home or other setting (5%)
- Investment in preventative care and proactive education to improve outcomes (5%)
- Greater involvement and support in planning own care (5%)

There were also a number of ideas to meet some specific challenges, grouped under topics:

Navigating through the system

'Increase awareness about where to go for what needs'

'Advocates for people with dementia and vulnerable adults to help access services'

'Transitional 24 hour care packages after major operations'

'Provide a liaison between the NHS and outside organisations or perhaps simple roadmaps on how to find help following diagnosis, one named contact'

Keeping fit and healthy

'People want access to advice on how to make healthy choices around food and lifestyle'

'Provision of quality open spaces, green spaces (including trees and woodland) and recreation facilities to encourage healthy lifestyles and improve quality of health and mental health'

'Affordable options for keep fit classes / gym use e.g. hospitals and schools open their doors or more outdoor park gym equipment that are free to use by the public'

'Increase focus on keeping people well, in particular the healthy elderly who may care for others'

'Reduction in the cost of eating healthy'

'Safer places to walk and cycle'

'Free taster sessions e.g. fitness, meditation, relaxation, mindfulness to help people with the initial motivation for improving their own health and wellbeing'

'More targeted fitness classes e.g. pilates or yoga for older men'

'Filtering messages into the community and work places about providing opportunities for 'active breaks' to look after employees'

Prevention, early intervention and personal responsibility

'Health services to be active in education and local planning i.e. to promote and require healthy food outlets not junk food chains Health MOT tests to identify problems early'

'Health MOT tests to identify problems early'

'Medical records online to access information like bank records'

'Tough love' from the service'

'Personal budget accountability to choose to pay for gym membership etc from budget'

Connected communities

'Develop community hubs and community centres to facilitate local agendas and provide more stimulating activities to engage with and draw in the local community'

'Improve day services for children and people with learning difficulties, more adaptable activities'

'Drop in group for people and children who are feeling lonely'

'Joined up services to create a health promoting environment for infrastructure e.g. investing in young people and supporting our old in independence'

'Advice on how to cope independently'

Supporting the ageing population

'Improved housing options for elderly people, better equipped rather than modified to better meet equipment needs'

'Encourage collective care within neighbourhood planning with older people moving into a house share'

'Provide guidance for widowers on what foods to buy and how to cook nutritional meals'

'Alternatives to memory cafes based on music and more stimulating activity and companionship'

Reducing health inequalities

'Address fuel poverty, housing and transport issues which impact on health and wellbeing'

'Improve access to services, in particular social services and mental health services, for deaf people with trained workers in British Sign Language'

'Someone to talk to and help with all aspects of trying to survive on benefits, permanently unfit to work, like the Local Area Coordination Network'

'An advocate to help with home life, budgeting, keeping home warm'

Reducing the cost of care and support

Within the context of increasing demands and reducing levels of funding for some areas of health and care, it is important to identify opportunities to meet people's needs as efficiently and effectively as possible.

In shaping the future of health and care, we asked people to contribute any ideas that could improve their overall wellbeing and better meet their health and care needs at less cost. We also asked for suggestions about how we could best use the resources and local assets we have got.

A number of common themes that emerged based on survey responses are the same as those to improve health and wellbeing:

- Better, quicker or closer access to services and greater provision (referenced in 29% of survey responses), notably greater provision of mental health services in particular for young people to avoid treatment out of county (3%)
- Better access to facilities to help stay active and exercise local to home in an affordable way (10%)
- Investment in preventative care and proactive education to improve outcomes – educating people to take more responsibility and self-help (9%)
- Ensure services are joined up to support more effective transition across services and settings and professionals talk to each other (8%)
- Statutory services making more efficient use of resources (7%)
- Greater investment in services, invest in the short term for the longer term (6%)
- Regular reviews and annual health checks to monitor health (4%)
- Easier access to information, better access to advice and guidance including support groups, provide more information upfront when a condition is diagnosed (3.5%)
- Investment in staff development and training, staff services to provide time to deliver a meaningful service (3%)
- One point of contact coordinating care and keeps me informed (2.5%)
- Use of email/telephone or technology to improve access (2%)
- Help and support to achieve a healthy weight and diet, local groups for ongoing support (2%)
- Social interaction or community engagement (2%)

There were also a number of suggestions, grouped under topics:

Navigating through the system

'Promote services in the community in particular voluntary services i.e. directory'

'Email updates to people to create awareness about service changes'

'Access to a key worker as a central point for clients to gain specific support for their requirements'

'Advocates and champions for service users with specific conditions e.g. Parkinson's champions and Admiral Nurses for dementia care'

'A person who knows you - care coordinator, who works with you all the time'

'Provide more time to talk and get to know the person and more holistic training for health and care professionals to understand how goals are best achieved within the resources available'

Keeping fit and healthy

'Local weight loss / exercise groups supported by GP surgeries'

'Link with town councils to create healthy town plans i.e. greater provision of outdoor park gym equipment or introducing walking distance markers'

'More cycle paths and protection for cyclists on the roads'

'Providing 'Lifestyle' courses for which relevant patients could be referred, providing information which can have a positive impact on people's lives and reduce visits to GPs/hospitals'

'Encouraging healthy lifestyles and community responsibility/membership, using the Australian model of outdoor lifestyle and safe recreational grounds and family areas, outdoor therapy'

'Guide to local free activities to keep people active'

'Providing more accessible trees, woods and green space for physical activity'

Prevention, early intervention and personal responsibility

'Regular annual check-ups for early diagnosis'

'Funding glucose strips to help early detection of diabetes'

'Invest in regular pulmonary rehabilitation to keep people with respiratory disease out of hospital'

'Mandated active breaks at work for sedentary workers for health and wellbeing benefits'

'Enable people to live independent lives in their own homes for longer'

'Provide guidance for those newly bereaved or school children on cooking/caring for themselves'

'Health services to be active in education and local planning i.e. Public Health involvement in decisions regarding leisure services'

'Greater focus on continuity and follow up to avoid relapse and readmissions'

'Encourage self-help and personal responsibility'

'24 hour carers' crisis line'

Connected communities

'Facilitate social groups in areas of isolation to help people stay connected or for retired people to focus on self-help and recognise symptoms of ill health e.g. community health hubs in libraries; provide small amounts of funding to support local health improvement plans'

'Developing time banking in the community e.g. support around the house with odd jobs or transport, encouraging local support networks and neighbourliness'

'Invest in community projects to provide social opportunities based on peoples wishes'

'Develop healthy communities with recognised providers/businesses who sign up to a code'

'Introduce Community Champions, volunteers who can look across the needs of a population and create opportunities for volunteers'

'Secure forum e.g. Facebook group, for carers to exchange information and connect'

'Subsidise transport to reduce social isolation'

'Alternatives treatments to medication including social prescribing'

Joined up resources across the system

'Agencies not arguing over which pot of taxpayer's money is used to help them'

'Integration needs to be more than just financial to be beneficial'

'Using capacity available in the system e.g. fire service to provide person centred coordinated care for urgent care referrals 'one call, one service''

'Local teams, co-location of services with one point of access, better communication and coordination'

'Horizontal structure with co-location of clinical teams in the community at one centre, based around GP surgery, with enhanced services; one reception, one stop community health/social point of access'

'Introduce Professional Care agencies into Multi-Disciplinary Teams at GP practices'

'Extend services in community hospitals, perception of buildings being underused'

'Review how un-used/under-used estates can be used more efficiently elsewhere in the system'

More efficient service delivery

'Nurse led clinics in pharmacies for minor ailments'

'Treat elderly people in their homes and with district nurses and not in hospital unless that's where they need to be'

'Re-use of equipment'

'Introduce 'virtual hospitals' and electronic testing clinics with diagnostic do it yourself equipment in places that sell or distribute medications'

'More efficient dispensing i.e. quarterly as opposed to monthly for regular prescriptions'

'Review free prescriptions availability to people over 60 to be in line with state pension age'

'Measures to divert people with minor or non-urgent conditions from the emergency department'

'Step down beds to help move people out of hospital'

'Introduce call back waiting list for cancelled appointments instead of people ringing in'

'Invest in the workforce and provide development opportunities, retain back-up agency staff to provide cover'

Better information sharing and access

'Better use of technology for information sharing, email/text reminders, contact GPs by email/phone, routine or initial appointments by Skype'

'Certain services to be offered via an interactive portal to exchange information and get feedback on conditions e.g. dermatology'

'Invest in development of apps to help people access information instead of leaflets – one central portal to access latest information'

'Patient consent to share information across services to avoid repetition, shared access to records including for carers'

'All patients to have access to (read only) electronic files of their personal medical records'

'Patient pass with a barcode that provides info for health professions, ambulance, carers, police if that person needs them'

Focus on value-adding front line services

'Reduce non-value adding services, avoid duplication and reduce management overhead in non-customer facing roles'

'Cut down on layers and waste/duplication'

'Cut out referrals and handoffs, provide services in house on the day'

'Employ real innovators'

'Provide more support for targeted and specialist services rather than generic services and support'

'Introduce Management Services for NHS Trust admin, ancillary and cleaning support staff to review efficiencies, also for GP admin support and receptionist staff'

Improved engagement and decision making

'Engage better with communities in making decisions'

'Have a high level 'think tank' with the autonomy to make system wide decisions and a financial strategy to carry these decisions out'

'Planning permissions for new residential or holiday properties should be subject to increased healthcare provision i.e. expansion at local doctors and hospitals, in particular for retirement homes'

'Need better dialogue with providers of services to identify better ways of working together'

Greater public accountability for spend

'Make the cost of services better known for public to take cost into consideration and contribute to costs if they wish'

'Public education to prevent misuse of the emergency department, better use of pharmacies and GP, social care presence in the emergency department, better triage service'

'Make the public aware that Cornwall Council's social care services are the final safety net rather than the first "port of call" for support'

'Charging for attendance at the emergency department, Minor Injuries and GP surgeries'

'Charging for missed appointments, introduce basic fees for doctor's appointments'

Increase level of personal choice

'Allow people to choose or refuse unwanted treatment'

'Empower people and their carers to choose what they want rather than complete tick box assessments to establish needs'

'Allocate personal health budgets to wider populations, with the opportunity to top up from self-funding'

National messages

'Enable assisted suicide or for people to take the decision to not resuscitate'

'Allow people to 'top-up' and contribute to their healthcare'

'Reward people leading healthy lifestyles with tax breaks'

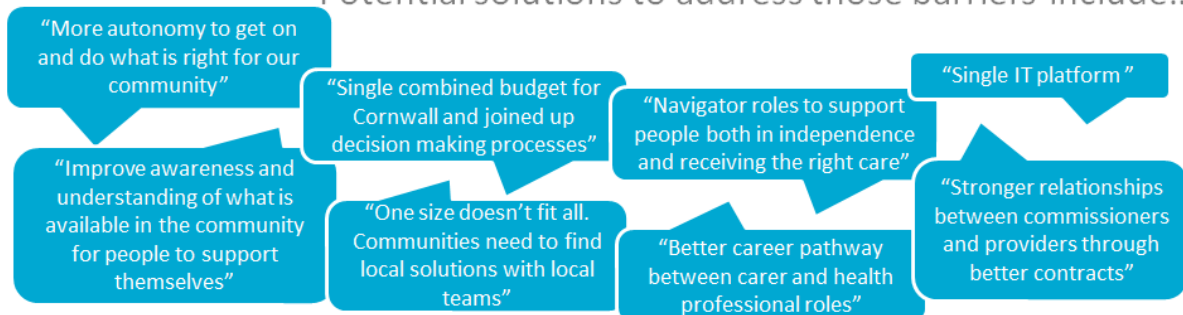*'Reduce performance management and number of performance indicators'*

How can we join up services to improve outcomes?

We asked people providing front line services and support across health and care and representatives from wider partners such as education, housing, voluntary and public sector, to provide input to help shape the future integration of health and care services.

The main barriers and issues in joining up services and wrapping services around people and communities are...

"Lack of focus on prevention"

"Contracts are dis-incentivising joined up care"

"Recruitment and retention of care professionals"

"The system is too complex and hard to navigate"

"IT and data sharing issues duplicates work and is frustrating for people using services"

"Organisational silo mentality"

"Budgets and funding are not joined up"

"Lack of continuity of care"

Potential solutions to address those barriers include...

"More autonomy to get on and do what is right for our community"

"Single combined budget for Cornwall and joined up decision making processes"

"Navigator roles to support people both in independence and receiving the right care"

"Single IT platform"

"Improve awareness and understanding of what is available in the community for people to support themselves"

"One size doesn't fit all. Communities need to find local solutions with local teams"

"Better career pathway between carer and health professional roles"

"Stronger relationships between commissioners and providers through better contracts"

Barriers to health and social care integration

There is continued focus on the integration of health and social care, a direction set by central Government and also the ongoing direction of travel for local partners over the past few years.

Based on the experience to date of joining up services and wrapping services around people and communities, we facilitated discussion with 250 representatives from a range of health and care organisations and wider stakeholders to identify and agree upon the main barriers to integration.

The main barriers and issues identified are listed below in order of importance based on the frequency they were cited within the top three barriers and issues to integration. Lack of continuity of care and organisational silo mentality together represent almost half of the issues raised:

1. Lack of continuity of care

People planning or providing services do not know the story of the individual and how to share this information to ensure the story goes with the person. Support needs to be coordinated around an individual however services and specialists are currently disjointed and there continues to be a barrier in working across organisations and who takes the lead in supporting individuals to create the join up.

2. Organisational silo mentality

Organisations are working in siloes and organisational boundaries prevent the right solutions, limited communication between partner organisations and in particular between voluntary and public sector. Lack of trust in services being discharged to and organisations are not always keen to refer on and focused on protecting their own reputation.

3. Capacity for culture change

Successful integration is dependent on organisations working together from the start to jointly design the future and solve issues together and involving the community effectively. Change requires capacity from professionals to initiate and participate in strategic planning for the future. Organisations have a lack of confidence and often resistance to change, individuals do not have the relevant permissions which results in a lack of risk-taking. Issues of trust between organisations need to be addressed.

4. The system is too complex and hard to navigate

No single directory of services, there are a large number of voluntary sector services and lots of duplication. System is fragmented and confusing both for people providing and receiving services.

5. Budgets and funding are not joined up

Commissioning budgets are blocking joint working with providers holding onto people to retain funding and need to calculate shared priorities given the pressure on individual organisations to balance budgets. Funding is often limited to short term intervals, does not support longer term working and integration. Contracts are not person centred and do not incentivise the right behaviours.

6. Lack of focus on prevention and early intervention

Balance of crisis and prevention is off. The system is reactive and not proactive, stuck in fix mode with limited focus on prevention. Thresholds to access services wait until it is too late. Prevention services and education are not being invested in.

7. Recruitment and retention of care professionals

There are issues with attracting people to the care workforce, carers undervalued by other professionals. There are barriers between social care and health workers, need to value skills and experiences of care workers.

8. IT and data sharing issues duplicates work and is frustrating for people using services

Concerns regarding patient confidentiality prevent joined up working, need to break down myths about what can / cannot be shared. The number of systems prevents interoperability and information sharing.

Solutions for health and social care integration

In response to the barriers and issues identified, we facilitated discussion with the same 250 representatives from health and care organisations and wider stakeholders to generate ideas and solutions that would address those challenges.

The main solutions and ideas identified are listed below in order of importance based on the frequency they were cited within the top three solutions to integration. The proposal of a navigator / coordinator role was proposed consistently by all groups as one of the top three priorities:

1. Navigator / coordinator roles to support people in receiving the right care

Introduce a paid coordinator / navigator role to follow and help people through the system, someone who can spend time learning about the person and can identify early if things go wrong. Care coordinator as the point of contact to understand needs of the person and understand capacity in the system, can pull networks together to support the person. Support individuals to develop a 'plan about me' taking into account health issues, family information, community activities etc.

2. Better career pathway between carer and health professional roles

Invest in changing perceptions of the care industry, needs to be respected as a viable profession. Access funds for skills development, focus on workforce development. Introduce requirements for workforce development and training into contracts with providers.

3. Single IT platform and common governance standards to support information sharing

Develop IT fit for the future i.e. sharing information and supporting access. Introduce common governance framework. Develop electronic red book to follow people through the system and share with other services. Myth busting about information sharing. Use technology as an enabler with providers sharing a case management system which all agencies can feed into.

4. Increased focus on prevention and early intervention

More focus on preventative measures for patients and professionals, to stop people reaching crisis and to empower people to manage their own health and wellbeing better. Early intervention with individuals including information services and support. Fund prevention schemes i.e. sustainable funding sources. Commission for innovation and invest to save.

5. One size doesn't fit all, communities need to find local solutions with local teams

Commission by place and by outcomes with teams working together to support people sharing information about people using a community based budget. Invest in and empower communities. This will create stronger enabling communities and localities to influence services in their area. Involve Parish Councils to support local people. Complete a gap analysis to map issues with the voluntary sector provision to encourage expansion or relocation of provision. Better engagement within the community to understand needs and priorities. Wrap services around communities rather than individuals and consider what outcomes are measured to support this approach.

6. Single combined budget for Cornwall and joined up decision making processes

One commissioning team, with one budget, one vision and one set of priorities. Integrated budget, bringing budgets together and united decision making against a single plan and to help prioritise investment across all sectors. Central responsible body that is non-political e.g. personal health authority. Provide integrated budget around an individual.

7. More autonomy to get on and do what is right for our community

Multi-disciplinary teams to include wider representation, e.g. voluntary sector and housing, to address our local challenges. Consider measurement criteria for support services. Co-location of services, under the same roof to support joint working and information sharing, sharing of resources. Be honest and transparent about resources, do what we can well and be open about what we cannot do.

8. Stronger relationships between commissioners and providers through better contracts

Maintain an honest and open relationship with providers. Service user and provider input into needs assessment and commissioning. Longer contracts to provide more security and support providers working together. Hold contract meetings with all providers, not individual discussions.

9. Improve awareness and understanding of what is available for people to support themselves

Single point of access for information and advice. Develop a directory of services and information on eligibility criteria; mapping of services available in the local community, tapping into local communities and networks / solutions. Provide information to support self-care and personal responsibility. Small locality hubs to target joined up work and partnership work.

Appendices

Appendix 1: Overview of engagement events and organisations represented

Appendix 2: Report distribution list

Appendix 3: Infographic summary

Appendix 1: Overview of engagement events and organisations represented

System Leaders Group meetings (26 November 2015 and 20 January 2016)

- Cornwall Council
- Cornwall Partnership NHS Foundation Trust
- Kernow Health CIC
- NHS Kernow
- Peninsula Community Health CIC
- Royal Cornwall Hospitals NHS Trust
- South West Ambulance Foundation Trust

Cornwall Executive Group meetings (13 January 2016 and 17 February 2016)

- Coastline Housing
- Cornwall College
- Cornwall Council
- Cornwall Fire and Rescue Service
- Cornwall Partnership NHS Foundation Trust
- Council of the Isles of Scilly
- Department of Work and Pensions
- Devon and Cornwall Police
- Environment Agency
- Falmouth University
- Highways England
- Homes and Communities Agency
- Kernow Health CIC
- Local Economic Partnership
- Natural England
- NHS Kernow
- Peninsula Community Health CIC
- Public Health
- Royal Cornwall Hospitals NHS Trust
- Skills Funding Agency
- South West Ambulance Foundation Trust
- Truro and Penwith College
- Voluntary Sector Forum

Open Provider Forum events (23 February 2016 in Pool and 25 February in Liskeard)

- Acorn Academy Cornwall
- Addaction
- Age UK Cornwall and the Isles of Scilly
- Alfi Telehealthcare - Cornwall Council
- Alzheimer's Society
- Anson Care Services
- bfadventure
- Bluebird Care (Mid & West Cornwall)
- Bodmin Hospital
- Bosence Farm Community Ltd
- Brandon Trust
- Calton House Ltd
- Camborne and Redruth Community Hospital
- Camborne Nursery School
- Capgemini UK plc
- Care UK Clinical Services Limited
- Carers Break Community Interest Company
- Carnon Downs Surgery
- Castle Hill House Ltd
- Citizens Advice Cornwall
- Coastline Housing Ltd
- Core Health Consultancy
- CORMAC Solutions Ltd
- Cornwall Adult Social Care Learning Partnership
- Cornwall and Isles of Scilly Drug and Action Team
- Cornwall Care
- Cornwall College, St Austell
- Cornwall Council
- Cornwall Dyslexia Association
- Cornwall Fire & Community Safety
- Cornwall Housing
- Cornwall Neighbourhoods for Change
- Cornwall Partnership NHS Foundation Trust
- Cornwall Rural Community Charity
- Cornwall Voluntary Sector Forum
- CSP (GESI)

- Devon & Cornwall Police
- Disability Cornwall & Isles of Scilly Ltd
- ECHO Physical Disability Resource Centre - Cornwall Council
- Embrace Group
- Enable in Cornwall Ltd
- Falcare
- General Dynamics Information Technology Ltd
- GOAL @ Gorfenna
- Golden Lane Housing Ltd
- Green Haven Support Ltd
- Green Light
- Greenbank Care
- Gweres Kernow
- Healthwatch Cornwall
- Home Group
- Inpatient Care Hospital
- Interserve Healthcare
- iSightCornwall
- Job Centre
- John Daniel Centre - Cornwall Council
- Kehelland Trust
- Kilmar House Care Home
- Kokomo
- Mencap
- Mind Restormel Association for Mental Health
- Newcross Healthcare Solutions Ltd
- NHS Kernow
- North Cornwall Alternative Provision Academy
- Oak Tree Surgery, Liskeard
- Oasis Community Care Ltd
- Ocean Housing
- Olive Branch Community Café
- Outlook South West
- PAS Ltd - OUR HOUSE
- Peninsula Community Health CIC
- Peninsula Dental Social Enterprise
- Pentowan Home Care
- Pentreath Ltd

- People and Gardens
- Plymouth Chiropractic Clinic Ltd
- Plymouth Community Healthcare CIC
- Plymouth Hospitals NHS Trust
- Pool Academy
- Proper Care
- Public Health
- Public Protection Service
- Ramsay - Duchy Hospital and Bodmin Treatment Centre
- Re-gain
- Restormel Befriending Scheme
- Right On Redruth
- Royal Cornwall Hospitals NHS Trust
- Royal Voluntary Service
- Safer Stronger Consortium
- SCOPE - Face 2 Face and Sleep Solutions
- Sense
- South Devon Osteopaths
- South Western Homecare
- Specsavers
- Spectrum
- St Cleer, Pensilva and Blisland Primary Schools
- St. Austell Healthcare
- St. Mary's C of E School, Penzance
- Stayathome Ltd
- Supporting you in Cornwall – Supported Living
- T/A Pentire Helston
- Tamarisk Care Agency
- Taylors of Grampound Ltd
- The Children's Society
- The DOVE Project
- The Rowan Organisation
- The Royal British Legion
- Tre'care Group
- TrewCare Limited
- United Response
- Virgin Care Services
- Westcountry Home Care Ltd.
- Women's Rape and Sexual Abuse Centre
- Xenzone Ltd
- Yoga for Healthy Lower Backs Institute

Public events (8 March to 24 March 2016)

Date	Location(s)
Tuesday 8 March	Penzance (Queen's Hotel and St John's Hall)
Wednesday 9 March	Bude (Park House Centre)
Thursday 10 March	Bodmin (Shire House Suite and Chy Trevail)
Tuesday 15 March	St Austell (Library) / Truro (New County Hall) - *webcast*
Wednesday 16 March	Newquay (Sports Centre)
Thursday 17 March	Liskeard (Eliot House Hotel)
Tuesday 22 March	St Mary's, Isles of Scilly (Town Hall)
Tuesday 22 March	Falmouth (Town Hall) - *Community Network Panel*
Wednesday 23 March	Truro (One Stop Shop) / St Austell (One Stop Shop)
Thursday 24 March	Pool (Heartlands and Cornwall College Lecture Theatre)

Materials from the public events and the notes from each of the panel discussions and an overview of the panel representatives are available here: www.cornwall.gov.uk/shapethefuture

The webcast from the panel discussion in New County Hall on 15 March is available to view here: http://www.cornwall.public-i.tv/core/portal/webcast_interactive/212750

Additional written submissions received from Councillors and organisations:

- Cllr Brian Hobbs (Torpoint East)
- Cllr Malcolm Brown (St Austell Bethel)
- Healthwatch Isles of Scilly
- Learning Institute
- Penwith Dementia Action
- West Cornwall Healthwatch
- Woodland Trust

Appendix 2: Report distribution list

The report has been shared with Chief Officers of the member organisations of the Joint Strategic Executive Committee that commissioned this work to cascade to their members, staff and partners.

Joint Strategic Executive Committee member organisations:

- NHS Kernow
- Cornwall Council
- The Council of the Isles of Scilly
- Cornwall Partnership NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust
- Kernow Health CIC
- NHS England

The report has been distributed to the Chief Officers and Chairs of the organisations and committees that have been involved with, or informed of, this engagement for reference and response:

- Cornwall Executive Group (see Appendix 1 for organisations represented)
- System Leaders Group (see Appendix 1 for organisations represented)
- Provider organisations that joined the Open Provider Forum events (see Appendix 1 for list)
- Plymouth Hospitals Trust
- North Devon and Exeter Hospitals Trust
- South West Ambulance Foundation Trust
- Patient Reference Group
- Patient Participation Groups for each GP Practice
- Expert patient groups
- Cornwall Health and Well-Being Board
- Isles of Scilly Health and Well-Being Board
- Cornwall Council Health Overview and Scrutiny Committee
- Council of the Isles of Scilly Health Overview and Scrutiny Committee
- Healthwatch Cornwall
- Healthwatch Isles of Scilly
- West Cornwall Healthwatch
- MPs for Cornwall and the Isles of Scilly
- Town and Parish Councils
- NEW Devon Clinical Commissioning Group
- Clinical Oversight Group
- South West Clinical Forum
- Local Medical Committee
- Local Dental Committee
- Local Pharmacist Committee
- Local Optometrist Committee
- Royal College of Nursing (South West Region)

Report distribution list continued…

- Voluntary Sector Forum
- Volunteer Cornwall
- Age UK Cornwall
- Young People Cornwall
- Local Economic Partnership
- Local Nature Partnership
- Community Safety Partnership
- Cornwall Carers Partnership
- Children's Trust Board
- Devon and Cornwall Housing Association
- Travellerspace

Appendix 3: Infographic summary

The report findings have been summarised in a one page 'infographic' overview of the full report. This will be used as a reference tool together with the full report to communicate the key headlines.