Portsmouth CITY COUNCIL

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NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

TUESDAY, 24 JANUARY 2017 AT 9.30 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, PORTSMOUTH GUILDHALL

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If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

Membership

Councillor Jennie Brent (Chair)
Councillor David Tompkins (Vice-Chair)
Councillor Alicia Denny
Councillor Leo Madden
Councillor Gemma New
Councillor Lynne Stagg
Councillor Brian Bayford
Councillor Gwen Blackett
Councillor David Keast
Councillor Mike Read
Councillor Elaine Tickell
Councillor Philip Raffaelli

Standing Deputies

Councillor Dave Ashmore
Councillor Ben Dowling
Councillor Hannah Hockaday
Councillor Lee Hunt
Councillor Ian Lyon

(NB This agenda should be retained for future reference with the minutes of this meeting.)

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

A G E N D A

1 Welcome and Apologies for Absence

2 Declarations of Members' Interests

3 Minutes of the Previous Meeting (Pages 3 - 10)

The minutes from the previous meeting held on 6th December 2016 are attached for approval.

4 Hampshire and Isle of Wight Sustainability and Transformation Plan (Pages 11 - 52)

A representative from the STP Programme Team will present and answer questions on the attached Sustainability and Transformation Plan and explain the next steps regarding its implementation.

5 Adult Social Care Update (Pages 53 - 56)

Angela Dryer, Deputy Director Adult Services, will answer questions on the attached report.

6 Deprivation of Liberty Safeguards update from Adult Social Care (Pages 57 - 60)

Cher Brazier AMHP/Dols Team Manager will answer questions on the attached report.

7 Substance Misuse Service Update. (Pages 61 - 64)

Mike Taylor, Operations Director, Society of St James will answer questions on the attached report.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 6 December 2016 at 9.30 am in The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor Jennie Brent (Chair)
Councillor David Tompkins
Councillor Alicia Denny
Councillor Leo Madden
Councillor Gemma New
Councillor Lynne Stagg
Councillor Mike Read, Winchester City Council
Councillor Elaine Tickell, East Hampshire District Council
Councillor Philip Raffaelli, Gosport Borough Council

1. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Brian Bayford, Gwen Blackett and David Keast.

2. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 4 October 2016 were agreed as a correct record.

4. Solent NHS Trust - Kite Unit, Falcon House and update on CQC inspection (AI 4)

Kite Unit
Sallyann Smith (Clinical Manager, Solent Neurological Rehabilitation Services), Dr Caroline Hutchings (Clinical Lead, Regional Neuro Rehab Services) and Tre Daughtery, (Matron for the Kite Unit) introduced the report and added that:

- The Kite Unit is a 10 bedded unit that provides specialist care for neuropsychiatric and neuro behavioural services to people from a very wide area.
- Following the CQC inspection in 2014 it was found that the building is not fit for purpose.
- The unit can currently only take two females at a time to ensure that it is compliant with the single sex regulations.
- The option that provides the maximum benefit to service users and staff is to relocate the unit to the Western Community Hospital (WCH) in Millbrook, Southampton. This would co-locate with the neurological

rehabilitation services currently at WCH and it was felt that this would enhance the experience for patients.
- Meetings have taken place with families and carers and all said they were happy to travel for specialist treatment and everyone has been very supportive of the proposal.
- Solent has also engaged with Healthwatch and with patients where possible.

In response to questions they clarified the following points:
- WCH is on a main bus route from Southampton station and is easily accessible.
- Staff spoke to all those who would be effected by this proposal before they were written to. A questionnaire has gone out to current patients to obtain their views. Staff did try to hold a focus group with them however this was unsuccessful. Current residents and carers did attend a meeting however this was not well attended. The proposal has also been discussed at the monthly engagement meeting for patients. All the feedback is documented.
- Alternative options were looked at with one being to extend onto the side of the building to provide improve facilities, however this was refused planning permission.
- Patients are currently safe where they are however the unit is not offering the best care that it could. There is no flexibility to take more than two females due to the regulations and there is a waiting list for females who currently have to attend a unit on the outskirts of London.
- There is not currently anything in place to help make the journey easier for families visiting but this is something that Solent will consider. In terms of financial support, Solent work closely with voluntary organisations to secure funding to help families with the journey.
- Sarah Austin (Chief Operating Officer and Commercial Director) added that this proposal is not specific to the STP but makes sense in its own right. The STP is looking at other opportunities. There is very poor neuropsychiatric and neuro behavioural provision in the wider Hampshire area so this relocation would serve the wider area.
- There is currently only one patient in the unit from Portsmouth and the rest are from the wider area including Dorset and Romsey. If the unit moved the Portsmouth patient would see their family less however the other patients would likely see more of their families.

RESOLVED that the update be noted and the panel supported the recommendation to relocate the Kite Unit from St James' Hospital Site to the Western Community Hospital site in Southampton.

Falcon House

Sarah Austin (Chief Operating Officer and Commercial Director) and Mark Paine (Service Transformation Manager Child and Families) introduced the report and added that:
- They had completed some early engagement work with staff but had not yet engaged with the public. This will shortly take place.

- They are considering whether the proposal is commercially and economically viable.
- Mark advised he had attended a CAMHS meeting the previous day to obtain their views on the potential relocation.
- Neither Falcon House nor Battenburg Avenue sites are being used to their full capacity.
- It is logical to bring both sites together to work in a more multi-disciplinary way.
- Solent is looking at launching stakeholder engagement in January 2017. The timetable in the report needed to be adjusted and the stakeholder engagement period would be from January -March and the launch of the new integrated centre would likely now be October 2017.

In response to questions the following points were clarified:

- The alterations to Battenburg Avenue site would all be internal and no planning permission would be necessary.
- A car parking audit of the Battenburg Avenue site had taken place. There are currently 60 spaces including 4 disabled spaces. The car park could be re-organised to increase the number of spaces to 79. The average number of cars a day at both sites was counted. At Battenburg Avenue the average was 36 and at Falcon House the average was 25 a day. Therefore it looks like this will work however more work is needed.
- There will be engagement with existing stakeholders as part of the next phase which will include focus groups and transport routes for parents and users will be discussed as part of that.
- Room usage audits have been completed. There is a lot of 'down time' in rooms and Solent is looking to make the rooms more multifunctional and will be revisiting the timetabling of rooms. It is essential that the waiting environments are calming.
- There are currently 94 staff across both buildings. Solent is moving to a hot desking environment and is removing partitions to create an open plan environment at the Battenburg Avenue Site.
- Experience suggests that the reasons why staff are reluctant to change is because they haven't yet seen the actual plans/drawings on how it would work and have not had time to think through the patient benefits. Sarah and Mark were confident that once staff have seen the plans and had time to think through the benefits the majority will support the proposal, however there will always be staff who do not like change.

RESOLVED that the update be noted and an update on the engagement be brought back to the March HOSP meeting.

CQC inspection

Sarah Austin introduced the slides and informed members of the overall rating for each of the services and the areas that the CQC had requested are improved. She advised that the asterisks against some of the actions denote actions that the CQC have said must be completed. She added that:

- The inspection took place at the end of June and 17 services were inspected. Although the CQC inspection covered both Portsmouth and Southampton, she had focussed on Portsmouth in her slides.
- The Quality Summit took place on 18th November where the CQC informed Solent of the main areas to focus their improvements.
- The Trust were very pleased that the learning disability service was rated as outstanding - this is an integrated Solent and PCC service and the CQC had been impressed with the level of integration and with the feedback from parents and carers.
- Vacancies for nurses was at 46% last summer this has now significantly reduced to 7% after a significant recruitment drive. Vacancy levels will continue to be monitored.
- Sarah was particularly pleased that the acute wards for adults of working age and psychiatric intensive care units had received an overall rating of good. These are the wards at the Orchards, Hawthorn and Maples and are services under pressure due to the increasing acuity of patients.
- The CQC's rating that the community health services for children, young people and families was not safe related to CAMHs in Southampton and a special school in Portsmouth. One of the issues was the administration of medicines already prepared by the nurse, but given by non-nursing staff.
- The other issue was concerns about delivery of Health Visiting and school nursing in light of budget reductions. Solent is working closely with PCC under the Healthy Child Programme to reorganise how this programme is delivered.
- Ongoing work is needed for the community based mental health services.
- The inspection had been a massively valuable exercise and following this a number of improvements have been made although there is more to be done.

In response to questions the following points were clarified:

- Solent has a good relationship with the CCG and PCC and they are supportive of the investment needed especially in mental health services however this is problematic in the economic circumstances.
- Nationally the presentation of people has changed and there is an increase of people with complex dual diagnosis. Solent is working closely with the Director of Children's Services to ensure work is done in schools to help primary age children recognise the signs of anxiety, express their feelings and help them to understand coping behaviours.
- Sarah said she had not expected the findings of the CQC in a couple of areas including the special school and the older people mental health outcomes. All other areas where the CQC had requested changes, Solent had been actively working towards improving.
- The CQC can return at any time to follow up on the inspection and have already completed three follow up visits. Solent must respond to all of the CQC's 'must do' actions by 15th December. They must report back to the CQC on a monthly basis and the CQC will come back and do a further inspection at some point.

- The CQC are an independent regulator however they will assist when there are still areas of improvement that have not yet been met and will provide guidance.
- The quality improvement programme is more extensive than the 'must' and 'should do' from the CQC inspection. The organisation is heavily focused on governance, staff engagement and safety.
- Even where actions relate to Southampton based services it is important that the services in Portsmouth learn from these as well.

RESOLVED that the update be noted.

5. Learning Disability Transforming Care (AI 5)

Beverley Meeson, West Hampshire CCG introduced the report and added that:

- The Transforming Care Partnership (TCP) is central to the NHS 5 year forward view and is 1 of 4 key priority areas working on along with cancer treatment, mental health and diabetes.
- The partnership includes Hampshire, IOW, Portsmouth and Southampton, 11 district and borough council's, 8 CCG's and 235 GP practices along with NHS England, Solent and Southern who are working together to build local community provision/services as better alternatives to hospital. There are 44 partnerships across the country.
- They are focussing on Children, Young People and Adults with a Learning Disability and/or autism.
- Three aims of the TCP are:
  (1) Bringing people home if want to come home from hospital
  (2) Improving community services and providing something earlier for people. Aim is to have learning disability liaison services for when people go into hospital and improve their experience when they go into primary care.
  (3) Improve individual held budgets for learning disability patients.

- National ambition is that by end of 2016 all patients who have been in hospital for more than three years particularly those out of area will be discharged to local community services.
- Less reliance on in-patient services so that the right people are receiving hospital care between now and the end of 2019 by 20%
- Community rehabilitation / support/relapse prevention service for people who have been in specialist hospitals.
- Community Learning Disability Health and Social Care Teams reconfigured to support people earlier.
- Increase in the extent of personalisation, including personal budgets for people with individual funding packages.
- Progress monitoring physical health checks every year by their GP.
- Training and development for LD care staff and personalised assistants and better support for people who are complex or whose behaviour is challenging (positive behaviour support).

Mark Stables, Service Manager Integrated Learning Disability Service then

introduced his report on the transformation programme in Portsmouth. He added that:

- The LGA is very clear that the only way the budget will reduce is by helping people in the community.
- There are currently seven people in hospital within Portsmouth and anticipate that by March this will have reduced to two.
- The intensive support team focusses on people at risk and works with providers.
- There has been a liaison service within QA for a long time and every GP has a link nurse which is working very well.
- Day services is a key area and staff try to think of activities that they would find interesting. There are 4 key outcomes. This works well and people aged from the age of 14 are supported with a health and education plan to support their transition.
- The Learning disability team has a fantastic relationship with the housing team and meet 1-2 times a week.

In response to questions the following points were clarified:

- The day services are a mixture of social enterprises and there are two health and independent services. To achieve their outcomes they all have an individual support plan and each have a named social worker.
- As people are surviving longer with learning difficulties and the population is growing, there is not enough money available for this. There are 65-70 people in Portsmouth who meet the criteria for a learning disability. The team are not losing staff however there are always budget pressures on the service.

RESOLVED that the updates be noted.

6. Southern Health - update (AI 6)

Julie Dawes Interim CEO and Mark Morgan, Director of Operations for MH, LD and Social Care introduced the report and added that:

- The Trust is working hard to respond to the concerns raised in the Mazars report from December 2015.
- In August/September 2016 the CQC undertook a follow up inspection with 60 inspectors. Their report found that significant progress had been made and they were informed that the CQC intend to lift the warning notice.
- The serious incident report process is now significantly different and the quality of investigations has improved.
- Southern Health are currently undertaking a review of their clinical service strategy and looking at services to see whether they are operating under the right model. It is anticipated that this will be available for January/February next year.
- Alan Yates is the new Interim Chairman of the Trust and has a background in mental health and learning disability. Julie advised that she is working closely with him.

- There is a long way to go although significant improvements have been made. The Executive team has been strengthened.

In response to questions the following matters were clarified:

- Southern Health is a big trust with lots of services. There is not a solution that meets every area. Listening events with staff are being held and they are looking at mechanisms to understand the issues. They have taken the opportunity to get help from the HR Manager at QA who is working with Southern two days a week.
- A 'speak up guardian' has recently been appointed who is there for staff to contact and Julie advised she meets with her every week to discuss the issues that staff are reporting to her. There is also a 'Your Voice' initiative where staff can ask Julie a question and she has made a commitment to respond to these within 24 hours. The responses to these are published online for all staff to read.
- Julie advised that she wants to know when things are going wrong so she can ensure that these are investigated.
- Julie advised that she will be in post until spring 2017. Within her first two weeks of being in post she had reviewed the background of all the executives and moved people around so that their expertise is being used to full effect. The executive team positions will not be changing further.
- Julie advised that she is aware that there are a number of vacancies on the older people mental health ward at Gosport Memorial Hospital which is an issue and is affecting staff morale. Southern are looking to move people around other wards to better staff this area.

RESOLVED that the update be noted.

7. Portsmouth Safeguarding Adults Board Annual Report (AI 7)

The report was introduced by Robert Templeton, PSAB Chair. He explained that this was his first annual report as Independent Chair of the PSAB. The strength for Portsmouth is that it has great partnership working, however the challenge is that the Board is a small resource and getting partners involved is a challenge.

In response to questions the following points were clarified:

- The PSAB is jointly funded by PCC, PCCG and Hampshire Constabulary. There is a commitment to continue funding until 2017 and the PSAB are looking at other ways to secure funding.
- The Care Act says that each LA must have an arrangement in place and a PSAB. The costs are small but have lots of good will from partners and an administrator and co-ordinator support Robert in his role.
- There are a lot of changes with PSAB's happening nationally and some boards are combining due to budget pressures.
- The budgets for PSAB's in other LA's varies quite significantly and not all areas publish their budget.

RESOLVED that the PSAB Annual report be noted.

8. CQC update (AI 8)

The report was introduced by Anne Davis, Inspection Manager. She explained that the new CQC Strategy was needed due to the use and delivery of regulated services changing. The CQC aim to become more efficient and are constantly looking for feedback. Going forward the CQC will be focussing more on core services that require improvement and there will be more focussed inspections.

In response to questions, the following points were clarified:

- The CQC do not regulate LA's and only inspect services that they regulate.
- With regard to the article in the Times today about whistleblowing, Anne said that this was very disappointing as over the past year the CQC have worked hard to deal with whistleblowing. They are working hard on this issue but as always there is always room for improvement.

RESOLVED that the report be noted.

9. Dates of Future Meetings. (AI 9)

The Panel agreed the dates of future meetings for 2017 as follows:

24 January
7 March
6 June
19 September
21 November

All meetings will start at 9:30am.

The formal meeting ended at 12.45 pm.

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Councillor Jennie Brent
Chair

Hampshire and Isle of Wight

Health & Care System STP Delivery Plan

Agenda Item 4

Final Draft
21 October 2016

Introduction

This document is the **Delivery Plan** of the Hampshire and Isle of Wight Health (HIOW) and Care System Sustainability & Transformation Plan (STP). It summaries **the challenges we face, our vision for Hampshire and the Isle of Wight**, and the action we are taking to address our challenges and deliver our vision. The plan sets out the details of our **six core delivery programmes** and our **four enabling programmes** – the priority work that partners in the health and care system are undertaking together to transform outcomes, improve satisfaction of patients and communities, and deliver financial sustainability. Each programme has senior clinical and managerial leadership, detailed programme plans underpinned by robust analysis, clear delivery milestones, and consensus about the priorities and approach to delivery.

Delivering our plan will result in tangible benefits and improvements for local people and communities. We are:

Investing in prevention and supporting people to look after their own health	We are implementing a series of evidence based solutions focused on primary & secondary prevention and behaviour change, supported by technology. This will improve healthy life expectancy, improve cancer survival rates, and reduce dependency on health and care services. Tackling obesity in childhood and improving life choices will deliver long term benefits.
Strengthening and investing in primary and community care	We are implementing the GP Forward View in HIOW. GP practices are collaborating and working at scale to deliver access for urgent needs across an extended 7 day period. Services operating within the currently fragmented out of hospital system are coming together to deliver a single, coordinated extended primary care team for local populations. More specialist care is being delivered in primary care settings. New models of integrated care for children are being delivered across our system.
Simplifying the urgent and emergency care system,	We are simplifying the urgent and emergency care system, making it more accessible to patients. As a result we will consistently deliver the A&E and ambulance standards. We are improving patient flow, ensuring that best practice is implemented in every locality without delay, and investing in home based care capacity. This will mean that Delayed Transfers of Care are lower than the national 3.5% requirement
Improving the quality of hospital services	Acute hospital providers are working as an Alliance to reconfigure unsustainable acute services to improve outcomes and optimise the delivery for the population in Southern Hampshire and on the Isle of Wight. Supporting services will be reviewed to ensure that provision is efficient and cost effective. We will determine the best option for a sustainable configuration of acute services in North & Mid Hampshire and work together to deliver the agreed option. We are implementing the national recommendations , including those in maternity services to improve outcomes and reduce variations in practice.
Making tangible improvements to mental health services	We are making tangible improvements to mental health services for children and adults, and services for people with learning disabilities. We are committed to valuing mental and physical health equally to ensure that support for mental health is embedded holistically across the system and not seen in isolation in order to achieve parity of esteem. The four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, third sector organisations and people who use services, are working together in an Alliance to deliver a shared model of care with standardised pathways and enact the Five Year Forward View for Mental Health**.**
Creating a financially sustainable health system for the future	As we transform services to improve patient experience and outcomes, we are also reducing overall system costs and avoiding future cost pressures from unmitigated growth in demand. We are striving for top quartile efficiency and productivity in all sectors. We are adapting financial flows and contracting and payment mechanisms to align outcomes, metrics and financial incentives to support optimum patient outcomes, improved decision making and financial stability. Through a combination of efficiency savings and transformation set out in this plan, and using £60m of the STP fund, we will deliver at least a break even position by 2020/21. We are working to identify a further £60m of savings to deliver our surplus requirements.

Our plans are underpinned by a new way of working between NHS providers and commissioners and social care, with shared responsibility for delivery and partnership behaviours becoming the new norm. We will manage our workforce as one Hampshire and Isle of Wight system. We are investing together in digital technology. Our leadership and organisational development programme assists us to create the culture necessary for success. Our delivery infrastructure includes robust programme and project management, and clear governance systems. Our plan is overleaf.

Hampshire & Isle of Wight STP Delivery Plan

Contents:

Section 1: Summary

The case for change & our plan

Our challenges:

1. **Demand for health & care is growing at an unsustainable rate** as people are living longer & with multiple chronic conditions.
2. **Whilst people are living longer, they are increasingly spending longer in poor health.**
3. **Too many people are admitted to hospital and stay in hospital longer than they need to.**
4. **In most sectors we struggle to recruit and retain sufficient numbers of staff.**
5. **There is a projected gap between the funding available and the cost of delivering NHS services of £577m by 2020/21.** There is an additional gap in social care of £192m
6. **As a result, many of our critical health and social care services are under severe pressure.**

To address these challenges we are:

Changing how care is delivered
- Renewing our system focus on prevention & self care
- Accelerating the introduction of new models of care in each locality in HIOW: investing in primary care and building local placed based integrated physical & mental health & social care, proactively managing the needs of the local population
- Addressing the issues that delay patients being discharged from hospital
- Redesigning unsustainable acute hospital services
- Enacting the Five Year Forward View for Mental Health in Hampshire and the Isle of Wight

Driving productivity & efficiency
- Delivering efficiency programmes in providers (using benchmarks such as Rightcare and Carter) and reducing the costs of commissioning
- Delivering system efficiencies through greater clinical and back office collaboration
- Estate rationalisation to addressing our unaffordable infrastructure

Transforming our HIOW workforce
- Working as one HIOW health and care system to manage staffing, development, recruitment & retention

Investing in digital transformation
- Building a fully integrated digital health and social care record, accessible by staff from any location
- Putting in place technology to shift care closer to home & unlock the power of data to improve decision making

Redesigning how we work together
- Changing our governance arrangements so that organisations operate more effectively together
- Building our capability & culture to deliver
- Reconfiguring our commissioning systems

Impact for citizens and our system:

Impact for citizens

- **Staying well and Independent**: people are better supported to stay well & independent, with greater confidence to manage their own health and wellbeing
- **Better experience of care** More people have a positive experience of care, which is joined up and is tailored to meet the personal and holistic needs of individuals
- **Better health outcomes** for people with long term conditions and chronic physical & mental health issues
- **Better access** to primary care 8am-8pm in each locality
- **More healthy years of life** through earlier diagnosis and intervention
- **Higher Quality Acute Care**: all citizens able to access safe acute services offering the best clinical outcomes, 7 days a week
- **Improved mental health care**: consistently good, co-ordinated mental health services and a timely response experienced by citizens in a mental health crisis
- **Minimal delays in Hospital**: following a acute care in hospital stay are transferred home without delay

Impact on our health & care system

- **National access targets will be delivered** for the HIOW population
- **Reductions in HIOW rates of smoking, obesity and alcohol related health conditions**
- **Activity growth in the acute sector reduced**. A&E activity & emergency admissions to be maintained at 1% lower than 2016/17 levels, by 2020/21
- **Workforce:** no overall growth in the total HIOW health and care workforce.
- **Delayed Transfers of Care** rate reduced to and maintained at 3.5%
- **Bed capacity** will be used more effectively and the equivalent of c300 beds will be released
- **Estate footprint reduced by 19%** and estate costs reduced by £24m
- **Commissioning and system infrastructure costs reduced**
- **Deliver a breakeven position**: through efficiency and transformation, and using £60m of the STP Fund, we can close the £577m gap by 2020/21
- **Undertaking further work to deliver a surplus financial position**

Key components of our new system of care

The core characteristics of the health and care system being created for Hampshire and the Isle of Wight are summarised below.

Characteristics of the new system:

We are designing and introducing a new system of care to address the challenges we face. The figure opposite describes our ambition for the health and care system being developed in Hampshire.

The diagram, below right, illustrates the key components of the future model:

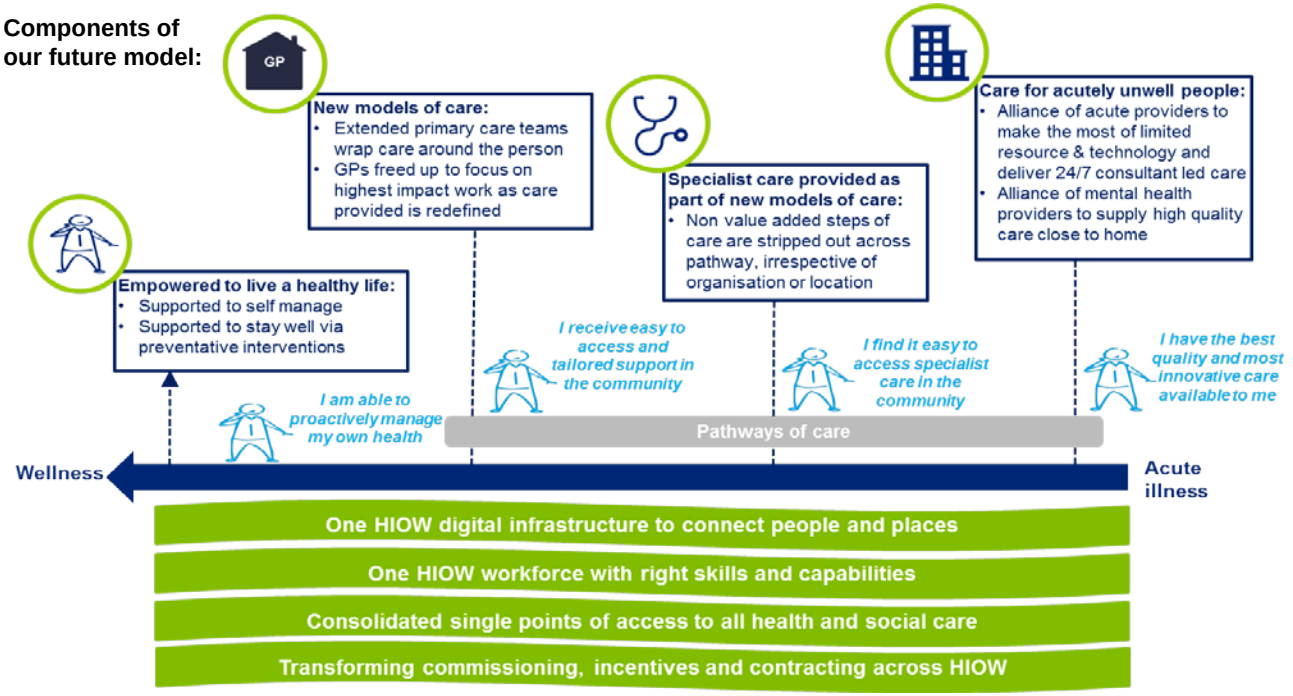
- Citizens are able to proactively manage their own health
- Citizens have easy to access and tailored support in the community
- Citizens find it easy to access specialist care in the community
- Citizens have the best quality and most innovative care available to them
- While these changes will mean fewer and shorter journeys for most, we recognise that some, particularly those on the Isle of Wight, may need to travel further for care than today. Partners are aware of this and will work to minimise the impact.

New working arrangements between organisations to enable delivery:

As providers and commissioners of care we have agreed to share our resources and risk and to collaborate in a new way to deliver this plan.

Current System	New System
Reactive and focused on treating illness	Proactive, designed to support wellness at every step
Emphasis is on the care professional	People are empowered, supported and encouraged to take responsibility for their own health and wellness
A lot of care is delivered in hospital	An avoidable hospital admission is considered a failure
Services are variable in availability and quality	Removal of unwarranted variation and access to care 7 days a week where there is need
Focused on organisations	New models of care based around the person
Mental wellbeing and physical health considered separately	Holistic needs of individuals considered throughout our whole system

Components of our future model:



Place based systems of integrated care the bedrock of our plan

Our local place based services in Southampton, Isle of Wight, Portsmouth and in natural communities in Hampshire are the bedrock of our plan, each one brings together primary, community, social, mental health, and voluntary sector services into a multi-disciplinary team providing extended access and simplified care for the local population.

We are delivering this new model through three vanguard programmes and through transformation programmes in Portsmouth & Southampton City, as illustrated below:

Hampshire: Better Local Care

Integrated health and social care teams working together at scale around extended primary care teams. 2016/17 developing MCP offer in 3 fast implementer sites

North East Hampshire and Farnham: Happy, Healthy at Home.

PACS Accountable Care System based around five natural communities with practices working together to deliver integrated care with Frimley Health, community, mental health and social care services.

Better Care Southampton

A joined up approach to local person centred care and support based around 6 clusters across the city, aligned to GP practice populations. Within each cluster, health, social care, housing, voluntary and community sector providers are working together to identify needs early and intervene in a coordinated person centred way to improve outcomes for local people

Portsmouth & SE Hampshire

Health and social care providers and commissioners working together to create an Accountable Care System that leads to transformed health and care outcomes and a sustainable health and care system for Portsmouth and South East Hampshire

IOW: My life a full life

My Life a Full Life is a new model of care for the Islands residents which will;- ensure everyone works together to give people the right support and information to enable them to stay well and live their lives to the full, ensure care is wrapped around the person and provided closer to their home, with residents only having to travel further for more specialist help or emergency treatment.

These programmes will deliver place based integrated care through consolidated single points of access and sustainable primary care in each locality in HIOW, with 5 'big ticket' interventions consistently implemented:

Foundation for independence & self care

We will deploy an eConsult platform for primary care supporting self-care and channelling people to the optimal care settings. We are also introducing care navigators & social prescribing: shifting current primary care activity to a non-clinical workforce

Fully Integrated Primary Care

Primary care working at scale to deliver urgent care across 7 days. Joined up, enhanced multi-professional primary care teams with extended skills and extended access care hubs in localities

Integrated Intermediate Care

Integrated health and social care including: domiciliary recovery and rehab teams, non-acute beds, urgent community response, Emergency Department liaison.

Complex & End of Life Care

Dedicated support from the multi professional team for those patients at greatest risk, including the 0.5% of patients with the most complex needs and those at end of life.

LTCs: Diabetes & Respiratory

More specialist cases managed in primary care setting, specialist roles as a core part of the local primary care team, and consultants working to support shared management of cases with GPs without the need for formal referral.

Our priority actions to transform service delivery

As leaders of the health and care system in HIOW, we are working together to transform outcomes and improve the satisfaction of local people who use our services. We are committed to valuing mental and physical health equally to ensure that support for mental health is embedded holistically across the system. Through the STP we have come together to address our pressing local issues and deliver longer term sustainability by working at scale.

Our priority actions as a health and care system in HIOW are:		By the end of 2016/7:	In 2017/18:
To deliver a radical upgrade in prevention, early intervention and self care	1 We are implementing a series of evidence based solutions focused on primary & secondary prevention and behaviour change, supported by technology. This will improve healthy life expectancy & reduce dependency on health and care services. We will being doing more prevent the development of mental health problems and supporting early intervention across primary care.	All NHS organisations will have a MECC plan and acute trusts will have a robust pathway for smoking cessation.	Evidence based programmes will be implemented that impact on smoking rates, cancer screening A&E attendance & sexual health.
To accelerate the introduction of new models of care in each community in HIOW	2 We are supporting people to live independently, providing extended access to primary care, delivering the GP Five Year Forward View and ensuring proactive joined-up care for people with chronic conditions. This will reduce demand for acute services & effect a shift towards more planned care.	15% of integrated primary care hubs will be operational.	75% of integrated primary care hubs will be operational. National diabetes pathways fully implemented.
To address the issues that delay patients being discharged from hospital	3 We are improving patient flow, ensuring that best practice is implemented in every locality without delay, and investing in home based care capacity. This will mean that Delayed Transfers of Care are lower than the national 3.5% requirement.	Every patient in hospital will have a discharge plan which is understood by professionals; the patient and their carers.	Implementation underway of a collective approach to grow the domiciliary care workforce and capacity.
To ensure the provision of sustainable acute services across HIOW	4 Acute hospital providers are working as an Alliance to reconfigure unsustainable acute services to improve outcomes and optimise the delivery for the population. Supporting services will be reviewed to ensure that provision is efficient and cost effective. 5 We will determine the best option for a sustainable configuration of acute services in North & Mid Hampshire and work together to deliver the agreed option.	Sustainable solutions will be agreed for priority specialties across Hampshire and the Isle of Wight. The best option for configuration of services in North & Mid Hampshire will have been identified.	Implementation underway of transformation plans in back office services, pharmacy, pathology, radiology and outpatients. Consultation on and agreement of option for configuration of services in North & Mid Hants.
To improve the quality, capacity and access to mental health services in HIOW	6 The four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, third sector organisations and people who use services, working together in an Alliance to deliver a shared model of care with standardised pathways and enact the Five Year Forward View for Mental Health.	We will commission mental health services on an Alliance wide basis initially focussing on out of area placements and crisis response.	A local recovery based solution replacing high cost out of area residential long term rehabilitation will be in place.

To underpin and enable this transformation we are working as one HIOW to manage our staffing, recruitment and retention, with one workforce strategy, building the digital and estate infrastructure to support change, and adapting the way we commission care to enable transformational change.

Impact and benefits for Hampshire and the Isle of Wight

Implementation of our STP will improve both the physical and mental health and wellbeing of citizens in HIOW, and lead to a clinically and financially sustainable health and care system. The impact expected through the delivery of our plan is summarised below.

Impact of our plan for HIOW citizens

Staying well and Independent

People living in HIOW are better supported to stay well & independent, with greater confidence to manage their own health and wellbeing

Better experience of care

More people in HIOW have a positive experience of care, which is joined up and is tailored to meet the personal and holistic needs of individuals

Better Health Outcomes

People in HIOW with long term conditions and multiple chronic physical and mental health issues experience better health outcomes

Better Access to Care

All citizens are able to access primary care in their locality between 8am-8pm and at weekends

More Healthy Years of Life

Earlier diagnosis of physical and mental health conditions, leading to improved outcomes & survival rates, & more healthy years of life

Higher Quality Acute Care

All citizens able to access safe acute services offering the best clinical outcomes, 7 days a week

Improved Mental Health Care

Consistently good, co-ordinated, timely response experienced by citizens in a mental health crisis, and consistently high quality mental health services

Minimal delays in Hospital

Patients receive more of their care at home and in their community, and following a acute care in hospital stay are transferred home without delay

Impact of our plan on our system

Reduction in presentations of preventable conditions

Reductions in HIOW rates of smoking, obesity and alcohol related health conditions

Activity Changes

Activity growth in the acute sector will be reduced. A&E attendances and emergency admissions are expected to be maintained at 1% lower than 2016/17 levels, by 2020/21

Workforce

There will be no overall growth in the total HIOW health and care workforce. We will decrease reliance on agency workers, and flex staff resources across the system

Bed reductions

Bed capacity will be used more effectively to generate 9% efficiency in our acute bed stock (c300 beds).

Estate

Estate footprint reduced by 19% and estate costs reduced by £24m

Access Targets

National access targets will be delivered for the HIOW population

Delayed Transfers of Care

DTOC rate reduced to and maintained at 3.5%

Financial Breakeven

Through efficiency and transformation, and using £60m of the STP Fund, we can close the £577m gap by 2020/21 to deliver a breakeven position

Impact of our plan on value and affordability

The Potential Gap

If the NHS across HIOW does nothing to deliver efficiencies and cost improvements and change the demand and delivery of health care, it will have a financial gap of £577m by 2020/21

Using Our Share Of The STF

We anticipate receiving £119m of the STF, of which we propose using £60m to fund the underlying model of services and £59m to invest directly in transforming services

Closing The Finance Gap

Together with £60m from the STF, our STP will deliver savings of £517m, closing the financial gap and achieving financial balance

Finding The Additional Savings

Recent commissioner and provider control totals require a surplus of £50m in 2017/18 and £74m in 2018/19. This requires additional savings and we are exploring further options to achieve this

Social Care And Public Health Pressures

Over the next four years, that is further exacerbated by a further £192m social care and public health pressures

Moving Ahead

We are committed to working as one system, focused on reducing and avoiding costs. We will develop suitable planning, financial flows, contracting and risk management processes to enable this

Investing In Estate

We anticipate a capital investment of around £195m all such investment will require business case approval by relevant statutory organisation

STP Integration & Governance to support delivery

Strategic Governance and Oversight

As we move from STP development to joint delivery, our governance arrangements have been revised. The arrangements reflect the fundamentally different approach to system leadership that is required to deliver our plans: substantial changes to our roles and relationships with citizens, a joined up approach between agencies, with many partners working together in new ways and building trust and working relationships around a common goal.

A **Hampshire and Isle of Wight Health and Wellbeing Group** will provide strategic political and clinical oversight of the STP: setting the overall direction, delivering system wide organisational agreement and enabling key decisions to be made and implemented that:

- best serve the interests of citizens across HIOW.
- respect the prime importance of 'place'.
- drive a sense of collective corporacy where individual organisational/professional/interest group interests do not trump what is in the interests of the common good (people first, system next, organisation last).
- provide effective, high quality services within available resources.

The Group will be a Joint Committee of the existing four Health & Wellbeing Boards and its membership will include the chairs/vice chairs of the four HWBs, and it will provide a structure to achieve the political and clinical leadership consensus to grip the strategic issues facing health and care services in HIOW.

Our plans enable and support greater integration of health and adult social care in HIOW

The Adult Social Care Alliance of the four Councils Chief Officers for social care have agreed to work together and across boundaries to help deliver the ambition within the STP particularly taking a lead role in the Patient Flow work and in partnership with NHS colleagues in the New Models of Care work. Each Health and Well Being Board working in partnership with A &E Boards, has a plan for reducing Delayed Transfers to at least 3.5% and has embraced the good practice identified in the NHSE Quick Guides and the New Models of Care.

Southampton has a joined up commissioning approach and a joint hospital discharge team which has helped to deliver improved patient flow and timely discharge. This is part of a wider plan to integrate services and commissioning across the NHS and the Council.

Portsmouth has had integrated commissioning for many years and their plans have taken a proactive pull approach to improving patient flow which fits with the Patient Flow Workstream as well as the new models of care. Learning from what works in other care pathways has been key to a new approach as has making changes to the cultural attitudes in clinical and professional staff towards change.

The IOW is a Vanguard area and has a strong integrated approach with joint visible Council and NHS leadership of change and challenge. The link to improved Patient Flow is clear and the development of the vanguard demonstrates implementation of new models of care.

Hampshire is implementing a Transformation Programme which has redesigned the social care service to the Acute Hospital Trusts and has recommissioned domiciliary care from a wider provider base. The HWB Board has overseen this work and it is aligned to the work of the STP workstream.

Accountability across HIOW

The STP does not change the accountabilities held by the statutory Boards / Local Authorities, and four Health and Wellbeing Boards established across the Hampshire and Isle of Wight Sustainability and Transformation Plan footprint.

The Accountable Officers of the constituent organisations are fully accountable to their boards and may work with delegated authority within the limits imposed by the organisation's agreed scheme of delegation. They will be responsible for ensuring that their Boards are able to fully discharge their accountabilities by ensuring there is regular and timely briefing of Boards and Health and Wellbeing Boards on the STP programme, risks, opportunities and decisions.

Detailed business cases for any system investment will be reviewed by the Executive Delivery Board and, if necessary, ratified by the relevant statutory Boards. Moreover, any proposed arrangements for sharing risk and reward at a wider system level will not only require statutory Board sign off, but also the development of a scheme of delegation to be agreed by Boards that sets out how assurance arrangements will be discharged.

In recognition of the challenge of balancing pace and delivery, with a decision making process that requires the input and assent of 20 different statutory bodies and four Health and Wellbeing Boards, the STP governance arrangements will:

- utilise opportunities to discharge accountability by working together.
- establish multi-organisational working groups to collectively develop and make joint recommendations to the Executive Delivery Board.
- explore opportunities to reduce complexity: For example, commissioners in part of Hampshire are developing proposals to appoint a single accountable officer to represent a number of CCG Governing Bodies.
- only take decisions at the HIOW STP level where this adds value. This will include:
    - setting and assuring the overall strategic vision for health and care across Hampshire and the Isle of Wight.
    - developing and assuring the delivery of hyper-acute and specialised physical and mental health services for the citizens of Hampshire and the Isle of Wight.
    - developing and assuring the delivery of the strategic workforce transformation proposals.
    - developing and assuring the delivery of the digital and intelligence transformation proposals.
    - reviewing and making recommendation to statutory Boards on business cases for system wide investment.

STP Delivery Structure

Delivery Model

Hampshire and the Isle of Wight health and care providers and commissioners have worked together to produce an overarching Hampshire and Isle of Wight STP. Given the size and diversity of the STP footprint, it has been agreed that the overarching STP will comprise a number of Local Delivery Systems, which bring the local commissioners and providers together to articulate the changes required at a local system level and how and when they are going to be achieved. In many cases these Local Delivery Systems preceded the STP and have established governance and operational delivery arrangements in place. The footprints for these are as follows:

- North and Mid Hampshire
- Portsmouth and South East Hampshire
- Isle of Wight
- Southampton
- South West Hampshire
- Frimley Health (noting that whilst the Frimley Health system operates as self-contained STP, it continues to have a critical relationship with the Hampshire and Isle of Wight health and care system).

There are a number of key programmes which span Hampshire and the Isle of Wight, including strategic workforce development, acute physical and mental health development, digital transformation and strategic investment models. However, it is recognised that the Local Delivery Systems will be the engine rooms for change, and the route to secure clinical, patient and public engagement.

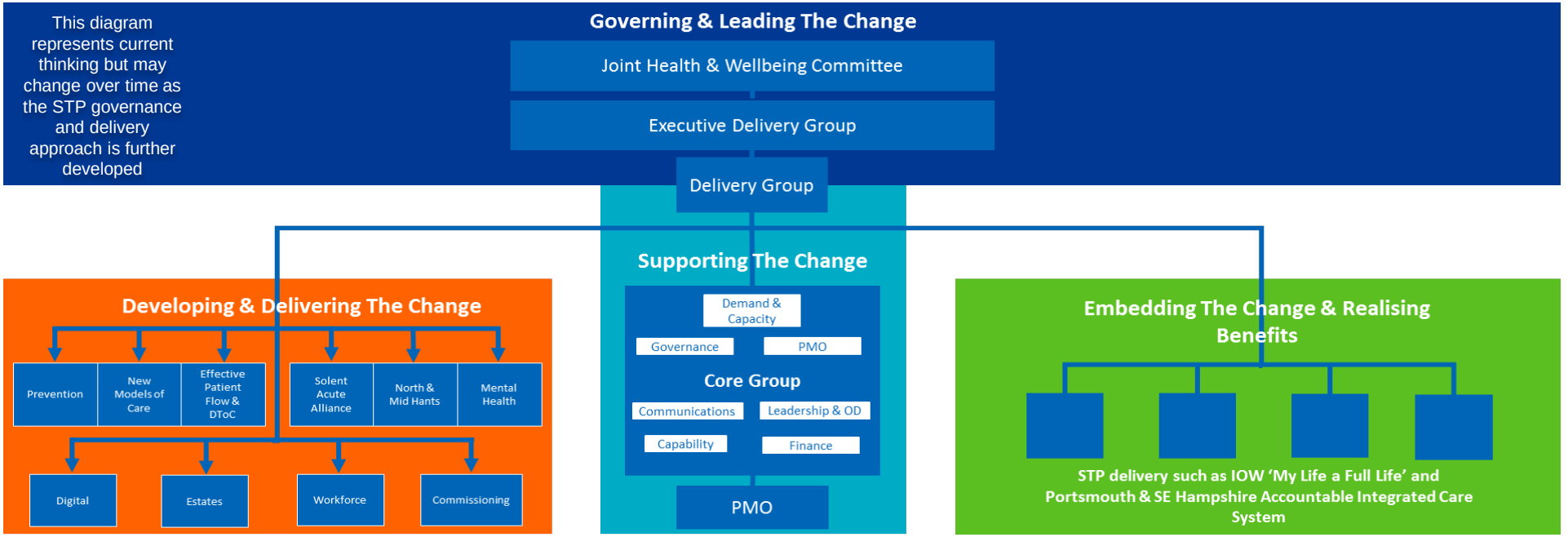
In the Portsmouth and South East Hampshire Local Delivery System, for example, the local commissioning and provider partners will create an aligned two year operating plan, setting out how the STP ambitions will be enacted through a new integrated governance and leadership system and Accountable Care System. The Local Delivery System's Operating Plan will set out how the local system's share of the overarching STP's financial savings, activity shifts and performance improvement requirements will be met and how risk will be identified, shared and collectively mitigated. Alongside the accountability discharged by the local statutory organisations, the Portsmouth and South East Hampshire Local Delivery System will also be held to account by the overarching STP Delivery Group for delivery that enables the whole STP to deliver.

Executive Governance & Leadership

An **STP Executive Delivery Group for HIOW** is being established, which will:

- Secure agreement of the plan
- Monitor progress of core programmes
- Hold each other to account for delivery of the overall STP
- Agree decisions in relation to the allocation of transformation monies and the STP operating plan
- Enable development and delivery of the agreed operating plan and contracts

The delivery of the STP will be challenging and a long term commitment is required to achieve the desired outcomes. The Executive Delivery Group is therefore being created with OD support to determine purpose, values and behaviours and to 'learn by doing'; working through real examples and scenarios that will develop its capabilities.



Section 2: Our delivery programmes

Delivering our plan: The 6 core programmes

To deliver our shared priorities we are working together across Hampshire and the Isle of Wight in ten delivery programmes: six core programmes focused on transforming the way health both physical and mental health and care is delivered (summarised below), and four enabling programmes to create the infrastructure, environment and capabilities to deliver successfully (summarised overleaf). This portfolio of programmes is our shared system delivery plan for the STP.

Core Programme	Programme Objective	Expected Impact and benefits for patients, communities and services
1 Prevention at scale	To improve healthy life expectancy and reduce dependency on health and care services through a radical upgrade in prevention, early intervention and self care: a sustained focus on delivering prevention at scale in HIOW	▪ Improving Health and Wellbeing, with more people able to manage their own health conditions reducing the need and demand for health services ▪ More people supported to give up smoking, achieve a healthy weight and drink sensibly (reducing lifestyle related diseases) ▪ Efficiencies of £10m by 2020/21
2 New Care Models	To improve the health, wellbeing and independence of HIOW population through the accelerated introduction of New Models of Care and ensure the sustainability of General Practice within a model of wider integrated health and care. This will be delivered through the Vanguard programmes and local health system New Care Models delivery arrangements	▪ Improved outcomes for people with long term conditions/multiple co-morbidities ▪ Reduced A&E attendances/hospital admissions for frail older people and people with chronic conditions ▪ More people maintaining independent home living ▪ Sustainable General Practice offering extended access ▪ Efficiencies of £46m by 2020/21
3 Effective Patient Flow and Discharge	To ensure no patient stays longer in an acute or community bed based care than their clinical condition and care programme demands and as a result reduce the rate of delayed transfers of care by improving discharge planning and patient flow, and by investing in capacity to care for patients in more appropriate and cost effective settings	▪ Patients supported in the setting most appropriate to their health and care needs ▪ Improvements in LOS for patients ▪ Reduced requirement for hospital beds of up to 300 beds across HIOW ▪ Efficiencies of £15m by 2020/21
4 Solent Acute Alliance	To deliver the highest quality, safe and sustainable acute services to southern Hampshire and the Isle of Wight. To improve outcomes, reduce clinical variation & cost through collaboration between UHS, PHT, IoW NHST & Lymington Hospital. Provide equity of access, highest quality, safe services for the population.	▪ All patients able to consistently access the safest acute services offering the best clinical outcomes, 7 days a week & delivery of the national access targets for the Southern Hampshire/IOW population ▪ Reduced variation and duplication in acute service provision ▪ Efficiencies of £165m by 2020/21
5 North & Mid Hampshire configuration	To create a sustainable, high quality and affordable configuration of acute services for the population of North & Mid Hampshire and the out-of-hospital services to support that configuration (linking with the New Models of Care programme)	▪ Sustainable access to 24/7 consultant delivered acute care for North & Mid Hampshire population, improved outcomes through care closer to home & delivery of the national access targets ▪ Efficiencies of £41m by 2020/21 ▪ Improved quality and performance targets
6 Mental Health Alliance	To improve quality, capacity and access to MH services in HIOW. Achieved by the four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, 3rd sector & people who use services, working together in an Alliance to deliver a shared model of care with standardised pathways	▪ All people in HIOW will have early diagnoses to enable access to evidence based care, improved outcomes and reduced premature mortality ▪ Enhanced community care & improved response for people with a mental health crisis. Reduced out-of-area placements for patients requiring inpatient care ▪ Efficiencies of £28m by 2020/21

Delivering our plan: 4 enabling programmes

The table below summarises the objectives and expected impacts of our four enabling programmes to create the infrastructure, environment and capabilities to deliver successfully. A 'plan on a page' summary of each core and enabling programme is set out on the following pages of this document, providing details of the rationale, the benefits to be delivered, the measurable impacts and metrics, the key milestones, stakeholders, management arrangements and key risks for each programme.

Enabling Programme	Programme Objective	Expected Impact and benefits for patients, communities and services
❼ Digital Infrastructure	To give patients control of their information and how it is used, allowing patients to manage their long term conditions safely and enable patients to access care at a time, place and way that suits them. To build a fully integrated digital health and social care record, and the infrastructure to allow staff to access it from any location.	▪ An integrated care record for all GP registered citizens in Hampshire and IoW ▪ Flexible IT systems enabling care professionals to work from any location, with access to citizens health and care records ▪ Citizens able to self manage their health and care plans – eg managing appointments, updating details, logging symptoms ▪ Real time information to support clinical decision making
❽ Estate Infrastructure rationalisation	To provide the estate infrastructure needed to deliver the new models of care and to deliver savings by rationalising the public sector estate in Hampshire and the Isle of Wight	▪ Improved collaboration & co-ordination of HIOW estates expertise and information will mean that we can improve our planning capability at STP and local level ▪ Providing estate that can be used flexibly and enable new ways of working ▪ Reducing demand for estate will generate efficiencies and savings through reduced running costs and release of land for other purposes ▪ Improving the condition and maintenance of our estate will mean that citizens can access services in fit for purpose facilities across Hampshire and IOW ▪ Release surplus land for housing and reducing operating costs in our buildings across HIOW
❾ Workforce	To ensure we have the right people, skills and capabilities to support the transformed health and care system by working as one HIOW to manage staffing, development, recruitment and retention.	▪ A flexible workforce shared across geographical and organisational boundaries, working in new ways with extended skills to deliver the workforce transformation that underpins the STP core programmes ▪ Health and care roles that attract local people, to strengthen community based workforce ▪ Significant reduction in the use of temporary and agency workers ▪ Increasing the time our staff spend making the best use of their skills/experience ▪ No overall growth in the workforce over the next five years
❿ New Commissioning Models	To adapt our methods, tools, resources and architecture for commissioning health and care, to reduce unnecessary duplication of commissioning work and facilitate the delivery of the STP. To generate cost reductions in expenditure on Continuing Health Care and Prescribing through working at scale.	▪ Collaboration across five Hampshire CCGs and the establishment of single leadership across four CCGs, strengthened integration with Hampshire County Council, increasing the ability to unlock savings and reducing unaffordable infrastructure. ▪ Single approach and shared infrastructure for the commissioning of hyper-acute and specialised physical and mental health services for the population of HIOW - driving improved outcomes, service resilience and delivering organisational inefficiencies ▪ Capitated outcomes based contracts procured for at least three places by 2019/20 ▪ Efficiencies of £36m in CHC, £58m in prescribing costs and reduced system infrastructure costs by £10m

Core Programme 1: Prevention at Scale

Programme Objective: To improve healthy life expectancy and reduce dependency on health and care services through a radical upgrade in prevention, early intervention and self care: a sustained focus on delivering prevention at scale in HIOW

Programme Description

Working across the system we will deliver initiatives to prevent poor health consistently and at scale, integrating with public health, CCG and vanguard agendas

The aim of the Prevention workstream is to improve the health and wellbeing of our population by

- Supporting more people to be in good health for longer (improving healthy life expectancy) and reducing variations in outcomes (improving equality)
- Targeting interventions to improve self-management for people with key long term conditions (Diabetes, Respiratory, Cancer, Mental Health) to improve outcomes and reduce variation
- Developing our infrastructure, using technological (including digital) solutions to reduce demand for and dependency on health and care services
- Developing our workforce to be health champions; having 'healthy conversations' at every contact. Improving the health of our workforce as well as the people of HIOW

Outcomes and benefits to be delivered

By 16/17 – Delivery plans for scaled up behaviour change initiatives that will improve health outcomes will be developed

By 17/18 – more people will have; given up smoking prior to surgery, been screened for cancer; access to lifestyle behaviour change support

- Improving Health and Wellbeing – reducing the gap between how long people live and how long they live in good health
- More people able to manage their own health conditions reducing the need and demand for health services
- More people supported to give up smoking, achieve a healthy weight and drink sensibly (reducing lifestyle related diseases)
- Increased proportion of cancers detected early, leading to better outcomes/survival

Revenue investment assumed and financial benefit

Investments Required: £0.6m

SAVINGS: £10m per annum by 2020/21

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
• Project baseline analysis – identifying current delivery					
• Initiatives at Scale delivery plans developed and implementation prepared • Implementing initiatives at scale					
• Behaviour change delivery plans developed • Implementing behaviour change					
• Service redesign and change delivery plans developed • Implementing service redesign and change					

For project detail see appendix A

Key personnel

CEO/SRO Sponsor – Sallie Bacon, Acting Director Public Health, Hampshire County Council
Programme Director – Simon Bryant, Associate Director of Public Health (Interim) | Fiona Harris Consultant in Public Health (Locum), Hampshire County Council
Public Health leads in Southampton, Portsmouth, IOW & NHS E(W)
Finance – Loretta Outhwaite, Finance Director IOW CCG
Quality Lead: Carole Alstrom – Deputy Director of Quality – Southampton CCG

Stakeholders involved

- Acute Trust – Providing emergency and Surgical care
- Public Health Service Providers
- Primary Care
- Community Care
- Mental Health Service providers
- Local Authorities
- STP Partners | Work streams HEE
- NHSE – Screening and Immunisations
- CCG's
- Public and patients

Core Programme 2: New Models of Integrated Care

Programme Objective: To improve the health, wellbeing and independence of HIOW population through the accelerated introduction of New Models of Care and ensure the sustainability of General Practice within a model of wider integrated health and care. This will be delivered through the Vanguard programmes and local health system New Care Models delivery arrangements

Programme Description

The programme will deliver place-based integrated care in each HIOW locality, focusing on the accelerated spread and consistent implementation of 5 'big ticket' interventions

Foundation for independence & self care	Fully Integrated Primary Care	Integrated Intermediate Care	Complex & End of Life Care	LTCs: Diabetes & Respiratory
Care navigators & social prescribing: building skills & capacity to shift current primary care activity to a non-clinical workforce	Joined up, enhanced multi-professional primary care team and extended access care hubs in localities	Integrated health & social care: domiciliary recovery & rehab teams, non-acute beds, urgent community response	Dedicated support for those patients at greatest risk, including the 0.5% of patients with the most complex needs	Moving to a de-layered community model for Long Term Conditions, including case finding, shared care & psychological support

These are driven by the three MCP/PACS vanguards and new care models programme arrangements. with structured clinical engagement and co-production with other STP Workstreams where there are key pathway interfaces (e.g. acute alliance for complex , EOL care and LTCs). Successful delivery will mean patients are enabled to stay independent for longer, have improved experience and engagement in health and care decisions alongside improved access and outcomes facilitated by proven care models

Outcomes and benefits to be delivered

By 16/17 – 15% of integrated primary care hubs will be operational

By 17/18 - 75% of integrated primary care hubs operational. National diabetes pathways fully implemented

- Improved outcomes for people with long term conditions/multiple co-morbidities
- Reduced A&E attendances/admissions for target conditions
- More people maintaining independent home living
- Extended primary care access and increased GP capacity to manage complex care due to improved skill-mix in wider workforce
- More sustainable local health and care economy

Revenue investment assumed and financial benefit

Investments Required: £36m per annum by 2020/21 + funding for national priorities

Savings: £45.6m per annum by 2020/21

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Foundation for independence & self care					
Fully Integrated Primary Care					
Integrated Intermediate Care (Health & Social)					
Complex Care & End of Life					
LTC - Diabetes & Respiratory					

Key personnel

CEO/SRO Sponsor: Karen Baker
Programme Director: Alex Whitfield, Chief Operating Officer, Solent
Programme Director: Chris Ash, Strategy Director, Southern Health
Finance Lead: Andrew Strevens, FD Solent
Project manager: Becky Whale
Clinical Leads: Dr Barbara Rushton, Dr Sue Robinson, Dr Sarah Schofield
Quality Leads: Sara Courtney, Acting Director of Nursing, Southern Health & Julia Barton Chief Quality, Officer/Chief Nurse, Fareham & Gosport and SE Hants CCG

Stakeholders involved

- NHS Improvement
- UHS, PHT, HHFT, IOWT
- SCAS
- All CCG's
- NHS England
- Public and politicians
- HCC, SCC, PCC and IOW Council
- Public representative organisations
- Solent and Southern
- Primary care
- CQC
- Voluntary and Community Sector

For project detail see appendix A

Core Programme 3: Effective Flow And Discharge

Programme Objective: To ensure no patient stays longer in an acute or community bed based care than their clinical condition and care programme demands and as a result reduce the rate of delayed transfers of care by improving discharge planning and patient flow, and by investing in capacity to care for patients in more appropriate and cost effective settings.

Programme Description

To address the issue of rising delayed transfers of care in HIOW we will deliver a 4 project plan focused on the underlying causes:

- To ensure that every patient has a Discharge Plan, informed by their presenting condition & known social circumstances, and which is understood by professionals; the patient; their relatives and carers (where appropriate) and includes plans for any anticipated future care needs
- To improve the value stream and utilisation of existing or reduced acute & community care space and resources, to provide safer, more effective patient and systems flow and resilience.
- To identify patients with complex needs early in their journey and design an appropriate Onward Care support that prevent readmission, eliminate elongated acute spells and minimise patient decompensation
- To develop and provide cost effective Onward Health & Social Care services that where possible , reduces the cost of care whilst maximising patient outcomes

Outcomes and benefits to be delivered

By 16/17 - Every patient in hospital will have a discharge plan which is understood by professionals; the patient and their carers.

By 17/18 - Implementation underway of a collective approach to grow the domiciliary care workforce and capacity

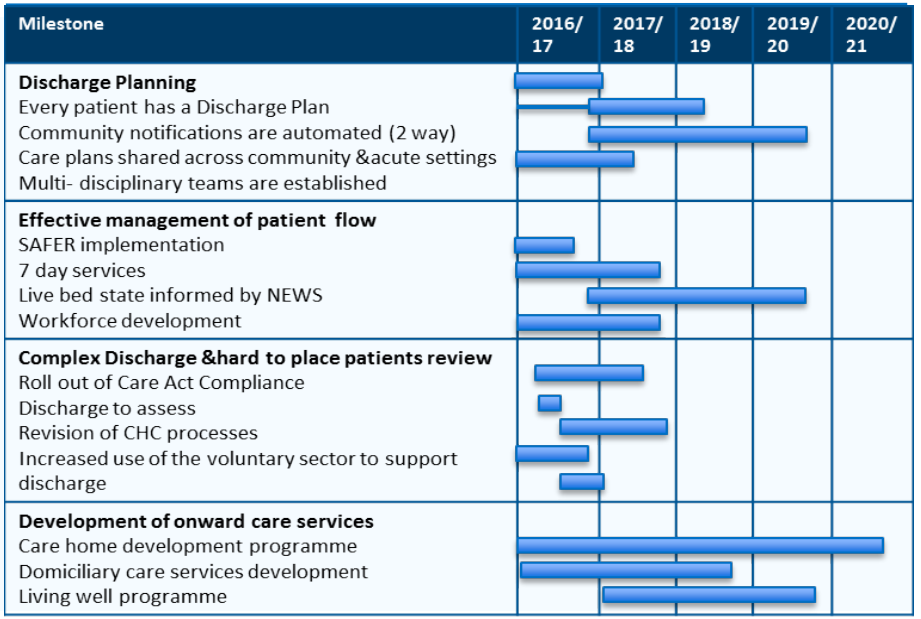
1. Patients supported in the setting most appropriate to their health and care needs leading to improvements in LOS for patients currently residing in acute and community hospital beds (P1)
2. Improvements in LOS for patients staying 7-30 Days through multi agency stranded patient review (P1 & 2)
3. Improvements in LOS for episodes of 2-7 Days through SAFER effective flow management , removal of internal delay and 7 day services (P1 & 2)
4. Improvements in LOS for episodes of 0-2 days though the implementation of ambulatory care front door turnaround teams (P2)

Revenue investment assumed and financial benefit

Investments Required: £1m in 16/17

SAVINGS: £15m per annum by 2020/21

Projects Timescales



Key personnel

Joint SRO: Graham Allen, Director of Adult Services HCC
Joint SRO: Heather Hauschild, Chief Officer West Hampshire CCG
Programme Director: Jane Ansell, West Hampshire CCG
Programme Adviser: Sarah Mitchell, Social Care Consultant (HCC)
Finance Lead: Mike Fulford, Finance Director, West Hampshire CCG
Programme Manager: Mike Richardson, SHFT
Quality Lead: Fiona Hoskins, Deputy Director of Quality, NE Hants & Farnham CCG

Stakeholders involved

- Patients/ Public through Wessex voices
- Primary Care & Community Services
- Voluntary Sector
- NHSI/NHSE/WAHSN
- Crisis care concordat
- HIOW CCGs
- NHS England
- HIOW Adult Social Care Alliance

For project detail see appendix A

Core Programme 4: Solent Acute Alliance

Programme Objective: To deliver the highest quality, safe and sustainable acute services to southern Hampshire and the Isle of Wight. To improve outcomes, reduce clinical variation and lower cost, through collaboration between UHS, PHT, IoW NHST & Lymington Hospital. To provide equity of access to the highest quality, safe services for the population.

Programme Description

An Alliance between three hospital trusts to improve outcomes and optimise the delivery of acute care to the local population, ensuring sustainable acute services to the Isle of Wight.

This will be delivered by structured clinical service reviews. A first wave of collaborative transformational supporting services projects will include: Back Office Services Review; Pathology consortia (re-visited); Theatre Capacity Review; Pharmacy collaboration; Estates/Capital ; and Out Patient Digital Services. The Better Birth Maternity Pioneer programme will also be implemented.

The acute alliance support the objectives of the cancer alliance and are linking directly with relevant clinical service reviews and prevention projects, including increased screening uptake and delayering access to increase early diagnosis.

Outcomes and benefits to be delivered

By 16/17 – Sustainable solutions will be agreed for priority specialties across Hampshire and the Isle of Wight.

By 17/18 - Implementation underway of transformation plans in back office services, pharmacy, pathology, radiology and outpatients.

- Reduced clinical variation and improved outcomes
- Sustainable acute service to the Isle of Wight
- Improved length of stay
- Channel shift (digital outpatients)
- Elective demand control (in-line with best practice/guidance)
- Efficiencies of £156m by 2020/21
- Additional opportunities of £9m (elective demand reduction via RightCare). 40% of the estimated opportunity sits with North and Mid Hampshire

Revenue investment assumed and financial benefit

Investments Required: £0.5m

SAVINGS: £165m per annum by 2020/21

Projects Timescales

Projects	2016/17	2017/18	2018/19	2019/20	2020/21
Back Office Services Review					
Pathology consortia (re-visited)					
Clinical Services Review					
Theatre Capacity Review					
Pharmacy collaboration					
OP Digital					
CIP planning and delivery					

For project detail see appendix A

Key personnel

The Chair of the Alliance Steering Group – Sir Ian Carruthers
Chief Exec Lead – Fiona Dalton
Programme Director – Tristan Chapman
Finance Lead – David French
Medical Director Lead– Simon Holmes
Director of Strategy Lead – Jon Burwell
Informatics lead- Adrian Byrne
Quality Leads: Alan Sheward, Director of Nursing & Quality IOW NHS Trust, Cathy Stone, Director of Nursing, Portsmouth Hospitals NHS Trust.

Stakeholders involved

- NHS Improvement
- All CCG's
- NHS England
- Public & patients
- Community Services
- Primary care
- CQC
- Cancer Alliance

Solent Acute Alliance: Clinical Service Review project

Project Objective: To deliver the highest quality, safe and sustainable acute services to southern Hampshire and the Isle of Wight. To improve outcomes, reduce clinical variation and lower cost, through collaboration between UHS, PHT, IoW NHST & Lymington Hospital. Benchmark against rightcare data and investigate clinical flows and outcomes.

Project Description

UHS, PHT and the Isle of Wight Hospital Trusts will work as one to deliver the best health care outcomes delivered at the best value for the whole, collective population. Serving a population of 1.3m we will develop and deliver services that benchmark with the best in the world. Care will be delivered locally where possible, but centrally where this improves outcomes.

We will work with community providers allowing seamless services, and providing care and contact only when it offers best value. The alliance will support changes in clinical pathways or operational structures when these changes provide significant benefits in clinical outcomes, value, safety, resilience, expertise and delivery of national standards.

Trusts will remain sovereign organisations responsible for performance, quality, safety and finance. The alliance will facilitate service reconfiguration whilst maintaining individual financial stability.

Principles for service configuration include providing equal access to the highest quality service to the population, core services being provided at each centre, specialty collaborations using hub and spoke models, support of 24/7 provision and effective use of estate.

The clinical service reviews build on successful joint working in Cancer services across Alliance trusts.

Outcomes and benefits to be delivered

By 16/17 – 16 services will start a phased 3 month service review period with clinical and strategy colleague across the trusts

By 17/18 – Business cases developed and approved for each service, estates re-configuration works planned.

- Reduction in LoS
- Improved outcome metrics
- Reduction in admissions
- Reduction in OP/FU attendances
- Sustainable plan for services on IOW
- Delivery of national standards (RTT, 7 day services)

Project Timescales - Clinical service review phasing

Projects Oct 16-Sept 17	Qu 3-4	Qu 4 – 1 (2017)	Qu 2 - 3
IOW service model - principles			
Vascular			
Spinal			
ENT			
Urology			
Haematology			
Colorectal Surgery			
Max Fax			
Paediatrics			
Neonatal ICU			
Renal			
Gastroenterology			
Dermatology			
Oncology			
Cardiology			
Radiology			
General surgery			

Key personnel

Simon Holmes- Medical Director PHT
Mark Pugh- Medical Director IOW
Derek Sandeman- Medical Director UHS

Clinical leads x 16(x3 trusts)
Management and strategy leads
Finance lead

Stakeholders involved

- Public & patients
- NHS Improvement
- NHS England
- Primary care
- Community Services
- All CCG's
- CQC

For project detail see appendix A

Core Programme 5: North & Mid Hampshire

Programme Objective: To create a sustainable, high quality and affordable configuration of acute services for the population of North & Mid Hampshire and the out-of-hospital services to support that configuration (linking with the New Models of Care programme)

Programme Description

A sustainable, quality configuration of acute services for the population of North and Mid Hampshire will be achieved through 3 key activities:

- Review and deliver the optimum acute care configuration for North and Mid Hampshire
- Deliver new models of care (incorporated in New Care Models programme)
- Deliver of provider CiP plans

Outcomes and benefits to be delivered

By 16/17 - The best option for configuration of services in North & Mid Hampshire will have been identified

By 17/18 - Consultation on and agreement of option for configuration of services in North & Mid Hants

- Sustainable access to 24/7 consultant delivered acute care for the North & Mid Hampshire population and improved outcomes through care closer to home
- Improved quality and performance targets
- Deliver performance targets
- Delayer / remove boundaries between acute/community/primary care/mental health/social care
- Deliver system level savings
- Align incentives in the system to deliver a shared control total
- Efficiencies of £60m by 2020/21

Revenue investment assumed and financial benefit

Investments Required: £TBCm dependant on recommended configuration

SAVINGS: £41m CIP per annum by 2020/21

Projects Timescales

Project	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Review of acute care configuration					
OOH models developed in line with new models of care programme					
Public consultation					
Reconfiguration					
Progress population based contracting for outcomes					

Key personnel

CEO/SRO Sponsor – Heather Hauschild , Chief Officer West Hampshire CCG , Mary Edwards, Chief Exec Hampshire Hospitals & Paul Sly Interim Accountable Officer North Hants CCG
Clinical Sponsor – Tim Cotton, Andrew Bishop & Nicola Decker
Programme Director – Heather Mitchell , Director of Strategy , West Hants CCG
Programme Director - Niki Cartwright, Interim Director of delivery NHCCG
Finance Lead – Mike Fulford, Finance Director, West Hants CCG; Pam Hobbs, Finance Director North Hants CCG & Malcolm Ace FD HHFT
Quality Lead: Edmund Cartwright, Deputy Director of Nursing, West Hants CCG

Stakeholders involved

- NHS – GP's Specialist Commissioning, HHFT, UHS, SHFT, CCG's, SCAS
- Public & Patient Groups
- Government – Local authorities, HCC, Public Health, Local Councillors / MP's
- Regulators – NHSE, NHSI

For project detail see appendix A

Core Programme 6: Mental Health Alliance

Programme Objective - To improve the quality, capacity and access to mental health services in HIOW. This will be achieved by the four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, third sector organisations and people who use services, working together in an Alliance to deliver a shared model of care with standardised pathways

Programme Description

We are committed to valuing mental and physical health equally to ensure that support for mental health is embedded holistically across the system and not seen in isolation in order to achieve parity of esteem. We will ensure that people experience a seamless coherent pathway that incorporates the key principles of prevention, risk reduction, early intervention and treatment through to end of life care. The Five Year Forward View for Mental Health, Dementia Implementation Plan, Future in Mind and the Wessex Clinical Network Strategic Vision provide us with a blueprint for realising improvements and investment by 2020 /21 and the mechanism for mobilising the system.

We will achieve this by working at scale to:

Review and transform :

- acute and community mental health care pathways
- rehabilitation and out of area placements
- mental health crisis care pathways

Transformation of mental health services for children and young people including access to tier four beds for young people will be aligned to the Mental Health Alliance and the STP delivery plan. This transformation programme will be underpinned by integrated approaches to commissioning mental health services on an Alliance wide basis . We are committed to reviewing how money from physical health services can be transferred into mental health services. We will develop the workforce to deliver holistic and integrated services for people.

Outcomes and benefits to be delivered

By 16/17 - different approaches to commissioning mental health services on an Alliance wide basis initially focussing on out of area placements and crisis response will be agreed

By 17/18 - A local recovery based solution replacing high cost out of area residential long term rehabilitation will be in place

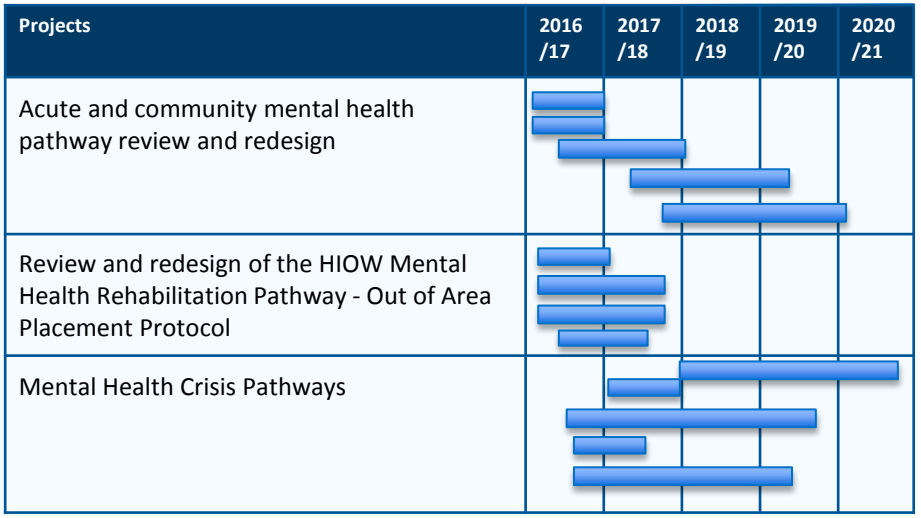
- Adult mental health services will provide timely access to recovery based person centred care in the lease restrictive setting for the least amount of time
- People in mental health crisis have access to 24/7 services
- Services will meet the 'Core 24' service standard for liaison mental health
- Out of area placements will be reduced with the aim to eliminate these by 2020/21
- Young people will have improved access to emotional wellbeing services through the Future in Mind Transformation Plans

Revenue investment assumed and financial benefit

Investments Required: £45m assumed to include partial funding of 5YFV. Additional funding required from STF to meet full 5YFV

SAVINGS: £28m per annum by 2020/21

Projects Timescales



Key personnel

CEO Sponsor: Sue Harriman, Solent NHS Trust
Medical Director and SRO: Dr Lesley Stevens
Programme Director: Hilary Kelly, HIOW STP
Quality Lead: Mandy Rayani - Chief Nurse, Solent NHS Trust

To support delivery of this programme we have formed a Mental Health Alliance with membership from HIOW Mental Health Providers, CCGs, Local Authorities and the third sector. Over the development of this plan we have sought clinical input and leadership through our STP Mental Health Clinical Reference Group

To support the work of the Alliance and our aspiration for developing new ways of commissioning we have in place an STP Mental Health CCG Planning Group

Stakeholders involved

- NHSI
- Primary care
- CQC
- Voluntary & Community Sector
- Wessex voices: patient & public
- Wessex Mental Health and Dementia Clinical Network
- Crisis Care Concordat
- HIOW CCGs
- Surrey and Borders NHSFT
- NHS England
- HCC, SCC, PCC, IOW Council
- Health Education England
- Wessex Academic Health Science Network

For project detail see appendix A

Enabling Programme 7: Digital

Programme Objective: To give patients control of their information and how it is used, allowing patients to manage their long term conditions safely and enable patients to access care at a time, place and way that suits them. To build a fully integrated digital health and social care record, and the infrastructure to allow staff to access it from any location.

Programme Description

This workstream is designed to:

- increase the quality of service provision
- reduce the pressure on care services and
- improve efficiency

The ambitions of this programme are to:

- Provide an integrated digital health and care record
- Unlock the power of data to inform decision making at point of care
- Deliver the technology to shift care closer to home
- Establish a platform to manage Population Health
- Drive up digital participation of service users
- Drive up digital maturity in provider organisations

- In addition the footprint will share the benefits and potential the 'digital centre of excellence' award given to the University Hospital Southampton.

A strategic roadmap for the delivery of the programme has been developed and agreed.

Outcomes and benefits to be delivered

By 16/17 – We would have developed a robust technical strategy, commenced a major upgrade to the integrated care record and rolled out e-consultations to 50% of GP Practices

By 17/18 – Made Wi-Fi available across all care settings, rolled out e-consultations to 90% of GP Practices, deployed the infrastructure to support the care coordination centre and completed the SCAS livelink pilot.

- An integrated care record for all GP registered citizens in Hampshire and IoW
- Flexible IT systems enabling care professionals to work from any location, with access to citizens health and care records
- Citizens able to self manage their health and care plans – eg managing appointments, updating details, logging symptoms
- Real time information to support clinical decision making

Investment required

Investments Required: £35.4m capital

Revenue: £10m per annum by 2020/21

Projects Timescales

Critical Projects	2016/17	2017/18	2018/19	2019/20	2020/21
HIOW Technical Strategy					
Patient Data Sharing Initiative (Phase 1)					
Patient Portal					
E-Prescribing & Medicine Reconciliation					
Digital Communications across Care Providers					
Wi-Fi for HIOW & Cyber Security					
Channel Shift (Phase 1-e-consultations)					
Care co-ordination centre Infrastructure					
Optimising intelligence capability					
SCAS LiveLink Pilot					

Key Personnel

Lisa Franklin - SRO
Dr Mark Kelsey – Clinical Lead
Roshan Patel – Finance Lead
Andy Eyles – Programme Director
Mandy McClenan – Acting Programme Manager

Stakeholders involved

All HIOW partners and programmes

For project detail see appendix A

Enabling Programme 7: Digital

How will Digital enable the core programmes?

Digital Project	Transformational Benefits	Solent Acute Alliance	New Models of Care	Mental Health Alliance	Effective Patient Flow and Discharge	Prevention at Scale	North & Mid Hampshire configuration
Patient Data Sharing Initiative	A shared record would enable all health and social providers to access a single source of patient information which would reduce the need for patients to repeat information, save professionals time and reduce duplication of diagnostics.	✓	✓	✓	✓	✓	✓
	Integrated complex care plans allow multi-disciplinary teams to develop and deliver plans for identified groups of patients, by providing a single up-to-date record which can be shared and updated across a whole health community.		✓	✓	✓		
	Digital care plans that includes social care information and patients' personal circumstances provide the admitting hospital with the information they need to assess. As a result preparations for complex discharges can begin much earlier in the process.		✓	✓	✓		
	Help clinicians to identify those at risk using intelligent analytics to target brief intervention Link patients directly to their results and advice on treatment, if needed		✓			✓	
Patient Portal	A patient portal will allow patients to co-manage their healthcare online reducing the need for hospital visits. It will offer 24/7 support and information, allow patients to cancel and re-book appointments online, view their record and facilitate online consultations	✓	✓	✓	✓	✓	✓
	Helping to keep relatives/carers informed and engaged.	✓	✓	✓	✓	✓	✓
	Provide patient access to self help interventions for smoking, alcohol interventions, weight self-management and increasing activity levels. Linking to health portal can help personalise information					✓	
E-Prescribing & Medicine Reconciliation	Safer and more effective prescribing through a fully integrated, end to end medicines management which allows automated supply, decision support and real time monitoring. This will comprise EPMA in hospitals including closed loop prescribing for safety, medicines reconciliation and standards for coding (DM+D).	✓	✓	✓	✓		✓
	Ensuring that TTOs are ready and available immediately the patient is discharged from Hospital				✓		
Digital Communications	Instant messaging and telepresence enables professionals in different care settings to interact easily with group video calls enabling multi-disciplinary teams to meet online.	✓	✓	✓	✓	✓	✓
Wi-Fi for HIOW & Cyber Security	Ability for staff to access and update patient records, and for patients to access online resources at all health and social care sites.	✓	✓	✓	✓		✓
	Broadly available Wifi will allow community teams that are either co-located or working in the community to get access to their line of business of systems and the HHR.	✓	✓	✓	✓		✓
Channel Shift (Phase 1-e-consultations)	Provides access online resources 24/7. Reduces need for face-to-face consultations, leading to practice efficiency savings. Provides opportunity to collect comprehensive history and early identification of symptoms leading to more productive consultations.	✓	✓				
Care co-ordination centre Infrastructure	A HIOW level 'flight deck' for co-ordinating health and care service delivery, building upon the infrastructure for 999 and 111 calls, providing routing for primary care appointments, referring to clinical hubs, and improving maintaining a live directory of services.	✓	✓	✓	✓	✓	✓
	Improved decision support directly influencing the effectiveness and efficiency of resource deployment.	✓	✓	✓	✓	✓	✓
Optimising intelligence capability	Unlocking the power of information we have is central to our digital roadmap. The analytics capability will drive improvements in service outcomes at a population health commissioning level as well as at a clinical decision making level. Providing risk analysis, cohort identification & tracking, outcome evaluation and clinically lead intelligence & research.	✓	✓	✓	✓	✓	✓

Enabling Programme 8: Estates

Programme Objective: To provide the estate infrastructure needed to deliver the new models of care and to deliver savings by rationalising the public sector estate in Hampshire and the Isle of Wight

Programme Description

The Estates programme has two core and interdependent objectives:

1. To enable delivery of the STP core transformational workstreams and
2. To drive improvement in the condition, functionality and efficiency of the Hampshire and IOW estate.

Outcomes and benefits to be delivered

- Improved planning through better sharing of information and expertise.
- Reduced demand for estate which will release surplus estate for other uses such as housing. Current estate has been classified to identify key strategic sites to be fully utilised and estate that is no longer providing a high quality environment for staff and patients. The priority is to replace the worst estate.
- Increased utilisation of key strategic sites to meet requirements of core STP workstreams and improve efficiency. This will ensure that services are provided from the best facilities, contributing to improved patient health and wellbeing. A small number of utilisation audits have been completed which have identified scope to increase utilisation by up to 30%.
- Flexible estates solutions that enable new care models to be delivered. A core group of HIOW estates leads is in place and are supporting all STP workstreams and the local estates forums. 4 HIOW estates workshops have been held, including primary care commissioners, to identify the estates solutions which enable new models of care including area and local health hubs. These will provide extended access and an enhanced range of services which reduce the need for patients to travel to the main hospital.
- Redesigned facilities which facilitate increased mobile working, working closely with the digital and workforce enabling teams. We will increase the number of hot desk facilities to enable staff to access bases closer to their patients, reducing travel and increasing productivity.
- Optimised use of estate as part of 'One Public Estate' programmes enabling patients to access a wider range of services as part of one-stop shops that are tailored to meet local needs.
- 19% reduction in estates footprint and £24m revenue saving by 2020/21

Revenue investment assumed and financial benefit

Investments Required: £5.3m

SAVINGS: £24m per annum by 2020/21

Projects Timescales

Milestone	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Reduce Demand					
Increased utilisation					
Flexible working					
Reducing operating costs					
One public estate and shared service					
STP estates transformation					

Key personnel

- Inger Bird(SRO and Programme Director)
- Michelle Spandley (Chief Finance Officer)
- Becky Whale (Programme Manager)
- Strategic Estates Advisors and Estates Leads from provider organisations, CHP and NHS Property Services

Stakeholders involved

- All enabling and core programmes
- Local Estates Forums and Strategic Partnership Board
- One Public Estate programme
- Housing providers
- Elected representatives
- Communications team

For project detail see appendix A

Enabling Programme 9: Workforce

Programme Objective: To ensure we have the right people, skills and capabilities to support the transformed health and care system by working as one HIOW to manage staffing, development, recruitment and retention.

Programme Description

To work as one system to develop the right people, skills and capabilities to support the transformed health and care system. By working as one we will ensure we remove organisational and professional boundaries and make better use of resources across the system. We will exploit the potential of new technology and reduce unnecessary competition for limited staffing resources.

Outcomes and benefits to be delivered

By 16/17 – Control of pay costs and use of agency workforce. Detailed plans developed with each work stream

By 17/18 - Implementation underway of workforce transformation plans to deliver the STP core programmes and the HIOW system approach to staffing

- A flexible workforce shared across geographical and organisational boundaries, working in new ways with extended skills to deliver the core STP programmes
- Health and care roles which are more attractive to local people, enabling the development of a stronger community based workforce
- Significant reduction in the use of temporary and agency workers
- Increasing the time our staff spend making the best use of their skills and experience
- No overall growth in the workforce over the next five years

Financial benefits

The workforce financial benefits are quantified within each of the core programmes. However anticipated workforce cost reduction will be:

- Reduce system temporary staff spending costs by 10%
- Reduce corporate costs by 15% through redesigning services for the system rather than each organisation within the system
- No system increase in workforce costs.

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Workforce planning and Information					
Recruitment and Retention a) Strategy b) Recruitment hot-spots					
System wide use of resources a) Workforce b) corporate back office functions					
Technology					
Education and Development a) Making best use of our resources b) Ensuring our staff are best equipped for the future					
Engagement and Organisational Change					

For project detail see appendix A

Key personnel

Sue Harriman (CEO/Lead AO for workforce)
Sandra Grant (Programme Director)
Ruth Monger (Co Chair of LWAB) Health Education Wessex
Local Workforce Action Board members
HR Directors across H&IOW & Staff Side representatives

Stakeholders involved

All enabling and core programmes
Staff and staff side
Communications team

Enabling Programme 10: New Commissioning Models

Programme Objective: To adapt our methods, tools, resources and architecture for commissioning health and care, to reduce unnecessary duplication of commissioning work and facilitate the delivery of the STP. To generate cost reductions in expenditure on Continuing Health Care and Prescribing through working at scale.

Programme Description

The Programme aims to align commissioning intentions and planning for the future form and function of commissioning across HIOW, to enable:

- Commissioning activities orientated around tiers
- Closer integration of health and social care commissioning around 'place-based' solutions
- Contracting and payment approaches that support the implementation of new models of care & alliance / MCP / PACS or ACO contracting , including progressing:-
  - PACs model in NE Hampshire and Farnham
  - Accountable care system for Portsmouth, SE Hampshire and Fareham and Gosport
  - My Life a Full Life on the Isle of Wight
  - Develop place based systems across Hampshire (building on the Vanguard work of Better Local Care) and Southampton.

Additionally, the Programme aims to improve the delivery of CHC processes and reduce variation in prescribing practices.

Outcomes and benefits to be delivered

- Outcome based commissioning to local populations with aligned incentives within the system to facilitate the delivery of patient-centred integrated services
- Effective Commissioning at scale to allow management of system control total and to develop the role and structure of commissioning within the new contract system, releasing efficiencies .
- Place based solutions to move at pace in the delivery of new models of care and acute alliances.
- Improved performance in timely delivery of CHC processes.
- Improved patient outcomes benefits and savings benefits through reduced variation in prescribing practices.

Financial benefit

£ **SAVINGS: Reduced system infrastructure costs £10m per annum by 2020/21 CHC £36m. Prescribing £58m.**

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Commissioning transformation					
Delivery of CHC processes					
Reduce variation in prescribing practices					

Key personnel

CEO Sponsor – Dr Jim Hogan
Programme Director – Heather Mitchell
Programme Advisor - Innes Richens & Helen Shields
Finance Lead – James Rimmer

The eight Clinical Commissioning Groups across Hampshire and the Isle of Wight have established a Commissioning Board and a commitment to collaborate fully on the commissioning of acute physical and mental health services.

Stakeholders involved

NHS - GP's, Specialist Commissioning, Acute Trusts, Community SCAS, Trusts, CCG's, Pharmacies.
Public and patient groups, Government - Local authorities, HCC, Public health, Local Councillors / MP's
Regulators – NHSE, NHSI

For project detail see appendix A

Section 3: Ensuring successful delivery

Culture, Leadership & OD

Moving from development to implementation

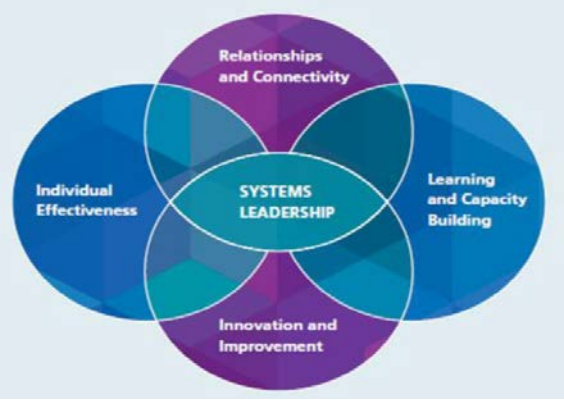
As we move from STP development to implementation and delivery, partnership behaviours will become the new norm. It is acknowledged that no one organisation holds the solution to the system leadership challenge required to transform the health and care. Leaders across the HIOW system recognise that in order to realise the benefits of the transformation STP, we must ensure adequate time and resource is invested in embedding the changes needed. To that end senior leaders have been personally committing time and sharing resource to ensure that across HIOW we are already seeing a culture change, including an increase in partnership working.

An example is the culture change we are delivering in primary care in the Hampshire MCP – 'Better Local Care'. Dr Nigel Watson MBBS FRCGP, Chair SW New Forest Vanguard, CEO Wessex Local Medical Committees states: '*GPs provide the vast majority of daily contacts with patients. Practices, supported by a range of health and care professionals, are moving towards working in wider natural communities of care to provide services, including self care and prevention, integrating with community services, using a common health record and looking at better ways to deliver care for patients with long-term conditions or who need urgent care'.* A Further example is the moves we have made to fully integrated local delivery models. Simon Jupp, Director of Strategy, Portsmouth Hospitals NHS Trust states *'The willingness of all partners to create a sustainable health and social care system on behalf of the population we serve is inspiring and liberating'.*

We started to develop the STP plan in May 2016 with over 80 leaders including CEO's Accountable officers clinical chairs and medical directors & met for a 2 day externally facilitated event that resulted in partnership working across the programmes such as, the commitment to the Solent acute alliance. We built on this in June with a further facilitated event with 60 leaders including Directors of Finance. What we have already seen developing as inclusive leaders agreed principles of working, resulting in different behaviours and fostering new ways of working. The failure of strategic change projects is rarely due to the content or structure of the plans put into action, it's more to do with the role of informal networks in the organisations & systems affected by change. To make transformational change happen we will need to connect networks of people who 'want' to contribute.

Developing our culture and OD plan

OD should provide the ability for a system to transform, reflect, learn, and improve systematically. In order to deliver the STP, system leaders at all levels need to build relationships of trust and respect across the system, in order to work effectively together and demonstrate values and behaviours which are consistent and honest. As a framework for System leadership we will use the framework below to start the development conversations

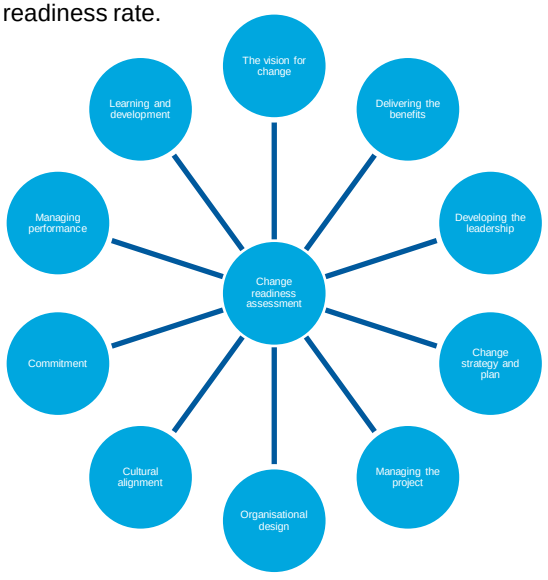


Change model management cycle

To reap the benefits of the transformation of the STP, we must ensure adequate time and resource is invested in embedding the changes at the frontline of service delivery. For change to be effective, in addition to effective leadership, change management capabilities must be embedded within the portfolio, programme and project teams responsible for delivering change across the STP. In delivering the STP, we will use a we will use a framework for change that is based on best practice methodologies.

Change readiness assessment

A change readiness assessment will be conducted to outline the baseline change rate of the STP. Once the portfolio begins the delivery stage, frequent change readiness assessments will be conducted to calculate the change readiness rate.



System Approach to Quality and Equality

System Quality Aims

The programme of transformation across HIOW presents clear opportunities for health and social care organisations to work together to fix current quality challenges. Our approach will not replace individual organisations quality duties but aims to deliver:

- A more streamlined and efficient approach to quality measurement and monitoring
- Opportunities to increase the patient/carer voice in defining, measuring and evaluating the quality of services
- Better understanding of quality variation across the entire patient pathway rather than in silos
- The structure, process and guidance needed by teams working on new models of care to ensure regulatory compliance
- Better use of data, including the effective triangulation of multiple sources of data and quality surveillance that focuses on early warning and prevention rather than multiple investigations after the event
- New provider/commissioner alliances and configurations which will support reconfigured services and organisations e.g. accountable care systems
- A real focus on health gains, linking quality to population health outcomes in new and innovative ways
- Agreement on the approach to defining, measuring and monitoring quality which will be required under new contractual arrangements.

Key workstream projects

1) STP Quality Impact Assessment process
2) HIOW STP/Vanguard quality governance framework & toolkit
3) HIOW quality data surveillance and analytics approach
4) Draft quality metrics and contract schedules for new care models
5) Agree core quality improvement priorities

Immediate Priorities

HIOW STP Level

- Agree revised definitions for quality and clinical governance which will apply to the whole STP footprint and integrated care pathways e.g. development & spread of Logic Model
- Develop methods to evaluate the quality impact of service transformation plans
- Develop specific requirements for quality in a shared approach to quality intelligence and analytics
- Contribute to setting STP and local health outcomes
- Develop a quality governance toolkit for use by all new models of care based on the 5 CQC domains
- Agree what quality functions should be amended, stopped, or started
- Influence key national stakeholders e.g. NMC, GMC, CQC, NHSI, NHSE Vanguard Team

Local Health System Level

- Draft quality schedule for new models of care contract
- Agree core quality metrics for quality in new models of care and across partners/pathways
- Drive data for improvement to individual healthcare professional and service levels
- Agree methods for monitoring quality across new provision platforms e.g. digital and voluntary services
- Appoint quality leads into each locality
- Ensure patient, public and carer voice in quality is central
- Implement the quality governance toolkit at a local level
- Collate and analyse quality datasets
- Identification of transition quality risks and mitigation for these
- Work to a programme of quality improvement initiatives
- Use quality improvement science and evidence based methods

HIOW STP equality and diversity principles

HIOW STP member organisations are committed to promoting equality in the provision of health care services across the HIOW geography. The STP work streams are underpinned by the belief that it is only by achieving equality and celebrating diversity that we can provide quality services and improve the experience of people who use our services and the staff who care for them. Equality and diversity processes in the STP include:

Equality Delivery System	The public sector equality duty is embedded in each STP NHS member organisation through adherence to the NHS Equality Delivery System (EDS).
Equality Standards compliance	Through the process of individual organisation registration with the Care Quality Commission (CQC), NHS provider organisations are required to demonstrate compliance with the CQC's essential standards for quality and safety.
EQD embedded in STP QIA	All STP work programmes will be subject to assessment at stage 1 and those whose quality or equality impact is deemed moderate or significant will be required to undertake a more in-depth stage 2 review before proceeding.
EQD embedded in consultation processes	The STP work programmes will actively seek opportunities to consult and engage with service users and the public who are representative of the 9 protected characteristic groups as part of its wider consultation and engagement programme.

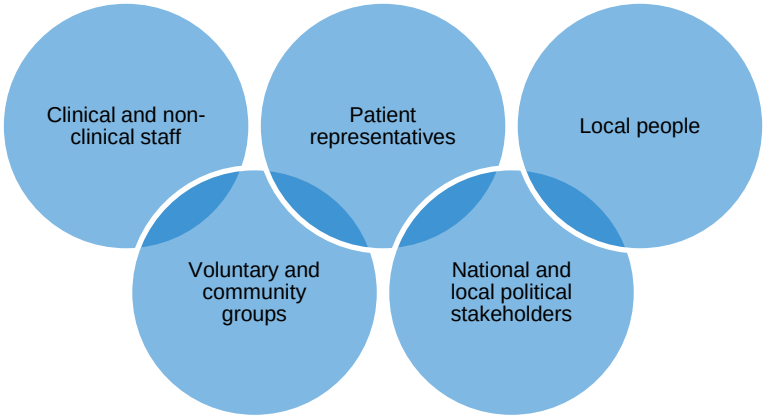
Engagement and consultation on the STP

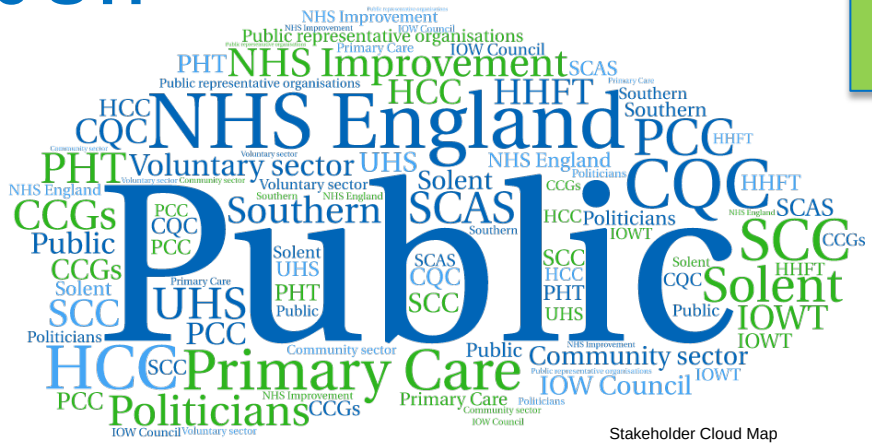
Our communications and engagement strategy is based on informing, involving, sharing and listening.

Strategic approach

Substantial productive engagement with patients, voluntary and community groups and wider communities has and continues to be carried out across Hampshire and the Isle of Wight in support of the development of local health and care services. We will build on this strong framework in delivering the STP, using existing local channels and relationships within HIOW to engage with people as we develop and implement plans.

We will develop key messages that can be used in all settings to describe and explain the purpose and vision of our STP.





Stakeholder Cloud Map

Engaging with our staff

We will target messages at a local level through the relevant organisation to engage with our staff, recognising that 'Hampshire and the Isle of Wight' is not a natural community of care and that staff loyalties are to their employing organisation.

Engaging with our local MPs and Councils

Relationships already exist between health and care organisations in HIOW and local MPs, HWBs and Councils. These relationships will continue to be the conduits for ensuring these key stakeholders are kept informed and involved in delivering the STP.

Engaging with local people and voluntary and community groups

We will continue to use our existing local channels within HIOW to engage and consult with people and local voluntary and community groups as we develop and implement plans. For example, the local population on the Isle of Wight was involved in developing the new vision for My Life a Full Life; there has been extensive engagement with the public in developing West Hampshire CCG's locality plans through public events and focus groups; the Southern Hampshire Vanguard Multi-Specialty Community Provider programme involves local NHS, local government and voluntary organisations in extending and redesigning primary and community care across most of Hampshire.

It is not intended to try to duplicate all the work that is already being carried out locally in the NHS community or to create a whole new suite of communication channels or engagement activity.

Engagement about any proposed changes to existing services will continue to be carried out by the statutory body or bodies responsible for proposing the change, supported by relevant information from the STP. This will ensure that engagement is carried out at a local level and led by an organisation with which local people are already familiar, recognising that 'Hampshire and the Isle of Wight' is not a natural community of care and that people's loyalty is to their own GP and local hospital and then to the wider NHS as a whole.

Formal consultation

It is unlikely that formal consultation would be undertaken on something as all-encompassing as the STP and across such a wide geography. Specific changes such as centralisation of a clinical service on the grounds of quality, safety and sustainability or a reconfiguration of services within a smaller geographical footprint (for example, north and mid Hampshire) are likely to be subject to formal consultation on a case by case basis. In such a case, the relevant statutory body or bodies would be responsible for carrying out any formal consultation on the proposed change.

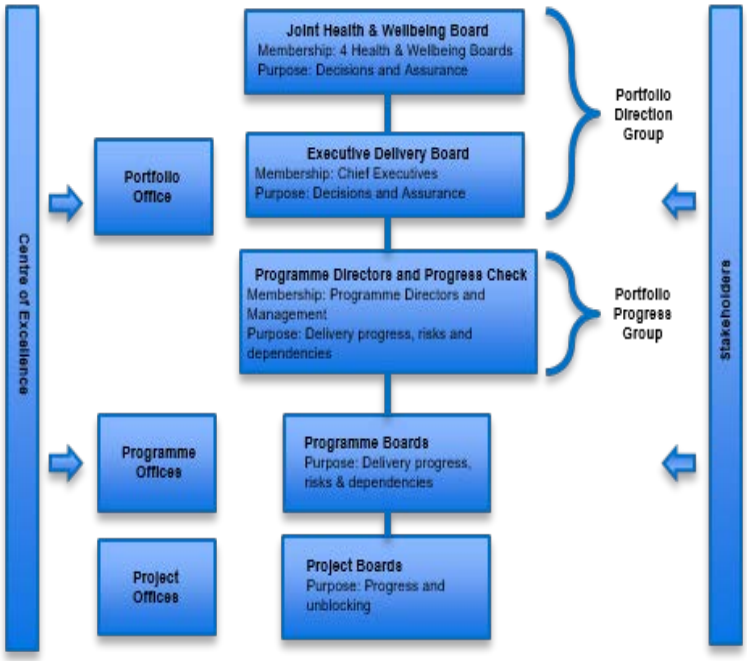
Our Delivery Architecture and Capability

Best Practice Frameworks

To enable and inform effective and collaborative decision making by the STP Steering Board, best practice portfolio (MoP*) and programme (MSP*) management frameworks are being established. This will ensure appropriate visibility and control of all HIOW STP transformation programmes and projects. In particular, as part of the MoP framework, the MoP Definition and Delivery Cycles will help to achieve the portfolio vision by optimising the balance and delivery of all in-scope programmes and projects.

The MoP Definition Cycle defines what initiatives and changes the portfolio is going to deliver and plans for how those can be achieved. The MoP Delivery Cycle identifies practices to ensure the successful implementation of the planned portfolio initiatives and to ensure the portfolio adapts to changes over time.

Proposed Portfolio Management Governance Model



The centre of excellence (COE) will be part of the role of the Core Group and will provide the means for programme and project teams to capture lessons. In this way, the organisation can continuously improve programme and project delivery.

As part of the setup phase, the following 10 key principles will be adopted to inform the effective design and implementation of effective portfolio management:

- Single view of the portfolio
- Strategic alignment
- Portfolio sufficiency
- Maximising return on investment
- Managing the delivery constraints
- Balancing the portfolio
- Effective and timely decision making data
- Execution focus
- Dealing with systemic risks
- Focus on things that matter

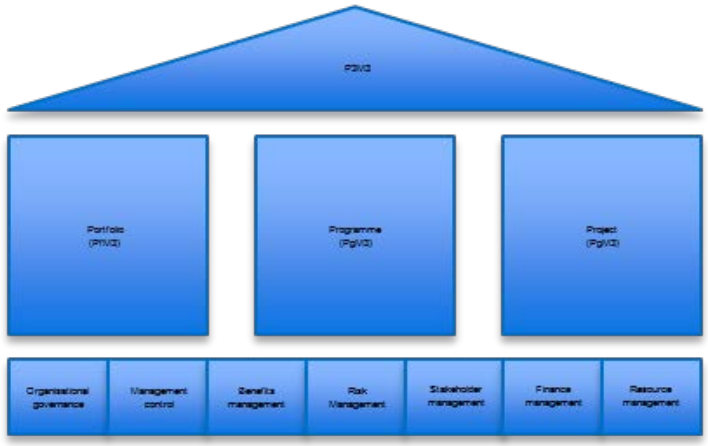
Reporting and Monitoring

The portfolio will be managed using high-level dashboards to outline objectives, items for board attention, major risks and issues, status and delivery milestones. These will be repeated at both programme and portfolio level and be updated monthly for board review.

In addition, to create an effective reporting infrastructure there is intention to plan and role out a web-based project extranet application. This web tool would facilitate engagement across portfolio, programme and project levels.

Delivery Maturity

Whilst HIOW contains individually competent organisations as a system our delivery capability is immature. Partners recognise this and are committed to purposeful investment and measured improvement. To do this we will benchmark ourselves using accepted best practice methodologies such as the Portfolio, Programme and Project Management Maturity Model (P3M3) seek to increase over time our skills base in Transformation and Change.



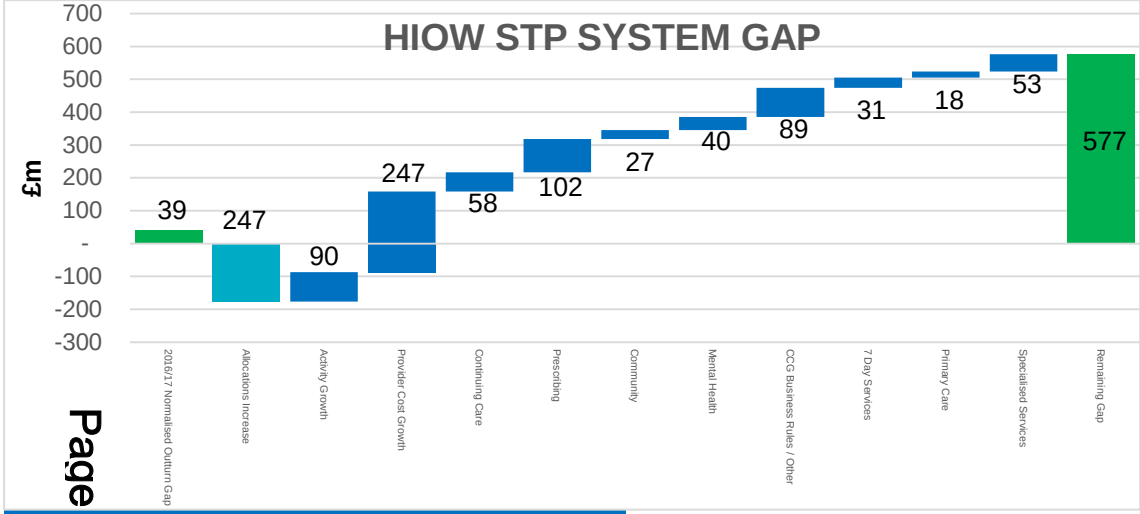
P3M3 allows an assessment of the process employed, the competencies of people, the tools deployed and the management information used to manage and deliver improvements. This enables organisations to determine strengths and weaknesses in delivering change.

*MoP: Management of Portfolios
*MSP: Managing Successful Programmes

Section 4: The Financial Gap

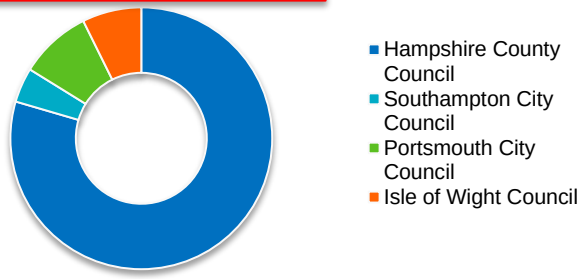
Financial Challenge & Strategy

If NHS organisations across HIOW do nothing to deliver efficiencies and cost improvements and to change the demand for health care services, the way they are accessed and provided, we will have a financial gap of £577m (18% of commissioner allocations) by 2020/21



The environment is more challenging when the savings from social care are included into the picture

Circa £192m Financial Challenge by 19/20



Key themes from Social Care savings plans are :

- Review current operating models;
- Focus on early intervention & prevention, reducing reliance on Social care;
- Focus on needs and better outcomes, withdrawing low impact services;
- Improving efficiency & effectiveness;
- Utilising technology & digital solutions.

Many themes are common to Health and Social Care. We are committed to working together to maximise synergies in spending and savings opportunities, as well as avoiding unintended consequences of savings plans. As an example, Portsmouth are developing a joint health and social care operating plan.

We will close our financial gap by:

Transforming services to improve patient experience and outcomes, and at the same time reducing both overall system costs and avoiding future cost pressures from unmitigated growth in demand for services

Working with social care to target investment where we will get best value and outcomes for our population;

Striving for top quartile efficiency and productivity (including maximising Carter Review and Rightcare analysis opportunities)

Working with local authorities to focus on prevention, and invest in primary and community services, and where appropriate avoid costly hospital admissions and focus on timely discharge from hospital;

Adapting financial flows and current contracting and payment mechanisms to align outcomes, metrics and financial incentives to support optimum patient outcomes, improved decision making and financial stability.

Changing the Way We Work

The financial plan represents collaborative working between CFOs and FDs in HIOW, working alongside our Local Authority peers. Each programme has senior finance support to ensure the robustness of our plans.

Our future financial sustainability will only be a reality by working together collaboratively, with a relentless focus on overall cost reduction across HIOW.

We are reorganising our delivery mechanisms to work together in the overall interests of financial sustainability rather than in organisational silos, developing aligned planning processes, investment decisions and risk management. The senior HIOW finance leadership now reviews in year financial performance and risk management against the overall control total.

We have strengthened links with social care and improve our joint planning processes with our local authorities. An example for our system is Portsmouth's work to develop a joint operating plan for health and social care.

We are also reviewing financial flows and will adapt current contracting and payment mechanisms to align outcomes, metrics and financial incentives to support optimum patient outcomes and financial stability.

Investing in Our Future: Revenue

Our plans will require investment in our new model of care, focusing on prevention, out of hospital care and digital technology. Based on a combination of local plans and national guidance received on investment in the 5 Year Forward View, our indicative investment plans are outlined below. Final investment will be subject to an agreed business case and value for money assessment.

Investments	2017/18	2018/19	2019/20	2020/21
Local Investment Assumptions:				
GP £3 per head	4.5	4.5		
Mental Health (incl. 5YFV)	9.4	21.3	32.1	44.6
Community Growth (Support to New Care Models)	9.3	17.5	25.8	35.8
7 Day Services (Support to New Care Models)	-	-	-	31.0
Total Local Investments	**23.2**	**43.3**	**57.9**	**111.4**
STP Investments				
Anticipated Support to bottom-line (STF)	48.6	48.6	48.6	60.0
Transformation Funding Requested:				
GP Access	15.7	16.2	18.8	20.8
Digital Roadmap	7.8	8.0	9.3	10.3
Mental Health	4.8	5.0	5.8	6.4
Cancer	2.4	2.5	2.9	3.2
Maternity	1.1	1.1	1.3	1.5
Prevention	3.2	3.3	3.8	4.3
New Care Models	6.1	7.6	11.3	12.5
Other (Further Support / Contingency)	0.0	0.0	5.6	-
Total STP Investments	**89.7**	**92.3**	**107.5**	**119.0**
H&IOW Indicative Share of National allocation	**89.7**	**92.3**	**107.5**	**119.0**

HIOW indicative share of the STF is £119m. We would like to invest £59m in services and utilise £60m to close the residual financial gap in 2020/21.

Investing in Our Future: Capital

We need to invest in our capital infrastructure to secure our vision, subject to full business case assessment and access to capital funds:

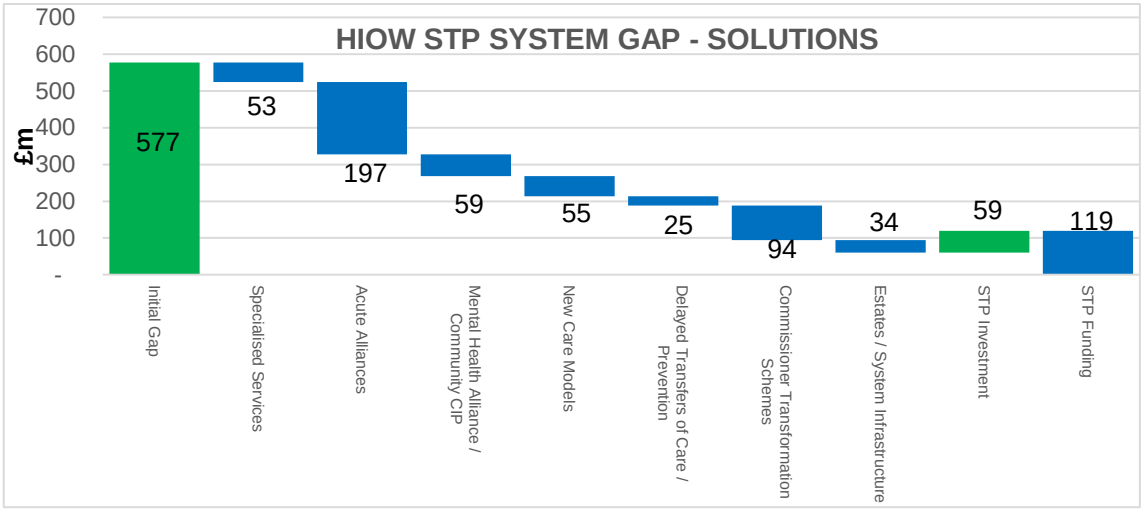
STP Capital investment summary		2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m	Total £m
MH Alliance	Acute & PICU re-design	0.0	0.0	7.7	4.0	11.7
Solent Acute Alliance	New theatres, path, pharmacy	15.5	11.3	1.0	-	27.8
Solent Acute Alliance	Digital maturity	6.2	4.3	2.8	2.0	15.3
Digital	Local Digital Roadmap	9.4	6.0	3.6	1.2	20.1
New Care Models	Primary & Community hubs	43.4	65.1	0.0	0.0	108.5
New Care Models	St Mary's CHC Portsmouth BC	5.9	5.4	0.0	0.0	11.3
HIOW STP Total		**80.4**	**92.0**	**15.1**	**7.2**	**194.7**

Foot note:

- As the future configuration of services in North and Mid Hampshire is still in development, the financial plan has not been able to reflect the financial implications of this within the STP. However, it is anticipated that capital and revenue investment will be required, which will be considered as part of a future business case.
- It should be noted that this does not represent a full capital picture for the entirety of the HIOW

Closing the NHS Financial Gap: Work to Date

Through a combination of efficiency and transformation, and using £60m of the Sustainability and Transformation Fund, we can close the £577m gap by 2020/21 to deliver a breakeven position:



Key Metrics

Activity

Our transformation plans will reduce growth in the secondary care sector as follows:

Activity 2017/18 - 2020/21					
Do Nothing	Total	Transformational Solutions	Total	Net Change after Transformation	Total
Non Elective admissions (NEL)	8.9%	NEL	-9.6%	NEL	-0.7%
Elective admissions (EL)	8.7%	EL	-3.5%	EL	5.2%
Out Patient First appointment (OPF)	16.3%	OPF	-7.7%	OPF	8.7%
Out Patient Follow Up (OPFU)	16.3%	OPFU	-20.0%	OPFU	-3.7%
Emergency Department (ED)	9.3%	ED	-10.2%	ED	-0.9%

Beds

We will use our bed capacity more effectively, and will seek to generate 9% efficiency in our acute bed stock (worth c.300 beds).

Workforce

We expect to spend the same amount in four years time on workforce costs (other than cost increases from any future pay and pensions increase), but in different settings and on different staff groups and skill mixes. We will decrease reliance on agency workers, flexing staff resources across the system and making the best use of technology.

Specialised Commissioning

NHS England has prescribed direct commissioning responsibility for specialised services (a range of services from renal dialysis and secure inpatient mental health services through to treatments for rare cancers and life threatening genetic disorders), which accounts for nearly 15% of total NHS spend.

Pathways of care frequently include elements that should only be delivered in a limited number of providers but, across NHS South, there are 49 organisations that provide at least one acute specialised service, with just six providers accounting for half of the total spend; this includes University Hospitals Southampton NHS Foundation Trust, which accounts for an annual specialised commissioning spend of around £275 million (see chart).

Ambition and vision for specialised commissioning

The ambition of NHS England is to bring equity and excellence to the provision of specialised care through patient-centred, outcome-based commissioning. This requires coordination between provider organisations to ensure that care is delivered in specialist departments where necessary, with local repatriation where possible.

Proposal

The drive to meet commissioning specifications, reduce variation and improve value will result in fewer providers of specialist services. New models of care and innovative commissioning models are needed to support networked provision of services to address access and ensure long-term sustainability of high quality specialised care, requiring Specialised Commissioning to work closely with providers and STPs.

Progress to date

NHS England recently held seven triangulation events, which highlighted:

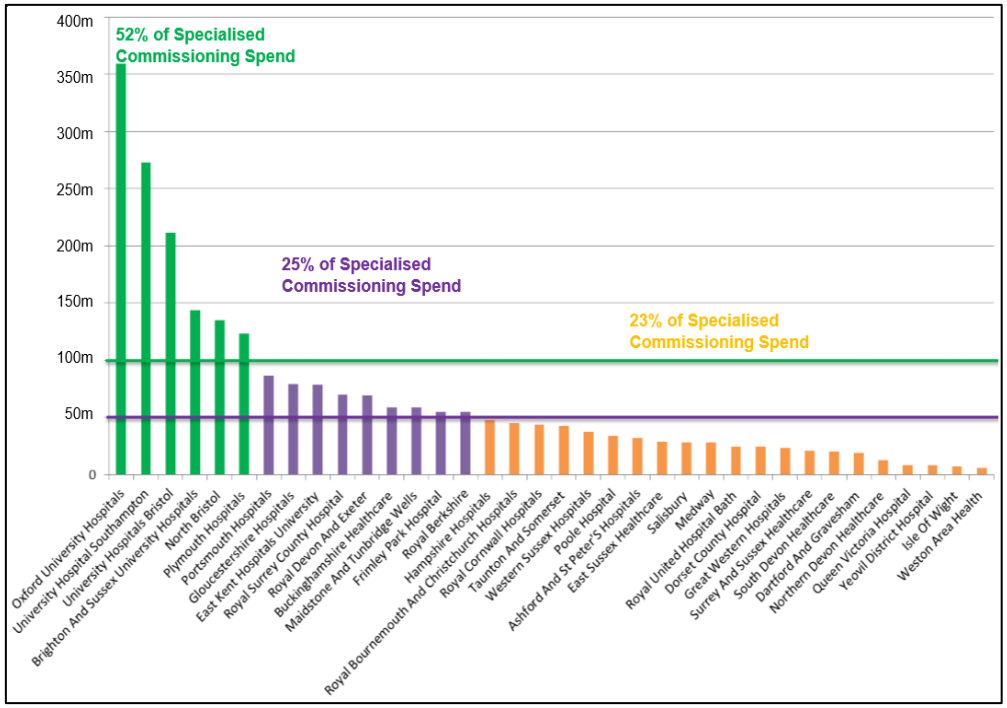
- Areas of alignment between STP planning and Specialised Commissioning
- Areas where further work will be required to coordinate pathways across different STP footprints and NHS England regional boundaries
- Areas where alignment of commissioning within STPs brings about opportunities to improve planning, contract and transformational delivery

Work will continue to address these areas.

Finance and QIPP Delivery

NHS England Specialised Commissioning (South) has calculated financial allocations based on the utilisation of specialised services by the STP (constituent CCGs) population. The 'do nothing' scenario for Specialised Commissioning within the STP sets out the financial impact of assumed growth based on national indicators for population growth for the CCGs in the STP. To close the gap (break even) and deliver against its elements of the financial gap, Specialised Commissioning is planning for both Transactional and Transformational QIPP, which will be cumulative over the duration of the STP.

QIPP has been set at c3% for all providers across the STP (1.5% Transactional and 1.5% Transformational). This amounts to £53 million for the HIOW area. The split is even across providers at the moment but Transformational schemes may have a greater impact on certain services. The accuracy of this figure therefore remains a significant risk for the STP. We will work with Specialised Commissioning to mitigate any risk the plans and the proposed approach may pose.



Closing the NHS Financial Gap: Further Work Underway

In order to achieve the control total surplus position the H&IOW system needs to deliver an additional £63m savings – which are yet to be identified.

Meeting commissioner and provider control totals

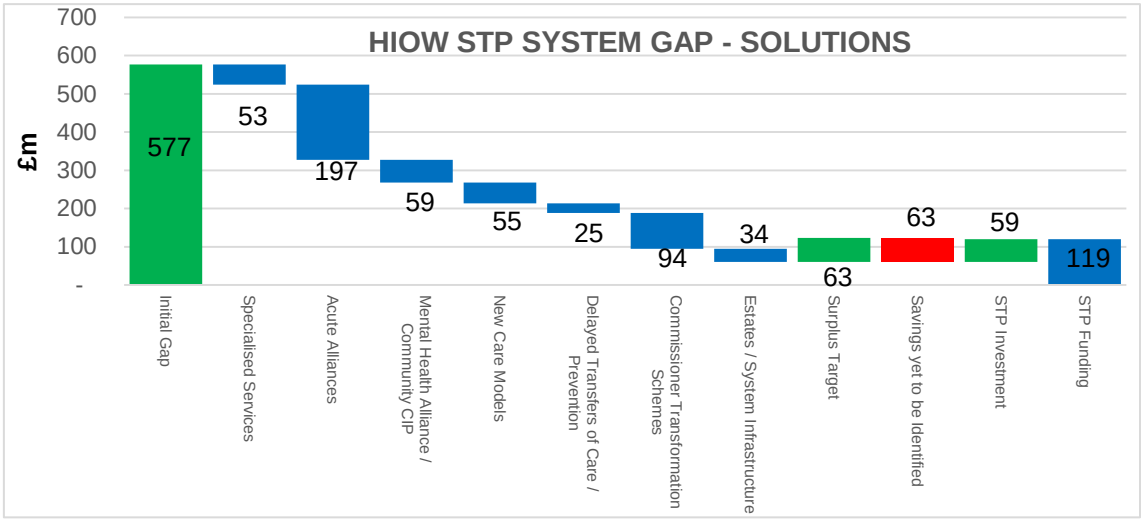
Commissioner and provider control totals have now been allocated and this has increased the 2017/18 and 2018/19 requirement above the previous submission which assumed breakeven was required. The control totals add to the challenge as follows:

SURPLUS REQUIREMENT	2017/18 £m	2018/19 £m
Commissioner	3.7	11.8
Provider	46.2	62.6
Increase in Financial Challenge	49.9	74.4

HIOW have approved the submission of a financial model that achieves the required surpluses on the basis that we:

- We accelerate the delivery of net benefits consistent with the financial challenge in earlier years of the STP;
- We explore early access to additional STF transformation funds;
- All organisations work together to develop further more radical transformation plans to bridge any residual gap;
- We use CCG non recurring headroom to support the STP in the delivery of its financial obligations.

Provider control totals have been set assuming the impact of introducing HRG4+. As the implementation of HRG4+ has not been adjusted in CCG allocations at the time of submission, we have not yet been able to fully assess the effect on the financial plan and the unidentified savings gap. This is therefore an unknown risk at this time. Should there be a material difference between the nationally modelled impact upon provider control totals and the local CCG allocations to neutralise CCG buying power then further discussions would be needed with our regulators.



The annual profile our the plans requires the following savings to be delivered:

Investments	2017/18	2018/19	2019/20	2020/21
Financial Gap to Break-even	195.1	315.0	435.8	576.6
Provider Surplus Control Total	46.2	62.6	62.6	62.6
Commissioner Surplus Control Total	3.7	11.8	9.4	0.3
STF to support Financial Position	- 48.6	- 48.6	- 48.6	- 60.0
Total Savings Required	**196.3**	**340.8**	**459.2**	**579.5**
Savings %	**34%**	**59%**	**79%**	**100%**

Impacts on Activity

Activity 2017/18 – 2020/21				
Measure	Do Nothing Growth from 16/17	Transformational Solutions Growth Containment	Net Hospital Change after Transformation	Community Impact Planned Potential
NEL	14,294 8.9%	- 15,388 -9.6%	- 1,094 -0.7%	1540 extra patients managed at home by primary care 9,000 short stay admissions avoided 5000 more complex cases managed in the community
EL	18,966 8.7%	- 7,702 -3.5%	11,264 5.2%	7702 avoided admissions through shared decision making, clinical thresholds, reduced duplication
OPF	89,978 16.3%	- 42,215 -7.7%	47,763 8.7%	21,108 fewer hospital appointments through better ways of working 21,108 fewer hospital appointments referred to community alternatives
OPFU	159,961 16.3%	- 196,249 -20.0%	- 36,288 -3.7%	98,125 fewer routine face to face follow ups 98,125 follow-ups redirected to community alternatives e.g. stable glaucoma
ED	54,416 9.3%	- 59,993 -10.2%	- 5,577 -0.9%	18,000 extra patients managed in primary care 36,000 signposted to 24/7 community urgent care services 6000 people managed via education and web-based directories
XBD	18866 10%	-49050 -26%	-30184 -16%	50,000 alternative days of care provided out of hospital, at least in the short term. Includes 30,000 extra dom care visits or 82 more per day, and 20,000 extra days of health or social care

Impacts on Workforce

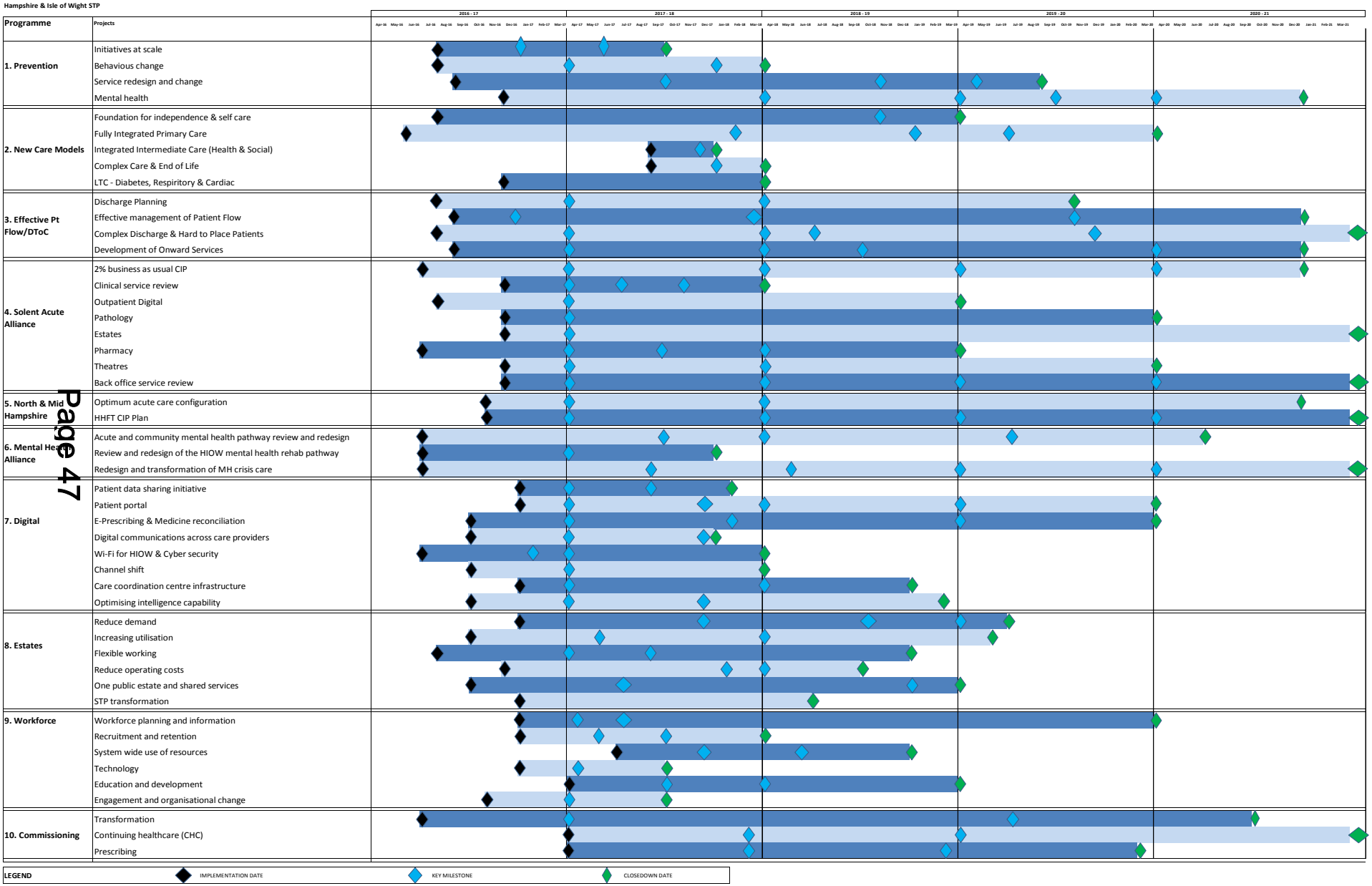
Workforce Analysis - by 2020/21	Do Nothing – Total pay bill	Solutions – Total pay bill	Do Something –Total pay bill	Comments
GP	0.0%	0.0%	0.0%	We will comply with growth expected in GP 5YFV
GP support staff	0.0%	0.0%	0.0%	
Back office rationalisation	0.0%	-10.0%	-10.0%	Estimate of share of system infrastructure savings target
Qualified Ambulance Service Staff	8.3%	-8.3%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
NHS Infrastructure Support	6.9%	-6.9%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Support To Clinical Staff	11.0%	-11.0%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Medical And Dental	9.8%	-9.8%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Registered Nursing, Midwifery and Health Visiting Staff	10.1%	-10.1%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
All Scientific, Therapeutic and Technical Staff	9.9%	-9.9%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Total WTE	**8.1%**	**-8.3%**	**-0.2%**	Assumption that provider pay bill will not increase from 16/17 levels

NB: the workforce analysis is presented in this format to comply with NHSE guidance, however it should be noted that the workforce plans within STP have a greater specificity. This graphic representation is extremely broad in nature and must be taken in that context.

- If we continue to deliver care within our current service models (The 'Do Nothing' position) there will need to be a significant increase across the majority of staff groups leading to a 8.1% increase in staff pay bill overall.
- The impact of our delivery programmes (The 'Do Something' position) will maintain overall staffing at current pay bill levels over the next 5 years We expect to spend the same amount in four years time on workforce costs (other than cost increases from any future pay and pensions increase) however the distribution and functionality of the workforce will change significantly. It should be noted that WTE may increase but pay bill will reduce by 0.2%
- In part, this will be achieved through;
  - Decrease reliance on agency workers by creating a HIOW-wide concordat and a county-wide bank system. As a result we will reduce system temporary staff spending costs by 10%.
  - Corporate functions will reduce costs by 15% through redesigning services for rather than each organisation within the system. New roles and competencies will be established and the workforce will be working across organisational boundaries with ease.
- We recognise health and care workforce turnover rates in HIOW are higher than the average for England and a high cost of living creates challenges for recruiting into the domiciliary sector. We will increase the retention of this workforce by increasing the standardisation of training, with the possibility of professional registration for those without academic qualifications and offering individuals the opportunity to deliver care in a variety of settings.
- We will develop a highly skilled integrated primary care workforce with a greater range of healthcare professionals including qualified nurses, allied health professionals and pharmacists, who are equipped with the skills and experience to work in integrated teams. We are developing a Community Provider Education Network to create the infrastructure needed to deliver a highly skilled multi-professional workforce to work alongside our GPs.

Section 5: Summary programme plan, risks and issues

Summary programme plan and key milestone dates



Risks and Assurance

System-wide leadership and approach to risk

There is collective agreement across the health and care system to work differently to support transformation and sustain high quality services for local people. Significant progress has been made in developing a number of system-wide approaches to risk sharing and mitigation, including:

- the partners to the Solent Acute Alliance have established core principles of financial risk management to enable greater collaboration between organisations
- local GP practices in Gosport have established a model of clinical collaboration that allows then to work together to provide services (such as same day urgent appointments) for local people. The practices share in the management of financial and clinical risk.
- The eight Clinical Commissioning Groups across Hampshire and the Isle of Wight have established a Commissioning Board and a commitment to collaborate fully on the commissioning of acute physical and mental health services. It is the ambition of the eight CCGs and specialised commissioners in Hampshire and the Isle of Wight to develop a new way of working with provider partners to share the a number of components of risk (including utilisation risk, production cost risk and volatility risk.)

Assurance

The HIOW STP recognises the important of achieving and implementing change under the Five Year Forward View, GP and Mental Health plans. The scope of the HIOW STP will assure that focus is directed upon delivering the objectives of these plans, as well as acting as a key tool in assessing the success of the STP.

Dashboards are being developed which integrate Portfolio, Programme and Project level reporting and will provide 'at a glance' transparency of engagement progress and benefits realisation.

Assurance and reporting will be supported using a cloud based programme and project infrastructure that will capture key information from across the programmes, enable simple and consistent updates and reporting by project leads, and facilitate collaboration across organisations in delivery of shared projects

Identified key portfolio issues and risks

The STP will identify and manage risk in accordance with standard the NHS risk management approach.

Risk scoring = consequence x likelihood (C x L)

	Likelihood score				
Consequence score	**1 (rare)**	**2 (unlikely)**	**3 (possible)**	**4 (likely)**	**5 (almost certain)**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Using this approach the items below have been identified as perceived risks that could potentially have a significant impact upon the STP, and hence will need to be managed accordingly.

- Insufficient engagement with local MPs and Councillors may result in challenge, contradictory messages and potential delays in implementation
- Planning and modelling assumptions are untested and therefore do not make the financial savings
- Impacts of the wider local authority and STP footprints are unconfirmed and may affect the achievement of financial savings
- The scale and nature of some service transformation plans could have a negative impact on clinical outcomes
- Service transformation plans and timescales for implementation could destabilise current service provision if not managed effectively
- Individual providers may be required to focus on regulatory compliance (quality, leadership and/or finance) and have reduced transformation capacity or capability
- Insufficient capital available to deliver changes
- There are insufficient people with the skills and capability to deliver the improvements required (Programmes and service provision)
- Potential for judicial review on any activity
- Insufficient engagement with clinicians may result in challenge, contradictory messages and potential delays in implementation

This risk analysis will be extended to focus on the issues and risks associated at programme and project level.

Our commitment

Over the course of the past months, a number of drafts of the Hampshire and Isle of Wight Sustainability and Transformation Plan [STP] have been considered by the constituent statutory bodies across the STP footprint.

All organisations have received and commented on the content of the STP. The views from Statutory Boards and partner organisations and agencies have been critical and amendments have been incorporated into the submission.

Statutory partners consider that the STP represents the right strategic direction for health and care across Hampshire and the Isle of Wight. Further work will continue beyond 21 October 2016 notably on:

- refining the governance model, including further development of the model of governance between the STP and the sub-STP local delivery systems;
- ensuring that the focus on sustainability does not detract from the drive for innovative transformation
- continued work with Local Authority partners to further understand the impending two year local authority transformation plans and the impact and opportunities these will have on the wider STP
- Translating the strategic intent and impact of the STP into operational plans for each of the STP local delivery systems, defining the specifics around what they will deliver for each of the workstreams at what pace, and the finance, activity, quality and outcome changes.

The STP is therefore submitted, recognising the extent of continued collaborative working across the system. The strategic direction and content of the STP will form the opening basis of the operating planning process for 2017/18 and 2018/19.

NHS Trusts
Frimley Park Hospital NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Isle of Wight NHS Trust
Portsmouth Hospitals NHS Trust
Solent NHS Trust
South Central Ambulance Service NHS Trust
Southern Health NHS Trust
University Hospitals Southampton NHS Foundation Trust

Clinical Commissioning Groups
Fareham and Gosport CCG
Isle of Wight CCG
North East Hampshire and Farnham CCG
North Hampshire CCG
Portsmouth CCG
Southampton City CCG
South-East Hampshire CCG
West Hampshire CCG

Wessex Local Medical Committees

Local authorities
Hampshire County Council
Isle of Wight Council
Portsmouth City Council
Southampton City Council

Health & Well being Boards
Hampshire Health and Wellbeing Board
Isle of Wight Health and Wellbeing Board
Portsmouth Health and Wellbeing Board
Southampton Health and Wellbeing Board

Thames Valley and Wessex Leadership Academy

Wessex Academic Health Science Network

Wessex Clinical Networks and Senate

Health Education Wessex

NHS England South (Wessex)

NHS Improvement

Glossary

AHSN	Academic Health Science Network (http://wessexahsn.org.uk/)
CQC	Care Quality Commission
ED	Emergency Department Attendances
EL	Elective Care
EQD	Equality & Diversity
ETTF	Estates & Technology Transformation Fund
HCC	Hampshire County Council (www.hants.gov.uk)
HEE	Health Education England (www.hee.nhs.uk)
HHR	Hampshire Health Record
HIOW	Hampshire and the Isle of Wight
HWB	Health and Wellbeing Board
IOW NHST	Isle of Wight NHS Trust (www.iow.nhs.uk/)
LoS	Length of Stay
LWAB	Local Workforce Action Board
MCP	Multispecialty Community Provider (www.england.nhs.uk/ourwork/futurenhs/new-care-models/community-sites)
MECC	Making Every Contact Count (www.makingeverycontactcount.co.uk)
MOP	Management of portfolios
MSP	Managing successful programmes
NEL	Non-Electives admissions
OD	Organisational Development
OPE	One Public Estate
OPF	Out Patient First Appointments
OPFU	Out Patient Follow Up Appointments
PACS	Primary Acute Community Services
PCC	Portsmouth City Council (www.portsmouth.gov.uk)
PHT	Portsmouth Hospitals Trust (www.porthosp.nhs.uk/)
PICU	Paediatric Intensive Care Unit
QIA	Quality Impact Assessment
SCAS	South Central Ambulance Service NHS Trust (www.scas.nhs.uk)
SCC	Southampton City Council (www.southampton.gov.uk)
SHFT	Southern Health NHS Foundation Trust (www.southernhealth.nhs.uk)
Solent NHST	Solent NHS Trust (www.solent.nhs.uk)
STP	Sustainability and Transformation Plan
TSOs	Third Sector Organisations
TVWLA	Thames Valley and Wessex Leadership Academy (www.tvwleadershipacademy.nhs.uk)
UHS	University Hospitals Southampton NHS Foundation Trust (www.uhs.nhs.uk)
XBD	Excess Bed Days

Definition of terms

Acute care	A branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. Typically this takes place in hospital
Area health hubs	Typically serving a population of 100k-200k, these will be open between 8am and 8pm seven days a week and offer the same range of services as a local health hub plus X-ray services, specialist clinics, access to beds on other NHS sites and, in some cases, a minor injuries unit
Capitated outcomes based contracts	Planning and providing services based around populations rather than treatment
Care navigator	A new role that helps to co-ordinate a person's care and make sure they can gain access to any services and community support they want or need; often based in a GP surgery
Clinical commissioning groups (CCGs)	Statutory NHS bodies led by local GPs that are responsible for the planning and commissioning of health care services for their local area
Continuing health care	A package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' arising as a result of disability, accident or illness
Domiciliary care	Also known as home care, is a term for care and support provided by the local council that allows people to remain in their home during later life, whilst still receiving assistance with their personal care needs
Extended primary care	Teams that include GPs, practice nurses and community nurses (including nurse practitioners and palliative care and other specialist nurses), midwives, health visitors
Hampshire Health Record (HHR)	This is a computer system used in the NHS in Hampshire to share important information safely about a patient with those treating them. This leads to faster and more accurate care. The Hampshire Health Record shows the medication you are currently taking, your allergies, test results and other critical medical and care information. Health and care staff can access your information if they have your permission to do so.
Local Health hub	Typically serving a population of 30k-50k, these will be open between 8am and 8pm on weekdays, offering same day access for urgent primary care, community and specialist clinics, an extended primary care team and wellbeing and illness prevention support
Natural communities	Geographical areas based on a center of population and its surrounding communities that allows health care to be tailored more accurately to local needs and, more importantly, helps identify the main causes of some common and preventable diseases
New models of (integrated) care	Make health services more accessible and more effective for patients, improving both their experiences and the outcomes of their care and treatment. This could mean fewer trips to hospitals as cancer and dementia specialists hold clinics local surgeries, one point of call for family doctors, community nurses, social and mental health services, or access to blood tests, dialysis or even chemotherapy closer to home
Parity of Esteem	Valuing mental health equally with physical health
Place-based services	Where providers of services work together to improve health and care for the populations they serve, collaborating to manage the common resources available to them
Primary care	A patient's main source for regular medical care, such as the services provided by a GP practice
Secondary care	Medical care that is provided by a specialist after a patient is referred to them by a GP, usually in a hospital or specialist center
Social prescribing	This is a way of linking patients in primary care with sources of support within the community. For example, a GP might refer a patient to a local support group for their long-term condition alongside existing treatments to improve the patient's health and well-being.
Tertiary care	Highly specialised medical care, usually over an extended period of time, that involves advanced and complex procedures and treatments in a specialised setting
Third sector organisations (TSOs)	A term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises and co-operatives
Vanguards	Individual organisations and partnerships coming together to pilot new ways of providing care for local people that will act as blueprints for the future NHS

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Report to: **Health Overview and Scrutiny Panel**

Date: **24 January 2017**

Report by: **Angela Dryer, Deputy Director of Adult Services**

Subject: **Adult Social Care update on key areas**

1. Purpose of the Report

To update the Health Overview and Scrutiny Panel on some of the key issues for Adult Social Care up to January 2017.

2. Recommendations

- The Health Overview and Scrutiny Panel note the content of this report.

3. Update on Key Areas

3.1 Performance:

In the previous HOSP update, the Adult Social Care Outcome Framework (ASCOF) measures were detailed, and it was outlined that we were anticipating early access from NHS Digital to the preliminary national data to be released between late summer - mid autumn once HSCIC has completed its initial validation of our 15/16 data submissions (primarily SALT & ASC-Finance returns). These figures have now been released to the Council but are embargoed by NHS Digital and are not to be used for any comparison with other authorities or circulated, so cannot be included in this report.

The national carers survey was sent out in autumn 2016. 55% of carers returned the survey, which is a very high percentage. We are currently analysing the results and will be writing to carers who participated thanking them for their input and assuring them that a copy of the results will be shared once we are allowed to publish them.

3.2 OPPD Assessment Service Intervention

In the previous HOSP update, the ASC OPPD assessment service was at the point of "redesign" in their "Systems Thinking" intervention, working to the "Vanguard Method". We have now commenced and made some progress with "Roll in" which is the process of training staff to focus work on steps that are of value to the service user and to cease working with waste work that does not directly benefit the service user.

A fundamental part of this process is designing measures for the service which relate to the people of Portsmouth who use the service and what is important to them. This will mean that the national measures will become less

relevant as they have not been set by our service users and do not enable leaders to act on the ASC system to improve it.

The service is also on the point of publishing the first set of data related to measures that directly relate to the service experienced by citizens of Portsmouth. This data, (related to demand, capacity, capability, quality, finance and customer satisfaction) will help us to understand and improve performance by acting on the system, further reducing waste and being able to intervene in a more timely manner.

The learning disability service has now completed the check phase of the intervention, and will be moving to re-design in February 2017.

3.3 Independence and Wellbeing Team (IWT):

The IWT works with Portsmouth Citizens whose needs fall outside those met by mainstream adult social care services, with the aim of promoting independence and preventing dependence. The team work with people who are socially isolated and need support to engage with their local communities. The team are involved in working with people from the BME community, to facilitate access to hot meals and coordinate/enable voluntary opportunities. The team also work in the local community to communicate with voluntary sector organisations and share information with people who may need to access these services.

One of the many projects the team are engaged with, (funded through the Better Care Fund) is the Community Connector project. This project aims to reduce loneliness and social isolation amongst vulnerable adults by connecting individuals to existing community based resources appropriate to their needs and interests. This in turn will reduce or delay the need for health and social care services.

The anticipated outcomes of the project are:
Short Term;

- Successful signposting to appropriate agencies and services within the local community
- An enhanced sense of wellbeing
- Inclusion in the local community and increased socialisation
- Delay in need in accessing mainstream health and social care services.

Long Term;

- Clients feeling less lonely/socially isolated
- Improving independence and self-resilience
- Established Friendships/extended networks of support

Some examples of the groups that Community Connectors have been involved in include:

- Swimming
- Bus journeys/travel

- Social Groups
- Craft Groups
- Community Exercise
- Volunteering Opportunities
- Men's Kitchen
- Healthy Walks
- Helping Hooves
- Groups for people with dementia
- Learning Courses
- New Age Kurling
- Age UK's Activity Centre
- Confidence building with mobility scooters

The project has worked with over 200 people in its first year and has been very well received by those who have received a service. Some of the comments received from Portsmouth citizens are reproduced below:

COMMENTS FROM COMMUNITY CONNECTOR CLIENTS

"Thank you for all your support, it boosted my confidence, the project is a very valuable service and I would recommend to others."

"We wouldn't have tried any of these things without you- thanks for all your help."

"I appreciated the support from the Community Connector, I feel happier and I no longer feel isolated. I have a new circle of friends, have joined Facebook. The Community Connector has given me the incentive, inspiration and motivation that I previously did not have."

I have not suffered from anxiety for weeks now; I think it's from trying the new things we have worked on together"

"The volunteer was very good; she was very calm and relaxed".

3.4 Budget:

How Adult Social Care is funded remains a key concern for the city.

The outturn figure for Q2 showed a projected overspend of £1.2m. Challenges in managing the finances include the learning disability service demand; pressures from QAH in discharging people as soon as possible after they are medically fit, which in turns means larger packages of care and added pressure on the domiciliary care market, leading to use of non-preferred providers. This is compounded by the increased complexity of existing and new cases requiring domiciliary care support in the community.

3.6 Integrated Locality Teams

Following the co-location of health and social care teams in May 2016, work is ongoing to look at management structures and move towards integrated working. The co-location has seen better joint working and information sharing, so this needs to be further expanded as we work towards an integrated health and social care service.

3.7 Learning Disabilities

A presentation was given to HOSP on Learning Disabilities in December 2016, so we have not provided any further update in this update letter.

Angela Dryer
Deputy Director Adult Services

THIS ITEM IS FOR INFORMATION ONLY
(Please note that "Information Only" reports do not require Equality Impact Assessments, Legal or Finance Comments as no decision is being taken)

Portsmouth CITY COUNCIL

Title of meeting:

Subject: Dols Update

Date of meeting: 24th Jan 17

Report by: Cher Brazier
AMHP/Dols Team Manager

Wards affected: All

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1. Requested by Angela Dryer

2. Purpose - To provide update about Dols Service

3. Information Requested - Dols Update

<u>Deprivation of Liberty Safeguards</u>

The Mental Capacity Act sought to address the needs of people who lacked capacity to consent to being where they were and to agree any care or treatment arrangements. It was decided to use Deprivation of Liberty Safeguards to ensure that this group of people had some oversight and independent scrutiny of their needs. This would ensure that each person has a 6 element assessment carried by an Approved Medic and a Best Interests Assessor to ensure the level of restriction imposed is appropriate, proportionate and where possible, is the least restrictive option.

A Supreme Court judgement in March 2014 ruled that even if people were not objecting to their care and treatment arrangements, if they lacked capacity, were subject to continuous supervision and were not free to leave, they would be deprived. This was highlighted by Lady Hale who stated in the judgment that

"a gilded cage is still a cage"

This judgement created a situation where the number of referrals for PCC increased from 72 in 2013/14 to 383 in 2014/15 and 1460 in 2015/16.

This number is set to rise as deprivations can only be in situ for a maximum 12 months so anyone who is, for example, in Care Home will need to be reassessed each year. In addition Deprivation of Liberty is not portable so if a person moves from a General Hospital

to a Care Home, a new assessment will need to be completed. This has resource implications as each assessment requires a medic who needs to be paid.

PCC has responded to an increasing number of requests under Dols over the last 12 months.

Our Administration team (2 WTE) manage the referrals coming in and allocate the assessments to BIA's and medics having ensured that they fall under our remit to complete. This involves dealing with MHA Section 12 Approved Medics, Care Homes and Hospitals where a person is viewed as being deprived of their liberty and their previous residence was in Portsmouth or are Self-Funding, In addition the Senior Co-ordinator monitors the cases where Dols is being challenged and ensures all information is sent to PCC Legal Department who have formed a team in recognition of the increased activity being referred to them from both Dols and AMHP teams and ASC as a whole,

In order to cope with demand we have a main team of AMHP/ BIA's (9) who carry out assessments under DoLS when not working on AMHP rota. In addition we have 1 full time and 2 part time BIA's to manage the volume of assessments required who are based within the AMHP DoLS Team. The team complete all urgent requests for assessment under DoLS (within 7 days incl weekends). Section 12 Approved Medics also complete an Assessment of Mental Health, Eligibility and Mental Capacity and discuss their findings with the BIA who completes the Age Assessment, No Refusals and the Best Interests Assessment (6 elements).

We have 17 BIA's who are based in Community Teams who carry out 1 standard request for assessment under DoLS (within 21 days incl weekends) every 6 weeks (pro rata) as an addition to their main workload. We seek to increase the number of BIA's by offering training each year.
We have a number of independent BIA's who carry out assessments under DoLS in locations where PCC are the Managing Authority. They are paid £220 per assessment in line with agreements with our regional partners (Hampshire and Southampton). They are sometimes used if our own BIA's cannot respond and there is, in the view of the AMHP/DoLS Manager, a need for urgent allocation. We are seeking to reduce this action where we can to save money.

In the context of what is happening within other LA's PCC have worked hard to ensure that waiting lists are short and that we can complete the assessments required. However, it would be true to note that over the last 6 months the number of assessments waiting has increased and that this has led to some people being unlawfully deprived of their liberty. The Manager of the team has advised Service Manager and our Legal Team of this so that action can be taken if challenged

Referrals Received as at 10/01/2017 - 1630
Current waiting list - 48
Hospital - 33
Care Homes - 15

THIS ITEM IS FOR INFORMATION ONLY
(Please note that "Information Only" reports do not require Equality Impact Assessments, Legal or Finance Comments as no decision is being taken)

Portsmouth CITY COUNCIL

For information we have spent the following amounts in payment for DoLS

Amount paid to Section 12 Medics & Independent BIA's 2015/16 - £367,990.00
Amount paid to Section 12 Medics & Independent BIA's 2016/17 - £208,809.00 (to date)

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

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Report for HOSP

INTEGRATED SUBSTANCE MISUSE & HOUSING CONTRACT

Mike Taylor – Operations Director Society of St James

6th January 2017

Introduction

In December 2016 the Society of St James was awarded the Integrated Substance Misuse and Housing contract by Portsmouth City Council. The following services are included in the service specification.

- Substance Misuse Hub Team, (formerly employed by PCC)
- Central Point Team, (formerly Rethink)
- Medical/Prescribing Team, (employed by Solent NHS Trust)
- Substance misuse Psycho-Social Team, (employed by the Society of St James (SSJ))
- Substance Misuse Housing Team, (employed by SSJ)
- Refit worker, (employed by SSJ)
- PUSH (formerly employed by PCC)

Description of reconfigured services

The main interventions remain unchanged in the new service. However all services have been placed under a single management structure (see fig 1). This allows for better utilisation of the staffing resource.

1. Community Substance Misuse Services
    - Assessment, review and case management for people in Portsmouth with substance misuse needs
    - Including Pharmacological interventions delivered by Solent NHS Foundation Trust
    - Full range of psycho-social interventions including, community rehab, group programme, counselling, residential rehab and detox, arrest referral and management of offenders on Drug Rehabilitation Requirement orders.

The main changes are a change in location - (HOSP already advised) and a general reduction of interventions available due to a reduction in funding. Residential rehabilitation places available reduced by 75%, Counselling reduced by 75%, small reduction in staffing.

Although there is a funding reduction in residential rehab the City retains the Community Rehab which has proven to generate the same success rates as residential services for a fifth of the cost. The counselling has also been reduced, however did not attend rates for the old service were very high and with a smarter targeted approach to referrals the reduction of this impact will be minimised.

2. Specialist Alcohol Accommodation

- 55 Recovery Beds
- Currently in 9 properties
- Moving away from support hours per person depending on the property
- Flexible support hours to meet individual need wherever the person lives
- Will still have dedicated clean and dry beds but may be in smaller properties
- Plans for more home detoxes in the housing provision
- Staff team will work across the service

The society will look to increase the move on accommodation that is available for this group and has already purchased an additional 7 bed property and secured funding for a possible 21 additional bed-spaces.

3. Central Point Homeless day service
    - Basic sustenance and support for street homeless
    - Outreach support for street homeless
    - Signposting
    - Basic support, washing facilities, clothing and sustenance

The main changes in Central point include the provision of more services including dentistry, podiatry, and substance use outreach. The extension of then substance misuse data base for better monitoring. Potential to run groups and workshops outside of the rough sleeper sessions and Improve access to the housing provision for rough sleepers and new homeless.

4. PUSH

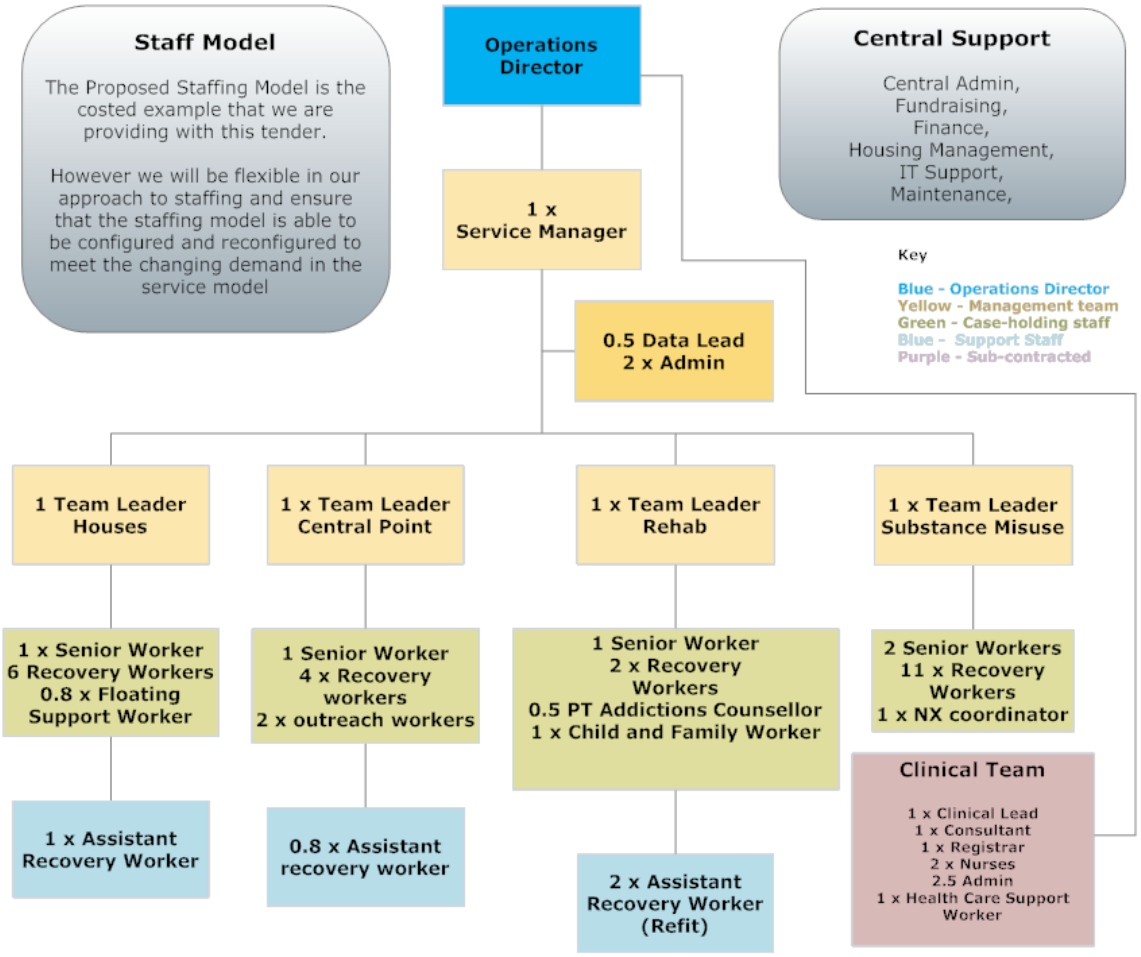
PUSH are a service users peer support and advocacy group that provide the following services:-

- Advocacy for people in Substance Misuse
- Psycho-social groups
- Peer mentors and volunteers for the new services

The Society has currently taken over the management of PUSH and it will be seeking to establish it as a fully independent charity in the term of the contract. The funding for PUSH remains the same.

5. Refit

Refit is a therapeutic spots project that that provides free access to sports activities in partnership with Pompey in the Community. The Society has recently been funded from the Nation Lottery to provide this at approximately £100,000 for the next 5 years.



Staff specialist Leads and Additional non contracted staff

Non Contracted Staff
Volunteers/Peer workers
Relief workers
Student Social Workers Supported by the SSJ student placement Coordinator (estimated 3500 hours per year)
Operations Security Team 24/7 on site response

Specialist Workers (Staff who will develop specialist knowledge and be given dedicated time)
Detox Coordinator -responsible for the ambulatory and home detox program
Data lead - responsible for collecting and analysing data
NX lead - coordinating the NX provision in the city
Refit worker - delivering sporting interventions
Complex needs liaison nurse - to develop seamless pathways with mental health services
Outreach workers to identify and engage hard to reach groups
Specialist ACT therapist

Sub Contracted Work
Refit Coaches and
Counselling provided by Portsmouth Counselling Service
Intuitive Recovery and smaller session work with local people with skills e.g. Artists, recovery chefs etc