Portsmouth CITY COUNCIL

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NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 15 FEBRUARY 2017 AT 10.00 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Joanne Wildsmith, Democratic Services Tel: 9283 4057
Email: joanne.wildsmith@portsmouthcc.gov.uk

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

Health and Wellbeing Board Members
Councillors Luke Stubbs (Joint Chair), Donna Jones, Gerald Vernon-Jackson CBE, Ryan Brent and John Ferrett
Dr James Hogan (Joint Chair), Innes Richens, Dr Jason Horsley, Peter Mellor, Ruth Williams, Healthwatch Portsmouth, Dianne Sherlock, Sue Harriman, Jackie Powell and Alison Jeffery

Plus one other PCCG Executive Member: Dr Linda Collie , Dr Elizabeth Fellows , Dr Dapo Alalade and Dr J. Lake

Portsmouth Councillor Standing Deputies:
Councillor Colin Galloway

(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

Deputations by members of the public may be made on any item where a decision is going to be taken. The request should be made in writing to the contact officer (above) by 12 noon of the working day before the meeting, and must include the purpose of the deputation (for example, for or against the recommendations). Email requests are accepted.

A G E N D A

1 Apologies for Absence, Declarations of Interest and Introductions

2 Minutes of Previous Meeting - 30 November 2016 (Pages 3 - 10)

RECOMMENDED that the minutes of the Health & Wellbeing Board held on 30 November 2016 be agreed as a correct record.

3 Portsmouth & SE Hants CCG Operating Plan 2017-19 (Pages 11 - 82)

Innes Richens will present the CCG's two year Operating Plan, which is brought for the information of the HWB.

RECOMMENDED that the CCG's Operating Plan 2017-19 be noted.

4 Future in Mind Transformation Plan (Pages 83 - 120)

The Revised Future in Mind Transformation Plan (Refresh) is attached for the information of members and will be presented by Stuart McDowell from the Integrated Commissioning Service.

RECOMMENDED that the Future In Mind Transformation Plan (Refresh) be noted.

5 Date of Next Meeting (for information)

Please note that the next HWB meeting is taking place on Wednesday 21st June at 10am in Conference Room A, Floor 2 of the Civic Offices.

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 AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 30 November 2016 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

Members Present

Councillor Luke Stubbs (in the Chair)
Councillor Donna Jones
Councillor John Ferrett
Councillor Colin Galloway (Standing Deputy)
Innes Richens, CCG & PCC
Patrick Fowler Healthwatch Portsmouth
Dianne Sherlock, Voluntary Sector
Sue Harriman, Solent NHS Trust
Jackie Powell, CCG Lay Member

Officers Present

Kelly Nash
David Williams PCC Chief Executive

64. Apologies, Declarations of Interest, Introductions and Deputation (AI 1)

Apologies for absence had been received from Dr James Hogan (Joint Chair), Councillor Ryan Brent, Councillor Gerald Vernon-Jackson (who was represented by standing deputy Cllr Galloway), and Alison Jeffery.

There were no declarations of members' interests.

The Chair asked everyone to introduce themselves and explained that he had agreed to receive a deputation from a member of the public about an item that was not specifically on the agenda at this meeting, relating to counselling services.

Public Deputation
Katie Magro addressed the Board to make a statement as a voluntary counsellor with Portsmouth Counselling Service which had provided an affordable and experienced service in the city. It had relied on funding from PCC which was coming to an end so was due to close on 16 December and she asked what could be done to help retain the skills of the volunteers in providing this much needed service and she felt that there would be a knock-on effect on other services such as health, social care and housing.

Councillor Stubbs thanked Ms Magro for attending and explained that discussions were taking place between PCC and David Miles to look at possible solutions and the Leader reiterated that consideration was being

given to unlocking Voluntary Sector Transition Funds, but that this would have to be subject to full Council sign-off.

65. Minutes of Previous Meeting - 21 September 2016 (AI 2)

RESOLVED that the minutes of the previous meeting held on 21 September 2016 were approved as a correct record.

66. Verbal update on appointment of Joint Director of Public Health (AI 3)

David Williams, PCC Chief Executive, reported that Dr Jason Horsley had been appointed as the Joint Director of Public Health for both Portsmouth and Southampton, and was due to start in January. He was currently at Sheffield City Council and had wide-ranging experience.

Councillor Stubbs had recently attended a course in Coventry at which it was evident that the City Council's close relationship with the CCG and successful joint working arrangements, including sharing of chief officers, was ahead of those experienced by most other cities.

67. Portsmouth Children Safeguarding Board (PCSB) - Annual Report (AI 4)

Reg Hooke, Chair of the PCSB, presented the annual report, which set out how areas of responsibility for children's safety in the city and how the priorities of the annual report (as set out on page 3/4) would be delivered through the Board, multi-agency training and audits/case reviews. The report included 5 examples (page 9) of where constructive challenges had been made. He reported that next year the legal status of the safeguarding boards would be under review, with local areas being given more powers to set their own arrangements.

There were questions and responses on the following:

- Emphasis to be given to the 'neglect' priority - a major conference had been held in the city and on-going work was taking place on the level of impact of the tool-kit, and joint areas of inspections would focus on neglect. The reasons for the spike in figures of neglect for 2015/16 would need to be further investigated but the audits had indicated that appropriate responses had been made.
- The capacity of the Youth Offending Team - this was due to be fully staffed by July 2017.
- Police Data - Hampshire Constabulary had responded positively to requests for improved sharing of data and this was being further developed.
- Support for unaccompanied child asylum seekers - the care support given in the city was good but the risk was where children go missing as they are not in the care system, and there was the need to continue to be aware of the diversity of communities in Portsmouth so that children do not fall under the radar of the authorities.

The PSCB's annual report was noted and welcomed by the Health & Wellbeing Board.

68. Portsmouth Adult Safeguarding Board (PASB) - Annual Report (AI 5)

Robert Templeton, the Chair of the PASB, presented their annual report and touched on the close links with the PCSB with the cross-cutting themes to be addressed by both boards. The report set out how partners would be working together and learning for any mistakes via the review process. Commissioning of reviews was expensive and there are other options to consider when looking at the adequacy of processes in place such as clear workforce plans and governance arrangements being in place to give a consistent approach to safeguarding.

There were questions and responses given on:

- Training - there was already multi-agency training regarding children's safeguarding, and it was felt that a similar programme was needed for adult safeguarding, and joint awareness campaigns were encouraged
- Isolation - it was noted that the figures and reporting of this had increased.

Councillor Stubbs thanked both chairs for their work and the wider work taking place as evidenced in the annual reports.

The Portsmouth Adult Safeguarding Annual Report was noted and welcomed.

69. HIOW Sustainability and Transformation Plan (STP) - presentation (AI 6)

Richard Samuel from the STP Programme Team attended and circulated a copy of the HIOW STP summary and draft Delivery Plan. As part of developing the strategy engagement was taking place at this HWB and similar bodies and with local communities on this 5 year forward view. The commonalities of the communities in the area were recognised and he commented on Portsmouth being ahead in terms of integration of sectors. The report set out 8 areas in which, for the wider area, it had been identified that it would be more powerful to act together at a time of financial constraints for the public sector there was in fact £0.33b more available for health. The challenge is for the operating model for its delivery. The 8 areas are:

i) Acute physical healthcare - creation of an alliance for Portsmouth, Southampton and the Isle of Wight - such as the major trauma centre at Southampton - to maximise expertise for the population of the Solent area.

ii) Mental Health Services - there is a mental health alliance with Solent NHS Trust but there are still problems when people present in crisis and beds for acute services are not always local; collaboration with the 3 suppliers of services allows a better recovery.

iii) Workforce - this covered training and re-designing roles to maximise efficiency.

iv) Digital Transformation - this needed to be embraced as currently 98% of interactions were face to face where alternative methods could be used and patients could be more in control such as via their own care plans. There would be a roll-out of e-consult models, help to self-diagnose and consultancy at the appropriate level such as use of pharmacists.

v) Intelligence and People Insight - predictions on how people will behave and their care needs, such as use of personalised medicines and better targeted cancer screenings.

vi) Scaled Solutions and Preventions - earlier targeting where there are high mortality rates e.g. sclerosis of the liver.

vii) Simplified Flow and Discharge - work with Portsmouth Hospitals Trust to improve the flow of discharge.

viii) Cost Reduction Programmes at Scale - needing more collaboration e.g. there are currently 5 separate pathology services in the area.

The chair circulated a proposed response and stated the need for consultation at the start of the process and further comments were made by HWB members:

Innes Richens, in representing the CCG, felt that from a NHS point of view the focus of the STP was on what we need to do beyond Portsmouth and the STP should reflect what NHS partners have planned for the city, and they would continue to commit to make the plan work. Kate Lees on behalf of PCC Public Health reiterated the importance of supporting collaboration of services.

Councillor Ferrett, as previous Chair of HOSP, commented on the vascular debate which had caused a lot of concern for residents about moving services from Queen Alexandra hospital and the sustainability effects of doing so. He therefore asked about the view of Portsmouth hospitals? Richard responded that there would be challenging discussions ahead but that the Chair of PHT also chairs the Acute Alliance where issues surrounding services such as vascular and neurology would be raised. He hoped that these would not be approached from a competitive process but one of collaboration to find solutions to retain service presence and access to expertise for the local communities who would also be consulted.

Councillor Jones, as Leader of PCC, was concerned by the geographical footprint of the plan on an historic basis rather than recognising the partnership work taking place locally for the Portsmouth postcode area. Richard responded that there had been a lot of discussion about boundaries and delivery should take place at the lowest place therefore 8 areas had been identified and the flow issues were for the Portsmouth & SE Hants area, and for public health a lot of work would continue to take place between the cities

of Portsmouth and Southampton. The plan sought the delivery of best outcomes and most of this would be delivered at the locality level - David Williams, Innes Richens and Sue Harriman were all involved in these discussions. The HWB Chairs would be invited to be involved in the top level of consultation meetings.

David Williams stressed that this machinery had been imposed by NHS England and some of the biggest issues to resolve would be governance and structures when there are 24 partners involved. The STP is being promoted nationally and people do want to be consulted as part of the process.

Sue Harriman reported on her involvement for Solent NHS Trust and whist there may be some parochial concerns being raised there is the opportunity to do things differently and more effectively at scale. There would be benefits for residents and the workforce and the plan is an enabler to deliver the aspirations of the Portsmouth Blueprint.

Patrick Fowler, representing Healthwatch Portsmouth, expanded on the need for consultation and also involvement of staff to help inform the process of change. He asked how the engagement could be meaningful and the timescales for contributions? Elizabeth Fellows asked what the consultation would be on?

Richard acknowledged that this had been done at pace by NHS England (for endorsement by the end of December) but that there would be consultation through communities and conversations with local providers, and representatives would be happy to be invited to give talks on the STP. He reported that there would be accompanying investment such as WiFi provision and hub development (in Portsmouth, Emsworth and Bordon). The capital bids submissions however had been prior to the launching of the STPs. There would also be consultation on any changes to acute services..

Jackie Powell asked if big savings were required? Richard explained the 5 year approach for financial allocation, which commissioners welcomed for forecasting purposes and this gave 5 years to identify opportunities to make savings such as via the use of technology, and the only way to deliver cost reductions and improved quality was by working together.

Councillor Stubbs proposed a formal response which supported :
"The Health and Wellbeing Board notes the progress to date on the STP. It welcomes the recognition of the importance of place and the implied support for the Portsmouth Blueprint. It also acknowledges that the health and care system will not be able to continue to provide high quality care and stay within budgets without an increased emphasis on community provision.

The STP is an important document. It sets the direction of travel for health and care across Hampshire and the Isle of Wight for the coming decade. It is therefore important that the public has the opportunity to express its views.

The Health and Wellbeing Board therefore asks partner organisations in Portsmouth to consult on the STP, with Healthwatch Portsmouth co-ordinating the process. The questions asked should be aligned where possible with any similar consultations elsewhere in Hampshire and Isle of Wight and the consultation should at a minimum be open for the whole of January."

70. Joint Strategic Needs Assessment (JSNA) Annual Summary 2016 (Information Item) (AI 7)

Kate Lees, Consultant in Public Health, presented this annual summary report of the health needs in the city. She drew members' attention to the demographic figures for Portsmouth's increasing over 65 population, and the deprivation statistics with Portsmouth lying 63rd out of 326 local authorities. The life expectancy figures in Chapter 4 were worse for males in the city than for the national average over the last 3 years, and there is a gap of 9.5 years between those living in the most affluent ward and the least affluent ward. Female life expectancy was now significantly worse than the English average.

Going forward aims included increasing the number of years of good health of residents for which there would be less burden on the health system and to give the best start in life such as through increasing breast-feeding rates and decreasing smoking by mothers at the time of delivery. Other prevention work included taking forward progress in tackling childhood obesity (although there had been an increase in the number of girls who were overweight).

Another area of focus was mental health especially deaths from suicide and other preventable deaths which were linked to smoking and drinking; it was known that 57% of adults in Portsmouth have 2 or more unhealthy behaviours. Page 55 of the report set out the recommendations of the annual summary, with key priorities including data sharing, and the appendix set out key areas for research.

Questions and comments were raised by HWB members, covering:

- The report contained useful information, especially at the time of choices needing to be made on targeting budgets, and it was asked if Portsmouth was becoming more deprived? Kate felt that the rankings should be treated with some caution as small changes can affect these.
- The JSNA website included further information on comparators with similar local authorities
- There were concerns raised about the effect of cuts to services such as counselling and substance misuse and a squeeze on public health finances was being seen nationally
- The City Council leaders would take forward the deprivation information to use in attracting national investment, along with our close neighbours, and there was close work with partner organisations such as the police on the links between the rise in serious crime and drugs and alcohol.

- The City Council had data sharing protocols in place and being taken forward.
- There is dialogue with core city group authorities in sharing good practice e.g. there are good links with Plymouth Council
- Solent NHS Trust also has a range of intervention work such as healthy eating, smoking cessation etc to encourage citizens to take more control
- Communities should be involved in helping to find solutions and the new Director of Public Health would be asked to encourage local participation

Councillor Stubbs asked for views of HWB members on breast-feeding in the Civic Offices and this was supported by HWB members so the Civic Offices should be endorsed and publicised as a breast-feeding friendly public building.

71. Dates of meetings in 2017 (AI 8)

The suggested dates were noted (for 10am starts) and the date of the next meeting in February would be consulted on with HWB members:

15th or 22nd February (later confirmed as 15th February)
21st June, 20th September and 29th November

The meeting concluded at 12.07 pm.

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Councillor Luke Stubbs
Chair

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NHS

Portsmouth & South East Hampshire
Clinical Commissioning Groups

Portsmouth and South East Hampshire CCGs Operating Plan 2017-19

Delivering the next 2 years of the Hampshire & Isle of Wight Sustainability & Transformation Plan (STP)

Contents

Portsmouth & South East Hampshire Clinical Commissioning Groups

Introduction and Executive Summary

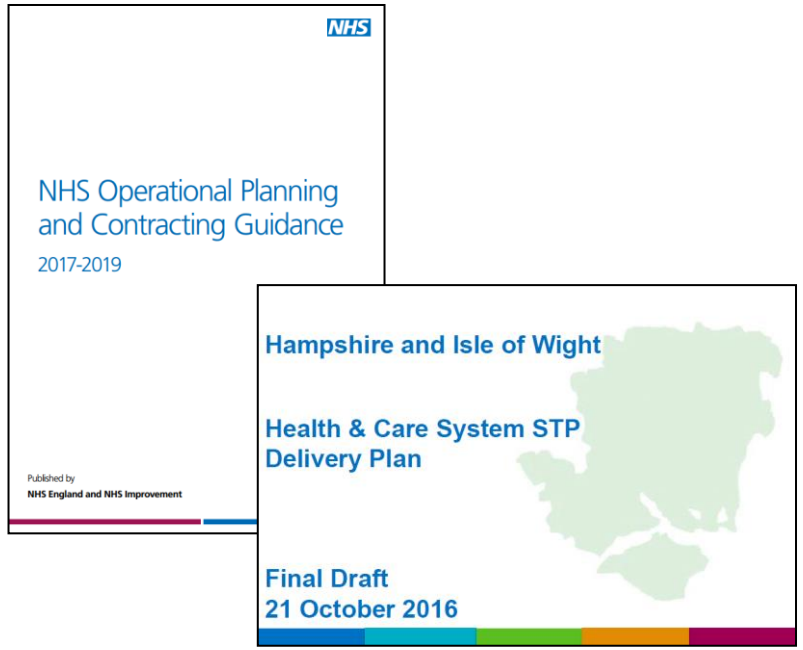
Portsmouth & South East Hampshire Clinical Commissioning Groups

Operating Plan

Portsmouth and South East Hampshire CCGs Operating Plan 2017-19 sets out what we plan to do over the next 2 years to **improve the health outcomes and the quality of health and care services for our population** within the resources allocated to us.

Our Operating Plan has been informed by:

- National NHS policy and guidance, in particular: The **Five Year Forward View** and the **NHS Operational Planning and Contracting Guidance 2017-2019**;
- The **NHS Mandate** and the **NHS Constitution**;
- The 5-year system **Sustainability Transformation Plan (STP)** for **Hampshire & Isle of Wight (HIOW)**
- Benchmarking resources, in particular the NHS **RightCare,** 'Commissioning for Value' and the 'Atlas of Variation' series;
- Our specific **local health needs and priorities** as set out in our Joint Strategic Needs Assessments (JSNA) and respective Health and Wellbeing Strategies
  Our **CCG 5-year strategies**



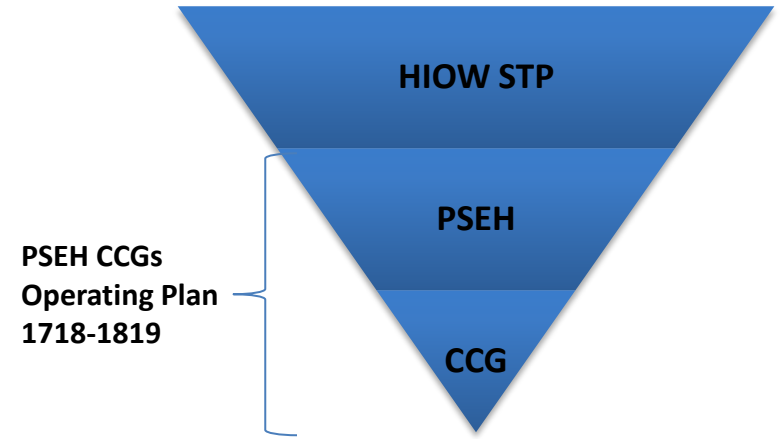
STP and Tiers of Planning

The CCGs Operating Plan 2017-19 sets out the Portsmouth and South East Hampshire CCGs contribution to delivery of the HIOW STP. The Portsmouth and South East Hampshire CCGs Operating Plan has been deliberately aligned with the HIOW STP both from a presentational perspective as well as from a programme perspective. This should enable a clear read-across between the Operating Plan and the STP and provide alignment demonstrating how the Operating Plan will directly support the HIOW STP and the financial reset.

A high level summary of the programmes and enabling programmes along with 2017-19 expectations from local PSEH delivery are set out on pages 5 and 6.

Clearly the CCGs Operating Plan depicts the actions that will be taken at an individual CCG level and across the 3 PSEH CCGs. This represents the lower 2 tiers on the diagram opposite, and shows how they underpin delivery of the HIOW STP.

Lower level tiers of planning



Introduction and Executive Summary

Portsmouth & South East Hampshire Clinical Commissioning Groups

Delivering Local & National Requirements

Through the Operating Plan we will demonstrate how we will:

- Deliver our **local requirement to support the delivery of the HIOW STP**
- Meet the **financial reset** and agreed contribution to the **system control total**
- Deliver the **9 national must-do's**
- Deliver **constitutional standards** and meet the requirements of the **Improvement and Assessment Framework**
- Take account of the introduction of **new care models for MCPs** during 2017-19

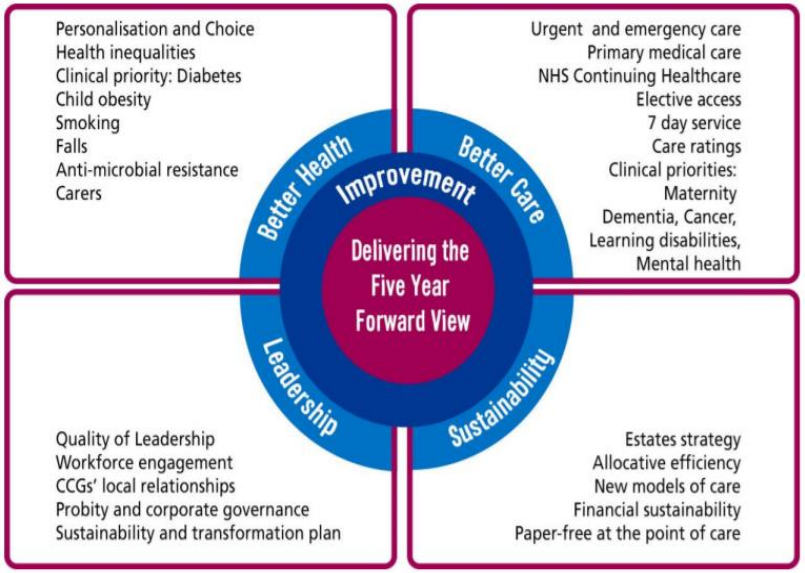
Improvement & Assessment Framework (IAF)

The CCGs Operating Plan underpins delivery of the CCG Improvement and Assessment Framework (IAF). In turn the measured improvement and delivery of the IAF will provide the assurance that the CCGs are delivering the overall aim of their Operating Plan as stated above – 'to improve the health outcomes and the quality of health and care services for our population within the resources allocated to us' - which aligns with the national 'triple aim'.

The framework provides a greater focus on assisting improvement and aligns with NHS England's Mandate and planning guidance, with the aim of unlocking change and improvement in a number of key areas. The IAF covers indicators across 4 domains:

1. Better Health
2. Better Care
3. Sustainability
4. Leadership

Improvement and Assessment Framework Domains



Key Terms Used

Throughout this plan the following terminology is used to cover different geographies;

PSEH	Portsmouth & South East Hampshire (Covering Portsmouth, Fareham & Gosport and South Eastern Hampshire CCGs)
FG&SEH	Fareham & Gosport and South Eastern Hampshire CCGs only
P	Portsmouth CCG only
SHIP / HIOW	Southampton, Hampshire, Isle of Wight & Portsmouth (Covering the 8 CCGs in our STP footprint, including PSEH)

A note on the Operating Plan layout

Project plans have been presented in a narrative form, with key milestones and patient outcomes accompanying this.

There is a section referencing how the plans will support delivery of the National Must Do's, and another section on which Improvement and Assessment Measures they will contribute to. The IAF measures include a Red/Amber/Green RAG rating against the CCG baseline performance published by NHS England.

IAF Key

Performance worst in country	
Performance in lowest quarter (4)	4
Performance in third lowest quarter (3)	3
Performance in second quarter (2)	2
Performance in top quarter of CCGs	1
Data not yet available	-

Our priority actions to deliver the STP locally

As leaders of the health and care system in Portsmouth & South East Hampshire, we are working together to transform outcomes and improve the satisfaction of local people who use our services.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Our priority actions as a health and care system are:

		What we will deliver in Portsmouth & South East Hampshire in 2017/18 and 2018/19.
Prevention	• 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	We will roll out our Every Contact Counts programme, ensuring key preventative health messages, including Mental Health, are at the core of every interaction with a health care professional – be that a GP, receptionist, consultant or pharmacist.
New Models of Integrated Care	• 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	We will implement new models of care based around Multi-Community specialist models. Community Hubs will provide multi-disciplined care closer to peoples homes. The hubs will focus on staying well, self-managing conditions and earlier invention, as well as providing primary, and increasing levels of secondary health care (i.e. GPs and some specialist services).
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	We will work with the acute hospital to implement changes including; the Integrated Discharge Service, Discharge to Assess pathways and the Frailty Intervention Team to ensure only those patients who cannot be cared for at home are treated as inpatients.
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 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	Working with Portsmouth Hospitals Trust we will support their participation in the Solent Acute Alliance – the provider led initiative. This will include undertaking a number of service reviews, benchmarking and sharing learning with other providers. We will move away from a traditional transactional relationship into a system partnership, with the patient at the centre.
Mental Health Alliance	• To improve the quality, capacity and access to mental health services. This will be achieved by the local Trusts providing mental health services, 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.	We will work with our Mental Health Providers to review and redesign community and acute mental health services with the same vision as for physical health – there will be fewer out of area placements, acute care and emergency crisis care will be available closer to home.

Our priority actions to deliver the STP locally

Portsmouth & South East Hampshire Clinical Commissioning Groups

To underpin and enable the STP transformation we are working 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 across PSEH.

Our priority actions as a health and care system are:

		What we will deliver in Portsmouth & South East Hampshire in 2017/18 and 2018/19.
Digital	•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.	Implement our digital strategic roadmap to improve patient care and experience using technology. This includes upgrading technology infrastructure, making better use of online services and electronic records.
Estates	•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	Local Estates Forums will work with partners to ensure we have the estates required to deliver new community hubs, reducing costs by sharing infrastructure and working more flexibly - using technology and mobile working.
Workforce Development	•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	Implementing workforce strategies jointly across commissioners, providers and partners. Preparing staff for the new roles integrated community services will require, i.e. the roles of trusted assessors and an increase in signposting.
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.	Changing how we commission services in preparation for the MCP contracts. Proactively managing high cost placements, focussing on CHC and Learning Disabilities, and realising savings opportunities and new technologies presented in Prescribing.
Constitutional Standards	•To produce robust, stretching and deliverable activity plans which are directly derived from their STP, reflective of the impact that the STP's well-implemented transformation and efficiency schemes will have on trend growth rates, agreed by commissioners and providers and consistent with achieving the relevant performance trajectories within available local budgets.	Commissioning and jointly working with providers to achieve NHS constitutional targets.
Financial Sustainability	•Achieve the respective CCG planned contribution to savings, reconciling finance with activity and workforce to deliver the agreed contribution to the relevant system control total.	To maintain financial sustainability in the local system by controlling demand and ensuring efficiency through the Right Care programme.

STP Core Programme - 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 Portsmouth & South East Hampshire

The following slides set out the plan across the Portsmouth and South East Hampshire CCGs which will contribute to delivery of the STP Prevention at Scale Programme.

Plans for this objective are set out across the following project areas:

1. Initiatives at Scale & Behaviour Change
2. Service Redesign & Change
3. Mental Health

Total savings opportunities identified

	F&G & SEH	Portsmouth
2017/18 £m	1.8	0.5
2018/19 £m	1.8	0.2

Delivery of STP Programme: Prevention at Scale

Project Objective: To scale up existing prevention interventions that have been demonstrated to be effective in improving health outcomes to ensure everyone has access to the interventions and that these are delivered consistently across the STP area and developing and expanding behaviour change initiatives (both patient and professional) to be delivered consistently and at scale to improve health outcomes

NHS

Portsmouth & South East Hampshire Clinical Commissioning Groups

Projects Delivering - Initiatives at scale & Behaviour Change

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

Key to implementing behaviour change across the 3 CCGs is our **Every Contact Counts,** systematic approach to embedding prevention advise into care pathways(PSEH). We will review how all clinical staff can engage with patients around lifestyle choices identified and support them to make a positive change by signposting to prevention & wellbeing services, i.e. weight management, smoking cessation, exercise and alcohol intake. The CCGs will offer smoking cessation for all MSK referrals and introduce Stop before the Op into secondary care.

Implementation of the **National Diabetes Prevention Programme (NDPP)** (PSEH) will deliver services which identify people with non-diabetic hyperglycaemia who are at high risk of developing Type 2 diabetes and offer them a behavioural intervention that is designed to lower their risk of onset of Type 2 diabetes. We are also ensuring that health risk factors that can impact on diabetes complications (i.e. smoking) are being addressed by introducing signposting to support services into various care pathways across the disease spectrum. The Portsmouth Diabetes service will be retendered in line with the Long Term Conditions framework.

In Fareham, Gosport & South Eastern Hampshire, increased proactive **interventions for smokers** will be provided, including reviewing pilots of proactive support in practices with the highest smoking rates. The CCGs are working with partners to develop place based approaches e.g. the Healthy New Towns initiative in Whitehill Borden and through the Vanguard programmes, working with communities to promote health. In Portsmouth practices will be engaging in more preventative and proactive activities for Respiratory and Diabetes care including case finding, **smoking cessation** and offering a menu of information & education support to empower patients to self-care.

As part of the Health and Care Portsmouth Programme, Portsmouth CCG will be working with Public Health to support individuals, communities and organisations to tackle the underlying causes of ill health and reduced wellbeing. This encompasses work delivered by the Independence and Wellbeing team, Community Connectors and the Living Well project, **ensuring prevention is embedded in the wellbeing hubs** within the new integrated locality teams and primary care. This will be refined through the programme. We continue to work with the Public Health Well Being team to improve referral and access to the weight management & smoking cessation support services provided in the city.

Key Milestones

By the end of 17/18
- Pilot signposting services in place
- NDPP goes live April 17

By the end of 18/19
– Review & extend signposting
- Review NDPP service delivery & impact

Outcomes & benefits

- Increase in the number of people signposted to support from prevention and wellbeing services
- Increased number of people with clinically significant weight loss
- Increase in the number of people who quit smoking
- Decrease in hospital admissions attributable to smoking
- More patients complete the NDP programme, and have a reduced risk of developing type 2 diabetes
- Embedding prevention at a system wide level for adults within wellbeing hubs, new integrated locality teams and primary care (P)

National Must Do's

This programme of work will deliver the development and implementation of **plans to tackle obesity and diabetes**, and **referring 500 people per 100,000 population annually to the National Diabetes Prevention Programme.**

By working in partnership with Public Health at a HWBB level, the programme will support self-care & prevention, in line with local **Better Care Fund** arrangements and contribute to **demand reduction.**

Improvement & Assessment Framework

Improved performance against current performance (by RAG rated quartile)	P	FG	SEH
Diabetes patients that have achieved all NICE recommended treatment targets	4	4	3
People with diabetes diagnosed less than a year who attend a structured education course	4	1	2
Maternal smoking at delivery	3	2	3

Delivery of STP Programme: Prevention at Scale

Project Objective: Service redesign and development to improve consistency of delivery at scale resulting in improved outcomes for the population

Portsmouth & South East Hampshire Clinical Commissioning Groups

Service development and redesign projects represent the medium to longer term deliverables that support prevention and early intervention to improve health outcomes. These include:

- **Improve obesity levels for Children & Young People** by developing a joint local strategy with Public Health for tackling childhood obesity & working with partners to develop community initiatives in areas of greatest deprivation. **Reducing adult obesity** by 2019 by actively supporting the Healthy Weight Strategy & work with partners to develop community initiatives in areas of greatest deprivation. (FGSEH)
- Continued work with key partners to implement the **Healthy Weight Strategy** which focuses on making healthy weight a priority for all; tackling the obesogenic environment; invest in prevention, early intervention and treatment by supporting those outside the healthy weight category to become and maintain a healthy weight through a range of evidence-based interventions. (P)
- **Cancer Pathways Reviews**, including living with and beyond cancer - with a focus on discharging patients, where appropriate, to the care of the primary care team and development, and adherence to, timed pathways for each tumour site. (PSEH)
- **Improved Cancer screening** - increased uptake of screening will be achieved by working directly with GP practices. (P)
- **Use of technology to reduce demand** for and dependence on health and care services, by reviewing evidence from pilot sites and rolling out online consultation systems across Portsmouth (P) and investigating ways to access NHSE funding for innovative technologies – in particular mobile ECG tech. (FGSEH)

We are extending the application of service redesign into secondary care by increasing use of technology in communication & pathways to improve consistency of delivery; redesigning the Advice and Guidance and **e-Referrals pathways** so they can be used as an enabler for elective schemes, reducing the number of unwarranted appointments and clinical time. Introduction of **telephone notification** of the results of clinical investigations and treatments where appropriate (between acute providers and patients). Reviewing a number of diagnostics pathways with a view to **introducing straight to test pathways** (so that following GP referral patients have a telephone assessment with a nurse and are then booked in for their investigation without having to attend for an initial outpatient appointment). (PSEH)

Key Milestones

By the end of 17/18
- Obesity strategies supported
- Review of cancer service pathways
- Pilot communication of results by telephone
- Pilot straight to test pathways

By the end of 18/19
- Community initiatives to reduce adult obesity in place
- Implement changes from reviews
- Review & roll out telephone results & straight to test pathways

Outcomes & benefits

- Reduce childhood obesity by 2019 & Reduce adult obesity by 2019
- Increase in the number of people accessing tier two weight management
- More timely diagnosis of patients with cancer
- Patients living with and beyond cancer will be appropriately managed in the correct setting
- Reduction in unnecessary outpatient appointments, and the inconvenience caused by travel and use of clinical time
- Shortened time between referral and definitive diagnosis
- Improved patient experience

National Must Do's

This programme of work implements local **plans to tackle obesity and diabetes**. It contributes to both **demand reduction measures** & **provider efficiency measures,** will **streamline elective care pathways**, including through outpatient redesign and avoiding unnecessary follow-ups. The work around referral pathways will also deliver **patient choice of first outpatient appointment**, and increase **use of e-referrals** in line with the CQUIN requirements.

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
% children aged 10-11 classified as overweight or obese	3	2	2
Cancers diagnosed at early stage	1	1	2
People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	4	2	2
One-year survival from all cancers	4	4	3
Cancer patient experience	3	2	1
Digital interactions between primary and secondary care	3	3	3

Delivery of STP Programme: Prevention at Scale

Project Objective: Redesign and transformation of Mental Health prevention and early intervention services to support early diagnosis and improved access to evidence based care

Portsmouth & South East Hampshire Clinical Commissioning Groups

Projects Delivering – Mental Health Prevention and Early Intervention

We are committed to more being done to prevent the development of mental illness and promoting earlier intervention.

- **Expanding access to psychological therapies**

The CCGs are expanding capacity to increase the proportion of the population estimated to have applicable mental health issues who access psychological therapies (IAPT).

In Portsmouth this will mean an increase in access over the next 18 months from 15% to 20%. To achieve this team capacity will be increased, as will joint working with PHT and community teams working with people with long term health conditions. FGSEH are re-tendering their service to increase capacity.

- **Future in Mind**

FGSEH are delivering their priorities within the cross Hampshire Future In Mind plan. These are: reduced waiting lists; commissioning parenting and counselling provision; developing services for children at risk of sexual abuse; implementing national eating disorder service; use of technology as a tool to develop services. Contracts have been awarded for new services, which will be monitored and reviewed.

Portsmouth's plans include commissioning a lower threshold Young Peoples Emotional Health & Wellbeing service and eating disorder service; developing a Central Point of Information for Children and Young People's Mental Health & Wellbeing services; embedding Restorative Approaches; improving the transition to adulthood pathway; reviewing the self-harm pathway and commissioning Perinatal mental health provision.

- **Other interventions**

Portsmouth is improving the response to mental illness in primary care by piloting an expansion of **Recovery Colleges**, which are now accepting primary care referrals. Mental Health professionals will also be physically located in GP practices to assist in managing **primary care** demand, and a pilot of MDT reviews for patients with mental health or substance misuse issues will be assessed. Further work around **Dual Diagnosis** is being led by the Safer Portsmouth Partnership, which comprises of a number of statutory and voluntary sector agencies, including the CCG.

Working with Hampshire, FGSEH have identified a need for a **dual diagnosis** (mental Health /Substance misuse) oversight group. This will ensure that the operational protocols being developed/implemented are meeting the needs of clients with a dual diagnosis, and will also help embed operation delivery groups where needed.

FGSEH are also working to improve physical health alongside Mental Health, and policies are now in place with providers, including assessment documentation, to monitor **SMI health check** activity for all known patients. (FGSEH)

Key Milestones

By the end of 17/18
- Expanded IAPT Capacity
- Joint CYP IAPT collaborative

By the end of 18/19
– More people with LTCs successfully completing IAPT
- Embed CYP restorative practice

Outcomes & benefits

- Increase access to Recovery Colleges
- Increased number of people with a long term condition having access to an evidence based psychological intervention
- Better access to information on the services & support available for CYP
- Improved outcomes for children with mental illness, including eating disorders
- Improved identifications of those at risk of post natal depression accessing and benefiting from Perinatal Mental Health Services
- Improved identification, treatment and outcomes for those with Dual Diagnosis
- More people with serious mental illness (SMI) have health checks and follow-up interventions to improve their overall physical and mental health (FGSEH)

National Must Do's

We are working locally to deliver the **Mental Health Five Year Forward View**, including the National Must Do to provide **additional psychological therapies**. As part of our Future in Mind plans we will **deliver more high quality MH services for children and young people** and **commission community eating disorder teams.**

Improvement & Assessment Framework

Improved performance against current performance (RAG rated by quartile)	P	FG	SEH
CYP MH Transformation - Percentage compliance with a self-assessed list of minimum service expectations for Children and Young People's Mental Health, weighted to reflect preparedness for transformation.	4	4	3
IAPT recovery rate	1	1	2

STP Core Programme - 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

The following slides set out the plan across the Portsmouth and South East Hampshire CCGs which will contribute to delivery of the STP New Models of Integrated Care Programme.

Plans for this objective are set out across the following project areas:

1. Foundations for Independence & Self Care
2. Fully Integrated Primary Care
3. Integrated Intermediate Health & Social Care
4. Complex Care & End of Life
5. LTCs: Diabetes, Respiratory & Cardiac

Total savings opportunities identified

		F&G & SEH	Portsmouth
£	2017/18 £m	3.1	0.86
	2018/19 £m	4.5	0.85

Introduction to Local New Models of Care

Summary of FGSEH Vanguard MCP Model & Portsmouth's Programme for Integrated Care

Portsmouth & South East Hampshire Clinical Commissioning Groups

Better Local Care

South Eastern Hampshire and Fareham and Gosport CCGs have developed a health and care partnership which was awarded Multi-Specialty Community Provider 'Vanguard' status in 2015.

The MCP new care model brings together health and care professionals to provide integrated care for local people. 'Better Local Care' is the generic brand/identity we are using locally to describe this programme.
A key element to 'Better Local Care' is the desire to support practices to continue to care for their list of registered patients, but to also look to design services for a population level that is larger than a single practice, which truly integrates primary, community and social care, and which engages with the Third and voluntary sector.

The new care model provides strong primary care leadership to locality partnerships, serving communities of 70-100,000 people. The natural communities of care establishing are East Hants, Waterlooville, Havant Hayling Island and Emsworth, Fareham, and Gosport. (See page 15 for further detail).

The CCGs are one of six national pilots for the development of a new MCP contract and therefore aim is to commission an MCP integrated out of hospital model by the end of 17/18.
Foundation work has commenced developing out of hospital providers to be part of an accountable care system. This includes the establishment of joint clinical leadership and governance arrangements (see pages 13 &14).

The CCGs aim to complete procurement & contracting so that the **MCP will go live from March 2018**.

Health and Care Portsmouth

Over the next five years, with all health and care partners in the City, including Portsmouth City Council, we propose to change the way we offer services across the whole spectrum of health and care. To achieve this will mean bringing together some existing services, providing other services at scale, embracing technology, ensuring that people only go to hospital to receive care that can only be done in a hospital setting and that social and health care needs are met in the community wherever possible.

The transformation and integration (bringing together) of health and care services will focus on the following themes:

- Prevention and Wellbeing
- Single Point of Access and Triage
- Keeping Independence
- Establishing Community Hubs
- Creating a Different Primary Care Service
- Changing the Nature of Hospital Care
- Delivering Social Care for the Future
- Multi-disciplinary Teams for Children and Families

For patients this will mean that they only tell their story once, with professionals coordinating and wrapping services around the patients rather than patients seeking out all the support they require from different agencies.

Instead of working as separate agencies, multi-agency/multi-disciplinary professionals will operate as a single team to support patients' needs.

For adults the new model of care programme will be delivered through the development of an MCP that will support the principles underpinning the integrated personalised commissioning and Better Care programmes. For children, the Stronger Future's programme will see delivery of improved early help support and integrated management structure for the Multi-Agency Teams.

For more detail see The Proposal for a Portsmouth Blueprint

Portsmouth and South East Hampshire Accountable Care System

All constituent organisations are committed to developing a set of structures, processes and behaviours to produce a two year granular delivery plan during the next three months. The plan will explicitly address the challenges set out within the HIOW STP to realise the financial savings and transformational changes within the PSEH local delivery system. This will be achieved via a fundamentally different model of aligned executive and non-executive leadership working together as one team to co-ordinate healthcare resources across all sectors. It is planned that all organisations are held jointly accountable for delivering collectively owned outcomes and performance indices, through pooling risk, reducing overall costs and maximising value throughout all patient pathways. It is our collective ambition to agree and work within a system-wide financial control total.

Introduction to Local New Models of Care

Delivery of FGSEH Vanguard MCP Model

The CCGs have focused on the development of new care models as the foundation of an accountable care system through the MCP Vanguard and MCP contract work, which has three strands:

Portsmouth & South East Hampshire Clinical Commissioning Groups

1. Engagement and development to create 'state of readiness' among providers

For the last two years FGSEH CCGs have been engaging local GPs and SHFT to take forward discussions about greater integration outside of hospital.

The MCP Vanguard has subsequently developed strong locality structures with engaged clinical leaders and the CCG has created an MCP Clinical leadership group with GPs from Vanguard localities, the CCG and clinicians from SHFT. We have also amended the CCGs' governance structures and constitution to separate GPs involved in MCP development from those working on the commissioning function.

We have been running an extensive GP/clinical engagement programme regarding the MCP contract and surveyed all out GPs in October to gauge their willingness to be involved in an MCP model. 81% of practices indicated a willingness to be virtually, partially or fully integrated.

To advance this work in 17/18 and beyond we will:

- establish a governance model for the P&SEH Accountable Care System that ensures connectivity and ownership of the priorities and actions by the statutory Boards in the system, recognising individual statutory Boards remain accountable and will want to play a full role in shaping the ongoing arrangements;
- draw together an executive leadership team from resource across the system,
- develop a short term action plan that is focused on the immediate priorities for the local system:
  - develop a collective approach to financial recovery across the commissioning and provider system, ensuring a focus on cost reduction, collective risk mitigation and maximising the likelihood of securing the local STF allocation.
  - develop contractual proposals for 2017/18 & 18/19 which underpin the operating plan & financial model;
  - develop a more inclusive & functional model of all sector system wide clinical leadership

2. Testing of components of the care model through MCP Vanguard

We have been supporting the development of local integrated primary and community delivery systems (multi-specialty community providers). These units of local delivery are central to the local system strategy and command the strong support of local general practitioners. The 5 natural communities of care are: East Hampshire; Waterlooville; Havant ,Hayling Island and Emsworth; Fareham; and Gosport.

Over the last year these localities have been testing some elements of the new models of care (same day access in Gosport, carousel clinics, surgery signposters, PAM, frailty CHOCs, care home support etc.), which are currently being evaluated as part of the new care models programme.

To advance this work in 17/18 and beyond we will:

- Work with clinical leaders to review Value Propositions for MCP programmes to date, Milliman and Rightcare data, and external evaluation of current schemes and use this to inform 17/18 programme of work
- Focus on scaling up the care model and delivering financial sustainability. This is likely to include:
  - extended hours hubs and eConsult
  - LTC pathways including follow-ups
  - Frailty and home visiting
  - patient activation and self care
- Work more closely with PCCG to ensure alignment across PSEH system providers
- Work with NHSE intensivist team to understand organisational form models and work with providers to appraise and advance a preferred option.

3. Using contract to lever change

FGSEH CCG are one of six pilot sites across the country working on the development of an MCP contract, which has afforded us access to dialogue with the NHS England as policy is developed, and learning from the five other sites.

A considerable amount of work has been undertaken to design and engage a wide range of stakeholders in the development of the contract including:

- working with COBIC and public health to engage local communities and clinicians in defining the outcomes framework for the contract
- working with PWC to engage GPs and other provider colleagues on the risk reward mechanism for the contract
- defining and refining the scope of the contract

To advance this work in 17/18 and beyond:

- On-going engagement with local people and a range of stakeholders about the direction of travel
- Development of A Case for Change 'options appraisal' document for Governing Body consideration
- Progressing financial modelling, elements of which will require further iteration once detailed guidance is published by NHS England.
- Undertake a rolling programme of engagement with commissioning and provider partners – including Local Authority colleagues, as well as local people, to share the concepts underpinning the contract and to inform next steps
- Undertake further dialogue with all providers, linking through the ACS leadership.

Introduction to Local New Models of Care

Delivery of Portsmouth's Programme for Integrated Care - Health and Care Portsmouth

Health and Care Portsmouth is an ambitious change programme, with all health and care partners in the City, including Portsmouth City Council. Over the next five years, we will change the way we offer services across the whole spectrum of health and care. To achieve this will mean bringing together some existing services, providing other services at scale, embracing technology, ensuring that people only go to hospital to receive care that can only be done in a hospital setting and that social and health care needs are met in the community wherever possible.

The transformation and integration (bringing together) of health and care services will focus on the delivery of the following 7 commitments.

1. Improve access to primary care services when people require it on an urgent basis.
2. Empowerment of the individual to maintain good health and prevent ill-health
3. Bringing together functions such as HR, Estates, IT and other technical support services to support frontline delivery.
4. Establish a new constitutional way of working to enable statutory functions of public bodies in the city to act as one.
5. Further bringing together of health and social care services under single leadership with staff co-located; including mental health, wellbeing and community teams, children's teams, substance misuse services and learning disabilities.
6. Simplify the current configuration of urgent and emergency and out of hours services, making what is offered consistent so that people have clear choices regardless of the day or time.
7. Focus on building capacity and resources within defined localities within the city, strengthening assets in the community, building resilience and social capital

In order to achieve the new models of care we have been working closely with and engaging health and care staff and GP practices across the City to develop a new model of care framework for out of hospital services. The CCG, Solent NHS Trust and The Portsmouth Primary Care Alliance have developed a shared plan that will form the basis of the development of an MCP within the City. This plan, describes a phased approach to accelerating the development of primary and community care hubs. There are 3 foundation elements of the new model that will be delivered in the early phases of the MCP development over the next two years. These are:
Foundation 1 - Sustainable primary care
Foundation 2 - Out of hospital primary and community care teams
Foundation 3 - Demand management

To enable/support delivery of this plan and building on this work the CCG proposes a formal MCP contracting framework, which will enable the CCG to more easily procure the new service delivery models through the MCP partnership. This will support the development, testing, mobilisation and ultimate delivery and implementation of the new model.

health&care portsmouth

NHS
Portsmouth & South East Hampshire Clinical Commissioning Groups

Delivery Milestones

- Ongoing engagement with GP practices throughout the early part of 2017 to help develop the plans and strengthen the mandate of the PPCA to explore further partnership working.

From April 2017

- Roll-out of a hub based approach to offering extended hours access to primary care, building on the development of a model being tested during the current winter period. This will cover all day Saturday (8am-8pm) and the period Mon - Sat 4-8pm.
- Roll-out of the MSK same day triage pilot within practices, building on the successful model piloted in 2016-17; practices will be invited to roll this out across the City to enable full coverage across primary care.
- Begin piloting and testing approaches for locality based primary / community nursing clinics e.g. imms and vacs, insulin management, clexane, catheters and phlebotomy. Potentially with added value of VCS contribution; this will enable us to maximise skill mix and capacity across the currently stretched primary and community nursing resource

- October 2017 - mobilisation of a new approach to delivery of GP Out of Hour services, through implementation of an integrated urgent care service.

- March 2018 - Achievement of new ways of delivering personalised care and support plans to be delivered to 2000 people. (IPC targets)

- June 2018 - The new integrated urgent care service will be fully operational by June 2018 when the new NHS 111 service procurement is complete and the new service is up and running.

Throughout 2017/2018 we will be developing new approaches to commissioning and contracting to support the new model of care delivery. This will include:

- By October 2017 - commissioning and procurement of a new model of out of hours primary care.
- By March 2018 - Scaled up delivery of the IPC approach through contracts to enhance the delivery of individualised care and support plans, which may for some people lead to a personal budget.
- By June 2018 - completion of a Hampshire and Isle of Wight wide procurement for a new NHS 111 service.
- By the end of 2018/2019 over £16 million of community based services currently commissioned from different providers will be commissioned as part of a partially integrated model

Delivery of STP Programme: New Models of Integrated Care

Project Objective: To put in place workforce models and sets of functional capabilities that will enable appropriate redirection of clinical activity and processes in primary care towards increased self-care and prevention; allowing clinical time to be targeted where it will add most value

Portsmouth & South East Hampshire Clinical Commissioning Groups

Projects Delivering – Foundations for Independence & Self Care

To enable people to effectively self care, we need to redesign our system to enable a **shift in choice and contro**l to the individuals requiring support and change the delivery culture to enable more person centred planning and support options to be available. As an NHS England **Integrated Personalised Commissioning** demonstrator site, Portsmouth is at the forefront of developing a proactive approach to improving the experience of care for people, preventing crises. This means having a different conversation with the people involved in care, focused on what's important to the individual, their carers and family and a wider range of care and support options tailored to needs and preferences. Changing the conversation to enable a more person centred approach to care delivery that puts the individual in control and better able to self-care and manage their health will be crucial and the focus of our workforce development strategy. We have stated this work already through the care planning and support element of the IPC, which will start to become business as usual in 2018 via the integrated care teams; and through the systems thinking intervention in ASC, which will see full roll-out in 2018/19 across all OP/PD And LD assessment approaches. Doing this consistently will achieve a shifts that will give individuals greater choice and control - including access to an integrated personal budget and provision of an integrated care plan and achieve greater resilience and self-care.

Through the work of the MCP and extending the primary care team, we will be able to provide greater opportunities to offer telephone and on-line advice and guidance to patients to better enable them to self care.

The role of the VCS will be crucial in supporting and so we will build on the success of the Living Well Service maximising the independence and self-reliance of people using a range of approaches including the promotion of self-management, establishing peer support, building and maintaining social networks and the provision of practical support alongside existing health and social care interventions. The CCG is also working with practices to improve the number of patients enabled to use **patient online** services by promoting the benefits to practices and patients and providing practices with resource to increase uptake. Plans will also be implemented to increase uptake of **social prescribing** and develop workflow redirection expertise in practices (by training receptionists in care navigation skills.(P)

In Fareham, Gosport & South Eastern Hampshire the new MCP model will be used to develop and test a **locality approach to patient activation**, including licensed use of the PAM tool and shared decision making, as well as **enhance LTC management** through social prescribing. This includes improving patient and community resilience by tackling social isolation, and evaluating the current Surgery Sign-posters pilot to determine how this approach could be scaled up in the future. The Hampshire wide IPC Programme My Life, My Way will also focus on the 5 key shifts in self-care & prevention (see diagram). GP practices will also be offered **Web GP**.(FGSEH)

We will work with local authority partners at a HWBB level to pool budgets via the **Better Care Fund.** Together we will develop and agree an integrated spending plan for the BCF allocation. Details of this will be provided in the BCF plans following release of the related planning guidance. (PSEH)

Key Milestones

By the end of 17/18

- Expansion of Living Well Service & My Life, My Way
- MCP contract live from April 2018
- Roll out PAM across MCP localities
- Full roll out of personalised care and support planning approaches across integrated localities (P)
- Underpinning workforce strategy in place to support delivery of the shifts to achieve choice & control

By the end of 18/19

- IPC approach & Living Well delivered within integrated localities
- MCP Community hubs delivering an integrated out of hospital model

Outcomes & benefits

- Patients are more empowered and resilient in times of crises
- People are more able to self manage their long term health conditions
- People know more about community, health & social care services that are available & how to access them (via sign posters & Living Well)
- An increase in the use of community/non-statutory services to meet health and social care outcomes
- More people have personal health budgets
- More people have person centred, integrated care & support plans in place
- Increased online access to GPs (P)

National Must Do's

The CCGs are implementing Mandate commitments around the number of people with **Personal Health Budgets** under the Portsmouth & Hampshire IPC programmes. They also continue to work with local authority partners at a Health and Wellbeing Board level to pool budgets and develop and agree an integrated spending plan for using their **Better Care Fund** allocation.

Improvement & Assessment Framework

Improved performance against current performance (	P	FG	SEH
People with a long-term condition feeling supported to manage their condition	2	4	2
Patient experience of GP services	2	4	1
Personal Health Budgets per 100,000 population	2	3	3

Delivery of STP Programme: New Models of Integrated Care

Project Objective: Joining up the clinical professionals working around the patient in the primary care setting to meet needs, improve access, increase efficiency, change professional mix, and increase 'right first time' contacts.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Projects Delivering – Fully Integrated Primary Care

The CCGs are producing separate plans which clearly outline how we are going to be meeting the requirements of the **General Practice Forward View.** These detailed implementation plans will explain how the CCGs will improve access to general practice, how funds for Practice Transformation Support will be created and deployed to support general practice, and how funding to support training and stimulate the use of on line consultation will be deployed.

They will also clearly articulate our vision for care redesign, including:

- **MCP in FGSEH**

The MCP will **bring together GP practices, nurses, community health and mental health services, community-based services such as physiotherapy, relevant hospital specialists** and others to provide care in the community that is joined up and puts patients at the centre. This is very different to what has been in place before where we have multiple, separate organisations all working to different contracts with different objectives. This work will include developing LTC services as part of primary care hubs and creating more sustainable practices by 2017.

- **Health & Care Portsmouth**

Portsmouth will create single health & care teams based within key City localities or '**community hubs**'; these teams will act as one and include a range of skills and services including primary and hospital care, social care, well being & self care, mental health (including elderly mental health) and community therapies (such as physiotherapy, occupational therapy). These teams will be seen as the same as and part of primary care services in the City. This will include placing more specialist services in the same localities as the community teams so that professionals have direct access to the right type of support to better manage the care of people.

- **Integrated children and young people's service (PSEH)**

We will develop an integrated community children's service model which combines Children's Community Nursing, Community Paediatric Medical Services and Children's Outreach and Support Team (COAST) into one **Integrated Children's Community Model**. This will allow a single outcome based model of care, and include an increased level of **in-reach into ED** by the COAST team to prevent unnecessary admissions.

We will explore the benefits of providing a **community nurse epilepsy specialist service**, as children who have epilepsy linked with a neurodisability are currently referred into acute services. We will undertake a review of current **community continence, enuresis/ encopresis service** provision, with the support of Hampshire Parent Care Network to develop a Hampshire wide pathway / service model. (PSEH)

Key Milestones

By the end of 17/18

- MCP contract live from March 2018
- -Scope & deliver the Integrated Children's Community Model
- Scope a model for Community Epilepsy Nurse & review children's continence services

By the end of 18/19

- MCP Community hubs delivering an integrated out of hospital model
- Community Hub single health and care teams operational
- Children access one community service
- Epilepsy Service & Continence recommendations implemented

Outcomes & benefits

- Improved patient experience of primary care
- Increase in % reporting that their care is joined up and they only have to tell their story once
- Improved community children's model working as one service to meet children's needs
- Reduction in the number of children admitted into hospital
- Improved community epilepsy service for children and young people with epilepsy related to a neurodevelopmental condition.
- Children have equitable countywide access to continence services

National Must Do's

The plans detailed on this page, in addition to those to set-out in the separate Primary Care GPFV plan demonstrate how we will **implement the General Practice Forward View**, **ensure local investment meets minimum levels**, **tackle workforce and workload issues**, and **extend and improve access**.

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
Patient experience of GP services	2	4	1
Primary care workforce - GPs and practice nurses per 1,000 population	2	4	2
Primary care access	-	-	-
Effectiveness of working relationships in the local system	2	1	2
Achievement of clinical standards in the delivery of 7 day services	-	-	-

Delivery of STP Programme: New Models of Integrated Care

Project Objective: Create fully integrated health and social intermediate care services that will be designed around the services people need to recover and function independently

Portsmouth & South East Hampshire Clinical Commissioning Groups

Projects Delivering – Integrated Intermediate Health & Social Care

In addition to the integrated community care delivered by the new community hubs across PSEH, we are committed to further integration of intermediate care.

We continue to deliver our Urgent Care strategy, which aims to ensure a comprehensive unscheduled, urgent and emergency care service is in place. This is delivered by integrated teams of health professionals who share a collective responsibility for every patient journey, including 111 and out of hours services. We will agree the **integrated 111 & OOH** specifications for Hampshire and lead the tendering process which will be completed in 17/18, this will include sufficient flexibility to enable the contract to reflect the changing community and primary care landscapes. We will also evaluate the piloted new model of delivery for the Urgent Care Centre which will inform the future commissioning of Urgent Care Centre for 17/18 with the emergent hubs.(PSEH)

In Fareham, Gosport and South Eastern Hampshire, work is underway to enable more people to be safely cared for by **community services in their own beds**, at home rather than rehabilitation community beds. The first stage of this will be to increase confidence in the enhanced community services being delivered by the Hubs, so that patients and GPs are assured of the safety of care being provided. This will result in more patients being cared for in their usual place of residence, fewer unnecessary hospital admissions, and free up rehabilitation beds for complex patients who cannot be cared for at home. (FGSEH). This work aligns with the **Discharge To Assess (D2A)** project within the Effective Flow & Discharge programme (PSEH).

In Portsmouth there has been an integrated approach to intermediate care delivery for a number of years. As the hub way of working and integrated community teams get underway we will continue to review this and ensure its effectiveness. We are also strengthening the capacity in the community to enable more people to be cared for in their own home, through use of 24 hour domiciliary care packages and allowing intermediate care community teams to sub-contract directly with domiciliary care agencies. We are piloting an expansion of the GP led **Acute Visiting Service** (rapid response home visiting), and should the concept be proved the CCG will consider testing the market for future service provision. Once the D2A project changes have been embedded (see page 19) we will review Out of Hospital Pathways including Community Bed provision to ensure the right capacity, configuration & availability.(P)

Portsmouth Integrated Service for Children's Emergencies (PISCEs) will develop pathways for an integrated service at PHT for Children's Emergencies. The new acute paediatric pathway will be based on work undertaken over the previous year in partnership with the provider. We will also redesign the **paediatric self harm** pathway from the acute setting back to appropriate specialist/community support services.(PSEH)

Key Milestones

By the end of 17/18

- Integrated 111 & OOH service live
- Increased confidence in community services
- Review PRRT & AVS
- Implement the acute paediatric pathway (PISCEs) revised service specifications

By the end of 18/19

- Monitor 111 / OOH service
- More people cared for in own homes
- Services covering PRRT & AVS functions provided in best model
- PISCEs delivering reduction in attendances & admissions

Outcomes & benefits

- Increased satisfaction and confidence in 111 / Out of Hours Services
- Ensure care is provided in the community where possible, by integrated teams.
- Patients are able to receive care in their usual place of residence, whenever possible, receiving care from the multi-disciplined team of professionals and tell their story once.
- Reduction in acute admissions and freed capacity for complex patients.
- Implementing the acute paediatric pathway will
  - Ensure there is always high quality diagnosis and care early in the unscheduled pathway
  - Reduce unnecessary attendances at ED & admissions to hospital
  - Provide care closer to home.
- Young people who self harm receive the right support in the community
- Fewer young people who self harm will attend & be admitted to hospital

National Must Do's

The plans detailed on this page contribute to the CCGs implementation of the **Urgent and Emergency Care Review**, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
Delayed transfers of care attributable to the NHS and Social Care per 100,000 population	2	4	4
Emergency admissions for chronic ambulatory care sensitive conditions per 100,000 popln	1	1	1
% patients admitted, transferred or discharged from A&E within 4 hours	3		4

Delivery of STP Programme: New Models of Integrated Care

Project Objective: Put in place de-layered access to specialism, intensive care coordination, and appropriate capacity to support the most complex patients within the registered list

Portsmouth & South East Hampshire Clinical Commissioning Groups

Projects Delivering – Complex Care & End of Life

We will complete review & redesign work around the **End Of Life pathways** to agree a lead provider approach to the delivery of a new service model, which will work towards 24/7 care. We will also agree the financial model that will need to underpin this for delivery from 17/18. We will provide good care in every setting in a timely manner. As the condition of a person nearing end of life may change rapidly, it is essential that they can access services without delay. (PSEH)

Portsmouth will **reduce avoidable admissions** into hospital **from care homes**, by identifying and delivering the training needs, clinical support needs and other support required to increase care homes ability to maintain people within their homes. The scheme is likely to include the development of a community MDT to support individuals with acute and chronic needs in care homes or their own homes. FGSEH will improve **Medicines Optimisation in Care Homes** by piloting a Care Home specific medicines optimisation support service. The CCGs will then share findings with a view to replicating the approaches.

We will agree the model of delivery for the **community frailty pathways with** providers, who have been working together to develop a system wide frailty blueprint and service, and deliver the revised pathway, which has an estimated timescale of 2-3 years. A recently revised pathway involves working with the acute frailty network to identify and screen those at risk of frailty at the front door of hospital. To ensure frail patients are supported to return to home, or their place of residence sooner. The SEH MCP have implemented elements of the pathway at pace, and will share learning to further refine and improve the pathway. System wide, this work will see the delivery of services for frail, older people move out of the hospital setting into services that deliver within the community hub, GP practices and within the person's own home or community (including care homes). This '**frailty service**' will include a strong prevention element to its work, keeping people as active as possible and reducing, for example, the amount of falls experienced by older people. (PSEH)

Fareham, Gosport & South Eastern Hampshire will **review the neuro-rehab bed pathway**, to ensure that patients are being cared for in the right setting, regularly reviewed and that the service is offering the CCGs value for money.

FGSEH will develop a clear pathway with NHS England Commissioners and service providers for Children & Young People with complex health needs. (FGSEH)

Key Milestones

By the end of 17/18

- Piloting approaches to reduce hospital admissions from Care Homes
- Review of End of Life service pathways and agree way forward
- Review and assess the impact of the redesigned FIT community pathway

By the end of 18/19

- Sharing learning & implementing successful care home interventions
- Implementation of approved options from EoL review
- Monitor the outcomes from the MCP Contract

Outcomes & benefits

- Better public awareness of death and dying so that communication is improved and people are more able to talk about their choices.
- More people have Advanced Care Plans detailing preferences for end of life care.
- More people die in their place of choice.
- Improved quality of care and support for individuals living in the care homes
- Reduction in appropriate call outs to 999 and hospital admissions,
- Individuals are cared for in the most appropriate place (their own home)
- Reduced prescribing/ administration errors in care homes
- Identify more people with frailty at an earlier stage
- Provide people with frailty with the right services to help them manage their long term health needs
- Improve rate of early screening for those at risk of frailty
- Improve early interventions for those at risk of frailty

National Must Do's

These plans contribute to the **CCGs implementation of the framework for improving health in care homes** as well as delivering a **reduction in the proportion of ambulance 999 calls** that result in avoidable transportation to an A&E department, as people are empowered to choose their place of death, and Care Homes are better equipped to support this choice.

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
% deaths which take place in hospital	1	1	1
Emergency admissions for urgent care sensitive conditions per 100,000 population	2	1	1
Injuries from falls in people aged 65 and over per 100,000 population	1	1	1

Delivery of STP Programme: New Models of Integrated Care

Project Objective: To further develop and enhance the care pathway for people with chronic conditions that support improved self-management, education and targeted community support to maintain health and independence

Portsmouth & South East Hampshire Clinical Commissioning Groups

Projects Delivering – LTCs: Diabetes, Respiratory & Cardiac

We will **review current rehabilitation programmes** (including cardiac rehab, pulmonary rehab and DESMOND) and work with providers to identify areas that can be consolidated into a generic exercise rehab programme suitable for patients with multiple conditions - drawing only on specialist skills / information where appropriate. Redesigning these services with a focus on self management will enable the patients to feel more in control of their health, therefore empowering them to be more aware of steps they need to take to aid their recovery and avoid further issues. (PSEH)

We will agree the commissioning **framework for Long Term Conditions** (LTC) which will establish the vision, delivery milestones and work programme for the transformation of community based LTC services, so that they:

- provide both lifestyle advice and specialist care
- be accessible from community locations
- allow Care plans to be accessed by all clinicians
- help patients to self-manage their conditions (PSEH)

We are designing self-care resources in the form of patient information leaflets for specific conditions including diabetes to support people living with long term conditions and will produce these in collaboration with patient engagement groups as well as healthcare colleagues. We are utilising technology to engage with patients and promote self-management via the use of apps, and ensuring services are delivered at times that work for patients when they do need to access them – by moving to 7 day working and extended hours. We are working to improve primary care management of people with LTCs (i.e. diabetes through delivery of, and outcomes from, the 8 care processes)(PSEH)

Following a 12 month extension to the current community diabetes service we plan to go out to tender with a view to commissioning a **redesigned community diabetes service** in line with the LTC framework. This will implement the radical redesign and transformation needed to allow patients to drive the care and planning process. (P)

Our analysis under the RightCare programme has highlighted **Respiratory and Cardiac** as key areas with improvement opportunities (see page 41). We will realise these opportunities by improved identification and management of Atrial Fibrillation; a redesign of the Deep Vein Thrombosis (DVT) ambulatory care pathway (to increase the prevention of outpatient or inpatient activity relating to DVT); continuation of the 6 month stroke review service; a number of schemes to increase COPD case-finding within Primary Care; a review of the community respiratory service with a focus on targeting specific opportunity areas (including the prevention of COPD admissions), and a community respiratory team in-reach service to support early discharges. (PSEH)

Key Milestones

By the end of 17/18

- Review of rehab provision
- Cardiac & Respiratory Pathway Reviews
- Development of suite of self management tools
- All LTC services signposting to prevention & healthy lifestyles services + self referral to IAPT

By the end of 18/19

- Implementation of rehab recommendations & changes
- Improved Cardiac & Respiratory pathways

Outcomes & benefits

- Newly designed rehabilitation programmes
- Increased focus on self management, enabling patients to feel more in control of their health
- Improved recovery rate through rehabilitation programmes
- Improvement in health related quality of life for people with LTC
- Improved primary care management of people with LTCs, including increased uptake of the 8 care processes
- Earlier identification of Atrial Fibrillation
- Increase in the number of people with stroke having 6 month reviews
- Decrease in COPD admissions
- Increase in ratio of observed v' expected diagnoses of selected LTCs

National Must Do's

These plans contribute to the CCGs **demand reduction measures by implementing RightCare and supporting self care and prevention.** They will also **streamline elective care pathways**, and contribute to **provider efficiency measures** by implementing new models of acute service collaboration and more integrated primary and community services.

Improvement & Assessment Framework

Improved performance against current performance (by RAG rated quartile)	P	FG	SEH
People with a long-term condition feeling supported to manage their condition	2	4	2
Emergency admissions for chronic ambulatory care sensitive conditions per 100,000 population	1	1	1

STP Core Programme - Effective Patient Flow & Discharge

Programme Objective: To ensure no patient stays longer in 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

The following slides set out the plan across the Portsmouth and South East Hampshire CCGs which will contribute to delivery of the STP Effective Patient Flow & Discharge Programme.

Plans for this objective are set out across the following project areas:

1. Discharge Planning
2. Effective management of patient flow
3. Complex discharge & hard to place patients
4. Development of onward care services

Total savings opportunities identified

	F&G & SEH	Portsmouth
2017/18 £m	2.2	0.63
2018/19 £m	2.0	0.62

Delivery of STP Programme: Effective Patient Flow & Discharge

Project Objective: To ensure that every patient has a Discharge Plan, informed by their presenting condition and known circumstances, which is understood by the patient, their relatives and carers and includes the Expected Date of Discharge (EDD), arrangements for the day of Discharge and, if needed, an outline of any anticipated onward care needs.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Projects Delivering – Discharge Planning

The Integrated Discharge Service has been established to develop and implement an expert complex discharge team that works seamlessly across health and social care partner organisations to proactively pull and case manage a range of patients to discharge through an appropriate pathway and provide expert advice and guidance. (PSEH)

The service principles are:

- Right care, right place, right time
- Discharge to assess and home first
- Releasing time to care and providing support to well run wards
- No decisions about a patient's long term needs are made in an acute bed
- Use of a trusted assessor model - used internally to deliver flexible, cross boundary case management and signposting
- Links to FIT team to provide support for patients whose admissions can be avoided and those who require a short stay episode.

Approach - early identification of complex discharge planning needs and patients who are assessment fit.

Implement D2A principles - discharge patients as soon as they are medically stable to leave an acute bed and ongoing assessment outside of acute hospital.

Effective use of all discharge pathways

- Pathway 1 - home with support
- Pathway 2 - in a sub-acute community step down facility with rehabilitation and reablement (not expected to need NHS CHC on discharge from P2)
- Pathway 3 - in a nursing or care home for recovery with complex assessment for long term needs
- Pathway 4 – not discharge to assess, some assess to discharge, simple ward discharges

We are working as part of the STP work stream supported by the Wessex UECN who have developed a prioritised 12 month delivery plan focused on implementing the outputs of the Urgent and Emergency Care review.

We are working with our provider towards implementation of the four key standards for 7 day services by the 1st November 2017 for Acute Hospitals, sharing results of the seven days services survey and developing an action plan with the provider.

Key Milestones

By the end of 17/18

- Delivery of pathway activity targets
- Single office for all partners
- Completions of SAFER Ward programme
- Action plan for key standards of 7 day services agreed

By the end of 18/19

– single leadership and team

- Increased focus on admission avoidance
- P3 complex discharge process in place

Outcomes & benefits

- Reduction in harm and improved quality of experience and outcomes for patients
- Cost benefit in reducing excess bed days and length of stay in acute and community beds
- Reduction in complex care packages and placements into care homes
- Consistent level of service, reduced duplication and backlogs through effective processes and systems
- Reduction in medically fit for discharge patients in an acute bed and DToCS
- Improved relationships between partners
- Accurate real time patient data on Bedview and robust performance monitoring
- Support the Hospital to deliver cancer and elective care targets
- Patients admitted to hospital in an emergency will receive the same quality of assessment, diagnosis, treatment and review on any day of the week

National Must Do's

The plans on this page detail how the CCGs will **deliver the 4 hour A&E standard** and Ambulance standards, support the **delivery of urgent and emergency care reform,** delivery of the STP discharge and flow programme **& reduce demand for urgent care and long term care.** They will also **improve quality in provider organisations** & contribute to delivery of financial return on investment.

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
% patients admitted, transferred or discharged from A&E within 4 hours	3		4
Delayed transfers of care attributable to the NHS and Social Care per 100,000 population	2	4	4
Emergency bed days per 1,000 population	2	2	1
Emergency admissions for chronic ambulatory care sensitive conditions per 100,000 population	1	1	1
Emergency admissions for urgent care sensitive conditions per 100,000 population	2	1	1

Delivery of STP Programme: Effective Patient Flow & Discharge

Project Objective: 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.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Projects Delivering – Effective management of patient flow

- We will improve systems and processes, professional standards and workforce changes to deliver A&E performance targets and safe, quality services for patients (PSEH)
- Increase the use of Ambulatory Emergency Care including rapid access speciality clinics
- Deliver improved access for mental health patients in line with STP Mental Health Alliance recommendations
- We will Improve processes and workforce models to deliver an effective AMU and short stay services to facilitate timely effective discharge
- Continue to build on the Acute Frailty Service and front door Frailty Intervention Team (FIT) available 12hrs a day 7days per week and discharge with support in 2 hours

The A&E Board have a preventing admissions work stream and these are the work plans within that;

- **Re-tender of 111 and OOHs** – ensuring the right capacity and skill sets to support an increase in hear and treat, calls referred to a clinical advisor
- **999 service** - Aiming that 50% of all received emergency calls are non-conveyed, Achieved by Call Assessment (pathways, Treating on scene where appropriate (see and treat)
- **Developing Shared Care** with Community Services and primary care. This will include the locality hubs that are currently being developed and giving alternative pathway advice, e.g. directing to GP appointment, MIU/Walk-in-Centres & pharmacies
- **Nursing Home schemes** aim to reduce the calls and conveyance by SCAS and enhance the wellbeing of residents. A joint partnership with SCAS and Southern trust has been successfully evidenced, and we are now rolling out a new enhanced teaching session which will enable the staff to do a "root cause analysis" and promote EoL care and DNACPR for all residents. Additional schemes are detailed on page 16.
- **High intensity users scheme** - Create Patient Management Plans for all High Users to enable triage at point of call to the appropriate professional e.g. Primary care/Mental Health/Community Support Workers/ PHT, support structure 24/7 in line with the patients needs
- **Urgent care centre development** to make it more effective and continue the delivery of co-located out of hours.
- The **acute visiting service** in Portsmouth & Vanguard **GP Home Visit Service** in Waterlooville are piloting assessing patients earlier, redirecting care and freeing up GP surgery time.
- **Access to care plans**
- **Directory of services** availability

Page 22

Key Milestones

By the end of 17/18

- FIT targets delivered for number of patients assessed and not admitted
- Effective AMU in place
- Fit for purpose operations function in place in PHT

By the end of 18/19

– Processes and workforce in A&E supports target delivery

- AEC delivering to standards

Outcomes & benefits

- A&E target delivered
- Reduction in 999 calls and reduced conveyance to A&E
- Reduction in avoidable admissions for frail older patients – 3 per day
- Increased use of AEC
- Effective AMU in place with a reduction in the number of patients with a length of stay over 24Hours
- 65% of patients on a short stay pathway

National Must Do's

These plans contribute to the CCG's **delivery of the urgent and emergency care standards,** delivery of STP milestones and **improved quality of care**.

Cancer standards will be met by the programme of work detailed on page 57 below.

Improvement & Assessment Framework

Improved performance against current performance (by RAG rated quartile)	P	FG	SEH
% patients admitted, transferred or discharged from A&E within 4 hours	3		4
Ambulance waits	-	-	-

Delivery of STP Programme: Effective Patient Flow & Discharge

Project Objective: 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 maximise patient outcomes and reduce the instances of avoidable readmission.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Projects Delivering – Complex discharge & hard to place patients Development of onward care services

In addition to the Integrated Discharge Service, which has been established to develop and implement an expert complex discharge team, we will implement the following initiatives to ensure hard to place patients are cared for in the most appropriate setting (PSEH);

- Implementation of D2A pathway 3 for patients who have probably long term care needs and need further out of hospital assessment
- Demand and capacity modelling for pathway 3 including capacity for out of hospital assessment and funding agreements across health and social care, brokerage and placement management
- Review, approval and implementation of new CHC model and processes aligned to local IDS services
- Engagement programme with Homes to support effective assessment & placement

The CCGs approach to Continuing HealthCare and Transforming Care for people with Learning Disabilities is detailed in the section on Commissioning Models (pages 37 & 38).

The CCGs are also working with STP partners to future-proof the cost of end to end care and support for the population through the development of the existing Onward Care model and the exploration and testing of alternative Onward Care models. The aim of this work is to understand the future needs of the HIOW population through demographic analysis and public health data.

Portsmouth will review the potential for improved care for older people through the use of technologies such as Telehealth. This will lead to a strategy and business case being developed. The CCG will be actively working with the AHSN and local stakeholder to develop a local implementation plan to realise the benefits of pharmacists delivering targeted services to patients recently discharged from hospital. (There are now several studies that have been published demonstrating cost savings and patient satisfaction from these services, ranging from domiciliary visits to patients to MUR and NMS services delivered within the community pharmacy setting.)

In relation to the provision of wheelchairs, our provider has developed a trajectory of improved performance based on a Sustainability Approach implemented by the CCG. Going forwards we will work with NHSE as part of the National Wheelchair Improvement Programme; perform a comprehensive and collaborative service review, identify recommendations and implement these ahead of the service retender in April 2019.

Key Milestones

By the end of 17/18

- review of P3 capacity and demand
- Decrease in backlog of stranded pts
- Review of Telehealth (P) & development of strategy
- Review of wheelchair service

By the end of 18/19

- STP wide strategy for hard to place patients and capacity requirements
- Implementation of revised CHC model & processes (FG&SEH)
- Process for regular review of CHC patients
- Preparation for wheelchair service retendering (in April 2019)

Outcomes & benefits

- Reduction in stranded patients
- Reduction of the number of patients needing pathway 3
- More patients are cared for in the most appropriate setting
- Fewer people have assessments for long term care whilst they are in hospital
- Reduced reliance on residential care
- Early intervention of patients deteriorating in care homes to prevent conveyances
- Better understanding of how technologies such as telehealth, telecare, telemedicine and self-care apps can be used to improve health outcomes.
- Increased patient experience in using the wheelchair service.

National Must Do's

These plans contribute to the CCG's **delivery of the urgent and emergency care standards,** delivery of STP milestones, **improving the management of continuing healthcare processes** and requirements to set **out improvement plans for wheelchairs**.

Improvement & Assessment Framework

Improved performance against current performance (RAG rated by quartile)	P	FG	SEH
% patients admitted, transferred or discharged from A&E within 4 hours	3		4
Delayed transfers of care attributable to the NHS and Social Care per 100,000 popln	2	4	4
People eligible for standard NHS Continuing Healthcare per 50,000 population	1	3	3

STP Core Programme - 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

The following slide sets out how this provider led programme will be delivered locally. More detailed information can be found in the Portsmouth Hospitals Trust Operating Plan.

Delivery of STP Programme: 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

Portsmouth & South East Hampshire Clinical Commissioning Groups

This is a provider led Alliance between three hospital trusts which aims to improve outcomes and optimise the delivery of acute care to the local population, ensuring sustainable acute services are delivered.

The first wave of collaborative transformational supporting services projects will include:

- **Back Office Services Review -** To ensure the provision of efficient and cost effective back office services. To use Carter benchmarking data to identify areas for improvement and lower cost.
- **Pathology consortia** (re-visited) - To identify opportunities to improve value and quality through collaboration on a 'service by service' basis.
- **Clinical Services Review –** The alliance will undertake reviews and 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.
- **Theatre Capacity Review** - Increasing utilisation of NHS theatres, including the repatriation of patients receiving care in the private sector to the NHS.
- **Pharmacy collaboration -** looking at methods of reducing cost through collaboration & improved purchasing power.
- **Out Patient Digital** - To reduce unnecessary outpatient attendance when an alternative can be safely offered. Using digitally enabled pathways to improve value and patient experience.
- **CIP planning and delivery** - Ideas for partnership working are being developed through the Acute Alliance. CIP cycles will be aligned and providers will share methodology and ideas to maximise delivery against targets of 2.5%.

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.

As CCGs, we will join forces with our 5 neighbouring CCGs across SHIP to work with providers, coming together as a local maternity system to design and deliver maternity services improvements in line with the recommendations in the **national maternity review, Better Births**. As one of 7 national choice and personalisation Pioneer sites the local maternity system will test models of improving choice.

Key Milestones

By the end of 17/18

- Sustainable solutions will be agreed for priority specialties across Hampshire and the Isle of Wight.
- Local maternity system will have developed a choice offer

By the end of 18/19

– Implementation underway of transformation plans in back office services, pharmacy, pathology, radiology and outpatients.

- With WSCN identify, agree & implement maternity pathways reducing variation

Outcomes & benefits

- Reduced clinical variation and improved outcomes
- Improved length of stay
- Reduced waiting times for surgery
- Channel shift (digital outpatients) aim to reduce face to face follow up by 20%
- Improved patient experience through digital enabled pathways
- Elective demand control (in-line with best practice/guidance)
- Efficiencies of £156m by 2020/21 across the Alliance
- Increased personalisation & choice of Maternity Services
- Fewer stillbirths

National Must Do's

The CCGs will work with providers, coming together in local maternity system to **design and deliver maternity services improvements in line with the recommendations in the national maternity review**, Better Births.

The Alliance will also contribute to the National Must Do's relating to the four priority **standards for seven-day hospital services**, delivering the NHS Constitution standard re **8 week RTT waits**, **streamlining elective care pathways**, implementing the **cancer taskforce report** & delivering the **62 day cancer standard.**

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
Patients waiting 18 weeks or less from referral to hospital treatment	3	3	3
Achievement of clinical standards in the delivery of 7 day services	-	-	-
Achievement of milestones in the delivery of an integrated urgent care service	-	-	-
Women's experience of maternity services	3	1	1
Choices in maternity services	2	1	2
Neonatal mortality and stillbirths per 1,000 births	3	1	3

STP Core Programme - Mental Health Alliance

Programme Objective - To improve the quality, capacity and access to mental health services. This will be achieved by the local Trusts providing mental health services, 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.

The following slides set out the plan across the Portsmouth and South East Hampshire CCGs which will contribute to delivery of the STP Mental Health Alliance Programme.

Plans for this objective are set out across the following project areas:

1. Acute & Community Mental Health pathway review & redesign
2. Review & resign of Mental Health Rehabilitation pathway
3. Review & transformation of Mental Health Crisis Care

Total savings opportunities identified

	F&G & SEH	Portsmouth
2017/18 £m	0.7	0.6
2018/19 £m	1.1	1.2

Delivery of STP Programme: Mental Health Alliance

Project Objective - To review and redesign current acute pathways and community service provision and develop a network of services through the Mental Health Alliance

Portsmouth & South East Hampshire Clinical Commissioning Groups

Acute & Community Mental Health pathway review & redesign

We are committed to deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages. To do so we will review and redesign local acute and community mental health pathways. More detail around changes to acute pathways can be found in the Crisis Care section of this document.

Portsmouth is leading cross organisational transformation programmes for both AMH and OPMH to develop appropriate models for community services to deliver better outcomes for patients, achieve national targets for EIP, IAPT and dementia care, reduce waiting times for secondary care psychological therapies and improve integration with social care and fulfil partnership governance requirements.

We are working with the acute provider to move the existing Core **Psychiatric Liaison Service** closer to the Core 24 ageless model by extending the service to cover both adults and older people; to support dual diagnosis issues; increase capacity at a Consultant, Nursing & Administrative level; extending hours for ED from 12 to 15 hours coverage, with Out of Hours Support outside of this time, and; development of the service to support outpatient provision. (PSEH)

Dementia services providing post-diagnostic care and support are already in place across PSEH. FGSEH are re-procuring their Dementia Advisor Service for 2017-19 and Portsmouth have an innovative, Voluntary & Community Sector led consortium delivering services into 2019. Work continues across Primary Care to maintain diagnosis rates against local prevalence.

Key Milestones

By the end of 17/18
- Psychiatric Liaison service extended
- Dementia services continue

By the end of 18/19
– Revised operating specification incorporating the partnership arrangements with social care and a whole pathway recovery model

Outcomes & benefits

- An All Ages Mental Health service is operational, as a result, people will receive more effective integrated care, resulting in reduced time spent in high cost/intensive services and increased rates of independent recovery.
- Improved experience of those admitted to Acute Services with mental health problems
- Reduced stigma associated with mental health care
- People with Dementia are identified & diagnosed by GPs, and go on to access post-diagnosis care and support in their community, enabling them to remain in their usual place of residence for as long as possible.

National Must Do's

We are working locally to deliver the **Mental Health Five Year Forward View**, and will increase baseline spend on mental health to **deliver the Mental Health Investment Standard**. FGSEH have trajectories to **expand capacity** and exceed targets, so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care 2 weeks of referral.

CCGs continue to deliver business as usual services which focus on **dementia diagnosis rates** and **post-diagnostic care and support**.

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
Estimated diagnosis rate for people with dementia	2	4	3
People with 1st episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	2	4	1
Crisis care and liaison mental health services transformation	-	-	-
Dementia care planning and post-diagnostic support	-	-	-

Delivery of STP Programme: Mental Health Alliance

Project Objective - To change the way in which services are delivered within HIOW, ensuring people currently supported in expensive out of area placements are repatriated and supported in services, locally provided, which are much more cost effective and closer to home.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Review & resign of Mental Health Rehabilitation pathway

This programme aims to ensure an effective process to reduce the number of Out Area Placements (OAP) and establish a mental health rehabilitation pathway that has a managed functional network of services across a wide spectrum of care, and the exact components of the care pathway provided determined by local need.

It aims to change the way in which services are delivered within the STP footprint, ensuring people currently supported in expensive out of area placements are repatriated and supported in services, locally provided, which are much more cost effective and closer to home.

FGSEH will work with STP partners to develop and establish a protocol, process and pathway for out of area placements. We will analyse gaps and explore options to pool resources to develop a new, joint and coordinated mental health rehabilitation pathway.

Portsmouth will build on its successful local CQUIN scheme to continue to provide multi disciplinary reviews for people in out of area placements and develop move on plans alongside working in partnership with the LA to develop local housing solutions which meet the needs of people with mental health problems and avoid the need for future placements out of area.

Key Milestones

By the end of 17/18
- Develop protocol & pathway for out of area placements
- Analysis to identify gaps in local provision

By the end of 18/19
- Explore potential to pool resources for joint STP pathway
- Commissioning of services to meet any gaps in need

Outcomes & benefits

- A local recovery based solution replacing high cost out of area residential long term rehab will be in place.
- Patient and families should experience improved outcomes by moving care closer to home.
- Care closer to home brings advantages in relation to family/carer support, more consistent and effective care/case management, improved recovery and links with step down care to support this.

National Must Do's

CCGs are working to **eliminate out of area placements for non-specialist acute care** by 2020/21, to do this, we will **increase access to individual placement support for people with SMI**.

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
Out of area placements for acute mental health inpatient care - transformation	-	-	-
Percentage compliance with a self-assessed list of minimum service expectations for Out of Area Placements, weighted to reflect preparedness for transformation	-	-	-

Delivery of STP Programme: Mental Health Alliance

Project Objectives: To develop HIOW crisis pathways and system response and develop and agree STP wide pathways and protocols and new ways of working to ensure people presenting in mental health crisis have access to timely appropriate care

Portsmouth & South East Hampshire Clinical Commissioning Groups

Review & transformation of Mental Health Crisis Care

Our local review and transformation of Mental Health Crisis Care is informed by the multi-agency **Crisis Concordat** Hampshire & Isle of Wight Group. The concordat action plan developed with the county-wide group is seeking to address a lack of **capacity in S136 provision** (for those detained under section 135 and 136 of the Mental Health Act 1983) alongside improvements in the pathway and ways of working to reduce demand by averting crises from developing, street triage and use of alternatives to S136 where appropriate. The plan aims to deliver a fully considered, costed and consulted on options appraisal by the end of March 2017 with work to bring the new model into operation during summer 2017.

Portsmouth has also developed a community based service to address the gap in support for people experiencing MH crisis who do not meet the threshold for secondary care implementing **a new model for "unplanned care"** by the end of March 2017, offering improved accessibility and responsivity for people experiencing crisis. Portsmouth are piloting the SiM project in partnership with Hampshire Constabulary to target high intensity users with mental health issues.

FGSEH are reviewing the implementation of **psychiatric assessment units** across the country and the possibilities of commissioning a similar service for the local population. Assessment units in other parts of the country have had a positive impact on both patient care and capacity within emergency and inpatient settings.

FGSEH are re-grouping stakeholders to reinvigorate Wellbeing Implementation Networks to provide a local representative forum to focus on delivery of the MHFV.

We are aiming to reduce suicide by 10% through co-ordinated efforts and delivery of the suicide prevention plans. In Fareham, Gosport & South Eastern Hampshire this work is included within their local Crisis Care Concordat Action Plan.

Key Milestones

By the end of 17/18

- Implement and evaluate the impact of the new Pan-Hants s136 model
- Review Psychiatric Assessment Unit model

By the end of 18/19

– Continued involvement in Hampshire Crisis Concordat

- Commissioning and delivery of emergency services

Outcomes & benefits

- People in crisis are able to access Mental Health Services to meet their needs
- Improved patient experience of crisis care services
- No further inappropriate detentions for mental health assessment in police cells
- Multi Agencies are working together to prevent crisis happening through early intervention and prevention
- Fewer people reach crisis
- Reduction in the number of suicides

National Must Do's

Crisis Care plans, alongside the review of acute and community pathways will ensure **delivery of the mental health access and quality standards** including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals. Targeted interventions aim to **reduce suicide rates by 10%** against the 2016/17 baseline.

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
Percentage compliance with a self-assessed list of minimum service expectations for Crisis Care, weighted to reflect preparedness for transformation.	-	-	-
Crisis care and liaison mental health services transformation	-	-	-

STP Enabling Programmes

Programme Objective – the four enabling programmes will create the infrastructure, environment and capabilities to deliver successfully.

The following slides set out the plan across the Portsmouth and South East Hampshire CCGs which will contribute to delivery of the STP.

Plans for this objective are set out across the following project areas:

1. Digital
2. Estates
3. Workforce Development
4. New Commissioning Models
   (Including a focus on CHC, LD & Prescribing)

Total savings opportunities identified

	F&G & SEH	Portsmouth
2017/18 £m	3.8	2.7
2018/19 £m	3.5	2.7

Delivery of STP Programme: 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.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Programme Description

This workstream is designed to:

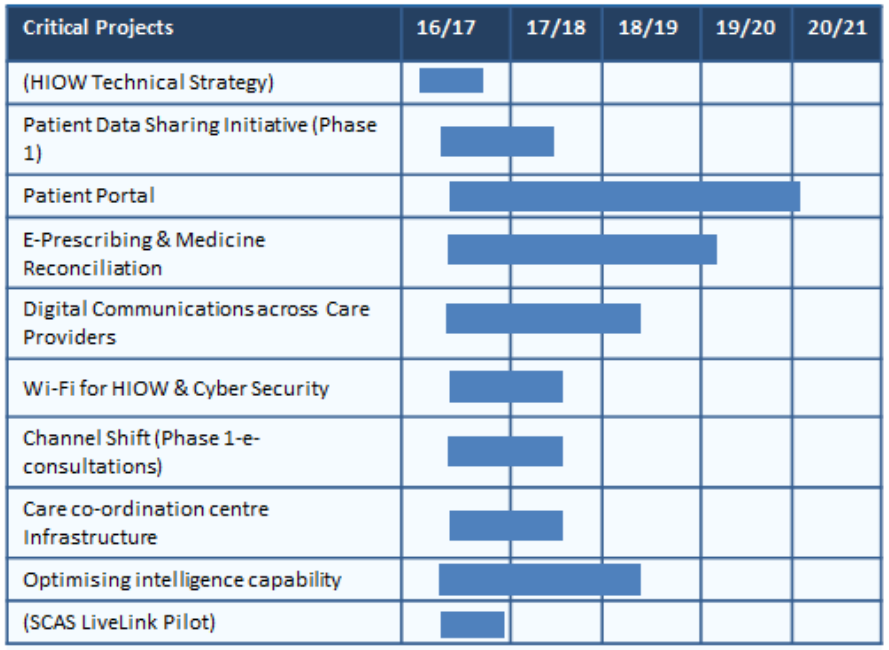
- increase the quality of service provision
- reduce the pressure on care services and
- improve efficiency

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

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

Projects Timescales



Outcomes and benefits to be delivered

By 16/17 –
We will 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.

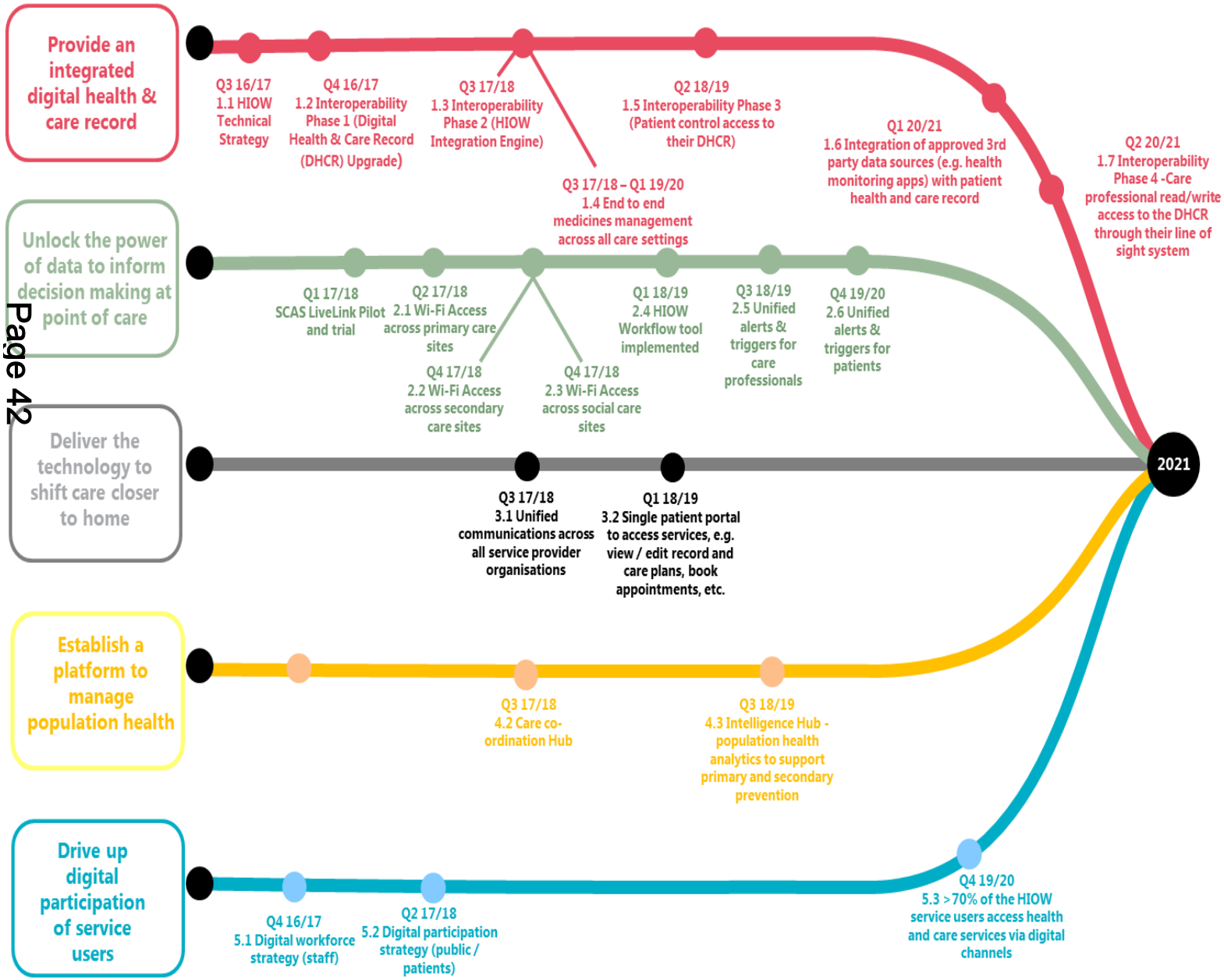
- An integrated care record for all GP registered citizens in Hampshire and IoW
- Flexible IT systems enabling care professionals to work from any location, with access to citizens health and care records
- Citizens able to self manage their health and care plans – eg managing appointments, updating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

National Must Do's (NHS England Universal Capabilities)

A: Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions
B: Clinicians in U&EC settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)
C: Patients can access their GP record
D: GPs can refer electronically to secondary care
E: GPs receive timely electronic discharge summaries from secondary care
F:Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care
G: Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly
H: Professionals across care settings made aware of end-of-life preference information
I: GPs and community pharmacists can utilise electronic prescriptions
J: Patients can book appointments and order repeat prescriptions from their GP practice

Strategic Roadmap

Portsmouth & South East Hampshire Clinical Commissioning Groups



Digital Local Initiatives

Improving the transmission of Electronic Discharge Summaries
This aim of this project is to bring timely and conformity to all Electronic Discharge Summaries implementing agreed headings in line with NHS England directive and looking to improve across all Providers

Improve Utilisation of E Referrals
The CCGs have established an e-Referral Project group, the aim is to develop, promote and support our GP Practice members in the usage of the e-Referral system with an aim to increase activity across the CCGs.

Summary Care Record (SCR) 2 Viewing / Enhanced records
The first part of this project is to evaluate the additional functionality with pilot practices. If successful a roll out plan will be developed.

Improve uptake of GP Online Services (Portsmouth)
Roll out iPlato to member practices, this will allow patients to access a smartphone application called MyGP, it allows patients to remotely book and cancel GP appointments through an app on their mobile phone. It can also register patients remotely, including asking basic health questions such as whether they are smokers, and automatically send that information back to their GP. The app also has non-transmitting functionality for medication alerts, blood pressure monitoring and weight management, and a secure messaging service.

National Must Do's

Our digital initiatives will ensure we and **achieve 100% of use of e-referrals** by no later than April 2018 in line with the 2017/18 CQUIN and payment changes and deliver the **NHS England Universal Capabilities** described on page 29.

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
Local digital roadmap in place	-	-	-
Use of EPS2 (Electronic Prescription Service release 2)	-	-	-
Use of NHS e-referral system (eRS)	-	-	-
Accessing GP summary information across Ambulance, 111 and A&E	-	-	-
At discharge, % of care summaries shared electronically with GPs	-	-	-

Information Governance

The CCG use the Privacy Impact Assessment process to review the data security considerations as part of new system implementations or changes to existing ones. The IG toolkit compliance of all Providers, including GP Practices is checked following the publication of the latest toolkit versions and periodically from then to ensure compliance is achieved. The NHS South, Central and West Commissioning Support Unit, under contract to the CCGs, is responsible for ensuring that the IT network is safe and secure, that assurance plans are in place and that Providers wishing to share patient confidential data can meet the strict protocols the NHS uses. This would be done as part of the PIA process, through the tendering process e.g. at ITT or PQQ stage or through the GPSOC process. N3 connectivity is endorsed by the CCG. The CCG can evidence that they ensure data and network security is compliant through the evidence they collect and publish for their own HSCIC IG toolkits. The CSU provides this information. Providers are required to report breaches of the Data Protection Act 98 within their own organisation to the CCG where they are funding that patient's care. The incidents will be reviewed with IG Leads and also as part of the CQRM SIRI follow up process involving Quality and Commissioning Teams. The CCG use a quality monitoring system called QUASAR to collect feedback from GP's about breaches of the Data Protection Act within their own Practice and also from providers. We will also ensure that data protection practices are adequate and information is handled in the correct and most appropriate way.

Delivery of STP Programme: 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 Portsmouth & South East Hampshire,

Portsmouth & South East Hampshire Clinical Commissioning Groups

The CCGs are part of a core group of HIOW estates leads supporting all STP work streams and the local estates forums. Key areas of focus are:

- Reduce demand (improving system planning and co-ordination, shared information and expertise to reduce the volume of assets)
- Increase utilisation (of key strategic sites and ensure these are managed more flexibly and more intensively to enable delivery of new care models)
- Increase flexible working (utilise technologies and mobile working in order to use existing space more effectively and reduce overall need for estate)
- Reducing operating costs (through reduced energy costs, facilities management costs and improved procurement methods)
- One public estate and shared service (through use of shared accommodation for integrated service delivery, back office and administrative functions)
- STP estates transformation. (provide estates guidance, expertise and solutions which respond to the requirements of the core transformation work streams)

Plans that specifically relate to the local area are summarised in the table below.

Area	Portsmouth	SE Hants	F&G
Reducing demand	• St James/St Marys reconfiguration final business case due Nov 16; • Primary Care estate 6 facet survey completed and under review	• Developing primary care at scale and working up plans for primary care hubs as described in the STP models, with planned hubs in Havant/ Leigh Park, Petersfield, Bordon	• Developing primary care at scale and working up plans for primary care hubs as described in the STP models, with planned hubs in Fareham centre, Fareham West and Gosport
Increased Utilisation	• Solent programme ongoing with a view to further disposals or reconfiguration opportunities; • Cotswold House (GP premises) to provide fit for purpose accommodation	• Plans being developed to relocate Emsworth Surgery into modern fit for purpose facilities.	• Working with Community Health Partnerships (CHP) and the DH to develop new ways of charging for space usage at Fareham Hospital; pilot due to start in April 2017.
Flexible working	• As part of Solent programme they have incorporated flexible working policy;	• Flexible usage of space being introduced into CHP properties to increase utilisation	• Flexible usage of space being introduced into CHP properties to increase utilisation
Operating Cost reduction	• All providers fully engaged with Carter review/ ERIC return comparisons and the AHSN programme; • Local Estates Forum review void space in NHS Property Service accommodation and review lease opportunities;	• All providers fully engaged with Carter review/ ERIC (Estates Return Information Collection) return comparisons and the AHSN programme; • Local Estates Strategy Group reviews void space in NHS accommodation and reviews lease opportunities;	
One Public Estate	• Local Estates Forum includes Portsmouth City Council; • Portsmouth North primary care hub under consideration	• Local Councils are active members of the Estate Strategy group. • Deep dive review of facilities in Leigh Park and Havant underway. • Developing plans for Whitehill and Bordon as part of Healthy New Towns national initiative.	• Local Councils are active members of the Estate Strategy group.
STP transformation	• Local representation on the Estates Enabling Group; • Local Estates Forum established & meeting regularly; • ETTF successful bids to be taken forward. Other bids will now be reviewed in light of New Models of Care and 5 Year Forward View targets.	• ETTF successful bids to be taken forward. Other bids will now be reviewed in light of New Models of Care and 5 Year Forward View targets.	

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
Local strategic estates plan in place	1	1	1

Delivery of STP Programme: Workforce Development - Portsmouth

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

Portsmouth & South East Hampshire Clinical Commissioning Groups

- We will develop a Workforce Strategy for Health and Social Care Providers in Portsmouth to deliver;
  - Values-based Recruitment (VBR)
  - Leadership development
  - Apprenticeships
  - New ways of working
  - Completion of NMDS-SC (National Minimum Data Set – Social Care)
  - Career pathways
  - Improved recruitment & retention
  - Improved workforce development
  - Increased staff engagement
- Our Workforce Development Plan supports the Portsmouth BCF plans for integrated teams; supporting Phase II of the Adults co-location and Integration. Ensuring staff are equipped for the move to single assessments & more generic support roles, freeing up specialist capacity. We will develop professional leadership models, fit for purpose in a fully integrated system.
- Staff development to support the implementation of personal health budgets and changes to Care & Support Planning within the IPC programme.
- Health and Social Care workforce development teams will work closely together to map provision, identify duplication & opportunities for co-delivery.
- Working with the SE ADASS Workforce Working Group implement the Action Plan in Portsmouth, which includes;
  - Roll out of VBR across the South East
  - Memorandum of Co-operation for employment of agency social workers and Occupational Therapists in Adult Social Care (Replicating the work already undertaken in Children's Services).
  - Sharing of best practice examples and updating of SE ADASS website with case studies and tools

We are shifting our focus so that when we are commissioning services, we focus on commissioning the workforce, as well as the outcomes.

In Primary Care, we will ensure

- HCA development - Enable 15 HCAs in the city to access formal accredited training. Establish action learning sets and mentor guidelines to support the ongoing, quality driven, programme of learning.
- Nurse support / student nurse mentorship - The commissioning of a primary care outreach nursing service to provide more proactive and preventative care to patients in their own homes, especially those who do not meet the community nursing criteria. Workshops and work programme to explore the roles of practice, outreach and community nurses and considering how to organise the workforce to best effect
- Recruitment / retention - Utilising local opportunities for advertising (e.g. AVS website) to reduce costs. Developing a range of promotional activities to attract GPs and nurses into the city. Putting in place portfolio career opportunities for GPs and nurses. Developing clinical leaders through national and local training programmes.

Key Milestones

By the end of 17/18

- workforce strategy and plan developed, begin to implement
- Workforce development underway to support integrated community services

By the end of 18/19

– Completion of NMDS-SC for all contracted providers

- New professional leadership models in place across integrated community services

Outcomes & benefits

We will have better understanding of what the workforce in the city looks like, in terms of a range of characteristics, including age. We will be able to succession plan for future staffing needs based on this.

We will develop a workforce that matches the differing types of delivery our future model requires. Staff development will ensure the success of Integrated Teams and management structures to support the new models.

Staff will be better able to support individuals in their person centred care and support planning and to access personal (health & social care) budgets.

Better co-operation between local authorities around workforce development initiatives and sharing of innovative practice.

We will have a better equipped workforce to deliver agreed outcomes.

Improved recruitment and retention as commissioned services will clearly show the skills, knowledge and values required to deliver the service.

Increased retention of staff and increased staff engagement scores. Focus on staff engagement, involvement, increased staff satisfaction and motivation leading to better quality of service delivery linked with Friends & Family test.

National Must Do's

The plans detailed on this page contribute to the CCGs overall plans to **improve quality in organisation** by measuring, developing and improving efficient use of staffing resources to ensure safe, sustainable & productive services.

Improvement & Assessment Framework

Improved performance against current performance (RAG rated quartile)	P	FG	SEH
Staff engagement index	1	1	1
Progress against Workforce Race Equality Standard	1	1	3

Delivery of STP Programme: Workforce Development - FGSEH

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

Portsmouth & South East Hampshire Clinical Commissioning Groups

Project Detail

- Implement Making Every Contact Count (MECC) education and development across Community Education Provider Networks (CEPNs)
- Increased awareness and education and development of workforce in using 'patient activation measures' (PAM)
- Development of CEPNs within NHS Fareham & Gosport, Portsmouth and South Eastern Hampshire Clinical Commissioning Groups and more widely across Wessex
- Development of the non-medical primary care workforce across NHS Fareham & Gosport, Portsmouth and South Eastern Hampshire Clinical Commissioning Groups and more widely across Wessex
- Increase of non-medical students and trainees in primary care settings across NHS Fareham & Gosport, Portsmouth and South Eastern Hampshire Clinical Commissioning Groups and more widely across Wessex
- Development of new roles in the non-medical primary care workforce
- Engagement with MCP localities to maintain reassurance that robust workforce development is ongoing within Vanguard sites
- Engagement and collaboration with STP workforce group

Key Milestones

By the end of 17/18

- Implement Making Every Contact Count
- Development of CEPNs
- Engagement with MCP localities to ensure robust workforce development is ongoing within Vanguard sites
- Engagement and collaboration with STP workforce group

By the end of 18/19

- Increased awareness and education and development of workforce in using 'patient activation measures
- Development of the non-medical primary care workforce

Outcomes & benefits

- Multi-system workforce report feeling competent and confident in the concept of MECC
- Prevention and behaviour change services are underpinned by MECC and embedded across multi-system providers
- Using PAM health and social care workforce will be able to accurately target interventions improving efficient use of resources
- Non-medical workforce in primary care will be working at the top of their capability making the most efficient use of their skills/experience
- Increasing non-medical students and trainees in primary care settings will influence sustainable development of the primary care workforce
- A flexible workforce shared across geographical and organisational boundaries, working in new ways with extended skills to deliver the core STP programmes
- A HIOW education and development passport to improve efficient use of education and development time
- Improved use of technology to deliver education and develop will increase efficient use of educational time

Improvement & Assessment Framework

Improved performance against current performance (RAG rated by quartile)	P	FG	SEH
Staff engagement index	1	1	1
Progress against Workforce Race Equality Standard	1	1	3

National Must Do's Improvement & Assessment Framework

The plans detailed on this page contribute to the CCGs overall plans to **improve quality in organisation** by measuring, developing and improving efficient use of staffing resources to ensure safe, sustainable and productive services.

Delivery of STP Programme: New Commissioning Models – Transformation FGSEH

Project Objective: To align commissioning intentions and planning for the future form and function of commissioning as we develop new care models and contracting approaches, building on previous existing collaboration within the system.

Portsmouth & South East Hampshire Clinical Commissioning Groups

The Approach in Fareham, Gosport & South Eastern Hampshire

Most CCGs have a number of challenges in common. Demand for healthcare is growing as the number of people with complex conditions rises. The money and the workforce available to meet that demand are limited and will continue to be so for the foreseeable future. As a result our health and care system is under server pressure.

CCGs also share a common vision to address these challenges – extending prevention and self-care, developing integrated out of hospital care, managing demand, driving productivity improvements.

As are result across Portsmouth and South East Hampshire and indeed the STP footprint, new models of care are being introduced which change the way services are provided and through MCP & PACS models, change the way organisations work together to deliver and take accountability for population health and service delivery.

We envisage an endpoint where a series of place based accountable care organisations – a mix of MCPs, PACs and variants of them – have been established. A new strategic commissioning model will be needed, determining the desired outcomes for populations and contracting with these accountable care organisations/systems for the delivery of those outcomes. Changes we therefore make within our organisations or indeed the place based system of Portsmouth and South East Hampshire need to be consistent with the direction of travel.

All CCGs operate in multiple layers and systems -working with member practices and with partners within our CCG boundaries, and often working across a number of CCGs in order to tackle issues more effectively.

The Sustainability and Transformation Planning process has reinforced the need to plan service provision at a number of different tiers:

- for individuals and families;
- for natural communities of care;
- for Health and Wellbeing areas;
- for acute catchment populations;
- at strategic Health and Care system level and, in some cases
- at regional and national level.

The figure to the right, developed in the STP process, identified six footprints or tiers at which planning takes place. It is important that we retain our ability to work at a local level, whilst strengthening our ability to work at scale, at a number of different levels and in multiple systems. Maintaining focus on our collective priority of the current operational delivery is also key.

Delivery of STP Programme: New Commissioning Models – Transformation Portsmouth

Project Objective: To align commissioning intentions and planning for the future form and function of commissioning as we develop new care models and contracting approaches, building on previous existing collaboration within the system.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Context

The Health & Care Portsmouth (HCP) programme aims to deliver on seven significant commitments shared across the key NHS and City Council partners who plan, commission and deliver health and care services for people in the city.

Commitment 4 specifically relates to how partners with a statutory responsibility for resource allocation for health and care will bring together their capacity to do so in order to reduce duplication.

Commitment 4:

"establish a new constitutional way of working to enable statutory functions of public bodies in the city to act as one. This would include establishing a single commissioning function at the level of the current Health and Wellbeing Board with delegated authority for the totality of health (NHS) and social care budgets"

The HCP is delivering within a wider NHS and Local Government context. HCP represents the Portsmouth level of planning and delivery within the developing Hampshire and Isle of Wight Sustainability & Transformation Plan (STP).

Of particular relevance for HCP is the NHS intent to form new models of care, which may result in different organisational arrangements or form within the next 2 years as local NHS partners work to establish Accountable Care Systems which bring together primary, community and acute NHS care.

The Approach in Portsmouth

Discussions via the Portsmouth Health and Care Executive (PHCE) – the partnership board overseeing delivery of the HCP - identified two shared concerns related to delivery of Commitment 4:

I. Governance: specifically how best to make joint decisions about health & care resource allocation within existing formally constituted governance arrangements and;

II. the future role of the long-established Integrated Commissioning Service (CCG and PCC) within the changing environment of new models of care

The CCG and the City Council have agreed two actions that will further progress strategic commissioning for the City within the context of emerging accountable care systems and the wider STP work programmes:

1. Form a Joint Committee with a specific remit to interpret and refine the broad strategy agreed by the Health and Well-being Board to better understand current/future health & care resources available to the City, debate and agree priorities for allocation and co-ordinate common decisions through individual organisations' existing governance. The Joint Committee will have a key role within the wider NHS STP planning framework, acting as the key planning forum for Portsmouth.
2. Refocus the Integrated Commissioning Service to become the HCP delivery unit, incorporating responsibilities for analytics of population health & care and stratification of demand, leading large scale service change that crosses current organisational boundaries and acting as the business support for the Joint Commissioning Committee. The HCP delivery unit would also operate outside Portsmouth City boundaries where there is a clear requirement to enable health & care services that are utilised by Portsmouth residents but which may need to be delivered on a larger geography in order to be sustainable and to consistently deliver good outcomes (eg acute specialist networks, mental health inpatient services, children's specialist services, large scale prevention programmes). In particular the HCP Delivery Unit would actively lead and/or support delivery of cross-partner plans such as the Hampshire & Isle of Wight Sustainability & Transformation Plan (STP) and/or any plans for health & care reform agreed amongst Local Authorities.

Delivery of STP Programme: New Commissioning Models

Project Objective: To share learning and where appropriate develop a system wide approach for CHC which ensures the delivery of financial savings whilst maintaining the quality of care and compliance with the national framework.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Project Detail - Continuing Health Care

The STP plans to share learning and where appropriate develop a system wide approach for CHC which ensures the delivery of financial savings whilst maintaining the quality of care and compliance with the national framework. PSEH CCGS will partake in the STP wide CHC Project Group, leading work streams and meeting throughout the 5 year period. Work is already underway to scope plans already in place in each CCG to manage CHC, and share learning (PSEH). We will also take part in the Learning Disabilities specific work stream linked to Transforming Care, covering complex housing and high cost placements.

In addition, a number of local projects are being delivered:

Continuing Healthcare

In conjunction with the Local Authorities, the CCGs will ensure providers are clear with regard to their responsibilities under **Funding Nursing Care**, and that this information is passed on to patients and their families in a clear, transparent way. The **Discharge to Assess** pathway (see page 19), seeks to ensure CHC assessments take place in the most appropriate setting for the patient, without delaying discharge from hospital. (P & FGSEH)

Work is well underway in FGSEH to **clear backlog assessments**, and provide speedier assessments. Portsmouth have identified a number of market gaps which will be reviewed: **End of Life Care** within the community – ensuring domiciliary care provision meets the specific level of need presented; **Respite** – the absence of bookable respite provision in the city, especially for young people; and **Activity input to CHC beds** - to improve patient outcomes as they progress towards assessment. We will also look to implement best practice from standard operating procedures in place elsewhere for managing individually difficult cases in the community.

Portsmouth are progressing work on **Cost Modelling** to baseline costs, in a similar approach to ASC. This will provide a more transparent approach with providers, help the CCG with financial planning & controlling of costs, and support market management. This work will build on the Review of NHS Funded Nursing Care Rate in England.

Children's Continuing HealthCare

Portsmouth are 100% compliant with the DoH's Implementing Children's Continuing Care Framework, which was updated in April 2016. All the principles of the framework have been adopted and implemented locally.

Learning Disabilities

The LD Transforming Care Partnership is being led across the SHIP region, and is covered in more detail on the next page.

In Portsmouth, a Learning Disability Service Review will be undertaken, with a particular focus on the intensive outreach service, resulting from changes in the needs of service users referred.

Key Milestones

By the end of 17/18
- Scoping of CCG plans completed and STP plans developed
- Clarity around FNC responsibilities
- LD Service Review complete (P)

By the end of 18/19
- –STP wide plans implemented
- Resources diverted to most appropriate LD service delivery mechanisms

Outcomes & benefits

- A more consistent approach to CHC for patients across our geography
- Better experience of services as shared learning improves standards
- Patients and their families will have a clearer understanding around Funded Nursing Care
- Future assessments will be delivered faster once the FGSEH backlog has been cleared
- Improved experience of end of life care received in the community
- More people with CHC needs are cared for in the community
- Ensuring LD Service is effective and efficient in meeting people's needs.

National Must Do's

The CCGs will work with the STP CHC project group to **improve CHC processes** to provide speedier assessments for patients and to implement emerging best practice. We will also mainstream delivery model for NHS Continuing Care and continuing care for children.

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SE H
People eligible for standard NHS Continuing Healthcare per 50,000 population	1	3	3

Delivery of STP Programme: New Commissioning Models

Project Objective: To share learning and where appropriate develop a system wide approach for CHC which ensures the delivery of financial savings whilst maintaining the quality of care and compliance with the national framework.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Project Detail - Transforming Care for People with Learning Disabilities

Our Transforming Care programme will be co-produced across Southampton, Hampshire, the Isle of Wight and Portsmouth. The main plans are being developed with people with lived experience of Learning Disabilities and covers:

- **Developing Community Services**

Transforming Care is ensuring an increased offer and uptake of LD annual health checks, and making sure a LD Hospital Liaison function is available in all acute trusts within the SHIP area. Work in 2017/18 focusses on extending Community Teams opening times for Children, Young People and Adults into the evenings and weekend as well as extending the scope of the Intensive Support Service aged 14 years. In 2018/19 we will map the existing pathway for people with a learning disability and/or autism aged 65+.

- **Developing the Workforce**

Work to date has centred on understanding workforce development needs and delivering a programme to ensure that all staff are equipped & available to work effectively. Going into 17-19 this will look to future providers of service enabling competency specific service commissioning and delivery and providing specialist contribution to the development of service models.

- **Early Intervention & Prevention**

The programme has ensured the introduction of Care & Treatment Reviews (CTRs) and started work embedding the Blue Light Toolkit across health and social care teams. We are currently developing an area view on current causes of admission and potential prevention strategies, and exploring use of a dynamic register of people 'at risk' of a hospital admission or a move to long term institutional type care, so that these can be prevented.

- **A Regional Approach to Housing Development**

The programme is scoping the development of a common application/bidding process for local authority housing with reasonable adjustments, and will progress plans around housing throughout 2017-19 based on the outcomes of this work. Locally, Portsmouth has progressed a number of areas of work, including a high proportion of supported living schemes which FG&SEH will look to replicate.

- **Increasing the offer of Personal Health Budgets**

We are commencing conversations with providers across the SHIP area around decommissioning elements of block contracts e.g. therapies, SALT etc., to release funding to offer Personal Budgets to more people with a Learning Disability who are not CHC eligible. Portsmouth has made progress under IPC & will continue to expand the PHB offer.

Organisations are also making specific commitments to improved integration where it produces better outcomes for service users and organisations.

Key Milestones

By the end of 17/18
- Enhanced Community Services
- Reduced number of people in inpatient beds

By the end of 18/19
- Pathway of services for all ages mapped
- Increased uptake of PHBs

Outcomes & benefits

- Improved quality of life & quality of care
- More people will be supported in the local community
- People will be able to access services in evenings and weekends
- Reduced number of secure inpatient beds commissioned by CCGs and NHSE, and reduced length of stays
- The number of people with a 'Personal Budget' will increase
- Existing Community Learning Disability Health and Social Care Teams reconfigured to support Early Intervention and Prevention of people with investment aligned to support the function

National Must Do's

The CCGs will **deliver Transforming Care Partnership plans** with local government partners, enhancing community provision for people with learning disabilities and/or autism, **reduce inpatient bed capacity**, **improve access to healthcare** for people with LD & **reduce premature mortality** by improving access to health services. It also aims to increase the number of people with **Personal Health Budgets**.

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
People with a learning disability and/or autism receiving specialist inpatient care per million population	1	1	1
Proportion of people with a learning disability on the GP register receiving an annual health check	4	4	4

Delivery of STP Programme: New Commissioning Models

Project Objective: To identify and implement improvements in prescribing, procurement and the use of medicines in all sectors across the STP so as to improve patient outcomes, safety and value.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Project Detail - Prescribing

We have local plans in place to support each STP priority area:

Transfer of care initiatives to refer patients to community pharmacy following an in-patient stay:

An existing small scale service within Portsmouth is being reviewed and wider engagement with stakeholders is underway. It is expected to look at extending this to a wider cohort of patients in line with the previous work undertaken in Newcastle and on the Isle of Wight.	FGSEH will improve the transfer of care between providers to reduce medication errors by utilising medicines reconciliation. In primary care, medicines reconciliation will be carried out for all people who have been discharged from hospital or other care setting and in secondary care processes will ensure accurate & timely provision of medication information.

Pharmacy support for multidisciplinary medication review of patients living in a care home environment:

Portsmouth currently provides a medication review service to patients in Care Homes provided by a pharmacist with technician support. This is under review with wider engagement to identify the total provision to care homes with the aim of describing a MDT service.	FGSEH will improve Medicines Optimisation in Care Homes by establishing a medicines optimisation support service as a 1 year initial pilot, and evaluating outcomes with view to continuing the service.

Wholesale adoption of Repeat Dispensing :

All practices now have EPS enabled and are engaged via the primary care CQUIN to increase the use of EPS and eRD. Funding has been obtained to further enhance uptake of EPS and especially eRD. Engagement with West Hampshire CCG to learn from their work with the AHSN & BSA is currently taking place.	Working with NHS Digital, CSU and Community Pharmacies and GP practices, FGSEH will improve uptake of EPS/Repeat Dispensing and optimise repeat prescribing processes. This will be achieved by rolling out to all GP practices learning from the 2 pilots undertaken in 1617.

Review the current system for the supply of prescribable continence and stoma products to reduce spend, improve patient experience and reduce GP workload:

The SEH CCG pilot of this service has recently gone live and close monitoring of the service is needed before further adoption. Benchmarking of the continence spend shows Portsmouth spend in this area is less of a concern than in SEH and F&G .	Centralised continence prescribing has already commenced in FGSEH and Centralised Stoma Prescribing is planned for 17/18 via a joint continence and stoma prescription ordering service

Across the 3 CCGs we will implement the following:

Benchmarking of PbR excluded high cost medicines across providers including maximising the use of biosimilars:
Work is underway engaging with acute trusts to understand the current performance locally in the uptake of biosimilars.

Implementation of the Hampshire infant feeding guidelines and appropriate prescribing of specialist infant formulae:
The infant feeding guidelines have been recommended for adoption by the APC and GP prescribing leads have been provided with an update on these as part of the GP prescribing evening. Engagement with the dietetic service within QAH is ongoing and spend in this area is already declining indicating increased compliance with the guidelines.

Review of current take up of primary care rebates and evaluation of an STP wide process for evaluation and claiming rebates:
Review of all PrescQIPP reviewed rebates to identify any missing opportunity for non-contentious rebate schemes is nearly complete. Any additional rebates will be considered for adoption in December.

Prescribing Optimisation:
Achieve cost-effective prescribing through peer comparison, brand switching and dose optimisation. Promoting self care with patients.

National Must Do's

Action plans with practices are also in place to ensure the CCGs deliver the National Must Do's regarding **anti-microbial resistance**: appropriate prescribing of antibiotics & broad spectrum antibiotics in primary care.

Finance, Activity & Performance

The following slides set out the financial, activity and contractual basis for plans across the Portsmouth and South East Hampshire CCGs.

Plans are set out across the following areas:

1. RightCare
2. Finance Narratives
3. Financial Summary
4. Activity Summary

Total QIPP savings to be made

	F&G & SEH	Portsmouth
2017/18 £m	24.2	9.2
2018/19 £m	28.6	10.7

Analysis of the RightCare Commissioning for Value and Focus Packs have informed the following interventions.

Portsmouth & South East Hampshire Clinical Commissioning Groups

We intend to undertake further work to address improvement opportunities for Gastroenterology; however, due to the late release of the Gastro focus packs, further data analysis is required to confirm the interventions.

Respiratory

Analysis from the RightCare Respiratory focus packs identified the non-elective spend as an area of opportunity for the CCGs. Additional areas of opportunity highlighted from the packs include the reported to estimated prevalence and management of patients with COPD. The CCG is reviewing the respiratory pathways across the system, with an initial focus on COPD.

The CCGs are undertaking the following interventions to address the findings:

1) There are schemes in place to increase COPD case-finding within Primary Care. Although this may result in an increase in elective activity, the appropriate management in primary care and the community will reduce the non-elective spend and improve patient experience.

2) A review of the community respiratory services is underway; the three CCGs are seeking a new service model which targets specific opportunity areas, including the prevention of COPD admissions. The service is made aware of all COPD admissions into the local acute hospital, ensuring a fortnightly follow up is in place to improve self-management of the condition and reduce the risk of readmissions.

3) The community respiratory team are providing an in-reach service at the local acute hospital to support early discharges. The team are reviewing patient admissions on a daily basis to support the assessment and appropriate discharge of patients into the community. This will result in a reduction of excess bed day payments relating to respiratory admissions and ensure patients are receiving the appropriate care in the appropriate setting.

Neurological

Analysis from the RightCare Neurology focus packs identified the CCGs as outliers in relation to the non-elective spend on admissions with a primary diagnosis of Tendency to Fall. Further analysis confirmed a significant majority of the spend related to the population aged over 75.

The CCGs are undertaking the following interventions to address the findings:

1) The CCGs have been working with providers to redesign the falls pathway across the system. It has been recognised that a more integrated approach to falls across primary, community and secondary care services would provide more effective delivery of prevention of falls and fractures. The pathway redesign is expected to provide a variety of outcomes including a reduction in falls non-elective admissions in those aged 65 years and over.

2) The CCGs are working with local providers to co-design and implement the Frail Older Person Pathway. At the core of the pathway is the system frailty assessment, case finding, care planning, home care delivery & MDT review process which forms the core of the pathway over time capturing all older people that present in a health or social care setting with frailty is the foundation for improving locally based frailty care. The pathway has been designed showing the interface between maintaining independence/illness prevention and acute treatment, seeking early alternatives to hospitalisation when the older persons' health state appears to be deteriorating. The implementation of the pathway is expected to provide benefits including reduced conveyances, admissions and bed days.

3) Additional analysis into admissions with a primary diagnosis of Tendency to Fall identified Dementia as a frequent secondary diagnosis recorded against patients. A dementia pathway review is underway to increase the identification of Dementia and confirm if primary care is potentially better placed to meet the patients' needs in a more local setting, with appropriate support and escalation available should it be required.

Circulation

Analysis from the RightCare Cardiovascular focus packs identified the CCGs as outliers in relation to the non-elective spend on admissions with a primary diagnosis of Cerebral Infarction. As a result, the CCGs have increased the focus on the review into the stroke pathway across the system. Additional areas of opportunity highlighted by the packs include the proportion of patients with a diagnosis of Atrial Fibrillation (AF) receiving anticoagulation therapy and patients receiving 6 month stroke reviews.

The CCGs are undertaking the following interventions to address the findings:

1) The identification and management of AF plays a significant role in the prevention of Stroke and TIA. Commissioners are working closely with all areas across the system to improve the prevention, diagnosis and management of AF, ensuring that appropriate anticoagulation therapy is provided where necessary.

2) A review of patient access to stroke services is underway, including a redesign of the Deep Vein Thrombosis (DVT) ambulatory care pathway to increase the prevention of outpatient or inpatient activity relating to DVT.

3) A new community 6 month stroke review service has been commissioned to improve the recovery and rehabilitation of patients following an admission to hospital following a stroke, with the anticipated outcomes including a reduction in readmissions, reduced dependency on social services and improved health & wellbeing.

Musculoskeletal

The CCGs are undertaking the following MSK interventions:

1) The CCG clinical leads have led on new pathways with a focus on demand management, reducing variation and unwarranted referrals. The objective of which will be to ensure that there is limited growth in activity across the financial year rather than a reduction in current levels. Recognising that growth in specific clinical areas like Rheumatology is predicted nationally. All pathways will be developed in conjunction with both primary and secondary care clinicians and will incorporate shared decision making theories utilising any relevant tools that are currently available.

2) Commissioners have worked with the Trust to review the policy for long term surveillance of asymptomatic patients following routine hip and knee replacement surgery. As result of the existing long term follow up arrangements within secondary care were discontinued for all routine asymptomatic patients and post-op follow ups were changed from consultant led to physio led. Commissioners are working with the Trust to agree a local price for this change.

3) Following public health evidence reviews around access criteria for elective surgery commissioners plan to review and establish the acceptance criteria for various elective surgical procedures to ensure they reflect recommendations highlighted in the evidence reviews. As result of this piece of work a number of MSK procedures have been identified as procedures of lower clinical priority and access has been restricted based on evidence reviews of clinical and cost effectiveness. These procedures have been written into the IFR policy and will require prior approval before being carried out by providers.

Finance
Fareham & Gosport and South East Hampshire CCGs Narrative

Portsmouth & South East Hampshire Clinical Commissioning Groups

The CCG has developed its two year 2017–2019 Financial Plans in line with the NHS Operational Planning and Contracting Guidance together with the allocations as notified on 21st October 2016.

Financial stability within our local health system is a key requirement for 17/18 onwards, both in terms of the STP and the local South Eastern Hampshire CCG plan. South Eastern Hampshire (SEH) CCG has had a challenging financial position and is forecasting a break even in 16/17. Fareham & Gosport (F&G) CCG has experienced increasing cost pressures in 16/17 and is forecasting deficit of £7.1m at year end. Throughout 16/17, the CCG has worked closely with the neighbouring CCGs and the local providers to look, to a more outcome-based contracting model. This is seen as a way of improving pathways and outcomes, whilst generating efficiencies and is being implemented via the introduction of a local CQUIN to encourage engagement by key partners, and working across primary care and social services. South Eastern Hampshire CCG has a QIPP target of £11.3m in 17/18 and £11.6m in 18/19. Fareham & Gosport CCG has a QIPP target of £12.9m in 17/18 and £17m in 18/19.

The CCG is currently working on the detailed QIPP plans for 17/18 and 18/19, these are based on the wider STP savings identified and on local schemes, using the information available from the Right Care Value pack and the introduction of the New Care Models.

The CCG has set aside investment, both in line with NHS England business rules (1% non-recurrent), and a further £1m in reserves in both 17/18 and 18/19 for Mental Health services.

Risks within the planning footprint are predominantly around the pace of change required to deliver the transformation needed to bring about sustained financial stability across our key partners.

Further work is required during the remainder of the planning period to ensure plans to delivery QIPP and CIP are detailed and robust enough to bring about the necessary change.

Key Assumptions each year include:

- Delivering in-year surplus of £1m in 17/18 and £1.7m in 18/19 (SEH)
- Delivering a £0 breakeven position in 17/18 and a surplus of £4.1m in 18/19 (F&G)
- 1% non-recurrent spend;
    - 0.5% uncommitted and held as a risk reserve;
    - 0.5% to support transformation and change in line with the STP (e.g. £3 per head for Primary Care Transformation);
- 0.5% contingency set aside to manage in-year pressures and risks;
- expenditure on activity growth continues at HIOW average levels;
- provider tariff inflation uplift of 2.1%
- provider efficiency deflator of 2%;
- CNST Premium of 0.7%;
- investment reserves set aside to support the delivery of must do national priorities, transformation and change to deliver STP and QIPP plans;
- CQUIN of 2.5% (0.5% of the local CCG CQUIN scheme held in reserve – release subject to delivery of provider/system control totals);
- running costs remain within allocated levels each year;
- QIPP of 3.9% of Revenue Resource in 17/18 and 18/19 (SEH)
- QIPP of 4.8% of revenue resource limit in 17/18 and 6.3% in 18/19 (F&G).

Financial Summary - FG&SEH

Portsmouth & South East Hampshire Clinical Commissioning Groups

Financial Bridge – where the growth has gone FY2017/18

	South Eastern Hampshire £m	Fareham & Gosport £m	Total £m
Recurring Allocation 16/17	285.1	262.6	547.7
Allocation 17/18	291.8	269.1	560.9
Underlying position	2.7	-2.3	0.4
Growth Received	7.0	6.5	13.5
Normalisation	2.0	0.5	2.5
FY effect of QIPP from 16/17	1.3	1.7	3.0
Reserve provisions	-3.3	-2.8	-6.1
Activity Growth	-5.3	-5.3	-10.6
Inflation	-10.4	-9.8	-20.3
Efficiency	4.9	4.6	9.5
Contingency	-1.5	-1.3	-2.8
1% Risk reserve	-2.9	-2.6	-5.5
Other	-4.1	-1.3	-5.4
QIPP	11.3	12.9	24.2
Planned in year surplus/ (deficit)	**1.0**	**0.0**	**1.0**

QIPP Programme 2016/17 to 2018/19

	2016/17 FOT £'000	2017/18 Indicative £'000	2018/19 Indicative £'000
Prescribing	1,696	1,765	1,650
CHC	2,716	2,050	1,900
New Models of Care	4,415	3,175	4,580
Rightcare (Elective)	2,082	6,674	5,171
MH Alliance	1,345	714	1,140
Effective Flow and Discharge	4,895	2,243	2,020
Prevention	1,218	1,820	1,820
System infrastructure (Running Costs)	500	520	520
Estates	400	20	20
Unidentified	1,432	5,193	9,814
TOTAL QIPP	**20,700**	**24,173**	**28,635**

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
Financial Plan	1	3	3
Sustainability; In-year financial performance	-	-	-

Finance
Portsmouth CCG Narrative

Portsmouth & South East Hampshire Clinical Commissioning Groups

The CCG has developed its two year 2017 – 2019 Financial Plans in line with the NHS Operational Planning and Contracting Guidance together with the allocations as notified on 21st October 2016.

Financial stability within our local health system is a key requirement for 17/18 onwards, both in terms of the STP and our local Portsmouth Health and Care plan. Whilst the CCG has a sound financial history, the health and care system locally is seeing increasing financial challenges. Throughout 16/17, the CCG has worked closely with its sister CCGs and the local providers to look , to a more outcome-based contracting model. This is seen as a way of improving pathways and outcomes, whilst generating efficiencies and is being implemented via the introduction of a local CQUIN to encourage engagement by key partners, and working across primary care and social services.

In addition, the CCG is in the initial phases of developing a virtual MCP, bringing together community care, primary care, and voluntary care services to bring about a shared vision to managing resources with risk share arrangements.

The CCG is working up the detail on QIPP and Cost Improvement Plans. These QIPP schemes incorporate a combination of wider STP and local savings, drawing upon the Portsmouth Health and Care plan, including introducing New Care Models, as well as utilising the Rightcare Value Pack information.

The CCGs capital requirements are seen as an important enabler to progress the plan and the Local Estates Strategy. The CCG continues to work with NHS Property Services in the sale of the remaining elements of St James' Hospital site, and is working with local partners to ensure maximisation of NHS and Local Authority estate.

The CCG has set aside investment, both in line with NHS England business rules (1% non-recurrent), and further in reserves to include prevention, 7 day working, parity of esteem and Primary Care/Community Care transformation through new care models.

Risks within the planning footprint are predominantly around the pace of change required to deliver the transformation needed to bring about sustained financial stability across our key partners.

Further work is required during the remainder of the planning period to ensure plans to deliver QIPP and CIP are detailed and robust enough to bring about the necessary change.

Key Assumptions each year include:

- delivering in-year breakeven;
- 1% non-recurrent spend;
  - 0.5% uncommitted and held as a risk reserve;
  - 0.5% to support transformation and change in line with the STP;
- 0.5% contingency set aside to manage in-year pressures and risks;
- expenditure on activity growth continues at HIOW average levels;
- provider tariff inflation uplift of 2.1%
- provider efficiency deflator of 2%;
- CNST Premium of 0.7%;
- investment reserves set aside to support the delivery of must do national priorities, transformation and change to deliver STP and QIPP plans;
- £3 per head for primary care transformation, split between the two years;
- CQUIN of 2.5% (0.5% of the local CCG CQUIN scheme held in reserve – release subject to delivery of provider/system control totals);
- running costs remain within allocated levels each year;
- QIPP of c. 3% per annum.

Financial Summary - Portsmouth

Portsmouth & South East Hampshire Clinical Commissioning Groups

Financial Bridge – where the growth has gone FY2017/18

	Total £m
Recurring Allocation 16/17	297.9
Allocation 17/18	306.3
2016/17 Surplus	3.1
Growth Received	6.8
Normalisation	0.1
Reserve provisions	-4.6
Activity Growth	-5.0
Inflation	-10.4
Efficiency	3.8
Contingency	-1.5
1% Risk reserve	-3.1
IR and HRG4+ allocation	2.1
QIPP	9.2
Planned in year surplus/ (deficit)	**0.0**

QIPP Programme 2016/17 to 2018/19

	17/18 £'000	18/19 £'000
Prescribing	1,433	1,502
CHC	680	647
New Models of Care	860	850
Rightcare (Elective)	380	370
MH Alliance	690	590
Effective Flow & Discharge	630	620
Prevention	500	200
System Infrastructure (Running Costs)	330	510
Estates	590	580
Unidentified	3,106	4,832
Total QIPP Requirement	**9,199**	**10,701**

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
Financial Plan	1	3	3
Sustainability; In-year financial performance	-	-	-

Activity Plan Development

Portsmouth & South East Hampshire Clinical Commissioning Groups

Assumptions

In producing our activity plan for 17/18 and 18/19 we have:

- **Utilised the NHSE forecast outturn as a starting point,** working in conjunction with our CSU we have very closely aligned our local TNR dataset to the national TNR dataset which has allowed us use the NSHE forecast outturn
- To this we have applied the **growth assumptions provided by NHSE and the Indicative Hospital Activity Model (IHAM) tool** to understand the impact resulting from demographic growth and any non-demographic growth (underlying trends)
- Finally we have **applied the identified reduction in activity as outlined in the HIOW STP** based on identified QIPP and RightCare savings

These growth assumptions, based on the above methodology, underpin our activity plan.

Further local refinement

There will be further refinement of our activity plan, as we work though and finalise the finer details, in order to ensure the plan accurately reflects the latest performance and activity details for 16/17 where this has a downstream impact on the future years. This may involve **some of these assumptions being refined** to reflect latest information and targets relating to delivery of the HIOW STP and achievement of NHS constitutional standards.

In addition to this any refinements to the following areas will be taken into account where applicable:

- **Non-recurrent growth** - To support delivery of the NHS Constitutional standards
- **In year changes to pathways and counting**
- Alignment with main acute provider plans in relation to the **phasing of activity and delivery of constitutional standards**.
- **Alignment of demand, activity and capacity**

Delivery

The CCGs recognise the challenge represented in delivering the required activity levels. Much of the 'how' and 'when' this will be achieved is outlined within the operating plan with key work streams focused on delivering the required levels of growth, through:

- Demand management
- Reviewing Procedures of Limited Clinical Effectiveness
- Pathway Redesign and Pathways that we need to change
- Improvements in efficiency
- Capacity review and different locations for care provision

QIPP plans are being finalised which will deliver the savings requirement identified. Analysis of the **RightCare Commissioning for Value and Focus Packs** have identified a number opportunities that are available and achievable.

These will all be quantified, robust and align with delivery of local and STP overarching objectives and support our contract agreements with providers.

Performance and Assurance – CCG Improvement and Assessment Framework (IAF)

The intention of the CCG IAF is to bring clarity, simplicity and balance to the conversation between NHS England and CCGs. It draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals, and transformational challenges. A CCG annual assessment will be reached by taking into account the CCG's performance in each of the indicator areas over the full year and balanced against the qualitative assessment of the leadership of the CCG.

The following slide details the PSEH current position against the Improvement and Assessment Framework. Programmes of work to support each of these areas is set out throughout the operating plan document.

Current PSEH CCGs Improvement and Assessment Framework Position

Portsmouth & South East Hampshire Clinical Commissioning Groups

The CCGs Operating Plan underpins delivery of the Improvement and Assessment Framework (IAF), and has clearly set out the IAF metrics alongside the programmes of work throughout the document that will support and enable the required improvement, sustainability and delivery for each of the indicators.

The table below places each of the PSEH CCGs within quartiles for their respective performance in comparison with the other CCGs across the country. This is reflective of the first publication of the IAF data.

Improvement and Assessment Framework (IAF)

Indicator code	Indicator Name	Portsmouth	Fareham and Gosp	South Eastern Hampshire
101a	Maternal smoking at delivery	Third Quartile	Second Quartile	Third Quartile
102a	% children aged 10-11 classified as overweight or obese	Third Quartile	Second Quartile	Second Quartile
103a	Diabetes patients that have achieved all three of the NICE-recommended treatment targets	Bottom Quartile	Bottom Quartile	Third Quartile
103b	People with diabetes diagnosed less than a year who attend a structured education course	Bottom Quartile	Top Quartile	Second Quartile
104a	Injuries from falls in people aged 65 and over per 100,000 population	Top Quartile	Top Quartile	Top Quartile
105a	People offered choice of provider and team when referred for a 1st elective appointment	Bottom Quartile	Bottom Quartile	Bottom Quartile
105b	Personal health budgets per 100,000 population (absolute number in brackets)	Second Quartile	Third Quartile	Third Quartile
105c	% deaths which take place in hospital	Top Quartile	Top Quartile	Top Quartile
105d	People with a long-term condition feeling supported to manage their condition	Second Quartile	Bottom Quartile	Second Quartile
106a	Inequality in avoidable emergency admissions	Top Quartile	Top Quartile	Top Quartile
106b	Inequality in emergency admissions for urgent care sensitive conditions	Third Quartile	Top Quartile	Second Quartile
107a	Anti-microbial resistance: Appropriate prescribing of antibiotics in primary care	1.1 (1.2)	1.0 (1.2)	1.0 (1.2)
107b	Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	9.3 (9.3)	9.5 (9.5)	9.8 (9.8)
108a	Quality of life of carers - health status score (EQ5D)	Bottom Quartile	Second Quartile	Second Quartile
122a	Cancers diagnosed at early stage	Top Quartile	Top Quartile	Second Quartile
122b	People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	Bottom Quartile	Second Quartile	Second Quartile
122c	One-year survival from all cancers	Bottom Quartile	Bottom Quartile	Third Quartile
122d	Cancer patient experience	Third Quartile	Second Quartile	Top Quartile
123a	Improving Access to Psychological Therapies recovery rate	Top Quartile	Top Quartile	Second Quartile
123b	People with 1st episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Second Quartile	Bottom Quartile	Top Quartile
124a	People with a learning disability and/or autism receiving specialist inpatient care per million population	Top Quartile	Top Quartile	Top Quartile
124b	Proportion of people with a learning disability on the GP register receiving an annual health check	Bottom Quartile	Bottom Quartile	Bottom Quartile
125a	Neonatal mortality and stillbirths per 1,000 births	Third Quartile	Top Quartile	Third Quartile
125b	Women's experience of maternity services	Third Quartile	Top Quartile	Top Quartile
125c	Choices in maternity services	Second Quartile	Top Quartile	Second Quartile
126a	Estimated diagnosis rate for people with dementia	Second Quartile	Bottom Quartile	Third Quartile
127b	Emergency admissions for urgent care sensitive conditions per 100,000 population	Second Quartile	Top Quartile	Top Quartile
127c	% patients admitted, transferred or discharged from A&E within 4 hours	Third Quartile	WORST	Bottom Quartile
127e	Delayed transfers of care attributable to the NHS and Social Care per 100,000 population	Second Quartile	Bottom Quartile	Bottom Quartile
127f	Emergency bed days per 1,000 population	Second Quartile	Second Quartile	Top Quartile
128a	Emergency admissions for chronic ambulatory care sensitive conditions per 100,000 population	Top Quartile	Top Quartile	Top Quartile
128b	Patient experience of GP services	Second Quartile	Bottom Quartile	Top Quartile
128d	Primary care workforce - GPs and practice nurses per 1,000 population	Second Quartile	Bottom Quartile	Second Quartile
129a	Patients waiting 18 weeks or less from referral to hospital treatment	Third Quartile	Third Quartile	Third Quartile
131a	People eligible for standard NHS Continuing Healthcare per 50,000 population	Top Quartile	Third Quartile	Third Quartile
141a	Financial plan	BEST	Third Quartile	Third Quartile
144b	Digital interactions between primary and secondary care	Third Quartile	Third Quartile	Third Quartile
145a	Local strategic estates plan (SEP) in place	BEST	BEST	BEST
163a	Staff engagement index	Top Quartile	Top Quartile	Top Quartile
163b	Progress against Workforce Race Equality Standard	Top Quartile	Top Quartile	Third Quartile
164a	Effectiveness of working relationships in the local system	Second Quartile	Top Quartile	Second Quartile
165a	Quality of CCG leadership	Amber	Amber	Amber

Performance and Assurance - NHS Constitutional Standards

The CCG are currently facing a number of challenges relating the achievement and sustained delivery of the A&E 4 Hour Wait, Cancer 62-Day (Urgent GP referral to treatment) wait for first treatment and Consultant-led Referral to Treatment (RTT) Incomplete standards.

The following slides outline the work in progress designed to ensure sustained delivery of these constitutional standards.

NHS Constitutional Standards – Performance

Portsmouth & South East Hampshire Clinical Commissioning Groups

Delivering Sustainable Performance

The CCGs are committed to delivering the NHS Constitutional standards for A&E, Cancer, RTT and Diagnostics.

Throughout 16/17 sustainable delivery of the A&E 4 Hour Wait target, Cancer 62-Day (Urgent GP referral to treatment) standard and Consultant-led Referral to Treatment (RTT) Incomplete standard has represented a challenge for both the CCGs and our main acute provider Portsmouth Hospitals NHS Trust.

Whilst significant steps have been taken throughout 16/17 to ensure compliance against these standards we recognise that delivery of a sustainable service is not something that can be achieved overnight. Working alongside our main acute provider, Portsmouth Hospitals NHS Trust, plans to deliver and sustain performance will be linked to our main acute provider's plan to ensure this reflects the work and timescales associated with recruitment, improvements in efficiency and available capacity. Where gaps in capacity have been identified we will work towards closing these through a number of different approaches including pathway redesigns, demand management and commissioning of additional capacity through alternative providers.

Key to supporting delivery of the constitutional standards is an understanding of the latest position and early identification of future risks. Again, by working closely with our main acute provider and through utilising in house tools and reporting systems, the CCG's are able to take a proactive approach to the monitoring of performance allowing for potential issues to be addressed.

Provider information schedules have been updated to ensure these reflect the latest local and national reporting requirements. Additionally we have further refined the information schedules to support the CCG's proactive approach to performance management through the early identification of potential risks.

Work has already begun on updating our internal performance management tool, Covalent, to support delivery of latest performance requirements.

The following tables detail the latest published national performance data in relation to the NHS constitutional standards for the three CCGs. The tables highlight those standards which represent a challenge in terms of achievement and sustainability.

NHS Constitutional Standards – Performance

Portsmouth & South East Hampshire Clinical Commissioning Groups

NHS PORTSMOUTH CCG Constitutional Targets Performance													
	Organisation	Freq.	Unit	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend	Mar-17 Forecast
A&E 4 Hour Wait	PHT	M	%	85	76.2	80.0	82.0	80.3	81.8	80.3	75.9		87.0
A&E 12 Hour Trolley Waits	PHT	M	No.	0	22	34	0	0	0	0	1		0.0
Ambulance Red 1	SCAS	M	%	75	75.1	73.7	74.1	68.4	73.2	69.8	71.3		75.0
Ambulance Red 2	SCAS	M	%	75	74.6	71.5	74.1	70.9	73.2	73.4	72.2		75.0
Ambulance Red 19	SCAS	M	%	95	95.6	94.2	95.7	93.0	94.3	94.5	94.1		95.0
Cancer Two Week Wait	CCG	M	%	93	94.7	96.3	96.0	96.6	96.6	97.0	96.3		95.0
Cancer Breast Symp	CCG	M	%	93	90.5	91.7	86.7	93.7	95.7	100.0	97.5		94.0
Cancer 31 Day Wait - First Treatment	CCG	M	%	93	95.9	98.8	98.0	100.0	98.8	96.2	97.1		99.0
Cancer 62 Day Wait - GP Referral	CCG	M	%	85	78.0	75.0	78.4	84.2	89.7	78.4	86.1		85.0
Cancer 31 Day Wait - Sub Drug	CCG	M	%	96	100.0	100.0	100.0	100.0	100.0	100.0	100.0		100.0
Cancer 31 Day Wait - Sub Radiotherapy	CCG	M	%	94	100.0	100.0	100.0	98.0	93.6	94.9	97.3		96.0
Cancer 31 Day Wait - Sub Surgery	CCG	M	%	94	100.0	85.7	92.3	100.0	95.0	95.5	95.0		94.0
Cancer 62 Day Wait - Consultant Ref	CCG	M	%	86									100.0
Cancer 62 Day Wait - Screening Ref	CCG	M	%	90	88.2	92.9	100.0	100.0	73.3	85.7	100.0		100.0
RTT Incomplete Pathways	CCG	M	%	92	92.4	92.3	91.6	91.1	89.5	88.9	88.0		92.0
RTT Incomplete Patatients Waiting >52 Weeks	CCG	M	No.	0	0.0	0.0	0.0	1.0	1.0	1.0	1.0		0.0
Diagnostics 6 Week Wait	CCG	M	%	99	97.8	98.9	99.4	99.5	98.9	99.3	99.0		99.0

A&E 4 Hour Wait – Performance at Portsmouth Hospitals NHS Trust (PHT) remains a significant concern with the Trust reporting 75.9% against an improvement trajectory of 85% for October '16. A further deterioration of the standard is anticipated for November '16.

999 Ambulance Response – SCAS failed the agreed improvement trajectory in October for the Red 1, Red 2 and Red 19 standards achieving;
71.3% for Red1 against an improvement trajectory of 74.7%.
72.2% for Red 2 against an improvement trajectory of 73.9%.
94.1% for Red 19 against an improvement trajectory of 94.4%.

RTT – The CCG failed the RTT incomplete standard for October '16 recording 88.0**%** versus the 92% standard. Underperformance was primarily driven by PHT who also failed the standard recording 88.9% at Trust level. Specialties contributing to PHT's underperformance include General Surgery, Urology, Trauma & Orthopaedics, Gastroenterology and Cardiology.

Cancer – The CCG achieved all eight of the national cancer standards in October with no data reported for the 62 Day Wait – Consultant referral standard.

NHS Constitutional Standards – Performance

Portsmouth & South East Hampshire Clinical Commissioning Groups

NHS FAREHAM AND GOSPORT CCG Constitutional Targets Performance													
	Organisation	Freq.	Unit	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend	Mar-17 Forecast
A&E 4 Hour Wait	PHT	M	%	95	76.2	80.0	82.0	80.3	81.8	80.3	75.9		87.0
A&E 12 Hour Trolley Waits	PHT	M	No.	0	22	34	0	0	0	0	1		0.0
Ambulance Red 1	SCAS	M	%	75	75.1	73.7	74.1	68.4	73.2	69.8	71.3		75.0
Ambulance Red 2	SCAS	M	%	75	74.6	71.5	74.1	70.9	73.2	73.4	72.2		75.0
Ambulance Red 19	SCAS	M	%	95	95.6	94.2	95.7	93.0	94.3	94.5	94.1		95.0
Cancer Two Week Wait	CCG	M	%	93	94.7	95.0	95.1	96.9	97.0	96.9	97.4		95.0
Cancer Breast Symp	CCG	M	%	93	91.7	93.6	94.1	96.9	93.7	98.3	98.1		94.0
Cancer 31 Day Wait - First Treatment	CCG	M	%	93	97.5	99.0	100.0	98.9	99.1	100.0	97.8		99.0
Cancer 62 Day Wait - GP Referral	CCG	M	%	85	76.7	83.0	80.0	87.2	83.3	90.9	80.9		85.0
Cancer 31 Day Wait - Sub Drug	CCG	M	%	96	100.0	100.0	100.0	100.0	100.0	100.0	100.0		100.0
Cancer 31 Day Wait - Sub Radiotherapy	CCG	M	%	94	100.0	95.8	93.1	96.7	94.7	97.1	100.0		96.0
Cancer 31 Day Wait - Sub Surgery	CCG	M	%	94	85.0	90.5	100.0	93.8	96.2	94.7	96.3		94.0
Cancer 62 Day Wait - Consultant Ref	CCG	M	%	86	100.0				100.0	100.0			100.0
Cancer 62 Day Wait - Screening Ref	CCG	M	%	90	50.0	0.0	100.0	100.0	100.0		100.0		100.0
RTT Incomplete Pathways	CCG	M	%	92	91.7	92.1	91.9	90.7	89.8	89.0	89.4		92.0
RTT Incomplete Patatients Waiting >52 Weeks	CCG	M	No.	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0
Diagnostics 6 Week Wait	CCG	M	%	99	97.6	98.0	99.5	99.7	99.4	99.1	99.2		99.0

A&E 4 Hour Wait – Performance at Portsmouth Hospitals NHS Trust (PHT) remains a significant concern with the Trust reporting 75.9% against an improvement trajectory of 85% for October '16. A further deterioration of the standard is anticipated for November '16.

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71.3% for Red1 against an improvement trajectory of 74.7%.
72.2% for Red 2 against an improvement trajectory of 73.9%.
94.1% for Red 19 against an improvement trajectory of 94.4%.

RTT - The CCG failed the RTT incomplete standard for October '16 recording 89.4% versus the 92% standard. Underperformance was primarily driven by PHT who also failed the standard recording 88.9% at Trust level. Specialties contributing to PHT's underperformance include General Surgery, Urology, Trauma & Orthopaedics, Gastroenterology and Cardiology.

Cancer – The CCG achieved seven of the eight National cancer standards in October failing the 62-day wait for first treatment following an urgent GP referral. Underperformance was mainly driven by PHT who achieved the 62 Day Wait - GP Referral standard at a Trust level however the patients treated outside of the standard negatively impacted on the CCG's performance.

NHS Constitutional Standards – Performance

Portsmouth & South East Hampshire Clinical Commissioning Groups

NHS SOUTH EASTERN HAMPSHIRE CCG Constitutional Targets Performance	Organisation	Freq.	Unit	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Trend	Mar-17 Forecast
A&E 4 Hour Wait	PHT	M	%	85	76.2	80.0	82.0	80.3	81.8	80.3	75.9		87.0
A&E 12 Hour Trolley Waits	PHT	M	No.	0	22	34	0	0	0	0	1		0.0
Ambulance Red 1	SCAS	M	%	75	75.1	73.7	74.1	68.4	73.2	69.8	71.3		75.0
Ambulance Red 2	SCAS	M	%	75	74.6	71.5	74.1	70.9	73.2	73.4	72.2		75.0
Ambulance Red 19	SCAS	M	%	95	95.6	94.2	95.7	93.0	94.3	94.5	94.1		95.0
Cancer Two Week Wait	CCG	M	%	93	94.0	96.7	96.0	95.9	96.7	97.0	97.6		95.0
Cancer Breast Symp	CCG	M	%	93	94.2	94.2	90.3	92.9	93.2	93.7	98.5		94.0
Cancer 31 Day Wait - First Treatment	CCG	M	%	93	97.8	98.0	99.0	100.0	100.0	99.1	98.3		99.0
Cancer 62 Day Wait - GP Referral	CCG	M	%	85	71.1	72.7	84.6	83.7	85.7	83.3	89.2		85.0
Cancer 31 Day Wait - Sub Drug	CCG	M	%	96	100.0	95.8	100.0	100.0	100.0	100.0	100.0		100.0
Cancer 31 Day Wait - Sub Radiotherapy	CCG	M	%	94	87.5	92.3	92.1	95.0	97.6	94.7	94.1		96.0
Cancer 31 Day Wait - Sub Surgery	CCG	M	%	94	100.0	93.1	92.9	100.0	92.3	96.2	87.5		94.0
Cancer 62 Day Wait - Consultant Ref	CCG	M	%	86	100.0					100.0	100.0		100.0
Cancer 62 Day Wait - Screening Ref	CCG	M	%	90	100.0	100.0	100.0	100.0	75.0	100.0	100.0		100.0
RTT Incomplete Pathways	CCG	M	%	92	92.3	92.4	92.2	91.6	90.1	89.2	88.8		92.0
RTT Incomplete Patatients Waiting >52 Weeks	CCG	M	No.	0	0.0	0.0	0.0	0.0	1.0	2.0	0.0		0.0
Diagnostics 6 Week Wait	CCG	M	%	99	97.8	98.7	99.2	99.2	98.8	98.9	99.1		99.0

A&E 4 Hour Wait – Performance at Portsmouth Hospitals NHS Trust (PHT) remains a significant concern with the Trust reporting 75.9% against an improvement trajectory of 85% for October '16. A further deterioration of the standard is anticipated for November '16.

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94.1% for Red 19 against an improvement trajectory of 94.4%.

RTT - The CCG failed the RTT incomplete standard for October '16 recording 88.8% versus the 92% standard. Underperformance was primarily driven by PHT who also failed the standard recording 88.9% at Trust level. Specialties contributing to PHT's underperformance include General Surgery, Urology, Trauma & Orthopaedics, Gastroenterology and Cardiology.

Cancer – The CCG achieved seven of the eight National cancer standards in October failing the 31-day wait for subsequent surgery. Underperformance was mainly driven by PHT who also failed the standard reporting 92.7% against a 94% target.

Delivery of Constitutional Standards: Referral To Treatment

Patients have a legal right under the NHS Constitution to access services within maximum referral to treatment waiting times, or for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible. The time waited must be 18 weeks or less for at least 92% of patients on an RTT Pathway.

Portsmouth & South East Hampshire Clinical Commissioning Groups

RTT Waiting Times

Latest published figures (Oct.16) shows that the incomplete pathways standard has not been achieved at a national level for the first seven months of 2016/17.

Locally, across the three CCG's the majority of RTT pathways reside with Portsmouth Hospitals NHS Trust (PHT). As is the case nationally, achievement of the Incomplete standard represents a challenge for the Trust. The Trust has reported a worsening Incomplete position, having not achieved the standard since June '16.

There are a number of key issues driving this underperformance which as a system we are looking to address to ensure the standard is delivered and sustained.

In response to the current performance issues the CCG and provider have taken a number of different actions to ensure performance is recovered and sustained including;

- Portsmouth Hospitals have completed an in depth review of the current demand and capacity position across all specialties to support understanding of current position.
- Portsmouth Hospitals to produce a revised RTT recovery trajectory.
- Re-establishment of 'Action On Elective' meetings working across commissioners, performance, primary care and with the Trust at a specialty level to review the key challenges affecting performance. CCG's to focus on supporting PHT through management of demand and facilitating discussions relating to outsourcing of activity.

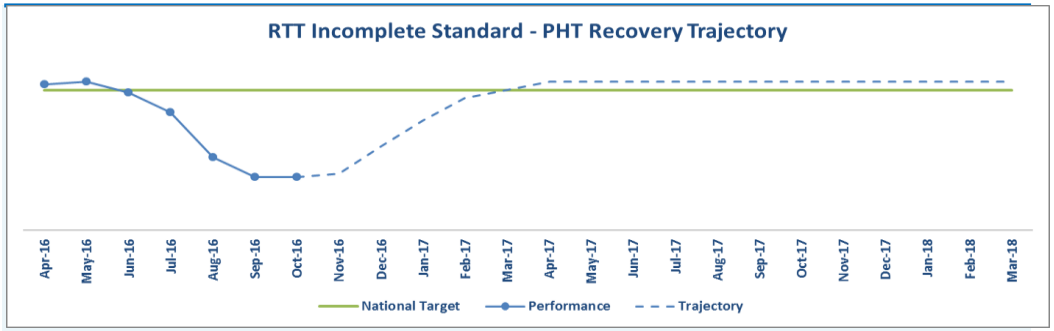
Once the current performance issues are resolved it is vitally important that we produce a template for a sustainable service. As commissioners, we are committed to delivering the NHS Constitutional standards and supporting our main acute provider through the management of demand and securing of additional / alternative capacity where clinically required via other NHS and independent sector providers.

Key Milestones

By the end of 17/18
- Delivery of compliant RTT performance at specialty level.
- Sustainable performance

By the end of 18/19
- Sustainable performance

Trajectory



National Must Do's

This programme of work is designed to maintain and improve performance against the core standards, specifically;
At least 92% of patients on incomplete non-emergency pathways to have been waiting no more than 18 weeks from referral; no-one waits more than 52 weeks.

Improvement & Assessment Framework

	P	FG	SEH
Patients waiting 18 weeks or less from referral to hospital treatment	3	3	3

Delivery of Constitutional Standards: 62-day wait for first treatment following an urgent GP referral

This standard covers patients starting a first definitive treatment for a new primary cancer following an urgent GP referral for suspected cancer. The operational standard states that 85% of patients should be seen within 62 days of the referral date.

Portsmouth & South East Hampshire Clinical Commissioning Groups

Cancer Waiting Times

Delivery of the 62-day wait for first treatment following an urgent GP referral standard across the NHS remains a challenge with 86 of the 159 NHS providers failing to achieve the standard in October 2016.

Across the three CCGs the majority of Cancer treatments are delivered by Portsmouth Hospitals NHS Trust (PHT). The Trust's performance has consistently improved since June '16, with the Trust achieving the standard for the last two months (Sept & Oct 16). They are ahead of trajectory and remain on track to deliver sustainable performance from February '17.

There are a number of underlying performance issues which are being addressed as a system to support the sustained delivery of the 62-day wait for first treatment standard.

As a system we are focused on addressing the following key issues impacting on performance;

- Portsmouth Hospitals are working to address the current backlog as a clinical priority. This is reflected in their recovery trajectory.
- A number of key vacancies have now been filled at the Trust delivering much needed capacity required to support their recovery trajectory.
- As with the RTT Incomplete standard the CCG are also working with the Trust on their Cancer recovery trajectory as part of the 'Action On Elective' work stream. Again the objective is to support the Trust through the management of demand (rejected referrals), feasibility of outsourcing to free up capacity to support cancer work.

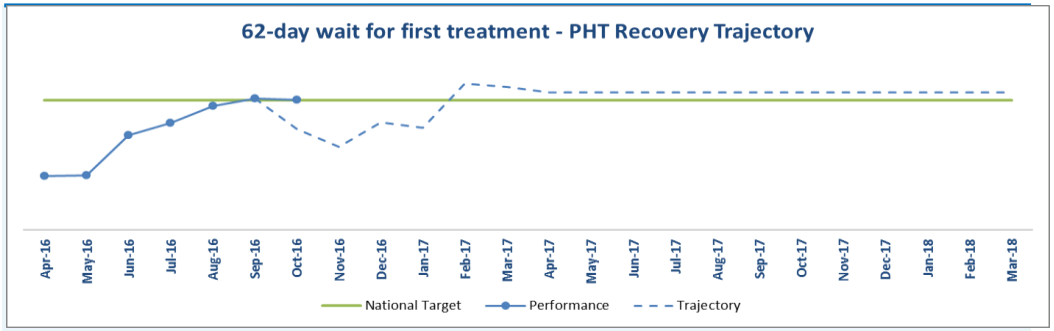
Again, as with RTT, once the current performance issues are resolved it is vitally important that we produce a template for a sustainable service through working closely with the Trust to ensure that both our activity plans accurately reflect the current challenges facing the system and that plans are in place to address these from both a provider and commissioner perspective.

Key Milestones

By the end of 17/18
- Delivery of compliant performance at a Trust level.
- Sustainable performance

By the end of 18/19
- Sustainable performance
- Performance at tumour site level consistent with or better than England average.

Trajectory



National Must Do's

This programme of work is designed to maintain and improve performance against the core standards, specifically;
Achieve 62-day cancer waiting time standard.

Improvement & Assessment Framework

	P	FG	SEH
People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	4	3	3

Performance and Delivery of the NHS Constitutional Standards

Portsmouth & South East Hampshire Clinical Commissioning Groups

Maintaining & Improving Cancer Standards

The CCGs are part of the Wessex Cancer Alliance which monitors the 96 national cancer priorities. We have local engagement with wider work streams, and specific CCG actions in place around the following:

- Cancer Alliance review of NHSE cancer dashboard from a performance perspective to return to sustainability of patients constitutional standards specifically relating to CWT
- Implementation of new NICE referral guidelines for suspected cancer – accompanied with education packages in primary care. Discussions are underway within the Trust of how to move to symptom specific pathways rather than tumour site specific.
- Pathways are already in place for GP direct access to blood tests, chest xray, ultrasound, endoscopy (both flexible sigmoidoscopy and colonoscopy). Discussions have commenced around straight to test pathways in neurology and respiratory
- Primary care are required to undertake Significant Event Analysis for all patients diagnosed with cancer as a result of an emergency admission
- Review of palliative care services locally across primary, community & secondary care – fully embedding the Gold Standards Framework in GP practice day to day running
- Focussing on early diagnosis with publicity campaigns, full implementation of the new 2ww referral pathways, and education to GPs around emergency presentations, incorporating lessons learnt
- Patient triggered follow ups are already in place, during 17/18 we will be focussing on reducing overall face to face follow up contacts in secondary care
- Holistic needs assessments and End of Treatment Summaries have been introduced and will be monitored through contracts and as part of the cancer improvement plan.
- Cancer care reviews are already completed by a GP within 6 months of diagnosis, work is underway to improve the quality of these & reduce clinical variation

National Must Do's

This programme of work will ensure delivery of the **Cancer Must Do's**.

- Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.
- Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards.
- Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
- Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.
- Ensure all elements of the Recovery Package are commissioned, including ensuring that:
- all patients have a holistic needs assessment and care plan at the point of diagnosis;
- a treatment summary is sent to the patient's GP at the end of treatment; and
- a cancer care review is completed by the GP within six months of a cancer diagnosis.

Improvement & Assessment Framework

Improved performance against current performance (RAG rated by quartile)	P	FG	SEH
Cancers diagnosed at early stage	1	1	2
People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	4	2	2
One-year survival from all cancers	4	4	3
Cancer patient experience	3	2	1

Performance and Delivery of the NHS Constitutional Standards

Portsmouth & South East Hampshire Clinical Commissioning Groups

Immunisations & Vaccinations

The CCGs are working with NHS England public health commissioning teams increase uptake of screening immunisations in the context of devolved primary care commissioning, but not devolved public health commissioning, and to increase uptake of vaccinations in the context of local resilience planning (influenza, pneumococcal, rotavirus etc.).

Portsmouth CCG are currently focusing on influenza and pneumococcal uptake as these were agreed as initial priority areas with Public Health England and the Planned Care Team. We have already done a fair amount of work on influenza such as commissioning a target based incentive scheme, sharing comparative data regularly with practices, and holding a discussion at a Practice Manager forum where practise shared ideas on what worked well, we had a case studies presented by practices that had very high uptake, looked at barriers to uptake etc.

We are moving on to Pneumococcal now and this will be along similar lines to above.

Fareham & Gosport and South Eastern Hampshire CCGs will be incentivising GP Practices to work with us in 2017/18 to increase the uptake of screening services by asking them to liaise with patients when they 'DNA@ (Do not attend). Evidence shows that if a GP follows up with a patient for screening it is more likely patients will attend. This will be for bowel, diabetic eye and breast screening.

We continue to work with public health England through the local immunisations and vaccinations forum. We also share benchmarked data with GP Practices to encourage take up.

Priority area screening

The CCGs are working with NHS England public health commissioning teams in respect of priority areas such as cancer and learning disabilities, to ensure appropriate screening to treatment pathways are in place. Specific plans are detailed below –

For Cancer Screening	
Portsmouth CCG are looking to put a number of activities into the Primary Care CQUIN for 2017/18 with the aim of increasing cancer screening uptake and improving early diagnosis. These include: • Participation in the national (or local alternative) cancer audit • Follow up non-attenders for breast, bowel and cervical screening using iPlato and sharing best practice tips with practices regularly Diagnosis support tools – CRUK • Further training at TARGET • Regular sharing of benchmarked data (between practices & across CCGs)	In line with Portsmouth CCG, Fareham & Gosport and South Eastern Hampshire CCGs will be incentivising practices to: • Participate in the national (or local alternative) cancer audit • Further training at TARGET events • Regular sharing of benchmarked data (between practices and across CCGs)
For **Diabetes**	
Portsmouth CCG are currently reviewing the Diabetes LCS with a view to ensuring it focusses on the areas that will have the biggest impact on patient outcomes. These are: • Prediabetes registers and referral pathways • Lifestyle advice & onward referral – wellbeing service, referral for exercise • Information and education – provide a menu of support so that patients can access information and advice from a variety of sources and in a way that suits them (e.g. online learning, support groups) • Disease management – focussing on the 3 linked care pathways (BP, cholesterol and HbA1c) • Medicines management • Foot checks – setting minimum standards for foot assessments in general practice with regular follow up where necessary and including regular monitoring of onward referrals and outcomes • Participation in the National Diabetes Audit	Fareham & Gosport and South Eastern Hampshire CCGs will be incentivising practices to hold pre-diabetes registers and encourage onward referral to appropriate pathways. We continue each year to further incentivise foot checks – setting minimum standards for foot assessments in general practice with regular follow up where necessary and including regular monitoring of onward referrals and outcomes, and onward referral to podiatry, and participation in the National Diabetes Audit
For **Learning Disabilities**	
Portsmouth have a robust plan in place to address our low uptake of LD Healthchecks. We have previously discussed this subject with clinicians at one of our GP Commissioning Evening and some of the discussions have fed into our action plan.	Fareham & Gosport and South Eastern Hampshire CCGs have a robust improvement plan which is shared with NHS England on a quarterly basis via the NHSE assurance process

Delivery of Constitutional Standards: A&E 4 Hour Wait

A&E waiting times form part of the NHS Constitution. The operational standard for A&E waiting times is that 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department.

Portsmouth & South East Hampshire Clinical Commissioning Groups

A&E 4 Hour Wait

Portsmouth CCG currently contract with Portsmouth Hospitals NHS Trust (PHT) for delivery of the A&E 4 Hour Standard. The Trust has not met the national A&E 4 Hour Wait access target since November 2013.

Latest nationally published figures (Oct '16) shows the challenge associated with achieving this standard faced by many Trusts. Of the 139 reporting Trusts with type 1 A&E departments, 16 achieved the 95% standard on all types during the month.

Based on current and historic performance, the joint NHS England and NHS Improvement regional team have allocated systems into one of four segments (1= Worst, 4=Best). PHT have been placed in segment 1 as one of the systems requiring the most support.

Excluding Clinically Complex, 80% of the Trusts reported A&E breaches are attributed to awaiting specialty bed or delay in first assessment resulting from a lack of adequate hospital flow.

There are many different complex factors affecting performance which need to be addressed in order to ensure effective patient flow and discharge. In response a number of different initiatives have been set up across the system to tackle these key issues including;

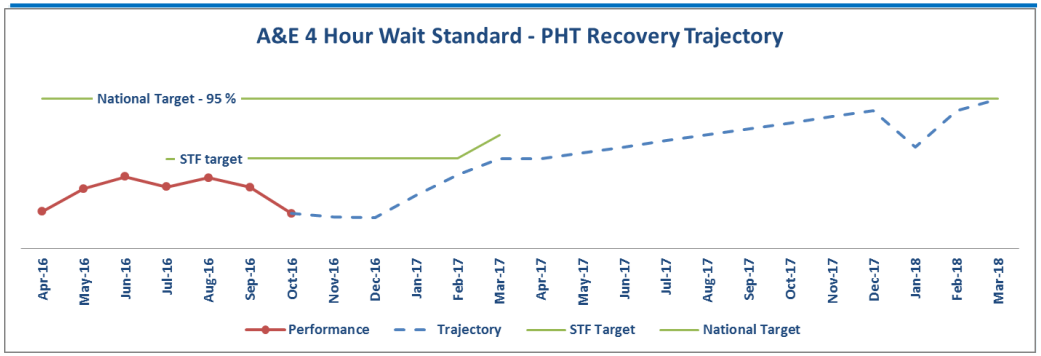
- A&E delivery board focused on identifying and resolving key operational issues impacting on flow and performance.
- Investment in Frailty Intervention Team (FIT) to avoid unnecessary Hospital Admissions.
- Discharge To Assess (D2A), additional community care spaces to free up much needed beds within PHT.
- A&E Delivery Board Information Team incorporating information leads from across the system working on identifying key trends and opportunities from data.
- Integrated Discharge Service (IDS) acute and community providers working together to improve the discharge process for those patients with ongoing care needs.

Key Milestones

Achieve National Standard 95% by the end of 17/18

By the end of 18/19
Sustain National Standard 95%

Trajectory



National Must Do's

This programme of work is designed to maintain and improve performance against the core standards, specifically;
95 percent of people attending A&E seen within four hours.

Improvement & Assessment Framework

	P	FG	SEH
% patients admitted, transferred or discharged from A&E within 4 hours	3		4

Quality Premium (Two Year Scheme)

Portsmouth & South East Hampshire Clinical Commissioning Groups

2017/18 and 2018/19 Schemes

The Quality Premium (QP) scheme rewards Clinical Commissioning Groups (CCGs) not only for improvements in the quality of the services they commission but also incentivise CCGs to improve patient health outcomes, reduce inequalities and improve access to services.

For 2017/18 and 18/19 the QP schemes will be based on measures that cover a combination of national and local priorities, and on delivery of the quality, financial and NHS constitution gateway tests.

There are five national measures equating to 85% of the QP. These five national measures are detailed below.

#	Indicator Name
1	Early Cancer Diagnosis
2	GP Access and Experience
3	Continuing Healthcare
4	Mental Health
5	Bloodstream Infections

In addition to the five national measures listed above, the CCGs will select one local indicator from the RightCare suite worth 15% of the Quality Premium value.

The CCGs are currently in the process of selecting their local indicators for 17/18 and 18/19 with Diabetes and Respiratory identified as key areas for potential improvement. Once selected, the CCGs will undertake the necessary actions required to deliver the targeted level of improvement.

Value

In keeping with previous years, the maximum QP payment for 2017/18 and 2018/19 will be £5 per head of population, calculated using the same methodology as for CCG running costs

Payment

Payment of QP achieved in 2017/18 be made in 2018/19 and achievement in 2018/19 will be made 2019/20.

Quality Gateway –

NHS England reserves the right not to make any quality premium payments to a CCG in cases of serious quality failure.

Financial Gateway –

A CCG will not receive a quality premium if:

- in the view of NHS England, during the relevant financial year the CCG has not operated in a manner that is consistent with the obligations and principles set out in Managing Public Money; or
- the CCG ends the relevant financial year with an adverse variance against the planned surplus, breakeven or deficit financial position, or requires unplanned financial support to avoid being in this position; or
- it receives a qualified audit report in respect of the relevant financial year.

NHS Constitution Gateway –

As in previous years, a CCG may have its quality premium award reduced via the NHS Constitution gateway. In 2017/18, some providers will continue to have agreed bespoke trajectories, as part of the operation of the Sustainability and Transformation Fund, for delivery of RTT, four hour A&E, 62 day cancer waits and Red 1 ambulance response times. On this basis, the CCG gateway test in respect of these measures will be adjusted to reflect these differential requirements.

Contracting & CQUINs

Portsmouth & South East Hampshire Clinical Commissioning Groups

STP Wide Commissioning Intentions

As part of the Hampshire and Isle of Wight Sustainability and Transformation Plan (STP) commissioners and providers have been working collectively to develop the plans for the region.

The vision is that partners within the wider health system work together to develop fully integrated care which best serves the population irrespective of organisational boundaries and constraints.

The intention for the STP is that, where appropriate, commissioning intentions will be worked up in detail and implemented jointly across CCGs and this will be progressed between October and December 2016.

The PSEH CCG's intention is that we work in the spirit of the STP and to the principles of a single system control total and shared risk, and move away from cost shift amongst organisations.

Negotiations are expected to be conducted with Providers on the 2017/18 to 2018/19 contract to allow all parties to:

- Be financially sustainable and have a degree of certainty on contract expenditure
- Agree shared strategic priorities
- Deliver productivity improvements as mandated nationally
- Eliminate any clinical activity that does not offer maximum patient benefit or cost and clinical effectiveness
- Reconfigure and re-specify services as appropriate

Commissioning intentions have been prepared with reference to the STP, the CCG's operational plan, but are not intended as a substitute or a comprehensive summary of all the items in the CCG's plans.

Local Contracting Approach

- There will be a reshaping of resource allocation with a focus on investment in out of hospital services, within system resources, and a relentless focus on efficiency.
- Incentives will be re-aligned across providers and commissioners accordingly, with an emphasis on overall system cost reduction and a collective approach to reducing and managing risk.
- Contractual incentives for collaborative working will be introduced.
- Contracts will be agreed that support the transformational change plans required, do not exceed the overall affordability of the STP, and are in keeping with the activity parameters set out in the STP.
- Contracts will be set that reflect the required financial improvement trajectory within the STP and no contract will be agreed that worsens the overall financial health of HIOW. Accordingly, a system approach to achieving the financial control total for HIOW will be developed, with a supporting risk management framework.
- The risk management framework will be used encourage a new approach to contracting with co-production and an open book approach to manage costs within system resources.
- Contracts will underpin a common set of standards and common expectation of patient experience for our population.

Contracts

- Contracts will cover a 2-year period (except where existing multi year contracts in place or a procurement is planned) and reflect two-year activity, workforce and performance.
- 3 part structure remains with most content unchanged from 2016/17 (Particulars, Service conditions, General Conditions)
- All contracts to be signed by 23 December 2016
- Formal arbitration should be the last resort (05 December 2016), and will be seen as a clear failure of collaboration and good governance.
- MCP and PACS contracts are in development and will be published in due course (Compliments the long form and short form contract)

CQUINs

- Two-year CQUIN schemes will be in place.
- Providers will be able to earn up to 2.5% of annual contract value.
- 1.5% of the 2.5% will be linked to delivery of the national schemes.
- 0.5% of the scheme will be made available to support engagement with STPs
- 0.5% will be linked to the risk reserve
- For acute and community services, the proposed national indicators cover six areas; there are five in mental health, and two each in ambulance services, NHS 111 and care homes.

Governance & Quality Assurance

The delivery of the STP over the next five years has governance implications for the organisations involved in the plan. The CCGs remain responsible for commissioning health services that meet the needs of their population in a way that is clinically appropriate, equitable and financially sustainable.

The following slides set out the governance arrangements for Portsmouth and South East Hampshire CCG, and how we will respond to the changing health and care landscape.

Arrangements are set out across the following areas:

1. Approach to Quality & Equality
2. Risk & Assurance
3. Governance to Support Delivery

Approach to Quality and Equality - FGSEH

Portsmouth & South East Hampshire Clinical Commissioning Groups

System Quality aims

- 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
- Continue to develop and implement the local quality intelligence surveillance system, QUASAR, as well as developing a patient experience module.
- Continue to take learning from any safeguarding (adults, children and looked after children) reviews undertaken

Key work stream projects

- Coordinate the development of the quality framework for new models of care
- Patient safety and patient experience in primary care
- Facilitate/support cross organisational working and learning from (serious) incidents
- Preventing pressure damage for people that live in care homes

National Must Do's

Fareham & Gosport and South Eastern Hampshire CCGs will;

- Undertake a programme of quality assurance and improvement activities including regular quality review and performance meetings, clinical visits, review of national information from audits and agreement and monitoring of improvement plans where required and joint working across the system to identify actions to improve services
- Review and action national publications and programmes of work

This will ensure they meet the National Must Do's relating to improving quality in organisation;

- **Implement plans to improve quality of care**, particularly for organisations in special measures.
- Drawing on the National Quality Board's resources, measure and improve efficient use of staffing resources to **ensure safe, sustainable and productive services**.
- **Participate in the annual publication of findings from reviews of deaths**, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.

Improvements will be managed and delivered through;

- Monthly performance monitoring against agreed trajectories. If trajectories are not achieved a request for a quality improvement plan will be made followed by a contract performance notice if improvements are not made

Improvement & Assessment Framework

Improved performance	P	FG	SEH
Use of high quality providers	-	-	-

Approach to Quality and Equality – FGSEH

Portsmouth & South East Hampshire Clinical Commissioning Groups

Safeguarding requirements

The CCGs undertakes the following key activities to support the delivery of safeguarding requirements/ strategy (this is not an extensive list):

- The Chief Operating Officer has delegated the accountability for safeguarding adults, children and looked after children to the Chief Quality Officer. Close working with the West Hampshire CCG hosted safeguarding children and looked after children service is in place, including designated and named nurses and doctors.
- CCG Head of Vulnerable Adults supports the day to day safeguarding adult requirements with assistance from a clinical quality facilitator.
- Safeguarding is part of the governance structure and is monitored at the Joint Quality Operational Group, Joint Quality Assurance Group and the Governing Body. Each quarter the Joint Quality Operational Group holds a meeting with a specific focus on safeguarding adults and (looked after) children
- Each CCG has a named GP for safeguarding and the Chief Quality Officer is a member of the HSAB
- A policy for safeguarding (looked after) children and safeguarding adults is in place.
- Safeguarding children and adults training programme in place.
- Attendance at a variety of inter-agency safeguarding and working relationships with local authorities, the police and third sector organisations have been established.
- In order to safeguard vulnerable adults and (looked after) children we will ensure safeguarding systems and processes are robust and delivered in partnership e.g. through the Multi Agency Safeguarding Hub
- An internal audit programme is in place to check compliance as well as section 11 audits for SGC.

Quality Impact Assessments

The CCG has a standard operating procedure in place which outlines the process for completion of quality impact assessments for CCG's Quality, Innovation, Productivity and Prevention (QIPP) plans. A QIA must be completed for all CCG's QIPP programmes; financial recovery plans and changes to a service and/or care pathway.

The process aims to:

- Ensure that the CCG's plans have a neutral or positive impact on quality as well as reducing costs.
- Ensure that plans do not bring quality below essential Care Quality Commission standards
- Assess all plans by their potential impact on quality and safety
- Undertake more in-depth reviews on those plans which are deemed to have a significant impact on quality.
- Provide governing board assurance on the outcomes of assessing the quality impact of plans.
- Ensure there is an ongoing process for assessing the quality impact of plans.

Demonstrate a strategy for improving reporting and learning from incidents

The CCG has a 5 year quality strategy, 2014-2019, in place which has a specific focus included on ensuring learning from serious incidents, investigations and errors (safety domain).

To support this aim of the strategy the CCG:

- Developed a local quality surveillance tool (QUASAR) including a CCG healthcare professional feedback, serious incident module and general practice incident reporting module (pilot)
- Hold monthly provider multi-disciplinary serious incident review/closure panels
- Monitors provider NRLS reporting and were they appear to be an outlier this is discussed and actions agreed
- Has supported the development of a clinical patient safety champions role in general practice supported by training
- Supports the investigation of serious incidents in general practice

Approach to Quality and Equality – Portsmouth CCG

Portsmouth & South East Hampshire Clinical Commissioning Groups

CCG Quality Initiatives

- System wide approach to mortality reviews
- Sepsis collaborative
- Continued development of new quality framework to support new models of care led by F & G & SEH CCGs
- Partnership approach to supporting providers in special measures (including GP Practices)
- Supporting GP practices to improve their systems for incident reporting and sharing lessons learned
- Reviewing provider safe staffing levels
- Further utilisation of QUASAR to triangulate feedback and act as early warning system for quality concerns
- Supporting providers with Sign Up to Safety Plans
- Facilitating system wide learning
- Using patient stories at Board to highlight where change needs to happen

National Must Do's

By successfully implementing the quality initiatives detailed in this page, the CCG will meet the National Must Do's which relate to improving quality in organisation;

- All organisations should **implement plans to improve quality of care**, particularly for organisations in special measures.

  This will be achieved by:
  - Monitoring and supporting organisations with their action plans
  - Sharing learning from Serious Incidents across organisations
  - Providing specialist support as appropriate e.g. medicines management, infection control, safeguarding

- Drawing on the National Quality Board's resources, measure and improve efficient use of staffing resources to **ensure safe, sustainable and productive services**.

  By monitoring providers safer staffing returns

- **Participate in the annual publication of findings from reviews of deaths**, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.

  This will be monitored and supported through the existing Serious Incident panels and providers developing Mortality Review meetings.

Demonstrate a strategy for improving reporting and learning from incidents

The CCG monitors reporting of incidents by providers.

The CCG works with its commissioned providers to deliver against the National Serious Incident Framework

The CCG monitors action plans from Serious Incidents to ensure providers embed the learning to reduce reoccurrence.

Designated professionals chair the PSCG Serious Case Review Committee and the PSAB Safeguarding Adult Review Committee this ensures cooperation of health agencies and enables the CCG to monitor health action plans.

Improvement & Assessment Framework

Improved performance	P	FG	SEH
Use of high quality providers	-	-	-

Approach to Quality and Equality – Portsmouth

Portsmouth & South East Hampshire Clinical Commissioning Groups

Safeguarding requirements

The CCG has a Safeguarding Policy and Training Strategy. The CCG will ensure that the relevant Designated Professionals are in post to support Safeguarding work across the health economy. This includes:

- Monitoring and ensuring attendance and involvement of relevant agencies at PSAB and PSCB and the relevant Sub-Groups
- Ensure that Safeguarding is considered across the CCG and wider health economy
- Ensure that the services commissioned by the CCG have effective Safeguarding arrangements in place
- Ensure that there is a named executive lead for the CCG and provider organisations that they commission services from,
- Ensure that the CCG and their providers have safe recruitment practices in place.
- Support the development of a positive learning culture across partnerships

Quality Impact Assessments

The CCG has a standard operating procedure which outlines the process for completion of quality impact assessments of the CCG's QIPP plans, before the projects are implemented.

The following principles have been adapted from National Quality Board guidance and underpin the CCG's QIA process:

- The patient comes first, not the needs of any organisation or professional group
- Quality is everybody's business
- If we have concerns, we speak out and raise questions without hesitation
- We listen to what patients and staff tell us about the quality of care and services
- If concerns are raised, we listen and '*go and look'*
- If we are not sure what to decide or do, then we seek advice from others
- Our behaviours and values will be consistent with the NHS Constitution

The process aims to

- Ensure that the CCG's QIPP plans have a neutral or positive impact on quality as well as reducing costs.
- Ensure that plans do not bring quality below essential CQC standards
- Assess all plans by their potential impact on quality and safety
- Undertake more in-depth reviews on those plans which are deemed to have a significant impact on quality.
- Provide governing board assurance on the outcomes of assessing the quality impact of plans.
- Ensure there is an ongoing process for assessing the quality impact of plans.

At the same time, QIPP plans undergo a Privacy Impact Assessment & Equalities Impact Assessment to ensure the implication on patient privacy have been fully considered and addressed, including personal data, and that they will not have a negative impact on protected characteristics.

Risks and Assurance - FGSEH

Portsmouth & South East Hampshire Clinical Commissioning Groups

CCG leadership and approach to risk

- Risk Management Strategy and Policy are in place
- A Risk Appetite Statement has been developed which is annually reviewed
- Board Assurance Framework established and updated at regular timely intervals
- Corporate Risk Register established by Directorates
- Corporate Risk Register reviewed at the Corporate Governance Committee at six weekly intervals and reviewed quarterly against the Board Assurance Framework
- Fortnightly peer to peer risk reviews undertaken by Directorate.

Assurance

- Audit Committee has overall responsibility for assurance for Risk Management
- The Governing Body reviews the Board Assurance Framework and approves all risks to be added and reviewed.
- The Governing Body scrutinises the highest scored risks.
- The Joint Clinical Cabinet reviews all projects and plans relating to transformation and scrutinises clinical risk.
- Internal Audits undertaken regarding Risk Management.

Transformation

- Work to be undertaken to identify CCG risks to STP projects and plans
- This will be progressed once the STP has been approved and implementation has commenced across the region.

Identified key portfolio issues and risks

The CCGs 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.

- Issues of engagement leading to slower implementation than planned
- The pace of transformation taking longer than planned resulting in higher than planned levels of activity and lower levels of financial savings
- Having the level of workforce required to deliver the changes and fulfil the functions within and across the new models of care
- Service transformation plans and timescales for implementation across PSEH could destabilise current service provision if not managed effectively
- Organisations across PSEH 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 the local changes required across PSEH to fulfil the requirements of the STP
- General capacity and capability of people to deliver the transformation agenda across PSEH

Each programme and project associated with the joint CCG operating plan will have their own risk analysis and associated risk register.

Risks and Assurance - Portsmouth

Portsmouth & South East Hampshire Clinical Commissioning Groups

CCG leadership and approach to risk

- Risk Management Strategy and Policy are in place
- A Risk Appetite Statement has been developed which is annually reviewed
- Board Assurance Framework forms part of the Integrated Quality & performance report which is updated monthly
- Corporate Risk Register brings together high scoring risks >15 from Directorate risk registers
- Corporate Risk Register reviewed & scrutinised quarterly by Audit Committee
- Directorate risk registers reviewed monthly at appropriate management

Assurance

- Audit Committee has overall responsibility for assurance for Risk Management
- The Governing Body reviews the Board Assurance Framework
- Internal Audits undertaken regarding Risk Management.

Transformation

Work to be undertaken to identify CCG risks to STP projects and plans

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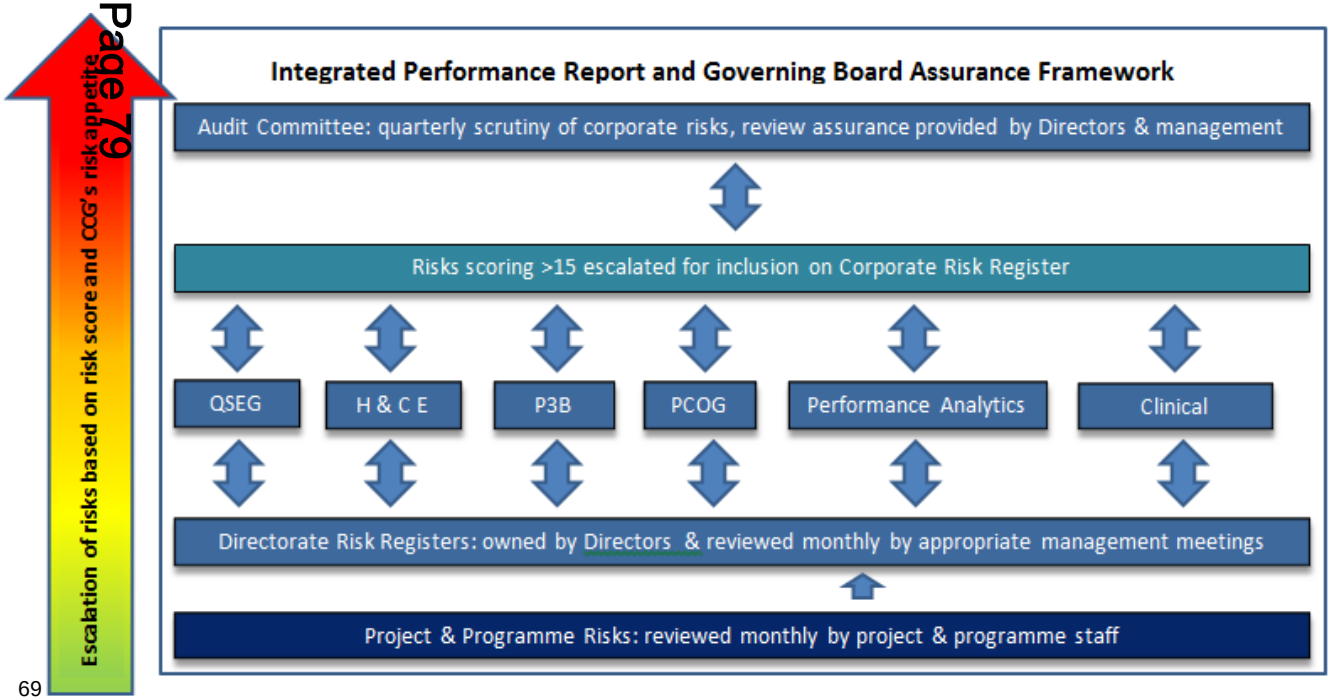

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- General capacity and capability of people to deliver the transformation agenda across PSEH

Each programme and project associated with the joint CCG operating plan will have their own risk analysis and associated risk register.

Governance to support delivery

South Eastern Hampshire & Fareham & Gosport

CCG Governance and Oversight

- The Governing Body has ultimate oversight of strategy and delivery
- Joint Clinical Cabinet & Primary Care Commissioning committee support this
- Financial Recovery and Sustainability Board hold programmes and projects to account and acts as the point of escalation for challenges and issues
- Clinical Chairs provide management oversight in support of the Accountable Officer

Local Delivery: South East Hampshire

- Better Local Care Clinical Leadership Group established with representation from locality MCPs, elected CCG GPS and FGSEH Alliance.
- 5 locality MCP boards established which are overseen by the MCP Oversight Group working to develop New Models of Care with guidance from the NMC national team
- Commitment to work as an Accountable Care System across PSEH
- Partners formed working group to explore this further
- NMC/MCP Partnership Forum and separate Operations Group established
- MCP Contract Procurement Board established

STP Governance and Assurance

- Hampshire Commissioning Group being further developed to allow joint decision making by Hampshire CCGs which will support STP Commissioning
- Oversight and Assurance of Hampshire Commissioning Group provided by individual CCG Governing Bodies
- Commitment of representation by PSEH at STP Partner – details tbc
- Local Delivery Units as detailed above will implement the changes and realise the benefits
- Core Groups e.g. communications, finance will support the change

Portsmouth

Portsmouth & South East Hampshire Clinical Commissioning Groups

CCG Governance and Oversight

- Governing Board has ultimate oversight of strategy and delivery
- Clinical Strategy Committee and Primary Care Commissioning Committee support this
- Portsmouth Programme Planning Board hold programme and projects to account and acts as the point of escalation for challenges and issues
- Clinical Executive provides management oversight in support of the Accountable Officer

Local Delivery: Portsmouth

- Recognise local delivery of the STP need to be done with local partners
- Commitment to work as an Accountable Care System across PSEH as our STP Local Delivery System (LDS)
- Partners formed working group to explore this further
- MCP Programme Board established to develop New Models of Care in line with the Portsmouth Health and Care 'Blueprint'
- Portsmouth Health and Care Executive established in partnership with Portsmouth City Council and with local partners to oversee delivery of the 'Blueprint'

STP Governance and Assurance

- Governance and Assurance arrangements being transitioned to focus on delivery phase through LDS as outlined above
- STP Executive Delivery Board supported by operational delivery group will oversee STP delivery
- LDS (inc P&SEH) will implement the changes and realise the benefits
- A number of alliances and enabling work programmes e.g. new models of care, effective patient flows - will help develop and enable change
- Core Group e.g. communications, finance will support the change

Improvement & Assessment Framework

Improved performance against current performance (displayed by RAG rated quartile)	P	FG	SEH
Quality of CCG leadership	3	3	3
Effectiveness of working relationships in the local system	2	1	2
Probity and corporate governance	-	-	-

Glossary

A&E	Accident & Emergency
ACS	Accountable Care System
AEC	Ambulatory Emergency Care
AF	Atrial Fibulation
AHSN	Academic Health Science Network
AMU	Acute Medical Unit
AVS	Acute Visiting Service
BCF	Better Care Fund
CCG	Clinical Commissioning Group
CEPNs	Community Education Provider Networks
CHC	Continuing HealthCare
CHP	Community Health Partnerships
CIP	Continuous Inpatient
CNST	Clinical Negligence Scheme For Trusts
COAST	Children's Outreach and Support Team
COPD	Chronic Pulmanary Obstructive Disorder
CQC	Care Quality Commission
CQRM	Clinical Quality Review Meeting
CQUIN	Commissioning for Quality & Innovation
CSU	Commissioning Support Unit
CTRs	Care & Treatment Reviews
CYP	Children & Young People
D2A	Discharge to Assess
DESMOND	Diabetes Education and Self Management for Ongoing and Newly Diagnosed
DH	Department of Health
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DToCS	Delayed Transfers of Care
DVT	Deep Vein Thrombosis
ED	Emergency Department
EIP	Early Intervention In Psychosis
EoL	End of Life
ERIC	Estates Return Information Collection
ETTF	Estates and Technology Transformation Fund
FG	Fareham & Gosport CCG
FIM	Future in Mind
FIT	Frailty Intervention Team
FNC	Funded Nursing Care
GP	General Practitioner
GPSoC	GP Systems of Choice
H&CE	Health and Care Executive
HCA	Healthcare Assistant
HIOW	Hampshire & Isle of Wight
HSCIC	Health & Social Care Information Centre
HWBB	Health & Wellbeing Board
IAF	Improvement & Assessment Framework
IAPT	Improving Access to Psychological Therapies
IDS	Integrated Discharge Service
IFR	Individual Funding Request
IG	Information Governance
IoW NHST	Isle of Wight NHS Trust
IPC	Integrated Personalised Commissioning
ITT	Invite to Tender
JSNA	Joint Strategic Needs Assessments
LTCS	Long Term Conditions
MCP	Multi Speciality Community Provider
MDT	Multi-Disciplinary Team
MECC	Making Every Contact Count
MH	Mental Health
MHFV	Mental Health Forward View
MSK	Musculoskeletal Care
NDPP	National Diabetes Prevention Programme
NHSE	NHS England
NICE	National Institute for Health & Care Excellence
NMC	New Models of Care
NMDS-SC	National Minimum Data Set – Social Care
OAP	Out of Area Placements
OOH	Out of Hospital
P	Portsmouth CCG
P3	Pathway 3
P3B	Portsmouth Planning Programme Board
PACS	Primary and Acute Care Systems
PAM	Patient Activation Measures
PCOG	Primary Care Operational Group
PHB	Personnel Health Budget
PHT	Portsmouth Hospitals Trust
PIA	Privacy Impact Assessment
PISCEs	Portsmouth Integrated Service for Children's Emergencies
PQQ	Pre-Qualification Questionaire
PRRT	Portsmouth Rehab and Reablement Team
PSEH	Portsmouth & South East Hampshire
PSMI	People with Serious Mental Illness
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity, Prevention
QSEG	Quality and Safeguarding Executive Group
QUASAR	Online service for quality surveillance and monitoring of commissioned services for the NHS
RTT	Referral To Treatment
SALT	Speech and Language Therapies
SCR	Summary Care Record
SE ADASS	South East - Association of Directors of Adult Social Services
SEH	South East Hampshire CCG
SHIP	Southampton, Hampshire, Isle of Wight & Portsmouth
SIRI	Serious Incident Requiring Investigation
SMI	Severe Mental Illness
STP	Sustainability & Transformation Plan
TIA	Transient Ischaemic Attack
UHS	University Hospitals Southampton NHS Foundation Trust
VBR	Values Based Recruitment

Definition of terms

Portsmouth & South East Hampshire Clinical Commissioning Groups

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
Capitated outcomes based contracts	Planning and providing services based around populations rather than treatment
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
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
Patient Activation Measures	the objective of measuring patient activation is to enable a wider system shift towards self-care and person-centred care, particularly for patients with long term conditions. Evidence suggests that measuring individuals' level of knowledge, skills and confidence, and then tailoring support through interventions that improve their activation, helps to empower patients and enables them to be in control of their own health and care.
Primary care	A patient's main source for regular medical care, such as the services provided by a GP practice
RTT pathway	Patients referred for non-emergency consultant-led treatment are on RTT pathways. An RTT pathway is the length of time that a patient waited from referral to start of treatment, or if they have not yet started treatment, the length of time that a patient has waited so far.
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
Type 1 A&E Department	Emergency departments are a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.
Voluntary & Community sector organisations (VCSOs)	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

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: Health and Wellbeing Board

Subject: Revised Future in Mind Transformation Plan

Date of meeting: 15 February 2017

Report by: Stuart McDowell - Integrated Commissioning Service

Wards affected: All

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1. Purpose

The Health and Wellbeing Board members to review the refreshed Future in Mind Transformation Plan we recently submitted to government.

2. Background and Context

Future in Mind Transformation Plan

1. In September 2014 a National Children and Young People's Mental Health and Wellbeing Taskforce was established to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

2. The final report Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing was published by the government in March 2015.

3. Local CCGs were required by NHS England to draw up Transformation Plans based on the recommendations of the Future in Mind report and the identified need locally. We submitted our plans which were agreed and will be receiving £406,773 every year for the next 5 years as from 2016/17 to help us deliver those plans.

4. We have recently had to submit a refreshed Transformation Plan to our NHS Regional Strategic Network which provides a progress update on the plans we set out in our original transformation plans. This update had to be submitted by the end of October 2016.

5. A key line of enquiry document was issued to all CCG's which identified all those areas we should cover in our revised plan. One of the KLOE was that we should have our plans ratified off by the CCG, the Health & Wellbeing Board and local partners.

This proved very challenging due to timescales and so we had to submit our plans with just CCG sign off. This was an issue for all CCG's across the region and so we have all sought retrospective sign off by local partners.

3. Information Requested

None

……
Signed by (Director) Assistant Director, Integrated Commissioning Service

Appendices:

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**
Revised Future in Mind Transformation Plan	Attached

Future in Mind

Portsmouth

Promoting, protecting and improving our children and young people's mental health and wellbeing

Local Transformation Plan Refresh - October 2016

FOREWORD

Few things can be more important in my work as a GP than helping to safeguard the future of vulnerable young people. So I consider myself privileged to be in a position to influence the way we shape future mental health services for young people across Portsmouth. Crucial to our thinking is the early identification of those at risk of poor mental health illness and the need for services to be integrated around the young person's needs and their family's needs. Young people and their families have been at the heart of our planning – and will clearly need to remain as our key stakeholders as the design and delivery of mental health provision continues to evolve.

Schools, colleges and the university will have a key role in promoting good mental health to children and young people and providing an environment that supports and builds resilience.

We already have excellent examples of services delivered by a range of health, mental health, social care and the voluntary sector organisations which are delivering improved 'joined up' outcomes for children. We are now actively building on these firm foundations.

Indeed we now have one shared vision which links three inter-related strategies and initiatives which help underpin our way forward.

We are approaching the second year of our Health & Care Portsmouth programme (also known as the 'Blueprint') which, among many other things, includes having co-located multi-agency teams for children and young people's services.

Stronger Futures is our new strategy for supporting children, young people and families in the city

Our Future in Mind initiative focuses on promoting, protecting and improving our children and young people's mental health and wellbeing.

Our ultimate aim is to give our young people an understanding of the importance of health and well-being to all aspects of their future lives; the resilience to cope with the challenges life brings; and an awareness and confidence in where they and their families can seek and receive help for themselves when this is needed. If we can achieve this, and we will leave no stone unturned in our efforts to do so, it will be a lasting legacy for future generations.

Dr Linda Collie
NHS Portsmouth Clinical Commissioning Group
Executive Member (Children and Families)

CONTENTS

1. INTRODUCTION

It has been a very busy year this year in taking forward our Future in Mind plans and we are proud with what we have been able to achieve alongside our strategic partners from the local authority, health, education and the voluntary sector. Our focus at the start of the year was to create the 'building blocks' to enable us to understand what stakeholders across the city thought were the gaps, strengths and potential ways we could improve the support available for children, young people and families which then led to the development of our health needs assessment which will also prove enormously valuable in shaping the direction of travel.

Future in Mind has been instrumental in raising the profile and importance of Children and Young People's Mental Health across the city and there is a strong commitment between partners to work better together to improve the offer and support available for our community. Future in Mind is a key local strategy underpinning this, supporting integration and workforce development and at the heart of this change is the need to upskill and develop the workforce's understanding of mental health and wellbeing. A key driver for this culture change will be the whole schools strategy that will be in place at the start of 2017 and the work to embed restorative practice across the workforce that will promote a strong, consistent approach to supporting children, young people and families across the whole city.

Involving young people and families is a key priority that we have struggled to fully realise although a lot of energy has been spent on trying. We have successfully engaged a group of parents who have supported us in our plans and have been involved in the co design/co evaluation of the new Emotional Health & Wellbeing service which is due to launch soon. Our ambition is to continue engaging with parents in a meaningful way as their involvement is crucial and we will try even harder and in different, more imaginative ways to involve young people using the principles of co-production.

Stuart McDowell
Future in Mind Project Lead
Integrated Commissioning Service

2. LOCAL STRATEGIC CONTEXT

2.1 Strategic Transformation Plan

The Wessex region are currently in the process of developing a strategic transformation plan that sets out the strategy and vision for improving the health and wellbeing of children and young people in Wessex. There is clear alignment within the STP and our future in mind transformation plan.

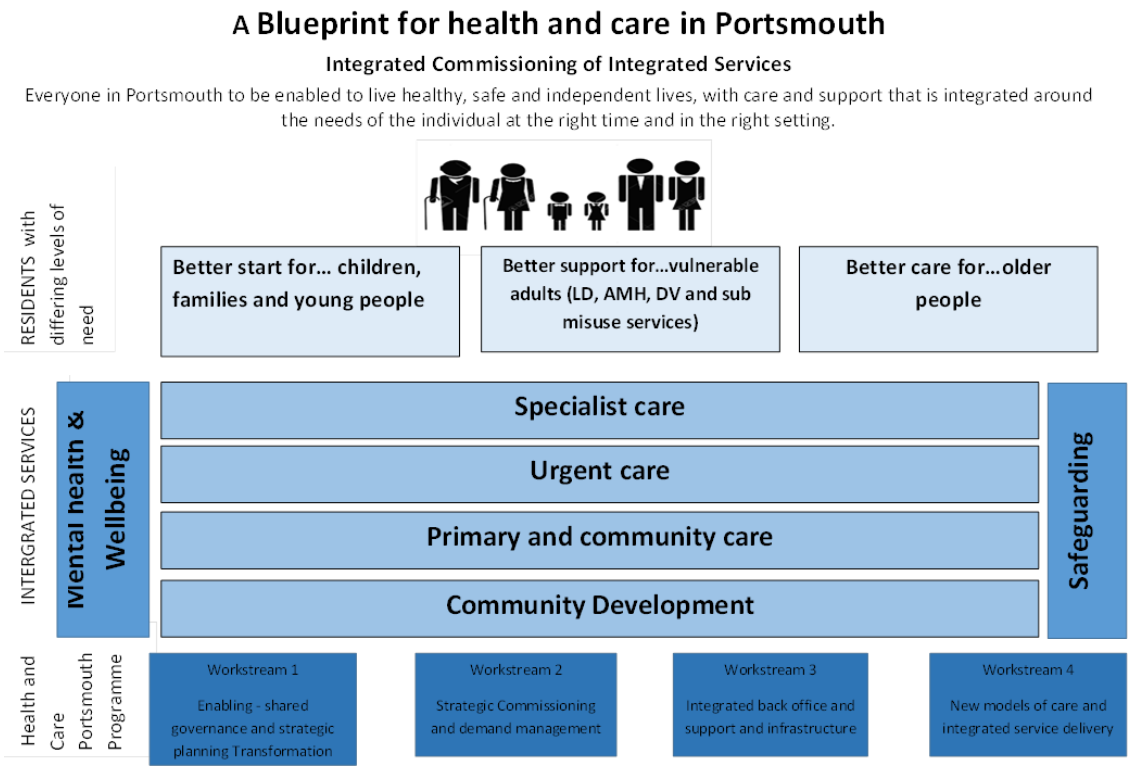
The key priorities where both plans align include:

- Improving resilience and positive emotional wellbeing in children/young people.
- Strategies to address maternal mental health problems during pregnancy and to promote good parent/carer-child relationships.
- Staff in schools, primary care, local authority children's services and 3rd sector agencies should possess enhanced knowledge of common emotional/mental health problems and neurodevelopmental disorders as well as signposting individuals to appropriate services.
- Extended hours support, crisis resolution and home treatment should be available for those young people otherwise at risk of psychiatric admission.
- A smoother experience of transition between services aimed at children/young people and services aimed at adults.
- For children/young people thought to require admission due to mental health issues, all agencies and professionals involved in the child's care should be included in decision making about whether admission is in the best interest of the child and family.

2.2 Portsmouth Blueprint

Over the summer of 2015, the organisations responsible for health and social care in Portsmouth came together to discuss the best ways to commission and deliver services and came up with an ambitious blueprint. The blueprint vision is for everyone in the city to live healthy, safe and independent lives with the right support for individual needs provided in the right place and at the right time. This means empowering individuals and communities to maintain good health and prevent ill health. It means a shift from acute care to community care. It means a radical improvement in early intervention and prevention and it means joining up the planning, commissioning, delivery and management of services.

The blueprint aims to remove issues caused by working as separate organisations and to join up services around the care of individuals. This will include bringing together the statutory functions of the different organisations, and creating a single body with delegated authority to commission all health and social care services. The result will be joined up services integrated around the care of the person and we will need to look at how this could be best delivered, such as through a 'lead' provider with staff co-located.



2.3 Stronger Futures

The Stronger Futures programme is about enabling and empowering families in Portsmouth to build good futures for themselves, improving the quality of their lives and reducing the need for expensive, reactive statutory services. Part of the Stronger Futures transformation programme is a way of working with children, young people and families that has been adopted known as Restorative Practice. This approach is about moving away from 'doing to' or 'doing for' towards a way of 'doing with' children, young people and families. Restorative practice places responsibility on families to make positive changes using a 'high support - high challenge' approach and it is an intention that all services working with children and young people will adopt this approach in the future.

2.4 Future in Mind

The Future in Mind transformation programme is an opportunity to build upon existing strategies and plans to strengthen the emotional resilience and mental wellbeing of children and young people and their families. It will be a key local strategy underpinning the Portsmouth Blueprint - supporting integration and workforce development. At the heart of the transformation programme is the need to upskill and develop the workforce's understanding of mental health and wellbeing and supporting the wider workforce to deliver support and interventions to children and young people and their families, enhancing access to lower level support and putting emotional wellbeing and mental health resilience at the centre of holistic care and planning.

An integral part of this programme is the work undertaken to engage with service users and local health, education and social care professionals to innovate effective quality services for our children, young people and families.

3. STAKEHOLDER CONSULTATION

There was a recognised gap in our previous transformation plan where we hadn't sufficiently consulted with stakeholders. This has been fully addressed with a comprensive stakeholder consultation process undertaken from 1st January to 18th March 2016.

A total of 335 participants engaged in this consultation, by either completing a questionnaire/survey monkey or attending Focus Group Meetings, Workshops or 1-2-1 interviews. The complete findings are available in the full report. A summary of the key findings follows:

3.1 Children and Adolescent Mental Health Workforce

Joined Up Workforce

Professionals and young people highlighted the need for more joined up working, young people stating that it was extremely important that services supporting young people's mental health worked together to provide care and support when required. Professionals also stated that the key to services working better together is improved communication, better liaison between professionals and clear responsibilities.

Workforce Skills

The professionals believe that it is important to have a workforce that understands what's important about the work they do to support young people and their families. They suggested that when practitioners have the skills, knowledge and experience required for their role or particular field of work, this is when they system works well. Professionals also stated that more training needs to be available for all staff working with young people, who use many services, to ensure that everyone is able to support young people where appropriate. It is suggested that training could be a shared resource amongst services, rather than keeping it within teams/areas.

School Support

Professionals and young people raised school support as a key issue with professionals expressing their concern that some schools do not have the skills and/or resources to appropriately support children's social and emotional needs. Young people also expressed the need to have members of staff in their schools/colleges who could offer them the help they need when facing difficulties.

3.2 Communication/Mental Health Promotion

Information Availability

Across all stakeholders participating in this consultation the lack of information was raised as an issue with availability and accessibility being a common theme. Parents/carers specifically raised the lack of information relating to how they could support, teach or manage their child as an issue and young people requested more information being available about mental health generally within their schools/colleges along with guidance about where best to get specific information and support.

Stigma

It is also clear from feedback received from young people and parents/carers that stigma is still attached to users of mental health services. Young people and parents/carers suggest that the level of stigma is reducing, but the concerns amongst young people about confidentiality and about not being seen to be visiting or using services clearly illustrates a significant perception of stigma still exists.

3.3 Identified Gaps in Provision

Autism

Both parent/carers and professionals highlighted the lack of help and support for young people with autism and their families, particularly for young people with behavioural problems related to autism. Professionals raising particular concern for young people who do not attend special schools as these young people were unlikely to be seen by CAMHS and therefore not in a position to receive the help and support they need.

Crisis Care

Young people, parents/carers and professionals all raised Crisis Care as a key issue. Professionals raising concern regarding a noticeable gap in provision between support and crisis care. They are reporting that young people, parents/carers and professionals have to wait until the young person reaches crisis point before being able to access support. It was stressed that effective crisis intervention and instant support in 'crisis' situations is required.

Early Intervention - Low Level Support

Professionals highlighted that there is a gap in the provision of early intervention, low level support such as counselling, this is also supported by feedback received from the young people themselves. The professionals believe that by intervening earlier and providing additional low level support (counselling) would help prevent the mental health needs of young people from progressing and therefore requiring more intensive, specialist support.

Infant Mental Health

The lack of support available within the infant mental health service provision was raised as a concern by professionals. They stated that more support in this area would improve outcomes for children and parents identified with attachment issues and also suggested that addressing such mental health issues during the infant years is a key example of prevention in health care.

Self-Harm/Suicide

It is apparent from this consultation that there is confusion for both professionals and young people regarding the support available around self-harm and suicide. Young people stating that there is no clear process with many young people telephoning the Police for support. Professionals are also unclear regarding the referral process and specifically which service covers particular areas and issues around young people between 16-18 years of age.

3.4 Operational Issues

Accessibility/Referral Process

A number of areas were identified by all stakeholders regarding the accessibility of services for young people with mental health problems. Professionals acknowledge that work needs to be undertaken to address the problem, both in terms of venue and time but also around the frequency of appointments. Young people stressed that often their appointments would fall within the time they should be attending school/college and would always be in clinical settings, both of these issues having a negative impact on the young person.

Another point raised by professionals and parent/carers alike was the difficulty experienced trying to access the service in the first instance. Professionals suggesting that one way to alleviate this would be to review the referral process allowing a wider range of professionals to refer into services. Parents/carers stressed that the whole system should be reviewed they considered that the young person's school/college should be the 'referrers' rather than a GP.

Waiting Times

Professionals highlighted that waiting times is an issue and believe that this could be resolved if there was more diversity in the offer given to young people. Young people and parents/carers felt that the waiting times were too lengthy (up to 4 months to receive the first counselling session) and that additional support should be available.

Transition between Children and Adult Services

The transition between children and adult services is also a concern for all participants in this consultation. Professionals stressing the importance of a much smoother transition process between children and adult services. This point was also raised by young people and parents/carers alike, with young people stating that the transition should be when the young person feels ready and emotionally stable rather than at a specific age.

Professionals also stated that it was particularly important that training was made available to all staff working with young people to ensure that everyone is able to support young people to continue with their planned care when discharged or transitioned out of services.

3.5 Young People/Parent Support

Peer Support

Both young people and parents/carers emphasised the importance of being given the opportunity to meet up with other young people, parent/carers who found themselves in the same or similar position. They stressed that being able to discuss their situation with each other gave them the feeling or being able to cope with the situation and removed the feeling that they faced their particular circumstances alone.

Young People with Complex Mental Health Needs

Parents/carers of young people with complex mental health issues expressed their concern of the lack of support, particularly around coping strategies and understanding their child's needs, via survey monkey and Focus Group meetings held for parents across the city. Two of the biggest concerns raised were not having a specific training course designed for parents who have children with complex mental health needs and the lack of help/support available to parents suffering from anxiety due to their child's complex needs.

Conclusion

Across the consultation, participants commented that the characteristics of an ideal service would include being accessible and available, providing support in a timely fashion, privacy and confidentiality, clear communications, working with the same professionals each time, being listened to and believed, having key information available, and the opportunity for an informal first meeting.

The combination of the research already undertaken along with the findings from this consultation now gives us a clear view of the current children and adolescent mental health service. This review has highlighted the need for services that have been genuinely designed for young people, that young people and parents are listened to, that professionals have time and resources to provide appropriate services, and that the services are provided in a timely fashion.

4. COMMISSIONING ARRANGEMENTS

Portsmouth City Council and the NHS in Portsmouth have a long history of positive and productive joint working. In 2010 our integrated commissioning arrangements were formalised using section 75 flexibilities (NHS act 2006) giving Portsmouth City Council delegated lead commissioner function from NHS Portsmouth CCG to commission a wide range of community health and social care services for adults and children.

4.1 Integrated Commissioning Service

The Integrated Commissioning Service (ICS) was established to deliver these arrangements and over the last five years it has grown with the ambition to be an innovator in the commissioning of whole life pathways to deliver efficiencies and improve outcomes for vulnerable adults, children and families in the city. The ICS mission is to "Improve Health and Wellbeing outcomes for the people of Portsmouth through excellent commissioning" The service continues to evolve in line with the changing commissioning landscape.

The ICS is a joint commissioning service for Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group with the aim to deliver efficiencies across departments and improve outcomes for vulnerable adults, children and families in Portsmouth through the commissioning of whole life pathways, joining up the delivery of services, and adopting a strategic approach to the wider determinants of health and wellbeing. The ICS also works in partnership with the Voluntary and Community Sector in Portsmouth and there are a number of dedicated roles within the team whose roles are to maintain and build on those positive relationships. The ICS delivers commissioning and contracting functions across a range of areas that include:

- Community Services
- Public Health
- Physical Disabilities
- Learning Disabilities
- Children and Family Services
- Carers
- Adult Mental Health and CAMHS services
- Substance Misuse
- Supporting People

5. HEALTH NEEDS ASSESSMENT

We are currently producing an health needs assessment which aims to describe and quantify (where possible) the need for preventative and other mental health services for children and adolescents in Portsmouth; to assess whether the use of services by children and adolescents with mental health problems in Portsmouth reflects need; and to make recommendations.

The needs assessment covers the mental health and wellbeing of children and young people in Portsmouth aged 0 to 24 years, highlighting where possible, groups at increased risk of experiencing mental health problems and links directly to the strategic plans of several boards.

5.1 Prevalence Rates

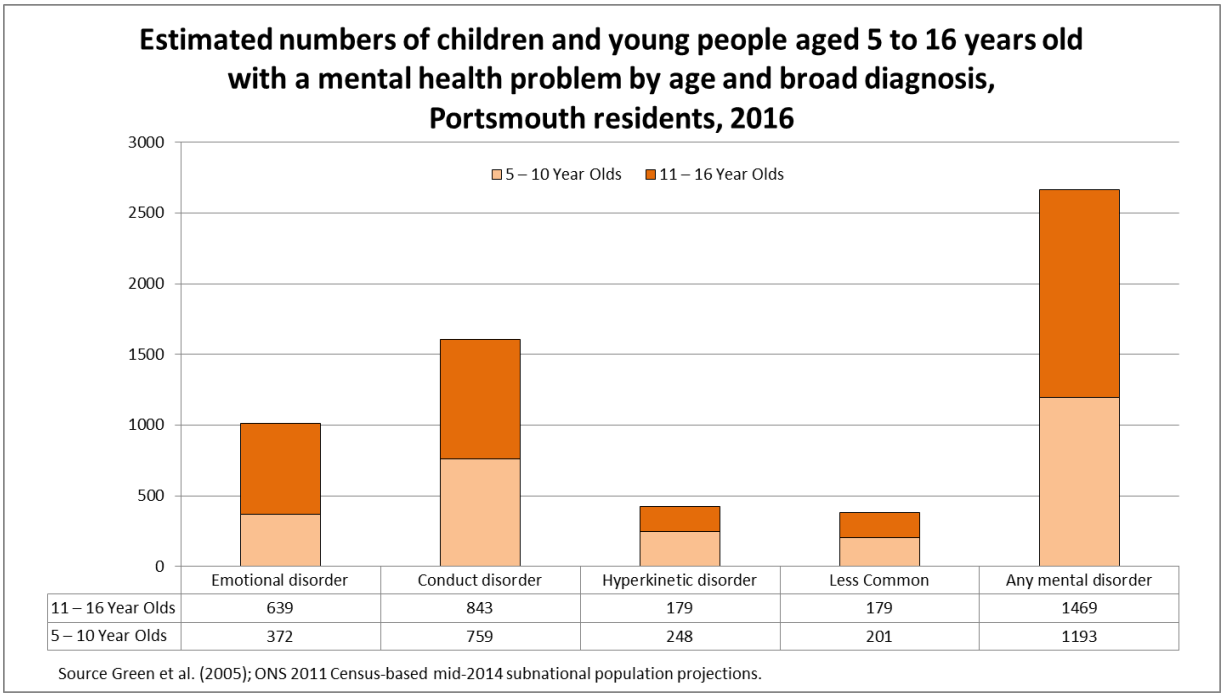
Between 2001 and 2011, Portsmouth's population of 0-24 year olds increased from 63,336 to 74,223 - with the largest increases of around 3,200 in 15-19 year olds and around 6,100 in 20-24 year olds.

In 2021, a projected 77,232 0-24 year olds will be living in the city. The greatest increase will be in those aged 10-14 years old which will increase by around 1,800 children (16% increase). The other age groups are predicted to decrease or increase by less than 2%.

It is estimated that there could be 2,126 pre-school children aged 2-5 living in Portsmouth who have a mental health disorder, studies in children aged 2-5 found that average prevalence rate of any mental health disorder in the age group was 19.6%.

There are 14,423 young people aged 15-19 and 23,688 young adults aged 20-24 in Portsmouth. Together, those aged 15-24 account for 18% of Portsmouth's population. The population of young adults aged 16-24 in Portsmouth is divided between 18.9% males and 16.8% females.

Children aged 11-16 years are more likely than those aged 5-10 to experience mental health problems. On the whole, boys are more likely than girls to experience conduct disorders and other mental health problems. However, girls are more likely to experience or have experienced certain conditions such as eating disorders.



Nationally, it is estimated that nearly 1 in 10 children aged 5-16 has a mental disorder. Emotional and conduct disorders are the most common mental disorders as seen in the table below. It is estimated that 19.2% of children and young people aged between 5-16 years have a mental health disorder in Portsmouth.

Prevalence and Estimated Numbers of Mental Health Issues (16-24 Years), Portsmouth (2016)

	16-24 Year Old Prevalence	Estimated Number of Residents Aged 16-24 Years
Any common mental health disorder	17.5	6,311
Mixed anxiety / depressive disorder	10.2	3,678
Generalised anxiety disorder	3.6	1,298
Depressive episode	2.2	793
All phobias	1.5	541
Obsessive-Compulsive Disorder	*2.3*	829
Panic Disorder	*1.1*	397
Post-traumatic stress disorder	4.7	1,695
Psychotic disorder	0.2	72
Attention deficit hyperactivity disorder (ADHD) (All six characteristics)	1.1	397
Attention deficit hyperactivity disorder (ADHD) (Four or more of six characteristics)	9.5	3,426
Eating disorder (Score 2 or more with significant impact)	3.5	1,262
Eating disorder (Score 2 or more)	13.1	4,724
Co-morbidity (2+)	12.4	4,471

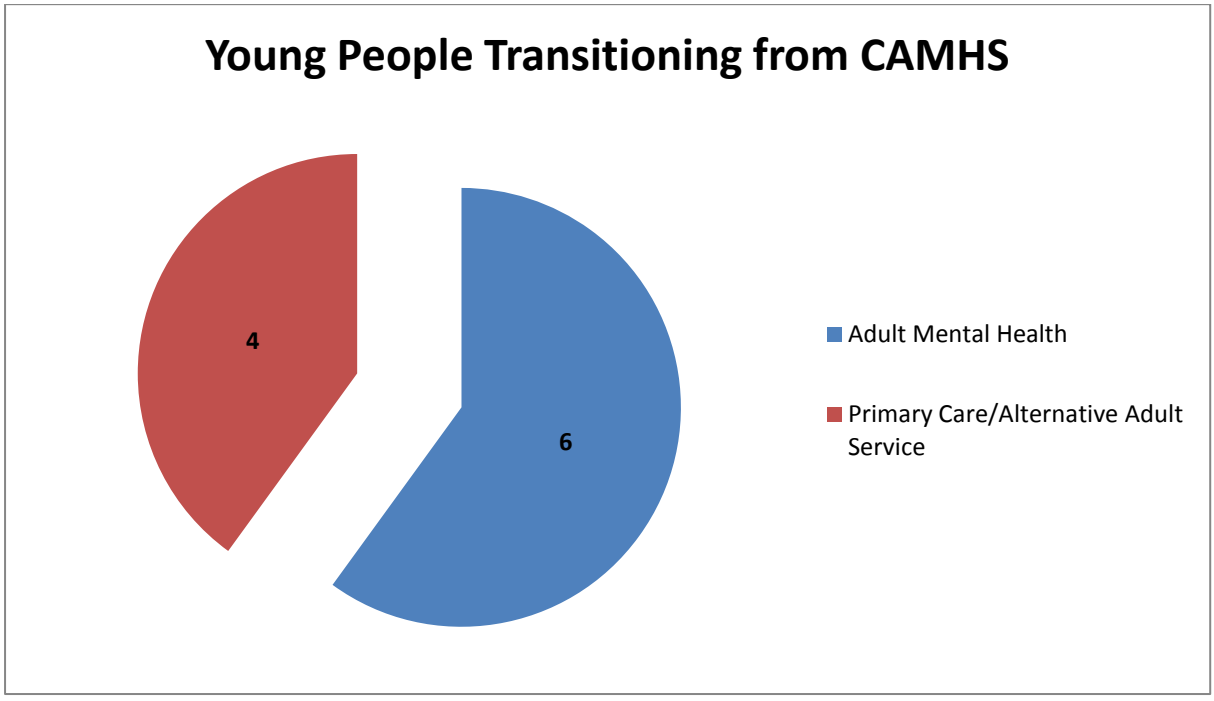
An estimated 4,120 to 6,180 children in Portsmouth are in need of Tier 1 services, falling to between 30 and 190 in need of Tier 4.

Estimated Level of Need by Service Tier for Portsmouth (2016)

	Model by Kurtz, 1996		Model by Campion and Fitch, 2013 (Joint Commissioning Panel for Mental Health model)	
	Prevalence, under 17 years old	**Estimated number, under 17 years**	**Prevalence, under 17 years old**	**Estimated number under 17 years**
Tier 1	15.00%	6,180	10.00%	4,120
Tier 2	7.00%	2,880	7.00%	2,880
Tier 3	1.85%	760	3.00%	1,240
Tier 4	0.075%	30	0.47%	190

5.2 Transition

In Portsmouth, CAMHS offer mental health care to young people until they are 18 years old. From the age of 17.5 years CAMHS work with the young person and their parent/carer to prepare an appropriate plan for the future. The plan is based on exploring pros and cons of the different options available. The graph below indicates the number of young people transitioning from CAMHS between May 2015 and June 2016:



Currently the CAMHS team is working on improving the way in which transitions are monitored and recorded and a spreadsheet has been set up detailing all young people approaching 17.5 years. The proposal is to develop a new system whereby all clinicians who have a young person approaching 17.5 years of age will add them to the spreadsheet to initiate the transition process. The young person's progress will then be monitored to ensure the correct standards for transitioning are being met. All clinicians will be using a transitions checklist which details when and what they need to do as part of the young person's transition out of the service. The correct stages of transition will then be checked and recorded on the transitions spreadsheet as and when they are completed by the case holder of the young person.

5.3 Service Offer with Staffing Numbers and Activity Data

Universal Services

You and Your Baby	Pre and Post-natal depression group that support mother and baby bonding and reduce isolation, including relaxation, breathing and mindfulness; general group discussion, sharing of experiences; support and advice on healthy eating and living; advice about baby and mother's sleep; Cognitive Behavioural Therapy (CBT) group to help manage stress/anxiety.
Respond Portsmouth	Pre and Post-natal depression group that support mother and baby bonding and reduce isolation, including relaxation, breathing and mindfulness; general group discussion, sharing of experiences; support and advice on healthy eating and living; advice about baby and mother's sleep; Cognitive Behavioural Therapy (CBT) group to help manage stress/anxiety.
Shelf Help	The books provided by Shelf Help offer tips and ideas to help young people understand and manage emotions as well as cope with difficult situations. Some of the recommended books suggest useful self-help techniques. There are also person stories, graphic novels and fiction. Reading about other people's experiences and feelings can sometimes help young people understand their own. The Shelf Help collection is comprised of 125 books (multiple copies of the 35 titles in the collection). Since April, the collection has generated 175 book issues (this doesn't necessarily mean that 175 people borrowed one item, it could also mean that fewer people borrowed a number of books, and perhaps the same book has gone out more than once). This amounts to 20% of the collection being on loan currently.
4U	Public Health Portsmouth supports lesbian, gay, bisexual, transgender and questioning young people aged 11-19 through the 4U LGBTQ Youth Services in Portsmouth. This service offers a regular youth group, 1-1 support in schools, Personal, Social, Health Education (PSHE) citizenship lessons in schools as well as supporting gay/straight alliance groups in secondary schools.
The Healthy Child Programme	The Healthy Child Programme is an evidence based programme for children and families, including developmental reviews, information and guidance needed to achieve their optimum health and well-being. The programme aims to improve a range of outcomes such as: strong parental-child attachment; better child social and emotional well-being; a reduction in childhood obesity; prevention of serious and communicable diseases; improved readiness for school and learning; better short and long-term outcomes for children at risk of social exclusion. The Healthy Child Programme utilises graduated response -community, universal, universal plus, universal partnership according to need. The workforce includes health visiting and school nursing (commissioned by Public Health) and also the wider community child health services, voluntary services and school professionals.

Family Nurse Partnership	The Family Nurse Partnership (FNP) is a preventive programme, usually offered to first-time young mothers who are under 20 years of age and before they are 20 weeks pregnant. The same family nurse works with families from early pregnancy up until the child is two years old. The programme's primary focus is the future health and well-being of the child and mother. It is effective with young parents who have low psychological resources, limited family support and low educational achievement. Family nurse practitioners have backgrounds in midwifery and health visiting and they receive additional training to support them for the specific role. The Family Nurse Partnership has seven nurses in a maximum client capacity of 175, with average 160 clients on its books at any one time.
Young Carers	Public Health Portsmouth works with schools to identify young carers and find appropriate ways to share information between education and carer services. The aim is to give school-age carers the guidance and support they need in order to fulfil their caring role and reach their maximum educational potential.

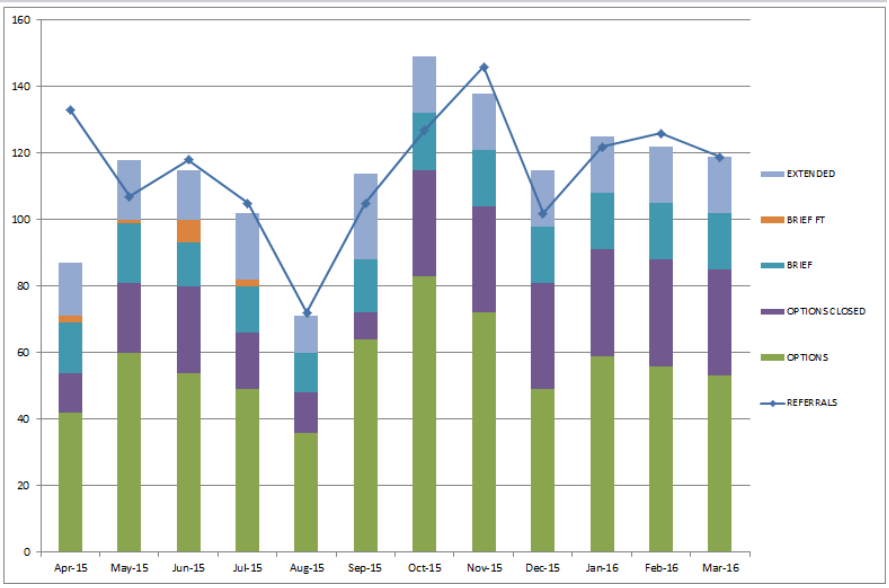
Targeted Services

<table>
<tr><th>Service Description</th><th>Number Supported</th><th>Current Issues</th></tr>
<tr>
<td><u>CAMHS Single Point of Access</u>
The aim of this team is to promote the mental health and psychological wellbeing of all Portsmouth's children and young people and to provide a range of high quality, accessible services that are responsive to needs as they arise. The role of the CAMHS SPA is to act as an interface between universal first contact services for children and families and specialist CAMHS (Extended Team).</td>
<td><u>Total number of Options Appointments = 673</u>

Breakdown:
<table>
<tr><td>Closed or signposted to other services</td><td>241</td></tr>
<tr><td>Offered some brief intervention</td><td>202</td></tr>
<tr><td>Placed on Extended Team waiting list</td><td>192</td></tr>
<tr><td>Signposted to a medic</td><td>30</td></tr>
<tr><td>Placed on the 3 month watch list</td><td>3</td></tr>
<tr><td>Awaiting more information</td><td>5</td></tr>
</table>
</td>
<td>50% of the referrals to this service do not meet the service's criteria.

Commissioners are now in the process of utilising some of the 'Future in Mind' funding to bring a new service into operation in January 2017 to help alleviate this situation.</td>
</tr>
<tr>
<td colspan="3"><u>Workforce</u>:
Band 7: 1WTE (Clinical Team Leader)
Band 7: 1WTE x 2 + 0.8WTE x 1 + 0.5WTE x 1
Band 6: 1WTE x 4 + 0.8WTE x 1</td>
</tr>
<tr>
<td colspan="3"><u>Waiting Times:</u>
Options Appointments = 4 Weeks - Treatment = 4 Weeks</td>
</tr>
</table>

Graph showing the Outcome of each Referral to the CAMHS Service through the SPA Team (2015/2016)



Service Description	No: Supported	Current Issues
Talking Change Talking Change is a service which provides a range of therapies and treatments for those dealing with common mental health problems. The service is for people aged 16 and over who are registered with a GP in Portsmouth and who are experiencing mild to severe depression and/or anxiety. The service is delivered by a team of specialist therapists and counsellors. The support provided is often described as "Talking Therapies" and follows guidance from the National Institute for Health and Care Excellence (NICE) to ensure the best care based on needs is provided.	**Total number of treatments provided = 327** **Breakdown:** 16-18 year olds: **37** 19-25 year olds: **284**	During 2015/2016 there were 1398 referrals to this service, however only 327 young people received treatment. Why so many young people are failing to engage with this service is currently being investigated by commissioners with a view to understanding the reasons behind this and to support the provider by exploring ways in which they could improve their engagement rates.
Off the Record Off the Record deliver informal support, 1-1 counselling and information to young people aged 11-25 who are suffering from or are at risk of a range of problems, including relationship difficulties, social isolation, mental ill-health, violence, alcohol addiction, drug abuse, smoking and obesity.	**Total number of Contacts = 1193** **Breakdown:** Quarter One: **300** Quarter Two: **474** Quarter Three: **194** Quarter Four: **225**	The service has seen an increase in the referrals from GPs, CAMHS and Social Services over the 2015/2016 financial year. This has led to difficulties in capacity and also long waiting times for young people some of them waiting up to 6 months to receive counselling. Commissioners are now in the process of utilising some of the 'Future in Mind' funding to bring a new service into operation in January 2017 to help alleviate this situation.

U-Turn Service - Barnardo's	The U-Turn service is for young people under the age of 18 who are at risk of or being sexually exploited. It helps young people to keep safe and supports them to deal with relationships and issues affecting their lives.
Family Intervention Service - Barnardo's	The aim of the Family Intervention Service is to intervene effectively to meet the complex and diverse needs of children and families to improve outcomes and negate the need for statutory intervention. The target group is families where children are at risk of requiring statutory Tier 4 services - particularly Children's Social Care, Youth Offending services and Special Education.
Family Intervention Service - E C Roberts	This service delivers a Family Intervention Project for the Portsmouth area and Portsmouth City Council tenants living in Havant. They work with a maximum of 6 families at any given time. Referrals are made by the Housing Service but will reflect antisocial behaviour (ASB) and risk to tenancy as confirmed by the ASB Unit Housing Team.

Specialist Services

<table>
<tr><th>Service Description</th><th>Number Supported</th><th>Current Issues</th></tr>
<tr>
<td><u>Extended CAMHS Team</u>

The aim of this team is to provide longer term individualised treatment interventions designed to address the needs of children and young people and their families/support networks who have serious to severe mental health disorders. They also provide an assertive outreach approach to assist young people who may otherwise find CAMHS services difficult to access.

The Extended CAMHS team fulfils a variety of functions in meeting the needs of children and young people with mental health problems in the city. The main four functions are:</td>
<td><u>Total number of Partnership Appointments = 88</u>

(Partnership Appointments are the first line intervention offered by this service)

Breakdown:
<table>
<tr><td>Anxiety</td><td>61</td></tr>
<tr><td>Low Mood</td><td>38</td></tr>
<tr><td>Self-Harm/Suicide</td><td>29</td></tr>
<tr><td>School Attendance</td><td>5</td></tr>
<tr><td>OCD</td><td>5</td></tr>
<tr><td>Eating Problems</td><td>4</td></tr>
<tr><td>Sleep</td><td>2</td></tr>
<tr><td>Gender</td><td>1</td></tr>
<tr><td>Psychotic Type</td><td>1</td></tr>
</table>

<u>Please Note:</u> The above table indicates the different needs described for patients at referral to the Extended Team. Most referrals described more than one need.</td>
<td>A gap in the provision of care for young people in crisis has been identified. The need for a more robust crisis care package for young people is indicated which would reduce numbers of Tier 4 admissions as well as the length of stay of admissions.

This has resulted in the development of a Crisis care post to co-ordinate, deliver and evaluate crisis care within CAMHS. The post will be able to assess, treat and risk manage young people. They will be able to prescribe medications where indicated and develop multi agency care plans. The role will also involve supporting the family and the network to plan for and manage crisis.

Data and feedback will be collected in regards to the post and the service provision. An evaluation will be carried out at the end of the first year of operation.</td>
</tr>
</table>

<table>
<tr><th>Service Description</th><th>Number Supported</th><th>Current Issues</th></tr>
<tr><td>

- Intervention for children and young people in mental health crisis
- Intervention for Targeted and Specialist level mental health difficulties
- Assessment for neurodevelopmental disorders

Specialist treatments where indicated by type/level of impairment

</td><td>

Total number of Neuro-developmental Assessment (January-March 2016) = 13

Breakdown:

Diagnosed ASD	**4**
Diagnosed other MH Disorder/Further MH Disorder Assessment	**3**
Diagnosed other ND or LD	**2**
Further Assessment (i.e. ADOS/Sensory)	**2**
Not ND (No other intervention indicated)	**2**

Total number of Specialist Treatments = 63

Breakdown:

Emotional Coping Skills	**14**
Controlling Worries	**7**
Art Psychotherapy	**5**
Psychotherapy	**15**
Cognitive Assessments	**5**
Occupational Therapy - Sensory Input	**4**
Family Therapy	**9**
Specialist CBT	**4**

</td><td></td></tr>
<tr><td colspan="3">

Workforce:
Band 7: 0.69WTE (Clinical Team Lead)
Band 7: 1WTE x 1 + 0.69WTE x 1 + 0.5WTE x 1
Band 6: 1WTE x 3
Band 5: 1WTE x 2
Band 4: 1WTE

</td></tr>
</table>

<table>
<tr><th>Service Description</th><th>Number Supported</th><th>Current Issues</th></tr>
<tr>
<td><u>Looked After Children Team</u>
The aim of this team is to promote the mental health and psychological wellbeing of all Portsmouth's Looked After Children and Young People and to provide a range of high quality and accessible services that are responsive to needs as they arise and to promote and support placement stability.

Unaccompanied Asylum Seekers
This year there has been an increase in unaccompanied asylum seeking children arriving in the Portsmouth area. Due to the needs of these young people a new pathway has been devised which takes into account the overall presentation of the young person in relation to the experience they have been through, placement stability and how/if the young person is integrated into the placement and community.

Foster Carers
All approved foster carers will have an allocated, suitably qualified supervising social worker. The allocated supervising social worker is responsible for supervising and supporting carers, ensuring that they have the necessary guidance, support and direction to maintain a quality service, including safe caring practices. This will include an understanding that they must work within the National Minimum Standards for Fostering and the agency's policies, procedures and guidance.</td>
<td><u>Total number of episodes of care offered = 70</u>

Breakdown:
<table><tr><td>Direct and Individual Work</td><td>35</td></tr><tr><td>Intervention</td><td>35</td></tr></table>
Direct work includes mental health assessment, meeting with the young person, psycho education to carers and network, attending network and strategy meetings and advice to schools.

An Intervention is provided through regular network meetings, meetings with carers and professionals and the team decide on which intervention is most appropriate based on the presentation of the young person.

<u>Total number of Unaccompanied Asylum Seeker referrals received = 10</u>

Breakdown:
<table><tr><td>Referral accepted</td><td>4</td></tr><tr><td>Referral not accepted</td><td>4</td></tr><tr><td>Referrals waiting</td><td>2</td></tr></table></td>
<td></td>
</tr>
<tr>
<td colspan="3"><u>Workforce:</u>
Band 7: 0.8WTE (Clinical Team Lead)
Band 7: 0.4WTE x 1
Band 6: 1WTE x 2 + 0.8WTE x 2
<u>Please Note</u>: The members of the workforce above work across the Looked After Children and Youth Offending Teams</td>
</tr>
</table>

<table>
<tr><th>Service Description</th><th>Number Supported</th><th>Current Issues</th></tr>
<tr><td><u>CAMHS Learning Disability Service</u>
The aim of this service is to improve the quality of life for young people with learning disabilities and their families through helping them participate fully in education, social activities and family life and manage the difficulties associated with having or being part of a family where a child has a learning disability. To minimise the intensity, frequency, duration and impact of challenging behaviour and mental health difficulties in children and young people with learning disabilities.</td><td><u>Total number of referrals received = 72</u>

Breakdown:<table><tr><td>Community Paediatricians/CDC</td><td>27</td></tr><tr><td>Education</td><td>13</td></tr><tr><td>GPs</td><td>11</td></tr><tr><td>Families themselves</td><td>6</td></tr><tr><td>Other CAMHS Teams</td><td>4</td></tr><tr><td>Social Care</td><td>4</td></tr><tr><td>Other</td><td>7</td></tr></table></td><td></td></tr>
<tr><td colspan="3"><u>Workforce:</u>
Band 7: 0.69WTE (Clinical Team Lead)
Band 7: 1WTE x 1 + 0.6WTE (Medical)
Band 6: 0.8WTE x 3
Band 5: 1WTE x 2</td></tr>
<tr><td><u>Youth Offending Team</u>
The Youth Offending Team is a multi-disciplinary Community Youth Justice Team. It provides an assessment and intervention service for children and young people (10-18 years) who have committed a criminal offence. The team has a specialist CAMHS nurse attached, who provides mental health consultation, training and direct work.</td><td><u>Total number of young people offered an intervention = 41</u>

Breakdown:<table><tr><td>Worked with and Closed</td><td>20</td></tr><tr><td>Completed an Intervention Programme</td><td>17</td></tr><tr><td>Moved out of area into Secure Estate</td><td>3</td></tr><tr><td>Referred onto Specialist Support</td><td>1</td></tr></table></td><td></td></tr>
<tr><td colspan="3"><u>Workforce:</u>
Band 7: 0.8WTE x 1 (Clinical Team Lead)
Band 7: 0.4WTE x 1
Band 6: 1WTE x 2 + 0.8WTE x 2
Please Note: The members of the workforce above work across the Looked After Children and Youth Offending Teams</td></tr>
</table>

Service Description	Current Issues
Current Eating Disorder Offer There is no distinct Eating Disorder service in Portsmouth and as such all referrals are seen through the CAMHS SPA/Extended team. There is a distinct Adult Eating Disorder Service across Hampshire that includes Portsmouth which is delivered by NHS Southern Health Foundation Trust; their aim is to see 17+ year old first onset eating disorder clients. There is currently no intensive community treatment available.	Gaps in the existing Eating Disorder pathway have been identified. An enhanced Eating Disorder programme is being development during 2016 as follows: **To establish** • An Integrated Pathway Lead Role • An Eating Disorders Support Group • A ED Co-ordinator Role • Daily contact with Hospital upon admission • Daily contact (at risk of going into hospital) • Daily contact upon discharge from hospital • Dedicated family therapy time • Staff training (IAPT model/Maudsley model)
Hampshire Liaison & Diversion Service	This service covers South East and South West Hampshire court areas with two teams based in Portsmouth and Southampton. Working in partnership with Solent NHS Trust, the Southampton and Portsmouth teams assess and engage with vulnerable people who find themselves within the criminal justice system. Practitioners take a proactive role in ensuring that individuals receive the right care and interventions. The service also offers advice and support to police officers, magistrates and other colleagues working within the criminal justice system to help them determine the most appropriate outcome for each person, whose vulnerabilities may include mental illness, learning disabilities and autism. The Portsmouth team covers custody suites in Portsmouth, Fareham and Waterlooville and Havant. They also cover the Portsmouth Crown Court and Portsmouth and Fareham Magistrates Courts. The team has a duty worker available from 8.00am to 8.00pm each day of the week.

Highly Specialist Services

<table>
<tr><th>Service Description</th><th>Number Supported</th><th>Current Issues</th></tr>
<tr>
<td><u>Paediatric Liaison</u>
Paediatric Liaison is a multi-disciplinary specialist CAMHS team. It provides a dedicated psychiatric and psychological service for children and young people (0-16 years) in acute inpatient and outpatient paediatrics and the Special Care baby Unit at Queen Alexandra Hospital.</td>
<td><u>Total number of Inpatient Admissions = 10</u>

Breakdown:
<table><tr><td>Eating Disorder</td><td>4</td></tr><tr><td>Suicidal Intentions</td><td>4</td></tr><tr><td>Psychosis</td><td>1</td></tr><tr><td>OCD</td><td>1</td></tr></table>
<u>Please note</u>: There have been a number of admissions avoided during the year, in particular 5 cases that were assessed for admission but were held in the community through CAMHS intervention.</td>
<td>Portsmouth's national outcome measure for those aged 10-24 years admitted as a result of self-harm shows an increasing trend and has been significantly higher than England for the past three financial years. In 2014/15 the local rate was the highest of 150 county/unitary authorities.

One of the reasons for this might be the way in which activity is counted and coded in Portsmouth Hospitals Trust. In order to improve the clinical assessment pathway for people who self- harm, Portsmouth and Hampshire commissioners are working together to review the self-harm pathway from Queen Alexandra Hospital (QAH) (CAU/ED) and into the acute and community services with the aim being to develop an integrated paediatric mental health liaison service working from QAH using a triage approach. This will ensure that a young person is only admitted if they have been clinically assessed to do so. It may be that a young person may be able to go home with appropriate community appointments put in place or supplied with information about local advice and counselling support services.</td>
</tr>
<tr>
<td colspan="3"><u>Workforce:</u>
Band 8b: 0.2WTE x 1 + 0.1WTE x 1
Band 7: 0.8WTE</td>
</tr>
<tr>
<td colspan="2"><u>Admissions to Acute Settings - Out of Area</u>
This service is currently commissioned by NHS England on behalf of Portsmouth CCG.</td>
<td><u>Total number of placements = 12</u>

Breakdown:
<table><tr><td>Severe Self-Harm/Suicidal Thoughts/Suicide Attempts/Suicidal Ideation/Psychotic Phenomenon</td><td>5</td></tr><tr><td>Eating Disorder</td><td>3</td></tr><tr><td>Autism LD and Schizoaffective disorder</td><td>1</td></tr><tr><td>Psychosis</td><td>1</td></tr><tr><td>Severe OCD</td><td>1</td></tr><tr><td>Diagnosis not on system</td><td>1</td></tr></table></td>
</tr>
</table>

6. SERVICE TRANSFORMATION PLANS

6.1 Promoting Resilience, Prevention and Early Intervention

With system enabling monies and investment in 2016 and beyond we said we would:

- Commission a lower threshold open access service that supports CYP and Families which includes a CYP peer support model.
- Commission an Infant Mental Health Service based on national ambition and local need.
- Enhance current perinatal and post-natal depression pathways to provide early intervention and support.
- Create an awareness campaign focusing on Self Harm which will support us in developing a self-harm pathway for the city.

Progress Update

Emotional Health and Wellbeing Service

A service specification has been developed which sets out the service requirements for a citywide Emotional Health and Wellbeing service for children, young people and their families. The service will support children, young people and their families by building resilience, improving emotional wellbeing and supporting good mental health by providing the following:

- Informal support for young people and their families.
- A citywide targeted therapeutic counselling service for young people and potentially their families.
- To develop a model of peer support for young people and their families.

The new service will offer flexible opportunities for self-referral at a range of different locations that are child and young person friendly. The service will operate at times which are convenient for young people and families which will therefore mean that some evening and weekend work will be required.

The expected outcomes of the service will be as follows:

- The emotional wellbeing and resilience of vulnerable children and young people is improved.
- More support is available earlier for children; young people and families where problems arise that prevent more serious problems developing.
- More support is available for young people in transition who are at risk of poor mental health.

The Key performance indicators associated with this service are as follows:

KPI 1	A minimum of 1350 counselling sessions delivered per annum	100%	6 Monthly
KPI 2	A minimum of 240 young people and parents/carers supported per annum	100%	6 Monthly
KPI 3	All children, young people and family members should be initially contacted within 24 working hours of being referred to the service	100%	6 Monthly
KPI 4	If targeted counselling support is required the initial comprehensive assessment is to be delivered within 10 working days	100%	6 Monthly
KPI 5	Demonstrate an improvement in outcomes for children/young people and/or family members. To be evidenced through 2 case studies per quarter	85% of all cases	6 Monthly
KPI 6	Service User feedback - to be collected continually collected and summarised and presented annually	80% of all feedback to be positive	6 Monthly
KPI 7	Demonstrate compliance with relevant British Association of Counselling and Psychotherapy (BACP) standards		Annually
KPI 8	Portsmouth safeguarding children compact - self assessment (included at the end of the contract)		to be completed once every two years and returned to the authorised officer

It's important to highlight that Children's Social Care commission a number of organisations to deliver services to children and families and as part of the Stronger Futures programme they are exploring the options for integrating these services with the new, locality-based Multi-Agency Teams (MATs). Establishing a cohesive, integrated Early Help offer will ensure the right families receive the right support at the right time by increasing their ability to adapt service provision to meet changing demand.

The intention in the future is that the Emotional Health and Wellbeing service will be integrated/aligned with the Early Help offer that is described above.

The Emotional Health and Wellbeing service is due to commence January 2017.

Infant Mental Health

The CAMHS Early Years Team provide an in reach consultation service to the Portsmouth city health visiting team with both practitioners working within the health visiting team who provide:

- Accessibility to wider CAMHS knowledge and skills.
- Triage CAMHS possible referrals to avoid delay or inappropriate referrals.
- Consultation on complex cases in a timelier and prompt way which is assessable to the health visiting team.
- To offer bespoke training and teaching to the team if and when necessary.
- To offer home visits to role model interventions, provide observations and encourage good practice to staff.
- To encourage the use of the Australian Attachment Questionnaire to enhance and outcome the interventions during health visiting listening visits.
- Nursery observations.
- Observational reports and consultation for CP.

As a result of Future in Mind funding the CAMHS Early Year Team will enhance the current provision to:

- Increase current provision to offer consultation, home visit observation and attachment training to the full MATS teams' including social care and Barbados.
- Training for health professionals to be sourced and developed to enhance their skills in Infant Mental Health (IMH).
- Specialist Infant Observation supervision provided by CAMHs experts in IMH will be used to enhance and support any training given to health professional for IMH.
- A needs analysis re future provision and costing for this based on data from previous provision of IMH to the city and demand from this expansion of provision.
- Re -branding of the 'early years provision' to reflect the IMH agenda.
- To promote the IMH provision to the three MATS teams.

As a result of this enhancement the expected outcomes will include;

- To up skill the health workforce in IMH to be able to recognise and intervene to support families with attachment issues.
- To reduce numbers of individuals that go on to require Tier 4 interventions.
- Reduction in referral to CP plans.
- Promotion of a positive attachment between mother and infant.
- To target consultation for vulnerable and high risk families.

Perinatal Mental Health

We are currently in the process of commissioning an early intervention service for perinatal mental health. The service will be an early intervention, low intensity service for those with low level (mild to moderate) mental health issues or who are at risk of developing mental health issues in the perinatal period. The primary purpose of the service is to provide support to enable individuals, partners and families to self-manage their mental wellbeing and prevent escalation in their condition.

The expected outcomes of the service will be as follows:

- To reduce the impact of mental health problems on women, fathers and their families
- To reduce the likelihood of mental health problems during pregnancy by proactively working with high risk population.
- Reduction in numbers of admissions to acute care
- Reduce the number of individuals accessing secondary specialist care.

The key performance measures will be agreed with the provider prior to contract award but may include:

- Individual's progress made towards individually set goals
- Individual's experience of the service
- Whole system approach to benefits realisation. Setting out the impact of early intervention service on the health and social care system.
- Reduction of the number of A2I and Crisis response for individuals with a primary/secondary diagnosis attributed to PND and/or infant below 12 months.
- Robust data set to be implemented which demonstrates Increase identification of individuals at risk or suffering from peri/postnatal depression - prevalence to diagnosis rate.

The Perinatal Mental Health service is due to commence January 2017.

6.2 Improving Access to Effective Support - a System without Tiers

With investment in 2016 and beyond we said we would:

- Develop and agree a service model to assess, treat and support CYP with Eating Disorders
- Develop a Recovery College for CYP and Families

Progress Update

Enhanced Eating Disorders Offer

CAMHS have enhanced their current service offer to deliver the following:

- Upskilling school nurses and school staff to identify and support CYP with Eating Disorders
- Extend the in reach support to school nurses
- Reintroduce the delivery of Family Systemic support to groups of parents
- Extend the in reach offer into inpatient wards at Queen Alexandra Hospital which would offer potential opportunities for early discharge and step down support in the community.
- Enhance intensive home treatment support to CYP and families
- Deliver a greater level of training and support to universal and universal plus services such as further education and health visiting settings through the city wide Healthy Weight pathway.

In addition to these local enhancements we are also working alongside regional commissioners and CAMHS providers to ensure there is a consistency and equity of service offer across the region for young people and their families who need support with Eating Disorders.

In our original transformation plan we planned to use an element of funding to enhance our local Recovery College which is a partnership arrangement between Solent NHS Trust, Highbury College, Solent Mind (peer workers). After further consideration in early 2016 we felt this wasn't going to be the best use of these monies as the Recovery College model in Portsmouth was in a slightly difficult place financially and there was a strong suggestion that it might not be able to deliver courses and so we made a decision to use these monies to further enhance the financial envelope for the new Emotional Health and Wellbeing service.

Further Plans

Review Transition Arrangements from CAMHS to Adulthood

As a result of our stakeholder consultation exercise in early 2016 a key issue that emerged was the transition between CAMHS and further support whether that is through primary care or adult mental health services. We are aware that only a very small number of young people who reach 18 meet the criteria and are transferred to AMH with the vast majority of young people discharged to primary care. The introduction of the Emotional Health & Wellbeing service will support this cohort of 18 + young people but we feel there will still be a gap for those young people with more complex issues and so we want to explore that further with stakeholders and understand where that model of service works elsewhere across the country.

6.3 Care for the most Vulnerable

With system enabling monies and investment in 2016 and beyond we said we would:

- Develop a model of care and support for CYP to manage and prevent mental health crisis

Progress Update

Crisis Care for CYP

There is an identified need for a robust crisis care package for young people, which may include out of hours provision where indicated, in order to reduce numbers of Tier 4 admissions as well as the length of stay of admissions.

This has resulted in the development of a Crisis care post to co-ordinate, deliver and evaluate crisis care within CAMHS. The post will be able to assess, treat and risk manage young people. They will be able to prescribe medications where indicated and develop multi agency care plans. The role will also involve supporting the family and the network to plan for and manage crisis.
The posts main roles will include:

- Assessing, treating, co-ordinating and managing crisis within young people.
- Liaising with the family and network around the child to develop a crisis care plan, these may include teams such as Crisis Resolution and Home treatment team (CRHT) and the Extended CAMHS team.
- To attend relevant multi agency meetings such as the local Crisis Care Concordat group/High Intensity User group to understand the community need around crisis care.
- To offer supervision and training to other teams and external agencies including CRHT, AMH and MATS (Multi Agency Teams).

There has been a real challenge with recruiting to this post with a number of recruitment attempts. This has now been resolved with the successful candidate due to commence in post at the end of October 16.

Further Plans

Enhance the Community Specialist Perinatal Mental Health Support

There is an absence of a Community based specialist perinatal and infant mental health team in Portsmouth. As a consequence, mothers and their families are supported through services which are not expertly trained. NICE Guidance 192 recommends women should be able to access specialist Perinatal Mental Health teams and inpatient units. In some circumstances this has meant mothers being admitted to AMH wards and separated from their infants.

NHS England has recently launched a new perinatal mental health community services development fund which we have bid for alongside a chosen health provider and we will find out whether we have been successful with that bid at the end of October 16.

The expected outcomes of the service will be as follows:

- Women can access appropriate, high-quality specialist mental health care, closer to home, when they need it during the perinatal period

- Women and their families have a positive experience of care, with services joined up around them

- There is earlier diagnosis and intervention, and women are supported to recover, and fewer women and their infants suffer avoidable harm

- There is more awareness, openness and transparency around perinatal mental health in order that partners, families, employers and the public can support women with perinatal mental health conditions.

Review Pathway for Vulnerable CYP within the Youth Justice Pathway

An opportunity has recently arisen for local areas to bid for additional monies as part of the Future in Mind programme. These monies are coming via Health and Justice Commissioning and they are seeking proposals on how best these monies could be used locally.

It has been stated that the funding should be used on those children and young people who are in receipt of services from some or all of the following:

- In the Youth Justice System, including in custody and detention.
- Presenting at Sexual Assault Referral Centres.
- Liaison and Diversion.
- Welfare placements in the Children and Young People's Secure Estate.

Commissioners are due to meet with CAMHS, YOT and Liaison & Diversion colleagues soon to review the current pathway for young people with mental health needs in the youth justice system. This will help us to initially understand how best we use the new funding from Health & Justice and it will be the start of a longer review into the effectiveness of the pathway and whether it fully meets the needs of vulnerable young people. A follow up meeting in mid-November is then planned between regional commissioning colleagues to develop our proposals further and agree how and what this funding will be used for in the future.

Additional Funding for 2016/17

There has been a recent announcement that the Department of Health have identified an additional £25 million which can be made available for CCGs in 2016/17. It is expected that these funds will support CCGs to accelerate their plans and undertake additional activities this year to drive down average waiting times for treatment, and reduce both backlogs of children and young people on waiting lists and length of stay for those in inpatient care.

We are working with our CAMHS provider with these plans and we intend to use these monies to reduce the internal wait for neuro-developmental diagnostic clinics appointments. The provider is working up the proposal for how they are going to achieve the reduction and by what scale for commissioners to agree and submit.

Review Acute and Community Self-harm Pathway and Service Offer

It's been widely known both locally and nationally that self-harm hospital admissions for young people have risen considerably over the last 5 years. In Portsmouth this issue is a particular concern as our national outcome measure for those aged 10-24 years admitted as a result of self-harm shows an increasing trend and has been significantly higher than England for the past three financial years. In 2014/15 the local rate is the highest of 150 county/unitary authorities.

We have drilled deeper into the data locally through our recent health needs assessment work and we are in the process of reviewing our acute and community pathways and service offer. In order to improve the clinical assessment pathway for people who self-harm, Portsmouth and Hampshire commissioners are working together to review the self-harm pathway from QAH (CAU/ED) and into the acute and community services with the aim being to develop an integrated paediatric mental health liaison service working from QAH using a triage approach. This will ensure that a young person is only admitted if they have been clinically assessed to do so. It may be that a young person may be able to go home with appropriate community appointments put in place or supplied with information about local advice and counselling support services.

6.4 Accountability and Transparency

With system enabling monies and investment in 2016 and beyond we said we would:

- Enhance Project Management and Contracts Support across the Integrated Commissioning Service
- Inform, engage & consult with Stakeholders on Future in Mind

Progress Update

Enhance Project Management and Contracts Support

In our transformation plan we said we would use some of the system enabling monies to enhance the Project Management and contracts support across the Integrated Commissioning Service. In early 2016 we recruited a full time Senior Commissioning Manager which enabled the current CAMHS/Future in Mind Programme Lead to fully focus on delivering the FiM programme alongside another member of the team who provides further project management support. This development has been very positive in raising the profile of Children and Young people's mental health across the CCG and local authority and ensures there is dedicated resource in taking this important programme of work forward.

Develop a Central Point of Information for Children and Young People's Mental Health & Wellbeing services

As a result of our stakeholder consultation exercise in early 2016 a key issue that emerged was the lack of communication on the services and support available across the city. This has led to a number of meetings with communications leads across Solent NHS Trust, Portsmouth CCG and the Local Authority to scope out how we improve the information that's available to young people, families and professionals. We are working alongside Solent NHS Trust communications team to create a Central Point of Information for all Children and Young People's Mental Health & Wellbeing services across the city. We are at an early stage of these plans at the moment but our vision is that there will be a micro site that comes off the main Solent website that will be this central point of information. Our shared ambition is for this micro site to be up and running at the start of 2017.

Future in Mind - 'One Year On' Event

It is our intention to hold a Future in Mind stakeholder event on the 11th January 2017 to reflect on our achievements, launch the new services and identify the key Future in Mind priorities.

6.5 Developing the Workforce

With system enabling monies and investment in 2016 and beyond we said we would:

- Build the skills of a range of professionals across services that work with children and families

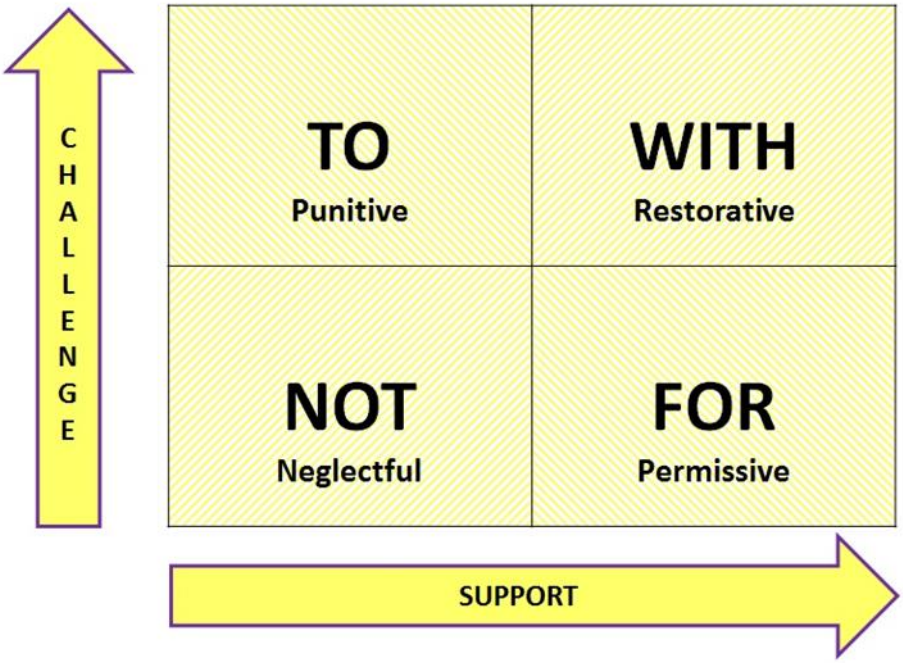
Progress Update

There are two major strands of work associated with developing the workforce that are connected to the overall Future in Mind programme which are embedding restorative approaches across the CYP workforce and the development of a whole school strategy that will support pupils' social, emotional and mental health wellbeing across Portsmouth's schools. These two strands of work are intrinsically linked.

Embedding Restorative Approaches

As part of the Stronger Futures/Future in Mind transformation programme Portsmouth have recently adopted a way of working with children, young people and families which is known as Restorative Practice. This approach is about moving away from 'doing to' or 'doing for' towards a way of 'doing with' children, young people and families. Restorative practice places responsibility on families to make positive changes using a 'high support - high challenge' approach and it is an intention that all services that work with children and young people will adopt this approach in the future.

Restorative Approach



Restorative Principles

- Giving families responsibility within a framework of empathy and empowerment
- High support with high challenge
- 'Doing with' not 'doing to'
- Places strong relationships at the heart of change and improvement
- Joint problem solving
- Solution-focussed
- Forward looking
- Respectful and honest
- Mutual accountability for outcomes

Portsmouth Children's Social Care has recently recruited a Children's Workforce Remodelling Manager which has been partly funded by Future in Mind monies. They will be responsible for managing the roll out of the Restorative Practice strategy for the city. The scope of the post will extend significantly beyond Social Care and includes both the locality Multi-Agency Teams and the wider workforce in nurseries, schools, colleges, the NHS, adult services and community services.

The key pieces of work identified for the forthcoming year include:

- Restorative Practice training strategy
- Restorative Child Protection Conferences
- Restorative Champions
- Restorative Schools – piloting schools identified
- Developing restorative practice 'offer' i.e. Family Group Conferences, family circles, parenting programmes etc.
- Embedding restorative language and practice in Single Assessment processes and paperwork

Schools Strategy

We are currently in the process of developing a strategy that will lead to effective whole school approaches in supporting pupils' social, emotional and mental health wellbeing across Portsmouth's schools. Sarah Christopher, a SENCO Lead at a local Secondary School Priory is seconded one day a week through Future in Mind to deliver the schools strategy.

The strategy will include a workforce development plan that ensures schools have the right mix of skills, competencies and experience to support pupils' wellbeing. It will also include establishing what good practice looks like both locally and nationally; identifying an effective framework of resources available to schools; a clear and concise guide for schools that describes the services on offer locally, when to refer and how.

The expected outcomes of the strategy will be as follows:

- Schools will recognise the value and impact of mental health in children and young people and how to provide an environment that supports and builds resilience.

- Schools will promote good mental health to children and young people and educate them about the possibilities for effective and appropriate intervention to improve wellbeing.

- Schools will identify mental health problems early in children and young people and offer support where appropriate.

- Refer appropriately to more targeted and specialist support.

We are on track to complete the Whole Schools Strategy by early January 2017 which has been informed by a whole range of school based staff consultation across the city which culminated in a stakeholder event that we held recently where we consulted and engaged with 5O school staff from across all schools in the City.

CYP IAPT

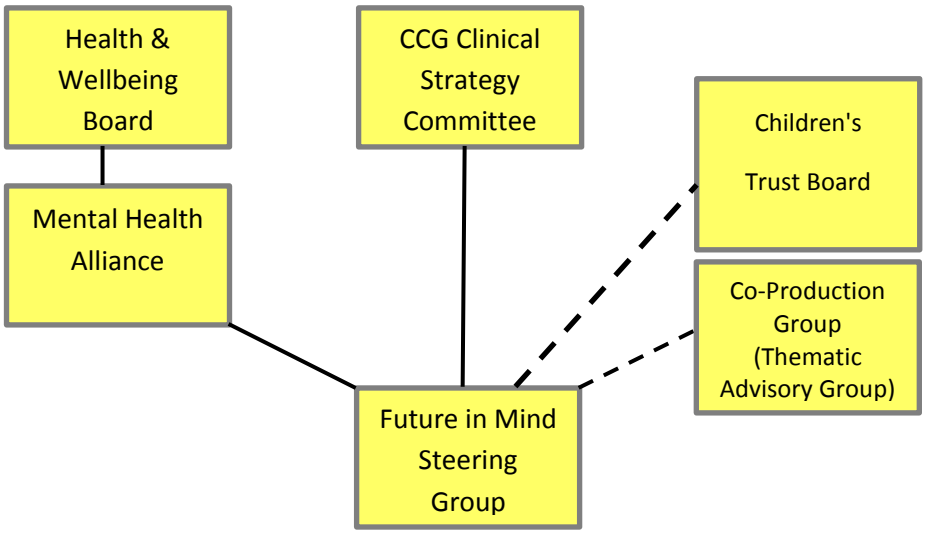
Portsmouth is still not currently part of a CYP IAPT collaborative but discussions have been taking place between Solent NHS Trust, the Reading/Oxford collaborative and commissioners and there is now a commitment from Solent to fully join the collaborative in late 2017. To support this change process Solent's Better Care Manager will be taking part in the IAPT Leadership programme in late 2016.

It will be expected that the new provider of the new Emotional Health and Wellbeing service will also join the collaborative in 2017.

7. GOVERNANCE ARRANGEMENTS

We have robust governance structures in place that provides the appropriate level of scrutiny, support and guidance needed to deliver our plans.

The programme of work is led by the Integrated Commissioning Service on behalf of Portsmouth CCG and the accountability for the finance and commissioning of this will rest with Portsmouth CCG. The governance arrangements for Future in Mind are as follows:



7.1 The 'Future in Mind' Steering Group

The Future in Mind Steering Group is a sub group of the Mental Health Alliance who hold the responsibility for driving the Mental Health and Wellbeing Strategy for the City. The membership of the steering group includes the following representatives:

- Children's Community Services including CAMHS.
- Integrated Commissioning Unit.
- Public Health.
- Education.
- Youth Offending Team.
- Dynamite (Young Persons Representative Group).
- Parent Voice.
- Homestart - Voluntary Sector.

7.2 The Co-Production Group

The Co-Production Group for Future in Mind was set up in the spring of 2016 with the aim of attracting young people and parents to get involved in the design and delivery of plans associated within the Future in Mind programme. The Co-Production Group consider different elements of the Future in Mind programme including:

- Identifying ways young people/parents and carers can become involved in Co-Production.
- How/when do we advertise Co-Production opportunities?
- How can we keep young people/parents and carers up-to-date with the latest information regarding service provision?
- Creating a Co-Production activity plan.
- Creating information sheets.
- Involvement in the Tender Process (i.e. Young Peoples Emotional and Wellbeing Service).
- Creation of 'Parent' question as part of the ITT questions set for the above service bid on Intend.
- Parents' involvement in the scoring and attending Moderation Panel.
- Involvement in the development of a draft Wellbeing and Resilience Strategy (attending stakeholder event)

It has been difficult to gain commitment from young people in attending the Co-Production Group with young people attending the first couple of meetings but then attendance ceased. We are investigating other ways in which we can involve young people in co-production and are currently obtaining young peoples' inclusion by going out to various venues across the city where we know young people live. We are also involving the young people via the Youth Parliament and the Children in Care Council.

7.3 Covalent

Covalent is a reporting system used by Portsmouth CCG to monitor the progress of the various programmes/projects undertaken each year, Future in Mind being one of them. The system records milestones and financial data which is regularly updated (on a monthly basis) by Project Manager Leads. The system is used by the Planning Team in the CCG to ensure that projects remain on course and financial activity is recorded.

The Planning Team uses the reports produced by Covalent to update the Clinical Strategy Committee whose function is to oversee the planning and prioritisation process and the development of solutions to needs and delivery in order to drive service transformation and design making recommendations, consider options for future service delivery and commissioning strategies taking into account clinical quality, safety and effectiveness.

7.4 The Mental Health Wellbeing Strategy

The Mental Health Wellbeing Strategy itself is led by Public Health and there are 11 pledges that make up the strategy which provides a framework for the city's ambition to improve mental health and wellbeing for its residents over the next 5 years. The final strategy has been published and the expectation is that each pledge will have an associated action plan that will capture intentions and monitor progress. The Future in Mind Transformation Plan will explicitly relate to the Young People & Families pledge below. It is important to note that there will be a range of other intentions and actions within the other pledges that relate to young people and families so for example crisis care, self-harm, stigma & discrimination. The 11 pledges that make up the overall strategy are as follows:

Recovery and Individualised Care	Crisis Care
Young People and Families	Self-Harm
Dementia	Stigma & Discrimination
Complex Needs/Dual Diagnosis	Co-Production
Suicide	Promoting Wellbeing and Prevention
Parity of Esteem	

35

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