Portsmouth CITY COUNCIL

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NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 13 SEPTEMBER 2018 AT 1.30 PM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

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

Membership

Councillor Leo Madden (Chair)
Councillor Gemma New (Vice-Chair)
Councillor George Fielding
Councillor Hugh Mason
Councillor Steve Wemyss
Councillor Elaine Tickell
Councillor Michael Ford JP
Councillor Philip Raffaelli
Councillor Gary Hughes
Councillor Mike Read
Councillor Rosy Raines
1 PCC vacancy

Standing Deputies

Councillor Jason Fazackarley
Councillor Jo Hooper
Councillor Ian Lyon
Councillor Tom Wood
Councillor Sarah Pankhurst

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

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

A G E N D A

1 Welcome and Apologies for Absence

2 Declarations of Members' Interests

3 Minutes of the Previous Meeting (Pages 3 - 96)

RECOMMENDED that the minutes of the meeting held on 14 June 2018 be agreed as a correct record.

4 South Central Ambulance Service update (Pages 97 - 102)

Tracy Redman, Head of Operations South East will answer questions on the attached report.

5 Portsmouth Hospitals NHS Trust - Update (Pages 103 - 110)

Dr Knighton, Medical Director will answer questions on the attached report.

6 Solent NHS Trust - update (Pages 111 - 114)

Sarah Austin, Chief Operating Officer and Commercial Director will answer questions on the attached report.

7 Adult Social Care update (Pages 115 - 122)

Andy Biddle, Service Manager for Adult Services will answer questions on the attached report.

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

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 14 June 2018 at 1.30 pm at the Conference Room A - Civic Offices

Present

Councillor Leo Madden (Chair)
Councillor Jennie Brent
Councillor Hugh Mason
Councillor Steve Wemyss
Councillor Philip Raffaelli, Gosport Borough Council
Councillor Gary Hughes, Hampshire County Council
Councillor Mike Read, Winchester City Council
Councillor Rosy Raines, Havant Borough Council
Councillor Sarah Pankhurst, Fareham Borough Council (Standing Deputy)

1. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Smyth, New, Ford, and Tickell. Councillor Pankhurst was present as a deputy for Councillor Ford for Fareham Borough Council.

2. Declarations of Members' Interests (AI 2)

Councillor Wemyss declared a personal, non-prejudicial interest as he works for the NHS Commissioning Support Unit. He advised that he would leave the room during the discussion of the proposed moved of the elective spinal service unit report.

Councillor Raines declared a personal, non-prejudicial interest as she is a practice nurse at a GP surgery and a community responder.

Councillor Pankhurst declared a personal, non-prejudicial interest as she works for the NHS 111 service.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 22 March 2018 be agreed as a correct record.

4. Update on oral health improvement (AI 4)

Claire Currie, Consultant in Public Health at Portsmouth City Council and Jeyanthi John, Consultant in Dental Public Health, Public Health England South East (Wessex) introduced the report. Ms Currie added two updates to the report (1) that the school survey will be closing next week. (2) that work

on the oral health animation was progressing and a focus group was held last week to help design the animation, which was a big success.

In response to questions the following matters were clarified:

- NHS England are undertaking projects to identify needs and work out the best models of care particularly for young children and homeless. The University of Portsmouth Dental Academy also did some outreach work last year providing a bus for the homeless to receive oral health checks.
- NHS England commission all dental services and are investing funding to develop further models for hard to reach groups such as homeless and young children from deprived backgrounds, as well as dental care for care homes. Money goes to practitioners to set up these models and they will evaluate which model works best.
- The figure for the 'sugar tax' generated through the soft drinks industry allocated to schools is in the tens of thousands for each school and spending is reportable through the School Condition Allocation funding for Local Authority maintained schools.
- The council is extremely fortunate to have the University of Portsmouth Dental Academy in the city which brings in trainee dentists from Kings College London to the city. This provides valuable training for them and dental services for residents in the city. The Dental Academy offer oral health improvement programmes to primary schools including application of fluoride varnish and delivering supervised tooth brushing. This is a great asset to the dental health of the city.

RESOLVED that the update report be noted.

5. Public Health Update. (AI 5)

The report was introduced by Dr Jason Horsley, Director of Public Health. He explained that the actions in the business plan for last year had largely been achieved. It had been recognised that the Wellbeing Service could be more efficient and a lot of work had taken place to redesign the service with new services now being delivered. Dr Horsley added that the Public Health grant is due to end in one year and as yet there was no information about what would happen after that, but it was hoped that the Department for Health would publish a response soon. With regard to the paper on breast screening, Dr Horsley said this was the responsibility of NHS England and Public Health England were leading on the management of the incident that came to light in May 2018. Dr Horsley said he was confident that NHS England and PH England would be doing all in their power to rectify this.

In response to questions the following matters were clarified:

- With regard to the recent tragic deaths at the Mutiny Festival the public health team are working with the police and licensing across the whole of Hampshire to put inventions in place to ensure that there are no further incidents. As Director of Public Health he objects to any

licensing applications if he thinks they would be harmful under one of the licensing objectives, including the protection of children from harm. There is no human health consideration in the licensing objectives in England although this is included in Scotland. He said that there is evidence that if a harder line on licencing is taken, people are less likely to come to harm. Councils that have a cumulative impact policy in place were more likely to see a reduction in this area in both anti-social behaviour and the number of admissions to hospital.

- Protective measures could be put in place such as drug testing on-site and amnesty bins to discard drugs. Drug and Alcohol team workers are on site to keep an eye out for people in trouble. They also ensure there is adequate provision of water.

- With regard to going into schools to educate them on the risks of drugs, Dr Horsley advised that Public Health has funded a post for PHSE lessons in schools in Portsmouth and the idea is to help schools to design the curriculum. Dr Horsley said that Public Health could discuss with the University whether they hold information sessions for students on the risks of drugs.

- Alcohol and drug "successful completions" are reducing relative to previous years; this is partly because the service first targeted those who were easiest to resolve. There is also a challenge around drug successful completions. Previously there was a harm reduction approach then a change in policy decided best to get drug users off of treatment.

- There was a minor outbreak of syphilis in the Portsmouth, Southampton, Fareham and Gosport region. This mirrors the national experience of an increase in cases of gonorrhoea and syphilis. As a result public health have put more screening and treatment in place. There are probably a number of factors that have contributed to increasing rates of these diseases, including a reduction in condom use in men who have sex with men, and changes in technology with people increasingly meeting partners through dating applications. Public Health are spending a lot on screening and targeting those people who are likely to have infections.

ACTION - it was agreed that Dr Horsley would send the panel his suggestions on what should be added into the council's licensing policy to improve the safety of the public at future events.

RESOLVED that the update report be noted.

7. Portsmouth Looked After Children & Safeguarding - Progress against actions of the CQC Action Plan (AI 7)

The report was introduced by Tina Scarborough, Deputy Director Quality and Safeguarding, NHS Portsmouth Clinical Commissioning Group. Mike Taylor from the Society of St James was present to answer questions. Portsmouth

Hospitals Trust and Solent NHS Trust sent apologies but have been fully engaged in the action plan

Ms Scarborough said that progress against the action plan had been made across the board. One of the challenges had been Looked After Children as the number has increased month on month. A number of measures had been put in place to mitigate the impact of that increase.

In response to questions the following matters were clarified:

- The health service supports Looked after Children up to the age of 18 when they then access other health services. It is difficult to know how many fail to access adult health services once they are 18 and over if they have capacity as they can chose not to engage.
- There is a very structured hand over for when a looked after child approaches 18. If they are known to the Child and Adolescent Mental Health Service (CAMHS) there is a clear transition programme. When they reach 16 the planning for handover starts. Often children in care do know their medical history or their family medical history so the LAC Health Team will ensure they have as much information as possible available to them on leaving care.

RESOLVED that the report be noted and that an update on progress be considered at the panel's meeting in March 2019.

6. Hampshire & Isle of Wight Sustainability and Transformation Partnership (AI 6)

The report was introduced by Michelle Spandley, Chief Finance officer for the STP and Portsmouth CCG and Richard Samuel, Senior Responsible Officer for the STP.

The Chair invited Mr Jerry Brown to make his deputation, which he also circulated to the panel members. The Chair thanked Mr Brown for his deputation.

In response to questions the following matters were clarified:

- The STP received £48 million and were expecting £51 million of STF in 2017/18. As a system they received virtually everything they were expecting on the STF.
- The £577 million is what they would need to do live with their allocation by year 5 of the plan.
- To deliver break even for Hampshire and Isle of Wight the NHS set control totals for organisations. The control totals can vary each year. The University Hospital Southampton saw their control total reduce by £15m and PHT's increased so it is not an exact process. The £577m is to achieve a break even target.

- Non-recurring transformation monies were allocated to the NHS in order to unlock transformation. The STP made the assumption that they would draw down transformation money. As it transpired the use of monies was not allocated on capitation basis or not allocated against systems with priorities. The positive news since their last update to the panel was that they had feared they would lose the non-recurring STF payments but they received all but £3milllion.

- The £440m recurring saving is an add on for each year which works out roughly at £145m each year. In years 1 and 2 it was relatively easy to find savings but in years 3 and 4 it becomes harder to find savings.

- Efficiency savings are included in the savings figure. As an amalgamation they have to find those savings and need to do it as a whole as resources are getting tighter.

- It is getting harder each year to find savings and it will be a stretch to reach the £222 million this year. It is a £2.4 billion enterprise with 24 organisations. The role is to ensure the effect on individual organisations including avoiding cost shunting.

- The STP received £50m of capital funding in wave 3 and they are in the process of wave 4 of the capital bid process. The estates strategy will include future projects as well as the wave 4 schemes. They are also looking at a new capital regime. The team are trying to bring all information to one place to ensure understand current and future needs.

- With regard to changes to workforces there are three key areas: (1) a single staff passport where anyone employed in a NHS organisation can move and take their staff induction and training with them - this is already in place (2) A staff bank so any NHS staff can join any bank in any other NHS organisation reducing the need to sign up to agencies this is creating savings; (3) Locum brokerage so they can go out to market to secure staff to ensure they know what rates they are paying and broker with Hampshire and IoW. They are also working with domiciliary partners to create a domiciliary and residential care bank. The passport will be a benefit and running an international recruitment hub for Hampshire and the Isle of Wight. These will all complement work already taking place.

- Winter this year was the hardest experienced and saw locum expenditure rise.

- The funding for theatres at QA were allocated in wave 3 and PHT will finalise the business case to get the funding in place.

- The STP has 24 organisations. Within those finances are the NHS organisations. It is a sum of the savings that each organisation needs to provide to achieve.

- The year on year figure is in the 5 year plan and savings are built into that.

- The Hampshire Alliance met in July last year. The Health and Wellbeing Board Alliance was signed off and agreed that this be strengthened and it was agreed to move toward a more structured government arrangement.

ACTION - the following additional information was requested by the panel:

- The STP Programme Plan including KPIs, and delivery dates and savings and progress to date together with risks.
- A table to enable the panel to track this back to the original STP commitments.

RESOLVED that the updated be noted.

10. Healthwatch Portsmouth Update (AI 10)

The report was introduced by Siobhain McCurrach, Healthwatch Portsmouth Project Manager. She explained that in April a new work programme was created which will be ratified at the AGM at the end of June.

In response to a question about the government consultation on the Mental Health Act, she advised that Healthwatch had been promoting that and encouraging people to provide feedback.

It was agreed that when Healthwatch bring their report in June 2019 that this include both what has been achieved over the year and what is planned for the year ahead.

RESOLVED that the updated be noted.

9. Portsmouth Clinical Commissioning Group - update. (AI 9)

The report was introduced by Jo York, Head of Better Care and Nick Brooks, Senior Communications and Engagement Manager.

In response to a question about the Gosport Independent Panel publishing its report on the historic concerns at Gosport War Memorial Hospital, Mr Brooks explained that the report is owned by the panel and the CCG would not see the report until 20 June when it is published. The CCG will then work out the implications of this. Mr Brooks said he thought that the families of the patients included in the report would have the opportunity to see the elements relating to them but could not be sure as the CCG are not directly involved with the report.

RESOLVED that the updated report be noted.

8. Proposed move of the Elective Spinal Service from Portsmouth Hospitals' NHS Trust. (AI 8)

(Councillor Wemyss left the meeting due to his earlier declared interest)

(Councillors Mike Read and Jennie Brent left the meeting at the start of this item)

The report was introduced by Paul Bytheway, Chief Operating Officer PHT, Alex Berry, Director of Transformation at the Hampshire CCG Partnership and Una Brady, General Manager of the musculoskeletal service.

Mr Bytheway explained that the organisation previously wanted to develop the elective spinal service. A number of recruitment drives to recruit specialist staff were held to get additional specialist staff but despite numerous attempts this failed. It was thought that the reason was there is a specialist service in Southampton.

It is proposed patients go to an organisation that can deliver an infrastructure as a single handed consultant is not sustainable long term.

The number of patients receiving elective work is about 204 from across the catchment area for the Trust. Approximately 176 of these are from Portsmouth, Fareham and Gosport and South Eastern Hampshire. The numbers are not significant and they already do a lot of spinal work with University Hospital Southampton.

In response to questions the following matters were clarified:

- Numbers of patients accessing the service have stayed broadly the same over the last few years. They have looked at future demand and worked with public health colleagues and they are not expecting a significant growth in the number of service users. They will keep a watching brief on this. They do have referrals up to London which will continue to give patients choice.
- The initial meeting with a number of groups was held on 12 June. Their main worry was travel to Southampton particularly for patients with back pain and the logistics for transfer of referrals. Patients did understand though the rationale for the proposals.
- The work of The Big Conversation carried out by the CCG highlighted that people are prepared to travel where it means they will have best access to quality of care. There were 1900 responses to this consultation and 75% overall accepted the principle of travelling further.
- PHT have tried to get a consultant but struggled as it is not a regional centre and the numbers of patients are small.
- Lessons learned from the vascular services consultation a few years ago, that was deemed to be a substantial variation, were that transport to Southampton was a concern. With this case broad agreement has been reached between the commissioners, PHT and UHS for rationale to do it.

- The patients who will transfer to Southampton are not complex, it is the simpler surgery patients and therefore the pathways are much easier. Emergency patients automatically go to Southampton as they have a specialist triage centre for spines. If a patient is deemed to need a surgical intervention they will get an outpatient appointment at Southampton. If deemed to be non-surgical they will have an appointment in Portsmouth. The back care service will continue at Queen Alexandra Hospital as will the local triage service.

- The patients using the service are not particular elderly.

- The proposal was also due to be considered at the Hampshire HASC meeting shortly.

- The plan is to have access to local triage service at QA Hospital.

The panel noted there was a difference of opinion as to whether Healthwatch had been consulted as per the report. Siobhain McCurrach who was present for an earlier item said that Healthwatch had not been consulted but were told by PHT that this was coming. Healthwatch had not been involved in any of the processes. Mr Bytheway said they would go back and speak to Healthwatch.

Members discussed how substantive this proposal was. It was noted that the proposal was also to be considered by the Hampshire HASC next month. It was felt that it was a substantial change but not a substantial variation requiring a full consultation exercise as outlined in the report.

Members felt it was encouraging that all sides were in agreement that this proposal was the most sensible option in the circumstances. The panel agreed that patients need reassurance that the commissioners and PHT have thought about all potential options and have answers to their concerns.

Members felt there needed to be a lower level conversation to seek to socialise and explain to patients that the rationale behind the proposal is based on improving outcomes and allowing access and this is the only option geographically. They should also explain that they cannot maintain the service in its current form at QA. Members also felt it was important to make clear to patients what services would remain in Portsmouth and that this proposal was in the interest of patients.

Ms Berry thanked members for these suggestions and said that the commissioners would be continuing with the mobilisation plans whilst these discussions took place. The panel agreed that subject to agreement with the Hampshire HASC that the proposal was not a substantial variation and the CCG should ensure further engagement, based on the above.

RESOLVED that the report be noted and that the proposal does not constitute a substantial variation in service, subject to the Hampshire HASC also agreeing that this was not a substantial change in service.

Further engagement with service users however must take place as detailed above.

The formal meeting ended at 4.10 pm.

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Councillor Leo Madden
Chair

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NHS
Hampshire and Isle of Wight
Sustainability and Transformation Partnership

Response to HOSP query: The development and performance of the Hampshire and Isle of Wight Sustainability and Transformation Partnership

Formation

Formed in 2016, Hampshire and Isle of Wight (HIOW) Sustainability and Transformation Partnership (STP)'s task was part of a response to several macro-level challenges:

- Unsustainable growth in demand for health and care services
- Growing acute admission rates, with rising length of stay
- Staffing pressures
- Forecasted funding gap of £577m by 2020/21 in the health sector

Through partnership working with all health and social care organisations across HIOW, a series of programmes were created with three key strategic aims:

- To measurably improve health and wellbeing outcomes for the people of HIOW
- To ensure sustainable health and social care services, built around the needs of local people
- Develop new ways of working to achieve better outcomes for all, focused on the prevention of ill health and out of hospital care

The Executive Delivery Group (EDG), composed of chief executives from health and care, leads on the delivery of these aims and oversees a range of programmes that focus on work that is most effectively undertaken at the scale of HIOW, with clearly identified benefits set out.

Each programme of work has senior clinical and managerial leadership, detailed programme plans underpinned by robust analysis, delivery milestones, and consensus about the priorities and approach to delivery. These programmes support the overall strategic STP aims and a series of priorities identified by the STP member organisations.

The Future

With 10 defined programmes of work that support the strategic aims of the Sustainability and Transformation Partnership, the EDG is leading on multiple strands of transformational change to meet the challenges facing HIOW. These will continue throughout 2018/19 to support the delivery of the transformational change required to achieve our strategic aims.

In addition, the whole system leadership recognises that the direction of travel for health and care is one in which integration and partnership-working are vital steps in improving for the health and wellbeing of the populations we serve. In 2018/19, system reform discussions will continue with the aim to create a genuinely integrated care system across HIOW.

Performance

Enclosed are summary reports and documents that outline progress to date.

HIOW STP Delivery Plan October 2016

Each programme has a bespoke programme plan which includes delivery dates for each component element of each programme, a range of milestones and objectives, and the realisable benefits. These have been fed into a summary Delivery Plan document which includes high level project timelines and plans for our six key programmes and four enabling programmes.

HIOW One Year On and financial position (savings to date)

The 'One Year On' presentation (attached below) summarises 2016/17 and 2017/18 performance for each programme, up to October 2017, describing programme intentions as referred to within the STP Delivery Plan 2016 (attached below for ease of reference) and delivery in Year 1. As is the case with programmes/transformation of this scale in terms of complexity, life span of the programmes, number of partner organisations, and the constantly evolving local and national context for transformation and priority setting, there has been some movement in priorities but in the main the priorities at a HIOW level remain consistent with those described in 2016.

The 'One Year On' document sets out targets and milestone delivery for 2018/19. The intention is to produce a comparable 'Two Year On' document over the coming months available 'two years on' from inception of the STP delivery plan, ie: October/November 2018. This will be available for circulation.

Savings and improvements in operational performance and quality are realised at an organisation level and monitored on this basis within partner organisations, ie: CCGs, provider trusts and local authorities and at a local care/delivery system level, eg: Portsmouth and South East Hampshire as a local system. The attached finance and performance reports offer a recent snap shot of performance and savings across HIOW partner organisations. To note, the HIOW Directors of Finance Group, which includes representation from local authority partner organisations, review financial performance on a monthly basis and are in the midst of discussions about how best to reflect local authority information for future reports, given the differing nature of the information available, internal financial reporting processes including budget setting, forecasting and in year review.

Risk Register

The programme risks associated with programme delivery are managed by each programme (key risks and issues escalated to the HIOW executive delivery group) and delivery risks associated with financial, quality and operational performance are monitored and held by each partner organisation.

NHS
Hampshire and Isle of Wight
Sustainability and Transformation Partnership

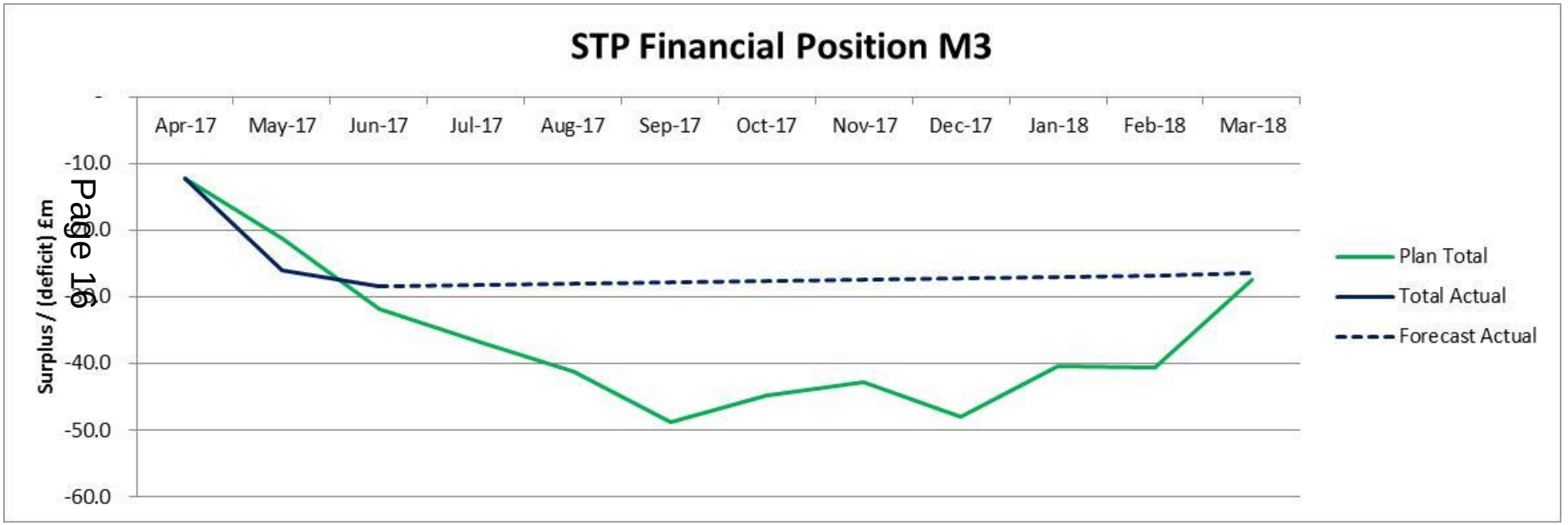
Finance Report
HIOW STP
Month 3

June 2018

Finance Position - Draft

Explanation

This slide highlights draft full year performance against plan, and the level of unmitigated risks.



Executive Summary

Area	Key Headlines
Overall Position - Draft	• **HIOW STP is reporting a year to date deficit of £28.5m - £1.7m behind plan.** • **HIOW STP is forecasting a deficit of £26.5m - £0.9m better than plan,** although it should be noted that plans are £88.7m worse than original control totals so the forecast is £88m worse than control totals
Impact on STP	• **£47.9m of Sustainability Funding is available in 2018/19** • Of this, £40.2m has been recognised in organisation's positions although there is a risk that £27.2m may not be achieved.

Finance Position

Explanation

This slide highlights the draft full year performance against plan.

Reporting Position vs. Plan CCG/Trust	YTD Plan In-Year Surplus / (Deficit) £m	YTD Actual In-Year Surplus / (Deficit) £m	YTD Variance In-Year Surplus / (Deficit) £m	2018/19 Control Total £m	2018/19 Plan In-Year Surplus / (Deficit) £m	2018/19 Forecast In-Year Surplus / (Deficit) £m	Forecast Variance In-Year Surplus / (Deficit) £m
Fareham & Gosport CCG	(2.9)	(2.9)	0.0	0.0	(4.0)	(4.0)	0.0
Isle of Wight CCG	(1.3)	(1.3)	(0.0)	0.0	(5.0)	(5.0)	0.0
North Hampshire CCG	0.0	(1.6)	(1.6)	0.0	0.0	0.0	0.0
Portsmouth CCG	0.0	0.0	0.0	0.0	0.0	0.0	0.0
South Eastern Hampshire CCG	(2.4)	(2.3)	0.1	0.0	(2.5)	(2.5)	0.0
Southampton CCG	0.0	0.0	0.0	0.0	0.0	0.0	0.0
West Hampshire CCG	(0.2)	(0.2)	0.0	0.0	(2.2)	(2.2)	0.0
Total Commissioner	**(6.7)**	**(8.2)**	**(1.5)**	**0.0**	**(13.7)**	**(13.7)**	**0.0**
Hampshire Hospitals	(4.0)	(2.4)	1.6	3.3	2.8	2.4	(0.4)
Isle of Wight Trust	(3.4)	(4.4)	(1.0)	3.2	(18.5)	(17.1)	1.4
Portsmouth Hospitals	(12.3)	(13.2)	(0.9)	23.0	(29.9)	(29.9)	0.0
Solent	(0.7)	(0.7)	0.0	(1.0)	(1.0)	(1.0)	0.0
Southern Health	(2.6)	(2.6)	(0.0)	3.4	3.4	3.4	0.0
University Hospitals Southampton	2.9	3.0	0.1	29.4	29.4	29.4	0.0
Total Trust	**(20.0)**	**(20.3)**	**(0.2)**	**61.3**	**(13.7)**	**(12.8)**	**0.9**
Inter-company mismatches							
Total HIOW Position	**(26.8)**	**(28.5)**	**(1.7)**	**61.3**	**(27.4)**	**(26.5)**	**0.9**
Outside of STP Control Total							
South Central Ambulance Service (42%)	(0.1)	(0.1)	0.0		(0.3)	(0.3)	0.0
Specialised Services	0.0	0.0	0.0			0.0	0.0

Finance Position – movement in month

Explanation

This slide highlights the movements in position between month 2 and month 3

Reporting Movement in month CCG/Trust	Previous Month YTD £m	Movement £m	Previous Month FOT £m	Movement £m
Fareham & Gosport CCG	(1.9)	(1.0)	(4.0)	0.0
Isle of Wight CCG	(0.9)	(0.4)	(5.0)	0.0
North Hampshire CCG	(0.6)	(0.9)	0.0	0.0
Portsmouth CCG	0.0	0.0	0.0	0.0
South Eastern Hampshire CCG	(1.6)	(0.7)	(2.5)	0.0
Southampton CCG	0.0	0.0	0.0	0.0
West Hampshire CCG	(2.9)	2.7	(2.2)	0.0
Total Commissioner	**(8.0)**	**(0.3)**	**(13.7)**	**0.0**
Hampshire Hospitals	(1.9)	(0.5)	2.8	(0.4)
Isle of Wight Trust	(4.4)	0.0	(18.5)	1.4
Portsmouth Hospitals	(9.1)	(4.1)	(29.9)	0.0
Solent	(0.4)	(0.3)	(1.0)	0.0
Southern Health	(2.4)	(0.2)	3.4	0.0
University Hospitals Southampton	0.1	2.9	28.3	1.1
Total Trust	**(18.1)**	**(2.2)**	**(14.8)**	**2.1**
Inter-company mismatches				
Total HIOW Position	**(26.0)**	**(2.4)**	**(28.5)**	**2.1**
Outside of STP Control Total				
South Central Ambulance Service (42%)	(0.1)	(0.0)	(0.3)	0.0
Specialised Services		0.0		0.0

Sustainability Fund Risk

Explanation

This slide details the Sustainability Funds available and the proportion of this that is at risk

Sustainability Fund Summary Organisation	Maximum CSF/PSF available £m	CSF/PSF recognised in FOT £m	CSF/PSF at risk £m	Proportion at risk £m
Fareham & Gosport CCG	4.0	0.0	0.0	0%
SE Hants CCG	2.5	0.0	0.0	0%
West Hampshire CCG	0.7	0.0	0.0	0%
Hampshire Hospitals	10.0	9.5	2.5	25%
Isle of Wight Trust	0.0	0.0	0.0	0%
Portsmouth Hospital	0.0	0.0	0.0	0%
Solent	1.6	1.6	0.6	35%
Southern Health	4.1	4.1	2.8	68%
University Hospitals Southampton	25.0	25.0	21.3	85%
Total Trust	**47.9**	**40.2**	**27.2**	**67%**

Whole System Savings

Explanation

This slide highlights the savings position of H&IOW STP.

Savings Summary	Year to Date Plan £m	Year to Date Actual £m	Variance £m	% Of Plan Achieved	FY Plan £m	Allocation %	FY FOT £m	Variance £m	% Of Plan Achieved
Fareham and Gosport CCG	1.7	1.6	(0.0)	98%	14.4	5.2%	9.3	(5.1)	65%
Isle of Wight CCG	2.8	1.5	(1.3)	55%	11.2	4.8%	7.2	(4.0)	64%
North Hampshire CCG	3.6	2.4	(1.2)	65%	18.5	6.3%	9.3	(9.2)	50%
Portsmouth CCG	2.7	2.7	0.0	100%	11.0	3.5%	11.0	0.0	100%
South Eastern Hampshire CCG	1.6	1.5	(0.0)	98%	13.3	4.4%	8.6	(4.7)	65%
Southampton CCG	3.3	3.0	(0.3)	92%	13.2	3.5%	13.2	0.0	100%
West Hampshire CCG	5.8	3.6	(2.1)	63%	27.4	3.6%	16.2	(11.2)	59%
Total Commissioner	**21.4**	**16.4**	**(5.0)**	**77%**	**108.9**	**4.3%**	**74.7**	**(34.2)**	**69%**
Hampshire Hospitals	2.3	1.8	(0.5)	77%	14.2	4.3%	14.2	0.0	100%
Isle of Wight Trust	0.7	0.2	(0.5)	31%	8.0	4.0%	8.0	0.0	100%
Portsmouth Hospitals	4.8	3.8	(1.0)	80%	35.3	5.8%	35.3	0.0	100%
Solent	1.4	1.5	0.1	105%	7.7	3.7%	7.8	0.2	102%
Southern Health	1.7	1.3	(0.4)	78%	12.2	4.0%	12.1	(0.0)	100%
University Hospitals Southampton	7.1	2.9	(4.2)	40%	32.0	3.9%	32.0	0.0	100%
Total Trust	**18.0**	**11.5**	**(6.5)**	**64%**	**109.3**	**4.4%**	**109.5**	**0.2**	**100%**
Total	**39.4**	**27.9**	**(11.5)**	**71%**	**218.3**	**4.3%**	**184.2**	**(34.1)**	**84%**
South Central Ambulance Service (42%)	0.9	0.9	0.0	104%	3.0	1.4%	3.0	(0.0)	100%

Savings by STP Programme & Category

Explanation

This slide highlights the savings position of HIOW STP by Programme and Provider savings category.

Savings Summary	Year to Date Plan £m	Year to Date Actual £m	Variance £m	% Of Plan Achieved	FY Plan £m	FY FOT £m	Variance £m	% Of Plan Achieved
Mental Health	0.0	0.0	0.0	100%	0.0	0.0	0.0	100%
Local Scheme	35.4	24.3	(11.0)	69%	190.5	161.8	(28.7)	85%
Commissioning	2.5	2.3	(0.2)	91%	13.4	7.4	(6.0)	55%
Prevention at Scale	0.0	0.0	(0.0)	39%	0.0	0.0	(0.0)	55%
Workforce	1.4	1.2	(0.2)	87%	11.9	12.2	0.3	103%
Digital	0.0	0.0	0.0	100%	0.1	0.1	0.0	100%
Unidentified	0.1	0.0	(0.1)	0%	2.3	2.6	0.3	113%
Total	**39.4**	**27.9**	**(11.5)**	**71%**	**218.3**	**184.2**	**(34.1)**	**84%**

Provider Savings by Category	Year to Date Plan £m	Year to Date Actual £m	Variance £m	% Of Plan Achieved	FY Plan £m	FY FOT £m	Variance £m	% Of Plan Achieved
Pay	7.6	5.0	(2.6)	66%	59.5	57.4	(2.1)	96%
Non-Pay	7.6	5.7	(1.9)	75%	36.4	35.5	(0.9)	98%
Income	3.7	1.7	(2.0)	46%	16.4	19.6	3.1	119%
Total	**18.9**	**12.4**	**(6.5)**	**66%**	**112.3**	**112.5**	**0.2**	**100%**

LDS Summary

Explanation

This slide shows a summary of positions by LDS

Reporting Position vs. Plan	YTD Plan Surplus / (Deficit) £m	YTD Actual Surplus / (Deficit) £m	YTD Variance Surplus / (Deficit) £m	2018/19 Plan Surplus / (Deficit) £m	2018/19 Forecast Surplus / (Deficit) £m	Forecast Variance Surplus / (Deficit) £m	YTD Savings Plan £m	YTD Savings Actual £m	YTD Variance Surplus / (Deficit) £m
Portsmouth & South East Hampshire	(18.8)	(19.6)	(0.8)	(35.8)	(35.8)	0.0	12.1	11.0	(1.1)
Isle of Wight	(4.6)	(5.6)	(1.0)	(23.5)	(22.1)	1.4	3.5	1.7	(1.7)
North & Mid Hampshire	(4.8)	(4.8)	0.0	2.9	2.5	(0.4)	8.6	5.9	(2.7)
Southampton	0.8	0.9	0.1	14.7	14.7	0.0	7.7	5.3	(2.4)
South West Hampshire	0.6	0.7	0.0	14.3	14.3	0.0	7.6	4.0	(3.5)
Total Hamphire & Isle of Wight STP	**(26.8)**	**(28.5)**	**(1.7)**	**(27.4)**	**(26.5)**	**0.9**	**39.4**	**27.9**	**(11.5)**

Reporting Position vs. Plan	2018/19 Savings Plan £m	2018/19 Savings Forecast £m	Forecast Variance Surplus / (Deficit) £m
Portsmouth & South East Hampshire	82.1	72.4	(9.7)
Isle of Wight	19.2	15.2	(4.0)
North & Mid Hampshire	46.5	33.1	(13.5)
Southampton	34.2	34.3	0.1
South West Hampshire	36.3	29.3	(7.0)
Total Hamphire & Isle of Wight STP	**218.3**	**184.2**	**(34.1)**

PSEH LDS

Explanation

This slide shows a summary of positions by LDS

Reporting Position vs. Plan	YTD Plan Surplus / (Deficit) £m	YTD Actual Surplus / (Deficit) £m	YTD Variance Surplus / (Deficit) £m	2017/18 Plan Surplus / (Deficit) £m	2017/18 Forecast Surplus / (Deficit) £m	Forecast Variance Surplus / (Deficit) £m	YTD QIPP/CIP Plan £m	YTD QIPP/CIP Actual £m	YTD Variance Surplus / (Deficit) £m	2017/18 QIPP/CIP Plan £m	2017/18 QIPP/CIP Forecast £m	Forecast Variance Surplus / (Deficit) £m
Fareham & Gosport CCG	(2.9)	(2.9)	0.0	(4.0)	(4.0)	0.0	1.7	1.6	(0.0)	14.4	9.3	(5.1)
Portsmouth CCG	0.0	0.0	0.0	0.0	0.0	0.0	2.7	2.7	0.0	11.0	11.0	0.0
South Eastern Hampshire CCG	(2.4)	(2.3)	0.1	(2.5)	(2.5)	0.0	1.6	1.5	(0.0)	13.3	8.6	(4.7)
Portsmouth Hospitals	(12.3)	(13.2)	(0.9)	(29.9)	(29.9)	0.0	4.8	3.8	(1.0)	35.3	35.3	0.0
Solent	(0.4)	(0.4)	0.0	(0.5)	(0.5)	0.0	0.8	0.8	0.0	4.2	4.3	0.1
Southern Health	(0.8)	(0.8)	(0.0)	1.1	1.1	0.0	0.5	0.4	(0.1)	3.9	3.9	(0.0)
Total PSEH Local Delivery System	**(18.8)**	**(19.6)**	**(0.8)**	**(35.8)**	**(35.8)**	**0.0**	**12.1**	**11.0**	**(1.1)**	**82.1**	**72.4**	**(9.7)**
Inter-company mismatches												
Total PSEH Local Delivery System	**(18.8)**	**(19.6)**	**(0.8)**	**(35.8)**	**(35.8)**	**0.0**	**12.1**	**11.0**	**(1.1)**	**82.1**	**72.4**	**(9.7)**
										4.8%	QIPP/CIP as % of Income	

Savings Summary	Year to Date Plan £m	Year to Date Actual £m	Variance £m	% Of Plan Achieved	FY Plan £m	FY FOT £m	Variance £m	% Of Plan Achieved
Mental Health	0.0	0.0	0.0		0.0	0.0	0.0	
Local Scheme	11.7	10.7	(1.0)	91%	79.4	69.6	(9.8)	88%
Commissioning	0.0	0.0	0.0		0.0	0.0	0.0	
Prevention at Scale	0.0	0.0	0.0		0.0	0.0	0.0	
Workforce	0.0	0.0	0.0		0.0	0.0	0.0	
Digital	0.0	0.0	0.0		0.0	0.0	0.0	
Unidentified	0.0	0.0	(0.0)	0%	0.5	0.6	0.1	119%
Total	**11.7**	**10.7**	**(1.0)**	**91%**	**80.0**	**70.3**	**(9.7)**	**88%**

IOW LDS

Explanation

This slide shows a summary of positions by LDS

Reporting Position vs. Plan	% for System %	YTD Plan Surplus / (Deficit) £m	YTD Actual Surplus / (Deficit) £m	YTD Variance Surplus / (Deficit) £m	2017/18 Plan Surplus / (Deficit) £m	2017/18 Forecast Surplus / (Deficit) £m	Forecast Variance Surplus / (Deficit) £m	YTD QIPP/CIP Plan £m	YTD QIPP/CIP Actual £m	YTD Variance Surplus / (Deficit) £m	2017/18 QIPP/CIP Plan £m	2017/18 QIPP/CIP Forecast £m	Forecast Variance Surplus / (Deficit) £m
Isle of Wight CCG	100%	(1.3)	(1.3)	(0.0)	(5.0)	(5.0)	0.0	2.8	1.5	(1.3)	11.2	7.2	(4.0)
Isle of Wight NHS Trust	100%	(3.4)	(4.4)	(1.0)	(18.5)	(17.1)	1.4	0.7	0.2	(0.5)	8.0	8.0	0.0
Total IOW Local Delivery System		**(4.6)**	**(5.6)**	**(1.0)**	**(23.5)**	**(22.1)**	**1.4**	**3.5**	**1.7**	**(1.7)**	**19.2**	**15.2**	**(4.0)**
Inter-company mismatches													
Total IOW Local Delivery System		**(4.6)**	**(5.6)**	**(1.0)**	**(23.5)**	**(22.1)**	**1.4**	**3.5**	**1.7**	**(1.7)**	**19.2**	**15.2**	**(4.0)**
											4.4%	QIPP/CIP as % of Income	

Savings Summary	Year to Date Plan £m	Year to Date Actual £m	Variance £m	% Of Plan Achieved	FY Plan £m	FY FOT £m	Variance £m	% Of Plan Achieved
Mental Health	0.0	0.0	0.0		0.0	0.0	0.0	
Local Scheme	3.4	1.0	(2.4)	30%	15.9	10.8	(5.1)	68%
Commissioning	0.0	0.0	0.0		0.0	0.0	0.0	
Prevention at Scale	0.0	0.0	0.0		0.0	0.0	0.0	
Workforce	0.0	0.2	0.1		3.3	3.3	0.0	100%
Digital	0.0	0.0	0.0		0.0	0.0	0.0	
Unidentified	0.0	0.0	0.0		0.0	0.0	0.0	
Total	**3.4**	**1.2**	**(2.2)**	**35%**	**19.2**	**14.1**	**(5.1)**	**74%**

N&MH LDS

Explanation

This slide shows a summary of positions by LDS

Reporting Position vs. Plan	% for System %	YTD Plan Surplus / (Deficit) £m	YTD Actual Surplus / (Deficit) £m	YTD Variance Surplus / (Deficit) £m	2017/18 Plan Surplus / (Deficit) £m	2017/18 Forecast Surplus / (Deficit) £m	Forecast Variance Surplus / (Deficit) £m	YTD QIPP/CIP Plan £m	YTD QIPP/CIP Actual £m	YTD Variance Surplus / (Deficit) £m	2017/18 QIPP/CIP Plan £m	2017/18 QIPP/CIP Forecast £m	Forecast Variance Surplus / (Deficit) £m
North Hampshire CCG	100%	0.0	(1.6)	(1.6)	0.0	0.0	0.0	3.6	2.4	(1.2)	18.5	9.3	(9.2)
West Hampshire CCG	38%	(0.1)	(0.1)	0.0	(0.8)	(0.8)	0.0	2.2	1.4	(0.8)	10.4	6.2	(4.3)
Hampshire Hospitals	100%	(4.0)	(2.4)	1.6	2.8	2.4	(0.4)	2.3	1.8	(0.5)	14.2	14.2	0.0
Southern Health	28%	(0.7)	(0.7)	(0.0)	1.0	1.0	0.0	0.5	0.4	(0.1)	3.4	3.4	(0.0)
Total N&MH Local Delivery System		**(4.8)**	**(4.8)**	**0.0**	**2.9**	**2.5**	**(0.4)**	**8.6**	**5.9**	**(2.7)**	**46.5**	**33.1**	**(13.5)**
Inter-company mismatches													
Total N&MH Local Delivery System		**(4.8)**	**(4.8)**	**0.0**	**2.9**	**2.5**	**(0.4)**	**8.6**	**5.9**	**(2.7)**	**46.5**	**33.1**	**(13.5)**
											4.7%	QIPP/CIP as % of Income	

Savings Summary	Year to Date Plan £m	Year to Date Actual £m	Variance £m	% Of Plan Achieved	FY Plan £m	FY FOT £m	Variance £m	% Of Plan Achieved
Mental Health	0.0	0.0	0.0		0.0	0.0	0.0	
Local Scheme	6.3	4.1	(2.2)	65%	32.4	21.0	(11.4)	65%
Commissioning	1.0	0.9	(0.1)	91%	5.1	2.8	(2.3)	55%
Prevention at Scale	0.0	0.0	(0.0)	39%	0.0	0.0	(0.0)	55%
Workforce	1.3	0.9	(0.4)	71%	8.3	8.4	0.1	101%
Digital	0.0	0.0	0.0	100%	0.1	0.1	0.0	100%
Unidentified	0.0	0.0	(0.0)	0%	0.5	0.5	0.1	119%
Total	**8.6**	**5.9**	**(2.7)**	**69%**	**46.4**	**32.9**	**(13.5)**	**71%**

Soton LDS

Explanation

This slide shows a summary of positions by LDS

Reporting Position vs. Plan	% for System %	YTD Plan Surplus / (Deficit) £m	YTD Actual Surplus / (Deficit) £m	YTD Variance Surplus / (Deficit) £m	2017/18 Plan Surplus / (Deficit) £m	2017/18 Forecast Surplus / (Deficit) £m	Forecast Variance Surplus / (Deficit) £m	YTD QIPP/CIP Plan £m	YTD QIPP/CIP Actual £m	YTD Variance Surplus / (Deficit) £m	2017/18 QIPP/CIP Plan £m	2017/18 QIPP/CIP Forecast £m	Forecast Variance Surplus / (Deficit) £m
Southampton City CCG	100%	0.0	0.0	0.0	0.0	0.0	0.0	3.3	3.0	(0.3)	13.2	13.2	0.0
Solent	45%	(0.3)	(0.3)	0.0	(0.4)	(0.4)	0.0	0.6	0.7	0.0	3.5	3.5	0.1
Southern Health	13%	(0.3)	(0.3)	(0.0)	0.4	0.4	0.0	0.2	0.2	(0.0)	1.6	1.6	(0.0)
University Hospitals Southampton	50%	1.4	1.5	0.1	14.7	14.7	0.0	3.6	1.4	(2.1)	16.0	16.0	0.0
Total Soton Local Delivery System		**0.8**	**0.9**	**0.1**	**14.7**	**14.7**	**0.0**	**7.7**	**5.3**	**(2.4)**	**34.2**	**34.3**	**0.1**
Inter-company mismatches													
Total Soton Local Delivery System		**0.8**	**0.9**	**0.1**	**14.7**	**14.7**	**0.0**	**7.7**	**5.3**	**(2.4)**	**34.2**	**34.3**	**0.1**
											3.7%	QIPP/CIP as % of Income	

Savings Summary	Year to Date Plan £m	Year to Date Actual £m	Variance £m	% Of Plan Achieved	FY Plan £m	FY FOT £m	Variance £m	% Of Plan Achieved
Mental Health	0.0	0.0	0.0		0.0	0.0	0.0	
Local Scheme	7.7	5.3	(2.4)	69%	33.6	33.6	0.0	100%
Commissioning	0.0	0.0	0.0		0.0	0.0	0.0	
Prevention at Scale	0.0	0.0	0.0		0.0	0.0	0.0	
Workforce	0.0	0.0	0.0		0.0	0.0	0.0	
Digital	0.0	0.0	0.0		0.0	0.0	0.0	
Unidentified	0.0	0.0	(0.0)		0.2	0.2	0.0	119%
Total	**7.7**	**5.3**	**(2.4)**	**69%**	**33.8**	**33.9**	**0.1**	**100%**

SWH LDS

Explanation

This slide shows a summary of positions by LDS

Reporting Position vs. Plan	% for System %	YTD Plan Surplus / (Deficit) £m	YTD Actual Surplus / (Deficit) £m	YTD Variance Surplus / (Deficit) £m	2017/18 Plan Surplus / (Deficit) £m	2017/18 Forecast Surplus / (Deficit) £m	Forecast Variance Surplus / (Deficit) £m	YTD QIPP/CIP Plan £m	YTD QIPP/CIP Actual £m	YTD Variance Surplus / (Deficit) £m	2017/18 QIPP/CIP Plan £m	2017/18 QIPP/CIP Forecast £m	Forecast Variance Surplus / (Deficit) £m
West Hampshire CCG	62%	(0.1)	(0.1)	0.0	(1.4)	(1.4)	0.0	3.6	2.2	(1.3)	17.0	10.0	(7.0)
Southern Health	27%	(0.7)	(0.7)	(0.0)	0.9	0.9	0.0	0.5	0.4	(0.1)	3.3	3.3	(0.0)
University Hospitals Southampton	50%	1.4	1.5	0.1	14.7	14.7	0.0	3.6	1.4	(2.1)	16.0	16.0	0.0
Total SWH Local Delivery System		**0.6**	**0.7**	**0.0**	**14.3**	**14.3**	**0.0**	**7.6**	**4.0**	**(3.5)**	**36.3**	**29.3**	**(7.0)**
Inter-company mismatches													
Total SWH Local Delivery System		**0.6**	**0.7**	**0.0**	**14.3**	**14.3**	**0.0**	**7.6**	**4.0**	**(3.5)**	**36.3**	**29.3**	**(7.0)**
											3.8%	QIPP/CIP as % of Income	

Savings Summary	Year to Date Plan £m	Year to Date Actual £m	Variance £m	% Of Plan Achieved	FY Plan £m	FY FOT £m	Variance £m	% Of Plan Achieved
Mental Health	0.0	0.0	0.0		0.0	0.0	0.0	
Local Scheme	5.9	2.5	(3.4)	42%	27.0	23.5	(3.5)	87%
Commissioning	1.6	1.4	(0.1)	91%	8.3	4.6	(3.7)	55%
Prevention at Scale	0.0	0.0	(0.0)	39%	0.0	0.0	(0.0)	55%
Workforce	0.1	0.1	0.0	160%	0.3	0.5	0.2	160%
Digital	0.0	0.0	0.0	100%	0.0	0.0	0.0	101%
Unidentified	0.0	0.0	(0.0)		0.4	0.5	0.1	119%
Total	**7.6**	**4.0**	**(3.5)**	**53%**	**36.1**	**29.1**	**(7.0)**	**81%**

Hampshire and Isle of Wight

Health & Care System STP Delivery Plan

Final Draft
21 October 2016

Introduction

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

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

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

Page 3 of 38

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

Hampshire & Isle of Wight STP Delivery Plan Contents:

Section 1: Summary

The case for change & our plan

Our challenges:

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

To address these challenges we are:

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

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

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

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

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

Impact for citizens and our system:

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

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

Key components of our new system of care

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

Characteristics of the new system:

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

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

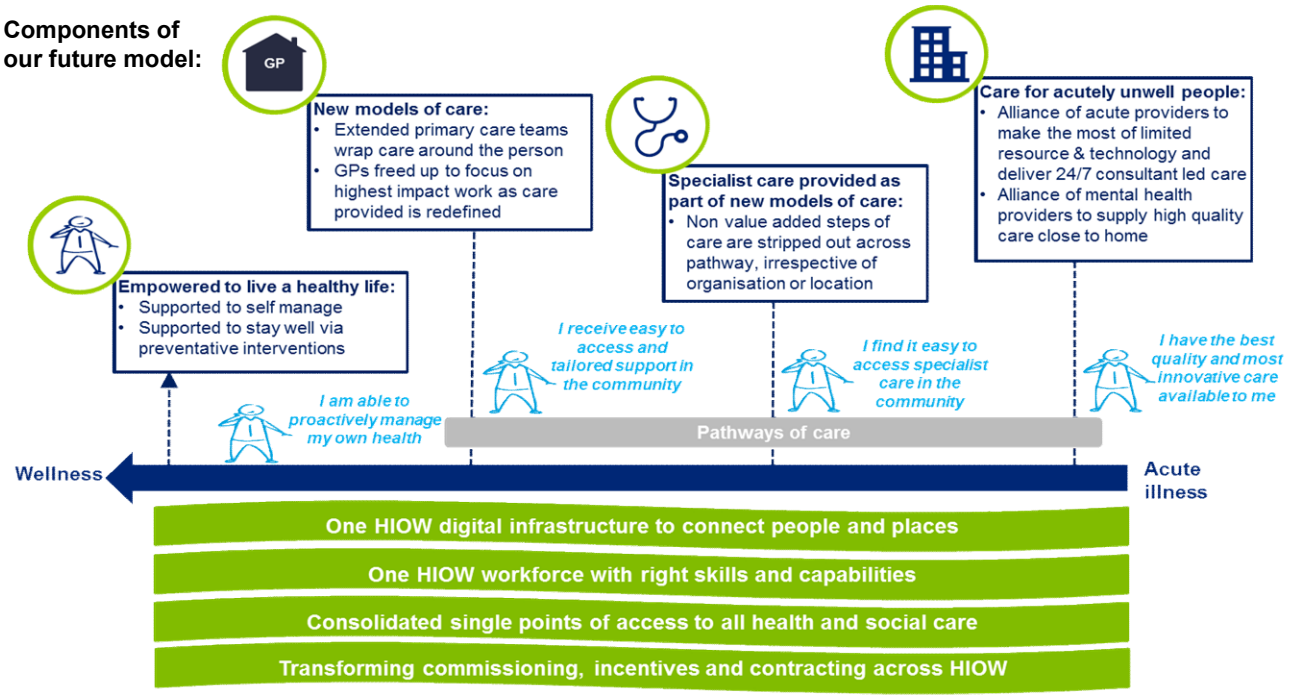
- Citizens are able to proactively manage their own health
- Citizens have easy to access and tailored support in the community
- Citizens find it easy to access specialist care in the community
- Citizens have the best quality and most innovative care available to them
- While these changes will mean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

New working arrangements between organisations to enable delivery:

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

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

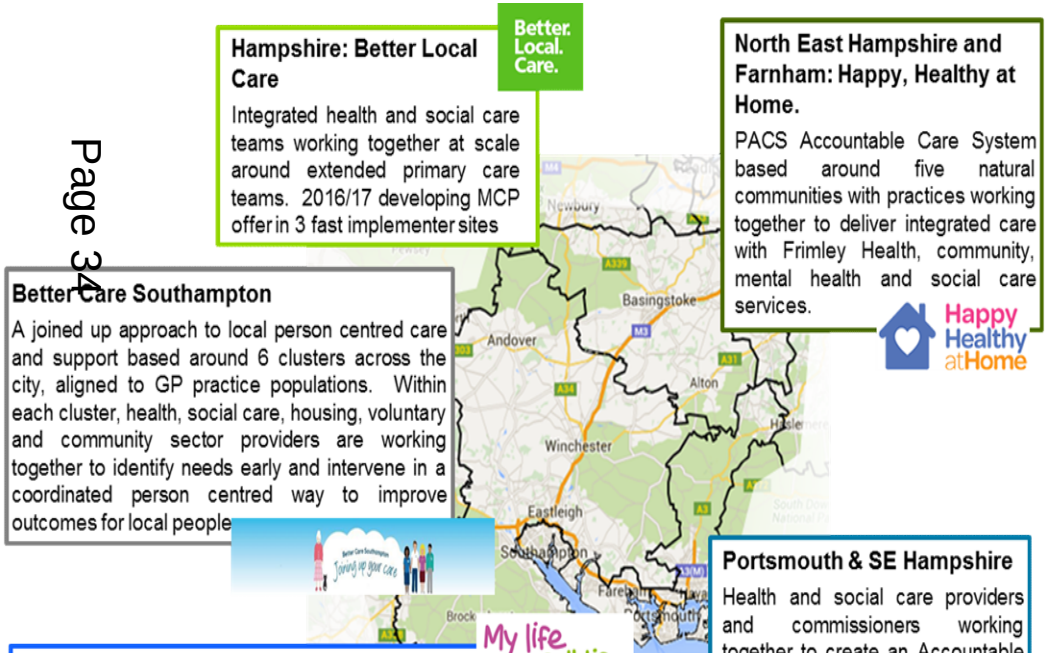
Components of our future model:



Place based systems of integrated care the bedrock of our plan

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

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



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

Foundation for independence & self care	We will deploy an eConsult platform for primary care supporting self-care and channelling people to the optimal care settings. We are also introducing care navigators & social prescribing: shifting current primary care activity to a non-clinical workforce
Fully Integrated Primary Care	Primary care working at scale to deliver urgent care across 7 days. Joined up, enhanced multi-professional primary care teams with extended skills and extended access care hubs in localities
Integrated Intermediate Care	Integrated health and social care including: domiciliary recovery and rehab teams, non-acute beds, urgent community response, Emergency Department liaison.
Complex & End of Life Care	Dedicated support from the multi professional team for those patients at greatest risk, including the 0.5% of patients with the most complex needs and those at end of life.
LTCs: Diabetes & Respiratory	More specialist cases managed in primary care setting, specialist roles as a core part of the local primary care team, and consultants working to support shared management of cases with GPs without the need for formal referral.

Our priority actions to transform service delivery

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

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

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

Impact and benefits for Hampshire and the Isle of Wight

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

Impact of our plan for HIOW citizens

Staying well and Independent

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

Better experience of care

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

Better Health Outcomes

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

Better Access to Care

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

More Healthy Years of Life

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

Higher Quality Acute Care

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

Improved Mental Health Care

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

Minimal delays in Hospital

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

Impact of our plan on our system

Reduction in presentations of preventable conditions

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

Activity Changes

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

Workforce

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

Bed reductions

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

Estate

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

Access Targets

National access targets will be delivered for the HIOW population

Delayed Transfers of Care

DTOC rate reduced to and maintained at 3.5%

Financial Breakeven

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

Impact of our plan on value and affordability

The Potential Gap

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

Using Our Share Of The STF

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

Closing The Finance Gap

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

Finding The Additional Savings

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

Social Care And Public Health Pressures

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

Moving Ahead

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

Investing In Estate

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

STP Integration & Governance to support delivery

Strategic Governance and Oversight

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

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

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

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

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

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

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

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

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

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

Accountability across HIOW

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

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

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

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

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

STP Delivery Structure

Delivery Model

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

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

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

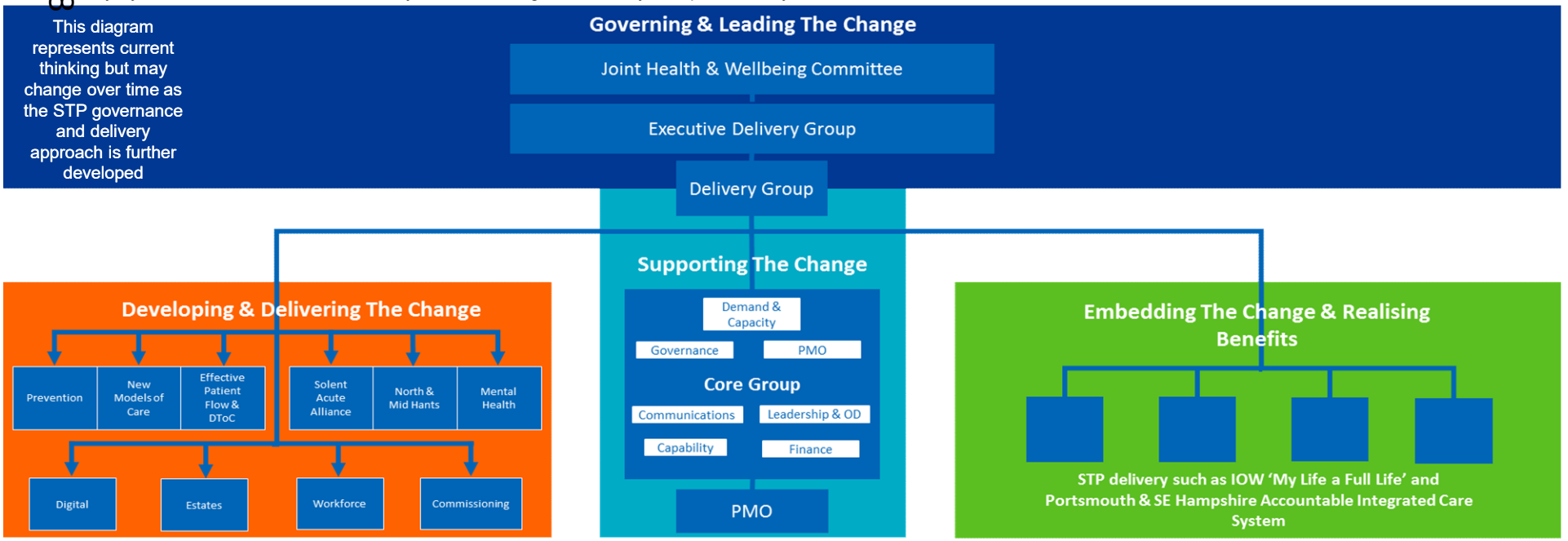
In the Portsmouth and South East Hampshire Local Delivery System, for example, the local commissioning and provider partners will create an aligned two year operating plan, setting out how the STP ambitions will be enacted through a new integrated governance and leadership system an Accountable Care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

Executive Governance & Leadership

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

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

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



Section 2: Our delivery programmes

Delivering our plan: The 6 core programmes

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

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

Delivering our plan: 4 enabling programmes

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

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

Core Programme 1: Prevention at Scale

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

Programme Description

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

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

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

Outcomes and benefits to be delivered

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

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

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

Revenue investment assumed and financial benefit

Investments Required: £0.6m

SAVINGS: £10m per annum by 2020/21

Projects Timescales

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

For project detail see appendix A

Key personnel

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

Stakeholders involved

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

Core Programme 2: New Models of Integrated Care

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

Programme Description

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

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

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

Outcomes and benefits to be delivered

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

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

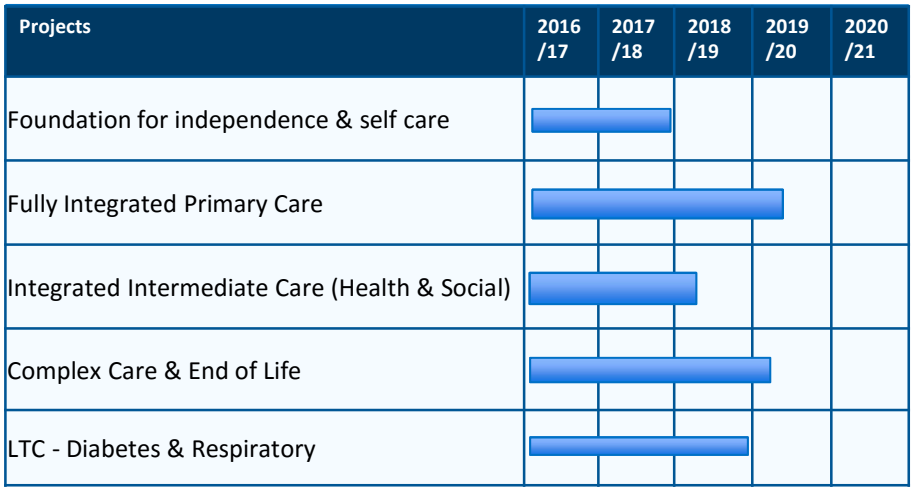
- Improved outcomes for people with long term conditions/multiple co-morbidities
- Reduced A&E attendances/admissions for target conditions
- More people maintaining independent home living
- Extended primary care access and increased GP capacity to manage complex care due to improved skill-mix in wider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

Revenue investment assumed and financial benefit

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

Savings: £45.6m per annum by 2020/21

Projects Timescales



Key personnel

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

Stakeholders involved

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

For project detail see appendix A

Core Programme 3: Effective Flow And Discharge

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

Programme Description

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

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

Page 14

Outcomes and benefits to be delivered

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

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

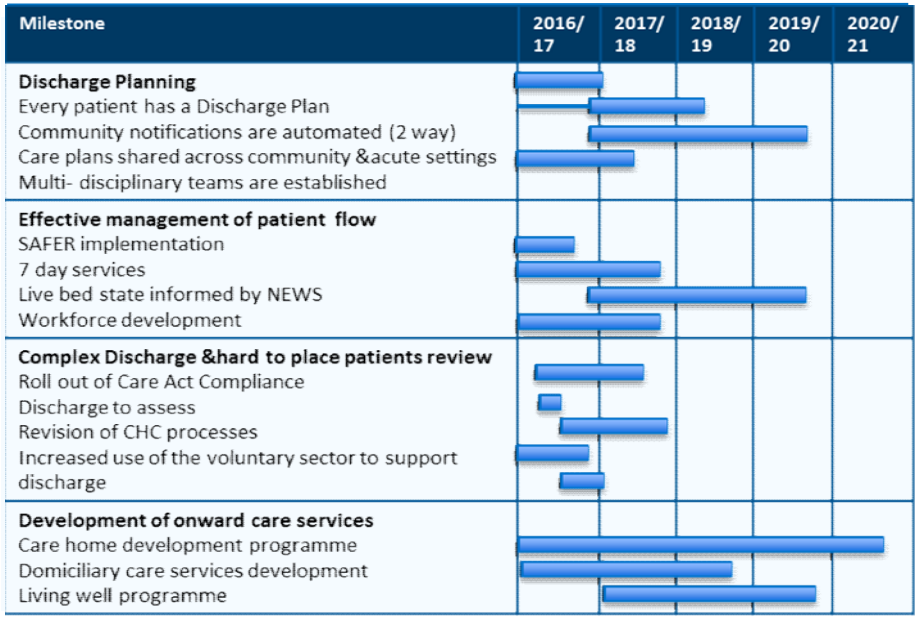
1. Patients supported in the setting most appropriate to their health and care needs leading to improvements in LOS for patients currently residing in acute and community hospital beds (P1)
2. Improvements in LOS for patients staying 7-30 Days through multi agency stranded patient review (P1 & 2)
3.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

Revenue investment assumed and financial benefit

Investments Required: £1m in 16/17

SAVINGS: £15m per annum by 2020/21

Projects Timescales



For project detail see appendix A

Key personnel

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

Stakeholders involved

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

Core Programme 4: Solent Acute Alliance

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

Programme Description

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

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

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

Page 14

Outcomes and benefits to be delivered

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

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

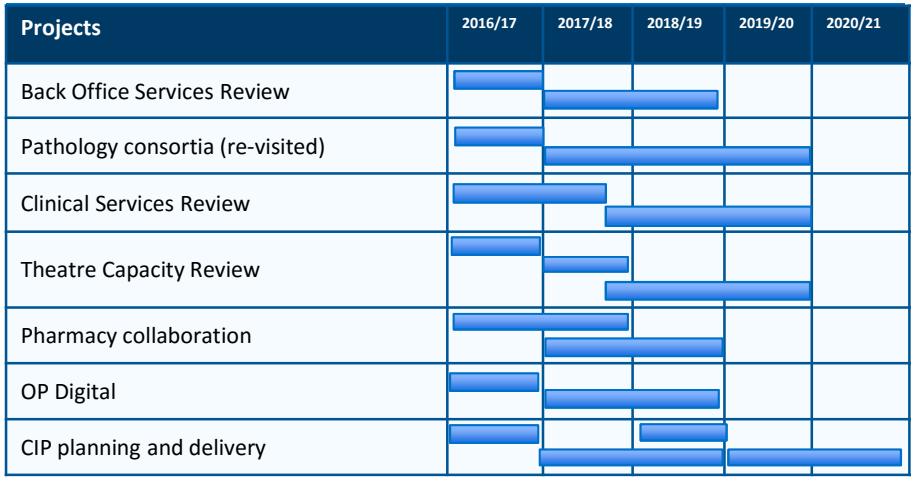
- Reduced clinical variation and improved outcomes
- Sustainable acute service to the Isle of Wight
- Improved length of stay
- Channel shift (digital outpatients)
- Elective demand control (in-line with best practice/guidance)
- Efficiencies of £156m by 2020/21
- Additional opportunities of £9m (elective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

Revenue investment assumed and financial benefit

Investments Required: £0.5m

SAVINGS: £165m per annum by 2020/21

Projects Timescales



Key personnel

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

Stakeholders involved

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

For project detail see appendix A

Solent Acute Alliance: Clinical Service Review project

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

Project Description

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

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

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

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

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

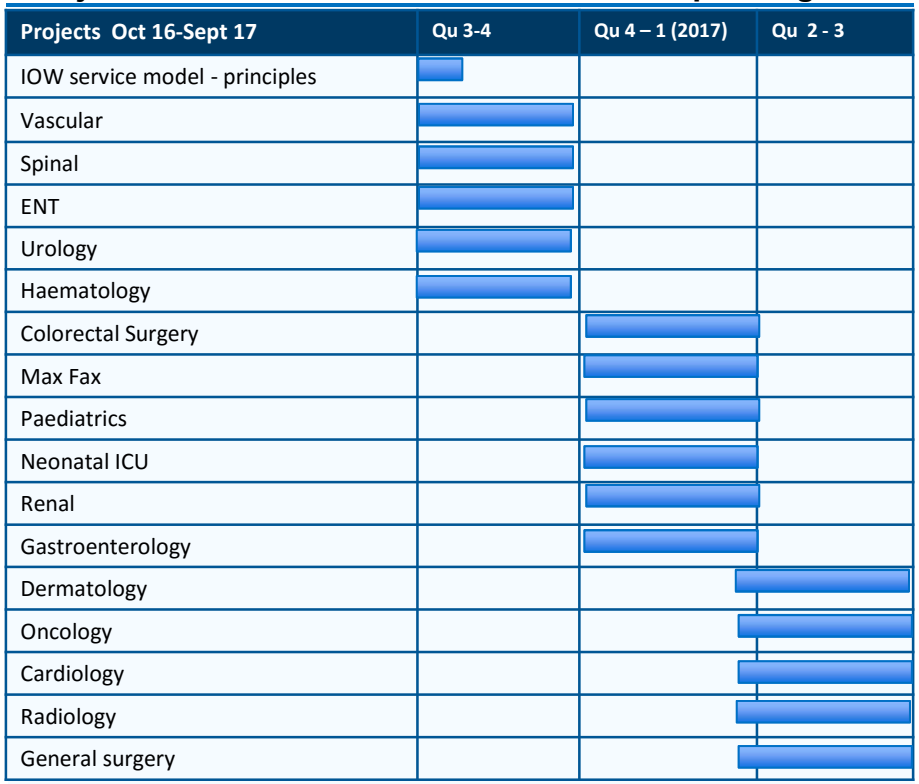
Outcomes and benefits to be delivered

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

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

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

Project Timescales - Clinical service review phasing



For project detail see appendix A

Key personnel

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

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

Stakeholders involved

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

Core Programme 5: North & Mid Hampshire

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

Programme Description

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

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

Outcomes and benefits to be delivered

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

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

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

Revenue investment assumed and financial benefit

Investments Required: £TBCm dependant on recommended configuration

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

Projects Timescales

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

Key personnel

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

Stakeholders involved

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

For project detail see appendix A

Core Programme 6: Mental Health Alliance

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

Programme Description

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

We will achieve this by working at scale to:

Review and transform :

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

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

Outcomes and benefits to be delivered

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

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

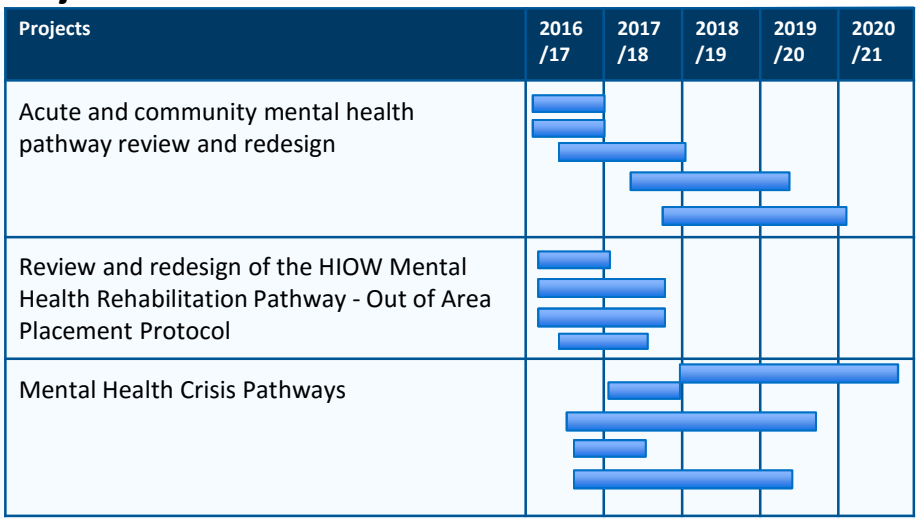
- Adult mental health services will provide timely access to recovery based person centred care in the lease restrictive setting for the least amount of time
- People in mental health crisis have access to 24/7 services
- Services will meet the 'Core 24' service standard for liaison mental health
- Out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

Revenue investment assumed and financial benefit

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

SAVINGS: £28m per annum by 2020/21

Projects Timescales



Key personnel

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

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

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

Stakeholders involved

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

For project detail see appendix A

For project detail see appendix A

Enabling Programme 7: Digital

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

Programme Description

This workstream is designed to:

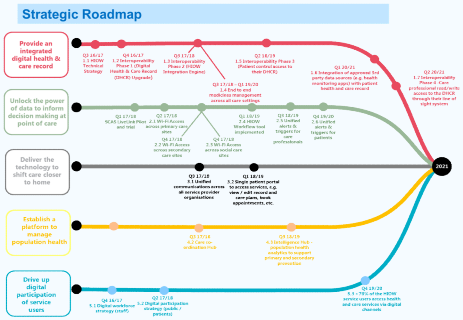
- increase the quality of service provision
- reduce the pressure on care services and
- improve efficiency

The ambitions of this programme are to:

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

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

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



Outcomes and benefits to be delivered

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

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

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

Investment required

Investments Required: £35.4m capital

Revenue: £10m per annum by 2020/21

Projects Timescales

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

Key Personnel

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

Stakeholders involved

All HIOW partners and programmes

Enabling Programme 7: Digital

How will Digital enable the core programmes?

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

Enabling Programme 8: Estates

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

Programme Description

The Estates programme has two core and interdependent objectives:

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

Outcomes and benefits to be delivered

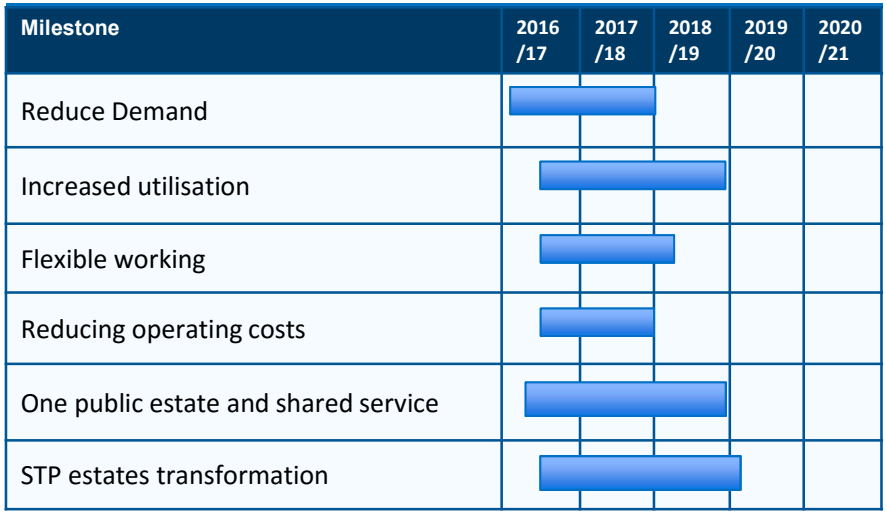
- Improved planning through better sharing of information and expertise.
- Reduced demand for estate which will release surplus estate for other uses such as housing. Current estate has been classified to identify key strategic sites to be fully utilised and estate that is no longer providing a high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

Revenue investment assumed and financial benefit

Investments Required: £5.3m

SAVINGS: £24m per annum by 2020/21

Projects Timescales



Key personnel

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

Stakeholders involved

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

For project detail see appendix A

Enabling Programme 9: Workforce

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

Programme Description

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

Outcomes and benefits to be delivered

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

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

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

Financial benefits

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

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

Projects Timescales

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

For project detail see appendix A

Key personnel

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

Stakeholders involved

All enabling and core programmes
Staff and staff side
Communications team

Enabling Programme 10: New Commissioning Models

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

Programme Description

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

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

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

Outcomes and benefits to be delivered

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

Financial benefit

£

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

Projects Timescales

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

Key personnel

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

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

Stakeholders involved

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

For project detail see appendix A

Section 3: Ensuring successful delivery

Culture, Leadership & OD

Moving from development to implementation

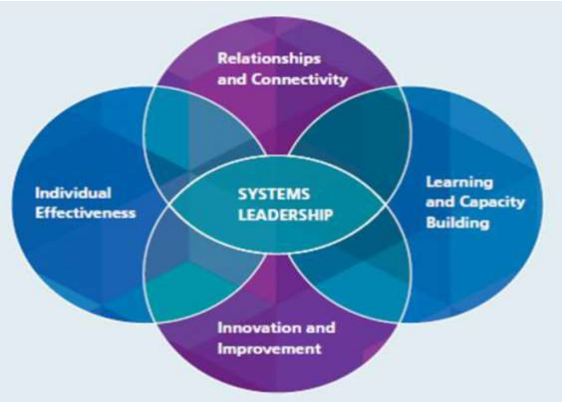
As we move from STP development to implementation and delivery, partnership behaviours will become the new norm. It is acknowledged that no one organisation holds the solution to the system leadership challenge required to transform the health and care. Leaders across the HIOW system recognise that in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

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

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

Developing our culture and OD plan

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



Change model management cycle

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

Change readiness assessment

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

System Approach to Quality and Equality

System Quality Aims

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

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

Key workstream projects

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

Immediate Priorities

HIOW STP Level

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

Local Health System Level

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

HIOW STP equality and diversity principles

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

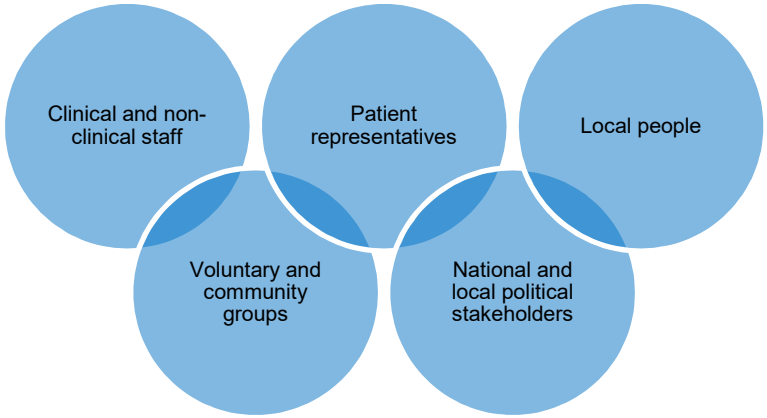
Equality Delivery System	The public sector equality duty is embedded in each STP NHS member organisation through adherence to the NHS Equality Delivery System (EDS).
Equality Standards compliance	Through the process of individual organisation registration with the Care Quality Commission (CQC), NHS provider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

Engagement and consultation on the STP

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

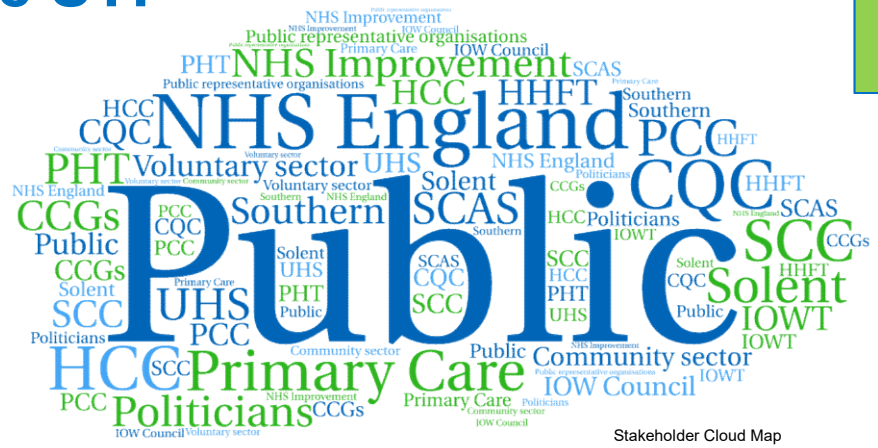
Strategic approach
Substantial productive engagement with patients, voluntary and community groups and wider communities has and continues to be carried out across Hampshire and the Isle of Wight in support of the development of local health and care services. We will build on this strong framework in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

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



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

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



Stakeholder Cloud Map

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

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

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

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

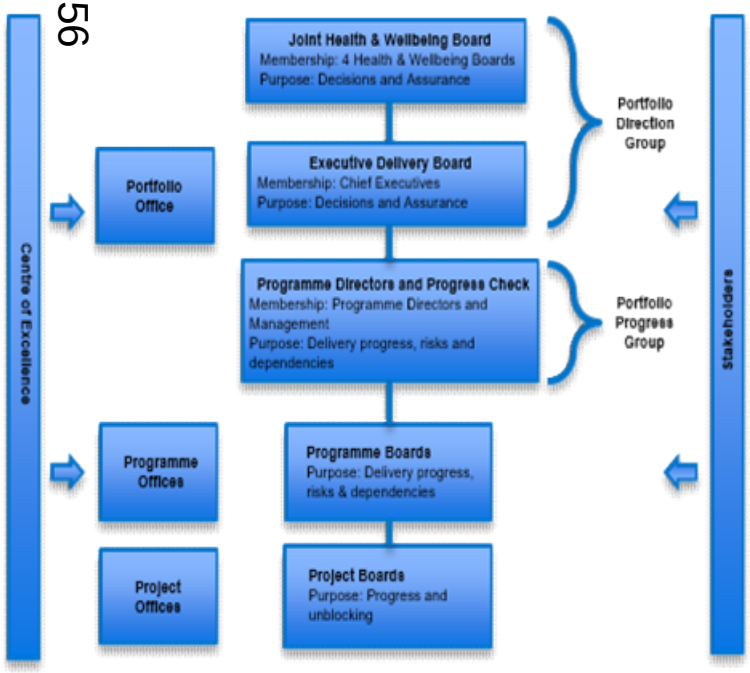
Our Delivery Architecture and Capability

Best Practice Frameworks

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

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

Proposed Portfolio Management Governance Model



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

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

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

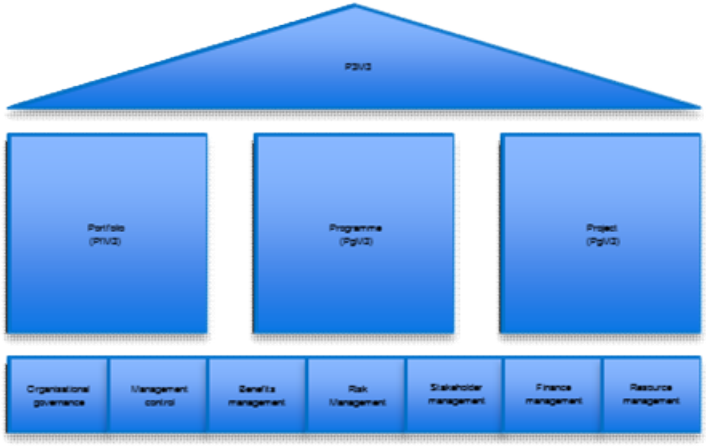
Reporting and Monitoring

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

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

Delivery Maturity

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



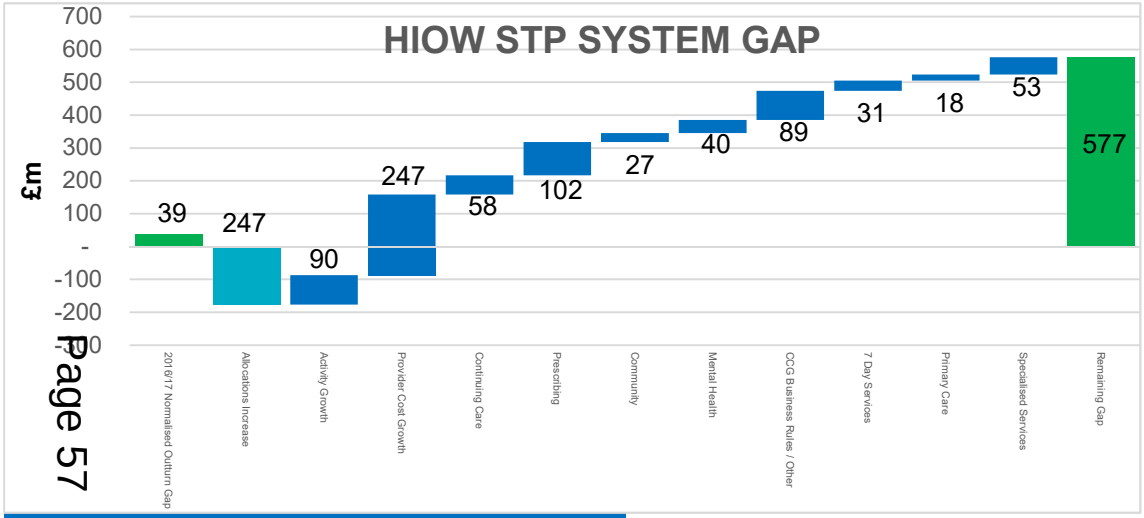
P3M3 allows an assessment of the process employed, the competencies of people, the tools deployed and the management information used to manage and deliver improvements. This enables organisations to determine strengths and weaknesses in delivering change.

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

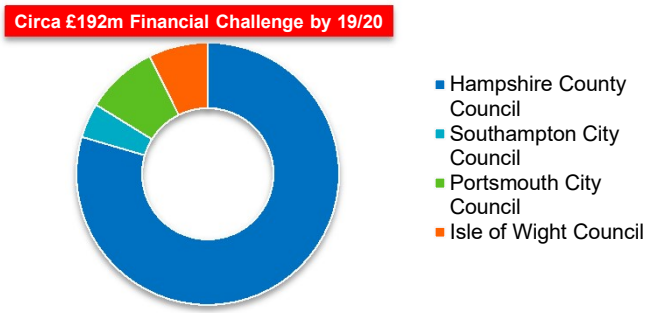
Section 4: The Financial Gap

Financial Challenge & Strategy

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



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



Key themes from Social Care savings plans are :

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

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

We will close our financial gap by:

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

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

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

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

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

Changing the Way We Work

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

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

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

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

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

Investing in Our Future: Revenue

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

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

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

Investing in Our Future: Capital

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

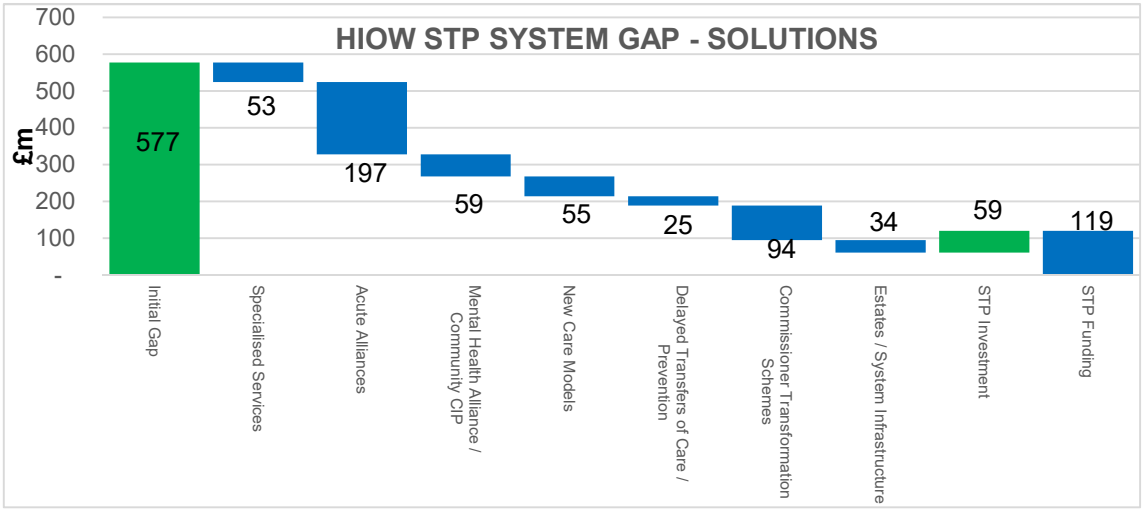
STP Capital investment summary		2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m	Total £m
MH Alliance	Acute & PICU re-design	0.0	0.0	7.7	4.0	11.7
Solent Acute Alliance	New theatres, path, pharmacy	15.5	11.3	1.0	-	27.8
Solent Acute Alliance	Digital maturity	6.2	4.3	2.8	2.0	15.3
Digital	Local Digital Roadmap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

Foot note:

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

Closing the NHS Financial Gap: Work to Date

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



Key Metrics

Activity

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

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

Beds

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

Workforce

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

Specialised Commissioning

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

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

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

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

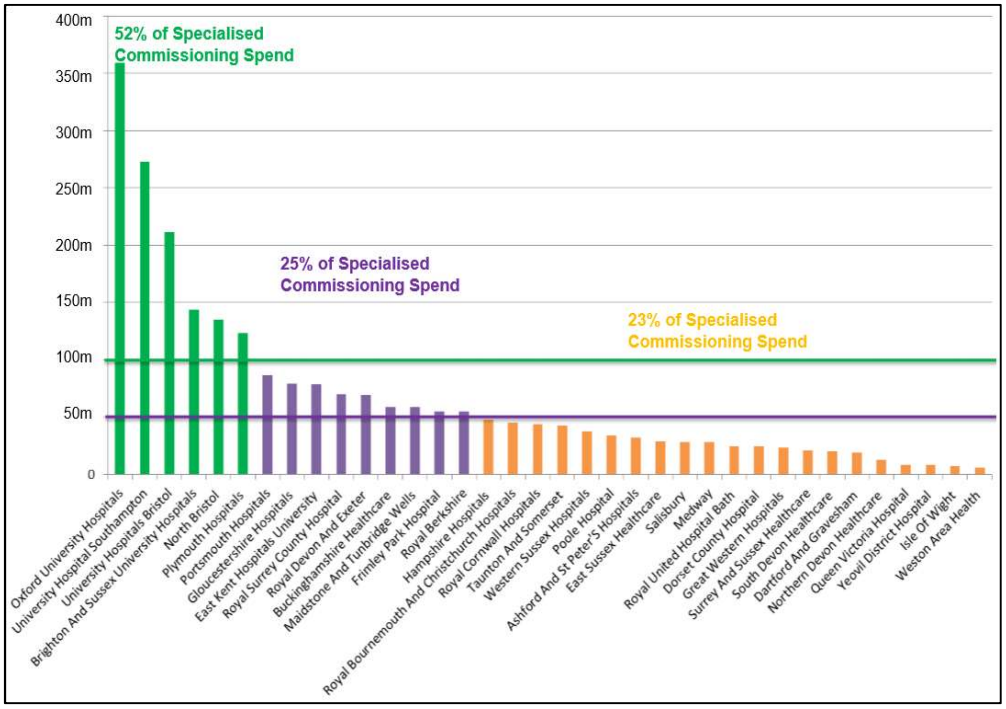
Progress to date
NHS England recently held seven triangulation events, which highlighted:

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

Work will continue to address these areas.

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

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



Closing the NHS Financial Gap: Further Work Underway

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

Meeting commissioner and provider control totals

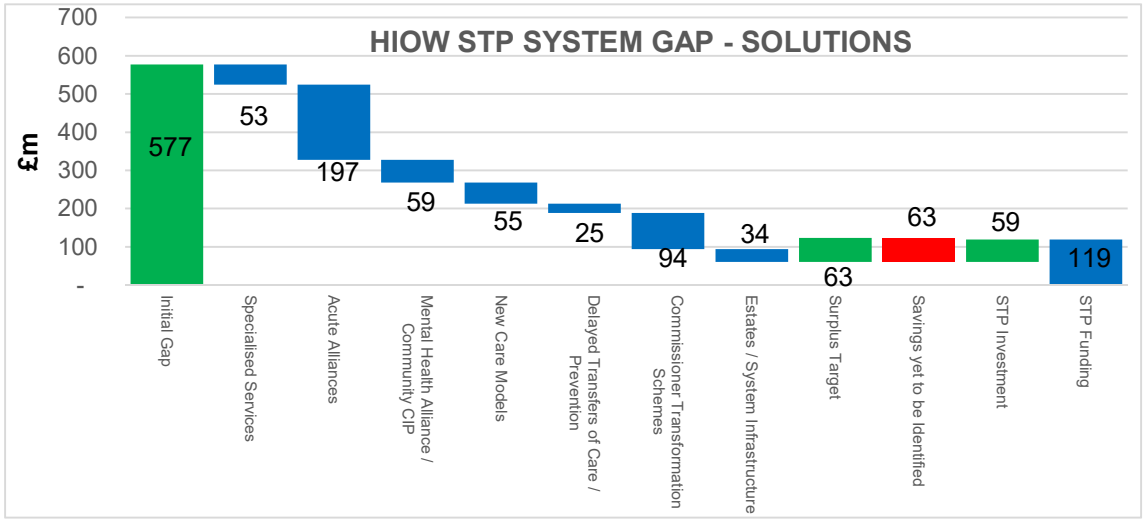
Commissioner and provider control totals have now been allocated and this has increased the 2017/18 and 2018/19 requirement above the previous submission which assumed breakeven was required. The control totals add to the challenge as follows:

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

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

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

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



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

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

Impacts on Activity

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

Impacts on Workforce

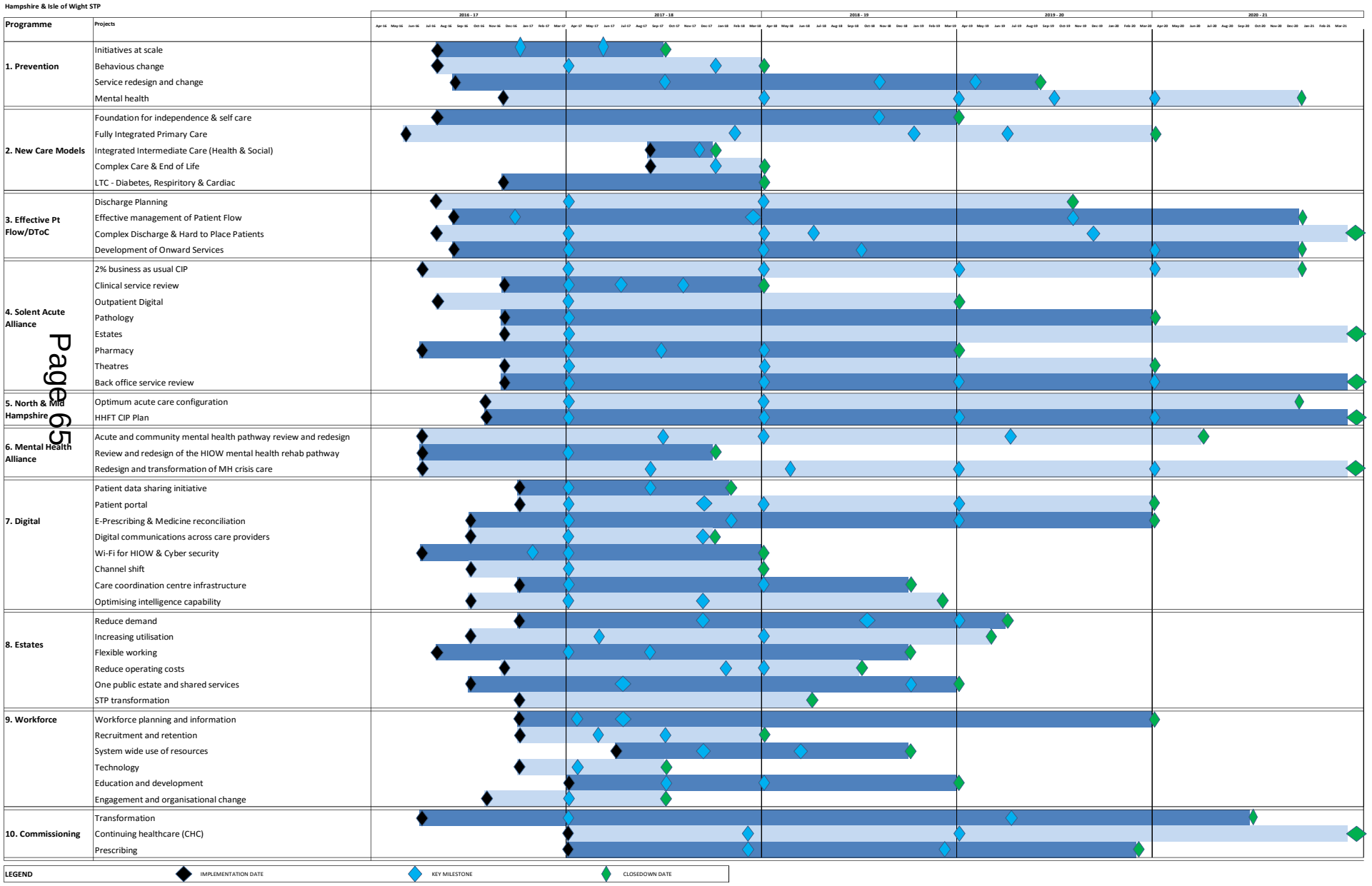
Workforce Analysis - by 2020/21	Do Nothing – Total pay bill	Solutions – Total pay bill	Do Something –Total pay bill	Comments
GP	0.0%	0.0%	0.0%	We will comply with growth expected in GP 5YFV
GP support staff	0.0%	0.0%	0.0%	
Back office rationalisation	0.0%	-10.0%	-10.0%	Estimate of share of system infrastructure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

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

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

Section 5: Summary programme plan, risks and issues

Summary programme plan and key milestone dates



Risks and Assurance

System-wide leadership and approach to risk

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

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

Assurance

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

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

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

Identified key portfolio issues and risks

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

Risk scoring = consequence x likelihood (C x L)

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

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

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

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

Our commitment

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

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

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

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

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

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

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

Wessex Local Medical Committees

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

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

Thames Valley and Wessex Leadership Academy

Wessex Academic Health Science Network

Wessex Clinical Networks and Senate

Health Education Wessex

NHS England South (Wessex)

NHS Improvement

Glossary

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

Definition of terms

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

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NHS
Hampshire and Isle of Wight
Sustainability and Transformation Partnership

One year on.....

Foreword

“Making it happen won’t be easy and will need real commitment. But, in over 20 years as a frontline GP, this is the first time I have seen such a concerted effort to bring services and teams together in a way that makes sense for patients.”

Dr Arvind Madan, ‘Sustainability and Transformation Plans: transforming patient care through GP services’, (NHS England: 2017)

Introduction 2

We are fortunate that advances in medicine have meant that people in Hampshire and the Isle of Wight, as nationally, are generally living longer. Many of us are also living with multiple, often complicated, long-term physical and mental health conditions. As a result, over recent years the NHS has struggled to deliver the care that modern patients need. Patients are waiting longer for treatment and spending extended periods of time in hospital when they could be at home or seen by their GP or at a local clinic. It is clear that in order to ensure the long-term future of health and care services we must change the way we care for patients and service users. As detailed in NHS England's Five Year Forward View 'Our values haven't changed, but our world has.'

Over the last year, the 21 health and care organisations across Hampshire and the Isle of Wight have been working together as a partnership, to address the many opportunities and challenges facing us. We have been developing ways by which local people know how to stay well whilst making sure we provide safe, high quality, consistent and affordable health and care for our population.

We have learned a great deal from working with and listening to local people over the past few years and our work is rooted in these local discussions. Where it makes sense to work at scale, the partnership has developed a plan to tackle issues such as reducing the amount of time it takes people to recover from illness, offering patients more choice about when and where to receive treatment, reducing waiting times for appointments, diagnostic tests and test results, whilst supporting people to manage their day to day health. Our plan is long-term, well-thought through, based on feedback from our local population and devised by people who work in the local NHS and social care system. If we are to have services that are sustainable in the future, we must build on new ways of planning and providing them - and that means changing how our local NHS works. Individual organisations like hospital trusts or GP practices cannot provide the answers on their own because many of these issues affect more than just one organisation or community.

As a partnership, we are committed to ensuring health and social care services are about helping keep people well for longer – allowing them to live independent lives and avoid being admitted to hospital. This document details our achievements since our plans were agreed in 2016, along with our intentions for the coming year.

Supporting the change

In Hampshire and the Isle of Wight commissioners (clinical commissioning groups) are given a budget of £2.46billion a year to plan and pay for health and care for our local population of just under 1.9 million people. This money pays for things such as GP, hospital and community services and prescribing. Our four NHS hospital trusts also received a total of £2.4billion to care for patients who live outside Hampshire and the Isle of Wight. In 2016/17 however, due to increasing demand for services across the local NHS we overspent our budget by £8 million. To ensure that we provide the high quality services that local people expect, within the resources we are given, we are working as a partnership to identify ways in which we can avoid waste, become more efficient by avoiding the duplication of work and to understand why we are spending more on certain services than other similar areas around the country.

By embracing these three concepts, savings of £168 million where made in 2016/17. This is around 3.6% of our total spend, and was achieved through investing in new ways of delivering services more efficiently and through reductions in agency staffing. All NHS organisations are expected to find efficiencies of between 3% and 4% each year to operate within the overall NHS budget and therefore in 2016/17 we achieved this target.

To support the changes detailed throughout this document NHS England provided us with a budget of £298,000 to make sure we had the correct expertise in place. We have therefore put together a small team of people to work with partnership organisations and co-ordinate improvements across the area. This team brings leadership, clinical, programme management, finance, administration and engagement skills and is made up of staff who were previously working elsewhere in the local system. Other members of staff throughout the local health and care system are currently supporting partnership projects and are doing this from within their current roles.

As well as looking at ways to become more efficient, there is also a national pot of money set aside for transformational projects. We are therefore looking at ways to attract some of this additional national money into the local area by bringing together a team from across the NHS system who have expertise in applying for such funding. To date, we have attracted £4million in additional resource, which will support improvements in local health and care services such as mental health, diabetes and cancer care.

Working in partnership

All of the achievements and aspirations detailed within this document would not be possible without the NHS and local authorities working in partnership. Working together as organisations and with local people, we are improving the health and wellbeing of the population of Hampshire and Isle of Wight.

Partnership working to support the 'whole person'

We are working in partnership to understand the entire needs of individuals in a joined up 'whole person' way, rather than treating in isolation, the issues presented in a GP surgery, at the door of A&E, in a children's centre or in someone's own home on any particular day. In practice, examples of this include GPs working more closely with hospital specialists or social care to ensure a patient's ongoing needs are supported, or mental health teams working with local housing teams to make sure that a person's mental health does not adversely affect their housing situation and vice versa. Our prevention programme, led by council-based Public Health teams working closely with NHS staff, is driving a reduction in the number of people becoming ill, the amount of time it takes for people to recover from illness and ultimately the reliance on health and care services across the area.

Happier, healthier health and care workforce

Health and social care organisations across Hampshire and the Isle of Wight combined, are the largest local employer and as such we are working together to attract more people to work in the area by developing shared recruitment campaigns and new and varied roles which offer greater career development opportunities.

Healthier and in employment

Through working as partners to improve the health and wellbeing of local people, the far reaching effects include increasing the number of Hampshire and Isle of Wight residents in education, training and/or employment which has a circular positive impact on a person's health and independence. These benefits also bring advantages for employers and the broader economy of our area, through increased productivity, increased investment, and our increased spending power as residents and customers of local businesses.

Partners in delivering best practice

Our partnership work extends further than the 21 statutory NHS and government organisations in Hampshire and the Isle of Wight. We are also working closely with variety of organisations such as Wessex Academic Health Science Network who support innovation and drive best practice within local health and care systems, Health Education Wessex who are helping us to ensure that our current and future workforce has the right number of people, set of skills, values and behaviours, and Wessex Local Medical Committees who represent the views of our local GP practices. These organisations provide a range of expertise and ensure that our work is as informed as possible.

Community and voluntary partners

We are working closely with the community and voluntary sector who are playing a key role in supporting people to stay well and avoid unnecessary admissions to hospital. These organisations bring with them a wealth of experience in supporting local people to live healthy and independent lives. The Building Health Partnerships project is developing a Hampshire and Isle of Wight mental health crisis service map with involvement from people with lived experience, their families and friends, NHS organisations, local authorities, police, ambulance services, housing and local voluntary and community organisations.

Another key piece of work with the voluntary sector is our 'Signposter' scheme in the south east of the county. Based in GP practices, a signposter is a specially trained volunteer who can offer advice or support on a wide-range of non-clinical issues which could affect a person's health or wellbeing. This could include identifying groups that can help combat loneliness; provide dietary, nutrition and exercise advice; help people to better cope with long-term chronic conditions such as dementia and arthritis; support people with parenting problems, debt or housing issues and those dealing with depression and anxiety.

Working with you

Involving and engaging with our patients and public is crucial to the successful development of a high quality health and care system. Throughout the year we have continued to deliver the highest standards of engagement work, using a wide range of methods and approaches, tailoring these to the needs of those we were involving, and supporting people to be able to participate effectively.

Key pieces of work this year include:

- Engagement has taken place throughout Hampshire and the Isle of Wight discussing evening and weekend GP appointments
- Over 1100 people have been interviewed in north and mid Hampshire to understand the issues that are important to them as we move towards agreeing the design of hospital services in the area
- Extensive public engagement has taken place on the Isle of Wight to understand local views on service change
- Engagement is ongoing to discuss the future of Milford on Sea War Memorial Hospital
- Work is underway with local BBC radio to discuss changes in service and key priorities of the partnership with the public
- We have obtained feedback from patients, their carers and staff about the services available to people with severe mental illness
- Initial engagement has taken place about data sharing to support the development of the Hampshire Health Record
- Wessex Voices (a partnership between NHS England and the five local Healthwatches in the Wessex area) is providing valuable support to the digital and maternity work streams
- 'The Big Conversation' involved almost 2000 people in discussions around key themes from our work such as access to services, the need for change and helping people to stay well

In addition, each NHS organisation has people on their board or governing body who have not previously worked in the NHS (called lay members or non-executive directors) and whose aim it is to represent the views of the public. We now have representation from this group of people within both our involvement and quality work streams.

Key priorities at a glance

	We said by 2016/17	By the end of 2016/17	By the end of 2017/18
To deliver a radical upgrade in prevention, early intervention and self care	All NHS organisations will have a Make Every contact Count (MECC) plan and hospital trusts will have a robust plan for smoking cessation.	4000 members of staff had been trained to 'Make Every Contact Count' and 'Stop before the op', aimed at reducing the number of people smoking, was actively promoted in every hospital	Evidence based programmes will be implemented that impact on smoking rates, cancer screening and sexual health. To support this we will continue to deliver MECC training to ensure staff are equipped to have healthy lifestyle conversations with their patients and service users.
To accelerate the introduction of new models of care in each local community	Two out of 15 integrated primary care hubs (centres which offer a variety of services such as GPs, mental health support and physiotherapists) will be operational.	This target was met with hubs in Lymington and Gosport	A further nine integrated primary care hubs will be operational by March 2018. Foot care services for people with diabetes will be fully implemented, with other services to support people with diabetes in development linked to national funding award.
To address the issues that delay patients being discharged from hospital	Every patient in hospital will have a discharge plan which is understood by professionals; the patient and their carers.	Significant work is underway to ensure that all patients have a detailed discharge plan.	We are already seeing a significant reduction in the number of people experiencing delays in being discharged from hospital. We are working to ensure that this trend continues. We have also opened a new unit in Basingstoke for people who are ready to leave hospital but are not ready to go home because, for example, they are waiting for equipment.
To ensure the provision of sustainable hospital services across Hampshire and Isle of Wight	Sustainable solutions will be agreed for priority services across Hampshire and the Isle of Wight The best option for configuration of hospital services in north and mid Hampshire will have been identified.	Agreed for vascular services with service moved to University Hospital Southampton. Additional analysis and public engagement has taken place during 2017/18 to ensure all options are fully considered.	Implementation underway of reviews in back office services, for example HR, IT and finance, pharmacy, pathology, radiology and outpatients including obtaining feedback from patients. A full analysis of the available options for hospital services in north and mid Hampshire will be complete,
To improve the quality, capacity and access to mental health services across the area	We will commission mental health services on an Alliance wide basis initially focussing on out of area placements and crisis response.	We have an agreed lead single commissioner for each of our priorities to act on an Alliance wide basis.	We will complete an extensive piece of engagement with patients, their carers and staff to understand the needs of people who have severe mental illness. We will have made significant improvements to the care received by people who are experiencing a mental health crisis.

Prevention

Expected impacts and benefits for patients, communities and services

- ✓ Improving Health and Wellbeing, with more people able to manage their own health conditions reducing the need and demand for health services
- ✓ More people supported to give up smoking, achieve a healthy weight and drink sensibly (reducing lifestyle related diseases)
- ✓ Efficiencies of £10m by 2020/21

Achievements to date

- This year we launched the Diabetes Prevention Programme across Hampshire and the Isle of Wight. The programme identifies people at high risk of developing diabetes and provides them with support to change their lifestyle in order to reduce this risk. During the first five months of the programme 700 people have been referred.
- Make Every Contact Count (MECC), a programme which trains health and care staff to have conversations with patients around healthy lifestyles, and 'Stop before the Op' a programme to support people to stop smoking before surgery, have been deployed across Hampshire and the Isle of Wight.
- Promotion of digital appointments for sexual health screening has resulted in a 30% increase in uptake, thus reducing costs.
- A cancer prevention programme has been implemented including practice nurse workshops; issuing of a cervical screening incentive scheme to encourage practices to promote screening to their patients; work underway to improve access to screening opportunities – mainly around patients with a learning disability.

Plans for 2018/19

- We will embed smoking cessation into all care processes and as a result witness an increase in the number of people who stop smoking. In order to deliver this, all trusts will develop a robust plan with support from the Commissioning for Quality and Innovation scheme.
- We will continue to roll out the National Diabetes Prevention Programme with 2500 new residents accessing the programme by end of 2018/19.
- All NHS organisations to have a MECC training plan agreed by their Board. Implementation of the plan will have started.
- Falls is one of the biggest causes of people being admitted to hospital in Hampshire and the Isle of Wight. We will therefore complete a review of the falls prevention work across the area in order to identify priority areas of focus based on guidance from the Government's 2017 Falls and Fractures Consensus Statement.

New Care Models

Expected impacts and benefits for patients, communities and services

- ✓ Improved outcomes for people with long term conditions/multiple co-morbidities
- ✓ Reduced A&E attendances/hospital admissions for frail older people and people with chronic conditions
- ✓ More people maintaining independent home living
- ✓ Sustainable General Practice offering extended access
- ✓ Efficiencies of £46m by 2020/21

Achievements to date

- We have obtained over £1 million of additional funding to ensure we meet national treatment standards for people with diabetes.
- Three quarters of the Hampshire and Isle of Wight population now have access to evening and weekend GP appointments.
- Online consultations via GP practice websites, is now available to just under 900,000 people registered with 80 practices across Hampshire. Currently, around 2,000 people use the service each week, freeing up in the region of 500 GP appointments per week.
- All GP practices now have access to tools which help them identify patients who are at the greatest risk of becoming frail or unwell due to having one or more long term conditions . GPs can then support patients to develop a plan of action to look after their own health, access to the right care and support to keep them well and to reduce the risk of admission to hospital.
- People can now more easily access a range of health and wellbeing services in a single location as part of integrated hubs that have been developed in Lymington, Gosport and Fareham. GPs, community nurses, physiotherapists, mental health practitioners, care navigators, pharmacists and hospital specialists are working together in the hub to support people to stay well, to provide the right support when needed and to better manage any long term illness.

Plans for 2018/19

- To ensure 100% of the Hampshire and Isle of Wight population has access to evening and weekend GP appointments
- To open more hubs across Hampshire and the Isle of Wight to improve access to support and care for local people. There will be 15 area health hubs in total by 2020.
- To further establish care teams in each local area to include staff from primary, community and social care as well as hospital specialists to support people in their local communities. Care might be provided in local hubs, in residential or care homes or in people's own homes.
- We intend to work with Health Education England and the Local Medical Committee to develop strong plans to support and retain the GP and nursing workforce, develop new roles as part of local care teams, and recruit high quality staff to the area
- Focused work with GPs, community teams, voluntary organisations and hospital specialists to improve support and care for people with long-term conditions, including access to education and support that improves people's confidence to manage their own health.

Cancer

Expected impacts and benefits for patients, communities and services

- ✓ Improvements in the prevention and early detection of cancer ,
- ✓ Patient treatment and their experience of that treatment will be as good as it can be.
- ✓ People will be supported to live with and beyond their cancer diagnosis.

Achievements to date

- We have invested £1 million in a programme to help people on the road to recovery as soon as they receive a cancer diagnosis, rather than waiting for them to undergo treatment. This new scheme connects research teams with clinicians and patients and is trialling various techniques to quickly developing the most effective approach to support cancer recovery.
- We have received additional funding of £146,000 to increase the number of people who start their cancer treatment with 62 days of being referred for diagnosis by their GP. This money has been used to improve access to diagnostic services such as scans.
- Approximately 2000 cancer patients have now received assessments aimed at supporting both their physical and mental needs following their diagnosis.
- Following treatment for breast, colorectal and prostate cancer, patients at University Hospital Southampton are now able to control their own follow up care, supported by training and open access to clinical support when required. Patients are no longer required to attend frequent follow up appointments, but instead can contact a specialist when they need to. In most cases this is a significant reduction in the number of hospital appointments and in all cases health outcomes and patient experience have been as good or better.

Plans for 2018/19

- We will further increase the number of people who live for over a year following a cancer diagnosis.
- By the end of 2018/19 we will double the number of people receiving a physical and mental health assessment, post cancer diagnosis.
- We will implement the new model of follow up care piloted at University Hospital Southampton, across all hospitals in Hampshire and the Isle of Wight.
- We will focus on increasing the number of people who are diagnosed at the early stage of their cancer and hence improve their chances of survival. We will do this by supporting staff and patients to recognise the signs and symptoms of cancer.
- We will ensure that more than 85% of people who are diagnosed with cancer start their treatment within 62 days of being referred by their GP.

Urgent and emergency care

Expected impacts and benefits for patients, communities and services

- ✓ Patients supported in the setting most appropriate to their health and care needs
- ✓ Reductions in lengths of stay in hospital for patients
- ✓ The forecasted number of beds needed by 2020/21 across Hampshire and the Isle of Wight is reduced by 300
- ✓ Sustainable access to 24/7 consultant delivered hospital care for the north and mid Hampshire population, improved outcomes through care closer to home and delivery of the national access targets
- ✓ Efficiencies of £56m by 2020/21

Achievements to date

- The Isle of Wight system has been successful in obtaining additional funding of £750,000 to redevelop/remodel their existing A&E space.
- Southampton has delivered the most significant percentage reductions in delayed transfers of care in the country, as commended in a recent letter from Secretary of State. Delays have decreased from 8.2% to 6% in the first four months of the 2017/18.
- Hampshire Hospitals NHS Trust was also commended by Secretary of State for delivering the greatest percentage improvement in A&E performance in the country.
- 1,100 local people interviewed to understand their views on hospital services in north and mid-Hampshire.

Plans for 2018/19

- By March 2018, half of the calls to NHS111 will receive a clinical assessment.
- We will review the way in which the NHS111 service works, obtaining feedback from local people and ensuring the service meets the needs of our population.
- We will continue to increase the number of patients who are seen with four hours when they attend A&E.
- We will reduce the number of people experiencing a delay when waiting to be discharged from hospital.
- Plans for hospital services in north and mid Hampshire will be finalised following in depth engagement with the public.

Solent Acute Alliance

Expected impacts and benefits for patients, communities and services

- ✓ All patients able to consistently access the safest acute services offering the best clinical outcomes, seven days a week and delivery of the national access targets for the Southern Hampshire and Isle of Wight population
- ✓ Reduced variation and duplication in acute service provision
- ✓ Efficiencies of £165m by 2020/21

Achievements to date

- In April 2017 and following consultation with local people, vascular services (which care for people with problems with their veins or arteries) were reconfigured. The vascular team, based at University Hospital Southampton, provides specialist care for all Hampshire and Isle of Wight residents ensuring that there is less variation across the area with everyone receiving the same high quality expert care.
- The Acute Alliance has brought teams together to share best practice across specialties such as gastroenterology and emergency medicine to ensure local people receive the best quality care no matter where they live.
- Isle of Wight Trust and University Hospital Southampton pathology departments are now working together to jointly procure a pathology equipment service. By working together costs to the local NHS are reduced.

Plans for 2018/19

- By summer 2018, services to support patients experiencing kidney failure, known as renal services, will be joined up across the area ensuring that there is less variation and everyone receives the same high quality care.
- From early 2018 and following input from local people, the configuration of the service which provides spinal surgery will be agreed. The aim of reviewing spinal services is to improve access for local people to this high quality specialist service.
- In consultation with local people, NHS organisations and clinical teams, we will agree the configuration of hospital services on the Isle of Wight.
- To undertake service reviews in plastics (surgery for the skin) and radiology.
- In Hampshire and Isle of Wight we spend more money on musculoskeletal services (supporting people with disorders of the muscles and bones) than similar geographies across the country. We will therefore undertake a service review to understand why this is and investigate whether there are some common sense changes that can be made to ensure that these services provide good value for money.

Children and maternity

Expected impacts and benefits for patients, communities and services

- ✓ The children and young people of Hampshire and the Isle of Wight will be supported to have the best start in life, having the access they need to high quality physical and mental health care.
- ✓ Children and young people with severe mental illness will be cared for closer to their home receiving a diagnosis quicker and receive the care they need.
- ✓ Parents and carers will be supported to manage the mental and physical health of their child.

Achievements to date

- £500,000 in additional funding was received to support improvements in the services to support children and adolescents with severe mental illness.
- £190,000 additional funding received to establish children's connecting care urgent hubs throughout the area. These hubs are operational in Chandler's Ford, Eastleigh and Southampton with further hubs opening in Basingstoke, New Milton, Portsmouth and South East Hampshire by the end of 2017. The hubs will support families by improving access to advice and support to manage childhood illness.
- We have undertaken substantial engagement with parents and schools to understand how we best support children who have either autism or attention deficit hyperactivity disorder (ADHD). Their feedback will help us to design services which are responsive to the needs of local children ensuring they are supported both at home and school.
- The Hampshire Parent and Carer Network is now supporting people during the interim period whilst they await a diagnosis for their child.

Plans for 2018/19

- To employ staff at the NHS111 call handling centre who have expertise in children's health.
- To reduce the amount of time children wait for an autism or ADHD diagnosis.
- To use the children's connecting care hubs to support families and to reduce the need for children to be admitted to hospital by 10%.
- To reduce the number of Hampshire and Isle of Wight children and young people with severe mental illness who are being cared for outside the county.
- Caring for children with severe mental health illness closer to their homes will also free up additional resources which can be used to support a wider group of children and young people with mental illness at home, and avoid the need for admissions to hospital.

Mental health

Expected impacts and benefits for patients, communities and services

- ✓ All people in Hampshire and Isle of Wight will have early diagnoses to enable access to evidence based care, improved outcomes and reduced premature mortality
- ✓ Enhanced community care and improved response for people with a mental health crisis. Reduced out-of-area placements for patients requiring inpatient care
- ✓ Efficiencies of £28m by 2020/21

Achievements to date

- Tangible improvements have been achieved in ensuring people experiencing a mental health crisis, receive the appropriate care. This has significantly reduced the number of people detained under section136 of the Mental Health Act decreased in Hampshire.
- The Hampshire eating disorder service for 0-18 year olds is now operational
- Specialist community perinatal services (which support women who suffer from mental illness during and one year after their pregnancy) are now in place across Hampshire and the Isle of Wight.
- All-age mental health liaison teams are now in place in all Hampshire and Isle of Wight hospitals supporting patients with both physical and mental health needs.
- Southampton hosted the first STP wide health and housing summit in the country. This programme highlights the links between housing and mental health and is an excellent example of the new approaches we are taking.
- Ours is one of only eight STP areas nationally to be successful in gaining Building Health Partnerships programme support and funding, the only one in the country with a focus on mental health.

Plans for 2018/19

- In March 2018, following engagement with staff and patients and their families, a preferred configuration of services to support those with more severe mental illness will be selected and subsequently implemented.
- We will work to reduce the number of people with severe mental illness who are being cared for outside of Hampshire and the Isle of Wight, ensuring they can be cared for in a place as close to their home as possible.
- We will work with local people and staff to understand their views on how we should configure mental health services which support people during a crisis.
- In partnership with NHS England we will focus on reducing hospital stays for children and young people.
- We will continue to work on a Hampshire and Isle of Wight wide programme to double access to Individual Placement and Support. This scheme enables people with severe mental illness to find and retain employment.

Digital

Expected impacts and benefits for patients, communities and services

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

Achievements to date

- We are in the process of installing WiFi and flexible IT systems throughout GP practices, enabling care professionals to work from any location, with access to people's health and care records.
- 100% of practices in Hampshire and the Isle of Wight are now using electronic prescribing. This system makes it possible for prescriptions to be sent electronically to the pharmacy or dispenser of your choice, saving local people time by avoiding unnecessary trips to their GP.
- Two of our main hospitals have attracted additional funding totalling £15 million, having been identified as delivering exceptional care, efficiently, through the use of world-class digital technology and information.
- 50% of practices in Hampshire offer their patients online GP consultations. This empowers patients by providing advice, signposting and the ability to consult with their GP online. This means that people have access to advice about their health much quicker.

Plans for 2018/19

- The Care and Health Information Exchange (CHIE, formally the Hampshire Health Record) will provide information to support clinical decision making. It ensures that staff throughout the health and care system can instantly access a patient's medical record during an appointment. This system will cover the whole of Hampshire and the Isle of Wight by January 2018.
- To develop and implement personal health records, which will allow local people to manage all their health appointments, update their personal details and log symptoms. This will provide people with greater control over their health.
- To implement IT systems which allow urgent and emergency service staff across the area to book appointments directly with other services. For example, enabling an NHS 111 call handler to directly book an appointment with an emergency dentist.

Estates

Expected impacts and benefits for patients, communities and services

- ✓ Improved collaboration and co-ordination of Hampshire and Isle of Wight estates expertise and information will mean that we can improve our planning capability at partnership and local level
- ✓ Providing estate that can be used flexibly and enable new ways of working
- ✓ Reducing demand for estate will generate efficiencies and savings through reduced running costs and release of land for other purposes
- ✓ Improving the condition and maintenance of our estate will mean that citizens can access services in fit for purpose facilities across Hampshire and Isle of Wight
- ✓ Release surplus land for housing and reducing operating costs in our buildings across Hampshire and Isle of Wight

Achievements to date

- We have created a single estates information system across Hampshire and Isle of Wight which enables joint planning across organisations for the benefit of staff and patients.
- We have agreed a consistent classification of the estate to assist health and care teams in sourcing high quality sites in the right location thereby improving access to services for local people.
- In each local area action plans and forums have been developed to better understand the condition of our buildings including GP practices, to increase the utilisation of the best estate and to produce development plans for sub-standard estate. This will increase both efficiency and quality, while releasing redundant estate for other purposes.
- A Hampshire and Isle of Wight Capital Panel has been established to review and prioritise bids for additional funding into the area. This increases openness and transparency, makes best use of a limited funding pot and puts us in a strong position to gain national support and funding to deliver improved facilities and services.

Plans for 2018/19

- We intend to work with the national lead for Strategic Health Asset Planning and Evaluation to improve both the accuracy of our estates database as well as the systems which evaluate the best use of a building or space. This work will support the local care system to develop new ways of working and identify opportunities to offer health and care appointments at a variety of locations closer to people's homes.
- Continuing to increase utilisation of our best buildings, improve the overall quality of our buildings, whilst reducing the cost of running them including reducing charges for empty unused space.
- We are one of six national Strategic Estate Planning pilots to develop a case for additional estates expertise. This will put us in a strong position to deliver plans quickly and on a wide scale, so that patients will start to see positive benefits sooner.

Workforce

Expected impacts and benefits for patients, communities and services

- ✓ A flexible workforce shared across geographical and organisational boundaries, working in new ways with extended skills to deliver the workforce transformation that underpins the STP core programmes
- ✓ Health and care roles that attract local people, to strengthen community based workforce
- ✓ Significant reduction in the use of temporary and agency workers
- ✓ Increasing the time our staff spend making the best use of their skills/experience
- ✓ No overall growth in the workforce over the next five years

Achievements to date

- Working in partnership with Health Education England we have established a team who will lead a system-wide workforce plan ensuring we consider every aspect of the care needed by individuals, rather than planning purely from an organisational perspective.
- Across Hampshire and the Isle of Wight we have established key strategic groups focusing on collaborative working across three specific areas :-
  - Temporary staffing – with the aim of working together to explore the best and most cost effective options for the use of temporary staff, reducing competitiveness within the system and ensuring we do not increase costs;
  - Recruitment and retention – developing an area-wide strategy for attracting and retaining staff; working together to develop new opportunities and creative solutions to retain and attract high quality employees into the area;
  - Statutory and mandatory training/pre-employment checks – developing ways by which staff can change jobs within the local system without the need to recomplete their mandatory training (for example, information governance and equality training). This will remove the need for staff to be rechecked and retrained which causes additional cost, supports quicker start-dates, reduces the need to use temporary/agency staff, leaving staff with more time to spend with patients.

Plans for 2018/19

- We will have one workforce plan for the Hampshire and Isle of Wight health and social care system for the next three years showing where we need new roles, people to work differently as well as finding solutions to where we don't have enough capacity for core roles.
- We plan to go live with portable statutory and mandatory training and pre-employment checks across all NHS organisations in the area, with the aspiration to include social care employers, where feasible.
- We will implement our plans to retain as many staff within the area as possible and make Hampshire and the Isle of Wight a great place to work. Plans include schemes such as creative rotational nursing roles. This will attract new staff and different talents into the area and offer staff a wider set of career opportunities.
- We will develop shared recruitment campaigns so that we look at the staffing needs of the whole system and also make best use of our recruitment teams.

Contact us

The following organisations are supporting the delivery of sustainability and transformation programmes of work in Hampshire and the Isle of Wight:

NHS Fareham and Gosport Clinical Commissioning Group
NHS Isle of Wight Clinical Commissioning Group
NHS North Hampshire Clinical Commissioning Group
NHS North East Hampshire and Farnham Clinical Commissioning Group
NHS Portsmouth Clinical Commissioning Group
NHS South Eastern Hampshire Clinical Commissioning Group
NHS Southampton City Clinical Commissioning Group
NHS West Hampshire Clinical Commissioning Group
Hampshire County Council
Isle of Wight Council
Portsmouth City Council
Southampton City Council
NHS England
NHS South Central and West Commissioning Support Unit

Hampshire and Isle of Wight GP surgeries
Hampshire Hospitals NHS Foundation Trust
Isle of Wight NHS Trust
Portsmouth Hospitals NHS Trust
Solent NHS Trust
South Central Ambulance Service NHS Foundation Trust
Southern Health NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Care UK
Wessex Academic Health Science Network
Wessex Local Medical Committees
Health Education Wessex
Local voluntary and community organisations
Hospital and community trusts in neighbouring areas

For more information on any of the details within this document or to get involved in our work please email **SEHCCG.HIOW-STP@nhs.net**

Hampshire and the Isle of Wight

Performance Report

August 2018

Unscheduled Care: A&E performance

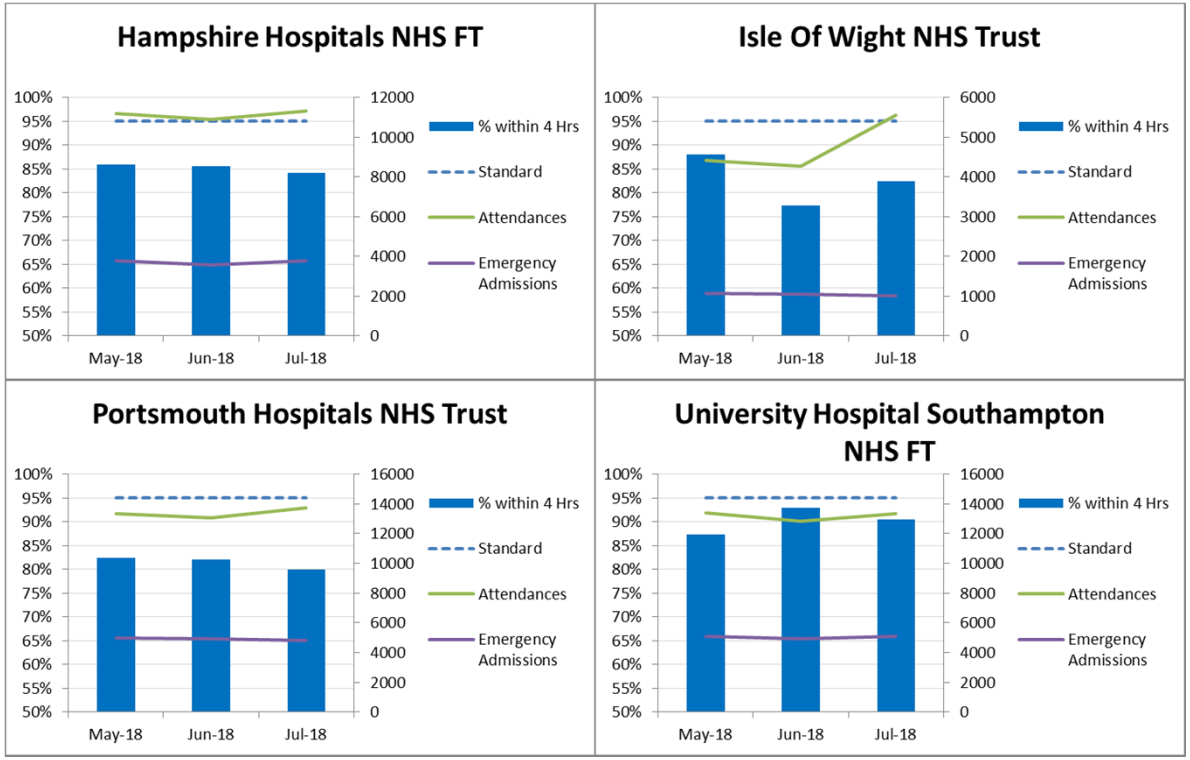
HIoW

NHS England

Overview | Unscheduled Care | Planned Care | Discharges | Mental Health

A&E four-hour performance.

A&E Performance	A&E Percentage within 4 Hrs (all types)					Over 12 Hrs Trolley Waits			
Provider	Standard	May-18	Jun-18	Jul-18	Trend	May-18	Jun-18	Jul-18	Trend
Hampshire Hospitals NHS FT	95%	85.8%	85.6%	84.2%		1			
Isle Of Wight NHS Trust	95%	88.0%	77.4%	82.4%					
Portsmouth Hospitals NHS Trust	95%	82.3%	82.1%	80.0%		2			
University Hospital Southampton NHS FT	95%	87.4%	93.0%	90.5%		1	1	4	



Unscheduled Care: 111 & Ambulance

HIoW NHS England

Overview | Unscheduled Care | Planned Care | Discharges | Mental Health

111 & Ambulance

South Central	Jul-18	Response times		
indicator	Count of Incidents	Total (hours)	Mean (min:sec)	90th centile (min:sec)
Category 1	2,545	305	7:12	12:52
Category 1T	1,530	275	10:47	20:39
Category 2	21,742	6,132	16:55	0:33:44
Category 3	14,977	14,255	0:57:07	2:15:01
Category 4	1,224	1,650	1:20:52	3:01:16
1 hour response	1,906	1,426	0:44:53	1:17:04
2 hour response	1,270	1,983	1:33:40	2:44:00
3 hour response	0	0	-	-
4 hour response	389	915	2:21:12	4:26:35

Isle of Wight	Jul-18	Response times		
indicator	Count of Incidents	Total (hours)	Mean (min:sec)	90th centile (min:sec)
Category 1	42	7	9:47	19:35
Category 1T	26	5	10:26	19:35
Category 2	699	191	16:25	0:43:10
Category 3	777	724	0:55:56	2:23:12
Category 4	470	554	1:10:42	3:04:57
1 hour response	68	75	1:06:22	3:25:34
2 hour response	41	79	1:55:01	3:37:42
3 hour response	0	0	-	-
4 hour response	13	30	2:16:18	5:24:44

Mainland Ship NHS 111					
	Standard	May-18	Jun-18	Jul-18	Trend
Answered Calls		48,694	44,267	45,827	
Percentage Calls Answered Within 60 secs	95%	87.0%	86.6%	79.7%	
Percentage Calls Abandoned After 30 secs		1.5%	1.6%	2.6%	

Isle of Wight NHS 111					
	Standard	May-18	Jun-18	Jul-18	Trend
Answered Calls		6,778	6,576	6,879	
Percentage Calls Answered Within 60 secs	95%	96.0%	96.5%	93.7%	
Percentage Calls Abandoned After 30 secs		2.1%	1.7%	3.0%	

Planned Care: RTT performance

HIoW

NHS England

Latest published RTT incomplete performance (%)

RTT Provider	RTT % Within 18 Weeks					RTT 52 week Breaches			
Provider	Standard	Apr-18	May-18	Jun-18	Trend	Apr-18	May-18	Jun-18	Trend
Hampshire Hospitals NHS FT	92%	90.5%	91.0%	90.7%		1		1	
Isle Of Wight NHS Trust	92%	84.1%	85.2%	85.1%					
Portsmouth Hospitals NHS Trust	92%	85.9%	86.6%	85.9%		1	1	1	
Southampton NHS Treatment Centre	92%	94.0%	95.4%	95.1%					
Southern Health NHS FT	92%	94.5%	95.5%	95.1%					
University Hospital Southampton NHS FT	92%	86.5%	87.6%	87.7%		9	6	6	

RTT CCG	RTT % Within 18 Weeks					RTT 52 week Breaches			
CCG	Standard	Apr-18	May-18	Jun-18	Trend	Apr-18	May-18	Jun-18	Trend
NHS Fareham and Gosport CCG	92%	87.1%	88.0%	87.6%			1	1	
NHS Isle of Wight CCG	92%	83.7%	84.4%	84.3%					
NHS North Hampshire CCG	92%	90.0%	90.6%	90.9%				1	
NHS Portsmouth CCG	92%	87.4%	88.1%	87.3%		2		1	
NHS South Eastern Hampshire CCG	92%	87.7%	88.3%	87.7%					
NHS Southampton CCG	92%	88.7%	90.3%	90.5%		2	1	2	
NHS West Hampshire CCG	92%	90.2%	90.9%	90.8%		8	3	4	

E-Referral Coverage				
AT Name	Feb-18	Mar-18	Apr-18	Trend
NHS FAREHAM AND GOSPORT CCG	38%	39%	44%	
NHS ISLE OF WIGHT CCG	55%	61%	70%	
NHS NORTH HAMPSHIRE CCG	69%	70%	77%	
NHS PORTSMOUTH CCG	38%	44%	52%	
NHS SOUTH EASTERN HAMPSHIRE CCG	27%	32%	40%	
NHS SOUTHAMPTON CCG	52%	53%	67%	
NHS WEST HAMPSHIRE CCG	69%	69%	72%	

Planned Care: Cancer performance

HIoW

NHS England

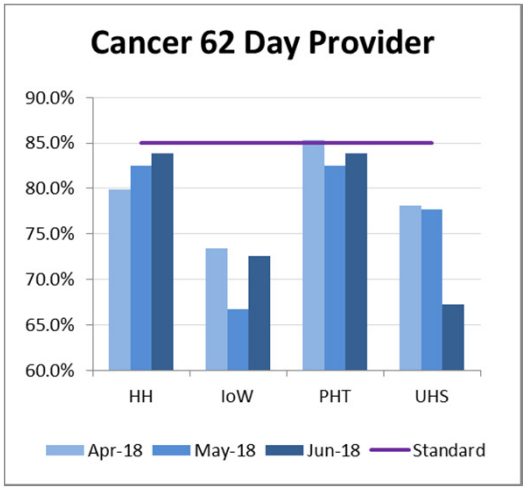
Overview | Unscheduled Care | Planned Care | Discharges | Mental Health

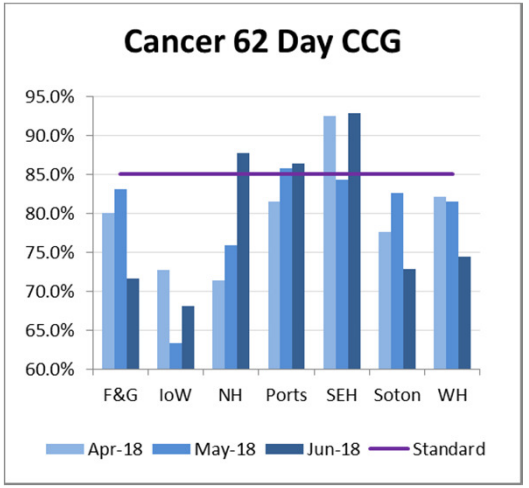
Cancer 62d performance

Cancer 62 Day Provider	% Within 62 Days All Cancers				
Provider	Standard	Apr-18	May-18	Jun-18	Trend
Hampshire Hospitals NHS FT	85%	79.9%	82.5%	83.9%	
Isle Of Wight NHS Trust	85%	73.4%	66.7%	72.6%	
Portsmouth Hospitals NHS Trust	85%	85.3%	82.5%	83.9%	
University Hospital Southampton NHS FT	85%	78.1%	77.7%	67.2%	

Cancer 62 Day CCG	% Within 62 Days All Cancers				
CCG	Standard	Apr-18	May-18	Jun-18	Trend
NHS Fareham and Gosport CCG	85%	80.0%	83.0%	71.7%	
NHS Isle of Wight CCG	85%	72.7%	63.3%	68.1%	
NHS North Hampshire CCG	85%	71.4%	75.9%	87.8%	
NHS Portsmouth CCG	85%	81.5%	85.7%	86.4%	
NHS South Eastern Hampshire CCG	85%	92.5%	84.3%	92.9%	
NHS Southampton CCG	85%	77.6%	82.6%	72.9%	
NHS West Hampshire CCG	85%	82.1%	81.4%	74.5%	

62 Day Pathways	By Exception (85%)				
Jun-18	Standard	HHFT	IoW	PHT	UHS
Brain/Central Nervous System	85%				
Breast	85%			84.1%	57.1%
Gynaecological	85%	80.0%		83.3%	53.3%
Haematological (Excluding Acute Leukaemia)	85%				56.0%
Head & Neck	85%	66.7%	66.7%	80.0%	42.9%
Lower Gastrointestinal	85%		25.0%	73.3%	60.6%
Lung	85%	80.0%			67.9%
Other	85%				
Sarcoma	85%				33.3%
Skin	85%				
Upper Gastrointestinal	85%	77.8%			
Urological (Excluding Testicular)	85%	50.8%	20.0%	69.9%	52.9%





Planned Care: Diagnostics performance DToC

HIoW

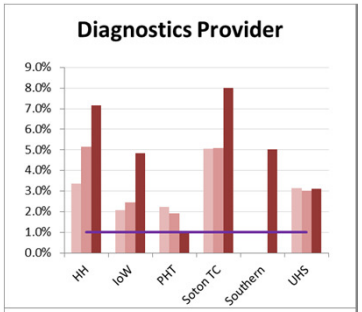
NHS England

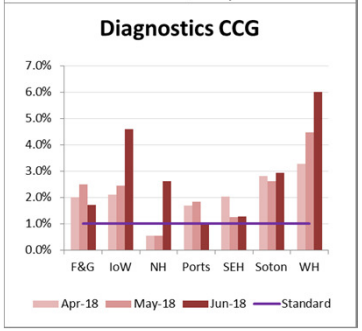
Diagnostics & DToC

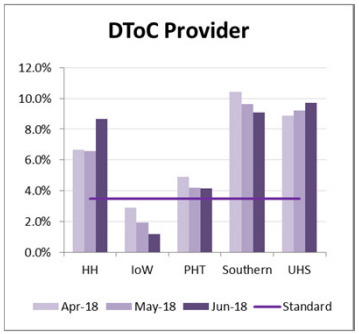
Diagnostics Provider	Actual Current % Diagnostic Waits Over 6 weeks				
Provider	Standard	Apr-18	May-18	Jun-18	Trend
Hampshire Hospitals NHS FT	1.0%	3.4%	5.2%	7.1%	
Isle Of Wight NHS Trust	1.0%	2.1%	2.5%	4.8%	
Portsmouth Hospitals NHS Trust	1.0%	2.2%	1.9%	1.0%	
Southampton NHS Treatment Centre	1.0%	5.0%	5.1%	8.0%	
Southern Health NHS FT	1.0%	0.0%	0.0%	5.0%	
University Hospital Southampton NHS FT	1.0%	3.1%	3.0%	3.1%	

Diagnostics CCG	Actual Current % Diagnostic Waits Over 6 weeks				
CCG	Standard	Apr-18	May-18	Jun-18	Trend
NHS Fareham and Gosport CCG	1.0%	2.0%	2.5%	1.7%	
NHS Isle of Wight CCG	1.0%	2.1%	2.4%	4.6%	
NHS North Hampshire CCG	1.0%	0.6%	0.5%	2.6%	
NHS Portsmouth CCG	1.0%	1.7%	1.8%	1.0%	
NHS South Eastern Hampshire CCG	1.0%	2.0%	1.2%	1.3%	
NHS Southampton CCG	1.0%	2.8%	2.6%	2.9%	
NHS West Hampshire CCG	1.0%	3.3%	4.5%	6.0%	

DToC Provider	Bed Day Delays per Occupied Bed				
Provider	Standard	Apr-18	May-18	Jun-18	Trend
Hampshire Hospitals NHS FT	3.5%	6.7%	6.6%	8.7%	
Isle Of Wight NHS Trust	3.5%	2.9%	1.9%	1.2%	
Portsmouth Hospitals NHS Trust	3.5%	4.9%	4.2%	4.2%	
Southern Health NHS FT	3.5%	10.4%	9.6%	9.1%	
University Hospital Southampton NHS FT	3.5%	8.9%	9.2%	9.7%	







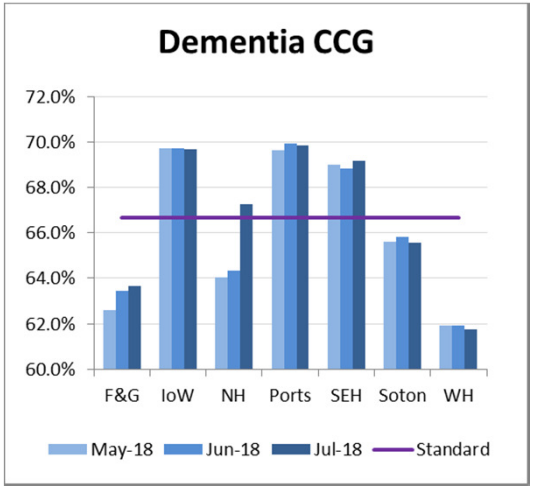
Mental Health: Dementia performance IAPT

HIoW

NHS England

Dementia & IAPT

Dementia CCG	Actual Current Dementia Diagnosis Rate				
CCG	Standard	May-18	Jun-18	Jul-18	Trend
NHS Fareham and Gosport CCG	66.7%	62.6%	63.5%	63.7%	
NHS Isle of Wight CCG	66.7%	69.7%	69.7%	69.7%	
NHS North Hampshire CCG	66.7%	64.1%	64.3%	67.2%	
NHS Portsmouth CCG	66.7%	69.6%	69.9%	69.8%	
NHS South Eastern Hampshire CCG	66.7%	69.0%	68.8%	69.2%	
NHS Southampton CCG	66.7%	65.6%	65.8%	65.6%	
NHS West Hampshire CCG	66.7%	61.9%	61.9%	61.7%	



IAPT CCG	Rolling Quarterly IAPT Access Rates - C					Rolling Quarterly IAPT Recovery Rate - C				
CCG	Standard	Mar-18	Apr-18	May-18	Trend	Standard	Mar-18	Apr-18	May-18	Trend
NHS Fareham and Gosport CCG	3.75%	3.5%	3.2%	3.7%		50.0%	46.2%	47.1%	49.3%	
NHS Isle of Wight CCG	3.75%	4.4%	4.4%	4.5%		50.0%	53.1%	54.2%	58.1%	
NHS North Hampshire CCG	3.75%	3.4%	3.1%	3.4%		50.0%	48.3%	52.8%	51.7%	
NHS Portsmouth CCG	3.75%	5.0%	4.8%	4.9%		50.0%	57.3%	56.3%	58.0%	
NHS South Eastern Hampshire CCG	3.75%	3.4%	2.9%	3.1%		50.0%	46.2%	45.0%	47.5%	
NHS Southampton CCG	3.75%	3.9%	3.8%	3.9%		50.0%	52.9%	50.8%	49.0%	
NHS West Hampshire CCG	3.75%	4.0%	3.5%	3.7%		50.0%	46.6%	46.2%	49.1%	

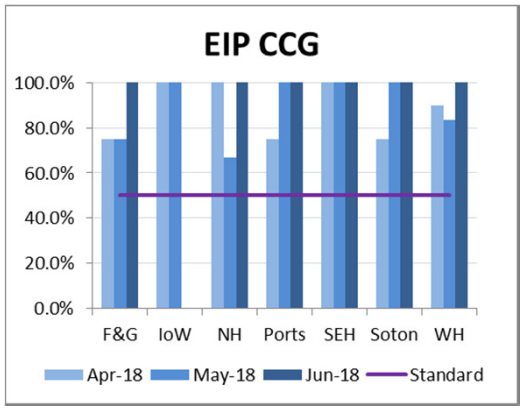
Mental Health: EIP OAP

HIoW

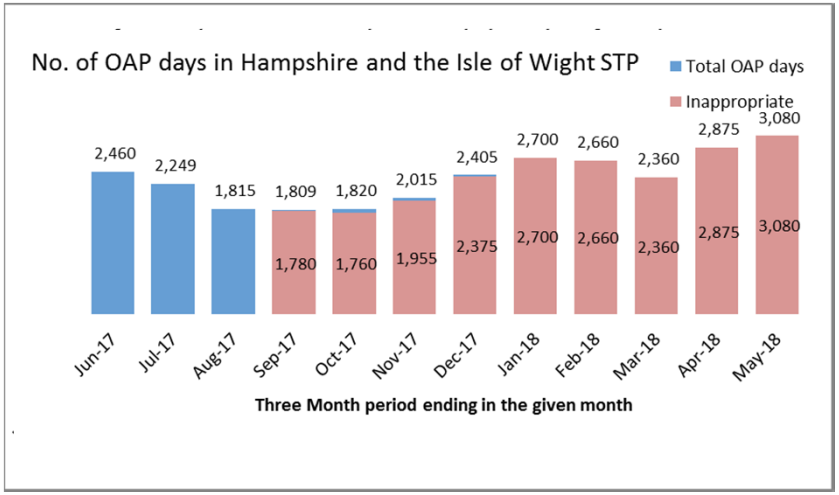
NHS England

EIP & OAP

EIP CCG	People started Treatement within 2 weeks %				
CCG	Standard	Apr-18	May-18	Jun-18	Trend
NHS Fareham and Gosport CCG	50.0%	75.0%	75.0%	100.0%	
NHS Isle of Wight CCG	50.0%	100.0%	100.0%		
NHS North Hampshire CCG	50.0%	100.0%	66.7%	100.0%	
NHS Portsmouth CCG	50.0%	75.0%	100.0%	100.0%	
NHS South Eastern Hampshire CCG	50.0%	100.0%	100.0%	100.0%	
NHS Southampton CCG	50.0%	75.0%	100.0%	100.0%	
NHS West Hampshire CCG	50.0%	90.0%	83.3%	100.0%	



Number of OAP days in three month period ending:			
Org Name	Mar-18	Apr-18	May-18
NHS Fareham and Gosport CCG	600	680	500
NHS Isle of Wight CCG	-	-	-
NHS North Hampshire CCG	110	140	130
NHS Portsmouth CCG	25	-	20
NHS South Eastern Hampshire CCG	330	325	340
NHS Southampton CCG	620	815	875
NHS West Hampshire CCG	675	915	1,215



Agenda Item 4

South Central Ambulance Service NHS
NHS Foundation Trust

Title	Health Overview and Scrutiny Panel - Portsmouth
Author	Tracy Redman MSc Head of Operations SE South Central Ambulance Service NHS Foundation Trust (SCAS)
Date	August 2018

Contents

Developments

National Ambulance Response Programme & SCAS Transformation Programme

UK Ambulance Services have seen some significant changes over recent months with the introduction of the National Ambulance Response Programme (NARP).

The Programme aims to improve patient outcomes and increase the operational efficiency of ambulance service provision.

The changes include call handlers being given more time to assess 999 calls that are not immediately life threatening, which will enable them to identify patients' needs better and send the most appropriate response.

SCAS fully implemented NARP on 31st October 2017 and is currently working through a transformation programme to ensure optimum service delivery. This requires changes to the fleet, staff rotas, estates and delivery model.

Staff rotations into the wider Health System

SCAS continue to work closely with partner health care providers to ensure efficient and effective collaboration. SCAS staff have previously worked in Primary Care in the South East Hampshire area and following a successful pilot further work in this area is under development. This will support wider system working as well as providing opportunities for staff to develop.

Admission avoidance

SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required.
Further to this the health system are using electronic patient records to enhance the transfer of information across partners and develop appropriate care pathways.
SCAS has also secured System funding to second an individual for six months to prioritise this key area of work.

CQC inspection

The Care Quality Commission (CQC) attended SCAS for a formal inspection during July / August with a focus on Urgent and Emergency Care. The staff and management team were very responsive to CQC requests and any issues the inspectors raised were quickly resolved and actions put in place to avoid any further issues.
Early informal feedback has been positive on the whole, which we hope will be reflected in the final report.

Performance

The below details performance by Clinical Commissioning Group (CCG) area against targets. Whilst there are still some areas requiring improvement, all areas have improved since Q4 of last year.
The NARP and SCAS transformation programme will further enhance performance.

Fareham & Gosport CCG

		2017 / 2018 Q4			2018 / 2019 Q1		
Category	**National or Local HCP Standard**	**Demand**	**Mean**	**90th**	**Demand**	**Mean**	**90th**
Cat 1	7 Mins (Mean); 15 Mins (90th)	356	0:07:37	0:12:21	348	0:07:07	0:12:32
Cat 1T	Int Transport Measure 18 Mins (Mean)	212	0:14:59	0:26:11	203	0:13:28	0:21:58
Cat 2	18 Mins (Mean); 40 Mins (90th)	3212	0:24:50	0:52:27	3087	0:18:11	0:35:03
Cat 3	120 Mins (90th)	2391	1:25:15	3:31:09	2273	1:01:34	2:25:10
Cat 4	180 Mins (90th)	227	1:57:10	4:35:50	268	1:35:41	3:43:45
HCP 1-4 Hr	60 Mins / 120 Mins / 240 Mins	413	1:38:18	3:03:43	379	1:17:05	2:28:47

Portsmouth CCG

		2017 / 2018 Q4			2018 / 2019 Q1		
Category	**National or Local HCP Standard**	**Demand**	**Mean**	**90th**	**Demand**	**Mean**	**90th**
Cat 1	7 Mins (Mean); 15 Mins (90th)	485	0:06:25	0:10:31	579	0:05:40	0:09:36
Cat 1T	Int Transport Measure 18 Mins (Mean)	280	0:10:21	0:16:17	341	0:08:24	0:14:48
Cat 2	18 Mins (Mean); 40 Mins (90th)	3760	0:19:40	0:43:30	3865	0:13:37	0:27:52
Cat 3	120 Mins (90th)	2360	1:23:52	3:34:56	2589	0:53:21	2:05:34
Cat 4	180 Mins (90th)	235	1:53:40	4:49:57	234	1:16:47	3:01:01
HCP 1-4 Hr	60 Mins / 120 Mins / 240 Mins	473	1:38:00	3:27:39	484	1:03:49	2:17:51

South Eastern Hampshire CCG

		2017 / 2018 Q4			2018 / 2019 Q1		
Category	**National or Local HCP Standard**	**Demand**	**Mean**	**90th**	**Demand**	**Mean**	**90th**
Cat 1	7 Mins (Mean); 15 Mins (90th)	333	0:08:22	0:14:44	337	0:07:46	0:12:50
Cat 1T	Int Transport Measure 18 Mins (Mean)	204	0:13:00	0:23:41	199	0:12:06	0:21:20
Cat 2	18 Mins (Mean); 40 Mins (90th)	3164	0:22:33	0:47:21	3207	0:17:13	0:33:38
Cat 3	120 Mins (90th)	2338	1:20:51	3:21:53	2518	0:53:16	2:08:21
Cat 4	180 Mins (90th)	268	1:37:44	3:51:21	296	1:20:07	3:04:51
HCP 1-4 Hr	60 Mins / 120 Mins / 240 Mins	417	1:33:15	3:06:26	427	1:12:30	2:29:26

Challenges

Retention of experienced staff / Recruitment of qualified staff

A continued area of challenge due to workforce dynamics and other opportunities for health care professionals.

Embedding NARP and new service delivery model

We are currently going through a transformation programme which will reduce the number of response cars across the trust and replace these with ambulances in line with NARP. This is to ensure we have more patient carrying vehicles to enable us to send the right resource to the right patient. Our ambulances will target category 1 and 2 calls as these patients are more likely to be conveyed. The transformation programme also includes new rotas alongside an estates review that will deliver the extra ambulances; to be implemented by April 2019.

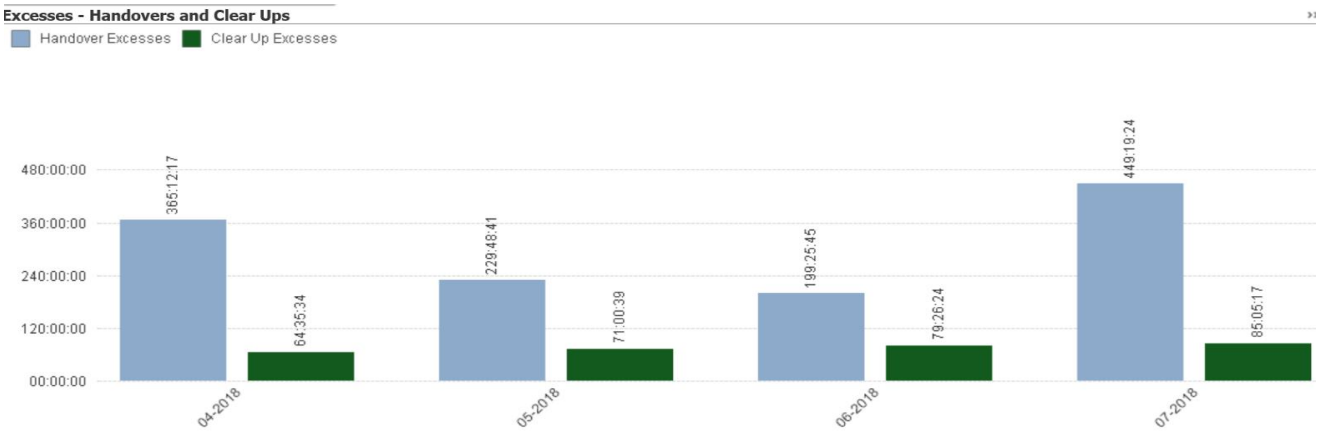
In addition we are reviewing the feasibility of where our ambulances should start and finish their shift. Currently the majority of ambulances in SE Hampshire operate from North Harbour and we will assess if this still the requirement under NARP. Having the resources start in one location does have benefits for our teams and our make ready service. The ambulances are deployed by the control room to where the demand is, and this could be from North Harbour or when they become available at QA Hospital. With demand increasing it is usual for there to be a call outstanding awaiting an ambulance response as soon as one comes available and therefore they will be deployed to the call based on clinical priority. Where there are ambulances available (ie not committed to a task) they will continue to be dynamically spread across the geography.

In the transition period we are purchasing additional private ambulance cover the gap in SE Hampshire. We have an active recruitment campaign to recruit to the additional staff required in SE Hampshire and other areas across SCAS.

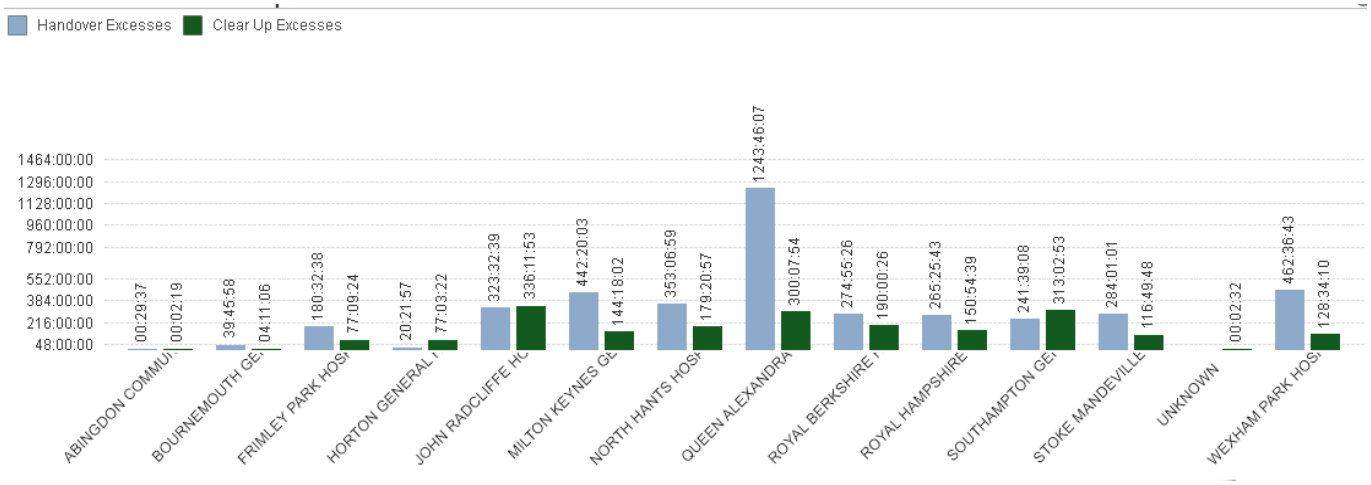
Hospital/System resilience and capacity - Impact on Hospital Handover delays

Hospital handover delays remain a significant challenge to SCASs service delivery;

Number of Ambulance hours lost at QAH by month (April 18 – July 18).



Number of Ambulance hours lost at QAH in comparison to other Acutes in the SCAS area (April 18 – July 18).



SCAS continue to work closely with NHSI, the CCGs, Portsmouth Hospitals and other health and social care providers to mitigate the effects of these delays on patient care, and the impact on staff.

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Portsmouth Health Overview and Scrutiny Committee
September 2018

Portsmouth Hospitals NHS Trust update

Care Quality Commission report

The Care Quality Commission (CQC) has published its reports on the comprehensive inspection of the Trust and inspection of the "well led" domain carried out in April and May 2018.

We entirely accept the findings of the reports and are grateful to the CQC for ensuring we continue our focus on those areas where we are required to improve our services for patients.

The Trust's ratings in each domain and care pathway have been reviewed and in many cases revised as a result of the CQC's findings. The arrows in each box below indicate whether a domain has remained the same, reduced or changed by two levels of rating.

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔	Requires improvement ↓	Requires improvement ↓↓	Requires improvement ↔	Requires improvement ↔	Requires improvement ↔

There have been significant improvement in some areas, and we are extremely proud that critical care has been rated 'outstanding' across the board. Improvements in end of life care and the strong first time rating in diagnostics, which was not previously rated as an independent pathway, are also welcomed.

Arrows indicating change in the above table mainly relate to the previous comprehensive inspection of the Trust, which was carried out in June 2015. However the position regarding urgent and emergency services is slightly different, as the CQC last inspected this pathway in February 2017.

The position in medical care, including older people's care, has improved significantly compared to the 2017 inspection, when medical care was rated 'inadequate' for being safe, effective, caring and well-led led and 'requires improvement' for being responsive, with an overall rating of 'inadequate'.

By comparison, the overall rating for medical care, including older people's care, has improved to 'requires improvement' following the most recent CQC inspection, with all areas rated as 'requires improvement.' This reflects the hard work and commitment of all of our staff.

Considerable progress has been made in some areas but we recognise that there remains more work for us to do. We need to go further in some areas to deliver the real changes needed to ensure the consistently high quality of care that our patients expect and

deserve. Some of the challenges the Trust faces are longstanding issues that have been well documented over a number of years.

The deterioration in some areas is disappointing - in particular the reduction in the Trust's overall caring rating from 'outstanding' to 'requires improvement,' despite 'good' or 'outstanding' performance in seven of the nine areas inspected. The report identifies a small number of incidents observed during the inspection which are not representative of the behaviour and values the Trust and indeed most of its staff, expect to see.

It is reassuring that the significant majority of the Trust's patients receive 'good' or 'outstanding' care. Addressing issues which prevent consistent delivery of outstanding care is a key feature of the Trust's response to the CQC's findings.

Maternity services will also be a particular focus of the Trust's response, as ratings deteriorated in all five domains following the latest inspection. The leadership team in the maternity department, Governance and Corporate Nursing teams are working in partnership to develop an effective improvement programme to address issues raised by CQC and their underlying causes.

The CQC issued the Trust with a list of 54 requirements and made 71 recommendations following its inspection. The Trust has been formally served with a notice under section 29A of the Health and Social Care Act 2012, which sets out the observed circumstances leading to the conclusion that the Trust has breached relevant regulations. The warning notice requires action to be taken to address these breaches by 31 October 2018.

Action being taken in response to the CQC reports

A revised approach to addressing requirements and recommendations made by the CQC has been developed.

A Quality Recovery Plan has been produced to help ensure the Trust fully complies with its regulatory obligations. The plan will be complemented by a range of activities to drive wider changes in practice and ensure quality improvement.

Implementation of the Quality Recovery Plan will be monitored by the Quality Improvement Advisory Group, which is chaired by the Chief Executive. Its membership includes a range of Executive Directors and Divisional Nursing Directors. The group's terms of reference and membership have been reviewed and revised to ensure it supports the Trust's wider quality assurance activity and engages with key stakeholders.

The Trust will submit a response to the Warning Notice to the CQC by 6 September 2018.

Transfer of Elective Spinal Service from Portsmouth Hospitals NHS Trust

As members are aware, the proposal to transfer the Elective Spinal Service from Portsmouth Hospitals NHS Trust (PHT) to University Hospital Southampton NHS Foundation Trust (UHS) was discussed at the Health Overview and Scrutiny Panel meeting held in June. The Panel agreed that this was not a significant service change.

Healthcare professionals used national best practice guidance and worked together to determine the safest way to provide this service going forward. Panel members have discussed the conclusion that best patient outcomes would be achieved if the Elective

Spinal Service relocates to the Wessex Regional Spinal Unit at UHS, which already carries out complex spinal surgical work as well as paediatrics and trauma surgery.

Panel members requested that additional engagement work was carried out with local people prior to 31 October 2018, when the service is expected to transfer. This has been achieved in partnership with Fareham and Gosport, South East Hampshire and Portsmouth Clinical Commissioning Groups (CCGs).

Following discussions with a number of local groups about the relocation of this service people have told us that:

1. They support the service moving and understand that this needs to be done to ensure safer care and treatment
2. They would prefer outpatient clinics to be provided closer to home
3. They are concerned about the travel time, including car parking, of going to Southampton General Hospital
4. There needs to be a very clear pathway which includes a key point of contact for each patient and details of who is responsible for rehabilitation or social care support

PHT has also worked with the CCGs and Healthwatch to create a patient information document for new patients. This document, entitled “Changes to spinal surgery in southern Hampshire,” seeks to inform patients, their family and carers and answers a broad range of questions. The document is being shared with patients and the public.

Emergency floor redevelopment

Portsmouth Hospitals NHS Trust is developing a proposal to redevelop the emergency floor at Queen Alexandra Hospital (QA).

The Trust’s Emergency Department (ED) dates back to 1979 and since then demand for urgent care has grown exponentially. In Portsmouth, the average daily attendance at the Emergency Department in 2010 was 240 patients per day. By 2017 this had risen to 299 per day and now sits routinely at 324 patients per day. On busy days the department sees up to almost 400 patients. This increase has predominantly been focused in the areas of major illness and paediatrics, although all parts of unscheduled care have seen an increase.

Since the Private Finance Initiative (PFI) redevelopment of QA there have been some enhancements to the physical space (most notably in the paediatric Emergency Department). Alongside this, in line with national guidance, patient streaming and re-direction pathways have been introduced to help improve patient flow both in the ED and across the hospital. This has had an impact on demand in minors but the physical layout of our majors area remains a significant operational challenge. As a result, despite our best efforts it is now clear that the adult facility is no longer fit for purpose, a fact recognised by external experts, including the Care Quality Commission in its recent inspection report on our urgent and emergency care service in May 2018.

Our proposal for redevelopment, operational by February 2021, will deliver an innovative clinical model for the delivery of urgent care for the local population in Portsmouth and South East Hampshire. The redesigned service will provide a single point of access for all adult emergencies at QA and in doing so will deliver the following benefits for our patients:

- Improved patient safety
- Early senior decision makers delivering best care
- Reduced admission rates
- Facilitate the delivery of high quality clinical care in a modern, fit for purpose environment
- Deliver effective and efficient clinical pathways
- Contribute to the resolution of related issues within the delivery of urgent care including adherence to national targets

The project is exploring the inclusion of an Urgent Treatment Centre in line with national guidelines, the co-location of a frailty team to provide early input and best care for older patients and an Acute Mental Health Unit. Doing so will allow us to meet the aims of the Five Year Forward View as well as the aims of the Sustainability and Transformation Partnership (STP) in minimising unnecessary admissions, reducing length of stay and ensuring our older patients are repatriated to the most appropriate place for their ongoing care and rehabilitation.

The project also aligns with our recently published five year strategy, 'Working Together' in which we commit to addressing some of the organisation's perennial challenges, of which the urgent and emergency care pathway is perhaps the most intractable.

The Portsmouth and South East Hampshire A&E Delivery Board will provide multi-agency oversight of the project, with direct input from clinical commissioners on the project Board to ensure alignment with the system wide urgent care strategy.

The scheme will require significant capital investment. However we firmly believe it is vital to securing a long term solution for the population of Portsmouth and South East Hampshire, working together across the health and social care system to deliver a new model of provision for urgent care. We believe we have a strong case to secure the full funding from the STP Capital scheme and the first stage is to submit our outline business case, which is on track for submission by early September 2018.

Working in tandem with our staff, partners and the local community is fundamental to the successful delivery of the project and a partnership approach is at the heart of our proposal. Even at this early stage of development significant work has gone into ensuring we have clinical input from inside and outside the Trust.

Winter preparedness and planning

Winter 2017/18 was widely acknowledged to be extremely challenging across the NHS. In Portsmouth this was largely a result of the impact of flu and the increased severity of illness among patients. In addition, despite close working with our partners we were unable to discharge more patients back to their own homes or into the community in advance of the peak of winter which impacted on our ability to respond effectively when the pressures were at their greatest.

Our planning for winter 2018/19 has already commenced and a central part of this is working with our partners across health and social care on plans which aim to reduce the bed occupancy of the hospital to 92% before the start of winter. Outside of winter our bed occupancy averages at 95%. Detailed analysis has been undertaken to show that reducing

this to 92% should allow us the capacity needed to respond to the additional demands placed on the hospital during winter. This should ensure that patient flow through the hospital is maintained and we can avoid using short term measures such as the use of escalation beds. In turn this will result in a positive difference for our patients who should experience fewer delays and where appropriate, a shorter stay in hospital.

Key to reducing our occupancy is reducing the number of patients who are medically fit to be discharged from the hospital. Good progress has been made in lowering this number and in recent months the figure has been approximately 200 delayed patients, although further work is required to maintain this reduction consistently. This reduction in our numbers of patients who are medically fit has allowed us to close down escalation areas which are not suitable for inpatient care; something we have prioritised because of the impact on patients of being treated in areas not designed for this purpose. Within the hospital work to help reduce the occupancy rate prior to winter includes extending our discharge lounge and developing plans to create additional capacity in the Emergency Department to reduce ambulance handover delays.

Outside the hospital we are working closely with our partners on ways to provide additional capacity for patients to be discharged to. The local A&E Delivery Board, chaired by our Chief Executive and with representation from all key partner organisations, is finalising the plan for how the required reduction in medically fit patients will be achieved ahead of winter. A detailed plan for winter 2018/19, incorporating this system wide work will then be presented to our Trust Board in September.

Delayed Transfers of Care

The table below acute and non-acute Delayed Transfers Of Care (DTOC) relating to Portsmouth patients. The figures are recorded as the number of days delayed within each month for all patients delayed throughout that month.

	Feb	March	April	May	June	July
Non-Acute	29	66	45	9	3	28
Acute	447	930	208	165	184	180

ENDS

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Ratings tables

Key to tables					
Ratings	**Not rated**	**Inadequate**	**Requires improvement**	**Good**	**Outstanding**
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔🡐	🡅	🡅🡅	🡇	🡇🡇
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ➔🡐 Jun 2015	Requires improvement 🡇 Jun 2015	Requires improvement 🡇🡇 Jun 2015	Requires improvement ➔🡐 Jun 2015	Requires improvement ➔🡐 Jun 2015	Requires improvement ➔🡐 Jun 2015

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for Portsmouth Hospitals NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Feb 2017	Requires improvement ↓ Feb 2017	Requires improvement ↓ Feb 2017	Inadequate ↓ Feb 2017	Requires improvement →← Feb 2017	Requires improvement →← Feb 2017
Medical care (including older people's care)	Requires improvement →← Jun 2015	Requires improvement ↓ Jun 2015	Requires improvement ↓ Jun 2015	Requires improvement →← Jun 2015	Requires improvement ↓ Jun 2015	Requires improvement →← Jun 2015
Surgery	Requires improvement →← Jun 2015	Requires improvement ↓ Jun 2015	Good ↑ Jun 2015	Good ↑ Jun 2015	Requires improvement →← Jun 2015	Requires improvement →← Jun 2015
Critical care	Outstanding →← Jun 2015	Outstanding →← Jun 2015	Outstanding →← Jun 2015	Outstanding ↑ Jun 2015	Outstanding →← Jun 2015	Outstanding →← Jun 2015
Maternity	Requires improvement ↓ Jun 2015	Requires improvement ↓ Jun 2015	Good ↓ Jun 2015	Requires improvement ↓ Jun 2015	Requires improvement ↓ Jun 2015	Requires improvement ↓ Jun 2015
Services for children and young people	Requires improvement ↓ Jun 2015	Good →← Jun 2015	Outstanding →← Jun 2015	Good ↑ Jun 2015	Good →← Jun 2015	Good →← Jun 2015
End of life care	Good ↑ Jun 2015	Good ↑ Jun 2015	Good →← Jun 2015	Good →← Jun 2015	Good →← Jun 2015	Good ↑ Jun 2015
Outpatients	Good →← Jun 2015	N/A	Good →← Jun 2015	Good →← Jun 2015	Requires improvement ↓ Jun 2015	Good →← Jun 2015
Diagnostic imaging	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Solent NHS Trust Update to Portsmouth City Council Overview and Scrutiny Panel

July 2018

CQC Inspection 2018

CQC comprehensively review all health care providers at least once every two years. Solent was last inspected in June 2016 and is now due for re-inspection. In 2016 - Eleven core services were rated as "Good", one as "Outstanding" and three as "Requires Improvement". The Trust received an overall rating of "Requires Improvement", based on the CQC standard rating methodology. Solent has received extensive "Performance Information Requests" from CQC, signalling an imminent inspection visit – although dates have not yet been determined. The review will be in two parts – a core services inspection – which will be likely to focus on the service areas that "Required Improvement" and a "Well-led" Inspection – reviewing the overall governance and leadership of the Trust.

Mental Health Transformation

In June; the Executive Delivery Group of the Hampshire and Isle of Wight agreed that the most effective way to progress the "5-year-forward view" agenda was for Local Delivery Systems to design plans based on needs, resources and system readiness in their areas. In Portsmouth and South-East Hampshire – we have already agreed 5 system projects for mental health – each aimed at improving responsiveness and using resources more efficiently:

- Reduce out of area treatments and length of stay by managing the Solent and Southern Health mental health beds as a single resource
- Improve mental health and wellbeing support in Primary Care
- Improve the urgent and emergency care service at Queen Alexandra Hospital for people with mental health needs
- Agree and implement a common pathway for patients with emotionally unstable personality disorders
- Ensure full coverage across Portsmouth and South East Hampshire of a 24/7 community based crisis resolution service

Many of these programmes of work commenced in late 2017 and all are now at the stage where detailed proposals for delivery will be consulted on more widely.

Delivering Integrated Services in Portsmouth

The Multispecialty Community Provider (MCP) partnership agreement between Solent NHS Trust, Portsmouth CCG, Portsmouth City Council and Portsmouth Primary Care Alliance has been extended for another 12 months from June 2018. The MCP Programme Board continues to oversee an extensive programme of work. The "Neighbourhood Locality Teams" project will unite health, social care and GP practices to focus on patients with the most complex needs in their immediate population. This has completed the initial redesign phase and piloting will commence in GP practices in the south of Portsmouth in the Autumn. Learning from the pilots will inform the development of the model across the city.

The Care Home project is already delivering benefit both to our population, and also avoiding inappropriate conveyance to the acute trust.

Solent NHS Trust Financial Position and Forecast

All NHS Organisations have to agree an annual financial "control total" with NHS Improvement, as part of the single oversight framework. The control total is the amount of surplus, or deficit that an organisation is expected to achieve at year end. Solent NHS Trust and NHSI agreed a year end forecast position for 2018/19 of c £1million deficit. The year to date position at the end of Quarter 1, is an adjusted deficit of £634k against a plan of £689k. We are currently on track to deliver our financial plan. However, this plan requires significant savings in the second half of the year and the mitigations of any cost pressures.

Mental Health Beds

Our Psychiatric Intensive Care Unit has been operating with only 4 of the 10 regular beds open, since a serious incident in May which caused extensive damage to one corridor. We have continued to manage patient need, by outsourcing suitable beds from other providers and reviewing patients in those other providers at least twice weekly to expedite return to acute care in Portsmouth at the earliest opportunity. Our Estates Team have been project managing the refurbishment, which was due for completion in mid- August. Difficulties in sourcing specialist fixtures have led to slight delays in the timeline for completion, but we now fully anticipate the Ward reopening at capacity during the first half of September.

Estates Update

1.1 Portsmouth Phase 2 Works

The Phase 2 works to vacate the Main Hospital Building at St James are now funded and underway. Comprising of multiple pieces of work but two main projects, the Infrastructure Works at the St James site where contractors are due on site in late July, and Block B at St Marys Hospital where a 'turf cutting' event will be held in early September.

1.2 Parking

Significant work has been carried out by a range of Solent Trust personnel including the Exec Team over a protracted period to develop a fair and equitable Parking Policy. This has faced significant challenge in an attempt to minimise the impact on patients and staff, whilst trying to provide parity in an organisation that works across multiple systems in various integrated teams and Local Authorities. The final proposal is due to be presented at the Trust Policy Group later this month and will then be programmed for implementation.

1.3 Catering

The programme of work which seeks to outsource the Solent Catering provision has reached a milestone in receiving formal tenders back. Various teams are now underway evaluating the respective cost and quality aspects of the returns as well as organising taste tests and interviews. This will ultimately result in a recommendation and implementation over the next year.

Adults Services

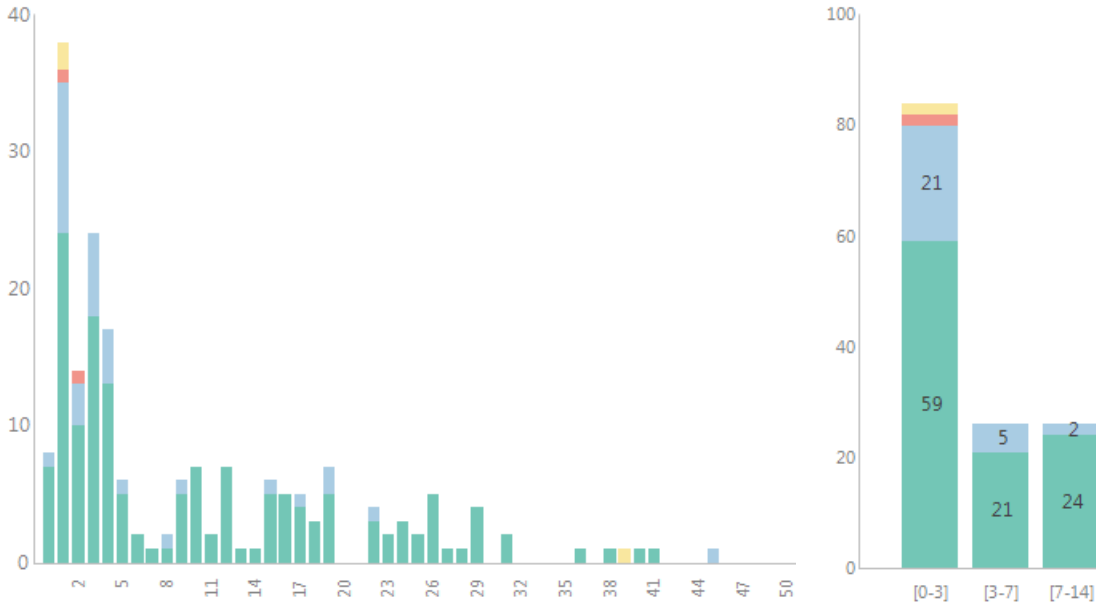
Winter plans

Where are we now?

Length of Delay since MFFD for Sat 01 Sep 2018

Current number of days since patient marked as MFFD

Date	HANTS		PORTS		OOA		No Location		Total	
	No. Patients	Bed Days Lost	No. Patients	Bed Days Lost	No. Patients	Bed Days Lost	No. Patients	Bed Days Lost	No. Patients	Bed Days Lost
Sat 01 Sep	158	1885	34	210	2	3	3	41	197	2139



The analysis undertaken by PWC and signed up to by the system, has identified a requirement to empty beds in PHT to create 92% bed occupancy. Funding has now been agreed and delivery of the required capacity and process redesign is in hand. This will require Portsmouth to reduce the numbers of those fit to leave by an additional 23 beds in PHT from the point of the original analysis.

A proxy indicator of success would be a reduction in those fit to leave to 26 or less.

This plan covers 9 months from July 18 to March 2019. Delivery before winter and sustainability will be through a combination of the developing neighbourhood teams, and long term condition and frailty hubs.

Sarah Austin COO and Commercial Director

Title of meeting:	Health Overview and Scrutiny Panel
Date of meeting:	13 September 2018
Subject:	Adult Social Care Update on Key Areas
Report by:	Andy Biddle, Acting Deputy Director, Adult Social Care

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1. Purpose of Report

1.1. To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care, (ASC) in the period March 2018 to August 2018.

2. Recommendations

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

3. Overview

3.1. Portsmouth City Council Adult Social Care, (ASC) provides support and advice to adults aged 18 years and over who require assistance to live independently. This may be the result of a disability, long term health condition or frailty associated with growing older. Our aim is to help people have as much choice and control as possible over how their needs for care and support are met. For some, when independent living is no longer possible, we will help people find the longer term care arrangements that best suit them.

3.2. Following a systems thinking intervention work ASC's purpose is defined as:

- Help me when I need it to live the life I want to live

3.3. This overall purpose is service wide and overarching. For specialist areas within the service the wording may change slightly to reflect the work undertaken but is able to be linked back to the overall purpose of the service.

3.4. ASC provides a service to approximately 7,000 people throughout the year with a staff compliment of 800. (600 full time equivalent posts) undertaking a wide variety of roles, both in commissioning and direct delivery of services.

4. Adult Social Care Strategy

4.1. In order to provide a social care service that meets the needs of Portsmouth residents, the Council's statutory duties and manages the demands of increasing needs and costs, ASC is proposing to implement a number of strategic shifts from 2018/19 to 2020/21, these are summarised below.

4.2. Make better use of 'enabling technology' that can do things for people, whether this be by offering advice around technology, its uses and where these can be purchased, or purchasing a technology solution where there is a duty to meet need. This aims to create a ‘technology first’ culture with every contact.

4.3. Enable people to have more control over services they access and encourage use of resources in individual communities in Portsmouth. Work with residents to ensure that services reflect their life experience and priorities.

4.4. Have a focus on 'reablement' services that aim to help people get to a level of independence, rather than 'do for' people. Ensuring that responding to people who need help is at the right time and in the right place and that we learn from experience which builds the evidence as to what works.

4.5. Shape the options for meeting people's needs in Portsmouth, increase options for care needs to be met in supported living, instead of a residential care environment. Increase the number of people who manage their own services via direct payments and gain greater volunteer/community sector services involvement in meeting need.

4.6. Improve service quality in the care sector, addressing concerns raised by Care Quality Commission, (CQC) inspections in Portsmouth City Council, (PCC) owned and managed residential units as well as more widely in the city.

4.7. By using the strategic approach above, adult social care will work toward addressing the financial deficit, achieving financial balance by using reablement to reduce the length of time people use funded services and further reduce dependence on residential/nursing care by maximising opportunities for supported living. ASC will aim to reduce reliance on domiciliary care by encouraging choice and control in care arrangements, through promoting direct payments and use of personal assistants. ASC will move commissioning for adults with mental health problems from residential environments to supported living and use enabling technology where possible and appropriate to help people manage some needs.

5. Summary

5.1. During the period March to August 2018 ASC have seen a number of developments and challenges

5.2 Demand for Services:

The number of older people receiving domiciliary care[1] from ASC per week as of December 2017 was 946 people, at a cost of £159,604, this had increased to 1016 people number at a cost of £167,000 per week as of June 2018. Whilst there was a decrease in the numbers of people receiving care between £50 and £200 per week, there was an increase of 18% in the number of people receiving domiciliary care funded at £200+ per week between December 2017 and June 2018, indicating a greater complexity of need.

In the last HOSP report the issue of the shortage of domiciliary care was highlighted. This meant that ASC had to seek care from providers at prices outside that which the Council would normally expect to pay, with an increasing percentage spent on the '3rd tier' providers. Since this time, funding made available through the NHS to manage issues over winter, (linked to reducing the number of patients medically fit for discharge in Queen Alexandra Hospital (QA) has eased pressure in the domiciliary care market. This has reduced the wait for people in QA and improved available capacity in the community.

The emphasis on care in people's own homes is reflected in less people in Portsmouth placed in residential care homes:

258 (March 2016)
242 (March 2017)
230 (December 2017)
207 (June 2018)

In addition to the increase in needs of older people in the city is the rise in the number of people with challenging behaviour resulting from a learning disability. Within Portsmouth, 90 people with a learning disability amount to £8.3m of the ASC budget commitment which represents an increase of 4.1% on December 2017.[2] More people with a learning disability are also being enabled to live in a supported living environment, with specialist provision for 18 people being made available in this period. These changes in provision are achieved by a housing strategy managed between ASC and PCC Housing colleagues to increase availability of supported living environments.

The residential/nursing care market continues to be challenged locally with 9% of homes being rated *inadequate* and 33% as *requires improvement* as at June 2018, (higher than the national profile). There has been a reduction in the number of homes with potential closure notices from CQC, (from 8 to 2). PCCG and ASC have also created a 'Quality Team' (with nursing and social work representatives) to work with providers to improve quality and CQC ratings in Portsmouth. The Council has now entered into an agreement with Hampshire County Council (HCC) to run Harry Sotnick House for two years, (from April 2018) at which time the home should have achieved a 'Good' Rating from the Care Quality Commission (CQC) and will be returned to the Council to run.

[1] Based on the monthly financial trend figures for 'domiciliary care', 'in-house domiciliary care', 'in-house day care' and 'community services'

[2] *Based on R250 using LD as a filter.*

There continues to be a waiting list for assessment in community Social Work. Given the pressure on workforce capacity, there are two pieces of work being undertaken, one to analyse the ASC 'front door' and a domiciliary care intervention to further understand work tasks that use disproportionate amounts of time. Both of these interventions aim to improve effectiveness and reduce time spent on unneeded tasks. The integrated learning disability team, (led by PCC and incorporating Solent NHS Trust) have also implemented a named worker model based on national research and work programmes that provides a single point of contact for people receiving a service within the city.

Thus far in 2018, there has not been the level of instability in the domiciliary care market observed in 2017 from providers 'handing back' care packages they could not provide for. One national domiciliary care provider entered into a Company Voluntary Agreement in order to restructure its financial arrangements, but has continued to trade as normal, with care provided being unaffected. ASC continues to work through a domiciliary care board to review key issues in the sector, including the length of time to source care, ratings of providers and higher cost packages of care.

5.3.1 Statutory Impact:

The number of applications for Deprivation of Liberty Safeguards, (DoLS) authorisations have continued to rise in Portsmouth:

786 (2014/15)
1473 (2016/17)
1695 (2017/18)
1746 (2018/19) projected based on Q1 average of 145 per month

Whilst increasing, this is a stable trend without 'spikes' of demand to this point.

As highlighted in the previous report it has still not been possible to estimate the impact of Deprivation of Liberty in domestic settings, following a 2017 Court of Protection ruling. Numbers of referrals are increasing, but previous experience suggests that any precedent takes 12 months plus to show impact.

The Department of Health & Social Care, (DHSC) announced in July 2018 that the 'Mental Capacity (Amendment) Bill' had been introduced to the House of Lords and sought to replace the current system of DoLs.
DHSC state that the reforms seek to:

- introduce a simpler process with a swifter access to assessments
- be less burdensome on people, carers, families and local authorities
- allow the NHS, rather than local authorities, to make decisions about their patients
- get rid of repeat assessments and authorisations when someone moves between a care home, hospital and ambulance as part of their treatment[3]

[3] https://www.gov.uk/government/news/new-law-introduced-to-protect-vulnerable-people-in-care

The DHSC estimate is that the reforms will save local authorities significant amounts of money though, given the cost of DoLS has never been included in the Local Government settlement, the net effect may be a reduction in unfunded pressures, rather than a saving.

5.3.2 Acute Hospital Pressures:

Winter 2017/18 saw the Portsmouth health and care system come under significant pressure, issues including the number of A&E patients seen within four hours, high bed occupancy and significant delays in ambulance handovers at QA.

Pressure on ASC to discharge patients from the acute hospital setting continues to be a challenge, however there have been two significant changes that have had a positive impact for those people who are Medically Fit For Discharge, (MFFD). NHS funding made available over the most recent winter period enabled temporary staffing levels in the Hospital Social Work team, (part of the Integrated Discharge Service) to increase. This decreased the number of people awaiting assessment. In addition, (as referred to earlier) NHS funding has purchased additional domiciliary care capacity, making care available in a more timely way.

2018/19 winter demand is likely to continue to outstrip capacity. Portsmouth & South East Hampshire, (PSEH) CCGs therefore commissioned a detailed analysis of the people who were MFFD at QA. Portsmouth City and Hampshire County Councils were active participants in the work that informed the analysis. The resultant plan is to provide care outside of Hospital for more people earlier by increasing temporary care resources. Portsmouth CCG and PCC have agreed the resource requirements to achieve this in line with the reablement principle discussed in the ASC strategy. The rationale for allocating ASC resource to this work is that the earlier people can come out of Hospital, the more independence in daily living skills they are likely to have, with a lesser requirement for care.

The resource agreed by the Council will be directed toward greater domiciliary care capacity for people being discharged from Hospital and increased therapy and social work resources to ensure that this care is used in a timely way to achieve maximum independence for Portsmouth residents with care and support needs.

5.5 Funding and Budget:

The projected 18/19 gross annual expenditure for adult social care (ASC) activities is £71.1m. The majority of this figure comes from the ASC council cash limit budget of £41.8m. ASC funding also relies on income (assessed charges for care) which is anticipated to be £10.3m in 18/19.[4]

[4] *These projections are based on the reported position as at Q1 2018/19.*

ASC is also funded by monies transferred from the NHS in order to support social care activities. In 2018/19 funding transferred from the NHS via the Better Care Fund (BCF) is projected to be £18.7m.

As reported in the March 2018 HOSP update, additional grant funding has been made available to adult social care over the financial years 2017/18, 2018/19, 2019/20.

The conditions for use of this fund were specified as:

- meeting adult social care needs;
- reducing pressures on the NHS (including supporting transfers of care from hospital);
- ensuring the local social care provider market is supported.

The schemes that have attracted funding were reported in the March 2018 HOSP. The ASC strategy as at item 4 of this report includes the intention to consider the use of the remaining transformation funds to implement the strategy and work toward financial balance

The significant pressures at Q1 2018/19 are DoLS, services commissioned for people with a learning disability and in-house care home staffing costs.

5.6 Savings

The saving target for 2018/19 is £860k and progress against savings are reviewed monthly within the service and discussed with the portfolio member. The service reported an underlying deficit of £3.1m in Q1.[5] The ASC strategy is linked to moving back into financial balance by 2020/21. The budget position continues to be reported in line with council procedures.

5.7 Priorities for 2018/19

The priorities set out in the previous HOSP report are reproduced below with progress updates.

5.7.1 Implement the ASC Strategy to achieve the key shifts and work toward financial balance.

The strategy was presented to the Leader and Deputy Leader of the Council and the S.151 Officer in July 2018 by the Portfolio Holder for Health, Wellbeing and Care and the Director of Adult Social Services. The service is working up the delivery plan and begin communicating this with staff in September 2018.

5.7.2 Ensure all registered services are adhering to the Care Quality Commission (CQC) regulations & outcomes laid out under the CQC '5 Key Lines of

[5] *These projections are based on the information as at 31/06/2018 = Q1 2018/19*

Enquiry'[6]. An associated outcome was to review the current PCC residential homes and plan and support the implementation of the changes that ensure CQC compliance and sustainable quality change

The 'turn around team' established in January 2017, has undertaken work with all of the older person's residential care homes owned and managed by PCC. All 3 have had CQC inspections. All reports have been published and formal Notices and CQC 'special measures' have been ended in the two homes to which they applied. This means that no PCC homes remain in special measures.

Turn Around team learning will be applied across registered and non-registered services and will form part of the workforce strategy in preparation to accompany the overarching ASC strategy.

5.7.3 Configure the older persons/physical disability service model to focus on reablement and prevention of unnecessary hospital admission.

A manager has been recruited to build the in-house response service and a project plan is in preparation.

This work also supports the next stage from colocation to integrated working with Solent NHS Trust community colleagues. An intervention has commenced and completed a check phase into locality working between Solent NHS Trust and ASC. The next stage is to begin working with live cases and then to scale up results across the localities.

5.7.4 Achieve savings targets.

As detailed above, work continues to meet the savings targets set for 2018/19.

5.7.5 Replace client record system for ASC.

The project plan has been revised in accordance with what is needed to be delivered and has involved a comprehensive analysis of requirements, resource, dependencies and risk. Business requirements have been mapped and agreed. Data migration and archive solutions have been agreed. Technical configuration is underway. The governance for this project is via a monthly board.

5.7.6 Re-tender domiciliary care contract

The existing contract was extended to enable a new specification that accounts for outcome focussed services and the new model of reablement/admission avoidance to be developed. The Systems Development Board then approved the intervention to understand how domiciliary care

[6] https://www.cqc.org.uk/sites/default/files/20171020-adult-social-care-kloes-prompts-and-characteristics-final.pdf

operates in Portsmouth and experiment with different ways of working. Check has been completed and Redesign is scheduled for October 2018.

5.7.7 Tender/renew Community Equipment Store contract.

The current contract has been extended for 2 years and work has now begun to draft a new specification to account for the needs of the service in the future. This is being informed by the work of the CES Contract Monitoring Group, which has practitioner input so that any new specification meets the needs of the community and is informed by practice on the ground. The group has also been working on issues around availability of stock and efficiencies in terms of other equipment provision which could potentially be part of the future CES contract.

Signed by: