



NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 30 JANUARY 2020 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 Chris Attwell (Chair)
Councillor Lee Mason (Vice-Chair)
Councillor Graham Heaney
Councillor Leo Madden
Councillor Hugh Mason
Councillor Steve Wemyss

Councillor Vivian Achwal
Councillor Arthur Agate
Councillor Trevor Cartwright
Councillor David Keast
Councillor Philip Raffaelli
Councillor Rosy Raines

Standing Deputies

Councillor Geoff Fazackarley
Councillor Ben Dowling
Councillor Gemma New

Councillor Robert New
Councillor Will Purvis
Councillor Luke Stubbs

(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

AGENDA

- 1 **Welcome and Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes of the Previous Meeting - 21 November 2019 (Pages 5 - 10)**

RECOMMENDED that the panel agree the minutes of the meeting held on 21 November 2019 as a correct record.

4 South Central Ambulance Service update (Pages 11 - 16)

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

5 Sustainability Transformation Partnership update (Pages 17 - 62)

A representative will answer questions on the attached report.

6 Southern Health NHS Foundation Trust update (Pages 63 - 68)

Dr Nick Broughton, Chief Executive, Southern Health NHS Foundation Trust, will answer questions on the attached report.

7 Southern Health NHS Foundation Trust - ECT service (Pages 69 - 72)

Steven Manning (ECT Project Manager) and Dr Robin Harlow (Clinical Director for Portsmouth and SE Hampshire) will answer questions on the attached report.

8 Solent NHS update (Pages 73 - 78)

Suzannah Rosenberg (Deputy Chief Operating Officer / Director of Transition) will answer questions on the attached report.

9 Solent NHS - Jubilee House update (Pages 79 - 80)

Suzannah Rosenberg (Deputy Chief Operating Officer / Director of Transition) will answer questions on the attached report.

10 Dates of future meetings

The panel are asked to agree the proposed dates of future meetings (all Thursdays at 1.30 pm):

25 June 2020
17 September 2020
19 November 2020
21 January 2021
18 March 2021

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.

Agenda Item 3

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 21 November 2019 at 1.30pm in the Guildhall.

Present

Councillor Chris Attwell (Chair)
Graham Heaney
Leo Madden
Hugh Mason
Vivian Achwal
Arthur Agate
David Keast
Philip Raffaelli

42. Welcome and Apologies for Absence (AI 1)

Introductions were made. The Chair welcomed Councillor Keast back on the panel and asked that his thanks to Councillor Harvey for her service on the panel be recorded.

Apologies had been received from Councillors Trevor Cartwright and Rosy Raines.

43. Declarations of Members' Interests (AI 2)

No interests were declared.

44. Minutes of the Previous Meeting on 12 September 2019 (AI 3)

RESOLVED that the minutes of the meeting held on 12 September be agreed as a correct record.

45. Portsmouth Hospitals' NHS Trust update (AI 4)

Lois Howell, Director of Governance and Dr Mark Roland, Deputy Medical Director asked the panel to note that the Mental Health Matron was now in place and that the GP redirection pilot started on 4 November had been very successful and would continue. In response to questions from members, they clarified the following points:

Mental Health Support

Staff look at a number of indicators including behaviour, symptoms, missed medication etc. when determining how best to comfort, treat and restrain patients who are experiencing a mental health crisis. The mental health team prioritises patients based on clinical need. Core 24 service standard is a mandated national standard for service providers.

1.13 of the report should read % patients seen by the Mental Health Liaison Team within one hour in ED.

PHT is not a mental health service provider per say. There is a safe room in the ED. The police often accompany patients attending ED with mental health

issues and will attend if needed at the request of staff. It is not their role to accompany the police in the community.

The measures being taken are PHT's answer to the problems as they currently present.

Bed Occupancy.

The aim is to reduce occupancy down to 92% which equates to just more than 1,000 beds. This is the optimal rate to ensure consistent flow in the hospital. The current figures is 97%. Cardiac and renal day units are sometimes counted in these figures. The use of these beds can interfere with the primary use of the beds.

To achieve this a multi-pronged approach is required and funding in the community is significant. Portsmouth City Council, Hampshire County Council, Solent NHS Trust and Southern Health are working together with PHT.

An extra 36 bed capacity was created in the previous two months. In 2018 it was increased by 12 beds. The trust is looking into what it can do in the next six months.

The Winter of 2017/18 was the worst in terms of bed occupancy. During the Winter of 2018/19, bed occupancy was at 93%. It was considerably better than it had ever been. Very few elective surgeries had to be cancelled and there were shorter recovery times.

Today there are 208 patients waiting to leave the hospital who are medically fit for discharge. It is fundamental for patient flow around the hospital. In 2017/ 2018 there was a 12% increase in attendances.

October was very challenging in terms of ambulance handovers. This was due to a number of factors particularly the hospital being crowded. At the start of October there was a 65 bed shortfall of beds available compared to demand.

There should be no ambulance holds at all. An ambulance waiting for 60 minutes is a line that should not be crossed, but it is regularly. Apologised to everyone.

They cannot imagine that they would reach a point where no improvements are required. They are always looking at what can be done next to improve the experience for patients.

This week a refreshed approach was undertaken in the ED: patients who have waited for almost 60 minutes are identified and staff try to identify what immediate action could be taken to see them.

A daily meeting is held to look at the number of MFFDs and consider the reasons for the delays which include waiting for rehabilitation, re-enablement, support at home, new care home placements, equipment, financial decisions,

fast track placements and Continuing Health Care. Approximately 2% have a hospital-attributed component to the delay.

CQC inspection

The Care Quality Commission carried out its core inspection of 5 services in October and a further inspection on 13 and 14 November. The data requested is currently being collated. The report is due to be published in February.

ED Layout.

This a significant project which is due to be completed in 2022/ 2023. The shape has not yet been agreed. He is aware that pathways underpin everything and will not interfere with the emergency care being provided. The new ED will be able to accommodate 300-400 attendees per day.

Section 2.3 of the report should read: an ambulatory majors area, introduced in August has reduced waiting times by an average of 20 minutes [...]

Recruitment

There are 254 international nurses. They are on permanent contracts and are given support to apply for visas and renewals and with their English. Most have three year visas. They were from India and Philippines predominantly this year.

There has been no history of renewal issues. Nurses form overseas work on band 4 until they are registered and have passed their exams here.

The trust continues to recruit from Portugal. The trust has a good reciprocal arrangement with Spain and Portugal. Adverts are placed on various websites and applicants from all over the world are accepted.

A number of European nurses have left because of uncertainty about their position in the future.

The panel congratulated the trust for its recruitment of nurses.

Actions

- Further details of the trust's recruitment and retention position will be sent to the panel the same day.
- The trust's next update will include information on all posts.

RESOLVED that the report be noted.

46. Adult Social Care update (AI 5)

In response to questions from the panel, Simon Nightingale, Head of Business Management and Partnerships, Adult Services clarified the following points:

The Governance Board had met once so far and will probably meet quarterly. Liaison with Hampshire County Council social care team is not within its remit.

The discreet project arrangements referred to in section 3.1 of the report are specific, standalone projects.

Solent Health NHS Trust is working with Health & Care branded programme of work. They are looking for commonalities in services e.g. PRT more rapid response.

A significant part of the blueprint priorities is empowering people by making more information available so that they can make informed decisions.

People are referred to the most appropriate location for their needs. Often the carers centre is the first point of call.

He is not aware of any resistance by providers to the proposed new model for the Domiciliary Care Market. The roll-in is due to start in January, depending on the response from the market.

There are a number of additional care schemes in Portsmouth. Fewer people with dementia go into care homes; more intensive support packages are provided.

The running of Harry Sotnick House a 92-bed nursing home, will be handed over to Portsmouth City Council in April next year. Meetings are being held regularly to prepare for this. The predicted demand for that type of support is likely to be reduced, therefore other options for the beds are being explored e.g. Discharge to Assess and respite. As far as he is aware, there is no intention to change the purpose of this accommodation; just add to the services offered.

An Adult Social Care and Housing working group is looking at options for Hilsea Lodge and the wider estate.

A third of the beds in Jubilee House are used for residents and a third of beds are for Continuing Health Care assessments.

A Care Home Improvement team including nurses and GPs visited nursing homes in order to improve the staff's confidence in dealing with residents' complex health issues.

The causes of DTOCs are multifactorial and include the increase in frailty of patients, complex home lives, awaiting further assessments and there is also new demand. This morning 17-20 new patients were added to the DTOC list.

There are a number of plans in place based in the community to address the high number of DTOCs. Approximately 50 Portsmouth residents are on the list and of these 20 come under ASC remit.

The average length of stay at the hospital is 4-5 days. This does not give the ASC team long to identify needs and carry out the appropriate assessments. Sometimes they are not notified at the start of someone's stay, which puts additional pressure on the team.

He did not know whether the grant for ASC would be ring-fenced.

RESOLVED that the report be noted.

47. Podiatry Hub update (AI 6)

Robyna King, Board Development Manager, Fiona Garth, Communications Manager, David Lloyd, Chief Operating Officer, Debbie O'Brien, Senior Operations Lead for Podiatry and Katie Arthur, Head of Operations, Primary Care Services from Solent Health Care clarified the following points in response to questions from the panel:

Podiatry assessments were provided at the Paulsgrove unit and a full service at the Turner centre. These services have moved to St Mary's Campus.

The communications and engagement process has commenced further events will continue after purdah has finished. The plan had been circulated with the agenda papers. The aim is to understand the potential impact and implications on patients if the services currently provided at Cosham, Eastney and Lake Road were transferred to the St Mary's site. A decision will be taken once the results of the engagement have been analysed.

There is the opportunity deliver greatly enhanced services at St Mary's and to rent more parking spaces on the Portsmouth Football Club site. Two additional spaces for disabled people have been created. Porters will be on site and can offer help with wheelchairs if required.

There has been some very positive feedback from the events held so far and many issues were raised regarding transport routes by bus. More information is being sought regarding fast routes.

The Cosham event was well attended and data was captured about where attendees live. There were between 15 and 20 people. The trust was very grateful to the 15-20 people who attended; they appreciate the time they took to attend.

Letters have been sent to patients and they can respond by email or telephone. Invitations to further events will be sent.

A tour of St Mary's was offered to the panel.

Details of costs and savings for the possible transfers were not available at this meeting.

Actions.

The results and conclusions of the engagement process to the HOSP meeting in March. A breakdown of the costs and savings for the relocations will be included in this update.

RESOLVED that the report be noted.

48. Dates of future meetings (AI 7)

RESOVLED that the meeting on 30 January be noted and the March meeting be brought forward to 12 March.

The meeting ended at 3:20pm.

Councillor Chris Attwell
Chair



Agenda Item 4

South Central Ambulance Service **NHS**

NHS Foundation Trust

Title	Health Overview and Scrutiny Panel
Author	Tracy Redman MSc Head of Operations SE South Central Ambulance Service NHS Foundation Trust (SCAS)
Date	January 2020

Contents

- Developments
 - SCAS transformation programme
 - Staff collaboration
 - Admission avoidance / Urgent Care Pathways
 - Care Quality Commission
- Demand / Performance
 - By Clinical Commissioning Group (CCG) area
- Challenges / Opportunities
 - Retention of experienced staff
 - Recruitment of qualified staff
 - Embedding the new service delivery model
 - Hospital/System resilience and capacity - impact on Hospital Handover delays

Developments

SCAS Transformation Programme

The Programme aims to improve patient outcomes and increase the operational efficiency of 999 ambulance service provision.

Through 2019 there have been changes to dispatch processes, fleet, estates, workforce and deployment models.

- Dispatch processes – to ensure the right response is sent at the right time to optimise patient care
- Fleet – to ensure the right fleet mix is available for an appropriate response
- Estates – Part of the deployment plan to ensure the resources are in the right place
- Workforce – to ensure the right skill mix is available to respond to the patient’s needs

Staff collaboration

SCAS continue to work closely with partner health care providers to ensure efficient and effective collaboration. SCAS clinicians are now embedded in Community Teams as well as working closely with Primary Care.

In addition, wider health and social care colleagues from Social Services, Mental Health and Maternity services are directly supporting SCAS and patients by being embedded in the SCAS Clinical Co-ordination Centre.

Admission avoidance / Urgent care pathways

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. The access for SCAS to a wide range of urgent care pathways continues to grow.

CQC

In November 2019 SCAS submitted the relevant information following the ‘Provider Information Request’ (PIR) from The Care Quality Commission (CQC). We continue to work towards the highest of standards and are prepared for a formal inspection.

Demand / Performance

Year on year the demand on SCAS 999 service has increased across all areas. The below details performance by Clinical Commissioning Group (CCG) area against national targets. Ongoing development and embedding of the SCAS transformation programme and a reduction in hospital delays will further enhance performance.

Fareham & Gosport CCG

Category	National or Local HCP Standard	2018 / 2019 Q3			2019 / 2020 Q3		
		Demand	Mean	90th	Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	406	0:07:26	0:13:13	410	0:07:17	0:12:39
Cat 1T	Int Transport Measure 18 Mins (Mean)	215	0:12:54	0:21:05	247	0:10:59	0:17:43
Cat 2	18 Mins (Mean); 40 Mins (90th)	3,584	0:18:46	0:36:13	3,974	0:19:44	0:38:12
Cat 3	120 Mins (90th)	2,565	0:48:00	1:50:55	2,750	0:56:47	2:14:24
Cat 4	180 Mins (90th)	178	1:15:15	2:45:21	186	1:22:03	3:09:15
Totals		6948			7567	(+8%)	
Conveyance rates to ED		51.4%			51.2%		

Portsmouth CCG

Category	National or Local HCP Standard	2018 / 2019 Q3			2019 / 2020 Q3		
		Demand	Mean	90th	Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	552	0:06:02	0:10:07	639	0:05:58	0:10:01
Cat 1T	Int Transport Measure 18 Mins (Mean)	324	0:09:28	0:15:37	401	0:07:23	0:13:14
Cat 2	18 Mins (Mean); 40 Mins (90th)	4,482	0:13:18	0:26:09	4,956	0:14:40	0:31:45
Cat 3	120 Mins (90th)	2,788	0:49:39	1:48:02	2,732	0:52:59	2:17:39
Cat 4	180 Mins (90th)	170	1:01:53	2:27:39	168	1:09:43	2:39:38
Totals		8316			8896	(+7%)	
Conveyance rates to ED		49.2%			48.6%		

South Eastern Hampshire CCG

Category	National or Local HCP Standard	2018 / 2019 Q3			2019 / 2020 Q3		
		Demand	Mean	90th	Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	426	0:07:28	0:13:25	440	0:08:42	0:14:30
Cat 1T	Int Transport Measure 18 Mins (Mean)	237	0:10:48	0:18:13	263	0:10:21	0:17:35
Cat 2	18 Mins (Mean); 40 Mins (90th)	3,745	0:17:03	0:32:34	4,241	0:17:21	0:33:44
Cat 3	120 Mins (90th)	2,597	0:48:10	1:50:54	2,863	0:50:10	1:58:49
Cat 4	180 Mins (90th)	204	1:05:22	2:22:43	172	1:15:16	2:59:48
Totals		7209			7979	(+10%)	
Conveyance rates to ED		52.7%			50.5%		

Challenges / Opportunities

Retention of experienced staff / Recruitment of qualified staff

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

Mitigation is in place through staff rotations to other parts of the NHS and increasing flexible working options, as well as the recent roster developments having much more focus on staff health and well-being.

Embedding the new service delivery model

The transformation programme is well underway and has resulted a reduction the number of response cars across the trust and an increase in ambulances; in line with the National Ambulance Response Programme.

This is to ensure we have more patient carrying vehicles to enable us to send the right resource to the right patient. The ambulances will target category 1 and 2 calls as these patients are more likely to be conveyed.

The programme also includes new rosters to incorporate additional staff, alongside an estates review.

In addition, we have reviewed (in line with demand analysis) the feasibility of where our resources should start and finish their shift and be placed on 'standby' when available.

The review of the response cars has taken place and they are now targeted to where they are most needed.

The ambulance locations have now also been reviewed and we are in the process of determining what additional work is required in terms of estate and facilities to ensure the optimum deployment locations are achieved.

The ambulances are deployed by the control room to where the demand is. With demand increasing it is usual for there to be a call outstanding awaiting an ambulance response as soon as one comes available, 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 at the identified locations.

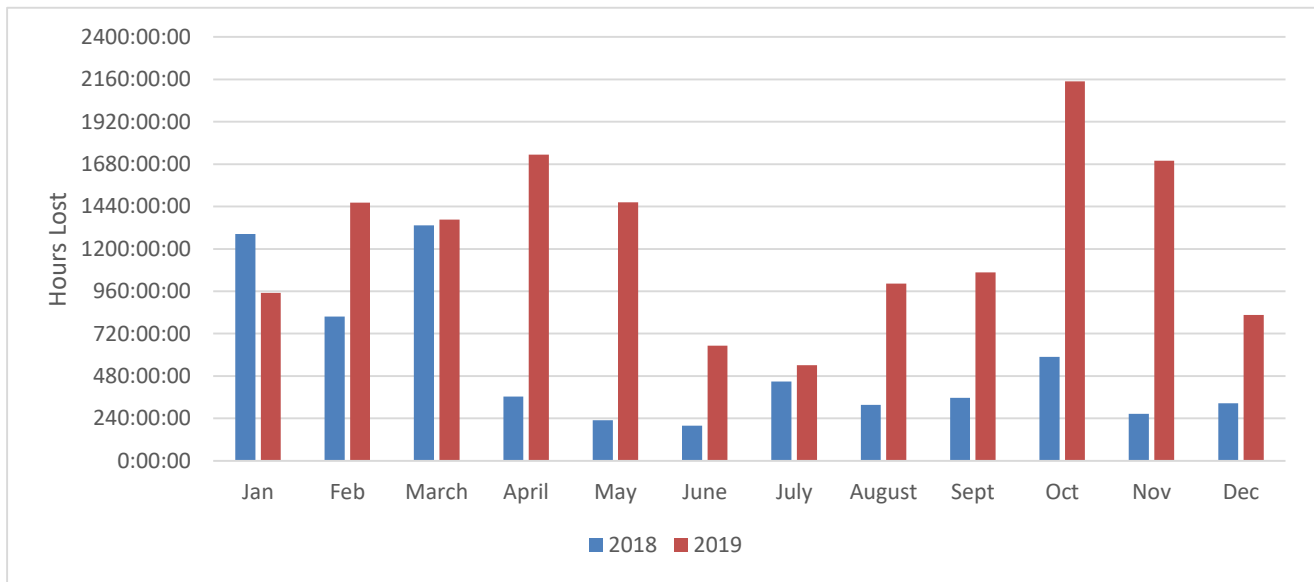
Hospital/System resilience and capacity - Impact of Hospital Handover delays

Hospital handover delays remain a significant challenge to the SCAS service delivery.

The delays are measured to a national standard of 15 minutes from the arrival at hospital to the handover of the patient. The time lost is where a patient is unable to be handed over within the 15 minutes.

The result is that SCAS resources are tied up and unable to respond to other patients in the community during this time.

Hours lost at QA Hospital - by month (2018 compared to 2019):



SCAS continue to work closely with NHSI/E, 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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Agenda Item 5



Hampshire and Isle of Wight
Sustainability and Transformation Partnership

Portsmouth Health Overview and Scrutiny Panel Report

30th January 2020

This paper describes progress to date on the 2016 Sustainability and Transformation Plan along with next steps in terms of our recently submitted response to the national NHS Long Term Plan.

Information about the £577million quoted in the 2016 plan

In 2016, we predicted that, if we were to continue operating using our current model, by 2020 we would be overspending by £577 million. This figure was calculated using a number of assumptions:

- the expectation that we would receive approximately £0.5 billion financial growth between 2016/17 and 2020/21;
- growth monies would be distributed on a 'fair share' basis across the NHS as a whole in our case £119million share of national sustainability transformation fund;
- an extrapolation of current rates of cost growth predicted over the course of the five year period;
- receipt of £195million capital investment over four years.

However, despite a rigorous financial planning process during 2016/17, there were subsequent changes to the national approach which altered our financial plan:

- control totals were introduced – NHS Improvement agreed totals separately with providers (and break-even was no longer the target to be achieved in most cases).
- Sustainability Transformation Funding became linked to achieving control totals and not invested as originally expected (hence because we did not achieve all our control totals, we did not receive the forecast amount of funding);
- allocation assumptions changed and inflation / efficiency / tariff / NHS planning guidance were all updated;
- investment opportunities were processed in a very different way, we were asked to bid for funding, rather than receiving the expected 'fair share'. In

addition, this funding was not all available at the beginning of the financial year, reducing our ability to maximise its potential.

- finances at the end of 2016/17 were not as expected which had a knock on effect for future plans.

In summary, in our 2016 plan the £577 million was intended to identify an estimated amount by which we would need to reduce expenditure to return to a break even position. It is now a redundant figure due to the ever evolving financial landscape of the NHS.

The progress made with regard to cost reduction and the ten HIOW-wide work streams.

Whilst a number of our financial planning assumptions have changed over the past three years, one that has remained comparable is the productivity, efficiency and demand management ambition which we share as a system.

The table below details our cost reduction goals for each financial year along with the amounts achieved.

	Target	Actual
2017/18	£212million	£165million
2018/19	£218million	£190million
2019/20	£220million	£203million*
Total		£558million*

Target = aggregated productivity and efficiency target across Hampshire and Isle of Wight NHS organisations

*Estimated based on figures to month 9 2019/20.

The increase in actual cost reduction has come about due to changes in our approach to care, increased collaboration and reductions in duplication.

Progress on our ten work streams can be seen in Appendix A, HIOW STP programmes 2018/19.

Plans and anticipated savings predicted on receipt of £90m capital allocation

As yet we have not received the majority of the £90 million funding. Upon receipt, the money will be divided as follows:

1. **Hampshire Hospitals NHS Foundation Trust - £10,200,000** : Burrell Centre, Winchester - Disposal of poor condition buildings with high backlog, part of the programme to modernise service delivery in Winchester, which enables disposal of several out-buildings whilst transforming care services giving greater efficiency of estate, supports workforce and increases value for money. (Disposals = approx. £3million, Backlog = £2.5million).
2. **Portsmouth Hospitals NHS Trust - £58,282,000**: Portsmouth QA Hospital - The redevelopment will provide a new Emergency Department at QA Hospital that will be fit for current demand and practice and will address increasing demand. This will also deliver better patient safety as it was highlighted by CQC as not-fit-for-purpose.
3. **Solent NHS Trust - £15,833,000**: Western Hospital, Southampton - Additional beds, better environment, consolidates elderly care. Will subsequently enable significant land disposals, increased care beds, extra care with nursing and key worker units. Well advanced project will relocate elderly care beds from the Royal South Hants Hospital to Western Community Hospital which will centralise elderly care in Southampton. This will enable significant changes at the Royal South Hants site where the CCG are working with the Council on the provision of extra care and key worker housing. It will reduce backlog and void costs significantly and allow the Dept of Psychiatry building to be used for alternative health care provision, including key working housing). (Disposals = approx. £6million, Backlog = £2.5million).
4. **Portsmouth City CCG - £2,628,000**: Cosham Health Centre, Portsmouth - Relocation of GP practice, poor condition building will be disposed, resulting in better environment for patients and practitioners and in line with integrated primary and community care aims to address need for local hub in Portsmouth North. (Disposals = £600k plus significant backlog due to the condition of the building).
5. **North Hampshire CCG - £2,400,000** : Basingstoke - integrated care centre enhancement of the extended hours offered by the Acorn Partnership and inclusion of wider network of practices in a same day access centre that will provide better primary care for patients.

The progress made from 2016 until the present day

Please see Appendix A for detail.

Next steps

In January 2019 the NHS published its Long Term Plan setting out the national commitment for the NHS over the next five to ten years. It set out an exciting and inspiring vision for the future of health care, outlining a significant number of expectations and asked systems across the country to describe, by November 2019, how they were going to respond.

The Hampshire and Isle of Wight Strategic Delivery Plan (summary document Appendix B) represents our response to the national ambition and describes how we will deliver care that is amongst the best in the world, enabling the people of Hampshire and the Isle of Wight to lead healthy and independent lives.

The plan includes commitments to change how our health and care organisations work together, improve the way we care for people, address our financial challenges and workforce gap, and deliver the commitments detailed in the Long Term Plan.

The Long Term Plan contained three critical messages in relation to finance and planning:

- Systems will receive a four year financial settlement enabling longer term planning;
- There would be greater clarity on control totals which would be aggregated to a single control total for Hampshire and the Isle of Wight;
- The LTP Implementation Framework would provide a set of trajectories aggregated across Hampshire and the Isle of Wight for the 36 KPIs listed below:
 - Digital
 - Proportion of the population registered to use the NHS App
 - Proportion of the population with access to online consultations
 - Cyber security measures in place
 - Learning disabilities and autism
 - Reliance on inpatient care for people with a learning disability or autism
 - Maternity
 - Stillbirth rate
 - Neonatal mortality rate
 - Percentage of women placed on a continuity of care pathway
 - Brain injury rates
 - Cancer
 - One year survival from cancer

- Proportion of cancers diagnosed at stage 1 or 2
- Mental health
 - Number of inappropriate out of area placement bed days
 - Number of people with severe mental illness receiving health checks
 - Perinatal mental health access rates
 - Mental health liaison services within general hospitals
 - Number of people accessing individual placement and support
 - Early intervention psychosis services achieving Level 3 NICE concordance
 - Number of people receiving care from new models of integrated care
 - Coverage of 24/7 crisis provision
 - Improved access to children and young people's mental health services
- Stroke
 - Proportion of patients directly admitted to a stroke unit within 4 hours of clock start
 - Percentage of applicable patients who are assessed at 6 months
- Urgent and emergency care
 - Ambulance conveyance to emergency departments
 - Delayed transfers of care
 - Length of stay for patients in hospital for over 21 days
- Prevention
 - Number of people supported through the NHS Diabetes Prevention Programme
- Personalised care
 - Personal health budgets
 - PCN network social prescribing link workers
 - CCG funded social prescribing link workers
 - Social prescribing referral rates
 - Personalised care and support planning services in place

NB: the list above does not detail all 36 KPIs as several are duplicated due to different funding sources or responsibility for delivery.

These finance, workforce and transformational trajectories will be reported publicly, at a frequency as yet to be determined, via the soon to be established Integrated Care System Board.

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A background image showing several hands of different skin tones stacked together in a circle, symbolizing teamwork and collaboration. The image is in a light, desaturated tone.

Hampshire and Isle of Wight Strategic Delivery Plan 2019-2024 Draft summary document

Drafted from version 5.6 last edited 15th November 2019

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Introducing the Strategic Delivery Plan

The Hampshire and Isle of Wight Strategic Delivery Plan sets out how the local health and care community will deliver the ambitions and commitments set out in the NHS Long Term Plan. It details how we plan to deliver on the 315 commitments and also how we have prioritised areas that are of particular importance for our population.

The Strategic Delivery Plan describes our vision, the local context that has directed us to our strategic objectives and priorities, and the actions we will be taking over the coming five years to implement the Long Term Plan ensuring that

Together, we will deliver care which is amongst the best in the world, enabling people to lead healthy and independent lives

Since we published our Sustainability and Transformation Plan in 2016, we have spoken to local people, our staff and clinicians to understand their views on our key areas of focus. People have told us that they want:

- **more choice and control over their own health and wellbeing and care that is more tailored to their individual needs;**
- **clear accessible information that allows them to live well for longer and better manage their health and care;**
- **greater access to urgent and emergency care;**
- **better, safer care for major health conditions.**

Our plan sets out how we will address these and our other challenges and transform our health and care system to **meet the expectations of local people and deliver care fit for the 21st century**. We will:

- create a radically different, more ambitious approach to supporting people to **prevent ill health and stay well**, reducing the number of people dying early;
- develop a **strong and high quality health and care system** which is designed around the needs of local people, providing people with the things they need to live healthy, independent lives and ensuring resilient GP practices for the next generation. Investment in this new approach will mean keeping people safer and healthier at home, reducing the need to be admitted to, and the time spent in, hospital;

- have **thriving hospitals**, consistently providing great quality care for local people and working together in networks to develop the expertise and infrastructure that will ensure care that is amongst the best in the world;
- ensure that people with **mental health needs, learning disabilities and autism** are better supported in all of their care needs, including their access to physical health care.

We will achieve this **21st century service model of care** through:

- making the Hampshire and Isle of Wight health and care system a place in which **people want to work**. This will include training more staff and designing new roles, creating a sense of 'team' for all, so our staff feel better engaged and able to do their jobs; and offering flexible, creative career options to help people stay with us;
- **improving our use of information** to predict and respond more effectively to people's needs and giving people **digital tools and apps** that allow them to be in control of their health and care;
- **changing the way we spend our money**. We plan to focus our investment on preventing ill health, our GP practices and community services, making care personal to the individual whilst supporting improved physical and mental health and wellbeing. We will also invest in our hospitals to improve care to a standard which is amongst the best in the world;
- **investing in the buildings in which we deliver care**. We will invest over £200m in new facilities over the next few years and have ambitions to invest more in those buildings in poorer condition;
- **changing the way we work** together for local people. We will work as one for the benefit of local people, making sure every pound is used in the best way;
- improving the way in which we share learning and work together to both **develop new ideas and implement research**, ensuring we are at the leading edge of health innovation.

This plan therefore describes the collective ambition of all the health and care organisations throughout Hampshire and the Isle of Wight. We have prioritised areas of highest challenge along with those which can derive the greatest benefits for our population. We know that we have much work to do, but as a system we are ready for the challenges ahead and are committed to working together to provide the care that our population deserves.



Our population and their health and care needs



We serve a population of **1.8 million**.



We have some areas with very high proportions of older people. For example, 30% of the population of Lymington is over 75.



600 babies each year are estimated to be born with foetal alcohol syndrome.



An estimated 16.4% (**252,000**) of our population still smoke



140,463 of adults are obese (9.3%), above national average

Our health and care system



158 GP practices,



2 community and mental health trusts



more than 200 providers of dental services



over 300 community pharmacies



4 local authorities (Hampshire, Southampton, Portsmouth and Isle of Wight)



8 Hampshire and Isle of Wight clinical commissioning groups



4 hospital trusts



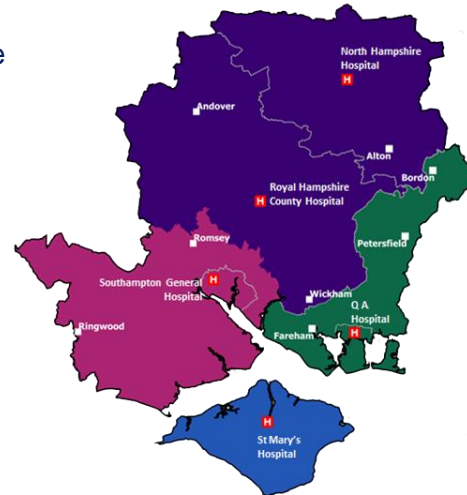
over 900 suppliers of domiciliary, nursing and residential care



1 ambulance trust



nearly 200 providers of optometry services such as eye tests and optical appliances.



2000 babies born per year to women that still smoke at delivery



Every year there has been an increase in the numbers of rough sleepers, with approximately 145 people recorded in 2018. On average rough sleeping men die 32 years earlier and women die 39 years younger than expected.



In 2018/19 there were **15,085** alcohol-specific hospital admissions with almost 30% of these total admissions being people from Southampton.



Across our footprint, the **difference in life expectancy is 12 years**.

Leading causes of premature death each year



Cancer - in 2017, 5,180 people died from cancer, 29% of all deaths



Cardiovascular disease (CVD) accounting for 4,545 (26% of deaths)



Respiratory disease - with 2,257 (13%) of deaths



Dementia accounts for 1,548 (9%) of deaths



Type 2 diabetes 123,000 people with diabetes of which around 90% are adults living with Type 2 diabetes.

✓ Our successes and case for change

In developing our plan it has been important to understand the areas upon which we currently perform well. These are areas where we can make quick progress towards our ambition to be among the best in the world and as such we will accelerate work where we lead the way nationally. Balancing that is a requirement for clarity on the case for change.



Opened 11 children's hubs, where a variety of health and care professionals from our different organisations support parents across the area



Wessex Healthier Together supports parents to understand the health needs of their children and trains staff to ensure clear and consistent advice. This work has led to the greatest reduction in antibiotic prescribing in primary care in the country



Three trusts, Hampshire Hospitals, University Hospital Southampton and South Central Ambulance Service named Global Digital Exemplars, internationally recognising improvements in the quality of care, through the world-class use of digital technologies and information



We have connected medical and care records across Hampshire and the Isle of Wight. This makes sure our workforce have the right information to do their job properly



Our NHS 111 service, run by South Central Ambulance Service, is now supported by mental health nurses from Southern Health, clinicians with specialist paediatric training, midwives, and local authority social care professionals

The Case for Change



Some communities across Hampshire and the Isle of Wight are experiencing unacceptably poorer access, outcomes and life expectancy than the rest of our population



Hampshire and the Isle of Wight has one of the highest early cancer diagnosis rates and as part of the Wessex Cancer Alliance the highest ten year survival rate in the country



Variable quality and resilience of care in our local communities with people reporting difficulty accessing care and resulting in people staying in hospital longer than is helpful for them



Hampshire is a national lead for offering people greater choice and control over the way they receive health and care



We are experiencing challenges in sustaining high quality hospital based care, particularly in our smaller hospitals and those with older buildings



Introduction of our staff passport saves us £6000 every time someone moves to another role within the local system



We have a growing financial challenge with a number of local individual NHS organisations unable to operate within their allocated finances



We are one of two national exemplars for the way in which we offer personalisation and choice to pregnant women



We are increasingly struggling to recruit and retain the workforce we need to deliver the care people need



We are one of the first areas in the country to have mental health services working closely with housing to ensure people can be treated safely as close to home as possible



A growing elderly population with changing health needs



Our vision, mission, goals and objectives

Our vision	Together, we will deliver care that is amongst the best in the world, enabling people to lead healthy and independent lives				
Our mission	Working together to make lives better				
Our goals	To empower people to lead healthy lives	To deliver the future in our plans	To deliver a quality of care of which we can be proud	To use our resources to the benefit of local people	To create a system within which people want to work
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 26</p> <p>Our objectives</p>	Prevent the premature death of 3,000 people in Hampshire and the Isle of Wight by 2025	Establish our 21 st century service model supporting over 32,000 people with personalised care support and preventing over 37,000 avoidable hospital admissions	Improve the quality and safety of health and care services; with all our services assessed by the CQC to be 'good' or 'outstanding' by 2024/25	Improve efficiency, increase productively and ensure consistently high quality care so that, by 2024/25, we can improve our financial situation and re-invest in local services	Improve workforce planning across the system, so we can attract the staff we need, focusing on increasing the number of nurses by 5% by 2024
By 2025 we will reduce the 12-year gap in life expectancy between those living deprived areas	Provide people with access to urgent and emergency care that meets their needs and delivers nationally agreed standards of care by 2025	Place HIOW amongst the best in Europe for cancer survival, diagnosing 75% of stage 1 and 2 cancers and increase five year survival to 70% by 2028	Redefine a sense of team within the system so staff are able to do their jobs, increasing staff engagement levels to above the national average		
By 2024 at least 80% of the adult population will be routinely accessing health and care services through digital channels	Meet the national standards of investment in mental health care (focusing on services for children and young people) whilst delivering the mental health priorities in the LTP	Offer flexible, creative career options so that staff want to join and stay with us, reducing our turnover rates from 16% to 12% by 2024			

Supporting you to stay well

With an ageing population, rising obesity rates and health inequalities across Hampshire and the Isle of Wight, we need a radical approach to prevent ill health in people of all ages, so we can meet the health and care needs of everyone.

We have made considerable progress in making sure that prevention is a key part of the health and care we provide, working with our hospital trusts to identify and support smokers to quit and supporting people to live healthier lives via the Diabetes Prevention Programme. But we know we can do more.

Health inequalities are differences in the health, or in the distribution of health resources, between different population groups, arising from the social conditions in which people are born, grow, live, work and age. Reducing health inequalities in Hampshire and the Isle of Wight is a priority for all health and care services and together we will develop a system-wide approach to reducing them, as well as specific programmes of work to increase wellbeing support for people with **severe mental illness, learning disabilities and autism**, and **pregnant women who smoke**.

Our commitment, therefore, is to:

- work together to **improve everyone's health and wellbeing** regardless of where they are born, live, work and how old they are;
- develop approaches which **enable people** to better manage their own health and wellbeing;
- **provide wellbeing support** throughout patients' health and care journey.

We will:

- **improve healthy life expectancy** (the number of years a person lives in good health) and reduce dependency on health and care services;
- **turn the tide on the challenges facing our communities**, develop a radically different and more ambitious approach to supporting people to stay well over their lifetime, recognising the importance of the wider influences on health such as housing, and focused on reducing health inequalities
- **ensure prevention is core to everything we do** and our workforce will be enabled to support and champion this approach.



Our key goals and their impact

Our key goals

- 10% reduction of the number of antibiotic resistant infections by 2025;
- 10% reduction in suicide rates by 2023;
- 15,000 people allocated places on the Diabetes Prevention Programme by 2022;
- 100% of people admitted to hospital will be screened for smoking, and 100% of smokers offered stop smoking support or nicotine replacement therapy by 2022;
- 60% of people with severe mental illness will receive a physical health check annually by 2023;
- 90% of identified workforce trained to the appropriate level of the Behaviour Change Development Framework by 2022;
- Reduce the prevalence of smoking in pregnancy to 6% or less by the end of 2022;
- By 2023, all our hospital trusts will offer alcohol nurse services.

Impact on access

- ✓ Access to stop smoking services through hospital referral;
- ✓ **Healthy conversations with all patients.** Making prevention a core part of care ensures all NHS patients are given opportunities to improve their health regardless of which service they access;
- ✓ **Improved access to cancer screening** programmes;
- ✓ Increased accessibility of **preventative interventions** via GP practices;
- ✓ Adapted screening programmes to **increase accessibility for people with learning disabilities and autism.**

Impact for our workforce

- ✓ **Healthier working environment** and increased access to stop smoking support for staff and patients;
- ✓ **Shared learning** across GP practice staff on prevention priorities;
- ✓ **Pharmacists** will be supported to have an active role in prevention;
- ✓ **Skilled workforce** able to address physical health needs and able to have difficult conversations around lifestyle changes;
- ✓ **Reduced pressure** on our hospitals.

Impact for the people of Hampshire and the Isle of Wight

- ✓ **Reduction in the number of deaths** caused by cardio vascular disease (diseases affecting the heart), heart attacks, stroke and suicide;
- ✓ **Early identification of cancer** to enable earlier treatment and consequently better results;
- ✓ **Improvements in mental health;**
- ✓ **Improved child health** and protection of vulnerable people;
- ✓ **Fewer complications during pregnancy and labour**, reduction in low birth weight and unexpected deaths at birth;
- ✓ **Improvements in physical health** for people with severe mental illness and learning disabilities, closing the gap in healthy life expectancy between them and the general population;
- ✓ **Reduction in preventable deaths** for populations with significant health inequalities;
- ✓ **Reduced risk of babies acquiring infections** and diseases, and reduced risk of childhood obesity;
- ✓ People will be supported to **make lifestyle changes** that improve their health and wellbeing;
- ✓ **Fewer people smoking** and reduced risk of surgical complications, readmissions and future smoking-related illness;
- ✓ **Increase in healthy lifestyles** and reduction of preventable illness such as type 2 diabetes and cardio vascular disease;
- ✓ **Reduction in the need to be admitted to hospital** or visit A&E for alcohol related illness.



Our new approach to caring for you

Central to our 21st century approach is the development of high quality proactive care focused on enabling people to live healthy, independent lives.

We believe people should only spend time in hospital when they require those skills and facilities that are uniquely available at those sites. Therefore, using technology and combining community, mental health and care services, we will offer our population **improved access, better support and properly joined-up care at the right time in the best location for them.**

To deliver this ambition we will organise and coordinate care around the needs of individuals and the communities in which they live, shifting our focus and strengthening community-based care. By placing much more emphasis on preventing ill-health and enabling people to look after their own health and wellbeing, it is possible to reduce the need for people to be admitted to hospital and therefore we will redirect our valuable resources to where they have the biggest impact, in the community.

Central to these improvements will be the strengthening of our GP practices. We will ensure our GP practices and community services remain strong and able to support the people they serve.

Our 21st century model of care will also ensure those at the greatest risk of poor and/or deteriorating health are supported proactively to stay as well as possible and **avoid going into hospital. Continuity of care** (seeing the same care professionals) will be protected where this is important to a person's overall health and wellbeing. The five elements of our new approach are:

Supporting people to stay well - We will support people to take greater control of their health and wellbeing. We will work together with partners on the wider, social factors which determine health, such as education, employment and housing;

Proactive, joined-up care for ongoing or complex needs - We commit to adopting "personalised care" as the underlying principle of every interaction, with the emphasis moving away from "what is the matter with me?" towards "what matters to me". This means looking beyond the presenting illness or health condition and building resilience in individuals, communities and systems to support improved health and wellbeing;

Better access to specialist care - Specialists will work with GP practices providing expert advice, guidance and proactive care to support people with long terms conditions such as heart disease or diabetes. Increasingly, specialist care will be provided within local communities, for example at health centres or community hospitals, reducing the need to travel;

Joined-up urgent and emergency care 24/7 - GP practices will increasingly work together to provide access to same day care, a local network of urgent care services, will make it easier for people to get the right help in a timely and effective manner;

Effective nursing and residential care for people with additional needs - Teams of professionals will be able to quickly respond to avoid preventable hospital admissions and ensure people are supported to remain at home or as close to home as possible. Care at home will always be the default for care delivery, with people supported to recover and regain maximum function, independence and wellbeing, and only be in hospital when absolutely necessary.



Our ambition, with GP practices at the heart of our approach

Our ambition:

- To provide better access to high quality care;
- To offer care that helps you to stay well;
- To ensure our GP practices and community services remain strong and able to support the people they serve;
- To proactively identify and support people with complex long-term conditions, such as diabetes and dementia, to prevent future ill health and support them to 'age well';
- To ensure we personalise care to the individual, offering people more choice and control;
- To reduce the need to go to hospital by investing in community based proactive care;
- To achieve improved outcomes and a reduction in health inequalities across the Hampshire and the Isle of Wight population.

Central to this transformation will be the strengthening of our GP practices. To ensure our GP practices and community services remain strong and able to support the people they serve, they will work together in networks called primary care networks (PCNs). **The impact of our changes for people living in Hampshire and the Isle of Wight** will be:

- the **GP surgery will continue to be the central point of contact with the NHS** for most people. Every person will continue to have a named GP who is accountable for their care but on particular occasions they may be supported and treated by another member of the extended practice team who can better meet their needs. We call these multi-disciplinary teams and they will ensure that care and support is joined-up and better co-ordinated;
- whilst care may be delivered in different ways, **people will continue to receive the continuity of care that is so valued** by local communities. Their electronic care record will be accessible to all professionals involved in their care and they will not have to keep repeating their story;
- **people will be able to access care and support more quickly** and have a greater choice in how and when this happens. Consultations will be delivered both face-to-face in a GP practice or community-based clinic or remotely through video, online or via the telephone. There will be improved access to appointments in the evenings and at weekends. Some care will be delivered at home;

- people will be **supported to take greater control and responsibility for their own health and wellbeing**, equipped with the tools they need to manage their own conditions and to live as well as possible;
- **people will be treated as equal partners in their own care**, with shared decision-making meaning the person, their carers and care professionals make decisions together. Care will be personalised with greater focus on 'what matters to me?' rather than 'what is the matter with me?', and will be planned in ways which reduce the burden of treatment and fit around people's lives.

The impact for people working in primary care will be:

- they have the **skills, resources and time** required to meet the health and care needs of the population;
- there will be **more staff working in GP practices and PCNs**. New and extended roles will complement the skills of the GP, including:
 - teams with the time and skills to deliver education and support people to manage their health and make healthy lifestyle choices;
 - staff from different teams and specialties working together to provide proactive and co-ordinated care for patients with the most complex needs;
 - social prescribing schemes which offer complementary support to core general practice, helping to address loneliness and connecting patients to community and voluntary services;
- **continuity of care** will remain a core value of general practice. GPs will continue to provide care based around the individual and establish long-term, therapeutic relationships with patients, particularly with those with complex needs or multiple health conditions;
- services will be delivered in modern, technology-enabled and **fit for purpose premises offering a range of digital services**;
- GP practices, operating at scale through PCNs, will **work more efficiently and cope with changing demand**;
- **workloads will be manageable**;
- **staff satisfaction will be higher and staff turnover will be lower**;
- general practice will be the **career destination of choice**;
- **we will attract a new generation of GP partners**.



Urgent and emergency care

Our urgent and emergency care services **perform a critical role** in caring for the population of Hampshire and the Isle of Wight. They are however, under considerable strain following a far greater than average increase in the number of people visiting A&E. The rising demand for emergency and urgent care services is well known, as are the consequences which include emergency department (A&E) bottlenecks and crowding; ambulance handover delays; rising pressure on our GP practices; longer waiting times and the resulting increased costs.

All too often the outcome for patients across Hampshire and the Isle of Wight is a failure of services to respond in a way that rapidly connects them to the right advice or service to meet their needs. Throughout our work to involve the public in service improvement, people tell us that access to timely, urgent and emergency care remains their key priority, yet people are waiting longer than ever to access urgent care. Our urgent and emergency care system must change to ensure we can offer a modern responsive service that is fit for the future.

We have strong ambition for our urgent and emergency service and plan to:

- **improve access to information** to support people to manage their health via telephone, mobile technology and local pharmacy networks;
- **improve same-day access** via a range of services with on the day referral and treatment and covering extended hours of operation including weekends;
- **improve the care of frail, older people** to reduce the need to be admitted to hospital and the associated lengthy hospital stays;
- identify and provide **proactive care for individuals** who are known to have frequent urgent and emergency care needs;
- provide more **timely access and appropriate specialist care** for adults and children with mental health needs particularly in crisis, people at the end of life, families with children under five years, and other areas of specialty such as maternity and dentistry;
- **increase the speed with which people are diagnosed and stabilised** upon accessing emergency care;
- create a **single way to access urgent care advice, assessment or treatment** via telephone and mobile technology, which promptly and efficiently connects people to the most appropriate clinical advice or service to meet their needs;
- **reduce delays for patients** accessing care or waiting for onward care;
- **adopt new roles to provide** the right workforce to deliver the proposed model of urgent and emergency care.





Networked hospital care

Our patients deserve world class hospital care wherever they live and whenever they need it. This can be achieved through services forming networks across the area to focus on delivering the best value and safest outcomes by working together. Networked care is therefore central to delivering our vision and a guiding principle in redesigning our hospital services.

Currently, individual hospital trusts within Hampshire and the Isle of Wight are unable to meet the demand for their services and, depending on where you live, you may have differing access to care, types of care and ultimately differing outcomes. Historically, the way organisations have been set up means that the care we can offer locally has been driven by organisational structure rather than the best clinical models. As a result there is duplication of effort and increased use of time and resource. There is little standardisation and clinicians who work across different areas constantly need to adapt their approach depending on where they are working.

Further benefits of networked care are that sharing clinical leadership creates a pooled resource which is able to focus on developing and delivering the best care, increased safety and efficiency right across Hampshire and the Isle of Wight. We also know that we will be able to attract more doctors and nurses to work in Hampshire and the Isle of Wight if we are known for providing excellent care.

Patients tell us they want local care for long term, ongoing conditions, investigations and outpatient appointments. They are, however, willing to travel for short term treatments where this brings better results. Networked care will ensure we can deliver this for local people.

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Our ambition

- Our ambition is to ensure that there are networks of providers that offer **continually improving quality** of, and access to, clinical services within available resources. By working together, we will provide **easy access to care** (including specialist care) which is among the best in the world.
- By building on our existing arrangements, we will deliver **system-wide benefits to our population** by working together to develop clinically-led improvement, innovation and increased capacity.

Benefits for the people of Hampshire and the Isle of Wight

- ✓ Reductions in the number of appointments due to teams being more efficient;
- ✓ Patients will have access to the latest technology irrespective of where they live;
- ✓ Shorter waiting times for diagnosis and treatment;
- ✓ Higher quality of service because staff have continually improving skills and access to cutting edge technology;
- ✓ Increased speed of reports and test results hence reduced time to access treatment;
- ✓ Resources are used more efficiently, staff become more productive and have greater job satisfaction.





Cancer

The key ambitions in the NHS Long Term Plan for cancer are:

- by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from current figures of around 50% to 75% of cancer patients; and
- from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis.

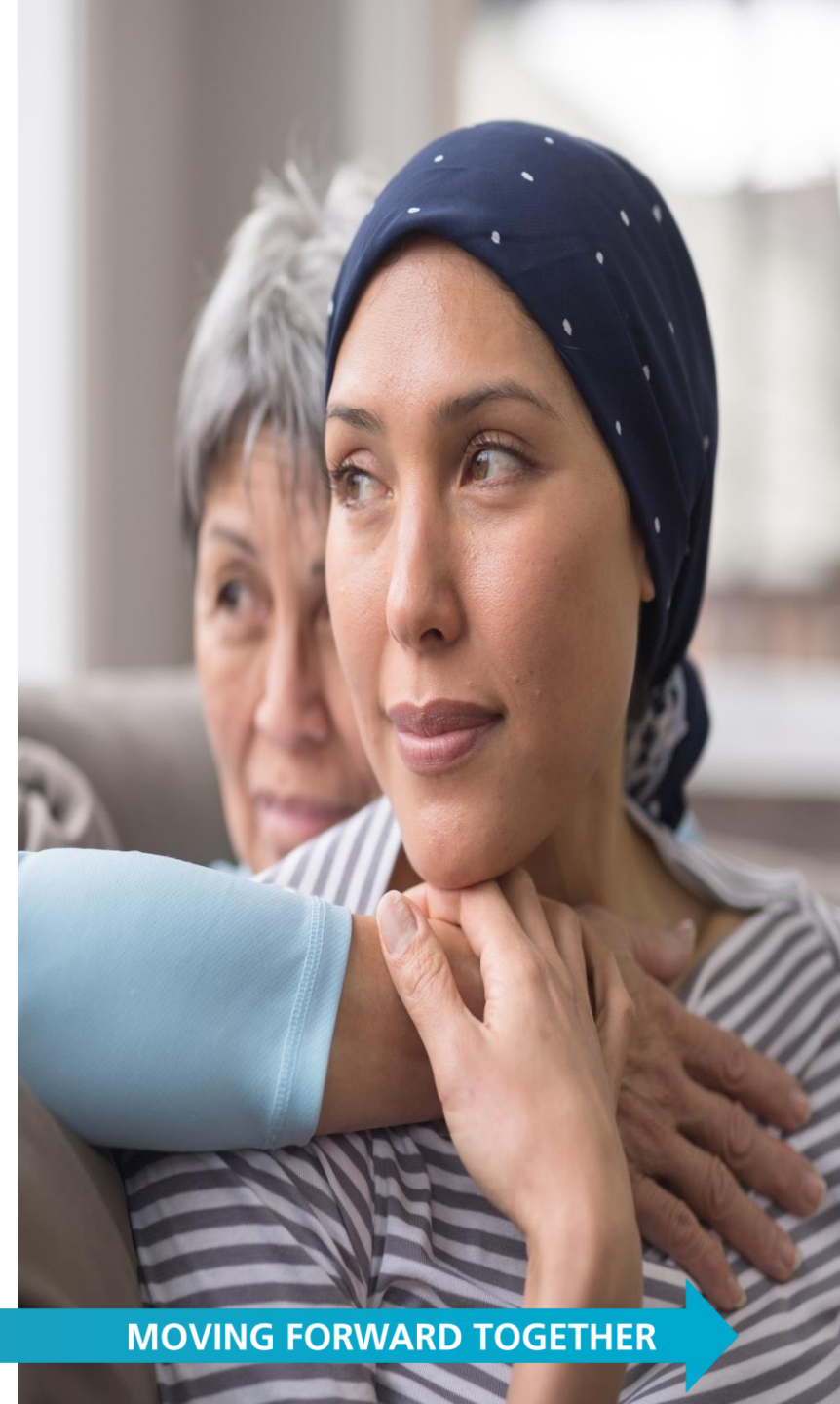
Cancer survival is most improved by earlier and faster detection in order to achieve what is termed 'stage shift'. This means detecting cancers early in their evolution and before they have had time to spread, so that potentially curative treatment options are more likely to succeed. At present 55% of cancer is diagnosed at stage 1 or 2 across Hampshire and the Isle of Wight, which is amongst the highest in the country, however we have much to do to achieve the 75% set out in the Long Term Plan and the resulting benefits in terms of survival.

The focus of the Wessex Cancer Alliance across Dorset, Hampshire and the Isle of Wight is to address the geographical differences in care, improve patient experience and ensure patients and their families are supported by an appropriate workforce. Work, investment and resource will continue to be focused on areas of greatest need, to improve both cancer survival and patient experience for our whole population.

Full details of the Wessex Cancer Plan can be found at www.england.wessexcanceralliance.co.uk.

Our ambitions

- Improve access to diagnosis and treatment in line with national standards;
- Implement a rapid diagnostic service across Hampshire and the Isle of Wight to shorten waiting time to diagnosis for all patients;
- Support clinical teams to adopt national best practice and ensure a common approach to care;
- Focus on screening, education and innovation to achieve a shift to earlier detection of cancer;
- Implement whole genome sequencing (a process to understand the DNA of a cancer) for newly diagnosed children's cancers and improve clinical trial uptake amongst children and young adults to 50% by 2024;
- Offer personalised care for every patient with follow up care based on the severity of their cancer and the likelihood of recurrence following their cancer treatment;
- Develop meaningful patient quality of life measures to inform future service improvements;
- Strengthen the path from cutting edge innovation to business-as-usual, spreading proven new techniques and technologies resulting in better outcomes for local people.





Outpatient transformation

Our outpatient modernisation programme plans to improve patient experience by becoming more efficient, whilst improving both quality and safety. We will work with patients and clinicians to modernise outpatients and reduce face to face appointments, starting with cardiology (care for the heart), gastroenterology (digestive system), ophthalmology (eyes) and dermatology (skin). Changing the way outpatient services are delivered and improving the way different parts of the local NHS work together, will give patients more control over their care ensuring high quality care for all.

Why this is important

- More patients are waiting for appointments and for treatment to start;
- The NHS Long Term Plan asks us to provide alternatives to a third of face to face outpatient appointments;
- Current outpatient care needs to change to compliment changes in medical training and workforce;
- Patients want faster and more accessible services and fewer unnecessary journeys;
- There are opportunities to capitalise on digital solutions to support outpatients appointments;
- Digital outpatient appointments will free up staff time to focus on reducing our backlog;
- Patients waiting longer for care have the potential to deteriorate and require urgent care whilst waiting.

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Our ambition

- To ensure people can self manage or receive care from the right person, at the right time, in the right place;
- First and follow up appointments will be standardised and happen digitally or via telephone where possible;
- Digital first and adoption of best practice becomes business as usual;
- Patients are able to access services that are delivered effectively and in line with national standards;
- To offer flexible care based on local population health needs;
- Improved waiting times and improved diagnostics access;
- People receive the optimal number of appointments and manages access to these themselves;
- Improvements are made in local systems supported through shared learning and common aims.

Impacts for people and staff

- People with communication difficulties will be able to access services in different ways;
- Patient initiated follow ups give patients more control and reduces unnecessary contact with health services;
- Waiting times will be reduced;
- Fewer unnecessary patient journeys;
- Consistent care regardless of where patients live;
- Access to advice and support within local communities;
- Services will be more accessible via digital channels;
- Quality of care will improve and staff skills will be maximised.





Continuous quality improvement

Delivering a wide range of quality and clinical improvements in the care and treatment that we provide to our local population is a key system priority. Many of our planned improvements, including our quality improvement ambitions, have been set out earlier, in particular noting the anticipated benefits of supporting people to stay well, improving access to services, increasing the level of joined-up care on offer and the concept of increasingly networked care.

We have however, highlighted here those areas in which we plan to deliver a significant change in investment, quality and outcomes for our patients, users and citizens. Local people have outlined that they want to see improvements to the services that they use and, as a response, we intend to achieve better outcomes and use quality improvement processes in conjunction with investment in **maternity, children and young people, learning disabilities and mental health services**.

Our approach to improving quality and outcomes is to ensure that consistently high quality services are available wherever people go in Hampshire and the Isle of Wight.

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Our ambition

We will:

- improve the quality of care and treatment across the Hampshire and Isle of Wight system;
- reduce preventable death among people with learning disabilities and autism;
- improve against all diabetes targets;
- improve access to psychological therapies;
- end inappropriate out of area mental health hospital placements;
- develop and use data and technology to help us monitor quality of care and quickly identify where we may be at risk of quality failings. This will enable us to focus our improvement efforts on the right priorities;
- improve access to mental health services for children and young people and reduce the current differences in access across the area;
- get better at translating research and evidence-based technology innovation into practical improvements;
- facilitate greater real world evaluation of innovations in the Hampshire and Isle of Wight system.



Maternity, children and young people

Maternity

The Hampshire and Isle of Wight Local Maternity System was established in 2017 to deliver the recommendations of the national **Better Births** Programme. We have four maternity providers, offering 12 birth sites in addition to homebirth. We also have two level 3 neonatal intensive care units, and two local neonatal units. Existing membership of the Maternity System includes all four NHS maternity providers, all maternity commissioners, Public Health, health visitors, and midwifery and obstetric leadership.

We will:

- ensure as many women as possible receive **continuity of care during their pregnancy** – this means a reduction in the number of midwives involved in a woman's care and increasing levels of consistency; initial focus will be on the more vulnerable women in our population;
- focus on keeping women **physically and mentally well** during their pregnancy, improving not only their health but the health of their baby;
- increase the number of women **breastfeeding**;
- improve safety leading to a **reduction in the number of still births**.

Children and young people

Our focus for children will be on:

- **early support to stay well**– we will work across Hampshire and the Isle of Wight to ensure local children have the best start in life including appropriate and timely immunisations and vaccinations;
- **emotional wellbeing and mental health** – we will ensure children and young people are able to access support for their emotional wellbeing and mental health, creating the right environment to support children to be resilient, safe and well cared for. We will do this by increasing staff capacity through helping children to stay well in the first place whilst helping care providers to increase support for children and young people by:
 - rolling out mental health support teams within schools;
 - increasing counselling services;

- further investment in crisis support, such as safe havens;
 - improving psychiatric liaison support;
 - ensuring children receive the support they need for eating disorders;
 - improving access to support via NHS111 services.
- we will continue to roll out our Connecting Care Children's Hubs approach which involves teams of professionals from GP practices, NHS111, children's specialties and community services coming together to ensure **children's physical health** is well managed, whilst supporting children with long term health issues to manage their health and reduce the need for urgent care;
 - the **use of technology** to transformed and evolve our services. Healthier Together is an online information platform that provides consistent advice and education for parents and professionals, this, alongside the digital Red Book scheme, will continue to be developed and enhanced to ensure parents have health information at their fingertips. Other digital solutions will be tried and tested, such as Think Ninja App, offering mental health support, and other tools which provide assessment and/or support;
 - Working in partnership with children's services within our local authorities to bring about further improvements for children, young people and their families.

Impact for the people of Hampshire and the Isle of Wight

- ✓ Reduced infection rates across for certain preventable diseases;
- ✓ Greater and fairer access rates to mental health services for children and young people;
- ✓ Improved quality of life, increased access to support and reduced impact on GP and hospital services for patients with eating disorders;
- ✓ Better quality of provision within A&E for patients attending in mental health crisis, with associated benefits on the capacity of staff in A&E;
- ✓ Quicker access to services for children with emotional wellbeing and mental health needs;
- ✓ Improved support for parents and professionals through consistent education and information so that children and young people have their needs met.

Learning disabilities and autism

People have told us:

- they value and need support when experiencing mental health issues. When facing difficulties, they want to access support quickly but feel they have to wait for a long time for appointments and referrals. An example of where this we are improving is on the Isle of Wight, where Barnardo's are providing support to children on the waiting list for an autism diagnosis. (Wessex Voices, 2019);
- They have significant concerns around the ability to receive help when they need it, sometimes struggling to speak to clinicians with the right skills, and having to “jump through hoops” to get support. They also described not feeling listened to and their opinions not taken into consideration, with limited help to resolve other issues such as social and physical health needs. (Mental health and learning disabilities strategic statement, Southern Health, 2018);
- They feel there are significant opportunities to do more to help people to lead meaningful lives, and reduce their dependency on services and joining up approaches between health and social care agencies. (Mental health and learning disabilities strategic statement, Southern Health, 2018).

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Our priorities

In order to respond to this feedback and meet the needs of children, young people and adults with learning disabilities or autism in Hampshire and the Isle of Wight we will focus on:

- being proactive and helping people to stay well and avoid people being admitted to hospital, this includes supporting good physical health as well as mental health and having ‘learning disability friendly GP practices’;
- reducing the number of people admitted to specialist learning disability and autism units;
- reducing the length of stay in hospital for those individuals requiring assessment, diagnosis and treatment;
- developing a joint regional approach to housing development and a portfolio of housing options for individuals.

- ensuring care, education and treatment reviews for children and adults in both the community and inpatient units are undertaken in accordance with national guidance with common themes identified to inform future service development;
- ensuring we monitor and proactively support people designated as ‘at risk’ of deteriorating health;
- supporting people to live well and independently in the community by:
 - increasing the uptake and quality of annual health checks (AHC), ensuring that at least 75% of people on the learning disability register have an AHC and a health action plan;
 - training and development for support staff;
 - increasing the offer and uptake of personal budgets;
 - increasing the number of personal assistants available in the area;
 - working with support teams on the use of positive behavioural support;
 - establishing community forensic rehabilitation services (for people who have mental disorders which make them a potential risk to others) across Hampshire and the Isle of Wight.

Focusing on children and young people

Across Hampshire and the Isle of Wight, we recognise that demand for autism services, and autism diagnosis, has grown significantly. We acknowledge that there is a waiting list as a result of this demand and therefore we are establishing a number of ways to address this. We intend to commit long term investment to ensure:

- children and young people with autism and learning disabilities have access to timely support by 2021;
- an autism / neurodevelopmental service re-design is completed by 2021.

Mental Health

In Hampshire and the Isle of Wight, there are over 32,000 children and young people with a diagnosable mental health condition, over 156,000 people on our GPs' depression registers and almost 17,000 people diagnosed with a serious mental health condition. Offering improved quality of and access to mental health services is a vital part of our approach to providing a more person-centered approach to wellbeing. The **Mental Health Delivery Plan** details how we intend to provide:

- **mental health support teams in schools**, in targeted areas, to improve access to mental wellbeing support for children and young people;
- joined-up GP practice and community teams to enable people to **seek and receive support earlier and as close to home as possible**;
- an expansion of our **all age 24/7 NHS 111** mental health triage services to enable people to access mental health support at the time when they need it;
- a continued expansion of **Improving Access to Psychological Therapies (IAPT)** to support people with long term physical conditions to manage their mental wellbeing;
- **alternatives to crisis services** for people to access in times of mental health distress;
- **24/7 access to crisis response** and home treatment teams working to national best practice;
- effective 24/7 **crisis care for children and young people**, working to offer options to help people avoid admission to inpatient units, support discharge and receive intensive support at home;
- **suicide prevention and bereavement support** services;
- **24/7 psychiatric liaison** services in our hospitals to support people with mental health needs in emergency departments and inpatient wards;
- the **eradication of the need for people to be treated out of area for severe mental illness** and deliver an improved therapeutic approach in inpatient units;
- a more joined-up approach across **NHS and voluntary sector services** to deliver services that are supported by the wide ranges of skills from these sectors;
- an **extended time period** during which people can be supported by our **perinatal service** and new outreach clinics to meet local need;

- increased access to **physical health checks for people with a severe mental illness** with the aim of supporting a reduction in the 15-20 years mortality gap;
- a **0-25 mental health service** to provide age-appropriate support.

Impact

- Increased access to mental health crisis services across all ages, with people able to access acute adult inpatient care within the Hampshire and Isle of Wight area;
- Ability for people to access mental health support in local communities through joined up teams of health professionals;
- Staff develop wider skills through time spent with peer support workers and the voluntary and housing sectors;

Investment and delivery

In Hampshire and the Isle of Wight we will meet the mental health investment target whilst increasing the investment for children and young people's services at a higher rate than that of the overall mental health investment.

We will meet the ambitions set out in the national Long Term Plan and continue to develop a detailed plan including timescales for delivery. This plan will be in line with forecast workforce availability and training places. Detailed planning will also enable us to be clear on future investment and workforce requirements, some of which will be informed by the outcomes of local and national pilots in 2020/21.



High quality supported workforce

We know that in order to deliver the ambitions and commitments set out in our plan we must **work together in Hampshire and the Isle of Wight to develop an outstanding reputation as a destination to live, learn and work.**

Our staff and students are **the bedrock of our health and care system** and as such we need to place more emphasis on valuing and supporting our people, along with the independent sector, volunteers and carers. Currently, we have ageing GPs, turnover above national average and increasing workforce pressures on our social care services. We are spending more on our workforce each year, with increasing costs for temporary staff and from offering incentives for staff to join or stay. Growth in our workforce has not been where it is most needed, for example in frontline clinical roles or in roles within the community and GP practices. Historically, we have planned our workforce at an organisational level and have had a disproportionate focus on services rather than communities and on treating/caring rather than supporting people to stay well. We therefore recognise the importance of changing the way we plan our workforce to look at how we best deploy our staff across Hampshire and the Isle of Wight.

In Hampshire and the Isle of Wight we have **77,000 staff and students in health and social care** and have identified a wide range of areas in which we are struggling to recruit and staff groups where we need to grow numbers and develop roles. Our plan sets out our clear collective understanding that we need to take a different approach to developing our workforce.

We have created **three workforce objectives** with our staff and their representatives:

1. To improve our **workforce capacity and planning** across Hampshire and the Isle of Wight so that we can attract the staff we need, with a core focus on increasing our nursing capacity by 5% by 2024;
2. To **redefine the sense of team** for all within the Hampshire and Isle of Wight system so that our staff feel more engaged and empowered, supporting higher levels of retention;
3. To offer **flexible, creative career options** across Hampshire and the Isle of Wight so that staff want to join and stay with us, reducing our turnover rates from 14% to 12% by 2024.



Our workforce plan

Our ambition

We will:

- make Hampshire and Isle of Wight the best place to work;
- improve our leadership culture;
- tackle our workforce capacity challenges (especially nursing);
- deliver 21st century care;
- develop a single Hampshire and Isle of Wight workforce strategy.

Where we are today

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- We are not attracting sufficient numbers of new staff. In Hampshire and the Isle of Wight, we forecast a decrease in our supply pipelines of 10.4% to 2024;
- Too many of our staff are leaving: our turnover rate has fallen to 14.2% but it remains much higher than the England average of 9.1%;
- Our nursing vacancy rates, although they have also fallen from 15.2% to 12.2%, remain a significant challenge for all trusts and social care providers;
- We have devised an approach to enable workforce planning to help develop our primary care networks;
- We are introducing a system-wide staff bank (our internal staffing agency) from 2020 which forecasts an initial increase of 5% in bank staff, with an additional year on year increase, resulting in a decrease in the need to use external temporary agency staff.

Our plan

- Focusing on how we can work across Hampshire and the Isle of Wight to improve the supply of nurses and other hard-to-recruit/retain roles, providing a flexible and sustainable workforce that delivers the high quality, care that our population expects;
- Developing a workforce to deliver 21st century care, transforming roles to provide with a greater mix of skills, adding new roles and creating different ways of working so that staff can embrace new technology and dedicate more time to caring for people;
- Developing more effective workforce planning to better monitor and match population needs with our employed and volunteer staff resources across the area;
- Improving our leadership culture through positive, compassionate, and improvement-focused leadership that creates empowered, engaged teams that can speak up and flourish;
- Radically rethinking how we recruit, develop, deploy and reward people across our health and social care system;
- Improving the distribution of scarce resources, considering where we need to change working terms and conditions, and optimise the capabilities and capacities of our workforce so that we create exciting and flexible career pathways;
- Making best use of talent across our health and social care system by leading joint initiatives that enable our workforce to better reflect the diversity, values and behaviours of our local communities, at all levels across our organisations.

Digital and data enabled services

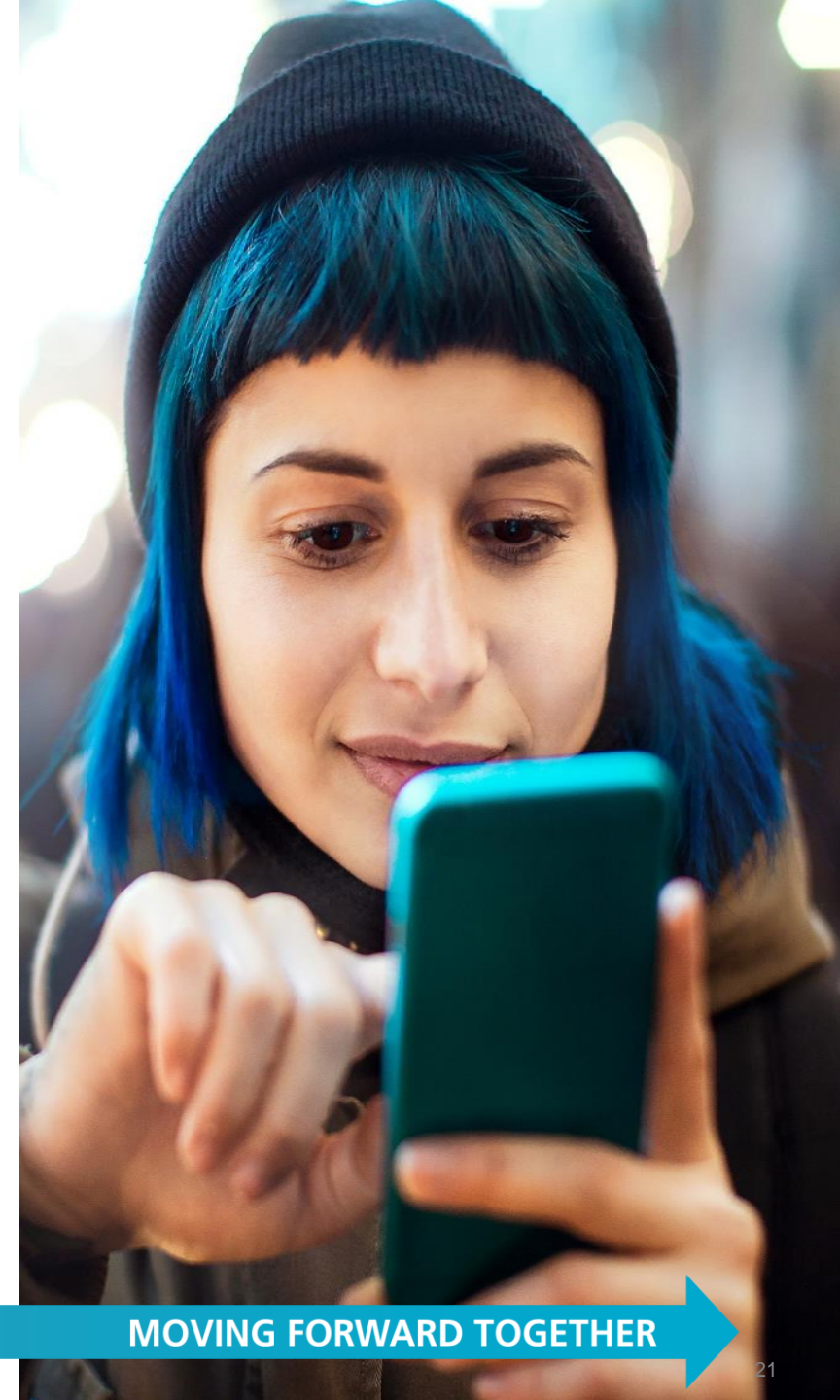
A major part of improving how health and care services work for patients now, and in the future, includes better sharing and use of data, whilst improving how the local NHS uses digital technology.

We are currently working on sharing patients' care records between doctors and other care providers, installing WiFi at GP surgeries and NHS buildings, and helping local NHS IT systems 'talk' to one another better. We're also testing and using ways of providing access to advice and treatment, which patients will be able to do from their smart phones or tablets. This will include helping people decide which services they need, where they can get help, and seeing health professionals quickly. This means, locally, people will be able to use new services such as NHS [111 Online](#) and [eConsult](#). Technology won't reduce the vital human element of care services but digital solutions can be a valuable alternative for much of the population, helping you to see the right person at the right time.

As described, in ten years time, we expect the way we care for you to look markedly different. The use of technology and data will be key in supporting this transformation, as has been the case in industries worldwide.

Our ambition

- Our ambition is to empower people, carers, health and care staff, through digital transformation, to improve the health and wellbeing of people living in Hampshire and the Isle of Wight.
- This means providing people with the right information, at the right time, to make the right health and care choices whilst equipping health and care professionals with the right tools and insights to inform strategic planning of sustainable high quality services.
- We will use data to drive substantial improvements in health and care by providing our system leaders, managers and clinicians with data to fully understand our population's needs, use of services with related outcomes, how this is likely to change and how resources should be allocated today and in the future.



Our digital plans

Why this is important

- Technology can help people take control of their health and wellbeing;
- In a recent survey people told us it is important that they can access services via their phone or computer, with the majority of respondents keen to manage their own care record (Healthwatch, 2019);
- Better access to shared digital records helps us improve the delivery and quality of health and care services;
- Technology can help improve productivity and focus resources more appropriately, easing pressure on our staff;
- Rich and comprehensive data can help us plan and target services better and improve performance;
- Access to real-time data and intelligence can enable instant quality improvements;
- Digital options will give patients greater control and flexibility to book appointments, seek medical advice and interact with health and care professionals, travel less, feel more in control of their health and manage their own care.

Where we are today

- It is getting easier and more convenient for our staff to access comprehensive health and care records. Through the deployment of over 6000 mobile devices and universal Wi-Fi we are seeing about 7000 users of our shared care record system every month along with system-wide image sharing (for example x-rays);
- We are moving away from paper based records and the use of fax machines;
- We are offering more ways to access advice and information through systems which support staff in signposting patients, as well as those aimed at the public such as Healthier Together (Children's services signposting and self-help web portal) and Connect to Support Hampshire (signposting web portal);
- We are offering patients online initial assessment; directly bookable appointments as well as call-back services through, for example, GP online consultations (E-Consult) and NHS 111 online;
- We are enabling patients to have access to their health record and test results and supporting them to make decisions about their care and treatment through solutions such as My Medical Record, MyCOPD, an app to help people with chronic obstructive pulmonary disease, and the Ayogo diabetes behaviour change support app.

Our plans

- We will offer a 'digital first' option to free up clinical time and allow for longer and richer face-to-face consultations where patients or service users want or need it. We are doing this through our implementation of the NHS app, online GP consultations, NHS 111 online and our Hampshire and Isle of Wight My Medical Record pioneered by University Hospital Southampton;
- Robust data will support our GP practices and outpatient services to understand, segment and hence better meet the needs of their population as part of their routine work;
- Doctors, nurses and other care professionals will be supported by digital tools, giving real-time access to detailed patient records in whichever place the patient is seen;
- Technology will help people to stay well, recognise important symptoms early, and manage their own health, utilising apps that support them, such MyCOPD;
- Building on the success of Hampshire County Council's digital services will mean people can be increasingly cared for in their own home, with the infrastructure available to enable their health to be effortlessly monitored by wearable devices, and care escalated as needed in response to any changes.



Investing in the future

In 2019/20 we received £3.8 billion to provide health services for the population of Hampshire and the Isle of Wight. As detailed at the beginning of this document, by the end of 2024, we will be spending an additional £0.5 billion per year. However, unless we change our approach, this will not be enough money to pay for the forecast increased demand for health and care services.

We therefore plan to make a shift of investment to strengthen prevention, primary and community care, making care personal to the individual and supporting improved physical and mental health and wellbeing. We will also invest in our hospital sector to enable us to deliver outcomes which are amongst the best in the world;

Financial modelling across the life of this plan is in continual development as we continue to apply scrutiny across all areas of expenditure and clinical pathways with a view to improving the 2020/21 financial position through the upcoming operational planning round. Work streams will be utilising the various national efficiency resources available with the wider involvement of local clinicians, communities and partners to further refine the assumptions utilised against the available evidence to deliver the improvements required within the system. Key areas of investment are as follows:

Integrated primary and community services (and urgent and emergency care)

- Southampton community hospital bed optimisation: £19million;
- Cosham Health Centre: £2.6million;
- Portsmouth Emergency Department transformation: £58million;
- We also have a number of smaller GP practice and community building improvements happening in Portsmouth, Emsworth, Bitterne and Hythe.

Networked care

- Isle of Wight clinical service transformation: £48million;
- Capital support for the replacement of diagnostic equipment in University Hospital Southampton, Portsmouth Hospital and St Mary's Hospital.

Digital and data enabled services

- Wessex Care Record transformation: £7 million;
- Health Service Led Investment: £12.9 million.

Continuous quality improvement

- Royal Hampshire County Hospital developments: £10.5million;
- Basingstoke and North Hampshire Hospital developments: £2.4million;
- In September 2019 Hampshire Hospitals NHS Foundation Trust was prioritised as a Health Infrastructure Fund wave 2 recipient to support the transformation of health services for the population of north and mid Hampshire.



Hampshire and Isle of Wight Integrated Care System – a new way of working

To achieve the ambitions set out in our plan, we are changing the way organisations work together in Hampshire and the Isle of Wight, becoming more efficient, removing duplication and reducing waste. Establishing the Hampshire and Isle of Wight Integrated Care System (ICS) is intended to create shared leadership to deliver our vision and plan, and to enable organisations to work more effectively together to redesign care, improve health and tackle the challenges we face.

The core components of the Hampshire and Isle of Wight ICS will be:

- **42 primary care networks (PCN)**

As described, our primary care networks are the foundation of the Hampshire and the Isle of Wight Integrated Care System, with GP practices working together in networks with community health and care services to meet the needs of the local population. Delivering joined-up mental and physical health and care, primary care networks will proactively manage the health needs of the population they serve. The average population served by one of our PCNs is 45,000 people.

- **A single commissioning function for Hampshire and the Isle of Wight**

Clinical commissioning groups (CCGs) are working together to establish a single commissioning function for the Hampshire and Isle of Wight ICS.

- **Integrated planning and delivery in each health and wellbeing area**

Our four upper tier local authority areas will continue to be the focus for place-based planning (undertaking population needs assessment to ensure services match the needs of the population) and for aligning health, care and other sector resources to deliver improved outcomes for local people. Partners work together to further improve wellbeing, independence and social connectivity through the wider determinants of health including housing, employment, leisure and environment.

- **Four integrated care partnerships**

Integrated Care Partnerships bring together NHS trusts, clinical commissioning groups and local authorities to co-ordinate and improve the health and care in partnerships based around the populations served by our main hospitals. Working together, partners are able to join up care delivery between PCNs, community, mental health, acute and social care services to better meet the needs of their population, and to support improved performance, efficiency, quality and financial delivery.



The responsibility to enact the **vast majority** of this plan will rest with either individual organisations or groupings of organisations working together in local systems. In addition to our four care systems, our integrated care partnerships across Hampshire and the Isle of Wight are focused on taking forward the implementation of much of the transformational changes set out in the Plan. What is paramount is that we are able to account to both local people and to the NHS that we have collectively delivered on all elements of the NHS Long Term Plan across the whole of Hampshire and the Isle of Wight.



Fareham and Gosport
Clinical Commissioning Group



North Hampshire
Clinical Commissioning Group



Solent
NHS Trust



Hampshire and Isle of Wight
Partnership of Clinical Commissioning Groups



Portsmouth
Clinical Commissioning Group



Southampton City
Clinical Commissioning Group



Hampshire
County Council



Hampshire Hospitals
NHS Foundation Trust



Portsmouth Hospitals
NHS Trust



Southern Health
NHS Foundation Trust



Isle of Wight
Clinical Commissioning Group



South Central
Ambulance Service
NHS Foundation Trust



University Hospital Southampton
NHS Foundation Trust



Portsmouth
CITY COUNCIL



Isle of Wight
NHS Trust



South Eastern Hampshire
Clinical Commissioning Group



West Hampshire
Clinical Commissioning Group



Hampshire and Isle of Wight
Sustainability and Transformation Partnership

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HIOW STP programmes

The Original 10 STP Programmes

- Cancer (Wessex Cancer Alliance)
- Children
- Digital
- Estates
- Mental health
- New models of care
- Prevention
- Solent Acute Alliance
- Urgent and emergency care
- Workforce

Cancer

Cancer Alliances provide clinical, operational and transformational leadership to their local cancer system by bringing together their constituent commissioners and providers, on behalf of their STPs/ICSs, to ensure system-wide oversight and transformation of cancer services and outcomes. The Wessex Cancer Alliance covers Hampshire and the Isle of Wight.

Southampton City CCG, in partnership with the Wessex Cancer Alliance, was awarded £4.75 million in funding over the next four years to support the roll out of **lung cancer health checks**. Southampton is the only area in the south of England chosen for this new scheme and only one of ten in England.

Cancer patients who are physically fit before having surgery tend to have a better recovery. Unfortunately, cancer treatments such as chemotherapy, which patients often receive before their surgery, reduce a patient's fitness. The **WesFit fit for surgery** programme was launched this year, providing people who have a cancer diagnosis access to an exercise programme aimed at improving their recovery after surgery. The first of its kind, the programme has attracted national and international interest.

Living with cancer - We are delighted to report that, in Hampshire and the Isle of Wight, more people continue to survive one year and beyond from their cancer diagnosis. In fact, we have **one of the highest early diagnosis rates** in the country with 55% of cancers diagnosed at stages 1 and 2, (Jan 2017). In addition, the Wessex Cancer Alliance, of which Hampshire and Isle of Wight is a part, have the **highest ten year survival rate in the country**.

Follow-up care - Following treatment for breast, colorectal and prostate cancer, more patients are now able to control their own follow up care, supported by training and access to clinical support. Access to online support has reduced the number of follow up appointments and enabled faster access to care when needed.

Projects for 19/20	Target Deliverables
Cancer prevention <i>Collaborate with STP prevention programme to reduce incidence of cancer</i>	<ul style="list-style-type: none"> Reduced variation in screening uptake Reduced smoking rates Reduction in the number of people drinking at an unsafe level
Early diagnosis of cancer <i>Continue to improve cancer survival rates through enhanced awareness and early detection</i>	<ul style="list-style-type: none"> Enhanced population engagement in the awareness and early detection of cancer in areas of highest deprivation Increased one year survival rate Reduce proportion of cancers diagnosed following emergency presentation Increased proportion of cancers diagnosed at stage I and II Improved stageable cancer reporting
Treatment and care <i>Further enhance the provision and experience of care for those diagnosed with cancer</i>	<ul style="list-style-type: none"> Implementation of the Wessex and Thames Valley radiotherapy network Completion of the community chemotherapy project Completion of the quality of life metric project Launch of the Wessex Cancer Information Portal
Living with and beyond cancer <i>Finalise implementation of the recovery package and risk stratified pathways</i>	<ul style="list-style-type: none"> Fully implement recovery package Complete roll-out of risk stratified follow-up pathways for breast, colorectal and prostate cancer Completion of the WesFit trial
Workforce <i>Collaborate with STP workforce programme</i>	<ul style="list-style-type: none"> Support implementation of phase II of national HEE cancer workforce plan Deliver Primary Care nursing development programme



Children

Connecting care children's hubs : Across Hampshire and the Isle of Wight we have established 11 connecting care children's hubs. These are a one-stop service supporting children and their families to reduce the need for them to attend hospital. The hubs offer support from a variety of professionals such as GPs, paediatricians, mental health workers, school nurses, health visitors and children's dieticians and we are already seeing the benefits. Feedback from parents shows that 98% of those that have used the hubs would recommend them to friends, with 93% of hub staff saying they would recommend this new approach to colleagues. Since it started, the Chandlers Ford hub has witnessed a 13% drop in children's GP appointments, a 20% drop in the need to refer children to hospital and a 3% drop in the number of children attending A&E.

Maternity Pioneer : Hampshire and the Isle of Wight was given Pioneer status for personalisation and choice. This means that we have been able to test out new ways for women to receive maternity care which is centred around them and their families. Following this pioneer period we were named as one of two national exemplars.

Mental Health: Mental health nurses and clinicians with specialist paediatric training now based at the 111 call centre. We are one of two national exemplars for the way in which we offer personalisation and choice to pregnant women.

Parent Health Literacy: The Healthier Together Programme continues to go from strength to strength. Led by Dr Sanjay Patel, paediatrician at University Hospital Southampton, the programme provides parents with clear and consistent advice and information to support them in making decisions about their child's health, including when and where to seek help. It also aims to provide appropriate training and education to staff, parents, children and young people through workshops, courses, the curriculum and the resources on the Healthier Together website. Over the last twelve months use of the Healthier Together website has more than quadrupled, with A&E attendances for children remaining static whilst the national average continues to rise. Training courses for a wide variety of staff have taken place including staff in A&E, NHS 111 and GPs, all aimed at ensuring parents receive consistent advice no matter where they access care. The impact of this initiative has been further recognised by the 20% reduction in antibiotic prescribing via primary care over the last year. Nowhere else in the country has seen such a substantial decrease. The Healthier Together resources can be found here what0-18.nhs.uk

Projects for 19/20	Target Deliverables
CAMHS New Models of Care	<ul style="list-style-type: none"> End out of area admissions Reduce length of stay and inpatient re-admissions Reduce acute hospital admissions for self harm
Neuro-diversity	<ul style="list-style-type: none"> Design a support programme for families and schools at the first identification of neurodiversity support/needs Codesign and develop a profile tool Raise awareness of cultural change required
Long Term Ventilation Pathways	<ul style="list-style-type: none"> Improved clinical outcomes and experience with care closer to home Reduce DToC for super stranded patients and improved bed flows through PICU/HDU to maximise financial value
NHS 111 and Parent Health Literacy	<ul style="list-style-type: none"> Increase proportion of self-care dispositions from a 10% baseline Reduce 111 dispositions that lead to same day, face to face primary care usage from 80% baseline Positively impact behavioural drivers for patients (parents) seeking a healthcare consultation Evaluate and deliver a business case to ensure sustainable development of Healthier Together project



Digital

Online consultations - Three quarters of GP practices across Hampshire and Isle of Wight now provide online consultations via their practice website. This supports patients to get to the right service first time around and helps staff by reducing admin time on the phone. 80% of people using the service say they would recommend it to their friends and family.

Online appointment booking and electronic prescriptions - People throughout Hampshire and the Isle of Wight can now book an appointment at their GP practice, order repeat prescriptions and view their medical record online.

Online appointments have meant that two thirds of the people using the system could be managed remotely, reducing the need to travel into the GP practice. This is saving just under 5000 GP appointments every month in Hampshire and the Isle of Wight equating to a financial saving of around £55,000 per year. We know however, that this is just the start. As more and more people know about the service we anticipate usage rising considerably with savings forecast to reach well over £1million each year. Whilst saving money this will also free up valuable GP and nurse time to spend with people with more complex needs.

My Maternity - A digital maternity record for women and health professionals has been developed, replacing paper notes.

My Medical Record – An online personal health record is now used in our hospitals, which allows you to add information about your health including details which may be monitored as part of your current treatment, such as your weight or blood pressure. In some cases this may reduce the need for you to attend outpatient appointments.

NHS App – this will go live across Hampshire and the Isle of Wight during 2019.

WiFi - Wi-Fi access for patients and staff is now available in over 90% of NHS buildings. This enables a wider range of staff to work in local areas as well as allowing patients to access their medical records on their mobile devices.

Accessing data to improve care - Your medical record can be accessed, when appropriate for your care, by professionals across the area. This has helped our staff to provide services more locally at community and medical centres, reducing the need for unnecessary trips to hospital whilst also reducing the need to have repeat tests.

Shared care records: With our partners in Dorset, Hampshire and the Isle of Wight is one of five areas nationally that have been chosen to develop and speed-up how we share health and care information internally to improve services. Our digital teams have built on the success of the Hampshire Health Record and upgrading the system to the new **Care and Health Information Exchange** (CHIE). This will improve our ability to plan and offer the best care services for local people. An example of how services are already using the shared care record is detailed below in our 'Focus on Sepsis' section which would not have been possible without the ability of staff from different sectors to be able to read a patient's medical record.

Digital Exemplars: We are delighted to have three trusts named 'Global Digital Exemplars': Hampshire Hospitals, University Hospital Southampton and South Central Ambulance Service have all received funding to invest in new technologies to improve patients' experience.

Estates

Estate utilisation: During the past two years we have improved the way in which we deliver some of our services by moving them away from properties that were no longer fit for purpose. We have released a total of 3.06 hectares of unneeded land with a value of £11.9 million. We have also reduced the operating costs of our buildings by £1.3 million per annum.

This work is ongoing with a five year plan in place to identify surplus land and to reinvest in our estate.

Capital Investment: A number of wave 4 capital bids were successfully submitted to NHSE/I for consideration of Transformation Funding, leading to significant capital allocations to the STP:

- Wave 3 - £31 million
- Wave 4 - £89 million

Estate Transformation: Greater collaborative working between primary and secondary care is in place, with some GP practices moving into Provider Trusts under mutual agreements. Provider Trusts are collaborating to capitalise on shared efficiency, technical expertise and productivity opportunities.

Strategic Direction: A HIOW STP Estates Strategy has been created that will accompany all future bids and reflect the HIOW STP Transformation agenda

Projects for 2019/20	Target Deliverables
Demand management <i>Reduce estates footprint by 10% by 2023 (from c959,550m²)</i>	To support the long term target, in 2019/20 the target is to reduce the estates footprint by 10% of the target figure (c.9,595m ²)
Increase estate utilisation <i>All strategic sites to be operating above 85% utilisation by 2023</i>	The 2019/20 contribution to the 85% target will be to move from 16 of 50 key sites to a forecast position of 20 of 50 key sites
Reduce non-clinical space to 30% <i>Reduce from current level of 32% by 2022/23</i>	Reduce to 31% in 2019/20, based on discussions with Trusts and provisional plans in place
Reduce operating costs by 7% <i>Deliver a £18.2m reduction in recurrent operating costs by 2022/23</i>	A reduction of c.£5m in 2019/20 is estimated, based on current planning for HIOW and some slippage from 2018/19
Support national drive to release land for housing <i>Offer c.20 hectares of land for development of 1000 units by 2022/23</i>	Deliver a further 6 hectares of land for developing in 19/20
Estate transformation <i>Support the changing model of healthcare delivery.</i>	Appoint dedicated support to link closely with the STP workstreams and provide support for clinical and workforce planning

Mental Health

Mental health training: We have delivered mental health first aid training to 180 staff across a number of sectors, including the police, increasing both awareness and knowledge of how to support people experiencing a mental health crisis or illness. Mental health nurses and clinicians with specialist paediatric training now based at the 111 call centre

Improving mental health services for children and young people: During the year we implemented a six month pilot project aimed at reducing the number of children and young people admitted to hospital with severe mental illness. The project also looked at how we can make sure children and young people are cared for in an environment as close to their home as possible, reducing the amount of time spent in hospital and supporting families following discharge. By undertaking this project we not only provide local children with a better experience of care but also streamline the way we work so that mental health specialists are able to spend more time supporting young people more intensively in their home. Overall the project generated £1.1 million savings from a £500,000 investment and is currently being refined to make sure we further improve outcomes for children.

Mental Health Alliance Formation: The Alliance has grown and now has a membership of over 120 people to drive co-production and integration agendas.

Health Foundation Award: Awarded in September 2018, this has funded simulation modelling in Mental Health services for HIOW. This is an innovative and powerful approach not previously used in local mental health services and will enable acute care pathways to be modelled as part of a pathway redesign process.

S136 Pathway: Pathway reviewed and improved, including agreeing protocols for emergency departments (ED) acting as a health based place of safety (HBPOS). This has supported reductions in the use of police cells since November 2016 (0) and a 15% reduction in S135 use compared to 2017, by facilitating informed decision making and reducing variation across HIOW.

Serenity Nursing Pilot: Business case agreed for co-locating mental health nurses in the operations centre of NHS 111/999 supporting the 'front door' of mental health crisis care, prevention and post crisis intervention across the Hampshire and Isle of Wight (HIOW). Pilot underway and will lead to evaluation in Q1 2019/20 after a six month period of operation.

Projects for 2019/20	Target Deliverables
Acute Care Review	<ul style="list-style-type: none"> Implement Health Foundation award to deliver a simulation model for acute pathways Review and co-produce acute care pathway across HIOW to enable a reduction in out of area admissions Initiate public consultation and NHE assurance as required
Crisis Pathway	<ul style="list-style-type: none"> S12 App: Deliver S12 app pilot and assess impact Serenity Nursing : Pilot and evaluate serenity nursing project, developing business case if required Benchmarking: Assess HIOW against approved commissioning standards to identify variation and reduce inequities
Recovery and Rehabilitation Pathway	<ul style="list-style-type: none"> Review and co-produce rehabilitation and recovery pathways – for inpatients and community Reduce out of area placements through assessment and development of community support services Initiate public consultation and NHE assurance as required
Enabling Work	<ul style="list-style-type: none"> Peer support worker network and framework Co-production capability and capacity Workforce development



New Models of Care

The Personalised Care Programme

This aims to offer people greater choice and control over the way they receive health and care support. During its first year it provided over 1500 people with a personal health budget, over 8,500 now have personalised care plans and support in place, and over 20,000 people have been offered the opportunity to personalise their care (more than double the target for the year).

Primary Care Networks:

Primary Care Networks (PCN) will be the core delivery vehicle for integrated care across Hampshire and the Isle of Wight. These networks of GP practices will work together with other local health and social care providers to deliver integrated primary, community, mental health and social care services to catchment populations of ~50,000 per PCN.

We are implementing new models of integrated care through:

- enabling and supporting the development of 42 Primary Care Networks in Hampshire and the Isle of Wight;
- our PCNs will work with community and social care partner to provide integrated care teams that deliver proactive, anticipatory and preventative care for local populations;
- the voluntary and community sector, and secondary care teams being key partners in delivery;
- people having better access to care that is planned and co-ordinated around their needs

Extended access to primary care services has been provided via GP practices, offering evening and weekend appointments alongside increased advice and information provision.

Primary Care Workforce:

Workforce trajectory produced, HIOW included in GP International Recruitment Scheme, Primary & Community Workforce Group established. Additional finance secured to support GP retention (£414k). Funding secured to support pharmacy services in care homes.

- By facilitating integration and transformation, the New Models of Care programme aims to deliver a structure of mature, developed PCNs that integrate primary and community care to increase efficiency and effectiveness of care.
- The national agenda of personalised care is being delivered at a local level, with the potential to scale up to the rest of HIOW to provide a standardised approach and maximise the benefits of personalising care for citizens.
- Work undertaken to support the challenges faced by primary care workforce, such as supporting recruitment and retention at scale.

Project	Target Deliverables
Primary Care Network development	<ul style="list-style-type: none"> • Continue to develop PCNs, with a target that all are at level 2 maturity by the end of 2020 • Development of new/extended roles in PCNs • Secure appropriate funding and develop integrated care budgets
Personalised Care	Personalised care embedded into PCN planning and delivery, in the form of: <ul style="list-style-type: none"> • Personal health budgets and integrated personal budgets • Social prescribing and community connecting • Supported self-care • Strategic co-production
Primary Care Workforce	<ul style="list-style-type: none"> • Complete workforce development plan to support the stabilisation of primary care workforce • Optimise access to opportunities/investments via GP Forward View



Prevention

- The programme aims to support pathway changes, prevention agendas or deliver a range of improvements to increase access rates, effectiveness or awareness of change.
- It will support the analysis and understanding of population health to deliver benefits to citizens' health and care.
- It will use public health data to inform priorities and identify variation
- It will support the incorporation of prevention into clinical pathways at scale

The NHS Diabetes Prevention Programme is in action across Hampshire and the Isle of Wight, identifying and supporting people at high risk of developing Type 2 diabetes. 7,000 people have now been referred to the programme with over 3,000 people attending the initial session. People attending the course are losing an average of 3.4kg (7.5 lbs) in six months.

Making every contact count (MECC) is an approach to behaviour change that uses the millions of day to day conversations that health and care professionals have with people, to encourage positive changes in behaviour. These changes are aimed at having a positive effect on the health and wellbeing of individuals, communities and populations. This year we trained 1,041 health and care staff to hold these sometimes difficult conversations, with the people with whom they come into contact. This is a significant rise from the number of people trained last year and we will continue to support our staff to Make Every Contact Count.

Reducing smoking rates

All our hospital trusts now actively encourage patients to stop smoking. As part of a Hampshire and Isle of Wight scheme, hospital staff hold discussions with patients and encourage them to stop smoking, describing the positive impacts on their health. Smoking cessation is now a core element of patient conversations, with 70% of smoking patients at our hospital trusts having received stop smoking advice. Work will continue in 2019/20 to increase the uptake of stop smoking support.

Projects	Target Deliverables
Embed Prevention	<ul style="list-style-type: none"> • Increase smoking identification and advice in hospital pathways • Ensure sufficient and sustainable capacity within specialist alcohol services in secondary care • Improve identification and delivery of Alcohol Brief Intervention across Primary Care Networks • Integration of prevention, mental health support and rehab into MSK pathways • Maternity services to deliver accredited evidence based infant feeding programme • Develop framework to enable consistent social prescribing • Embed prevention and population health management within PCNs
Programme integration	<p>Support other programmes to deliver prevention priorities from NHS long term plan to include:</p> <ul style="list-style-type: none"> • Implement wave 4 of NHS Diabetes Prevention Programme • Enable health and care workforce to Behaviour change development framework • Case find CVD risk in primary care to initiate secondary prevention • Targeted work to tackle risk factors to suicide • Improve identification for people at risk of suicide within primary care
Inequalities	<ul style="list-style-type: none"> • Develop smoke free maternity pathway • Increase number of people with severe mental illness receiving a physical health check • Increase access to smoking cessation service offer



Solent Acute Alliance

By facilitating integrated discussion, planning and a focus on projects that affect multiple acute providers, the Alliance aims to deliver at-scale improvements to the delivery of acute care within provider settings. A specific focus is collaboration to deliver a multi-organisation conclusion to the Isle of Wight Acute Services Redesign that supports the development of a strategy for the island. This programme has now wound down.

- **IOW Acute Services Redesign**
A review of 14 specialties/services is underway, with several complete, to inform an overall redesign of the delivery of acute services on IOW. The Island are developing a new strategy to deliver sustainable services
- **Theatre Capacity Improvements**
A full business case has been written and submitted to NHSI to create 4 theatres, currently awaiting a formal response.
- **Maternity Systems**
A full business case has been delivered and going through Trust Board approvals, submitted to NHSI in 2018/19
- **Digital OPD**
A full business case is being finalised and going through Trust Board approvals during December, submitted to NHSEI in 2018/19
- **Pharmacy**
A full business case submitted to NHSEI in 2018/19
- **MSK**
Exemplar pathway has been created, triage pilot in Portsmouth in place

Projects 2018/19	Target Deliverables
Isle of Wight Acute Services Redesign	<ul style="list-style-type: none"> • Complete series of clinical reviews • Engage, as Alliance partners, with the strategy development for the island
Theatre Productivity	<ul style="list-style-type: none"> • Implement works for theatres at UHS and PHT, following release of capital in Q4 18/19. Deliver increased theatre capacity by end of 2019/20
Digital Records	<ul style="list-style-type: none"> • Progress to implementation stage and development of new systems, including My Medical Record
Business case approval and management	Subject to board approval , support delivery of pharmacy and digital OPD of full business cases



Urgent and emergency care

By supporting individual resilience planning and approaches to UEC, the programme aims to deliver a consistent approach to winter resilience across HIOW. This will improve system resilience by facilitating integrated responses, reporting and partner working to manage capacity and demand pressures faced throughout winter

The programme will support the establishment of a system-wide IUC approach to offer standardisation at scale and in-hours and out of hours

Winter plans

The winter of 2018/19 saw all health and care organisations in Hampshire and the Isle of Wight working together to provide the best possible services for local residents. Using systems which helped staff understand when emergency services across the area were under significant pressure whilst adapting our approach to ensuring appropriate staffing levels, saw an increase in the number of patients being seen within the four hour target over the peak winter period.

Discharge from Hospital

Over the last two years all our hospital trusts have been focusing on reducing the amount of time people stay in hospital after being admitted in an emergency. As well as putting new processes into place to reduce hold ups, Hampshire Hospitals is looking at how it can support patients even more. Amongst other things, they now assess people for frailty in order to understand what support they might need when they're discharged. The result of this has been a reduction in the amount of time spent in hospital, a reduction in the number of patients staying more than 21 days and a reduction in the number of patients waiting to be discharged.

Integrated Urgent Care

Plans have been made to offer an Integrated Urgent Care (IUC) service in Hampshire. Key components include a 'virtual IUC' that links SCAS and two out of hours providers, and established links between conveyers, primary care and secondary care. Direct booking into MIU and UTC now in place.

NHS 111 Online

Planning and phased roll out of NHS 111 online requirements in place, so that online patients will be able to access a call-back from a clinical adviser.

Projects for 2019/20	Target Deliverables
Winter resilience <i>Develop and build on 2018/19 plans to deliver HIOW-wide consistent approach to winter resilience planning</i>	<ul style="list-style-type: none"> • Deliver system-wide coherent and co-ordinated winter resilience plan, building on legacy of 2018/19 winter plans • Establish milestones for delivery, commencing 1st April 2019, to deliver fully worked up plans in advance of winter 2019
IUC <i>Complete roll out, full evaluation and lead on procurement process</i>	<ul style="list-style-type: none"> • Complete evaluation of 2018/19 IUC roll out and impact across HIOW, including the 24/7 virtual IUC • Support joint agreements in place between SCAS, HUC and PHL and transition to new telephony system from April onwards • Lead on procurement process
UTC <i>Facilitate direct access to UTC via NHS 111</i>	<ul style="list-style-type: none"> • Evaluate performance and impact of direct access to two UTCs over winter 2018/19 • Recommend future direction of travel and consider roll out to wider groups



Workforce

Collaborative bank

We have developed a system-wide staff bank to help support staffing levels in our trusts and reduce the reliance on agencies. This will enable staff to book shifts in either their own or another trust in our system. This exciting project is at an early stage and will be closely monitored to understand the financial and staff benefits.

Reducing recruitment incentives

We know that many of our staff move around our system for new roles. In order to stabilise our workforce and reduce competition we have ceased to offer 'golden hello' finance incentives to staff from within the system.

Staff portability

We have introduced a staff passport, which means that training, pre-employment checks and references can be carried from one organisation to another. It costs about £6,000 to perform these checks for each new member of staff. The passport therefore saves both time and money and means our staff spend more time caring for patients.

Nursing supply

We have begun a system-wide nursing supply programme to address the issues we face with recruiting/retaining nursing staff.

Primary care workforce

Hampshire and the Isle of Wight has been included in the national GP International Recruitment Scheme and we have a number of programmes running to support better GP recruitment and retention.

Recruitment and retention

We want our staff to experience a high level of job satisfaction and we are looking at new ways to attract and retain our value workforce. Amongst the options under consideration are flexible retirement and housing

Education and development

During times of change we know that we need to provide our workforce with even more support. We have therefore developed a system-wide organisational development plan and network, offering support for the development of local teams as well as system-wide issues such as values based recruitment and talent management. We have also developing education approaches across the system, including improving English language skills for overseas nurses

Projects for 2018/19	Target Deliverables
Collaborative bank	Fully implement and track benefits of HIOW collaborative bank
Portability All strategic sites to be operating above 85% utilisation by 2023	Complete further phases of the portability project to offer broader application of portability within social and primary care
Organisational development	Review shared organisational change processes and terms and conditions in place, to inform development and change
Education and development	Implement shared programmes within a range of areas: <ul style="list-style-type: none"> • Homecare • Organisational development • Education and training • Winter planning • Attraction and retention
Workforce	<ul style="list-style-type: none"> • Agree and implement HIOW nursing supply programme, with clear benefits tracking • Further align workforce strategies with HEW/TVWLA • Explore Key worker housing for HIOW workforce • Implement workforce plans for Mental Health and PCNs



Enabling these improvements

- **Reduction in estates operating costs** of £1.3 million 2018/19
- **Successful collaborative capital bids:**
 - Wave 3 - £31 million
 - Wave 4 - £89 million
 - LHCRE - £7.5 million
 - Provider digitisation - £12 million
 - plus a number of smaller pots
- **Statutory and mandatory training passport** enabling easier movement for staff around HIOW and saving approximately £6,000 for each new starter within the system
- Agreement on **collaborative bank** to reduce agency costs
- **End to 'golden helloes'** reducing movement across the system and saving on costs
- Development of the **Care and Health Information Exchange (CHIE)**
- **Wifi** installed in over 90% of NHS buildings

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01 2020

Communications and Engagement Team

Briefing note:

Update on Progress against Southern Health's CQC Report

Overview

On 3 October 2018, the Care Quality Commission (CQC) published their comprehensive report into Southern Health NHS Foundation Trust. A summary of the key findings from the inspection, as well as the latest update on progress against these is contained in this briefing paper.

A recap of the CQC report

The Care Quality Commission published its comprehensive report in October 2018, following a series of inspections that year – the first report of its type since 2014.

Whilst the Trust overall rating remains one of 'requires improvement', significant and numerous positive changes were recognised by the regulator and the overall picture is one of steady progress. More than 84% of service areas are now rated as 'good' or 'outstanding'. Of particular note, our community services across Hampshire are now rated 'good' overall, and our learning disability inpatient services and our long stay mental health rehabilitation wards are rated 'outstanding' overall.

The report also reflects the significant strides the Trust has made to improve its relationship and involvement with patients/service users and their families and carers, with the CQC feedback showing that: *'Staff had made a genuine commitment to engaging with patients. We saw that they were patient and diligent in helping patients express their views, and liaised with them in all aspects of their care. The feedback from patients and carers was clear that they felt they were not only listened to, but included and involved in their care.'*

The report describes how staff told inspectors they now feel more valued and supported, and that the CQC has seen a positive change in culture at Southern Health. The report has provided additional confidence that the organisation's approach is making headway, and the Trust remains committed to building on this as there is clearly more work to do - particularly in relation to our staffing levels and ensuring there are enough trained staff to best support patients. Southern Health remains committed to continuously improving its services to deliver the best possible care.

CQC ratings summary table

On the next page are the Trust CQC summary rating tables which show ratings for each domain (safe, effective, caring, responsive, well-led, and overall) against each core service from 2014 and the report from October 2018 (note, I=inadequate, RI=requires improvement, G=good, O=outstanding) – as a point of comparison:

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CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	2014					
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services - adults	RI	G	G	RI	G	RI
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	RI	G	G	G	G	G
Community end of life care	RI	RI	G	G	G	RI
Urgent care	RI	RI	G	RI	RI	RI
Acute wards for adults of working age & PICUs	RI	RI	G	RI	RI	RI
Long-stay/rehab mental health wards	G	G	G	G	G	G
Forensic inpatient or secure wards	I	G	G	G	RI	RI
Child/adolescent mental health wards	RI	RI	G	G	G	RI
Wards for older people with MH problems	RI	G	G	G	G	G
Wards for people with a learning disability/autism	RI	RI	G	G	RI	RI
Community mental health services	G	G	G	G	G	G
MH crisis services / health-based places of safety	RI	RI	G	RI	RI	RI
Community mental health services for older people	G	G	G	G	G	G
Community services for people with a learning disability/autism	G	G	G	G	RI	G
Eating Disorder service (not inspected in 2018) *	G	G	G	G	G	G
Perinatal services (not inspected in 2018) *	O	O	O	O	O	O

* These services were not included in the aggregation of the overall provider rating

CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	2018					
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services for adults	G	G	O	G	G	G
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	G	G	G	G	G	G
Community end of life care	G	RI	G	G	G	G
Urgent care	G	G	G	G	G	G
Acute wards for adults of working age & PICUs	RI	G	G	G	RI	RI
Long-stay/rehab mental health wards	G	G	G	O	O	O
Forensic inpatient or secure wards	G	G	G	G	G	G
Child/adolescent mental health wards	RI	G	G	G	RI	RI
Wards for older people with MH problems	RI	RI	G	I	RI	RI
Wards for people with a learning disability/autism	G	G	O	O	G	O
Community mental health services	G	RI	G	G	G	G
MH crisis services / health-based places of safety	G	RI	G	G	RI	RI
Community mental health services for older people	G	RI	G	G	G	G
Community services for people with a learning disability/autism	G	G	O	G	G	G
Eating Disorder service (not inspected in 2018)	G	G	G	G	G	G
Perinatal services (not inspected in 2018)	O	O	O	O	O	O

In summary, as well as some encouraging feedback, the CQC report also recommended:

- 20 actions the Trust 'must' take in order to comply with its legal obligations
- 74 actions the Trust 'should' take to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in the future or to improve services
- 7 Requirement Notices relating to the legal requirements the Trust was not meeting

Some of the recommendations were the same across different core services. We therefore recorded one overall action and recorded the others as duplicates.

Note: The two uncompleted actions in the 2017 Improvement Plan (CQC) have been added to the current plan – these were to improve response times to complaints and to implement Self Administration Policy on (ISD) wards. With the addition of the two actions above, a total of 71 actions are being tracked in the QIP.

Progress

A Quality Improvement Plan (QIP) was developed in collaboration with clinical and corporate leads, using the CQC actions/recommendations and quality metrics, and submitted to the CQC in November 2018.

In order to more effectively address the issues raised by CQC, the Trust then introduced a themed approach to management of the plan with a focus on quality improvement methodologies and the outcomes we want to achieve to improve patient care and experience. The actions are grouped into seven overarching themes with identified executive/theme leads and action owners and mapped to existing reporting structures.

The seven themes are:

- Workforce
- Safeguarding
- End of Life Care
- Records Management
- Medicines Management
- Privacy and Dignity
- Operational/Patient Safety

This Trust-wide Quality Improvement Plan has executive-level ownership for each theme, and it is hoped that the themed approach will ensure staff and stakeholders better understand the improvements required and how progress is being made against each theme.

Monitoring of progress and initial validation of the evidence to record an action as 'complete-unvalidated' takes place at the relevant workstream reporting meeting. Final validation that there is sufficient evidence to record an action as complete takes place at a monthly evidence review panel chaired by the Director of Nursing.

Progress dashboards and exception reports provide an update for the action plan with a summary of completed actions and any risks to actions not being completed within the deadlines identified. Exception reports are submitted to the Trust Executive Committee (weekly), Senior Management Committee (monthly) and to the Quality and Safety Committee, with a summary presented to Trust Board.

The Quality Improvement Plan has 63/71 (89%) process actions completed and 45/71 (63%) outcome actions achieved, as at 12 December.

This compares to 58/71 (82%) and 37/71 (52%) as at 4 November 2019 – when we last shared a progress update with the HASC.

In total, there are three (4%) process actions overdue and five (7%) outcome actions overdue, as at 12 December. (As noted in the last update, there have been some challenges to completion of actions during the transition to the new divisional structures; in the light of changes to action owners and infrastructures for monitoring and driving through actions).

Quality Improvement Plan (CQC) 2018 Dashboard																				
RAG status	Overdue (P/O): 4% 7%		At risk (P/O): 0% 0%		On track (P/O): 0% 8%		Unvalidated (P/O): 7% 21%		Completed (P/O): 89% 63%											
	Mar-19		Apr-19		May-19		Jun-19		Jul-19		Aug-19		Sep-19		Oct-19		Nov-19		Dec-19	
	Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome	
Overdue	4	2	3	6	2	6	2	5	5	5	6	6	3	5	3	6	3	6	3	5
At risk	2	2	1	0	0	1	2	1	0	3	1	5	1	3	0	0	0	0	0	0
On track	38	53	26	45	19	35	11	32	8	26	3	18	2	12	0	7	0	7	0	6
Complete- Unvalidated	10	7	14	9	15	12	13	12	12	16	10	17	11	22	10	21	5	13	5	15
Completed	17	7	27	11	35	17	43	21	46	21	51	25	54	29	58	37	63	45	63	45
TOTAL	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71

In conclusion, we are on track to complete the majority of the Quality Improvement Plan actions by the end of December 2019 with one action to be completed in 2020 as it is linked to a national programme.

Some examples of completed actions, where real progress has already been made, include:

- We have increased the number of staff on duty at night at Romsey Hospital with two nurses and two healthcare support workers now rostered at night to ensure a better patient experience and ensure patient safety.
- We have transferred some beds from Romsey Hospital to Lymington Hospital to improve the privacy and dignity of patients at Romsey Hospital.
- We have introduced specific clinics to complete health reviews for children in care which has reduced waiting times for assessment and meant children are being seen in a timely way.
- We have developed a bereavement survey which is being piloted in our community hospitals between January and March 2020 to gain feedback from families to improve our service to people who are at ‘end of life’.

CQC 2019 Inspection: Core Services with Well-led Inspection

Further to its 2018 inspections and subsequent report, the CQC also visited the Trust in October 2019 and completed the inspection of four of the Trust’s Core Services - Acute and PICU, Crisis, CAMHS and OPMH.

These unannounced visits gave teams the opportunity to demonstrate the changes they have been making since the previous year’s inspection. Initial informal feedback following these visits was shared

by the CQC; they told us that they found the inspections to be a positive experience overall and commented on the caring, compassionate and welcoming staff they met and spoke with during their visits.

A 'well-led' review then took place on the 19 and 20 of November 2019 with the CQC interviewing Executive and Non-Executive Directors as well as some other senior managers and user involvement facilitators. The CQC attended the Board meeting on 19 November and listened to a presentation about the Trust and all the transformation that has occurred thus far, as well as plans for the future. Initial informal feedback following the well-led inspection was shared by the CQC - they told us they saw positive changes in the culture and the way the Trust works and commented on 'step change' improvements made in user engagement.

The draft CQC inspection report is now expected in January 2020. Recommendations made in this report will form the basis of the next quality improvement plans and we will share the findings with the HASC at the earliest opportunity.

Any questions?

If you have any questions or would like further information, please contact:

- Quality Improvement Plan 2018 - Briony Cooper, Programme Lead: on 023 8087 4009 or via email: qualityPMO@southernhealth.nhs.uk
- CQC Inspections - Tracey McKenzie, Head of Quality Assurance (interim): on 023 8087 4288 or via email: qualityPMO@southernhealth.nhs.uk

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11 2019

Communications and Engagement Team

Briefing note:

Planned Changes to Electro Convulsive Therapy (ECT) Service

Overview

Electro Convulsive Therapy (ECT) is a highly skilled treatment (carried out under general anaesthetic) which is of great value in the treatment of certain illnesses, predominantly severe depression. For some patients, it is used as a life-saving form of treatment (for individuals who may have stopped eating) and also greatly increases the quality of life for those with, for example, difficult to treat depression.

The service is specialised, treating 130 or so patients a year and demand is forecast to remain stable at these levels, according to both national and SHFT forecasts. The current operating model for delivering the service is becoming less sustainable and there is now a need to make changes to ensure this well regarded service remains sustainable in the future - by making best use of our resources for the long-term benefit of patients.

Background

Electro Convulsive Therapy is a physical treatment carried out under a general anaesthetic. An electrical current is passed across the brain for a few seconds to produce a fit – hence the name, electro-convulsive. This affects the entire brain, including the parts that control thinking, mood, appetite and sleep. Whilst the exact mechanism of action is not known, it is thought that depression can be caused by problems with certain brain chemicals. ECT causes the release of these chemicals and also makes them more likely to work and so helps recovery.

The ECT service is delivered from three sites currently based in Antelope House (Southampton), Parklands Hospital (Basingstoke) and Elmleigh Hospital (Havant). Each site has an SLA (service level agreement) in place with the local acute hospital to provide anaesthetists and recovery nurses - although the exact provision varies from site to site. This arrangement is generally reliable but there have been problems in the past securing theatre staff from Portsmouth Hospitals NHS Trust to run clinics at Elmleigh – resulting in the clinic there closing for a short period last summer (and patients instead being treated at Antelope House).

The ECT service operates according to the Royal College of Psychiatry's ECTAS (Electro Convulsive Therapy Accreditation Society) guidance. Each site is registered with ECTAS and holds an ECTAS accreditation with excellence. Overall, the service sees approximately 130 patients per year and provides around 1,500 treatments (patients typically attend a clinic twice a week for five to six weeks). About 40% of patients are treated at Antelope, 30% at Parklands and 30% at Elmleigh.

Each site runs two clinics per week and the majority of patients begin as inpatients but are usually discharged during the course of treatment. The service treats some outpatients on a 'maintenance' basis as well as providing treatment for a small number of patients from Solent NHS Trust and other private hospitals (which provides a small source of additional income).

OUR VALUES



The issue we have is that, currently, whilst each clinic can treat up to 10 patients, they often treat far fewer (sometimes as low as 3 patients in a day) as the number requiring treatment is spread over the three sites. This demonstrates a waste of capacity as the staff provided (internally and through the SLA) are there for the duration of the 4 hour clinic, regardless of how many patients attend.

Additionally, there is a staffing challenge as a number of specialised ECT nursing staff have retired or are due to retire. It is difficult to recruit sufficient staff to maintain the number of clinics currently being provided.

The ECT service was also the subject of a Southern Health Quality Improvement Project earlier this year which came about to improve patient experience. The project focused on the unnecessary waiting that patients experienced because they were being transported to clinics too early, were not given specific treatment times and frequently had to wait for return transport journeys. Whilst improvements have been made, further progress is limited by the current operating model of three separate sites.

As a result of these challenges, we are proposing a substantial change to the way the service is structured.

Planned Changes

Our aim is to improve the sustainability and patient experience of Southern Health's ECT service.

The current set-up (of three different teams, budgets and SLAs) makes it difficult to understand peaks and troughs of demand at individual sites for reallocation purposes. It also provides concerns regarding succession planning as disparate clinic locations make staff recruitment and development opportunities more challenging.

Discussion of a centralised ECT facility has been in motion for the last 10 years, in keeping with the national changes of geographically centralised ECT services. To replace the current set-up, we propose a single ECT service which operates across two sites (one fewer than we currently offer). This is because the current operating model provides greater capacity than is required and, in the long-term, is becoming more difficult to staff.

Our plan is to right-size the capacity of the service and change the staffing model by reducing the number of clinic locations to Antelope House and Parklands - ceasing services at Elmleigh. This option was agreed as the preferred choice after detailed consideration was also given to other possibilities, including a rotational team operating across all three sites. This option would be carefully monitored if implemented and would inform a future proposal to eventually move to a single site.

It is imperative that we make best use of resources to provide high quality patient care, therefore it is fair to conclude that the provision of excess capacity is wasteful. This refers to the provision of three physical sites when fewer are needed; the payments for three sets of SLA staff from acute hospitals, when only two are required; and the resulting requirement to sometimes use bank and agency staff to deliver three sets of clinics.

The proposed change to a two site service would provide cost savings of up to £137,000 or 4.17% (across the first three years) which can then be reinvested back into other local mental health services. This can be achieved without unduly impacting patients – access to the ECT service will be unchanged (as the proposal provides sufficient capacity for demand) and only patients from the East of Hampshire will see a slight increase in their travel. This increase in travel for some can be balanced against the planned introduction of timed appointments for all – and reduced waiting times in clinics is an improvement that patients have already told us is a higher priority to them than transport (and the overall time, from home to service and back again, should reduce).

With regard to transport, we also plan to improve the current experience of using the Patient Transport Service provided by South Central Ambulance Service (SCAS). This mostly applies to inpatients, although some outpatients may be entitled to transport too (note: some inpatients are transported by Secure Services). The

current service has proven to be unreliable with patients arriving early or being collected late. Patients are also generally given the same arrival time, with waiting areas then becoming congested. As part a move towards a centralised ECT service, we have met with transport colleagues to develop a shared and collaborative working relationship. A greater degree of flexibility will be introduced, with a staggered booking system and notification if a patient is ready to leave earlier than expected (to avoid any delays and potential distress after a treatment).

Finally, a peer support worker role is also planned for the ECT service - to bring greater support for patients where they need it, someone who understands their anxieties and experiences, and can work with the ECT service to continue making improvements.

In summary, the proposed changes would:

- reflect the demand that exists for ECT services
- ensure equitable access and experience for patients
- improve patient waiting times in the clinic with a new timed appointment system being introduced
- reflect patient priorities (i.e. travelling is acceptable if there is no wait on arrival)
- improve hospital transport to ECT clinics, with greater flexibility for timed drop offs/pick ups
- introduce a new peer support worker role to provide vulnerable patients with support and reassurance
- help create sustainable staffing and improved workforce/succession planning
- enable us to create a 'neuromodulation centre' which could provide TMS (Transcranial Magnetic Stimulation – a less invasive treatment that does not require general anaesthesia) in the future
- create one system of governance and one set of data and information supporting it, promoting learning and continuous improvement as well as the opportunity to introduce a standard outcome based set of data for the entire service
- ensure the best use of resources and budget, balancing capacity with future demand.

When?

In recent months, Southern Health has been liaising closely with Hampshire commissioners (West Hampshire CCG, North Hampshire CCG, Southampton City CCG and South East Hampshire/Fareham and Gosport CCG) to agree how the ECT service should operate in the future.

Commissioners are now supportive of the proposed changes and, subject to the views of the overview and scrutiny committee, Southern Health will provide an appropriate notice period to Portsmouth Hospitals NHS Trust to cease the service level agreement at Elmleigh.

From the point of giving notice, new referrals to the service will be treated at either Parklands Hospital or Antelope House. The closure date for the ECT clinic at Elmleigh is still to be determined (and will depend on the notice period) but will not be less than the time needed for all current patients to complete their series of treatments at the site they currently attend. Importantly, no patient will have to transfer their treatment to another site midway through their 5-6 week treatment cycle.

Engagement Activity & Next Steps

Staff

There are six members of staff working within the ECT service and they will all be fully consulted (including one-to-one meetings) on the proposals. Antelope House and Parklands staff would be largely unaffected by the proposed changes. The nurse based at Elmleigh in Havant (who currently also spends part of her working week on the unit's wards) will be given the option to continue doing this and/or travel to Southampton's Antelope House to the ECT clinic there.

Patients

As mentioned above, all patients will complete their series of treatments at the sites they currently attend - and won't be required to transfer their treatment to an unfamiliar site midway through. As a result, individual

patient letters shouldn't be required, but we'll be writing to a number of mental health stakeholders (such as Solent Mind, Healthwatch and Health and Wellbeing Boards) to explain the proposed changes, providing contact details for any queries that they or an interested member of the public might have.

ECT Service: Quality Improvement Project

In the spring of 2019, Southern Health's Quality Improvement (QI) Team ran a dedicated workshop week for the ECT service which saw a number of staff, patients and other stakeholders attend to look at ways to improve the service. Many of the proposed changes contained within this briefing paper have evolved from this QI project.

The workshop benefitted from positive and powerful contributions from patients. They had clear views on the issues of travelling/transport and waiting times in clinics. Their input challenged several assumptions, primarily that 'travelling is bad and waiting is inevitable'. Thanks to their input, this became, 'travelling is okay but waiting should be avoided'. This reflects our focus on introducing scheduled appointment times, improving transport issues but also being willing to increase some travelling time if the payback is reduced in-clinic waiting times and cost savings which can be reinvested in other mental health services.

Laura, a patient who credits ECT with her recovery, took part in the workshop and said during the end of week presentation: "I feel really part of this process, making improvements. My birthday is in a few weeks and I can honestly say this is the first time in a long time that I am actually looking forward to it, so thank you."

Any questions?

If you have any questions, please contact on Steven Manning, senior service improvement manager, on 02380 874466 or email: steven.manning@southernhealth.nhs.uk

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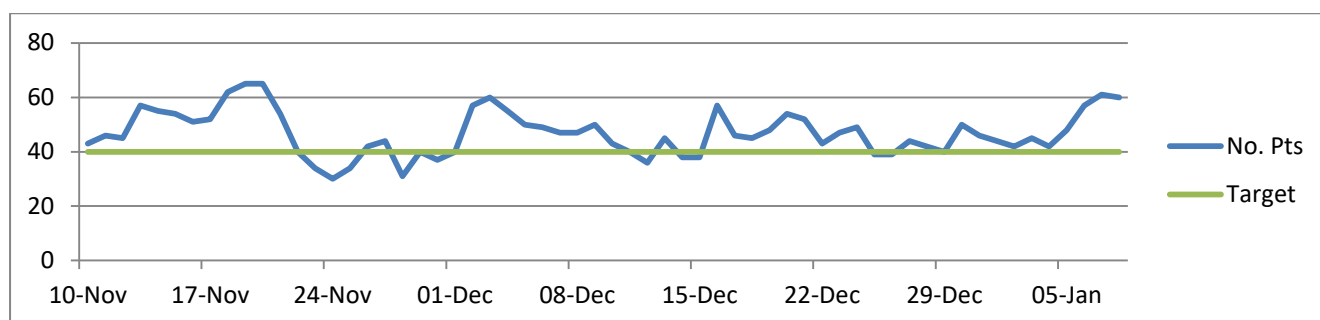
Agenda Item 8

Solent NHS Trust Update to Portsmouth Health Overview & Scrutiny Panel

30 January 2020

1. Winter Performance

The Portsmouth target for Medically Fit for Discharge (MFFD) patients over the winter months is 40. We are working hard to achieve this target to support PHT, proactively in reaching into QA Hospital and flexing our criteria for admissions to both Jubilee and Spinnaker. PRRT and the Community Nursing Team are working to capacity. It is possible that these system pressures will have a knock on Solent's delayed discharge numbers from Jubilee and Spinnaker.



2. Medium Acuity Model of Care

Solent NHS Trust is working closely with partners within Portsmouth to develop a medium acuity model of care across our inpatient and community services. We now have a team of highly skilled clinical practitioners who are clinical decisions makers supported by medical staff. The aim of the model will be to support the local health system by caring for medium acuity patients in the community rather than in an acute hospital bed at Queen Alexandra Hospital. This new way of working links closely with the other developments, such as the Long Term Conditions Hub, Integrated Community Model and the Leg Ulcer Service. This allows partner across both health and social care to offer a more flexible resilient service to the people of Portsmouth.

3. PositiveMinds

PositiveMinds opened for the first time on 23 December. The new service is a partnership between Portsmouth CCG, Portsmouth City Council, Solent NHS Trust and Solent Mind

The new service is located just off Middle Street, about 50 yards south of Winston Churchill Avenue and provides a welcoming, accessible environment for people who are experiencing low mood, anxiety, or who feel overwhelmed in the face of problems such as money,

housing, relationships, work, bereavement, leaving the Forces, or living away from home at university.

Solent NHS Trust staff from both Talking Change and the A2i (Access to Intervention) Teams are working on site to support Solent Mind Wellbeing Advisors with specialist advice and risk assessment to ensure that people accessing the service get the care and support they need as quickly as possible.

Since opening, 21 people have visited the service (data to 15/1). The majority of people are seeking support for emotional distress and have been signposted to PositiveMinds by their GP. This is extremely encouraging as it's exactly the purpose of this new service.

4. Community Rehabilitation Team

Solent brought a proposal to close the 14 bed Oakdene Rehabilitation Ward at St James to the HOSP meeting on 14 March 2019. Subsequently, Oakdene Ward closed on 30 September 2019, replaced by a new Community Rehabilitation Team to support a greater number of service users in their own home environments rather than in a hospital ward. At the point of closure, 3 Oakdene patients, who remained under Mental Health Act section, were transferred to alternative inpatient units within Hampshire.

The new service has received 28 referrals in the last 3 months and is intensively supporting 23 service users in the community.

5. SEND Inspection

In July 2019, Ofsted and CQC conducted a joint inspection of the local area of Portsmouth to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, local authority and NHS staff. A multitude of Solent services were inspected including CAMHS, Therapies, Health Visiting and School Nursing. Key themes of strength from the inspection report include a strong leadership culture across partner agencies leading to the successful implementation of the SEND reforms, co-production being developed well in the local area with many examples informing both strategic and operational developments and that the designated clinical officer (DCO) is effective and has developed innovative approaches to co-ordinating the health contribution to education, health and care assessments.

Areas for development included reducing down waiting times for children within CAMHS for a neurodevelopmental assessment and shifting the city focus onto young people aged 18-25 with SEND needs. These are being taken forward via the SEND Board

6. JTAI Feedback

During December 2019, Ofsted, CQC, HMI Constabulary and Fire & Rescue Services (HMICFRS) and HMI Probation carried out a joint inspection of the multi-agency response to abuse and neglect in Portsmouth. In the inspection of the 'front door' of services, evaluated

agencies' responses to all forms of abuse, neglect and exploitation, as well as evaluating responses to children living with mental ill health. This inspection included a 'deep dive' focus on the response to children subject to child in need and child protection plans, and children in care who are living with mental ill health. Solent NHS Trust services were subject to this inspection with a particular focus on CAMHS, Looked after children and School Nursing.

Key themes of strength from the inspection report include increasingly strong integrated working at strategic and operational levels that lead to some excellent and innovative work that is having a positive impact on the emotional well-being and mental health of children in Portsmouth, the child and adolescent mental health service (CAMHS) is strong and provides children with good support and intervention and children and young people with anxiety and low mood are benefiting from delivery of the 'Control and worries programme' which is delivered in school by school nurses.

As well as a multitude of strengths identified during the inspection, areas for improvement included more timely use of escalation policies by all agencies when delay and drift occurs and improving consistency in the quality of assessments and care planning. These areas for development are currently being pulled into an action plan that will be delivered by partner agencies

7. ND Pilot

Over the past 12 months, Solent NHS Trust alongside partners in education/social care and parent user groups have been pulling together a vision for transforming universal and specialist services to cater for the needs of a neuro-diverse child and adolescent population to increase efficiency, reduce inequality and delay and improve child and family experiences. A key objective within the proposal is to provide an early support offer that is devoted to characterising and supporting adaptation to neuro diversity within an acceptable time frame which reduces low value activity.

Work is well underway by Education, Solent NHS Trust and patient user groups to co-produce profiling tools and support packs that can be used by education providers and families to support the identification of neuro-diverse children's needs. The aim is to train a group of pilot schools within the city to use these tools and support packs from February 2020 so that they can be implemented and used with children from May 2020. On-going evaluation of outcomes will be undertaken so that learning can be built into future service developments

8. CAMHS Improvement

Over the last 6 months Solent has employed additional staff to reduce the number of children and young people waiting for Child & Adolescent Mental Health Services (CAMHS). These are children & young people (CYP) who have been assessed and triaged and are waiting for extended one to one care and treatment. In May 2019, 142 CYP were waiting,

with 69 of these waiting in excess of 18 weeks. The current position for December 2019 is 27 CYP waiting, with the longest wait of 9 weeks.

9. Financial Position & Forecast

All NHS Organisations have to agree an annual financial control total with NHS Improvement (NHSI), 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 2019/20 of breakeven. We are £87k ahead of plan and the year to date position at the end of Quarter 3 is an adjusted deficit of £392k against a planned YTD deficit of £479k. We are currently on track to deliver our financial plan.

10. Estates

The refurbishment of Block B at St Marys completed in December with PRRT, Specialist Nursing and Older Persons Mental Health Teams moving in from St James. The treatment and consulting rooms for patients are modern and designed to high specification and patient feedback has been very positive. The office accommodation for staff is also a significant improvement from St James.

11. Parking

Solent has approved a new Access & Transport policy which includes a new parking permit system at St Mary's Hospital to support the opening of the newly refurbished Block B and Block C as part of the Portsmouth Phase 2 Project. The implementation will support improved parking for patients and visitors to the hospital whilst providing a fair and equitable solution for staff. Portsmouth Football Club is providing 105 parking spaces for Solent staff.

The policy committed to encouraging staff to consider alternative means of transport to reduce the impact on parking requirements and also reduce Solent's carbon footprint as part of its sustainability plans. Pool cars through an Enterprise Car Club are now in place at St Marys and are being well utilised by staff. Solent is working with 'Liftshare' who have recently completed a scoping exercise that shows some significant opportunities for a car sharing scheme which Solent hope to launch in the next few months, subject to funding.

Solent are also looking to implement cycle to work schemes and are negotiating discounts with bus companies to further encourage staff to avoid using their cars.

12. Podiatry

HOSP is aware that we are engaging with to patients about proposals for the Podiatry Service which will be brought to the HOSP meeting in March.

13. Veterans

NHS England is commissioning a Veterans' Mental Health High Intensity Service (HIS). The service will provide inpatient and community-based crisis response services. Pathfinders will be selected to provide the service from April 2020 until end of March 2022. The annual

contract value is £761,424 with a further £211,594 made available for mobilisation cost in 19/20.

The intention of the service is to improve access and support to those who require urgent and emergency mental health care and treatment, building on Veterans' Mental Health Transition, Intervention and Liaison Services (TILS) and the Veterans' Mental Health Complex Treatment Services (CTS).

Seven Pathfinders will be commissioned at an NHSE regional level. Solent's region is the South East (Lot 6), which comprises Kent, Surrey, Sussex, Oxfordshire, Berkshire, Buckinghamshire, Hampshire and the Isle of Wight.

The lead provider will be responsible for sourcing partners and subcontractors under a 'network' or 'provider collaborative' arrangement, which must include a TILS and CTS provider. Networks will be clinically-led groups who will take responsibility for the veterans in their local geography, enabling people to be cared for closer to home by developing community and step-down services.

This is a formal, single-stage procurement process being conducted under Light Touch Regime by Arden and Greater East Midlands CSU, on behalf of NHSE. HIS will be awarded under a standard-form NHS contract to a lead provider in each region. Solent intend to submit a tender by the closing date of 21st February 2020.

Suzannah Rosenberg
Deputy Chief Operating Officer
Solent NHS Trust

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Agenda Item 9

Update on the Proposed Re-provision of Jubilee House

1. Background

A paper was presented to HOSP in July 2019 outlining the options for Jubilee House, a 25 bedded community inpatient facility managed by Solent NHS Trust located in Cosham, Portsmouth.

HOSP concluded they were content with the proposal to relocate the 10 Jubilee beds at St Mary's Hospital.

Solent provided a verbal update at the September HOSP meeting that working through the financial and estate aspects of the business case was taking longer than anticipated and that the relocation to St Mary's remained the preferred option.

2. Solent Business Case

Solent's internal business case has scrutinised all available options from a finance, estates, quality and safety perspective and agreed to progress with the extension of Spinnaker Ward (16 beds) at St Mary's Hospital to provide an additional 10 (plus 2 escalation) beds to enable the closure of Jubilee House.

This is medium cost option and will required phased capital works to ensure minimal disruption to Spinnaker Ward.

There are significant benefits to the centralisation of community beds on the St Mary's site including:

- a. Co-location with PRRT (Portsmouth Rehabilitation and Re-ablement Team) and the out of hours community nursing teams
- b. More efficient use of medical staffing
- c. More efficient safer staffing models in line with Releasing Time to Care, The NHS Productive Series¹
- d. Significantly improved environment from the existing Jubilee Unit
- e. Increases the percentage clinical space at St Mary's and the reduction in under-utilised waiting and reception areas in line with the Trust's Estates Strategy

3. Estates Plan

The realisation of the estates plan is dependent on the completion of four individual projects and associated service relocations:

¹ <https://www.england.nhs.uk/improvement-hub/productives/#ward>

i. First Floor Block E (DSU) refurbishment

Refurbish the first floor of Block E (formerly DSU) to create a new home for the OPMH team who have recently relocated from St James to a temporary home on the first floor of Block A. Prior to this refurbishment, the existing services operating out of the first floor of Block E will be relocated.

ii. Third Floor Block A – AMH Out Patients

Remodel elements of the third floor, Block A, to create a new home for the Adult Mental Health Out Patients, who currently operate from the first floor of Block A.

iii. First Floor Block A – AMH Community Team

Remodel elements of the first floor, Block A, to allow the Adult Mental Health Community Team to relocate from the third floor of Block A. This releases space on the third floor for the new inpatient beds from Jubilee.

iv. Third Floor Block A – Jubilee Beds

Remodel the vacated areas for the third floor, Block A, to create the new inpatient bed spaces. These works will be highly dependent on detailed phasing for their execution, as there is limited decant space for the existing Spinnaker beds.

This is a complex project and therefore difficult to accurately predict a completion date for all the phases. Moving patients over the winter period is unadvisable so realistically completion is likely to be Spring / Summer 2021.

4. Further Considerations

The impact on parking at St Mary's as a result of the additional beds at Spinnaker will be carefully considered as part of the estates work plan.

The empty wing of Jubilee House is currently being used by Southern Health and Portsmouth Hospitals Trust for Hampshire patients until 31 March 2020 to support winter pressures.

There are no plans currently for the disposal of the Jubilee House site. Options will be considered in due course.

5. Next Steps

Solent is engaging with patients and families regarding this plan and will provide an update back at the March HOSP meeting.

Suzannah Rosenberg
Deputy Chief Operating Officer
Solent NHS Trust