



Hampshire and Isle of Wight  
Sustainability and Transformation Partnership

# Portsmouth HOSP queries, May 2018



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# Introduction

At its meeting in March 2018, the HOSP raised a number of queries during and subsequent to a presentation from the Hampshire and Isle of Wight Sustainability and Transformation Partnership (see **Appendix A** for the March STP presentation).

As described during the presentation, and as context for these queries, it is important to note that the Hampshire and Isle of Wight Sustainability and Transformation Partnership is a group of 24 statutory health and care organisations who have determined to work together to deliver better health and care and better outcomes for local people. We do this in a number of ways:

- create environments in which partners can come together to strengthen trust and reduce the complexity of current health and care systems
- collectively agree a 'case for change' and, with engagement with local people, transformation priorities
- agree on how we will work together to deliver these transformation priorities, with a few being delivered at the scale of Hampshire and the Isle of Wight



# Financial performance

The evidence of financial delivery across the STP is in each organisations' financial position, remembering that a significant proportion will relate to provider cost improvement programmes (CIP) and other 'routine' savings schemes e.g. Continuing Health Care (CHC), prescribing and so on.

The organisations across the HIOW STP are forecasting by the end of the 2017/18 financial year delivery of over £164m of efficiency savings. This is around 73% of the £209m target the organisations set themselves to deliver their overall control totals as set by the regulators of NHS Improvement and NHS England.

The STP is working with regulators around control totals for 2018/19 and deliverability of those. The savings delivered in 2017/18 are in line with the initial HIOW STP financial plan. Some of the challenges faced by the health economy are likely to mean it is a number of years before surpluses are consistently achieved across all the organisations. However we continue to focus on schemes that will reduce the overall cost to the system.

The current level of savings required for HIOW STP is 2018/19 is £222m, 35% greater than delivered in 2017/18. This is an average ask of 4.5% in the commissioning sector and 4.3% in the provider sector. A further £51m of savings would have to be achieved to achieve the control totals of HIOW. For 2018/19 final plan submissions have not as yet been made. However we expect 2-3 of the 13 NHS organisations to signal difficulty in achieving their control totals; this is currently subject to further discussion.

At month 11 of 2017/18, 3 of the NHS providers are forecasting non-delivery of their control totals, whilst 3 were forecasting delivery. For CCGs at month 11, 3 are forecasting achievement of their control totals and 4 are not. The final year end positions are being finalised, however this is unlikely to change the overall position.

If the HIOW organisations had delivered against control totals in 17/18, this would have been a better position than committed to in the STP – the STP planned to get to breakeven in 17/18, but control totals were set independently of the STP plan and increased the challenge to £50m surplus. Control totals are set by the regulators. It is also important to note that, for 2018/19, providers' control totals are not reset to take into account final performance in 2017/18.

The STP highlighted a savings requirement of £577m over 4 years (from 2017/18 – 2020/21). This is circa £144m a year, which is broadly in line with what has been delivered so far. The difference being the STP assumed additional funding to support the delivery of the plan of circa £50m a year, in line with indicative funding. However, the funding we have received from regulators has instead been added onto the control totals, rather than closing a gap. We also assumed capital funding of over £170m in 2017/18-2018/19 to further support transformation. Very little of this has been secured at this point.

The ambition is to release greater savings in 2018/19 than in 2017/18, improving on the £164m of savings delivered in 2017/18, which, it should be noted, is a significant amount and in excess of the initial STP financial plan. Organisations across the HIOW STP now share far more detailed financial information than ever before, to ensure they can work effectively together to reduce the costs of the system.

We are reviewing a number of areas to identify further efficiencies, including back office consolidation as part of the national 'Carter Programme', looking at pathology consolidation, radically changing approaches to workforce such as bank and agency usage, reviewing clinical variation through national programmes entitled 'Right Care' and 'Get It Right First Time', plus other national programmes of work to identify unwarranted variation. Through using such opportunities the aim for 2018/19 is to deliver greater levels of efficiency, improving the financial sustainability of the system.

2017/18 financial positions are being finalised and audited. The overall position of the HIOW STP organisations and plans for 2018/19 will be available in due course.



# STP deliverables

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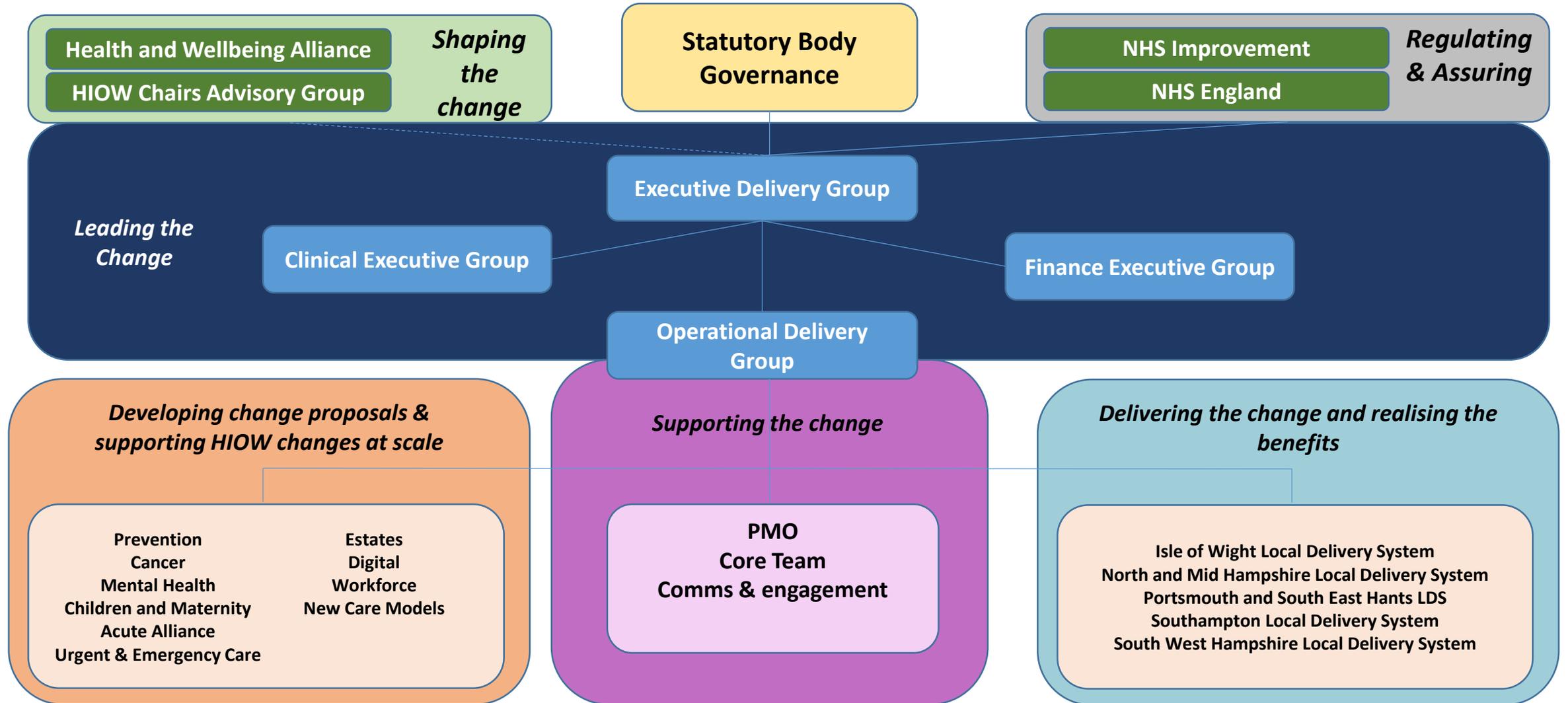
- The STP has established a model of 5 local delivery systems who have come together to act as the means of delivery of the majority of transformation actions. Only those programmes best transacted at a 2 million population are undertaken at a whole HIOW level.
- Our priority actions as set out in the STP delivery plan in 2016, remain and are incorporated in local delivery system and organisational level plans. These include:
  - A radical upgrade in prevention and early intervention and self care
  - Accelerated introduction of new care models serving each community
  - Ensuring provision of sustainable acute services
  - Improving quality capacity and access to mental health services
- Key milestones for HIOW implementation plans are tracked through programme boards and risks escalated through relevant governance routes including local delivery system boards, HIOW executive delivery group, HIOW Directors of Finance group, etc (see example highlight reports attached **Appendix B, C and D**). Local delivery including KPIs and benefits realisation are monitored and managed within local organisations and local delivery systems.
- The STP work programme and progress is subject to assurance on a quarterly basis by NHS England and NHS Improvement.

# Structure & Governance

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- The Partnership is not a statutory body / constituted in law. It has been established under the policy direction of the NHS Five Year Forward View: Next Steps
- In 2017/18 local organisations have determined that they do not wish to establish governance structures that delegate responsibilities or powers to the Partnership. In this respect all decisions of the STP are consensual and statutory bodies retain full accountability for decisions. There is, however, an operating structure established by the Partnership and set out in a collectively developed Compact. The current operating structure is summarised on the following slide.
- To further complement and oversee the Executive Level infrastructure, as per the recommendation from the SCIE-PPL project in 2017, a HIOW HWB Alliance has been constituted as a meeting 'in common' between the four Health and Wellbeing Boards. The Alliance provides shared local authority/NHS oversight arrangements. The membership comprises the four upper tier local authorities Health and Wellbeing Chairs, five representatives from CCGs (one representative from IOW CCG, Southampton City CCG, Portsmouth CCGs and two from Hampshire representing the South West and North and Mid Hampshire local system perspective) - the CCG Chairs plus the STP Independent Chair and Senior Responsible Officer in attendance. See attached **Appendix E** for further details.
- The Partnership has recently embarked on a system design programme that will seek to revisit the governance arrangements of the Partnership and to locally design the future health system architecture. This is likely to reach initial conclusions in May 2018, at which point proposals regarding the future architecture will be further debated and refined through broader discussions with health and care system leadership including local authority partners.

# Partnership Operating Structure



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# The STP role in the implementation of a new vascular service model

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The Wessex Vascular Steering Group, led by NHS England, concluded its work in May 2017.

At that point the service model had been collectively agreed for South East Hampshire.

NHS England determined that it had reached a natural point of transition and that the implementation of the proposals was best taken forward by the Hampshire and Isle of Wight STP.

The STP's Solent Acute Alliance took on the majority of this work, refining the detailed clinical pathways, with the complex financial and activity alignments led by the STP Finance Team.

The Solent Acute Alliance supported by a range of colleagues from the broader STP, provided clinical leadership and ownership as well as technical finance expertise to ensure the overarching principles of the transfer of some surgical patients could be safely, sustainably and affordably delivered for the population of Hampshire and Isle of Wight.

Through networking arrangements for vascular surgery, provider and commissioner partners within the STP have developed, commissioned and delivered improved care pathways for patients to reduce the length of hospital stays and the need for radical surgery such as amputation.

A letter from NHS England is attached at **Appendix F** referring to the STP role in the implementation of the new service model.



# Appendices

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Appendix A: Portsmouth HOSP presentation March 2018

## **Example highlight reports:**

Appendix B: STP prevention at scale highlight report

Appendix C: Solent Acute Alliance highlight report

Appendix D: STP digital programme highlight report

Appendix E: HLOW Alliance proposal

Appendix F: NHS England letter reference vascular service model



# Contact us

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

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

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

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



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