



Hampshire and Isle of Wight

Renewing Our Ambition

Health Overview and Scrutiny Committee

19th September 2024

NHS Hampshire and Isle of Wight Integrated Care Board



1. Developing Our Renewed Ambition

- 1.1 This update follows an update previously shared in March 2024 and includes the ICS and ICB financial plan which was due to be provided in July 2024. This was delayed as the Integrated Care Board were awaiting sign off from NHS England.
- 1.2 The NHS across Hampshire and Isle of Wight has an ambition for the future where local people are better supported to live healthier lives for longer and, when they do become ill, have better access to the right care in the right place at the right time.
- 1.3 NHS Hampshire and Isle of Wight has recently published Our Renewed Ambition. This document summarises the key priorities and the actions NHS partner organisations are taking to achieve our ambition and what will be different when we do.
- 1.4 Our Renewed Ambition also contains our statutory Joint Forward Plan. NHS partners are required to prepare a Joint Forward Plan before the start of each financial year, setting out how they intend to exercise their functions in the next five years.
- 1.5 Our Renewed Ambition has also been shared with all Health and Wellbeing Board members and will be discussed at the next Portsmouth Health and Wellbeing Board.
- 1.6 Our agreed system-wide 'interim integrated care strategy' was published in 2022. Our renewed ambition builds on our shared work to date and the learning we have gained by working as a system over the last two years. The Integrated Care Strategy is based on the health and wellbeing strategies and the local joint strategic needs assessments from each place.
- 1.7 Our Renewed Ambition is not new or a change in direction. It builds on what we have been working together on over time, and significant recent engagement with a number of partners from across our system including local authorities to identify where we can do more together.

2. Realising our Renewed Ambition

- 2.1 One element of Our Renewed Ambition is to more clearly state 'The Difference' that we want to make and how we will come together as a system will fundamentally change things for our communities.
- 2.2 Our engagement with system partners revealed areas where we felt there was more opportunity and need to make a clearer commitment. We have turned these into clear statements. This where we feel that we can enable greater potential and impact for our population.
- 2.3 These statements are:
 - We will make a **shift towards proactive and preventative care** and support.

- We will deliver **person-centred care** led by the needs of the whole person and underpinned by a **community-centred approach to wellbeing**.
- We will develop and maximise our **pathways of care based on clinical outcomes**, evidence and data.
- We will **maximise the use of the resources in our system** building on models of collaboration, partnership and integration.
- We are a **learning system**.

2.4 These statements are designed to:

- Bring together initiatives and programmes into a more singular vision, describing the real and long-term transformation of our system and ways of working to which we all contribute.
- Make a clear and public commitment to the significant change required to enable the best outcomes for our system and population.
- Help everyone in the system to understand what our strategy means for them and their work and what will be different.
- Empower people working across the system to confidently deliver on our strategic vision and know that they are contributing to our long-term strategic aims.

2.5 These are intended to be the ‘golden threads’ of system working that run through our work together, as they are an important public commitment to our strategic ways of working.

3 Defining our Renewed Ambition

3.1 Our focus is now on how we can translate the strategic intent in Our Renewed Ambition into agreed, measurable and transformational change across the system.

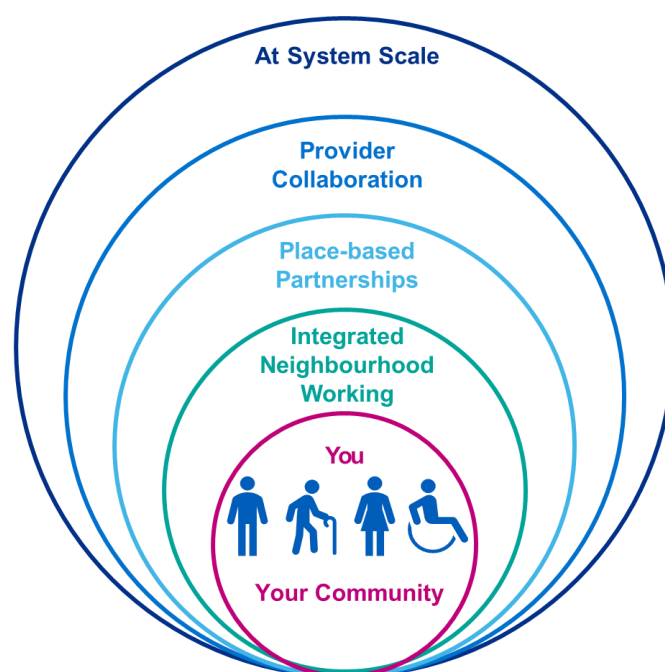
3.2 We plan to use the statements to guide a number of upcoming pieces of work to firmly root our strategy in what we do together as NHS partners working in the system. This could include (but is not limited to):

- A **communication tool**, helping people working in the system to have a common language to describe strategic ambition and understand their part in delivery on our ambition;
- A clear **framework for supporting strategies**, to demonstrate how their work will link into the overall strategy and contribute to our long-term strategic aims;
- A **framework in our planning process for 2025/26** helping us to articulate how our planning for the next year supports a long-term shift in activity and behaviour moving to a process where planning is undertaken throughout the year and firmly rooted in our strategy; and
- As a **way to manage progress and challenge ourselves**, a tool to judge how differently we are operating.

3.3 As important as it is for us to have a clear public strategy, the purpose of this refresh is ultimately to shape what we do together. We recognise that simply stating our intentions is not enough.

4 Our ways of working built around people

4.1 The people and communities of Hampshire and Isle of Wight are at the heart of everything that we do. Our ways of working describes the major parts of our system where health and care organisations work together to transform the way health and care is planned, coordinated and delivered. Each part working together in partnership helps us to deliver the right care, at the right time, in the right place for our population.



4.2 We understand the importance of working at scale and providing equity of care across the system, doing things at scale and delivering care that is value for money. We recognise the important benefits that can be realised when working at place and in communities in partners. Utilising the networks, partnerships and local knowledge to deliver preventative care, early interventions and timely access to services when required.

4.3 This way of working enables better integration of services, use of resources, coordination, planning and decision-making that lead to better joined-up care for local people and better ways of working for our people working across services. It is intended to support, rather than replace or undermine, existing organisational accountabilities.

5 Working together

- 5.1 Portsmouth has a long legacy of effective, integrated working, achieved through close partnership arrangements between the NHS and Portsmouth City Council. We know that, for our residents, they do not live or sit in pathways of care – they live in local communities. The value of leading, engaging and delivering at a local level cannot be undervalued or underestimated. NHS Hampshire and Isle of Wight remains committed to strengthening the work at place level, by leading from the centre and driving forward the health improvements we need to deliver.
- 5.2 When our Integrated Care Board was established in July 2022 it became the statutory NHS body responsible for setting the strategic plan for the NHS to deliver its part of the health and care strategy, allocating NHS resources and working through our places and transformation programmes to ensure the right services are delivered to people in our communities.
- 5.3 The benefit of new ways of working mean that there is now a greater platform for strategic commissioning, where retaining a Place-focus on our communities, not least through our existing Section 75 arrangements and the overall management of the Better Care Fund.
- 5.4 As an Integrated Care Board, we are specifically responsible for the commissioning spend on:
- Acute services
 - Mental health services
 - Community services
 - All Age Continuing Care
 - Prescribing
 - Primary care services
 - Other programmes and our own corporate running costs.
- 5.5 The development of Integrated Care Systems allows for the consideration and creation of system and ‘Place’-based plans for improving health and wellbeing outcomes, building on positive work started before by Clinical Commissioning Groups. This brings many opportunities; not least better planning of local services and alignment of spend, and there is much our wider system is and can learn from Portsmouth’s best practice in this respect. However, we must do this now while also improving an unacceptable NHS financial position created following the pandemic.

6 Improving our financial position

- 6.1 The Hampshire and Isle of Wight NHS system continues to be in the NHS England (NHS E) Financial Recovery programme. This requires additional assurance and reporting requirements to NHSE as well as controls around decision making.
- 6.2 Central to recovery is the need to achieve financial and operational balance. At the start of the current financial year (FY 2024/25), across the health system

(Integrated Care Board and NHS Trusts) we agreed a plan with NHS England that would see the overall system finish with a deficit of £70m.

- 6.3 Since entering the Recovery Support Programme, we have prioritised making sure taxpayers are getting best value out of the funding made available to the NHS nationally.
- 6.4 Difficult decisions over renewing contracts, or extending pilot projects, have been taken. Every decision has, and will always, go through a process to understand the clinical context of the service, and patient outcomes. This is that any decision must first be considered in its clinical context. The quality impact on the city's residents must then be established, in addition to considering wider health inequalities and equity of access to services in Portsmouth. We then explore other options for service provision and risk, before making a decision around any possible financial saving which can be made.
- 6.5 Existing commissioned services, which are core to the way the NHS works regardless of location, have been unaffected. The money we spend on delivering urgent and planned care, and primary care, prescribing and Continuing Healthcare, is linked to the need of those services. The delivery of these services is required from the NHS mandate set by Parliament, in accordance with the National Health Service Act 2006, which incorporates the setting of revenue and capital resource limits. In the event such a change were to be made which was classed as substantial, we would have a duty to formally consult the public in line with legislation.
- 6.6 It costs around £1.2million every day to run the NHS in Portsmouth. In the last financial year this means approximately £422million was spent on NHS services for Portsmouth residents. This includes acute services, mental health and primary care services.
- 6.7 48% of our budget has been spent on acute services. It is our ambition to shift this towards community, primary care and prevention-led services, while also acknowledging at the current time our acute hospitals, such as Queen Alexandra Hospital, are addressing urgent care needs which could not be managed in another setting. This shift can only be practically achieved by working with partners at Place and at a local, neighbourhood level.
- 6.8 The ICS is reporting a year-to-date deficit of £67.0m at the end of July 2024, compared to a planned year-to-date deficit of £53.7m, so an adverse variance to plan of £13.3m.
- 6.9 Key to delivering our plan will be addressing the following:
- The growth in our workforce over the last five years;
 - Our increasing reliance on escalation capacity to meet increasing demand within the system;

- The historic rate of Cost Improvement Programme (CIP) delivery within our constituent organisations, and the balance of recurrent vs. non-recurrent savings.

Without doing this we will not have the ability to make the investment and change.

7 Better Care Fund

7.1 The Better Care Fund encourages integration of health and social care through entering into pooled budget arrangements and an agreed spending plan. It is there to support local systems to deliver place-based plans to drive person centred care, sustainability and improved outcomes for people and carers. Our current working together in the Better Care Fund is as follows and describes the current sources of funding:

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board:

Portsmouth

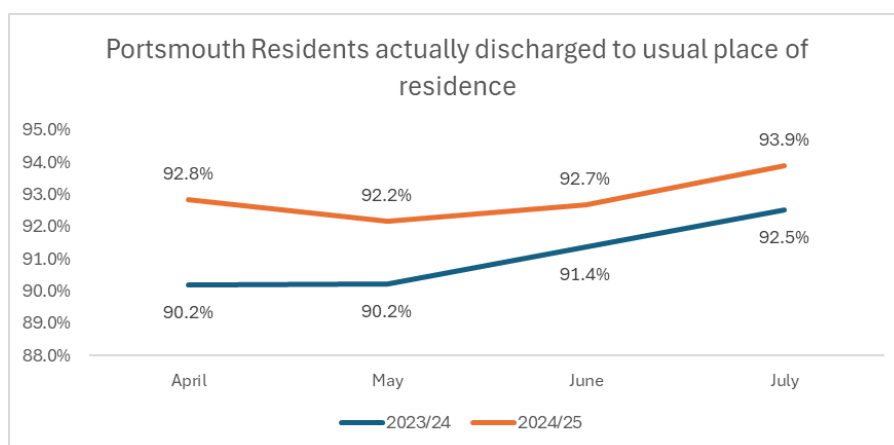
Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£2,246,606	£2,246,606	£0
Minimum NHS Contribution	£18,771,839	£18,771,839	£0
iBCF	£8,616,489	£8,616,489	£0
Additional LA Contribution	£12,368,661	£12,368,661	£0
Additional ICB Contribution	£8,087,796	£8,087,796	£0
Local Authority Discharge Funding	£2,013,364	£2,013,364	£0
ICB Discharge Funding	£1,762,164	£1,762,164	£0
Total	£53,866,919	£53,866,919	£0

7.2 The approach to integrated working on the BCF in Portsmouth has been achieved by partners developing a collaborative plan which captures priorities across health and social care, working together as one team without organisational barriers to collectively identify solutions and improvements to support the delivery of the local BCF plan.

7.3 In 2023/24 a review of the Portsmouth Integrated Rehabilitation and Reablement service enabled the pooling of resources across health and social care together into a single budget. The Community Independence Service (CIS) was previously a separate service provided by the Local Authority; the review has supported the transfer of the service into the Portsmouth Rehabilitation and Reablement Team (PRRT), ensuring a more consistent and positive experience for the citizens we support.



7.4 This collaborative approach has continued into 2024/25 including the development of the local Integrated Neighbourhood Team scheme in support of the national and system priorities for teams and services to work in a much more integrated way across health and social care and public health.

7.5 The scheme is funded by the BCF discharge monies and will fund link workers to start discharge planning between community and primary care earlier in a patients stay in hospital, in order to reduce length of stay for beds used in hospital. The risk of readmission is expected to reduce through reviewing discharged individuals through the Multidisciplinary Team meeting, and admission avoidance will be supported through identifying high risk individuals using the Population Health Management approach.

8 Moving Forward

8.1 We are carefully planning how to fund services for the next financial year (2025/26), considering the need for more prudent planning and ensure we do not overspend. This will allow us to reduce Non criteria to reside; improve discharges; align Demand and Capacity; re-organise corporate services; improve theatre productivity and outpatient follow ups; reduce the impact of mental health patients in acute settings and ensure always treated in the appropriate setting.

8.2 We recognise that delays to financial decision making for 2024/25 that were caused by regulatory changes had significant impact on our partners. We will continue to work with our system partners, including our local authority colleagues to ensure that plans are co-produced and we have committed to issuing our draft commissioning intentions in early Autumn and working towards for draft funding arrangements to be agreed by the end of December (subject to confirmation from NHSE).

9 Our Joint Capital Resource Use Plan

9.1 All Integrated Care Boards are required to publish a joint capital resource use plan every year, as part of the Health and Care Act 2022. These plans are

intended to ensure there is transparency for local residents, patients, NHS health workers and other NHS stakeholders on how the capital funding provided to Integrated Care Boards is being prioritised and spent to achieve the system's strategic aims. This aligns with our financial duty to ensure that the system's allocated capital (Capital Departmental Expenditure Limit, or CDEL), is not overspent and their obligation to report annually on their use of resources.

9.2 In 2024/25, our capital plans as a system total £297m, including:

- £107m of operational capital for NHS trusts and foundation trusts, to fund investments in their estates, digital, equipment and fleet
- £3m of operational capital held by the Integrated Care Board to fund IT equipment for primary care and grants to improve GP premises
- £66m of leases for equipment, vehicles etc which need to be accounted for as capital under International Financial Reporting Standards 16 (IFRS16)
- £93m of nationally awarded capital funding, including:
 - A new Emergency Department at the Queen Alexandra hospital in Portsmouth
 - The completion of the "Investing In Our Future" programme on the Isle of Wight, which includes a new integrated mental health and community hub in Newport, improved intensive care unit at St Mary's Hospital, new emergency care floor at St Mary's Hospital, acute bed reconfiguration at St Mary's Hospital, investment in digital infrastructure and technology.
 - A new elective hub and orthopaedic outpatient scheme at the Royal Hampshire County Hospital site
 - A new rehabilitation unit at the Western Community Hospital site
 - Expansion of the endoscopy service in Portsmouth Community Diagnostic Centres
 - Development of Highclere site in Cosham with a purpose-built GP premises.
 - Digital investment including system-wide electronic patient record (EPR) implementation
 - Enabling works for the Modernising Our Hospitals and Health Services hospital redesign in North Hampshire.
- £7m of other technical accounting capital, which mainly relates to capital charges for Private Finance Initiative (PFI) estates.
- £20m of grants and donations e.g. from trust charities principally consisting of a decarbonisation grant from Salix to University Hospital Southampton NHS Foundation Trust.

Should our capital plans change significantly we will publish a revised plan. It is important to note that these figures represent our plan for 2024/25, not actual spending. We will report on our spending against this plan in our 2024/25 annual report