



**Hampshire and Isle of Wight**

# **Our Renewed Ambition**

**Our joint forward plan for the NHS across  
Hampshire and Isle of Wight**

**Happier, Safer, Healthier. Together**



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# SECTION 1:

## Our renewed ambition

### Summary

#### What we want to achieve

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.

Our local health system is currently facing significant challenges and issues that are impacting services and the health of our population. The number of people seeking support, treatment and care is going up all the time and services have not been able to keep up with this growing need. As a result, too many people are not always getting the right care for their needs, people are waiting too long for care too often, and our people working across services are being put under ever increasing pressure.

We are responding to these issues by renewing our ambition for the long-term future of the local NHS that involves taking the following actions, improvements and changes for local people across Hampshire and Isle of Wight (**HIOW**):

#### Happier, Safer, Healthier communities

- We are supporting people to live longer and more fulfilled lives in good health through the delivery of our **partnership priorities**. These focus on improving support and care for children and young people, enabling better mental wellbeing, keeping people in good health with proactive care, better supporting our workforce, and maximise the potential of digital and data.

#### Improved NHS services

- We are improving and transforming services to give people the right care, in the right place, at the right time now and in the future. We are achieving this through the delivery of our **NHS transformation programmes** across local care, urgent and emergency care, planned care, mental health, discharge and workforce.

#### Overarching principles

- Our '**golden threads**' of system working will increasingly run through all our work. These are improving outcomes, tackling inequalities, taking a community-centred approach, enhancing productivity and value for money, and supporting broader social and economic development.

#### Ways of working to support integration

- We are building on strong historical partnership working to enable organisations to work in a more **collaborative and joined-up way** to best deliver our priorities and commitments.

## What will be different

Achieving the above will create a future health system that is different from today and will require changes to how organisations and services currently work.

Over the next five years, the **key differences** to system working will be:

- **A shift towards proactive and preventative care and support.** We will increase the alignment of our resources to the delivery of outcomes and away from processes. We will take significant, measurable steps to rebalance funding and resources towards prevention. We will take a population health approach.
- We will have more **person-centred care** led by the needs of the whole person and underpinned by a **community-centred approach to wellbeing**. We will have integrated neighbourhood teams that respond to the growing and changing needs of our communities and we will target care and support to those in most need and reaching out into under-served communities. We will co-design and deliver our response to the growing and changing needs of our communities and neighbourhoods. We will target care and support to those in most need and outreaching into underserved communities, including a focus on our Core20PLUS5 populations, addressing inequalities in access, services and outcomes. We will care for the whole person thinking about their needs and circumstances, valuing mental health equally with physical health.
- We will develop and maximise our **pathways of care based on clinical outcomes**, evidence and data. We will redesign our services in order to reduce unwarranted variation in access, outcomes and efficiency through consolidation of access points and scaling up where evidence suggests benefit. We will commission for outcomes. We plan develop, design and deliver services around what matters for our population and changing needs, taking a balanced approach to finance, performance, and quality to create sustainable quality outcomes and experience.
- We will **maximise the impact of the resources available** by building on models of collaboration, partnership and integration. We are powerful together as NHS and system partners. We will develop and agree plans with clear accountabilities to enable our transformation as a system. We hold risk and accountability across the system. We succeed when we all succeed collectively. We will identify and reduce duplication of functions and simplify processes, including joining our systems where appropriate.
- We will become **a learning system**. We are curious and always improving, using research and innovation methods to plan work, deliver services and understand impact. We respect and benefit from the expertise of others will think beyond healthcare services to include community wellbeing and broader social and economic development. We will invest in our people giving access to the training, support, tools and guidance to equip them to deliver on our strategy.

## Benefits for local people

Delivering our ambition will help address the challenges we face as a local NHS and improve how organisations and services work. In doing so, we will be able to improve the services, care and outcomes of local people. Every individual will benefit in different ways but the common themes that will be improved for everyone are:

- Better support to live and stay independent for longer in good health.
- Better support for our children to make the best possible start and to fulfil their potential.
- Reducing the inequalities in health experienced by our most disadvantaged communities and individuals.
- Preventing more people from becoming ill and, when they do need support and care, help them to have access to better services that best meets their needs as quickly as possible and gives them the best experience and outcomes.
- Better support for people working across our services to work in the best possible way that gets the most out of their skills, experience and expertise.
- Getting the most out of the limited funding we have available to ensure services are more affordable and sustainable for the future so we can invest in new services.

## Our progress so far

We have already made progress in making our renewed ambition a reality and are building on work that has taken place over the last few years. Following the agreement of our system-wide 'integrated care strategy' in 2022 with our wider system partners, we have programmes of work to progress our priorities for achieving long-term improvement to the health of our population. These focus on the wider determinants of health, beyond NHS service delivery, and can only be achieved with partners across our whole system working together.

We have established and progressed our agreed transformation programmes across NHS partners that aim to address the significant challenges we face and improve services both in the short and long-term. These are key to the delivery of our plans to recovery our current challenged financial situation across NHS partners that we are committed to achieving as part of the national Recovery Support Programme.

Over the last year we have also made progress with our three strategic programmes that are supporting healthcare on the Isle of Wight to be more sustainable, integrating mental health and community services, and improving long-term hospital services in mid and north Hampshire.

Despite the large amount of work that has taken place, the issues and challenges we face remain significant and in some areas have grown and are becoming more severe. Across the local NHS, it is clear we need to go further and faster in making the changes and improvements needed and this requires us to renew our focus, commitment and energy to make it happen.

## Next steps to make our Renewed Ambition a reality

Our NHS operating plan for 2024/25 outlines what we will deliver in year one of our Renewed Ambition through our transformation programmes. This has been developed and agreed across NHS partners, in-line with the national planning guidance, and aims to further improve our financial position as a system through in-year transformation, maintain safe services in the here and now, and continue the progress made for longer-term improvement.

Through the delivery of our operating plan, we are aiming to achieve breakeven 'run-rate' across NHS partners, which means we will no longer be spending more money than we have available. This will allow us to exit the Recovery Support Programme and give us more flexibility to be able to invest and focus on greater improvement across services over the coming years.

# SECTION 2:

## Setting the context

### Why we need a renewed ambition

#### Why we need to change

The NHS across Hampshire and Isle of Wight is facing significant challenges and issues that are impacting how local people receive support, care and treatment. The number of people using services is growing all the time, and the services have not been able to keep up. This has resulted in too many people not always getting the right care in the right place for their needs, people are waiting too long for care too often, people are staying too long in hospital when they would be better cared for elsewhere, and our people working across services are being put under increasing pressure.

There are many reasons for these challenges, some of which are complex and long-standing:

- **Population factors:** We have a growing and ageing population, and more people are living longer in poor health, with increasing frailty and multiple health needs. This is particularly the case in some of our rural areas, our coastal communities and in our most deprived areas. Lifestyle factors such as smoking, poor diet, physical inactivity, obesity and harmful alcohol use remain leading health risks, resulting in preventable ill health, in particular for those with mental illness and with learning disabilities and/or autism. All these factors are resulting in more people needing support, treatment and care more often from services.
- **Imbalance between prevention and cure:** The majority of NHS funding and staff is currently focused on acute hospital care and more could be done to invest in out-of-hospital care and measures that would prevent becoming ill, or their conditions becoming worse, that would keep people healthy for longer.
- **Disjointed services:** Some services do not always work in a joined-up way across different organisations, which can cause delays in people's care and treatment and mean some people do not have all their needs met in the best possible way. This is due to the way services are currently organised and run.

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*"I just want to tell my story once instead of repeating myself again and again to different people. The NHS should be one organisation but sometimes it can feel like lots of different organisations who don't really talk to one another very well."*

*Local resident*

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- **Differences in care and treatment:** There are currently differences in the type and quality of services available to local people across Hampshire and Isle of Wight depending on where they live, which means not everyone has access to the same level of services. This is due to the way the NHS has historically planned and delivered services. We now have an opportunity to better address these differences following formal national changes to NHS commissioning and the formation of NHS Hampshire and Isle of Wight.
- **Complex and complicated system:** Local people have frequently said they find the health and care system too complicated which makes it hard to access the right service. This can cause people to use services that are not the most appropriate for their needs or cause them to not use services at all.

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*“I get so confused by how services work, there are so many different ones and I don’t really understand what I need to do. I don’t know why it can’t be easier for people to use.”*

*Local resident*

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- **Impact of Covid:** Covid had a significant impact on people’s health and wellbeing and on services and we are still seeing the impact of this. This includes a backlog of people waiting for operations, procedures and diagnostics. There has also been a significant increase in people needing support for mental health over the last few years.
- **Hospital ‘flow’:** People are spending more time in a hospital due to challenges getting them back to their usual place of residence. This negatively impacts on the health and lives of those individuals and delays the treatment and care of others.
- **Estates:** Some buildings used for services are no longer fit-for-purpose, impacting on the quality and experience of care being provided, and some facilities are not being used to full effect or as efficiently and effectively as they could be.
- **Efficiency and affordability of services:** Some services are not working as effectively and efficiently as they could be because of all the factors listed above. This means our local NHS costs more money than we have available. This is made worse by the increase in costs due to inflation and costs of drugs. We also know that the amount of activity taking place across services has reduced since the beginning of the pandemic, despite more staff being recruited, which means we are not getting the most out of the funding available.

In addition to these challenges impacting services, there are also unacceptable differences in health and outcomes for our most disadvantaged communities and individuals. This includes for people living in areas of deprivation, people with mental health vulnerability and some of our ethnically minority communities. This is often because they need more help to get the support and care they need and they often face additional and complex barriers to accessing services.



## How we are responding

We know the multiple challenges we face as a health and care system cannot be addressed through one solution or by one organisation alone. For improvements to be made, it requires all partners working together in a more joined-up ('integrated') way to collectively transform the way health and care is planned, co-ordinated and delivered.

A lot of work has already been taking place over the last few years, particularly since local health and care organisations formally began working as an 'Integrated Care System' in 2022 which has allowed and encouraged more collaboration and partnership working.

This saw the creation of the Integrated Care Partnership, which is made up of partners across the NHS, local authorities, community and voluntary sector organisations and the wider public sector, working together to improve an agreed set of priorities that will make the biggest difference for our population.

These partnership priorities are set out in our Integrated Care Strategy and aim to bring about the greatest long-term improvements for children and young people; to support people's mental wellbeing; to better support good health and proactive care; improve the wellbeing of our workforce; and improve digital solutions, data and insights.

This work supports, and is in addition to, the ongoing work at a local level set out in our existing Health and Wellbeing Board strategies that are being delivered through our Place-based Partnerships across Hampshire, Isle of Wight, Portsmouth and Southampton.

These partnership and Place-based Partnership priorities allow us to go beyond the provision of services and focus on the wider factors that influence people's health. This ensures we are also improving the health of our communities and not just supporting them when they do become ill.

Across the local NHS, the formation of NHS Hampshire and Isle of Wight Integrated Care Board in 2022 has enabled NHS partners to work in a more collaborative and joined-up way.

All local NHS partners agreed to enter the national Recovery Support Programme at the start of 2023/24 due to the significant collective financial challenge they all faced. This has helped stabilise and improve the financial management across the NHS system and enabled us to identify the key areas for improvement across services over the short and long term. We established five transformation programmes focusing on local care; urgent and emergency care; planned care; hospital discharge; and our workforce, with the aim of improving how services are delivered across these areas and the financial management of the system.

Alongside our transformation programmes, we have been progressing three important strategic programmes that aim to bring about long-term improvements. We have been working to formally bring together mental health, learning disability services and community services into one new Trust to better join-up and improve the care and access for local people and reduce the unwarranted variation that currently exists. The formal launch is expected to take place in 2024-25 and will be a key part of achieving our long-term ambition.

We have formally transferring the responsibility of services from the current Isle of Wight NHS Trust to other local providers to ensure services remain clinically and financially sustainable for local people on the island.

We have also progressed our new hospital programme that aims to modernise and improve health services in Hampshire. We carried out a significant public consultation on proposals



to reconfigure services to replace outdated buildings, address the current challenges services are facing, and respond to the changing needs of the local population. The proposals, if approved, will represent a long-term programme to support our ambition.

Alongside the delivery of our priority areas, additional immediate actions and measures have been taken over the last year to improve access and ensure services remained safe.

We have been delivering the commitments of the national Primary Care Recovery Plan that has seen a significant increase in GP appointments. We have also needed to respond to the spikes in increased pressure on services experienced over the year, particularly during the winter months, with additional measures. This was exacerbated by the sustained and continued periods of industrial action across the workforce over the last year, which has had a significant impact on services. In particular, it has created an additional challenge in reducing waiting times and has meant more money has needed to be spent than planned.

## How we developed our Renewed Ambition

Our Renewed Ambition builds on work that took place to develop our Integrated Care Strategy and the NHS Joint Forward Plan that was agreed with partners in 2023. The Joint Forward Plan set out the key actions to be taken to deliver our NHS transformation programmes and partnership priorities.

Developing these pieces of work incorporated insight, evidence and data from what local people told us needed to change, international best practice, performance metrics and national NHS policy and guidance. We analysed current and future population health needs through the Joint Strategic Needs Assessments across each of our local authority areas.

Our Renewed Ambition represents a refresh of our Joint Forward Plan and has been informed by a review that took place across partners in early 2024. It aims to consolidate, build on and strengthen the large amount of work that has already taken place, and the commitments to change already made across partners, into one single clear strategic plan for our population.

## Reviewing our progress to date

The review carried out into our progress to date in delivering our priority areas set out in our NHS Joint Forward Plan and our Integrated Care Strategy involved speaking with over 40 partners, as well as assessing what more needs to be done to respond to current challenges and requirements for 2024-25.

The review enabled us to reaffirm our commitments to long-term change, understand barriers we need to overcome to deliver improvements, identify opportunities and learning for greater transformation and to re-align our planning to national expectations and requirements.

The key themes from our review were:

- **The need to go further and faster**

There has been progress made over the last year but it was recognised the level of improvement has been slower than we would have wanted and we need to go further and faster. The reason for this is because there has needed to be a focus on stabilising the NHS system's financial position, alongside managing the intense pressure services have been experiencing. The complexity and size of the change required, alongside the large number of

competing priorities across the system, has meant we have not always given enough resource and time to making long-term change alongside managing the immediate day-to-day pressure and issues.

It was recognised the existing and new challenges the local NHS is facing means there is now more of a pressing need for greater change and transformation and we have a greater opportunity to achieve this. Following a year of partners working together in the Recovery Support Programme, we have learning to build on and are in a more financially stable position, which puts us in a stronger position to focus on greater transformation and improvement.

This will need to be done in a realistic and pragmatic way and we need to be clearer on what can be achieved and when to ensure we have continuous and incremental improvement.

- **Our priorities are correct but need to be delivered differently**

Our priorities remain the key areas where partners need to continue to work together to achieve the biggest improvements and transformation. They are the areas where we are facing some of our biggest challenges in terms of performance and also what our public are telling us need to be addressed in terms of improving access and experience.

It has also been identified that there needs to be greater improvement and transformation for people experiencing mental health issues, learning disabilities and autism and it was recommended this should be a priority programme.

In delivering our priorities, simply doing more will not be possible with our current resources so we need to re-balance resource and attention more towards what will bring most value to the system. This will require partners to work differently and we need to establish the architecture and mechanisms to enable this to be done.

- **Continued commitment to partnership working and reshaping the delivery of care**

Partners remain committed to working together to bring about long-term transformation and improvement for our communities. We need to focus more on the development of integrated neighbourhood working, greater provider collaboration and new models of care. We need to embed the overarching principles to system working, in particular focusing on prevention, inequalities, research, innovation and improvement, and 'go big' on data and insight in driving our decision-making.

We need to clearly define how partners will work differently to realise the opportunities for system working and continue to strengthen our partnership relationships and governance.

- **Continued alignment with national policy and guidance**

Our improvement priorities align with national expectations for improvement and our 2024-25 delivery plan needs to respond to the NHS England planning guidance. National NHS policy is increasingly focusing on the development of Integrated Neighbourhood Teams and provider collaboration which are areas where we need to strengthen and accelerate in their development.

# SECTION 3:

## What we want to achieve

Our Renewed Ambition focuses on four areas we are aiming to deliver, strengthen and develop to support the transformation and improvement of the health of our population and the NHS across Hampshire and Isle of Wight (HIOW):

- **Happier, Safer, Healthier communities** which will be achieved through the delivery of our partnership priorities.
- **Improved NHS services** delivered through our NHS transformation programmes.
- **Overarching principles** that act as 'golden threads' running through all our work.
- **Ways of working to support integration**, collaboration and partnership working across organisations.

The aims and key actions we are taking in each of these areas are described in the following sections.

## Happier, Safer, Healthier communities

Our Renewed Ambition is rooted in supporting local people across Hampshire and Isle of Wight to live **happier, safer and healthier** lives, particularly those who are most vulnerable and disadvantaged.

We are working with wider partners to deliver our system-wide Integrated Care Strategy that aim to achieve **better outcomes** for our communities:

- **Happier:** We are working to improve people's wellbeing by enabling them to have better social connection, learning and education and social mobility.
- **Safer:** We are working to improve people's safety by supporting safer places and preventing safety issues before they arise and addressing them before they worsen. This includes reducing the number of people living and suffering from the complications of preventable disease.
- **Healthier:** We are working to improve health outcomes of individuals and populations by reducing the prevalence of disease, narrowing the gap in healthy life expectancy between local areas where it is highest and lowest by 2030, and increasing healthy life expectancy by five years by 2035.

## Partnership priorities

To achieve these outcomes, we are committed to supporting the delivery of our **partnership priorities** as a system partner. These priorities were agreed using data and insight and focused on areas where we can make the greatest impact to the health and care of local people through system partnership working. These are:

- Children and young people
- Mental wellbeing
- Good health and proactive care
- Our people (workforce)
- Digital and data

NHS partners are part of the programmes of work for these priority areas and outcome measures have been agreed for each. Progress of delivery is reported to the Integrated Care Partnership joint committee.

We have made progress over the last year and will continue to support delivery to achieve the following aims:

### Children and Young People

We want all children to have the best possible start in life, regardless of where they are born, and have positive physical, emotional and mental wellbeing. We are focusing on the first 1,001 days of life, to secure the best possible outcomes for children as they approach early years. We want to improve children and young people's social, emotional and mental health through prevention and early intervention to ensure we are able to support needs before they escalate and further impact on the young person's long-term outcomes.

### Good health and proactive care

We are working together across partners to improve the health of our population by addressing some of the wider determinants of health and not just the conditions people have been diagnosed with.

We want to improve social connectedness and decrease social isolation by taking a life course approach and working with communities to understand their needs and to develop and ensure the sustainability of community assets. We have worked with partners to share and promote good practice and held a successful social connectedness assembly in February 2024.

We will continue to promote the importance of social connectedness through a coordinated communication and campaigns plan. We will also seek to highlight the importance of social connectedness in our workforce.

We want to improve mental and physical health for all ages and increase independence in older adults, reducing the need for health and care services as well as reducing unemployment and increasing productivity. We have worked with partners to create a cardiovascular disease prevention plan, which is being delivered across Hampshire and the Isle of Wight. We will improve the detection of risk factors and increase the proportion of people 45 and over with a recent hypertension check and increase the number of GP recorded blood pressure checks.

## Mental wellbeing

We are promoting positive mental wellbeing across all partners, with the aim of reducing death by suicide, addressing inequalities in access and outcomes for people seeking support with mental health issues, and developing trauma informed approaches across services. We have already progressed work on suicide prevention with plans now in place across local areas and an increase in numbers completing training. We have also developed training to improve trauma informed practice.

We will continue to support the coordination of suicide prevention work, including the promotion of suicide bereavement support services and a suite of recognised mental health, wellbeing and suicide prevention training. We will also focus on mental wellbeing in the workforce.

We are supporting the development and launch of an e-learning package to promote an understanding of trauma informed approaches and their impact and we will support the launch of the trauma informed organisational assessment.

## Our people

Alongside our priority to better support and develop our NHS workforce, we are working with partners to attract recruit and retain people across the wider system. We are focusing on the health and wellbeing of our people and expanding our workforce to include those communities which may not have considered working within the public sector.

We are working with our partners to support the health and wellbeing of our combined workforces, reflecting the importance of our agreed priorities. We will also focus on how we can support people back to work who have been away due to ill health.

## Digital and data

We are improving how we share information between organisations, removing the digital, data and technology boundaries that exists and unlock the potential of more joined-up working across services and teams. We want to enable greater research and innovation through better data and information ('population health management'), which will help us deliver better quality and effective care and inform targeted actions and decision-making to improve outcomes and reduce health inequalities. We want to give local people more power to access services and manage their own conditions by increasing their digital skills, awareness and ability to use digital means.

We have agreed initially to focus on understanding and tackling digital exclusion. We shared lived experiences of patients and good practice at the digital assembly held in June 2024. We are conducting a public survey through the summer of 2024, to help understand the barriers people face in accessing information and services. The results will inform the way we develop and deliver digital services in the future.

# Improved NHS services

To support the successful delivery of our partnership priorities, we are transforming and improving NHS services over the short and long-term. The outcomes we want to achieve are:

- Reducing the reliance on services and, when people do require care, ensuring people have the best possible care in the right place at the right time and in the most timely way.
- More people receiving proactive care in or close to their home environment.
- More people having better access to same-day services for urgent health problems.
- More people having better access to high-quality, efficient and effective diagnostics and treatment when needed.
- Helping people to return home from hospital swiftly, with the appropriate support at home.
- Improving the experience of people using services through more seamless care.
- Fewer people living with and suffering from the complications of preventable disease.
- More people receiving more seamless care and only needing to 'tell their story' once.
- Reducing unwarranted variation in care and treatment.
- Offering meaningful choice at point of referral and during care.
- Getting the best out of our people working in services by supporting them to work more efficiently and productively.
- Helping more local people and carers to have the confidence and information to manage their own health.

## NHS transformation programmes

We have six agreed NHS transformation programmes that focus on the areas where we face our greatest challenges and where we need to make the most improvements:

- Local care
- Urgent and emergency care
- Planned care
- Discharge from hospitals
- Mental health, which is a new priority programme following our progress review.
- Workforce

These programmes support the delivery of our Recovery Support Programme Plan and are focused on ensuring people receive the right care for their needs, in the right setting, quickly and efficiently.

We have made progress over the last year and are now focused on what more we need to do to go further and faster during 2024-25. We have refreshed how these programmes are working to ensure they have the right leadership, resource and focus to deliver more rapid improvement.

They are not intended to be all encompassing or describe the totality of the work taking place across the system. There are also a number of important areas that we are constantly working to improve, both as a programme of work in its own right and as part of the delivery of the transformation programmes. These are end of life care, maternity, cancer, and children services.



The aims and key actions we are taking for each of the programmes are summarised below.

## Local care

Our local care transformation programme aims to support people to stay healthier and independent for longer by offering more person-centred, preventative, proactive and joined-up care as close to home as possible.

We want to improve same-day access to services, reduce avoidable hospital admissions and readmissions for older people, and reduce unwarranted variation in the management of long-term conditions, such as cardiovascular disease, diabetes and respiratory diseases.

A key part of this is the development of integrated neighbourhood working, which will be a new model of out-of-hospital care delivered through providers across primary care, community and mental health and social care working in an integrated way and in partnership with the voluntary sector, other partners and the local communities they serve.

As well as improving outcomes for local people, this new model of care will aim to reduce the dependency on non-elective acute services and, therefore, will help create a more sustainable and affordable system.

**The long and short-term goals we are aiming to achieve are:**

### What are we trying to achieve overall

- Reduction on non-elective admissions for our moderate/severe all age frail populations and high intensity users - 30% reduction in admission within identified cohorts.
- Expand Virtual Wards capacity to enable more people to receive acute level care at home.
- Optimise productivity gains to address workforce challenges through better integration and increased use of virtual care.
- Improve management of hypertension and reduce the risk of related cardiac events for our population.
- Improving same day access in primary care.
- Reduce deconditioning following crisis or hospital admission through increased therapy capacity and early interventions.

**The long and short-term actions we are taking to achieve these goals are:**

<b>Long-term transformation workstreams</b>	
<ul style="list-style-type: none"> <li>• Primary Care access recovery plan delivery and development of neighbourhood access models.</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual care and virtual ward expansion</li> </ul>
<ul style="list-style-type: none"> <li>• Prevention at scale</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated frailty crisis response</li> </ul>
<ul style="list-style-type: none"> <li>• Care homes and falls prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Major condition strategy</li> </ul>
<ul style="list-style-type: none"> <li>• Community nursing review</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiovascular prevention</li> </ul>
<ul style="list-style-type: none"> <li>• End of life review</li> </ul>	<ul style="list-style-type: none"> <li>• Condition specific rehab pathway development</li> </ul>
<ul style="list-style-type: none"> <li>• Frailty proactive care</li> </ul>	<ul style="list-style-type: none"> <li>• Frailty strategy development</li> </ul>
<b>Key actions for 2024-25</b>	
<ul style="list-style-type: none"> <li>• Development of all age frailty integrated neighbourhood teams.</li> </ul>	
<ul style="list-style-type: none"> <li>• Expansion of virtual care and virtual wards.</li> </ul>	
<ul style="list-style-type: none"> <li>• Delivery of a new community integrated rehabilitation and reablement model.</li> </ul>	
<ul style="list-style-type: none"> <li>• Improving identification and management of hypertension.</li> </ul>	
<ul style="list-style-type: none"> <li>• Delivery of the Primary Care Access Recovery Plan, with focus on embedding the Pharmacy First Pathways targeted in areas of deprivation for priority adoption.</li> </ul>	
<ul style="list-style-type: none"> <li>• Development of neighbourhood access models in areas with high utilisation of the Emergency Department.</li> </ul>	

## **Urgent and emergency care**

Our urgent and emergency care transformation programme is focusing on significantly reducing the amount of people needing to use urgent and emergency care services and, when they do need care, ensure they receive it in the quickest and best possible way. We want to do this by maximising and improving measures and services outside of hospital that will prevent people needing urgent care in acute hospitals and improve the flow of patients through hospitals to ensure emergency departments do not become overcrowded. We are developing a system-wide strategy that will aim to match the demand on services with capacity and meet the evolving urgent needs of our populations. This will focus on increasing same-day emergency care, increase capacity in 111 and 999 to direct people to the right service, maximise the use of urgent treatment centres and reduce the number of people in hospital who are medically fit to go home.

**The long and short-term goals we are aiming to achieve are:**

**What are we trying to achieve overall**

- Increase percentage of non-election attendances managed through Same Day Emergency Care.
- Integrated Care Co-ordination
- Reduction in Emergency Department attendances to meet 4 hour wait targets
- Decrease Emergency Department attendance to admission conversion rates in line with national average.

**The long and short-term actions we are taking to achieve these goals are:**

**Long-term transformation workstreams**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Improving Same Day Emergency Care (SDEC)</li> </ul>                      | <ul style="list-style-type: none"> <li>• Delivering our Urgent Care Strategy</li> </ul>       |
| <ul style="list-style-type: none"> <li>• Improving Integrated Care Co-ordination (ICC)</li> </ul>                 | <ul style="list-style-type: none"> <li>• 999 / Urgent Community Response referrals</li> </ul> |
| <ul style="list-style-type: none"> <li>• Development and utilisation of Urgent Treatment Centres (UTC)</li> </ul> | <ul style="list-style-type: none"> <li>• Paediatric Clinical Assessment Service.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Improving decision to admit processes</li> </ul>                         |   |

**Key actions for 2024-25**

- Increase Same Day Emergency Care utilisation through extended opening hours to increase short stay admissions.
- Implement Same Day Emergency Care Acute Frailty pathway to reduce admissions.
- Call before convey pilot to reduce conveyance to the Emergency Department.
- Increase in Urgent Treatment Centres to reduce attendance and admission through Emergency Departments.
- Scope decision to admit with the aim of standardising admission pathway and prescription of care to reduce admissions and increase the number of P0 patients.

## Planned care

Our planned care transformation programme aims to reduce the backlog of people waiting for elective procedures, ensure patients and their carers get the best possible outcomes and experience, that we are getting the most out of the capacity and funding available, and that we are meeting national operating targets. We are aiming to transform models of care that improves our use of digital and outpatients, expands patient choice, and develops elective hubs.

**The long and short-term goals we are aiming to achieve are:**

### What are we trying to achieve overall

- Zero patients waiting over 52 weeks for surgery.
- Patients to start consultant led treatment within 18 weeks.
- Optimise referrals so only those patients who need secondary care intervention are referred.
- Reduce unnecessary outpatient attendances, empowering people to initiate care as needed.
- Patients to have minimum five choices at point of referral (on average).
- To increase NHS market share for cataracts to >60%.
- Review flow and pathways across six clinical pathways to improve outcomes and experience.
- Reduce unwarranted variation in access, experience and outcomes.
- 95% diagnostic tests in six weeks.

**The long and short-term actions we are taking to achieve these goals are:**

### Long-term transformation workstreams

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Recovery and working collaboratively.</li></ul> | <ul style="list-style-type: none"><li>• Transforming outpatients and diagnostics.</li></ul> |
| <ul style="list-style-type: none"><li>• Productivity and reducing variation.</li></ul>  | <ul style="list-style-type: none"><li>• Elective activity and pathways.</li></ul>           |

## Key actions for 2024-25

- Productivity and reducing variation, including:
  - Weekly monitoring of long waiting patients, and implementation of agreed actions to stop 104, 78 and 65 week waiters.
  - Ensure effective arrangements in place to improve patient choice at point of referral and throughout pathway.
  - Implement improved processes to manage demand across providers.
- Transforming elective pathways, including:
  - Deliver transformation of audiology community services, including implementation of the enhanced patient led pathway.
  - Deliver transformation of community cardiology services, aligned to diagnostic activity being delivered in Community Diagnostic Centres.
- Service recovery and reduction in long waiters, including:
  - Surgery in children service review to ensure waiting times for children and young people keep pace with adults, with a particular focus on paediatric cardio, orthopaedics and Ear, Nose and Throat.
  - Delivery of Elective Hub in Winchester in line with plans.
  - Undertake demand and capacity modelling to determine future requirements for elective hubs.

## Discharge from hospital

Our discharge transformation programme aims to enable people to leave hospital as soon as they are medically ready to do so, so they can continue their recovery and future care in the best possible way and we can care for other people who most need it. We want to improve discharge processes and drive a robust 'Home First' model of discharge to support more people to safely return home with appropriate interventions to meet their individual needs. We are giving particular focus on those who are medically fit for discharge ('Do Not Meet the Criteria to Reside') and those requiring permanent care home placements.

**The long and short-term goals we are aiming to achieve are:**

### What are we trying to achieve overall

- Reduce the number of general and acute (G&A) beds occupied by percentage of no criteria to reside patients.
- Reduce the numbers of patients waiting 7,14 and 21 days post declared no criteria to reside.
- Not using escalation capacity before/outside of winter.

- Reduce discharge time for those who are medically fit.
- Reduce community length of stay to above peer group average.
- Reduction of no criteria to reside in community and mental health providers.

**The long and short-term actions we are taking to achieve these goals are:**

### Long-term transformation workstreams

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Improving hospital discharges processes.</li> </ul>             | <ul style="list-style-type: none"> <li>• Onward care improvement</li> </ul>              |
| <ul style="list-style-type: none"> <li>• Reduce delays as patients transfer between settings.</li> </ul> | <ul style="list-style-type: none"> <li>• Right sized commissioning best value</li> </ul> |

### Key actions for 2024-25

- Developing a system capacity control centre to provide better visibility of available bed capacity across providers.
- Implement actions using the analysis from the work to understand ‘demand and capacity’.
- Improvement to processes to reduce the amount of time people spend in acute hospitals.

## Mental health

Our mental health transformation programme aims to improve the access to, and transition between, services for people with mental health issues. We want to ensure there is parity of esteem, where people with complex mental health needs have the same support and care as people with physical health needs. We want to ensure people with mental health needs are being cared for in the most appropriate setting, in particular reducing the number of people in crisis being cared for in acute hospitals and reducing the length of hospital stay for mental health patients awaiting crisis intervention.

**The long and short-term goals we are aiming to achieve are:**

### What are we trying to achieve overall

- Zero patients waiting over 24 hours for mental health admission.
- Zero patients waiting over 72 hours for discharge once deemed “Clinically Ready for Discharge” in mental health wards



- Reduction in time taken to complete an assessment in places of safety to two hours.
- 85% occupancy within adult and older people's mental health inpatient wards.

**The long and short-term actions we are taking to achieve these goals are:**

Long-term transformation workstreams	
<ul style="list-style-type: none"> <li>• Improving acute and crisis care mental health.</li> </ul>	<ul style="list-style-type: none"> <li>• Improving care for those with ADHD and Autism.</li> </ul>
<ul style="list-style-type: none"> <li>• Improving children and young people's mental health.</li> </ul>	<ul style="list-style-type: none"> <li>• Improving care for those with learning disabilities.</li> </ul>
<ul style="list-style-type: none"> <li>• No Wrong Door (Adult community mental health transformation).</li> </ul>	<ul style="list-style-type: none"> <li>• Improving perinatal mental health.</li> </ul>
<ul style="list-style-type: none"> <li>• Older Persons and Dementia.</li> </ul>	<ul style="list-style-type: none"> <li>• Improving NHS Talking Therapies.</li> </ul>
Key actions for 2024/24	
<ul style="list-style-type: none"> <li>• Integrate service delivery across Paediatric Liaison and Adult/older people's mental health Liaison Services.</li> </ul>	
<ul style="list-style-type: none"> <li>• Implement new escalation protocols with quantifiable triggers for each component of the mental health crisis pathway.</li> </ul>	
<ul style="list-style-type: none"> <li>• Reducing enhanced observations in acute hospitals (therapeutic support offer to mental health patients in acute settings, using more appropriate skill-mix).</li> </ul>	
<ul style="list-style-type: none"> <li>• Undertake interventions to improve flow utilising quality improvement methodologies.</li> </ul>	

## Workforce

Our workforce transformation programme aims to ensure we are getting the most from the expertise, knowledge and commitment of our people.

In the short-term, we need to right-size our workforce in some areas to be more affordable, following the significant growth in numbers seen during the pandemic, by working more efficiently and reducing duplication of work where it exists across different providers.

Over the longer-term, we want to get the best out of the workforce we have by improving their development, building new skills and expertise, and supporting them to do the best job possible. We also want to make our NHS a more attractive place to work, with improved

career pathways, recruitment processes and a 'one workforce' approach to education and training to create a pipeline of future professionals across our system.

**The long and short-term goals we are aiming to achieve are:**

#### What are we trying to achieve overall

- System agreement of corporate consolidation areas to reduce duplication and improve efficiency.
- Enhanced temporary staffing controls and headroom utilisation (roster optimisation).
- Clear system supply plan to fill long-standing vacancies.

**The long and short-term actions we are taking to achieve these goals are:**

#### Long-term transformation workstreams

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Temporary staffing.</li> </ul>   | <ul style="list-style-type: none"> <li>• Improving supply.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Organisational Redesign of NHS Hampshire and Isle of Wight.</li> </ul> | <ul style="list-style-type: none"> <li>• Enabling Programmes: Retention; Flexible Working; Health and Wellbeing.</li> </ul> |

#### Key actions for 2024/24

- Implementation of consolidation of agreed corporate services across providers to reduce duplication and improve efficiency.
- Start of system agreed rightsizing workforce scheme.
- Temporary staffing measures, including:
  - Monitoring of workforce spend for bank and agency.
  - Reducing in agency rates.
- Enhanced controls across the system, with better reporting and oversight.
- Targeted recruitment plan for Mental Health vacancies attracting high cost agency spend and acute supply.

# Overarching principles

The successful delivery of our partnership priorities and transformation programmes are dependent on overarching principles that are 'golden threads' running through everything we do. These are based on the aims set out nationally for Integrated Care Systems, with the addition of agreed local principles:

- Improving outcomes in population health and healthcare.
- Tackling inequalities in outcomes, experience and access
- Taking a community-centred approach to wellbeing.
- Enhancing efficiency and value for money.
- Supporting broader social and economic development.

The key areas we are focusing on across these principles are set out below.

## Improved outcomes in population health and healthcare

The way the NHS has traditionally worked has often been focused on individual episodes of care and the performance of individual services delivered by different organisations, rather than the overall outcome we want to achieve for local people. This has contributed to people experiencing services in a fragmented way and has meant they have not always had the joined-up support, care and treatment they need for their personal situation.

We want to shift our focus from individual services towards the outcomes we want to achieve for local people through:

### Commissioning for outcomes

We want to shift from historical ways of commissioning individual services towards commissioning for outcomes, based on population health need. By commissioning we mean the development and delivery of strategies and plans for the investment of resources to bring about improvements. This will be done by:

- Developing an **outcomes framework** to influence decision-making and planning.
- Using **population health data** and insight to enable a more proactive and preventative approach to commissioning.
- Commissioning groups of services (**'bundles of care'**) that ensure local people have a more joined-up experience and end-to-end care. We will do this with the relevant outcome metrics we want to achieve for the desired impact we want to improve.

### Continuous improvement and learning

We want to be a high performing health and care system, delivering and continuously improving excellent health and healthcare outcomes for our population. To do this we need to change how our organisations work together, both with each other and with our communities, to create and sustain the conditions for continuous improvement in quality, outcomes and experience. There is strong evidence that demonstrates that a consistent, intentional, evidence-based focus on improving quality and value, underpinned by improvement methodology and management systems, is essential for developing and sustaining a high performing, continuously improving and learning system.

There are excellent examples of these approaches within Hampshire and Isle of Wight, but they are not yet consistently and systematically applied, or underpinned by appropriate and robust governance and infrastructure. We will work collaboratively with system partners and communities to create the Hampshire and Isle of Wight improvement and learning approach, building on the areas of excellence already in our system. This will need us to learn new ways of working and approaches and build capability and capacity across the system to help us embed it in our core business. We will develop a set of shared system principles to create the conditions and deliver the improvement in health and healthcare outcomes. This will include:

- Using improvement methodologies consistently across all improvement and transformation.
- Working in partnership with our communities to co-produce improvements to services and pathways.
- Developing systematic approaches to capturing and sharing learning and evaluation.
- Learning and demonstrating active and visible leadership, relationships, behaviours informed by systems thinking, improvement science and high performing teams.
- Embedding equality and prevention in all parts of the health and care system.
- Celebrate and share our achievements and learning.

### **Research and innovation**

Research, innovation and knowledge mobilisation are key parts of a continuous improvement and learning system. We want to be a mature 'research active' system and we are developing a maturity matrix that builds on the NHS improvement approach (NHS Impact) to set out what we need to do to become one. We are also developing a research and innovation strategy that will aim to:

- Take a systematic and purposeful system approach to maximise the benefits of research and innovation for all.
- Make it easy for people to see and understand their own contribution to progress.
- Make it easy for all organisations and system partners to realise the potential of research.
- Take a progressive, learning approach to how we build and develop our approach and 'eco-system' for research and innovation.
- Provide an overarching shared vision for research and innovation.

### **Tackling health inequalities in outcomes, experience and access**

One of the key aims of our system is to reduce the inequalities in outcomes, experience and access that currently exist for local people, particularly those who are most disadvantaged. It is unacceptable that some people's experience of services and care varies depending on where they are born and their personal situations, such as their level of income, education and factors such as ethnicity, gender, age and sexuality. Focusing on addressing these inequalities runs through all our work and is one of the key drivers for the transformational change taking place across the system.

We are using the national Core20Plus5 approach that focuses on improving equality and equity for the most deprived 20% of our population as identified by the index of multiple deprivation, defines those who need greater support and focus locally ("Plus groups"), and identifies the five clinical areas requiring accelerated improvement. The local 'Plus' groups who we are giving most focus are:

- People who experience homelessness.
- Refugee, asylum seekers and unaccompanied minors.
- Ethnic minority groups affected by Covid-19.
- People with serious mental illness.
- People with a learning disability.
- Looked after Children and Children leaving Care.
- Children in Gypsy and Traveller communities.
- Children of adults in the HIOW Plus groups, including children experiencing homelessness.

We have system-wide agreed high impact actions that focus on the areas where we can make the most improvement:

- Restoring services inclusively.
- Mitigating against digital exclusion.
- Ensuring datasets are complete and timely.
- Accelerating preventative programmes.
- Strengthening leadership and accountability.

Strategic partnership arrangements are also in place to address the needs of victims of abuse and exploitation, including domestic and sexual abuse, which includes the role healthcare services play in supporting victims through the treatment of physical and mental harm caused by domestic abuse.

## Taking a community-centred approach to wellbeing

For us to achieve our ambition, and the successful delivery of both our NHS transformation programmes and partnership priorities, there needs to be a shift towards more community and person-centred care. Local people need to be able to access the treatment, support and care they need closer to where they live, from services that are more proactive and responsive to their individual local needs. We want to do this through integrated neighbourhood working that have teams of multi-professionals that work for and with their local communities. To help achieve this, we are focusing on two key areas:

### Strength-based approach

We are focusing on what is strong, not just what is wrong, across our communities and aim to improve services by building on the strengths and assets that already exist. In doing so, we will be able to shape services that meet the needs of communities, reduce inequalities, better support independence, wellbeing and people's ability to make choices and control over their own health. Working with our wider system partners, are focusing on:

- **Personal strengths**, by building on people's knowledge, skills and talents.
- **Social strengths**, by recognising the connections people have with their friends and family.
- **Community strengths**, by working with community and voluntary sector organisations and faith and community groups.
- **Neighbourhood strengths**, by utilising more the physical places and buildings that contribute to health and wellbeing.

## Community involvement approach

We are continuing to strengthen our community involvement approach to ensure we understand and listen to local people and can make improvement driven by insight of what matters to them. We already have well established ways of engaging and involving local people in the work of the NHS and this will be built on and improved by focusing on three key areas:

- **Improving insight capture:** We are strengthening how the 'voice' of local people is heard within the NHS by making it is easier for feedback and insight to be captured, understood and used to influence change and decision-making. We will do this by developing better processes and by joining up how community engagement takes place across different organisations and community partners.
- **Co-producing models of care:** We understand the value of working with people, communities and those with lived experience to together design and implements models of care. Ensuring our services are accessible and deliver outcomes that are important to those who use the services.
- **Strengthening partnership working:** We want to strengthen how NHS organisations work with the community and voluntary sector, Healthwatch and other community partners to create a more networked way in which local people can be involved and engaged with our work.
- **Greater focus on equalities engagement:** We want to do more to engage, hear from, understand and involve the most marginalised and disadvantaged members of our communities. We will do this by developing an equalities engagement framework, that will aim to establish and embed improved ways to engage and to better support the work to reduce health inequalities.

## Enhancing efficiency and value for money

We need to do more to get the most out of the resources we have available. We know services are currently not working as efficiently and effectively as they could be, and this is resulting in healthcare across the system costing more than the £4bn of NHS allocated funding we have to spend. Over the last year, progress has been made to stabilise our system financial position and we are building on this for 2024/25 and beyond through:

### Short/medium focus on improving efficiency and financial sustainability

We aim to leave the national Recovery Support Programme during 2024/25 which will allow us to have more flexibility in how we use our finances and invest in the long-term improvements we want to make. This will require us to achieve a break-even 'run rate' position across NHS partners, meaning we are no longer spending more money than is available. The key actions we are taking include:

- Maximising the opportunities for efficiencies from the delivery of our transformation programmes.
- Reviewing all expenditure to ensure we are getting value and the most from funding.
- Strengthening of all core interventions and procedures relating to workforce expenditure and controls.
- Identifying and capitalising on opportunities from adoption of innovation.



- Agreeing a system approach to efficiency savings including through joint-working across providers.
- We will continue to ensure value for money through robust governance and assurance process between NHS Hampshire and Isle of Wight and provider partners.

## Long-term rebalance towards proactive and preventative care

The key to making our health service more affordable in future is shifting how we have traditionally funded services. We currently invest more money in the most expensive acute hospital services compared to cheaper services out of hospitals, such as across primary care, community services and mental health services. Yet we know that, to help people stay healthier for longer and to reduce the current dependency and pressure on acute hospital services, we need to focus and invest more on out-of-hospital services.

Over the long-term we will be rebalancing our total investment in health to increase the proportion invested in out-of-hospital preventative and proactive care, which will produce better outcomes for our populations and the health and care system. We aim to do this by:

- Supporting the development of integrated neighbourhood working that will enable joined-up services closer to home providing proactive and preventative care and support to local communities to self-manage conditions.
- Developing our business intelligence and strategic commissioning capability so we can analyse and review spending in new ways.
- Supporting the capacity and stability of primary care, pharmacy, optometry and dental services to ensure people can access the right care when they need it.
- Commissioning to actively reduce health inequalities across our populations.
- Work with our local authority partners and the wider partners to ensure our collective resources are keeping people safe, well and healthy.

## Supporting broader social and economic development

Social and economic development is inherently linked to the health outcomes of our population. Children born a few miles apart in our system can end up with a very different educational level, skillset, earning power and health experience and more and more people are out of the labour market from middle age because of ill health. Having good work is a driver of good health and good health supports economic growth. As an NHS we need to ensure we are supporting people into employment, reducing inequalities that may persist and contributing as a partner to the social and economic development of Hampshire and Isle of Wight.

We have started to work with our wider partners in local authorities and research to understand how we can support social and economic development. Our primary focus has been to ensure we are acting as 'anchor' institutions and driving the positive health impacts of employment. Some of the actions we are working with our local authority partners and wider partners on include:

- Enabling people to return to work after a period of unemployment or due to long term sickness through the Work Well approach with the local authorities.
- Considering our collective responsibility as an NHS to ensure we are employing a more diverse workforce, and recruiting from across our local areas and that we are supporting our workforce to stay in local employment.
- Ensuring our workforce are healthy and well.

- Driving research and innovation through our services and in partnership with our research partners. This includes supporting our local universities and industries to attract workforce and funding to support the local economic growth.

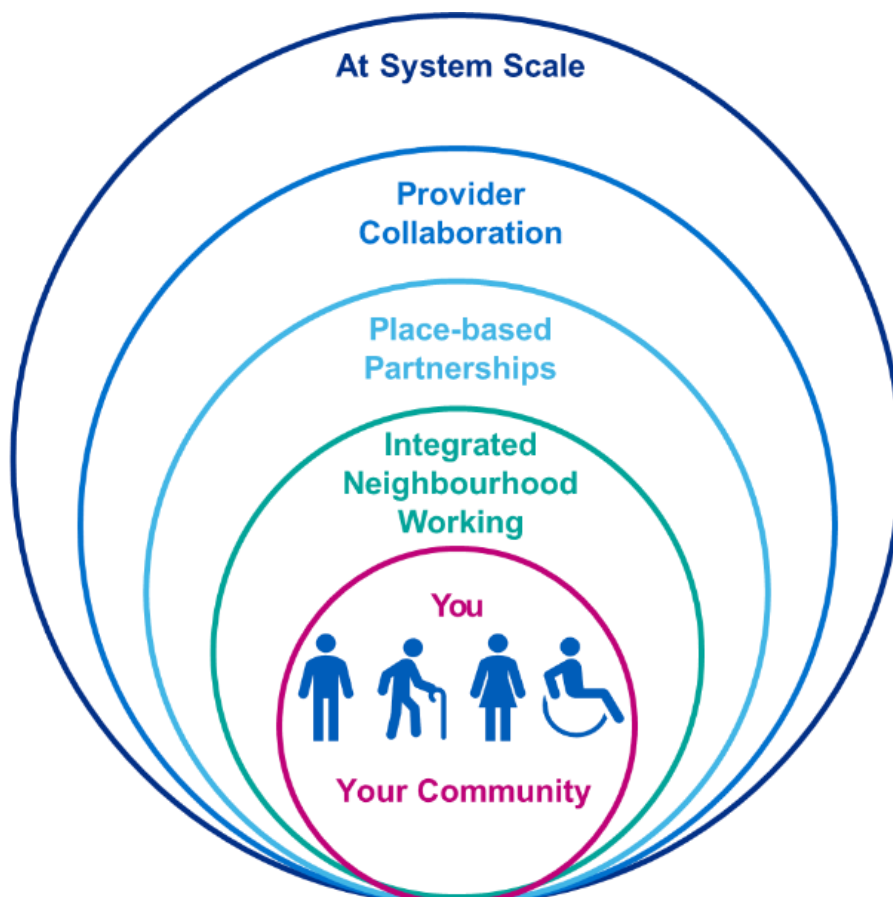
## Ways of working to support integration

To effectively deliver the improvement and transformation we want to make across services, we need to create the system infrastructure that will allow organisations and teams to work in a more joined-up and effective way. This requires our health and care organisations to adapt and change how they currently work, co-ordinate and organise themselves. We have a system 'operating model' that we are strengthening that involves organisations working closer together across:

- Local neighbourhoods
- Place-based partnerships
- NHS provider collaboration
- System-wide

This way of working enables better integration of services, use of resources, co-ordination, 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.

### Our ways of working



## Integrated neighbourhood working

A key foundation of our future model of care will be integrated neighbourhood working, which will enable local people to access more equitable joined-up preventative, proactive and reactive person-centred care and support closer to where they live that better meets their needs, helps them live in better health and reduces health inequalities. This will be delivered by Integrated Neighbourhood Teams, made up of providers across primary care, community and mental health and social care working in a joined-up way and in partnership with the voluntary sector, other partners and the local communities they serve. These will work at a local neighbourhood level, across geographies that make best sense to their communities. Integrated neighbourhood working is being co-developed across system partners through our Local Care transformation programme.

## Place-based partnerships

NHS partners will continue to be active members of our four Place-based Partnerships, which are aligned to the Health and Wellbeing Boards and local authorities across Hampshire, Isle of Wight, Portsmouth and Southampton. These partnerships enable collaboration across local organisations, including health and care providers, local authorities and other partners such as community and voluntary sector organisations to:

- Understand and identify the specific population health needs, inequalities and wider determinants of health to help develop and inform local approaches and prevention activities to improve outcomes.
- Articulate the specific needs of the local population so they can be adequately planned and commissioned for.
- Support the delivery of our NHS transformation programmes, adjusting for local needs where required, and Place-based priorities agreed in the Health and Wellbeing strategies.
- Get the best outcomes from our shared resources.
- Build relationships across local partners to support the improvement of outcomes and efficiency.
- Support the development and scale up of Integrated Neighbourhood Teams across their area.
- Collaboration with our wider partnership to understand and influence the wider determinants of health to promote health and wellbeing across the system.

## NHS provider collaboration

To enable large scale transformation and improvement across services, we will be strengthening our collaboration and working arrangements across NHS providers.

We will be finalising the integration of mental health and community care with the formation of a new organisations that is expected to be launched during 2024-25. This will enable the development of integrated models of community-based care, working with integrated neighbourhood teams and system partners to better respond to local people's physical and mental health needs.

We will be further developing our established Acute Provider Collaborative to allow our three acute hospital Trusts to work closer together, while respecting current organisational accountabilities and responsibilities. This collaborative will increasingly lead and deliver transformation and system-wide pieces of work related to our acute services.

We will develop a clinical strategy that will support the improvement of acute services that allows hospitals to maximise capacity, specialism and expertise. Key to this work is the proposals for improvement to services in mid and north Hampshire as part of the new hospital programme, the current work to create an elective hub at Hampshire Hospitals and the planned introduction of a single electronic patient record (ePR) across our acute hospitals.

## **System-wide working**

We will continue to strengthen and evolve how we work across the whole of Hampshire and Isle of Wight, through our two existing system-wide statutory entities.

### **NHS Hampshire and Isle of Wight**

NHS Hampshire and Isle of Wight will continue to evolve and reshape to ensure we are meeting our statutory NHS duties and achieve our objectives to:

- Improve the health and wellbeing and reduce inequalities in outcomes for people in Hampshire and Isle of Wight.
- Transform the NHS in Hampshire and Isle of Wight with our partners so that it works as an effective and sustainable system, for the benefit of the people and communities we serve.
- Continuously improve the quality of and access to services that our people and communities experience.
- Make best use of resources across Hampshire and Isle of Wight, ensuring we live within our means.
- Provide people with a meaningful and fulfilling place to work.

We will achieve these objectives by:

- Providing leadership and facilitate collaboration and improvement for the NHS system.
- Leading the delivery of our strategic priorities and ambition to shape the development of the NHS system for the future.
- Allocating resource, planning and delivering our local NHS operational priorities.
- Delivering shared functions in service of the wider system.
- Overseeing and setting the standards of service performance, quality and safety.

We will continue to work closely with NHS England to deliver the national and regional NHS priorities, as well as our system partners to deliver our local priorities. The formal Board is made up of representatives from local authorities and NHS providers, as well as Non-Executive and Executive Directors and the governance arrangements and decision-making processes will continue to be strengthened.

Over the next two years, we will continue to right-size and reshape our teams and improve how to make sure we are working in the most efficient and effective way to deliver our accountabilities and supporting the wider system.

## **Integrated Care Partnership**

NHS partners will continue to be key members of our statutory Integrated Care Partnership Committee, made up of wider system partners, which oversees the delivery of our partnership priorities. This is where our partners come together to discuss what more needs to be done across our whole system to achieve the ambitions of our integrated care strategy and tackle the wider determinants of health, such as housing, education and employment.

The focus of the committee over 2024/25 will be the delivery of year two of the integrated care strategy and strengthening the programmes of work to support the partnership priorities. We will continue to hold our 'assembly' events to engage broadly on the development and delivery of our system strategy and continuing to build relationships and partnership working across all parts of the system.

# SECTION 4:

## Our local partnership priorities

### Our Place-based partnership priorities

Our system-wide partnership priorities and NHS transformation programmes complement, support, and are supported by, the existing priorities set out in the health and wellbeing strategies across each of our unitary local authorities (Hampshire County Council, the Isle of Wight Council, Southampton City Council and Portsmouth City Council). The oversight of the delivery of these is through our health and care Place-based Partnerships, which are made up of local partners with a responsibility for supporting health and care, and our Health and Wellbeing Boards.

Our Joint Forward Plan was shared and approved by each of our Health and Wellbeing Board Chairs. A summary of the key aims of each of our health and wellbeing strategies and the endorsements of the Health and Wellbeing Board Chairs are as follows:

### Hampshire

#### Key aims of the health and wellbeing strategy:

- Improve physical, mental health and emotional resilience for children, young people and their families.
- Work collaboratively to support people to live healthier lives, focussing on coronary vascular disease and reduction of prevalence of risk factors including smoking, obesity, physical inactivity.
- Support people to stay healthier for longer and be more active and independent into old age by implementing the Live Longer Better model.
- Work together to address wider social and economic determinants of health, including housing, poverty, and air quality.
- Further the work on effective mental health and wellbeing services and interventions to meet the needs of the population.
- Ensuring synergies between health and care services are maximised.

#### Health and Wellbeing Board Chair:

*“The Hampshire Health and Wellbeing Board as a formal statutory committee of the local authority and partners endorses the HIOW Joint Forward Plan. Recognising its focus on place and ongoing Community Involvement Approaches across its footprint. The HHWB is a forum for joint working, setting strategic direction and strong strategic leadership with HIOW and Frimley ICSs to ensure our priorities are aligned and that the focus of our efforts is tackling health inequalities, prevention and improving population health across the life course for Hampshire’s population. The HHWB strongly supports the system wide population health priorities and CORE20plus 5 work programmes of both local ICSs and encourages the current and future synergies between our members organisations for the implementation of key actions to see measurable impacts in Hampshire. Working together with both ICSs is key for success. The HHWB continues to be responsible for assessing the health and wellbeing needs of Hampshire’s population and publishing a joint strategic needs assessment (JSNA). The Board will ensure that the JSNA is central to and embedded in all work programmes and across strategies with our member*



organisations particularly HIOW and Frimley ICS. The existing HHWB strategy for the Health and Wellbeing of Hampshire 2019-2024 focuses on five priority areas of work; starting well, living well, ageing well, dying well and healthier communities. This strategy will therefore be reviewed and updated in 2024 following co-produced work with our Board member organisations and residents whilst also ensuring alignment with both HIOW and Frimley ICS strategies.”

## Isle of Wight

### Key aims of the health and wellbeing strategy:

- Further the strategic partnerships with NHS partners to ensure improvements in quality and outcomes of patient care in conjunction with financial sustainability of the island health system.
- Ensure the Home First model is embedded in all areas of work.
- Coordinate action and partnerships to improve mental health and wellbeing with a focus on the most vulnerable groups.
- Reduce inequalities that patients experience in accessing and experiencing health services focused on Coronary Vascular Disease working with communities to take action on tackling poverty, and the prevention of disease, and addressing the wider determinants of health.
- Work together to improve the outcomes where housing impacts on health, and prevent homelessness.
- Implement the family hubs model across the Island.

### Health and Wellbeing Board Chair:

*“The Island Health and Wellbeing Board as a formal statutory committee of the local authority and partners has received the Joint Forward Plan endorses the HIOW ICS Joint Forward Plan recognising its focus on place and ongoing Community Involvement Approaches across its footprint. The HHWB is a forum for joint working, setting strategic direction and strong strategic leadership within the Isle of Wight as one place within the HIOW ICS and we recognise it is import to ensure our priorities our aligned and that the focus of our efforts is tackling health inequalities, prevention and improving population health across the life course for Island population recognising the unique setting and population. We strongly support the system wide population health priorities and CORE20plus 5 work programmes of the ICP. The HHWB continues to be responsible for assessing the health and wellbeing needs of population and publishing a joint strategic needs assessment (JSNA). The Board will ensure that the JSNA is central to and embedded in all work programmes and across strategies with our member organisations and will continue to ensure the HIOW ICP takes this information into account. Our Priorities are Mental Wellbeing, Housing and Health and Health Inequalities.”*

## Southampton

### Key aims of the health and wellbeing strategy:

- Reducing childhood obesity.
- Improving children’s and young people’s emotional and mental wellbeing.
- Improving outcomes in the early years.
- Improving mental health and tackling loneliness.
- Improving lives for the most vulnerable, tackling inequalities.
- Tackling smoking, drugs and alcohol misuse.
- Early identification of people at end of life.
- Promote accessibility of end of life care for all.



- Out of hospital end of life care coordination.

#### **Health and Wellbeing Board Chair:**

*“The Health & Wellbeing Board is strongly committed to partnership working to deliver improved health and care for Southampton residents. As such the Board supports the ICB Joint Forward Plan, which was socialised at the developmental Board session of 14 June 2023 and Board Members invited to share feedback. The Board would value more time to consider feedback on future versions (ideally around 2 months) and a summary showing where comments have been incorporated. The final version of the Joint Forward Plan provides an overview of the direction of travel for the ICB over a period of considerable change and the Health & Wellbeing Board offers support as a forum for discussion and action going forward.”*

## **Portsmouth**

#### **Key aims of the health and wellbeing strategy:**

- Work to improve health and reduce health inequalities by embedding the population health management approach.
- Develop Children's services 0-19, safeguarding children from harm.
- Support adults with the most complex lives by addressing the needs of our health inclusion groups.
- Embed an integrated community care model that drives early intervention and self care.
- Provide Person-centred care by ensuring single, streamlined processes for assessing the needs of individuals requiring support.

#### **Health and Wellbeing Board Chair:**

*“Portsmouth's Health and Wellbeing Board considered the ICB Joint Forward Plan on 28th June 2023. The Board agreed that overall the ICB Joint Forward Plan reflected a sensible strategy for what is quite a difficult time. The Board agreed it was important the voice of place came through clearly going forward in order to influence the strategy and its relationship with resources. The Health & Wellbeing Board will maintain a keen watch on the Plan's many priorities, especially the factors that make the most difference to the population. The Board recognises that there may be tensions ahead on equality and equity as the many priorities in the Plan find expression in the distribution of resources and activity.”*

# SECTION 5:

## Our duties and other areas of focus

Alongside the delivery of our partnership priorities and NHS transformation programmes, there are other important areas of focus that we are working across partners to improve and progress. We also have a number of duties to deliver across the system, including those that are specifically mandated to be highlighted as part of our ambition. These are summarised below.

### Patient choice

We are committed to giving patients greater choice and control over how they receive their healthcare, and we are working hard to improve opportunities for patients to make informed choices about their care that best suit their needs and circumstances. This commitment is reflected in the NHS Constitution for England, which establishes the principles and values of the NHS.

The constitution makes clear that *“you have the right to make choices about the services commissioned by NHS bodies and to information to support these choices”*. It also pledges to *“inform you about the healthcare services available to you, locally and nationally”* and to *“offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it to enable you to participate fully in your own healthcare decisions and to support you in making choices”*.

People have the right to choose how to access healthcare services, including:

- Choice of GP
- Choosing a hospital or consultant
- Choosing a mental health service
- Choices in end of life care

### Serious violence duty

The ‘Serious Violence Duty’ is a legal duty on organisations and bodies to collaborate locally to prevent ‘serious violence’, which can include domestic abuse and sexual offences. The duty requires specified authorities for a local government area to:

- Comply with and work together to prevent and reduce serious violence.
- Identify the kinds of serious violence that occur in the area.
- Understand the causes of that violence.
- Prepare and implement a strategy for the prevention and reduction in the area.

To respond to the violence duty, we are:

- Working within Violence Reduction Unit and Safe City Partnerships.
- A member of the Strategic Violence Reduction Partnership and supporting development of a strategic needs assessment, response strategy and annual report.

- Working through our integrated care partners to define and deliver the outcomes of our partnership work that deliver a safer community as highlighted in our Integrated Care Partnership vision.
- Delivering our inclusion health programme - Minding Every Gap - that supports people who would otherwise be homeless, including prison-leavers, into a permanent home.
- Supporting the facilitation of the sharing of relevant anonymous health data and information.
- Supporting the development and implementation of a strategy to identify and mitigate the risks identified and agree an approach to preventing serious violence, managing related health problems, and improving wellbeing/resilience of the community.

## Domestic violence and abuse

We recognise the detrimental effect that domestic abuse has on society and we uphold the value that everyone has a right to live free from fear and abuse. We strive to create a working environment and culture that promotes the view that violence against people is unacceptable and that such violence will not be condoned. For us to meet the legislative requirements of the Serious Violence Duty, the Integrated Care Board, as a specified authority, provides safeguarding representation to the partnership to:

- Support the sharing of relevant anonymous health data and information to inform the problem profile/strategic needs assessment for the area.
- Support the development and implementation of a strategy to identify and mitigate the risks identified and agree an approach to preventing serious violence, managing related health problems, and improving wellbeing/ resilience of the community.

We will make support available to employees involved in domestic abuse. We will also provide support through line managers, human resources, occupational health and referral to external agencies if appropriate. In addition, we are offering all staff domestic abuse training at level 2 and there will be additional bespoke training for our mental health first aiders too.

## Sustainability and climate change

We are facing significant risks from climate change, which contribute to ill health and health inequalities. In October 2020, the NHS became the world's first health service to commit to reaching carbon 'net zero', in response to the growing threat to health posed by climate change. The 'Delivering a Net Zero Health Service' report sets out a clear ambition and two evidence-based targets:

- **NHS Carbon Footprint:** For directly controlled emissions arising from the use of energy and water, the generation of waste, the use of travel for Trust business, anaesthetic gases and metered dose inhalers, a target of reaching 'net zero' by 2040 and an ambition to reach an 80% reduction by 2028 to 2032 (compared with a 1990 baseline).
- **NHS Carbon Footprint Plus:** For other emissions that can be influenced, arising from NHS supply chains and within communities, such as those arising from staff commuting and patient and visitor travel to NHS site, a target of reaching net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039 (compared with a 1990 baseline).

To accelerate and scale up carbon reduction across primary and secondary care we will integrate and coordinate good practice across the system by:

- Acting as a leader and catalyst for transformation within communities and partners.
- Ensuring system wide accountability.
- Enhancing collaboration across the integrated care system and beyond.
- Aligning with local authorities and other key partners.
- Ensuring consistency in approach.

This will help NHS organisations progress faster than they would otherwise, reduce costs across the system, prevent unnecessary duplication of effort and enhance protection of the most vulnerable from climate change. We will prioritise initial effort on procurement, medicines, sustainable and digital care, air quality, travel and transport, estates, communications and capability building.

## Capital and estates

Capital investment to improve facilities and buildings is an important part of the delivery of our ambition and the improvements we want to make across the system. We have worked together across partners to allocate the capital available last year, and for this year, to enable major schemes to be developed, as well as supporting building maintenance and refurbishment, equipment, investment in digital and replacing vehicles. Over the coming years, our major capital schemes include:

- Modernising our hospitals and health services in the north of Hampshire, subject to approval, with access to over £700m of national New Hospital funding.
- Major investment in the Isle of Wight Trust that will achieve:
  - A new integrated mental health and community hub in Newport.
  - An improved intensive care unit at St Mary's Hospital.
  - A new emergency care floor at St Mary's Hospital.
  - An acute bed reconfiguration at St Mary's Hospital, investment in digital infrastructure and technology.
- A new Emergency Department at the Queen Alexandra hospital in Portsmouth.
- 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.
- Four Community Diagnostic Centres.
- Digital investment including electronic patient record implementation.
- Primary Care improvements and IT equipment for general practice

We are finalising a system infrastructure strategy that will identify the key estates and infrastructure priorities for our system, to support delivery of our priorities, address key estates risks and support transformation. This will be done by prioritising our capital spend according to a set of criteria that looks at strategic importance, clinical and operational risk, patient and staff experience, productivity impact, contribution to achieving Net Zero.

## Our military veterans

A key focus for us is how we support our military veterans. Gosport and Fareham have the largest number of veterans per population in the whole of England and our NHS providers have been accredited as exemplars of the best care for veterans, as well as receiving veteran aware accreditation. This helps to drive improvements in NHS care for people who serve or have served in the UK Armed Forces and their families.

## GP and dental services

Access to primary care remains a key area of concern for our population, with current challenges in access to GPs both for routine or urgent appointments. In the short-term, we are delivering our Primary Care Recovery Plan, which is in line with the national plan, and aims to improve access to the right person at the right time. In the longer-term, our local care transformation programme is supporting the development of our multidisciplinary integrated neighbourhood teams that aims to improve access and we are delivering our 'No Wrong Door' programme which increases access to mental health support in Primary Care

Access to dentistry services continues to be a challenge for both children and adults. This is both in terms of being able to register with an NHS dentist and access to appointments and treatment. There are also challenges with access to urgent dental care that may not be as responsive as needed. We continue to work on improving access to dental care within the national guidelines we are working in. An example is the Hampshire and Isle of Wight mobile dental service for people experiencing health inequalities.

## Duty to obtain appropriate advice

As part of the network of governance which oversees and supports the delivery of this plan, NHS Hampshire and Isle of Wight has access to and routinely draws upon appropriate advice and guidance from partners, stakeholders and experts.

# SECTION 6:

## Achieving our Renewed Ambition

### What is going to be different

Achieving our ambition requires change to how we have traditionally approached the commissioning and delivery of NHS services. We have made five key commitments which will result in a different way of working in future:

- **A shift towards proactive and preventative care and support.** We will increase the alignment of our resources to the delivery of outcomes and away from processes. We will take significant, measurable steps to rebalance funding and resources towards prevention. We will take a population health approach.
- We will have more **person-centred care** led by the needs of the whole person and underpinned by a **community-centred approach to wellbeing**. We will have integrated neighbourhood teams that respond to the growing and changing needs of our communities and we will target care and support to those in most need and reaching out into under-served communities. We will co-design and deliver our response to the growing and changing needs of our communities and neighbourhoods. We will target care and support to those in most need and outreaching into underserved communities, including a focus on our Core20+ populations, addressing inequalities in access, services and outcomes. We will care for the whole person thinking about their needs and circumstances, valuing mental health equally with physical health.
- We will develop and maximise our **pathways of care based on clinical outcomes**, evidence and data. We will redesign our services in order to reduce unwarranted variation in access, outcomes and efficiency through consolidation of access points and scaling up where evidence suggests benefit. We will commission for outcomes. We plan develop, design and deliver services around what matters for our population and changing needs, taking a balanced approach to finance, performance, and quality to create sustainable quality outcomes and experience.
- We will **maximise the impact of the resources available** by building on models of collaboration, partnership and integration. We are powerful together as NHS and system partners. We will develop and agree plans with clear accountabilities to enable our transformation as a system. We hold risk and accountability across the system. We succeed when we all succeed collectively. We will identify and reduce duplication of functions and simplify processes, including joining our systems where appropriate.
- We will become a **learning system**. We are curious and always improving, using research and innovation methods to plan work, deliver services and understand impact. We respect and benefit from the expertise of others will think beyond healthcare services to include community wellbeing and broader social and economic



development. We will invest in our people giving access to the training, support, tools and guidance to equip them to deliver on our strategy.

We will be measuring success over the next five years by tracking progress against each of these commitments. This will be done with the development of a framework that will identify measurables against each area, according to the actions we are taking in the deliverables set out in the wider plan. This will allow us to report progress regularly to the NHS Hampshire and Isle of Wight board as well as across the system.

## Delivering our ambition

### Balancing recovery, transformation and continuous improvement

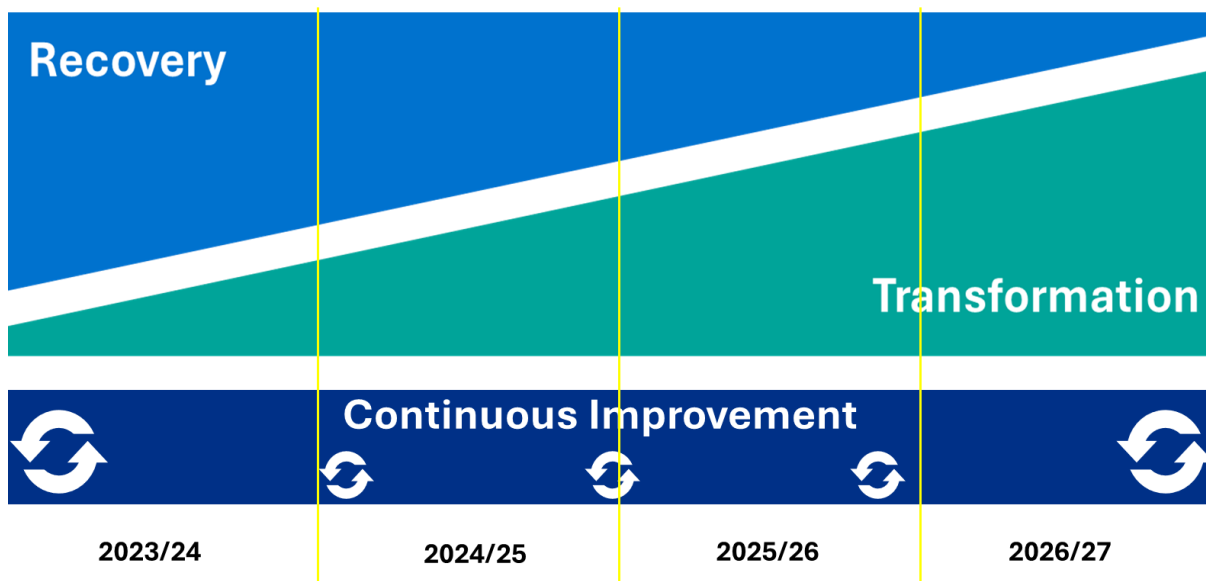
We have an obligation to continue to undertake recovery activities to meet operational and financial challenges. Alongside this we know that without significant change in how we work we will not be able to create a system that is sustainable for the future. The balance between these activities will change over time as we have illustrated below.

Defining our terms:

- **Recovery:** Recovery describes activities undertaken to achieve operational or financial turnaround. It typically has a short-term focus on rapid and specific changes and improvements. Recovery has very clear drivers and outputs and will have a defined ending point (once performance is improved). In certain circumstances recovery activity may be mandated by an external regulator and be subject to significant scrutiny and reporting requirements.
- **Improvement:** Improvement describes an approach to ongoing incremental change. It can be applied to any aspect of an organisation or system and include small and big changes. When done well improvement embeds an evidence-based, learning, problem-solving approach to sustainably improve performance, outcomes and experience. It encompasses the methods, infrastructure, behaviours, leadership, and supporting performance and accountability frameworks. This creates the conditions for meaningful sustained improvement in outcomes.
- **Transformation:** Transformation describes fundamentally altering how something operates. This might mean affecting both what is done and how it is done. It is typically driven less by the need to improve and more by the need to change what we do whether that is across a system, pathway or area of care. To be successful and lasting transformation should be underpinned by improvement methods, behaviours, and structured evidenced-based approaches including evaluation of impact.

An illustration of how the three elements may interact over the next few years as we continue to deliver on our Renewed Ambition:





## Year one delivery

Our NHS operating plan for 2024/25 outlines what we will deliver in year one of our Renewed Ambition through our transformation programmes. This has been developed and agreed across NHS partners, in-line with the national planning guidance, and aims to further improve our financial position as a system through in-year transformation, maintain safe services in the here and now, and continue the progress made for longer-term improvement.

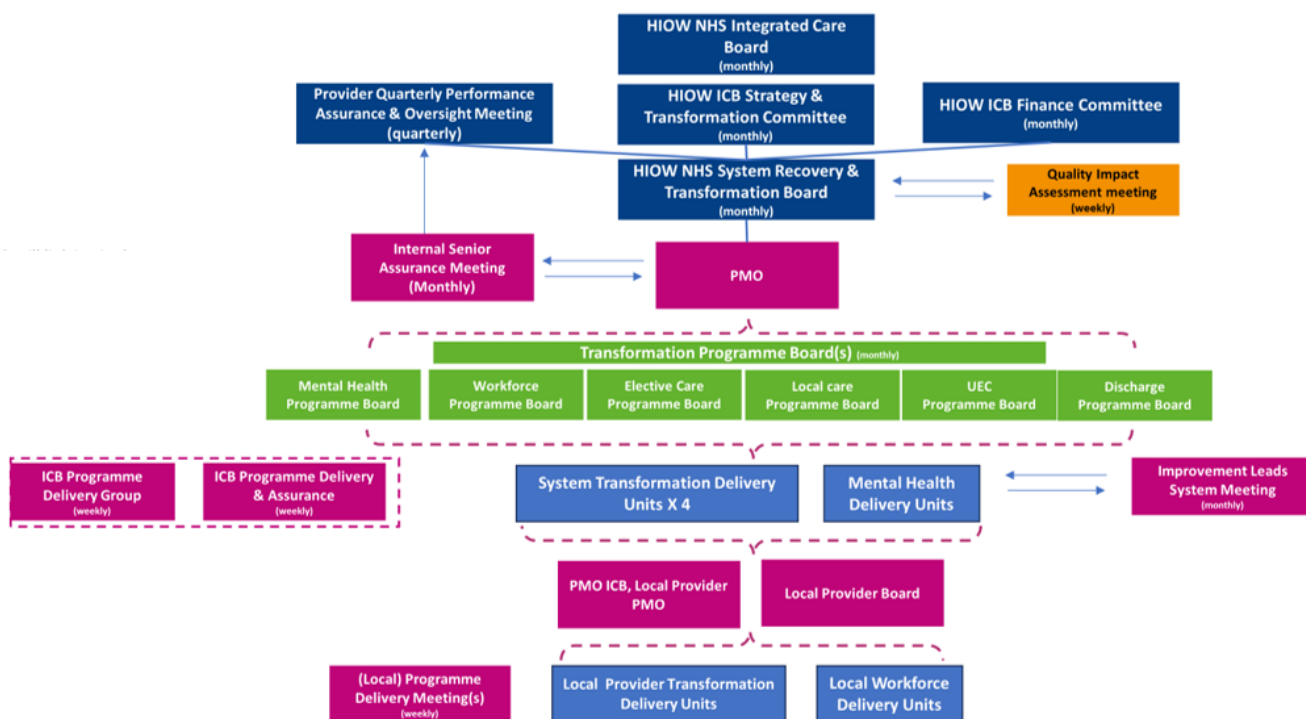
Each of our transformation programmes is led by an NHS provider Chief Executive, supported by an Executive Director from NHS Hampshire and Isle of Wight, and we have established delivery units resourced from across partners to drive forward the required improvement and progress. This is supported by additional resource we have received as part of the Recovery Support Programme.

Each programme has a transformation board to oversee delivery and report into a system-wide Recovery and Transformation Board. Formal assurance and oversight of this board and the delivery of the programmes is done through the governance of NHS Hampshire and Isle of Wight.

## Delivery over years 2-5

Through the delivery of our operating plan for 2024/25, we are aiming to achieve breakeven 'run-rate' across NHS partners, which means we will no longer be spending more money than we have available. This will allow us to exit the Recovery Support Programme and give us more flexibility to be able to invest and focus on greater improvement across services over the coming years. We are developing a delivery plan for years 2-5 which will build on the work carried out in year one and set out the key actions that need to be taken to bring greater transformation.

## Transformation programmes delivery governance



We have identified additional tools to develop in support of delivering on our renewed ambition, including:

- Developing our system commitments into a system development roadmap outlining the major shifts in approach, planning, funding and delivery to deliver on what we want to be different.
- Using our system commitments as a cornerstone of our planning approach. This will be a helpful framing throughout the process helping us to understand how our planning for the next year supports a long-term shift in activity and behaviour.
- Using our Renewed Ambition to develop a system outcomes framework and approach. This will help to provide a common language for how we identify, track and report on the outcomes of our work from board through to projects.