Hampshire County Council

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 11th October, 2018 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION
This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence received.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)

To confirm the minutes of the previous meeting

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. APPOINTMENT OF VICE CHAIRMAN

The Board is required to appoint the Vice Chairman for the Board each year.

7. CQC LOCAL SYSTEM REVIEW ACTION PLAN (Pages 11 - 56)

To consider the outcomes of the local system review undertaken by CQC of the Hampshire Health and Care System, and the plan to respond to the recommendations.

8. GOVERNANCE UPDATE (Pages 57 - 58)

To receive an update on governance relevant to the Board including the recent establishment of an Improvement and Transformation Board, for which the terms of reference are attached.

9. JOINT HEALTH AND WELLBEING STRATEGY: REFRESH UPDATE

To receive an update on the refresh of the Joint Health and Wellbeing Strategy.

10. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP - SYSTEM REFORM PROPOSALS (Pages 59 - 106)

To consider the system reform proposals from the Hampshire and Isle of Wight Sustainability & Transformation Partnership, see attached cover letter and pack.

No workshop following the public meeting is planned on this occasion

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Thursday, 7th June, 2018

Chairman:
p Councillor Liz Fairhurst (Executive Member for Adult Social Care and Health, Hampshire County Council)

Vice-Chairman:
p Dr Barbara Rushton (Chair, South Eastern Hampshire Clinical Commissioning Group)
p Graham Allen (Director of Adults' Health and Care, Hampshire County Council)
p Dr Sallie Bacon (Director of Public Health, Hampshire County Council)
p Nick Broughton (Chief Executive, Southern Health NHS Foundation Trust)
p Dr David Chilvers (Chair, Fareham & Gosport Clinical Commissioning Group)
a Steve Crocker (Director of Children's Services, Hampshire County Council)
p Councillor Anne Crampton (Hart District Council)
p Dr Nicola Decker (Chair, North Hampshire Clinical Commissioning Group)
a Shantha Dickinson (Hampshire Fire and Rescue Service)
p Carol Harrowell (Voluntary Sector Representative)
p Christine Holloway (Chair, Healthwatch Hampshire)
a Michael Lane (Hampshire Police and Crime Commissioner)
p Councillor Keith Mans (Executive Lead Member for Childrens Services and Deputy Leader, Hampshire County Council)
a Dr Sarah Schofield (Chair, West Hampshire Clinical Commissioning Group)
p Councillor Patricia Stallard (Executive Member for Public Health, Hampshire County Council)
a Nick Tustian (Chief Executive, Eastleigh Borough Council)
p Alex Whitfield (Chief Executive, Hampshire Hospitals NHS Foundation Trust)
a Dr Andrew Whitfield (Chair, North East Hampshire and Farnham Clinical Commissioning Group)
vacancy (NHS England Wessex)
vacancy (District and Borough Council Member Representative)

52. **APOLOGIES FOR ABSENCE**

Apologies were noted from the following:

- Steve Crocker, Director of Children's Services. His Substitute Stuart Ashley, Deputy Director for Children and Families, also gave apologies
- Dr Sarah Schofield, Chairman West Hampshire Clinical Commissioning Group. Her Substitute Heather Hauschild, Chief Officer, also gave apologies
- Dr Andrew Whitfield, Chairman North East Hampshire and Farnham Clinical Commissioning Group. His Substitute Dr Peter Bibawy, Medical Director attended in his place
- The main NHS England (Wessex) representative was a vacancy, and the Substitute Dr Liz Mearns, Medical Director gave apologies
- The second District Councillor main representative was currently a vacancy, and the Substitute position was also a vacancy
- Shantha Dickinson, Hampshire Fire and Rescue Service. Her Substitute Nigel Cooper, was unable to attend in her place

- Michael Lane, Police and Crime Commissioner for Hampshire. The substitute position was currently a vacancy
- Nick Tustian, Chief Executive Eastleigh Borough Council. His Substitute Patricia Hughes, Chief Executive of Hart District Council was unable to attend in his place

53. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

54. **MINUTES OF PREVIOUS MEETING**

The minutes of the last meeting were reviewed and agreed, subject to an addition to Minute 42 to state that the Chairman agreed this would be done.

55. **DEPUTATIONS**

No Deputations were received at this meeting.

56. **CHAIRMAN'S ANNOUNCEMENTS**

CQC Local System Review
The Chairman reminded Board Members that in March the Care Quality Commission undertook a Local System Review of the Hampshire Health and Care System. The Chairman announced that a Summit had been arranged for 20 June 2018 to discuss the findings of the review with system partners and stakeholders. Members of the Board had been sent an email invitation to this event.

The summit would be an opportunity for partners and stakeholders to hear the review outcomes directly from CQC and receive feedback from key system leaders on the actions that would be taken in response to the review.

Co-production
The Chairman informed Board Members, on behalf of the Chair of the Co-production Sub-group, that there would be a workshop on Co-production following the 11 October 2018 meeting of the Board. The Co-production Sub-group would be in touch with organisations on the Board in advance of the October workshop, to understand more about co-production in each of the organisations, and to help prepare for the workshop.

57. **SEND REFORMS UPDATE**

The Board received a presentation from a representative from Children's Services at Hampshire County Council and a representative of the Hampshire five Clinical Commissioning Groups (CCGs), providing an update regarding Special Educational Needs and Disabilities (SEND) Reforms (see Item 6 in the Minute Book).

Board Members heard that there was close working between the Local Authority and the NHS over implementing the reforms, including liaison with Adults Services at the County Council as the age range was extended to cover up to 25. 99.9% of Statements of Special Educational Needs had been transferred to Education Health and Care Plans (EHCPs) as required by 31 March 2018. The timescale for issuing new statements had been 26 weeks and the timescale for issuing new EHCP's was 20 weeks. In March 2018 46% of EHCPs were being issued in this timeframe. It was noted that there had been a significant increase in demand for Statements/Plans from 5,000 in 2015 to 8,000 now, and the funding to provide them had not increased.

Board Members heard that there were a number of other developments underway including; the introduction of a digital EHC Hub; work to manage demand; work to reduce out of county placements; a post 16 preparation for adulthood strategy; capital place planning strategy.

The representative of the Community and Mental Health Trusts commented that the organisations represented on the Board were employers and could help provide employment opportunities as part of the preparation for adulthood work.

The importance of school nursing was discussed, and it was noted that a joint procurement was underway bringing together the nursing commissioned by public health and that commissioned by the CCGs.

RESOLVED:

The update was noted.

58. **HAMPSHIRE JOINT CARERS STRATEGY**

The Board received a presentation from a representative from Adults Health and Care at Hampshire County Council and a representative from the Princess Royal Trust for Carers, regarding the Hampshire Joint Carers Strategy for 2018-2023 (see Item 7 in the Minute Book).

It was noted that the following week was Carers week, which provided opportunities to promote the new Strategy. National Government had published a Carers Action Plan which reflected similar themes to the Hampshire strategy. It was highlighted that the value of the time carers provide was equivalent to the whole NHS budget for a year.

A consultation had been undertaken on the draft Strategy, and feedback had been acted on to simplify and shorten the document. A Strategy Implementation Group was being established to follow up the actions.

The Executive Member for Children's Services queried whether there were opportunities to use technology to support carers, especially young carers. It was responded that this was being considered, and feedback from young carers indicated that they would prefer digital support.

The Executive Member for Public Health highlighted the particular needs of rural carers who may be isolated, and the need to monitor the impact of the Strategy in future.

The Acute Hospitals representative offered that acute hospitals could do more to contribute, for example identifying carers through if they bring patients to appointments.

The HealthWatch Representative noted the Strategy was a good example of co-production, and offered HealthWatch support with reaching hard to reach carers.

RESOLVED:

The Health and Wellbeing Board agrees to:

- Endorse and promote the Strategy
- Use the Strategy as a reference document when planning services for the people of Hampshire
- Think Carer! Promote carers' issues and support them to continue in their caring roles

59. **IBCF AND DELAYED TRANSFERS OF CARE UPDATE**

The Board received a verbal update from the Assistant Director of Adults Health and Care at Hampshire County Council regarding the Improved and Integrated Better Care Fund and Delayed Transfers of Care.

Board Members heard that the Integrated Better Care Fund (BCF) began in 2015 and the funding was designed to support integration of health and social care, demographic pressures and person centred care. The value of the BCF was £88m in the last financial year (although this was not 'new' money). Of this, £11m was used to support district councils with disabled facilities grants, £22m to support adult social care pressures and £52m to invest in community services.

It was highlighted that the current BCF period ran to April 2019, and there was a national review of the BCF and disabled facilities grants underway. It was expected the outcomes of these reviews would inform any continuation of BCF in future years. There remained national support for the agenda of integration between health and social care.

It was noted that Delayed Transfers of Care (DToC) were a high profile issue for Hampshire, with a Care Quality Commission Review undertaken in March, from which a report was due to be received on 20 June 2018. Newton Europe had been providing external support to the Hampshire system on DToC issues. System partners were working on an action plan to respond to the CQC review and hoped to put measures in place in time to prepare for winter pressures.

RESOLVED:

The update was noted.

60. **UPDATE FROM THE HAMPSHIRE DISTRICTS HEALTH AND WELLBEING FORUM**

The Board received a report from the Chair of the District Forum providing an update from the Districts Health and Wellbeing Forum (see Item 9 in the Minute Book).

It was discussed that a whole systems approach was needed to tackle wider determinants of health for example inactivity. It was noted that investment in prevention could take time to deliver results. Board Members were supportive of taking a longer term view as a system.

RESOLVED:

That the Hampshire Health and Wellbeing Board notes the intention of the Hampshire Districts Health and Wellbeing Forum in focussing resources, for the next six months, to support the development of the new Health and Wellbeing Strategy.

61. **ANY OTHER BUSINESS**

The HealthWatch representative highlighted that a letter had been received from the lead officer for the Hampshire and Isle of Wight Sustainability and Transformation Plan, inviting comments in relation to a session planned for 4 July 2018. This would be circulated for information to those members of the Board who had not seen it.

62. **DATE OF NEXT MEETING**

It was noted that the next meeting of the Health and Wellbeing Board was scheduled for 11 October 2018.

Chairman,

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HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Hampshire Health and Wellbeing Board
Date:	11 October 2018
Title:	CQC Hampshire Local System Review
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

Tel: 01962 847200 **Email:** graham.allen@hants.gov.uk

1. Recommendations

1.1. That the Health and Wellbeing Board:

a) notes this overview of the Care Quality Commission's Local System Review of Hampshire and the Action Plan that has been jointly developed by Hampshire's health and care system leaders to respond to the Review's findings.

b) agrees how it will oversee the delivery of the Action Plan.

2. Executive Summary

2.1. The purpose of this report is to provide an overview of the Care Quality Commission (CQC) Local System Review which took place in February and March 2018. CQC published its findings on 21 June 2018, following a summit with health and care system leaders, partners and other stakeholders on 20 June 2018. Please also find attached a link to the recently published CQC Beyond barriers - How older people move between health and social care in England report.

2.2. The Hampshire Health and Care System was required to produce an Action Plan to address the findings of the Review by 20 July 2018. This process was led by the Director of Adults' Health and Care, liaising with system leaders in the NHS to ensure that all actions were jointly agreed, with leads assigned and clear arrangements in place to monitor progress. The Action Plan was signed off by the Chair of the Hampshire Health and Wellbeing Board and progress on implementing the Action Plan will be overseen by the Health and Wellbeing Board.

3. Contextual information

3.1. In 2017, the Care Quality Commission (CQC) was asked by the Secretaries of State for Health and Social Care and Communities and Local Government to undertake a programme of targeted reviews in 20 local systems. The purpose of the reviews was to look at how well people move through the health and social care system in a particular area, with a focus on the needs of people over

65. CQC looked at the interfaces between social care, general medical practice, acute and community health services, and on delayed transfers of care from acute hospital settings.

3.2. Hampshire was selected as one of the 20 areas for review. CQC undertook Hampshire's Local System Review between February and March 2018 with an intensive fieldwork visit taking place between 12 and 16 March 2018.

3.3. A substantial self-assessment document and data library was prepared for CQC ahead of the Review, and CQC also sought information from organisations through two surveys to supplement national performance data and CQC's own data sets.

3.4. CQC Reviewers spoke to a wide range of individuals and groups as part of the review, including:

- system leaders from Hampshire County Council, including elected members, the Health and Adult Social Care Select Committee and the Health and Wellbeing Board;
- Hampshire NHS Clinical Commissioning Groups;
- NHS acute hospital and community provider trusts;
- health and social care professionals including social workers, GPs, pharmacy leads, discharge teams, therapists, nurses and commissioners;
- Healthwatch Hampshire and voluntary, community and social enterprise sector organisations;
- providers of residential, nursing and domiciliary care; and
- people who use services, their families and carers who attended focus groups, as well as people in A&E, on hospital wards and at residential and intermediate care facilities.

3.5. CQC also reviewed 24 care and treatment records and visited 20 services in the local area including acute hospitals, intermediate care facilities, care homes, GP practices, hospices and out-of-hours services.

4. Finance

4.1. The Action Plan to address the recommendations of the CQC Review sets out a range of activities that will take place over the next twelve months, some of which will have financial implications, such as the development of integrated intermediate care, more pooled funding arrangements and some joint leadership roles. Any new activity will be resourced using organisations' existing business as usual budgets or transformation/cost of change budgets.

5. Performance

5.1. The CQC review process does not result in a performance rating for the local area reviewed. The report identified many areas of strength across Hampshire's health and social care organisations. Hampshire was complimented by CQC on the logistics and organisation of the Review and this was the largest System Review undertaken. Strengths that were identified included:

- a consistent and shared purpose, vision and strategy across all organisations in support of people;
- strong performance in a range of outcome measures across health and social care responsibilities;
- a strong understanding of the health and social care needs of Hampshire's population;
- good examples of inter-agency work at a strategic and operational level;
- services and the experiences of residents are high in a number of indicators, when benchmarked against other comparable health and care systems nationally;
- a commitment to providing opportunities for people receiving services and their representatives and carers to influence service development; and
- an advanced use of digital tools to provide support to people and to enable staff in different organisations to share information, reducing unnecessary duplication.

5.2. Recommendations for improvements included:

- streamlining the hospital discharge processes across Hampshire to support people to leave hospital as quickly as possible once they are deemed medically fit to do so;
- improving the recruitment and retention of key groups of staff such as those who deliver home care;
- exploiting opportunities to pool funding and join up services more consistently; and
- improving strategic oversight, specifically through the HWB determining and agreeing its work programme, including how to make the system more coordinated and streamlined, and forming stronger, more coordinated links with the STPs.

5.3 The Action Plan prepared to respond to the CQC findings is attached as Appendix C. This sets out in more detail the suggested areas for improvement identified by CQC and the Hampshire system's proposed response. It is intended as an evolving iterative Action Plan with a completion date of July 2019. Performance monitoring of activity in the first three months is currently underway, with good progress already made in a number of areas, such as improved governance, the establishment of an Improvement and Transformation Board to progress delivery of the Action Plan, and appointments made to key new senior roles. An updated Action Plan will be available for the next meeting of the Health and Wellbeing Board in December.

6. Delivery of identified improvement areas

6.1. Over the course of the period March to June 2018, alongside the CQC Local System Review, further detailed work has been undertaken at a health and social care system level to better understand on a forensic level, in each of the three main acute hospital systems, reasons for poor patient flow and delayed transfers. This detailed work was undertaken by Newton Europe, a specialist

consulting organisation, through funding provided by the national Better Care Fund team and the Local Government Association.

6.2. The work undertaken, with the active engagement and involvement of all sector organisations, has enabled far greater detailed multi-agency understanding of issues at play within the Hampshire system. This work has clearly identified the inter-relationships of many factors and is clearly not the responsibility of any one organisation. To that end and in parallel with the CQC identified actions, the learning from Newton Europe's analysis has been enshrined into the CQC action plan. This requires organisations both individually and collectively to operate differently. This has commenced immediately.

6.3. From a Hampshire County Council perspective, a 'home first' model of supported discharge has been implemented with immediate effect, through greater use of the in-house reablement service. Key elements of the hospital discharge teams' activities have been changed to reduce potentially linear approaches and this has resulted in fewer people having process delays in their discharge pathway. There have been reductions in the average length of stay that people experience, meaning the risks associated with acute admissions and slow discharge are positively reducing.

6.4. Furthermore, at a system level an appointment has taken place at a senior executive level to oversee patient flow and discharge pathway improvements across all of the Hampshire acute hospital footprints. This role, alongside a clinical lead, is working with all system partners to ensure consistency of approach and, most importantly, an improvement in outcomes and systematising best practice in patient flow and onward care.

6.5. In the coming months, the early adoption of improvements and changes to the operating models in the first half of this financial year across the acute systems is anticipated to both reduce the risks of increased demands upon NHS services and maintain reduced transfers of care at a significantly lower level than in previous years.

7. Consultation and Equalities

7.1. CQC Reviewers met with groups of service users, carers, and patients, as well as a number of voluntary and community sector partners, as part of the main Review, and also during a two-day pre-Review visit that took place between 21 and 22 February 2018.

7.2. The intention will be to continue to involve users, carers and patients as part of the process of implementing the Action Plan to address the Review's findings.

8. Future direction

8.1. The CQC Local System Review process has been resource intensive for staff involved, particularly the core team who supported the Review and the many individuals and organisations involved in the fieldwork. However, it has been beneficial in that it has provided an opportunity to improve collaboration across the system, and to accelerate service transformation to the benefit of residents.

8.2. The Hampshire Health and Wellbeing Board, under the leadership of its Chair (the Executive Member for Adult Social Care and Health) and Vice Chair (Chair

of the South East Hampshire Clinical Commissioning Group) will oversee the delivery of the Action Plan.

8.3. The Hampshire County Council Health and Adult Social Care Select Committee will also receive regular updates as to the progress being made, in line with the finalised Action Plan.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Direct links to specific legislation or Government Directives	
Title The review was carried out under Section 48 of the Health and Social Care Act 2008.	Date July 2008

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document	Location
None	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionally low.

1.2. **Equalities Impact Assessment:**

There are no equalities impacts arising from this report.

2. Impact on Crime and Disorder:

2.1. Not applicable.

3. Climate Change:

a) How does what is being proposed impact on our carbon footprint / energy consumption*?*

No impact identified.

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact identified.

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CARE QUALITY COMMISSION LOCAL SYSTEM REVIEW

HAMPSHIRE

HEALTH AND WELLBEING BOARD

ACTION PLAN

JULY 2018

Contents

Introduction

This document forms the high level action plan in response to the CQC Local System Review for Hampshire (published 22 June 2018).

The action plan is a system response to the recommendations made for improvement and addresses the range of findings contained in the review report. It is intended as an evolving iterative action plan with a completion date of July 2019.

For the purpose of the action plan, actions are ordered and grouped by theme as follows:

1. Strategic Vision, Leadership and Governance
2. Communication and Engagement
3. Access and Transfers of Care
4. Partnerships
5. Workforce Planning

See **Appendix 1** for how each theme relates to the review recommendations.

Governance of this plan

This action plan will be governed through the Hampshire Health and Wellbeing Board (HWB).

To improve and support system wide delivery of a number of areas including actions arising from this CQC Local System Review, new governance arrangements are being introduced for the Hampshire system. This includes the development of an Improvement and Transformation Board (ITB) which will hold accountability for the delivery of this plan through associated cross-cutting work streams.

See **Appendix 3** for Terms of Reference for the ITB and related governance. The ITB is a subgroup of the HWB.

The action plan has been developed taking account of existing work streams and plans currently in existence.

In order to deliver this ambitious action plan over the next 12 months, we will be adopting the following working principles:

1. We will adopt an ethos of asking what we should as a system 'start, stop or continue' to ensure that our activities are aligned and co-ordinated with these core themes.
2. We will wherever possible share best practice and lessons learned across the system.
3. We will ensure that we have system representation leading each of these core themes.
4. We will ensure that we engage with residents, providers, carers, independent and voluntary sector and other stakeholders to ensure we are putting our efforts into those areas that will have the maximum impact for them.
5. We will promote a collaborative working approach across our transformation and operational teams.
6. We will adopt a system approach to support the principle of 'Why Not Home, Why Not Today'.

The interim national report, final national report, *Breaking Barriers*, and each of the local system reports, including Hampshire's, can be found here: https://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems

1. Strategic Vision, Leadership and Governance

Report Recommendations:	**Leads**
• The HWB must determine and agree its work programme, how to make the system more coordinated and streamlined and form stronger more coordinated links with the Sustainability and Transformation Partnerships (STPs). • The system must work with partners to develop a consistent approach to the evaluation of health and social care initiatives and their feasibility at a strategic and local level and communicate this information system wide. • All elements of the high impact change model must be introduced and the impact evaluated system-wide. **Aim:** • To align the STPs' and HWB work, by ensuring that partners work together differently to make the best use of resources and increase efficiency. • Only commence new pilots and initiatives after a feasibility study, measurable outcomes and impact on the system have been undertaken and established. • Measure progress across the Hampshire system by the eight elements of the high impact change model. • Improve the governance below HWB level. • Ensure single multi-agency plans at both a strategic and local level.	Graham Allen, Director, Adults' Health and Care (AHC), Hampshire County Council, Maggie MacIsaac, Chief Executive, Hampshire and Isle of Wight CCG Partnership, Heather Hauschild, Chief Operating Officer, West Hampshire CCG

CQC Report Highlighted:

- The HWB role and responsibility in monitoring and supporting initiatives could be better defined
- HWB direction and leadership when endorsing reports needs to improve
- System wide governance needs improvement
- There is scope to improve the framework for inter-agency collaboration and reduce fragmentation
- The system appeared multi-layered and complex to some leaders with no single multi-agency plan at strategic or local delivery level
- Strategic work was constrained by frequent leadership changes
- Limited ambition around financial risk taking and integration
- Difficult to track actions in existing plans, due to a lack of consistent and outcome focused performance measures
- Collaborative mechanisms for sharing learning across organisations and between integrated care initiatives were not fully developed

Existing Work Being Undertaken:

- Shared senior leadership structure in existence focused around the HWB
- More stability in senior roles with the frequent coming together of this group
- The Health and Wellbeing Strategy refresh is in progress – to be launched early 2019
- Proposal to establish an ITB is being progressed
- Partnership days for senior staff and joint recruitment in existence

1. Strategic Vision, Leadership and Governance					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
1.1 Vision	We will develop one strategic vision to be shared across the STP and HWB. The Vision articulated by system leaders will be cascaded and introduced through all levels of organisations so that it is fully understood by staff and stakeholders, particularly middle management layers.	Graham Allen, Maggie MacIsaac, Heather Hauschild, Richard Samuel, Senior Responsible Officer, Hampshire & Isle of Wight STP	3 months	A common vision that can be articulated at all levels of organisations	
1.2 Health & Wellbeing Board (HWB)	The Health & Wellbeing Strategy will be revised and monitoring arrangements introduced to measure progress against themes identified. We will identify the best way to involve	Health & Wellbeing Board Members	6 months	A HWB board that is representative of all systems' stakeholders and takes ownership for delivering this	

1. Strategic Vision, Leadership and Governance					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
	patients, service user and carer representatives in the HWB work programme. The terms of reference and membership of the HWB will be refreshed.	 Kate Jones Health and Wellbeing Board Manager, AHC		action plan	
1.3 Financial management	We will create more opportunities for shared and pooled funding arrangements Monitor use of the Better Care Fund and financial management through the ITB.	Graham Allen, Maggie MacIsaac, Heather Hauschild	6 months	Pooled budgets aligned to priority initiatives	
1.4 Governance	Introduce ITB Facilitated development of HWB Review form and function of HWB Executive with development of a	Graham Allen Kate Jones	3 months 6 months	ITB initial meeting by September Development programme for the HWB	

1. Strategic Vision, Leadership and Governance					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
	Senior Leaders group to increase membership and engagement of partners such as Hampshire Fire and Rescue and Hampshire Constabulary.	John Coughlan, Chief Executive, Hampshire County Council	6 months	Broader public service engagement in the Health and Wellbeing Executive Group	
1.5 Leadership	Introduce key joint leadership roles including the Improvement and Transformation Lead.	Graham Allen, Maggie MacIsaac, Heather Hauschild, Richard Samuel	12 months	Joint leadership assigned to key initiatives	
	Ensure Local Delivery System Boards, A&E Boards and New Models of Care take account of CQC Review findings.	Heather Hauschild, Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust, Sue Harriman, Chief Executive, Solent NHS Trust,	12 months	A coordinated system plan, with all underpinning activity aligned, in order to reduce the number of people in acute and community hospital settings awaiting onward care	

1. Strategic Vision, Leadership and Governance					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
		Rachael King, Director Of Commissioning, West Hampshire CCG, Alex Berry, Director of Transformation, Hampshire and Isle of Wight CCG Partnership, Zara Hyde-Peters, Director of Delivery, Hampshire and Isle of Wight CCG Partnership, Alison Edgington, Director of Delivery, SE Hampshire and Fareham and Gosport CCG			

2. Communication and Engagement

Report Recommendation: • A comprehensive communication strategy must be developed to ensure health and social care staff understand each other's roles and responsibilities and all agencies are aware of the range of services available across Hampshire. **Aim:** Improve communication across the organisations which operate within the health and social care system in Hampshire. To provide information to the people of Hampshire on the roles and responsibilities within each organisation and the services they provide.	**Leads** Graham Allen, Sarah Grintzevitch, Communications Lead, Hampshire and Isle of Wight STP, Kaylee Godfrey, Communications Lead, CCGs
CQC Report Highlighted: • A lack of understanding by staff in different agencies of each other's roles leading to unrealistic expectations of each other • Discharge to Assess (D2A) and Trusted Assessor models at different stages across the county and staff had very different levels of understanding • Staff feel that organisational and personnel changes have slowed progress towards integration • Staff feel that financial pressures have had a detrimental effect on relationships in the system • Poor communication is thought to have created misunderstanding and ill-informed decisions	
Existing Work Being Undertaken: • Models of engagement are in place with frontline staff across the system but are at different stages in different places • Public engagement forums and events are in existence across all services • Publicity and information is provided using different means and points of access – opportunities for increased use of countywide resources	

2. Communication and Engagement					
Key Area	**Action**	**Lead/Owner**	**Timeframe**	**Outcome**	**Progress/Assurance**
2.1 Communication Strategy	The two STP communication and engagement plans will be reviewed to establish the additional work required to create a system wide communication strategy for internal and external audiences. The strategy will confirm how staff, residents and partners can expect to receive information and provide feedback. Communication will be by various channels. The strategy will outline how organisations should work together to achieve one online source of information for the public and one online source of information for staff across health and social care. The strategy will provide a narrative that adheres to the health and social care vision and strategy with clear common messages to the public that staff can echo on the frontline. The strategy will direct organisations towards one online site that will	Richard Samuel	6 months	A single system wide communication and engagement strategy to support engagement and involvement externally, as well as broadcast developments internally To achieve consistency and clarity in messages and narrative in order to reduce public and staff confusion To empower people to make	

2. Communication and Engagement					
Key Area	**Action**	**Lead/Owner**	**Timeframe**	**Outcome**	**Progress/Assurance**
	guide people to the best sources of information for them, regardless of whether they have health or social care and support needs. Staff to feed in and use the information to inform and signpost.			informed choices	
2.2 Promoting roles	Greater transparency and visibility will be provided concerning the roles that staff undertake across the system. This will be driven through the online tools that we have available e.g. Connect to Support Hampshire – pages to include roles a person will come across in all the settings they may encounter. We will also explore the opportunity to share insight into a 'day in the life of...' different roles using different media (video, podcast, fact sheets etc.) We will review our service level induction processes to ensure that new employees are aware of the roles and responsibilities that exist, and know where to go to obtain further information.	Nicky Millard, Information and Advice Manager, AHC Kaylee Godfrey, Communication Lead, CCGs Sandra Grant, Hampshire & IOW STP Strategic Workforce Lead	3 months 6 months	An understanding of roles and responsibilities across the system Greater awareness of how partner organisations work together	

2. Communication and Engagement					
Key Area	**Action**	**Lead/Owner**	**Timeframe**	**Outcome**	**Progress/Assurance**
2.3 Sharing information	We will work together across health and social care, to establish a 'top down' and 'bottom up' approach to sharing information through our existing internal communication channels (online, newsletters, briefings, e-surveys etc.) The Local Authority and CCGs will engage with our partners in a timely and a relevant way using PaCT as the core communication method to independent and voluntary sector providers.	Jane Vidler Communications Manager, HCC, Kaylee Godfrey, Communications Lead, CCGs Maria Hayward, Strategic Workforce Development Manager, AHC, Tracy Williams Provider Quality Service Manager, AHC, Matthew Richardson, Deputy Director of Quality, West Hampshire CCG, Louise Spencer, Associate Director Quality & Nursing, South Eastern Hampshire/Fareham and Gosport CCG	6 months 6 months	Effective information sharing arrangements Better decision making Effective and coordinated communication	

2. Communication and Engagement					
Key Area	**Action**	**Lead/Owner**	**Timeframe**	**Outcome**	**Progress/Assurance**
2.4 Stakeholder engagement	Review HWB engagement strategy and identify leads to further develop and maintain stakeholder engagement with the following groups: • Providers • Carers • Voluntary and independent sector • Residents • Representative Associations • Charitable organisations • People who fund their own care and support Explore joint messaging and joint campaigns to feed into the strategy.	HWB Members	6 months	Effective stakeholder engagement Greater opportunity for design by experience Single point of contact for each stakeholder group	
	Ensure all engagement work is linked with the AHC Demand Management & Prevention Strategy and Carers Strategy.	Sue Pidduck, Head of Transformation, Design and Implementation, AHC Sallie Bacon, Director of Public Health, AHC	6 months	Joined up and coordinated engagement	

2. Communication and Engagement					
Key Area	**Action**	**Lead/Owner**	**Timeframe**	**Outcome**	**Progress/Assurance**
2.5 Accessibility of information	The communication strategy we adopt will be inclusive with agreed messaging across a range of channels e.g. webinars, podcasts, intranet site, service locations, community teams, my-Hampshire app. We will continue to provide written information to be shared with providers, carers and services so that people who use services are helped to navigate the system.	Jane Vidler, Sarah Grintzevitch, Communications Lead, Hampshire and Isle of Wight STP, Kaylee Godfrey, Nicky Millard	6 months	Accessible communication strategy Greater use of multi-media to inform good decision making Less confusion with one key source of information for all practitioners	

3. Access and Transfers of Care

Report Recommendations:	**Leads**
• The system must ensure safe discharge pathways are in place and followed for people leaving hospital. • The system must ensure that the enhanced GP offer is implemented to all care and nursing homes across Hampshire. • The system must streamline discharge processes across Hampshire; this needs to include timely Continuing Healthcare (CHC) assessment and equipment provision to prevent delayed discharges from hospitals. **Aim:** To ensure that the people of Hampshire are supported at the right time, and in the right place, by the right services. To avoid unnecessary admissions and extended stays in hospitals. To ensure people in residential and nursing homes receive the right primary and secondary care and support.	Improvement and Transformation Lead (appointment in progress) Rachael King, Zara Hyde-Peters, Mark Allen, Head of Commissioning, AHC
CQC Report Highlighted: • The system lacks effective discharge pathways for people leaving hospital • The system must streamline discharge processes across the County • The system is too reliant on bed based solutions • There are inconsistencies in practice and differing processes across the system	
Existing Work Being Undertaken: • There is now a shared understanding of the delayed transfers of care challenges and an agreed set of principles set out by the system leaders • Focused work has been undertaken by Newton Europe resulting in a clear system wide action plan to accommodate local delivery variations • Leaders have agreed to introduce a single reporting route so that performance information is collectively agreed and accurately reflects the system position	

- Revised discharge pathways are being introduced through the new 'Home First Project' (Hampshire County Council area)
- A Revised Help to Live at Home framework will be operational by July 2018 (Hampshire County Council area).

3. Access and Transfers of Care					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
3.1 Safe discharge pathways	Appoint an Improvement and Transformation Lead (role to be sponsored by all NHS organisations and Hampshire Adults' Health and Care) supported by Clinical Leadership to: • Manage a system wide delayed transfers of care improvement plan • Monitor system performance All actions arising from the Newton Europe work will be undertaken. Overarching action plan has the following strategic aims: 1) To implement and align mindset 2) Introduce improvement cycles and dashboards 3) Ensure early referral to the right setting 4) Adequate reablement availability 5) Timely and effective CHC Processes Integrate pathways and align with other	HWB Executive Group	3 months	System wide co-ordination of delayed transfers of care activity Reduction in delayed transfers of care across the system	

3. Access and Transfers of Care					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
	local authorities operating across boundaries through empowering Integrated Discharge Bureau leads to act on behalf of all organisations Reduce reliance on bed based	Julie Maskery, Chief Operating Officer, Hampshire Hospitals NHS Foundation Trust, Jane Hayward, Director of Transformation, University Hospital Southampton NHS Foundation Trust, Paul Bytheway, Chief Operating Officer, Portsmouth Hospital Trust, Jo Lappin, Interim Assistant Director, Older People and Physical Disabilities, AHC	6 months	Integrated discharge pathways.	

3. Access and Transfers of Care					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
	solutions and adopt a 'Home First' policy to improve the discharge flow through the hospital system by embedding a home first approach using a reablement pathway	Steve Cameron, Head of Reablement, AHC, Paula Hull, Director of Nursing Southern Health NHS Foundation Trust, Sarah Austin, Chief Operating Officer, Solent NHS Trust	3 months	Embedding of a Home First approach Initial target to increase the % of users who go through reablement from 15% to 30% Stretch target for following 6 months to be established using learning from implementation	
	Social work expertise will be utilised to support people with more complex care and support needs	Jo Lappin	6 months	Improved use of social work capacity targeted to reduce length of stay	
3.2 Enhanced GP offer	We will develop clusters around GP Practices through: - Increased multidisciplinary working - Engagement of voluntary sector - Building relationships between	Alex Berry, Rachael King	12 months	Care to be more preventative, proactive and local for people of all ages Creation of natural	

3. Access and Transfers of Care					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
	Primary and Secondary Care This will increase the care people receive at home and provide consistent quality and access. The result will be integrated community based services.			communities based on GP practice populations through groups of professionals working together with their local communities	
3.3 Capacity and quality in the market (domiciliary, residential and nursing care)	Commissioners of domiciliary, residential and nursing care will work collaboratively to ensure adequate capacity and availability of suitable care and support including for people with complex needs and/or for people experiencing a crisis This will include joint commissioning and brokerage arrangements and implementation of the market position statements Resources will be pooled to address the quality in the market and establish robust jointly agreed quality assurance mechanisms	Rachael King, Zara Hyde-Peters, Mark Allen Tracy Williams, Matthew Richardson, Louise Spencer	12 months 12 months	Existing 4 million plus hours currently planned across the system to be reviewed to establish a clear understanding of probable future demand Joint approach to market shaping	

3. Access and Transfers of Care					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
	Implement the new Help to Live at Home framework (Hampshire County Council area) to commence July 2018	Mark Allen	12 months (with regular review points)	Revised framework in place	
3.4 Continuing Health Care	We will review the CHC process end to end to ensure alignment with system wide priorities. This will include a review of good practice and lessons learned from experience to date and implementation work from current CHC pilots Design an education support programme to increase competency and capability so that requests for CHC consideration are realistic and appropriate to reduce unnecessary waste Through this education improve efficiencies and reduce unrealistic referrals Review and update CHC measures including performance and outcomes Consider CHC risk share resource across the Hampshire system	Ciara Rogers, Deputy Director, NHS Continuing Healthcare and Funded Nursing Care, West Hampshire CCG and the Hampshire and Isle of Wight CCG Partnership, Jess Hutchinson, Assistant Director, Learning Disabilities and Mental Health, AHC	3 months 6 months 12 months 3 months	85% of CHC checklists and assessments taking place outside of acute hospital settings Reduced resource needed for unnecessary activity	

3. Access and Transfers of Care					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
3.5 Equipment	Following a review of our hospital discharge process and flow, revisit the range of equipment and scope of services provided through our Equipment Services and sub stores (69) This will include: • Reviewing the processes that will ensure the right equipment is delivered to the right setting at the right time • Ensuring we are able to track, monitor and recover equipment when required • Recycling used equipment appropriately • Ensuring that we are able to share information across all system partners about equipment we have available, and are able to capture information about future requirements in an effective way	Steve Cameron, Ellen McNicholas, Director of Quality and Nursing, West Hampshire CCG	12 months	Future joint commissioning approach clarified	
3.6 Integrated Intermediate Care	Develop our ambition to provide an Integrated Intermediate Care offering and continue at pace:				

3. Access and Transfers of Care					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
	• Appoint a single commissioner and agree commissioning intentions	Graham Allen, Maggie MacIsaac, Heather Hauschild	3 months	An equitable Hampshire wide Intermediate Care Service that meets the needs of individuals	
	• Further develop operational integrated working arrangements between Hampshire County Council & SHFT community services	Karen Ashton, Assistant Director, Internal Provision and NHS Relationship Management, Jo Lappin, Paula Hull Integrated Intermediate Care Board	6 months	Integrated working arrangements in place	

4. Partnerships

Report Recommendations:	Lead
• The system must undertake further work to transform the trust and commitment in partnership arrangements and deliver tangible products that will improve services and should be undertaken and developed at pace • The health and social care system must work with the independent sector, nursing home, care home and domiciliary care to improve relationships and develop the market to provide services that meet demand across Hampshire **Aim:** Systems partners work towards developing a single vision for Hampshire that aims to keep people in their own communities and homes living independently.	Graham Allen
CQC Report Highlighted: • There is scope to improve the framework for inter-agency collaboration • Further development in respect of integrated commissioning • Work needed on developing relationships and improving communication between commissioners, the voluntary sector and providers	
Existing Work Being Undertaken: • Joint commissioning and brokerage arrangements in development • Jointly developed market position statements with intentions supported through market engagement • Integrated Intermediate Care business case development in progress	

4. Partnerships					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
4.1 Building strong relationships based on trust	We will review the strong relationships that already exist to identify good practice: establish why the relationships work well and plan how to use this learning	Sandra Grant	3 months	Partnership working recommendations	
	There will be development of a shared understanding of the ways different partners work. This will include; • the challenges/outcomes different partners are striving to achieve • And identify synergies and a better understanding of where the differences exist	Ros Hartley, Director of Partnerships, Hampshire and Isle of Wight CCG Partnership, Ellen McNicholas	6 months	Closer understanding and appreciation of one another's role/challenges	
	Identify opportunities for wider partner participation and engagement in all system initiatives – e.g. assign roles to different partner organisations as part of a programme of work		3 months	Governance for relevant existing initiatives includes system wide representation, with roles clearly defined	
	Ensure that partnership working extends across the system (e.g. voluntary sector, carers, patients, GPs), to include a focus on Demand Management and Prevention				

4. Partnerships					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
	Identification of 'quick win' areas where a joined up partnerships' approach can deliver tangible outcomes e.g. hospital discharge, community health and social care teams. Promote the benefits of working in a joined up way Implement an ongoing programme of events that promote closer working at all levels of the system		3 months 6 months	Evidence of joined up working/joint teaming Joint events at regular times during the year e.g. at least every quarter	
4.2 Independent sector partnerships	We will forge a close working alliance with the independent sector influencers/organisations and agree working principles to ensure their views are heard by the system leaders Agree the issues that we want to work on collectively e.g. strengths based approach, workforce development, technology enabled care and set up the right channel(s) to promote collaboration on these issues	Mark Allen, Rachael King, Zara Hyde-Peters	6 months 6 months	Independent sector engagement plan Joint viewpoint/forum Greater understanding of the market place Alignment with outcomes for workforce (section 5.1)	

4. Partnerships					
Key Area	**Action**	**Lead/Owner**	**Timescale**	**Outcome**	**Progress/Assurance**
4.3 Collaborative working	We will support more flexible working across the entire system estate, by ensuring that IT is accessible to all Promote greater information sharing: e.g. Hampshire Knowledge Hub	Andy Eyles Digital Programme Director, Hampshire and Isle of Wight STP	12 months	Flexible working enabled by appropriate infrastructure	

5. Workforce Planning

Report Recommendation: • System leaders must develop a comprehensive health and social care workforce strategy for Hampshire in conjunction with the independent sector. This should work in synergy with financial, housing and transport strategies **Aim:** Develop a collaborative system wide workforce strategy	**Lead** Paul Archer, Director of Transformation and Governance & Deputy Director, AHC
CQC Report Highlighted: • There was no independent sector or voluntary sector representative on the STP group • Funding to support actions of the workforce sub-group was not defined • STP workforce planning group had not yet addressed system-wide problem of recruitment and retention of domiciliary and care home staff • System lacked clear pay and reward strategies • No plans to support unpaid workforce of carers and volunteers or to make better use of technology	
Existing Work Being Undertaken: • STP have recognised workforce capacity to be a root cause issue and have formed a group to address this • Organisational workforce leads are engaged in development work • Plans to collaborate, involve and design with all key stakeholders including providers and advocates	

5. Workforce Planning					
Key Area	**Action**	**Lead/Owner**	**Timescales**	**Outcome**	**Progress/Assurance**
5.1 Workforce Strategy	Establish a system-wide strategy forum involving the STPs, CCGs, City Councils, AHC and the Care Associations which are the voice of Hampshire providers (including Hampshire Care Association, HCA and Hampshire Domiciliary Care Providers, HDCP)	Sandra Grant, Nikki Griffiths, Head of Workforce Development AHC, Mark Allen	6 months	Forum in place and fully operational	
	Review the workforce insight/learning currently available to establish what is/isn't working well and identify what the independent sector believes is needed to support a sustainable workforce across the system		6 months	Shared view of what the problem is that we need to address	
	Share knowledge and insight about initiatives which have been undertaken across the County, to: • understand the successes • inform our future strategy and identify the early priorities • include learning from other Counties e.g. Surrey		6 months	Shared learning and relevance to Hampshire Learning from best practice	

5. Workforce Planning					
Key Area	**Action**	**Lead/Owner**	**Timescales**	**Outcome**	**Progress/Assurance**
	Work in collaboration with the independent sector to agree a strategy that we will jointly own and implement. Scope likely to include: ○ Workforce supply and capacity: how to attract, develop and retain the optimum workforce (including links with the further education sector and economic regeneration team) ○ Workforce efficiency: by adopting new ways of working, supporting staff and equipping them with the right skills and knowledge ○ Trusted Professionals: improving the quality of carers and provision of care ○ Technology as an enabler: to improve efficiencies, workforce engagement and delivering care ○ Engagement with education providers. Agree the tangible measures/outcomes that will track success of the strategy (e.g. financial, efficiency, delivery, user	Sandra Grant, Nikki Griffiths, Mark Allen	12 months	An agreed Workforce Strategy and implementation plan. Stronger relationship with education providers	

5. Workforce Planning					
Key Area	**Action**	**Lead/Owner**	**Timescales**	**Outcome**	**Progress/Assurance**
	satisfaction)				
5.2 Workforce Engagement	Identify the sector representatives that we will form a closer working alliance with, including ○ Mental Health – Solent Mind ○ Voluntary Sector – Communities First Wessex ○ Independent Sector – HCA, HDCP ○ Carers Groups ○ Housing – District Councils ○ Transport Engage these parties in the development and deployment of the strategy	Sandra Grant, Nikki Griffiths, Mark Allen, Martha Fowler-Dixon, Head of Demand Management & Prevention, AHC	3 months 6 months	Stakeholder Engagement Plan	
5.3 Finance	Evaluate the opportunity to pool financial resources to achieve our strategic objectives and identify funding initiatives which will support workforce development	Graham Allen, Maggie MacIsaac, Heather Hauschild	12 months	Joint funding approved and performance measures agreed	

Appendix 1

Recommendations from the review	Matched to key group
1. The HWB must determine and agree its work programme, how to make the system more coordinated and streamlined and form stronger more coordinated links with the STPs.	1. Strategic Vision, Leadership and Governance
2. System leaders must develop a comprehensive health and social care workforce strategy for Hampshire in conjunction with the independent sector. This should work in synergy with financial, housing and transport strategies.	5. Workforce Planning
3. The system must undertake further work to transform the trust and commitment in partnership arrangements and deliver tangible products that will improve services should be undertaken and developed at pace.	4. Partnerships
4. The system must work with partners to develop a consistent approach to the evaluation of health and social care initiatives and their feasibility at a strategic and local level and communicate this information system wide.	1. Strategic Vision, Leadership and Governance
5. The health and social care system must work with the independent sector, nursing home, care home and domiciliary care to improve relationships and develop the market to provide services that meet demand across Hampshire.	4. Partnerships
6. The system must ensure safe discharge pathways are in place and followed for people leaving hospital.	3. Access and Transfers of Care
7. The system leaders must revisit all service provision to ensure the delivery of more equitable services across Hampshire.	1. Strategic Vision, Leadership and Governance
8. The system must ensure that the enhanced GP offer is implemented to all care and nursing homes across Hampshire.	3. Access and Transfers of Care
9. The system must streamline discharge processes across Hampshire; this needs to include timely CHC assessment and equipment provision to prevent delayed discharges from hospitals.	3. Access and Transfers of Care
10. A comprehensive communication strategy must be developed to ensure health and social care staff understand each other's roles and responsibilities and all agencies are aware of the range of services available across Hampshire.	2. Communication and Engagement
11. All elements of the high impact change model must be introduced and the impact evaluated system-wide.	1. Strategic Vision, Leadership and Governance

Appendix 2

The system representatives listed below are named individuals representing organisations with key roles in respect of the Hampshire Local System Review and summit and have played a core role in developing the action plan.

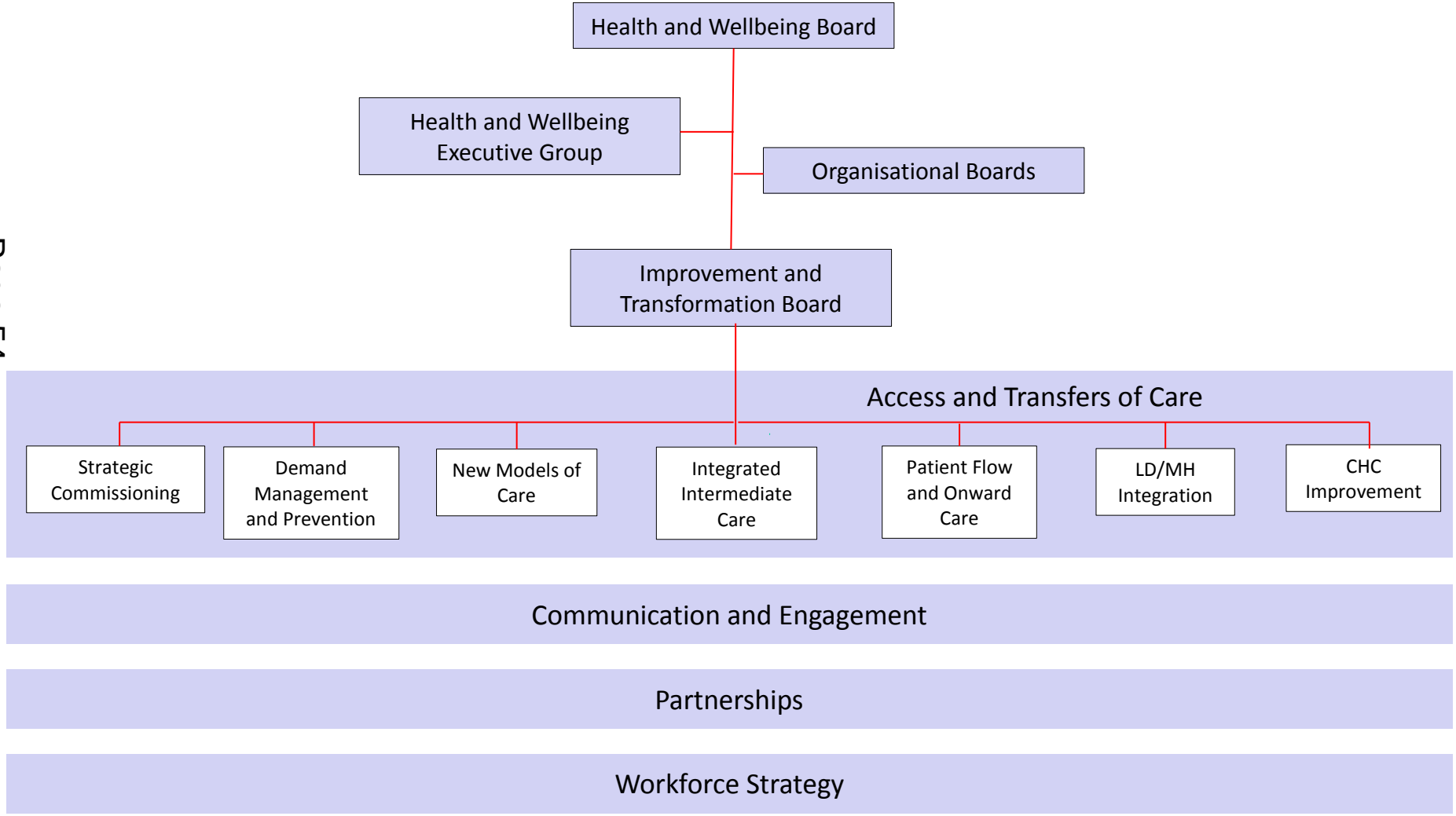
Graham Allen (graham.allen@hants.gov.uk) – Director of Adults' Health and Care, Hampshire County Council
Mark Allen (mark.allen@hants.gov.uk) – Head of Commissioning, Adults' Health and Care, Hampshire County Council
Karen Ashton (karen.ashton@hants.gov.uk) – Assistant Director, internal Provision and NHS Relationship Manager, Adults' Health and Care, Hampshire County Council
Sarah Austin (sarah.austin@solent.nhs.uk) – Chief Operating Officer and Commercial Director, Solent NHS Trust
Sallie Bacon (sallie.bacon@hants.gov.uk) – Director of Public Health, Hampshire County Council
Alex Berry (alex.berry@hants.gov.uk) – Director of Transformation, Hampshire and Isle of Wight Clinical Commissioning Group Partnership
Nick Broughton (Nick.Broughton@southernhealth.nhs.uk) – Chief Executive, Southern Health NHS Foundation trust
Paul Bytheway (paul.bytheway@portshosp.nhs.uk) – Chief Operating Officer, Portsmouth Hospital Trust
Steve Cameron (stephen.cameron@hants.gov.uk) – Head of Reablement, Adults' Health and Care, Hampshire County Council
John Coughlan (john.coughlan@hants.gov.uk) – Chief Executive, Hampshire County Council
Mark Cubbon (Mark.Cubbon@porthosp.nhs.uk) – Chief Executive, Portsmouth Hospital Trust
Alison Edgington (a.edgington@nhs.net) – Director of Delivery, SE Hampshire and Fareham and Gosport Clinical Commissioning Group
Penny Emerit (penny.emerit@portshosp.nhs.uk) – Portsmouth Hospital Trust, Director of Strategy and Performance
Andy Eyles (andy.eyles@nhs.net), Digital Programme Director, Hampshire and Isle of Wight Sustainability and Transformation Partnership

Councillor Liz Fairhurst (liz.fairhurst@hants.gov.uk) – Executive Member for Adult Social Care & Health and Chair of the Health and Wellbeing Board
Martha Fowler-Dixon (Martha.fowler-dixon@hants.gov.uk) – Head of Demand Management and Prevention, Hampshire County Council
David French (David.French@uhs.nhs.uk) – Interim Chief Executive Officer, University Hospital Southampton NHS Foundation
Kaylee Godfrey (kaylee.godfrey@nhs.net) – Communications Lead, West Hampshire Clinical Commissioning Group and Hampshire and Isle of Wight Clinical Commissioning Group Partnership
Sandra Grant (sandragrant2@nhs.net) – Hampshire and Isle of Wight Sustainability and Transformation Partnership
Nikki Griffiths (Nikki.griffiths@hants.gov.uk) – Head of Workforce Development, Adults' Health and Care, Hampshire County Council
Sarah Grintzevitch (s.grintzevitch@nhs.net) – Communications Lead, Hampshire and Isle of Wight Sustainability and Transformation Partnership
Will Hancock (will.hancock@scas.nhs.uk) – Chief Executive, South Central Ambulance Service NHS Foundation Trust
Sue Harriman (Sue.Harriman@solent.nhs.uk) – Chief Executive, Solent NHS Trust
Ros Hartley (ros.hartley1@nhs.net) – Director of Partnership, Hampshire Clinical Commissioning Group Partnership
Heather Hauschild (heather.hauschild@nhs.net) – Chief Officer, West Hampshire Clinical Commissioning Group
Jane Hayward (jane.hayward@uhs.nhs.uk) – Director of Transformation, University Hospital Southampton NHS Foundation Trust
Maria Hayward (maria.hayward@hants.gov.uk) – Strategic Workforce Development Manager, Adults' Health and Care, Hampshire County Council
Paula Hull (paula.hull@southernhealth.nhs.uk) – Director of Nursing, Southern Health NHS Foundation Trust
Jessica Hutchinson (jessica.hutchinson@hants.gov.uk) – Assistant Director, Learning Disabilities and Mental Health Services, Adults' Health and Care, Hampshire County Council
Zara Hyde-Peters (zara.hyde-peters@nhs.net) – Director of Delivery, Hampshire and Isle of Wight CCG Partnership

Kate Jones (kate.jones@hants.gov.uk) – Policy Adviser and Hampshire Health and Wellbeing Board Manager, Hampshire County Council
Rachael King (rachael.king4@nhs.net) – Director of Commissioning, West Hampshire Clinical Commissioning Group
Jo Lappin (jo.lappin@hants.gov.uk) – Interim Director of Older People and Physical Disabilities, Adults' Health & Care (CQC Review Lead), Hampshire County Council
Maggie MacIsaac (Maggie.macisaac@nhs.net) – Chief Executive, Hampshire and Isle of Wight Clinical Commissioning Group Partnership
Julie Maskery (julie.maskery@hhft.nhs.uk) – Chief Operating Officer, Hampshire Hospitals NHS Foundation Trust
Ellen McNicholas (ellenmcnicholas@nhs.net) – Director of Quality and Nursing, West Hampshire Clinical Commissioning Group
Sarah Olley (sarah.olley@southernhealth.nhs.uk) – Strategic Programme Manager, Southern Health NHS Foundation Trust
Sue Pidduck (sue.pidduck@hants.gov.uk) – Head of Transformation, Design and Implementation, Adults' Health and Care, Hampshire County Council
Matthew Richardson (matthew.richardson2@nhs.net) – Deputy Director of Quality, West Hampshire Clinical Commissioning Group
Ciara Rogers (ciararogers@nhs.net) – Deputy Director, NHS Continuing Healthcare and Funded Nursing Care, West Hampshire Clinical Commissioning Group and Hampshire and Isle of Wight Clinical Commissioning Group Partnership
Richard Samuel (richardsamuel@nhs.net) – Senior Responsible Officer, Hampshire and Isle of Wight Sustainability and Transformation Partnership
Louise Spencer (louise.spencer2@nhs.net) – Associate Director Quality and Nursing, South Eastern Hampshire/Fareham and Gosport Clinical Commissioning Group
Jane Vidler (jane.vidler@hants.gov.uk) – Communications Manager, Hampshire County Council
Alex Whitfield (Alex.Whitfield@hhft.nhs.uk) – Chief Executive, Hampshire Hospitals NHS Foundation Trust
Tracy Marie Williams (tracy.m.williams@hants.gov.uk) – Provider Quality Service Manager, Adults' Health and Care, Hampshire County Council

Governance Framework

Appendix 3



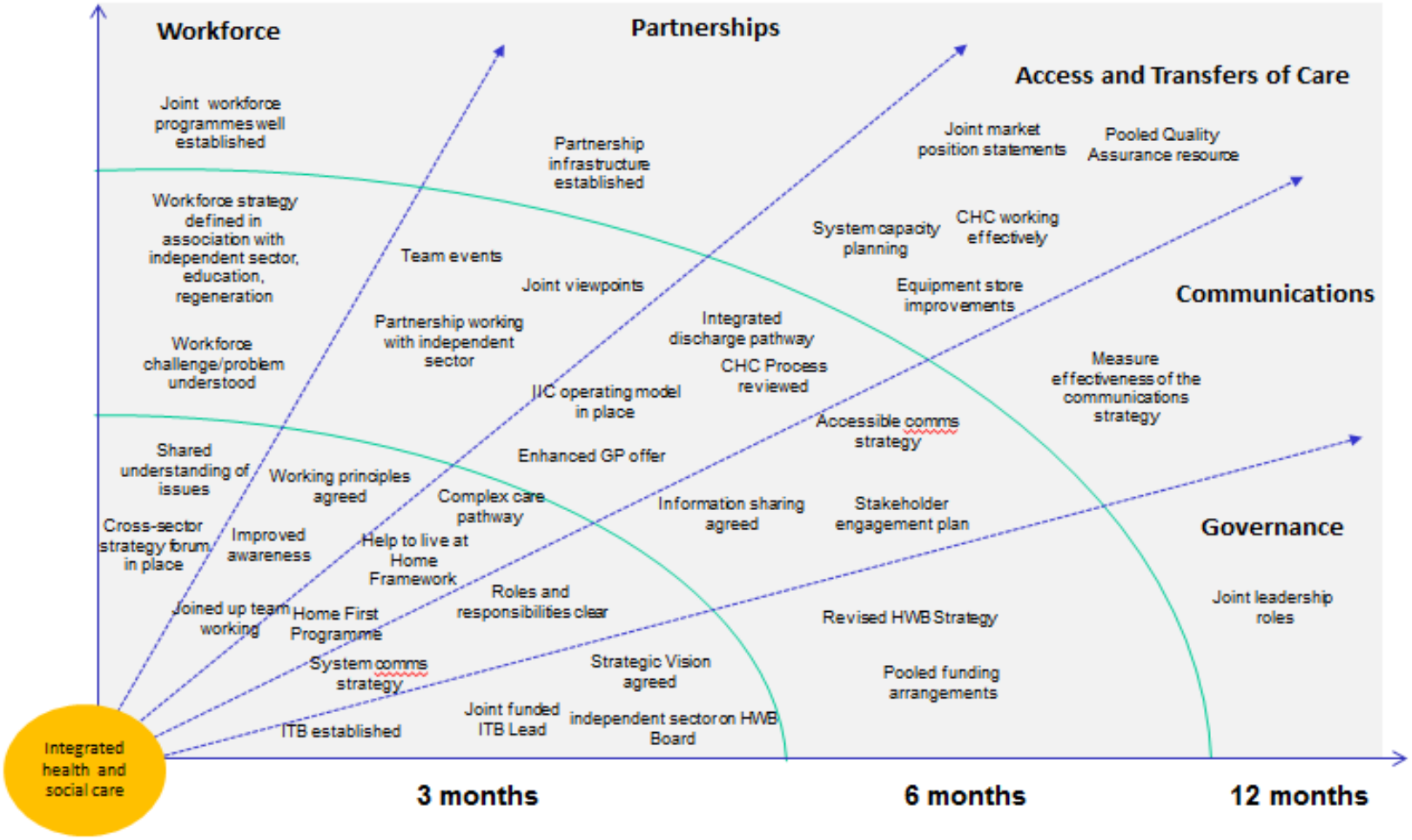
Improvement and Transformation Board

Description: The Hampshire Improvement and Transformation Board (ITB) will bring together the main commissioning and provider elements of the Hampshire health and social care economy in order to drive transformational improvement, in line with the published strategies of the Board's membership organisations , published improvement actions following external review and in keeping with the overarching ambitions of the HIOW and Frimley ICSs. The ITB will remove duplication, at a strategic level, and add value to the collective delivery arrangements through the Local Delivery Systems across all of the programmes within the purview of the Board. The ITB will report to the HWB Executive Group and HWB, as well as individual organisational boards / arrangements as required.

Terms of Reference	Membership & Frequency	Agenda	Inputs and outputs
The role of the Improvement and Transformation Board is to: • Be a collaborative, strategic forum for senior leaders across the health and social care community across Hampshire to drive improvement and transformation of services. • Oversee, provide assurance and challenge delivery progress for a range of programmes underway across the health and social care sector, Hampshire-wide – see identified programme areas. • Provide updates and exception reports on system progress to the Hampshire Health and Wellbeing Executive Group and the Hampshire Health and Wellbeing Board, as well as individual organisation progress reports as required. • Act as a strategic decision-making body in order to progress the work programme reporting to the Board. • See separate sheet for Governance architecture. **DRAFT TERMS OF REFERENCE**	***Chair:*** Director of Adults' Health and Care, HCC* ***Members:*** *CEx / Executive Directors of ;* • *West Hampshire CCG**, • *Hampshire CCG Partnership** • *Hampshire Hospitals NHS Foundation Trust* • *University Hospital Southampton NHS Foundation Trust* • *Portsmouth Hospitals NHS Trust* • *Southern Health NHS Foundation Trust* • *Solent NHS Trust* • *The Director of Public Health, HCC* • *Deputy Director, AHC, HCC* • *Assistant Director – OPPD, HCC* • *Director of Improvement and Transformation – Patient Flow and Onward Care* *Meeting Quorate when * plus three other members present* *Additional attendees to report on programme areas as required, others by invitation/as appropriate.* ***Frequency:*** Monthly 2 hour meeting	**Typical agenda items:** • Welcome / apologies • Action notes from last meeting • Patient flow and onward care programme delivery • New Models of Care programme delivery • Demand Management and Prevention programme delivery • Integrated Intermediate Care programme delivery • Learning Disability / Mental Health integration programme delivery • Continuing Healthcare programme delivery • Workforce strategy development • Better Care Fund / finance delivery • Strategic Commissioning • Communications / engagement • Any other (urgent) business	**Inputs:** • Key performance data • Key finance information • Programme Management Office dashboards / updates for each programme area • Future planning considerations, for example use of Winter Pressures or other ad hoc funding streams **Outputs:** • Confidence in delivery timeline and achievement for each programme area • Escalation and update to HWEG and HWB, where necessary • Consistent and aligned tactical and operational delivery across organisations in all programme areas • Improved performance across all named programme areas of activity.

Appendix 4

12 month action plan in summary



Improvement and Transformation Board

Description; The Hampshire Improvement and Transformation Board will bring together the main commissioning and provider elements of the Hampshire health and social care economy in order to drive transformational improvement, in line with the published strategies of the Board's membership organisations, published improvement actions following external review and in keeping with the overarching ambitions of the HIOW and Frimley ICSs. The ITB will remove duplication, at a strategic level, and add value to the collective delivery arrangements through the Local Delivery Systems across all of the programmes within the purview of the Board. The ITB will report to the HWEG and HWB, as well as individual organisational boards / arrangements as required.

Terms of Reference

The role of the Improvement and Transformation Board is to:

- Be a collaborative, strategic forum for senior leaders across the health and social care community across Hampshire to drive improvement and transformation of services.
- Oversee, provide assurance and challenge delivery progress for a range of programmes underway across the health and social care sector, Hampshire-wide – see identified programme areas.
- Be guided by and respond to the commissioning intentions of the Integrated Commissioning Board
- Provide updates and exception reports on system progress to the Hampshire Health and Wellbeing Executive Group and the Hampshire Health and Wellbeing Board, as well as individual organisation progress reports as required.
- Act as a strategic decision-making body in order to progress the work programmes reporting to the Board.
- See separate sheet for Governance architecture.

Membership & Frequency

Chair:
Director of Adults' Health and Care, HCC

Members:

- ❑ *CEx / Executive Directors of ;*
- *West Hampshire CCG,*
- *Hampshire CCG Partnership*
- *Hampshire Hospitals NHS Foundation Trust*
- *University Hospital Southampton NHS Foundation Trust*
- *Portsmouth Hospitals NHS Trust*
- *Southern Health NHS Foundation Trust*
- *Solent NHS Trust*
- ❑ *Director of Children's Services, HCC*
- ❑ *The Director of Public Health, HCC*
- ❑ *Deputy Director, AHC, HCC*
- ❑ *Assistant Director – OPPD, HCC*
- ❑ *Director of Improvement and Transformation – Patient Flow and Onward Care*

Additional attendees by invitation/as appropriate.

Frequency:
Bi-monthly
2hour meeting

Agenda

Typical agenda items:

- Welcome / apologies
- Action notes from last meeting
- Patient flow and onward care programme delivery
- New Models of Care programme delivery
- Demand management and Prevention programme delivery
- Integrated Intermediate Care programme delivery
- Workforce strategy development
- Children / Young Peoples services
- Communications / engagement
- Any other (urgent) business

Inputs and outputs

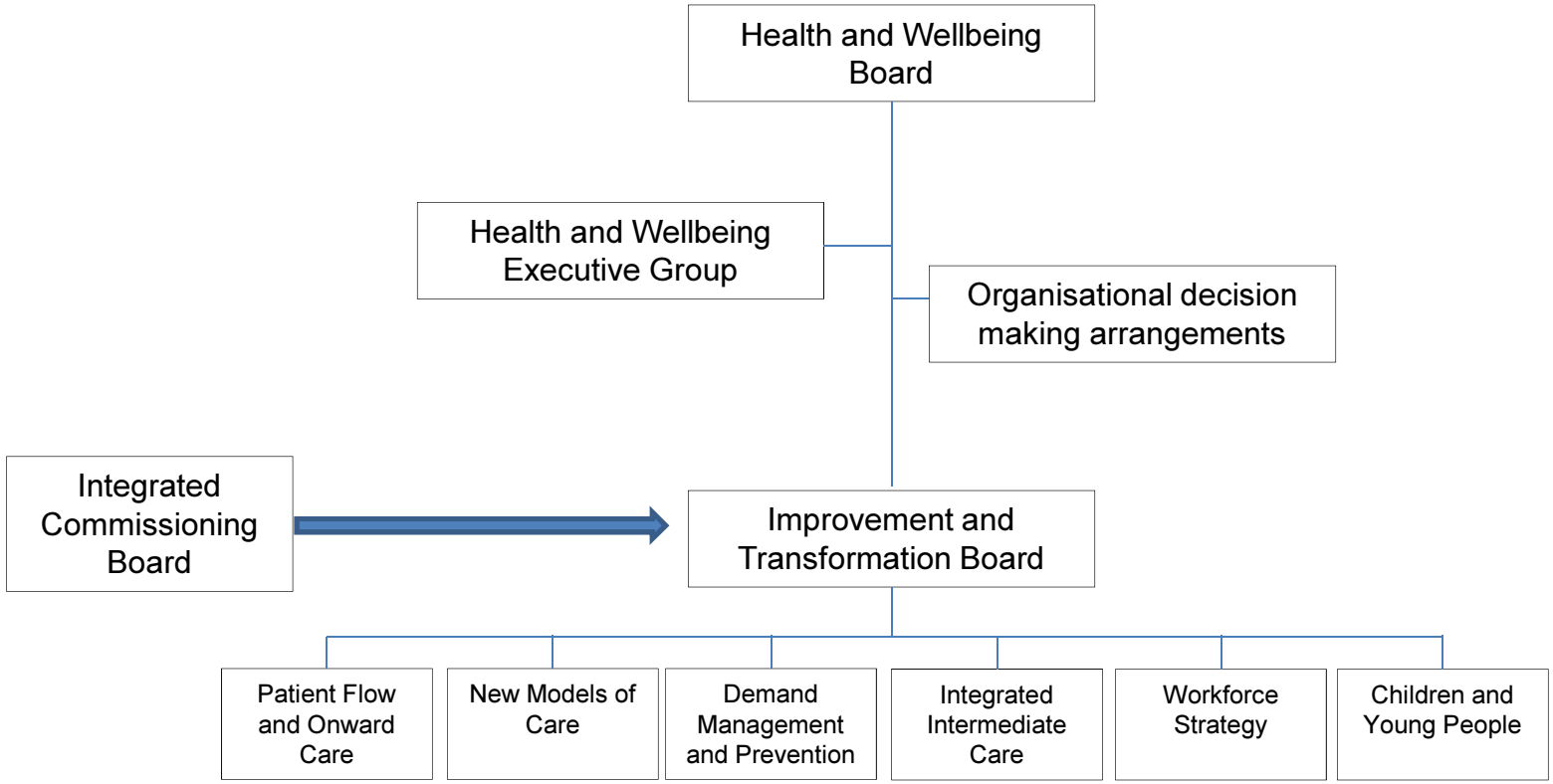
Inputs:

- key performance data
- Key finance information
- Programme Management Office dashboards / updates for each programme area
- Future planning considerations, for example use of Winter Pressures or other ad hoc funding streams

Outputs:

- Confidence in delivery timeline and achievement for each programme area
- Escalation and update to HWEG and HWB, where necessary
- Consistent and aligned tactical and operational delivery across organisations in all programme areas
- Improved performance across all named programme areas activity.

Governance Framework



NHS
Hampshire and Isle of Wight
Sustainability and Transformation Partnership

To Chairs / H&WB Chairs
CEOs / & DAS of LA's
Medical Directors

17th August 2018

Dear Colleague,

Hampshire and Isle of Wight System Reform Proposal

I am writing to provide you with the Hampshire and Isle of Wight System Reform Proposal for consideration and discussion at your Board, Governing Body or relevant governance forum.

You will of course appreciate the context for this work - set out initially in the 'Five Year Forward View' and then restated in the 'Next Steps on the Five Year Forward View' which articulated the ambition 'to make the biggest national move to integrated care of any major western country'. What is key to this transformation (as opposed to previous such programmes) is that we have been given the freedom and responsibility to design locally suitable arrangements ourselves. Whilst this is empowering and exciting it has also challenged us to think differently, to appreciate the need for trust and honesty between parties and to recognise the diversity of views across the health and care sector.

As you will recall we started working together on the System Reform Programme in October 2017 when we held a Hampshire and the Isle of Wight Sustainability and Transformation Partnership [STP] Executive Delivery Group [EDG] away day. We debated the drivers for change and considered options for the future that might address the challenges we face. Since then we have spent a significant amount of time collectively working on the proposals. We held a second Away-day in May 2018; we engaged with Chairs, Clinical Leaders, Lay Members, Finance Directors and Chief Executive Groups to test and refine proposals. We also established four inclusive 'Task and Finish Groups' to develop more detail for the proposal.

You will recall that on 19 July 2018 we tested our proposals with the wider health and care leadership community, working with Chairs, political representatives, CEOs, Medical Directors and Finance Directors. Whilst there were some important points raised at that session (which we have sought to incorporate into the proposal) there was also collective agreement that the proposals were sufficiently developed to be considered by individual Boards and Governing Bodies.

I believe that the case for change is self-evident. I work across a number of systems across the country and I believe that what has been collectively developed in Hampshire and the Isle of Wight represents a good set of proposals. It does not impose a 'one size fits all' blueprint that could disrupt or set-back local progress – instead it offers an overall framework that allows for local flexibility. We have been clear from the outset of the importance of Health and Wellbeing Boards (and their supporting structures) as central to the improvement of the health and wellbeing of our citizens. We are actively encouraging discussions locally about how Health and Wellbeing Boards should interface with Integrated Care Partnerships [ICPs] and their respective focus and remit. NHS England recently released consultation on *'Integrated Care Partnership: Draft contracts'* which is a useful resource to feed into these discussions (see link above).

I therefore attach the proposal in the knowledge that whilst there is general support, a few have reservations. Following the last EDG and subsequent bilateral discussion it is clear that we needed to get the proposals out for your consideration.

We have posed a series of recommendations in the paper. We are seeking your support and endorsement to enable us to develop the proposal. Please do not hesitate to let me know if there are areas where you would want more detail. Richard Samuel or I would be keen to attend your relevant meeting to co-present the proposal and hear the local debate.

We originally hoped that Boards would be able to have considered these proposals by October 2018. In discussion with Local Authority partners in particular I recognise this might be too ambitious in which case I would ask that you consider them at your earliest convenience.

Please do not hesitate to contact either Richard or myself on this matter.

Yours sincerely

Sir Neil McKay
Independent Chair
Hampshire and Isle of Wight Sustainability & Transformation Partnership

NHS
Hampshire and Isle of Wight
Sustainability and Transformation Partnership

Hampshire and Isle of Wight System reform proposal

Statutory body pack

August 2018

MOVING FORWARD TOGETHER

Contents

Introduction and context

Purpose of this document

This document summarises the system reform proposal as developed to date through the work of the Hampshire and Isle of Wight Sustainability and Transformation Partnership's (STP) Executive Delivery Group (EDG) and informed by the broader health and care system leadership.

It forms the basis for NHS provider board, CCG governing body and local government cabinet consideration at their respective meetings in autumn 2018.

Context

The health and care system across Hampshire and the Isle of Wight has been working together to develop a response to the national ambition to improve the integration of health and care for the benefit of local people.

As the Care Quality Commission put it in its 2016/17 State of Care report:

"People should be able to expect good, safe care when they need it, regardless of how this care is delivered... It's clear that where care providers, professionals and local stakeholders have been able to do this – where they have stopped thinking in terms of 'health care' and 'social care' (or specialties within these) and instead focused their combined efforts around the needs of people – there is improvement in the quality of care that people receive. To deliver good, safe care that is sustainable into the future, providers will have to think beyond their traditional boundaries to reflect the experience of the people they support."

National context

The most recent mandate given by the Government to NHS England includes increasing integration with social care so that care is more joined up to meet physical health, mental health and social care needs. More recently, the House of Commons Health and Social Care Committee has expressed its support for improving integration of care, highlighting its potential to improve patient experience.

NHS England's policy goals in relation to this area have been clear for some time. NHS England's ambition to transform the delivery of care in this spirit was first described in 2014's Five Year Forward View (FYFV):

"The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three"

Case for change

What do our citizens and our staff tell us?

Our citizens have been consistent in telling us that…

- they want **better and more convenient access** to support to help them to live well for longer. We have diverse communities across Hampshire and the Isle of Wight and people want support better suited to their needs;
- **they value and have confidence in General Practice and the wider primary and community team,** but there is a bewildering array of teams who do not appear to communicate with each other. **People often have to repeat their story** multiple times, making accessing care a frustrating experience. So they want all of the clinicians and care workers involved in their care to know their care plan, to work together and to communicate with one another. Many people also want greater control of their care, from better access to their records through to personalised budgets;
- when they have an urgent care need, **rapid access to the right clinical advice and support** is the most important factor to them. They want the health and care system to make sure they know how to rapidly access a complicated and sometimes confusing system;
- when they are managing a long term physical and/or mental health condition they typically want continuity of relationship with a trusted clinician to support them; they want better support to understand and manage their condition; and they want to ensure that when they travel for specialist advice and support, then the journey is worthwhile. Currently **40% of people** whom have a long term condition tell us they **don't feel supported** to manage their condition.
- they are more **willing to travel a little further for specialist care** if the services they access will give them better outcomes. People also add however, that there is nowhere like home and that they would rather be there, than a hospital bed. Unfortunately a quarter of people in hospital still do not feel involved in decisions about getting them home.

Our workforce are telling us that:

- they are **under more pressure than ever** before. They often feel that there is not enough time in the day, with too many targets to reach and administrative tasks to perform, both of which take time away from patients;
- services are running on such **low staff numbers** that any unplanned sick leave or annual leave has a significant effect. Despite significant efforts of some providers, we continue to exceed our planned expenditure on agency and locum spend;
- care professionals want a means by which to **share information** with other professionals within the system. There is often a poor interface between primary, secondary and community care with time wasted trying to contact other care services;
- whilst it doesn't feel this way in general practice, and in the community and hospital services, our workforce has actually increased over the last few years. However so too has the number of people leaving within two years;
- many frontline staff have spent large parts of their professional careers **trying to integrate care for patients,** often working around policies that construct rather than remove barriers to integrated care at local level;
- they want **better career options** along with opportunities to improve their skills and expertise.

What does the data tell us?

We need to strengthen our approach to prevention, early intervention and supported self-management…

- We have a national reputation for developing innovative models of prevention, case finding and early intervention and supported self-management. However, we have not systematically implemented these innovative models. For example, within three years, 330 heart attacks and 490 strokes could be averted with improved detection and treatment of hypertension and atrial fibrillation. This represents a cost saving of up to £2.5m for heart attacks and £6.7m for strokes through optimal anti-hypertensive treatment of diagnosed hypertensives.
- For cancer services, for example, we have made real progress in improving the early diagnosis of cancers over the past 4 years, and are now are one of the best performing systems in the country. But we still only **diagnose just over half of cancers at stage 1 and 2**.
- The **life expectancy of people with serious mental illness is 15-20 years less** than the average life expectancy in Hampshire and the Isle of Wight, with two thirds of these deaths due to avoidable causes. And yet the number of health checks for people with severe mental illness in HIOW is below the national average.
- We are making improvements, but we are **not yet closing the inequalities gap -** the life expectancy gap (and disability-free years gap) across HIOW is not closing.

The complexity and fragmentation of our current system (including siloed budgets and payment systems) is currently holding back a system focus on this agenda.

We have a significant opportunity to improve discharge and flow across Hampshire and the Isle of Wight…

- Our citizens continue to **stay in hospital for a long time** even though many are medically fit to leave. As we know the longer people stay in hospital, the more likely they are to develop complications and reduced independence; and it is also expensive to keep someone in hospital unnecessarily.
- Our flow and discharge is noted as being in the **lowest performance quartile in the country**
- We continue to be the **second poorest performing system in the country** with regards to **delayed transfers of care**.
- **We are the second poorest performer** nationally with regards to **CHC assessments in the community**.
- Recent data positions us as having one of the greatest opportunities nationally to reduce **excess bed days** and super-stranded patients.
- There has been a relentless focus on improving discharge and flow across all of our systems and yet despite this the number of delayed transfers of care per 100,000 population remains at the same rate it did two years ago*

This data would indicate that continuing to operate as we have done in the past will not yield a different outcome. We need to reform the system in a way that best allows us to tackle the challenges we face.

* with the exception of the Isle of Wight which now operates with three times fewer delays as other HIOW systems.

What do we know about new models of care?

The past four years have seen significant progress in developing 'new care models' which are founded on integration between partners and a systematic focus on the whole population's needs. Nationally we have seen both Multispecialty Community Provider and the Integrated Primary and Acute Care Systems develop. More recently the Next Steps on the Five Year Forward View further articulated the ambition ***'to make the biggest national move to integrated care of any major western country'.***

Within our patch we are reporting very tangible benefits for our citizens as a result of health and care partners working together / integrating more effectively than we have seen before. In the most developed systems we are seeing:

- **1% reduced emergency admissions** compared to an average of 3.5% growth nationally;
- New models of care are successfully managing and treating people more effectively in the community **reducing potentially "avoidable" emergency admissions by 10%** on last year;
- **4% reduction in GP referrals** on last year;
- **Reduction in the number of people experiencing mental health crisis** / emergency admission to acute mental health beds as a result of enhanced support in the community
- **A&E attendances are holding at the same level** as last year compared to demographically similar systems which have increased activity on last year;
- Citizens engaging with integrated care teams are reporting **significant improvements in health status, personal wellbeing, experience and health confidence;**
- **Staff satisfaction rates significantly improving** where they are operating in integrated care teams.

These achievements are both important for citizens, staff and for the financial health of the system. We know that new models of care work, however, our integrated primary and community teams are at different stages of development and so too are their interfaces with local health and wellbeing footprints and the acute physical and mental health system.

Finance and efficiency

Increasing value for money

The current funding and budget systems make it hard to reallocate resources to where they are needed most. This can also be prohibitive to collaborative working between partner organisations. Frustratingly for all, the current payment systems can be unhelpful – rewarding activity rather than outcomes.

Our financial position is unsustainable. Hampshire and Isle of Wight NHS has forecast a 'do nothing' gap of £577million gap by 2020/21 (23% of our £2.5bn allocation) and in addition to this, the pressures in social care and local government more broadly are unprecedented. Whilst the required level of efficiency has been delivered to date we require a step change in productivity and cost reduction to ensure we meet our financial targets.

In many organisations too much resource and energy is focused on seeking to suppress expenditure in providers or generate additional income from commissioners, rather than work in partnership to focus on cost reduction, quality improvement and living within the system's finite resources. **We will require different approaches**, including **collaboration**, e.g. pathology, pharmacy distribution centres; scale, eg: collective procurement; **back-office optimisation**, eg: HR, finance; **greater partnerships**, eg: increasing retention of our workforce, reducing bank and agency costs; and **reduced unwarranted variation** in practice.

If we are to make the transformational changes required to improve outcomes, experience, satisfaction, quality, performance, financial sustainability and address our workforce challenges **we must radically enhance our functionality, removing obstacles to enable far greater collaboration and integration**. These radical changes will become a reality only if there is a collective commitment from all partners to transform and implement a new way of working.

Reducing complexity

- We have **21 NHS and local authority statutory partners** as signatories to our transformation partnership **and three non-statutory partners** (with leadership responsibilities around workforce, innovation and research).
- We have **grown our workforce by 4.5%** over the past three years. Too much of this growth has, however, been in non-clinical roles. One of the key drivers for this is the continuing burden of reporting, assurance and inter-organisational contract management.
- **We are a complex system.** Whilst there has been collaboration between provider, commissioner and regulatory partners, our system reform work over the past six months has demonstrated significantly greater opportunity to reduce system complexity; reduce the burden of assurance and reporting and ensure all partners collaborate towards clearer strategic goals;
- NHS England and NHS Improvement are currently undergoing a national and regional integration programme. The expectation is that locally the Hampshire and Isle of Wight system will develop **simpler but more effective self-regulation and assurance models** that will allow NHSE/I to work more strategically with the system.

The system reform programme is a means by which we can reduce this complexity and develop strong self-regulation and assurance models.

The proposed system

Our vision

"Our vision is to support citizens to lead healthier lives, by promoting wellbeing in addition to treating illness, and supporting people to take responsibility for their own health and care. We will ensure that our citizens have access to high quality consistent care 24/7, as close to home as possible.

Our vision – tomorrow's system

We are taking action to prevent ill-health and promote self care...

- Empowering citizens, patients, service users and communities
- Harnessing technology more effectively to support wellbeing

We are strengthening local primary and community care...

- Developing integrated health and social care teams designed to support the needs of the local communities they serve
- Ensuring a strong and appropriately resourced primary care workforce
- Providing care in the right place at the right time by reducing over-reliance on hospitals and care homes
- Using technology to revolutionise people's experiences and outcomes;

We are improving services for people who need specialist care...

- Identifying, understanding and reducing unwarranted variation in outcomes, clinical quality, efficiency;
- Through consolidating more specialised care on fewer sites;

We will make intelligent use of data and information to empower citizens, patients, service users and support our workforce to be more efficient and effective in delivering high-quality care

Integrated care systems

The HIOW Executive Delivery Group (EDG) – representing the HIOW health and care system – recommend that to deliver our vision for health and care, we need to reform our system to ensure 'form follows function', signalling a shift from the separation of provision and commissioning to integrated planning and delivery. Nationally there is a similar realisation, which has led to the national guidance on Integrated Care Systems.

What is an integrated care system (ICS)?

NHS England defines ICS as those systems in which:

"Commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations".

What will an integrated care system do?

National guidance sets a number of expectations for ICS:

- ICS are expected to produce together a credible plan that delivers a single system control total, resolving any disputes themselves.
- ICS will assure and track progress against organisation-level plans within their system, ensuring that they underpin delivery of agreed system objectives.
- [ICS] will be given the flexibility, on a net neutral basis, and in agreement with NHS regulators, to vary individual control totals during the planning process and agree in-year offsets in one organisation against financial under-performance in another.
- NHS England (NHSE) and NHS Improvement (NHSI) will focus on the assurance of system plans for ICS rather than organisation-level plans.

There is an expectation that, over time, ICSs will replace STPs.

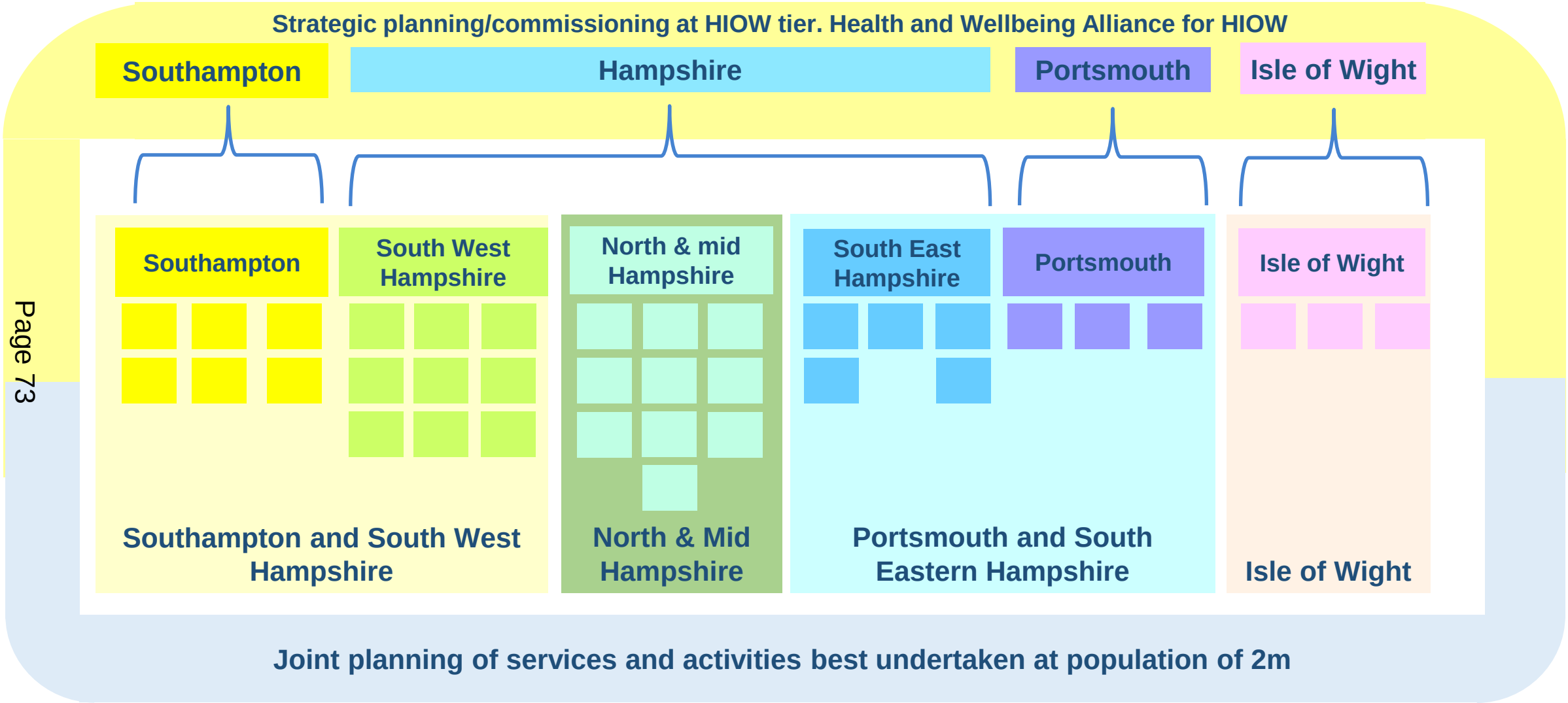
Benefits of ICS – the national view

- Creating more robust cross-organisational arrangements to tackle the systemic challenges facing the health and care;
- Supporting population health management approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- Delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- Allowing systems to take collective responsibility for financial and operational performance and health outcomes.

Local alignment

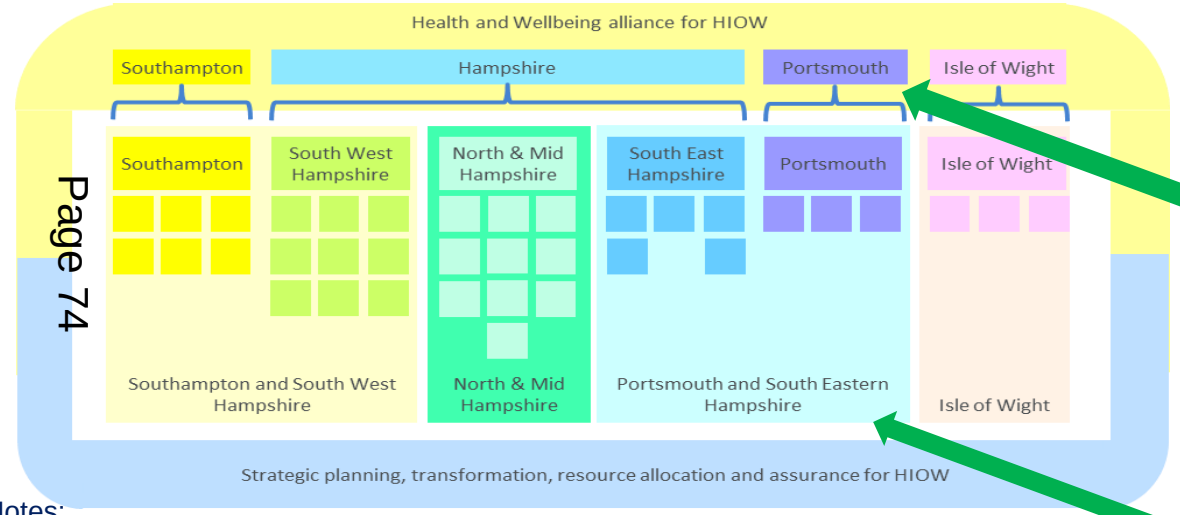
The EDG tasked a sub-set of its members, supported by others, to form a series of task and finish groups to develop the key elements of a proposal for moving the HIOW system towards ICS ("the system reform programme").

How could HIOW look in the future?



The proposed HIOW integrated care system:
A whole system planning, delivering and transforming in collaboration

The proposed reformed system envisages providers, commissioners and local authorities working in ever closer collaboration with each other and with citizens and voluntary sector organisations to address the case for change, empowering and supporting citizens to best manage their own health and wellbeing and frontline teams to provide and sustain the best possible services and care.



Component	Purpose and description
Accelerated implementation of 36 clusters Natural communities of 20-100,000 people	• The foundations of the reformed system • Strengthening primary care • Delivering integrated mental and physical health, care and wider services to cluster population • 36 clusters, aligned to 'natural communities'. • Proactively managing the population health needs
Ongoing development of place based planning Existing Health & Wellbeing Board footprints	• Integrated local authority & NHS planning • Aligned to HWB (local authority) footprints • Health & LA aligned commissioning resource & agreed leadership/management models • Basis of the JSNA, means through which HWB exert tangible influence on the direction of health and care services for the population through health and care commissioning and wider determinants of health
Simplified structure of 4 integrated care partnerships populations of c600k served by acute partners	• Support the vertical alignment of care enabling the optimisation of acute physical & mental health services • Design and implement optimal care pathways • Support improved operational, quality and financial delivery
HIOW integrated care system Drawing together the above component parts, delivering some functions at a scale of 2 million population	• System strategy and planning • Implementing strategic change across multiple integrated care partnership footprints/places • Alignment of strategic health and LA commissioning • Provider alliances (acute physical & mental health) • Oversight of performance and single system interface with regulators

Notes:

1. The term 'cluster' is used for consistency to describe the foundation of the system where general practices with statutory and voluntary community health and care services work together in 20-100k populations to meet the needs of local residents. A variety of terms are currently used to describe this including localities, extended primary care teams, natural communities of care, neighbourhood teams.
2. Where HWB and integrated care partnerships are coterminous, activities are undertaken together. In areas where integrated care partnerships span more than one HWB footprint, the partners will work together to determine the most appropriate allocation of responsibilities between HWB area and the integrated care partnership to achieve the shared objectives.
3. The Hampshire HWB area also includes North East Hampshire, which is also part of the Frimley Integrated Care System and therefore omitted from the figure above

Conditions for integration

The development of an ICS for Hampshire and Isle of Wight has been based upon a variety of national guidance and evidence from around the country about best practice approaches. We have studied the work ongoing in Surrey Heartlands Dorset, Manchester and South Yorkshire and Bassetlaw and learnt from their experiences.

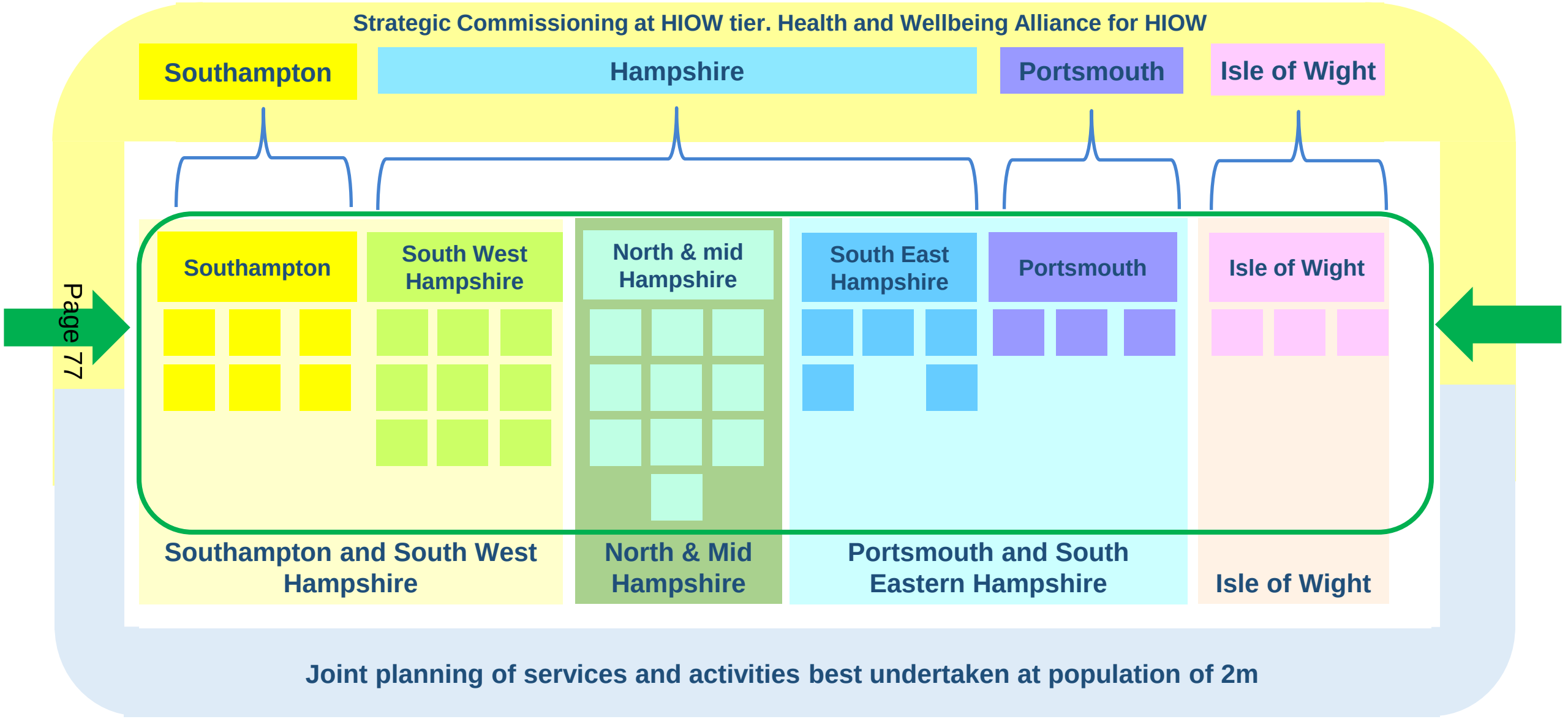
The work of the Kings Fund on integration is also helpful in setting out conditions which support greater integration. Their assessment is that current and future ICS must address the following development needs if they are to succeed in transforming health and care, building on new care models and related initiatives:

- Developing trust and relationships among and between leadership teams
- Establishing governance arrangement to support system working
- Committing to a shared vision and plans for implementing the vision
- Identifying people with the right skills and experience to do the work
- Communicating and engaging with partner organisations, staff and the public
- Aligning commissioning behind the plans of the system
- Working towards single regulatory oversight
- Planning for a system control total and financial risk sharing.

The work involved in addressing these needs is time consuming and cannot be rushed: ‘progress occurs at the speed of trust’, **collaborative rather than heroic leadership holds the key to progress.**

Components of the system

Clusters - integrated primary and community care teams



Clusters - integrated primary and community care teams

Clusters will be the bedrock of the reformed delivery system. The key purpose of our wider system reform arrangements is to support empowered clusters.

Role and benefits of clusters:

- Clusters will see health and care professionals, GPs, the voluntary sector and the community working as one team to support the health and care needs of their local community. They will focus on helping people to manage long term conditions and improve access to information about healthier lifestyles and improving/maintaining wellbeing.

- Evidence shows that the most successful work of this type will reduce the overall number of people who need to be cared for in hospital and improve the health and wellbeing of communities. Clusters will shift the pattern of care and services to be more preventative, proactive and local for people of all ages

Impact of clusters for people

- ✓ People are supported to stay well and take greater responsibility for their own health and wellbeing
- ✓ People can easily access support and advice that is timely, delivered close to home and with the right professional to meet their needs
- ✓ People with chronic or complex illness receive care that is consistent, joined up and centred around their needs and wishes, with fewer hand-offs and reduced duplication
- ✓ People are only in hospital for the acute phase of their illness and injury and are supported to regain/retain independence in their usual place of residence
- ✓ People have greater choice and control over decisions that affect their own health and wellbeing

Impact of clusters for HIOW system

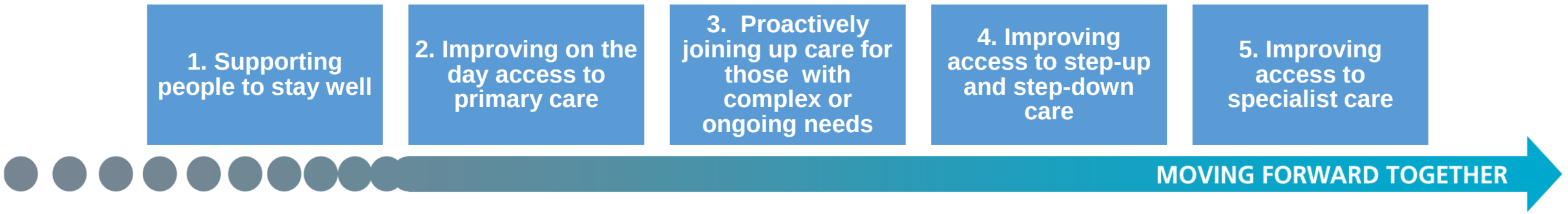
- ✓ Increased capacity in primary and community care to manage local health and care needs
- ✓ Reduction in rate of acute mental and physical acute non-elective activity growth and demand for urgent care services
- ✓ Optimised resource utilisation as a result of better managed chronic conditions and reduction in preventable conditions
- ✓ Reduction in variation in access and outcomes
- ✓ Fewer permanent admissions to residential and nursing care
- ✓ Primary care is sustainable and supported leading to improving GP recruitment and retention rates
- ✓ Attract and retain right workforce in all sectors with particular emphasis on those sectors in greater need such as mental health
- ✓ More efficient bed use and fewer delayed transfers of care

Characteristics of clusters

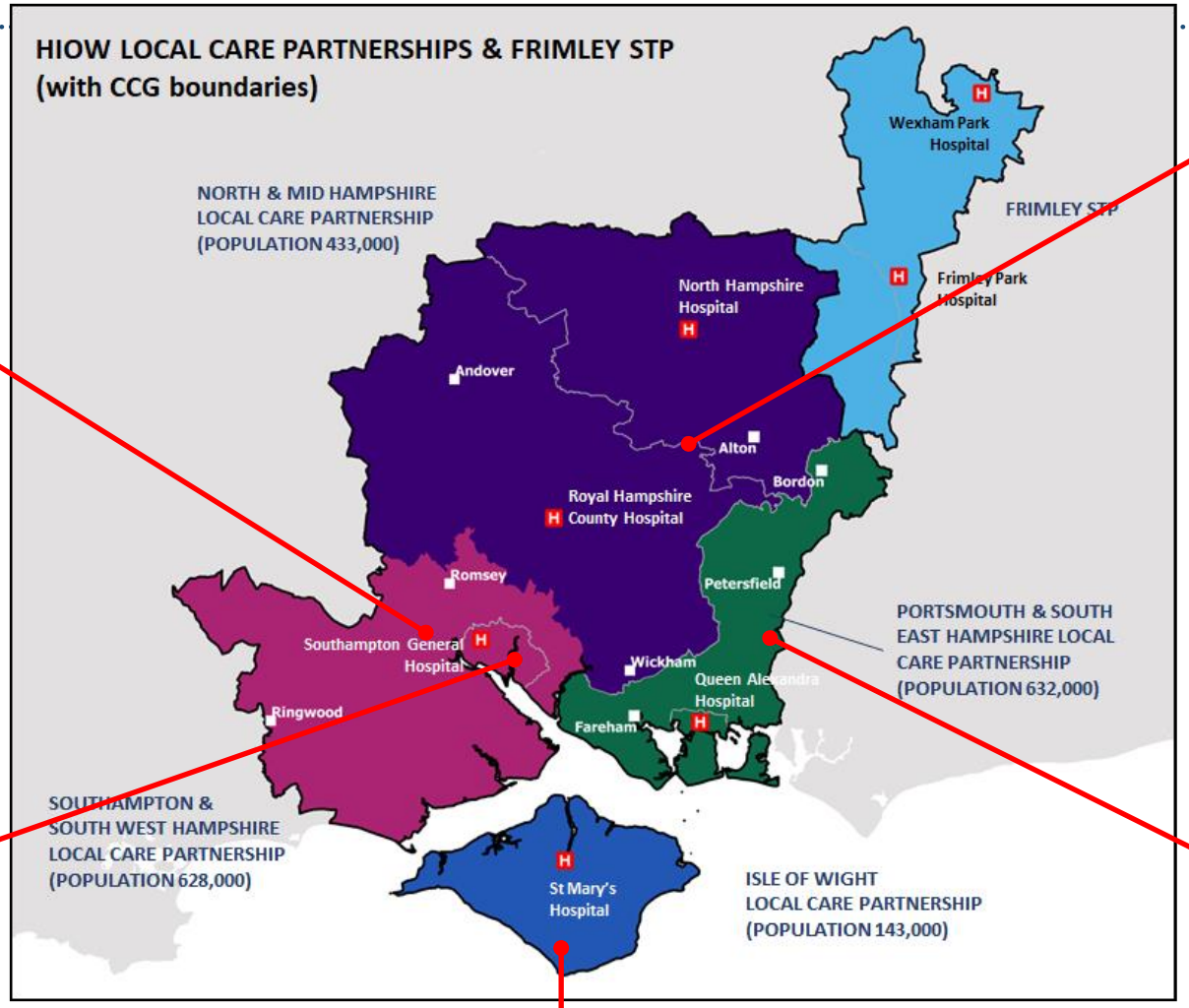
Clusters will vary based on the needs of the communities they serve, but will be built on a common foundation and share common characteristics:

- Clusters will be empowered to innovate in order to best serve their populations. In order to facilitate this, they will work to a specification which is outcome-based, but which is common across HIOW. Developing this specification will be an early priority.
- Cluster footprints align to 'natural communities of care.' Areas must be meaningful to those they serve, as they provide the basis for community-focussed services. Clusters' population range provides flexibility in cluster boundaries to ensure they align with both natural communities and GP registered lists.
- Clusters will include a range of mental and physical health, care and wider services in one place. Multi-professional working will be supported by multi-agency information sharing and, wherever possible, physical co-location.
- Co-ordinate services and teams from across organisations through alignment arrangements (MOU, alliance contract or joint venture) – allowing professionals to maintain their current employment status.
- Multi-professional (including clinical) leadership. Each cluster will have a named lead, and will be supported by a professional managerial team, who will be responsible and accountable for the performance of cluster services and the management of an indicative cluster budget. Clusters will manage their performance based on agreed datasets.
- GP federations will be vital in facilitating clinical leadership in clusters, as well as in leading the transformation of primary care, which will be vital to clusters' capability.
- Clusters will identify, understand and reduce unwarranted variation between their practices. Colleagues and systems across the footprint of HWB and integrated care partnerships will support clusters in this, as well as identifying unwarranted variation between clusters (see below).
- Clusters and acute physical and mental health providers will work together in integrated care partnerships, to ensure alignment of pathways and integrate services to optimise the health and care support they provide, responsive to the populations they serve.

The 5 core functions of a cluster:



36 clusters across HIOW (as at August 2018)



South West Hampshire

1. Eastleigh
2. Eastleigh Southern Parishes
3. Chandler's Ford
4. North Baddesley
5. Avon Valley
6. New Milton
7. Lymington
8. Totton
9. Waterside

Southampton

1. Cluster 1
2. Cluster 2
3. Cluster 3
4. Cluster 4
5. Cluster 5
6. Cluster 6

North and Mid Hampshire 20

1. Mosaic
2. Whitewater Loddon
3. Acorn
4. A31
5. Rural West
6. Andover
7. Winchester City
8. Winchester Rural North
9. Winchester Rural East
10. Winchester Rural South

Isle of Wight

1. North and East
2. West and Central
3. South Wight

Portsmouth and South East Hampshire

1. East Hampshire
2. Waterlooville
3. Havant
4. Fareham
5. Gosport

1. Portsmouth North
2. Portsmouth Central
3. Portsmouth South

Balancing autonomy and standardisation in clusters

A key test of this proposal overall is that cluster governance must accelerate and facilitate, rather than impede, local change and improvement. Therefore clusters will be encouraged to innovate and improve services for their citizens.

This innovation will be facilitated by both their contract /incentive structure and support from HWB and integrated care partnerships (see next slides).

HWB and partnerships will support clusters in identifying and reducing unwarranted variation, including striking the right balance between standardisation / consistency and local flexibility (ie. standardising only where this adds value).

Standardisation may apply across a HWB or partnership footprint, or more widely, as appropriate. We would expect some pathways, services, systems and processes to be standardised across HWB or partnership footprints, some to be standardised across the whole of HIOW. Elements not standardised will allow each cluster to take the approach which works best for them, but with encouragement and support to consider what other clusters are doing and the potential to spread best practice where it adds value (or reduces duplication of effort) to do so.

As part of this freedom to innovate, we recognise that clusters will continue to evolve. The current structure of clusters across HIOW (see next slide) may therefore change as clusters become established and take on an increasing role in service delivery.

Operationalising clusters is a key priority. This will include developing an outcomes-based cluster specification and providing management and development resources to clusters from CCGs

Accelerating the implementation of clusters

Every part of the HIOW system has confirmed the development of integrated cluster teams as a key priority for 2018/19, and every area has a change programme in place to deliver this.

- The 36 cluster teams across HIOW are at variable stages of development and maturity.
- The most established teams, formed under Better Care and Vanguard programmes, offer a wealth of evidence and learning about what works; however we are yet to effectively capitalise on this across HIOW.
- There are currently different names for cluster teams in each care system, reflective of evolutionary local plans.
- However, there are high levels of congruence in the overall description of the function and form of these teams across the system.

Therefore, the ambition for cluster development for 2018/19 is to:

- Accelerate and embed the infrastructure for all 36 cluster teams by March 2019
- Evidence impact on patient outcomes, primary care capacity, hospital admissions and system flow

Current thinking about the development of the clusters by March 2019 and March 2020 is described on the following page.

The developing role of clusters

	October 2018 – March 2019	By April 2020
Strategy and Planning	• Cluster priorities identified and delivery plan in place • Cluster level population data available and used to support priority setting and planning	• Longer-term cluster objectives being shaped, informed by data • Mechanism in place for co-production of plans and services with local people
Care Redesign	• Practices working together to improve access and resilience • Core cluster team membership defined • Integrated primary and community care teams in place with joint assessment and planning processes • Prototypes in place for highest risk groups • Gap analysis undertaken, end state defined for key functions	• Components of delivery model in place for each of key functions (minimum 50% completion) • Active signposting to community assets in place • Shift of specialist resources into cluster teams • Integrated teams fully functioning and include social care
Workforce development	• Cluster workforce plan defined with targeted action to support recruitment/retention of key roles • Cluster level OD/team development plan in place	• Development of new/extended roles in cluster teams to meet local need • Beginning to share workforce and skills within clusters
Accountability & performance management	• Information sharing agreements in place between all partners • Plan for shared care record confirmed • Cluster responsibilities documented via MOU/alliance agreement	• Data used to drive improvement and reduction in variation within and between clusters • Shared care record (health) in place • Cluster monitoring impact on key outcomes
Managing collective resources	• Cluster assets mapped to inform future planning (estate, back office, people, funding) • Resources identified to enable/support cluster plan delivery (eg change management) • Cluster level dashboard including outcomes in place	• Shift of specialist resources into cluster teams • Clusters have sight of resource use and can pilot new incentive schemes • Cluster level plan to optimise use of assets and early components in place
Leadership & governance	• Dedicated professional and operational leadership in place in each cluster • Governance arrangements in place in each cluster, eg cluster board • Cluster partners identified and engaged in the development and delivery of the cluster plan • Cluster engaged in integrated care partnership decision making	• Cluster leadership embedded with defined responsibilities for co-ordination of cluster responsibilities • Mechanism in place to share learning between clusters • Practices have defined how they wish to work together going forward • Cluster is full decision making member of integrated care partnership

Statutory bodies are asked to:

Endorse:

1. **The developing role of clusters as outlined on the previous slide**
2. **The recommendation that partners across HWB footprints and integrated care partnerships work together to define the resources required for cluster operation – a critical first step is establishing professional and operational leadership to drive cluster development**
3. **the proposed next steps for the cluster task and finish group which are summarised as follows:**

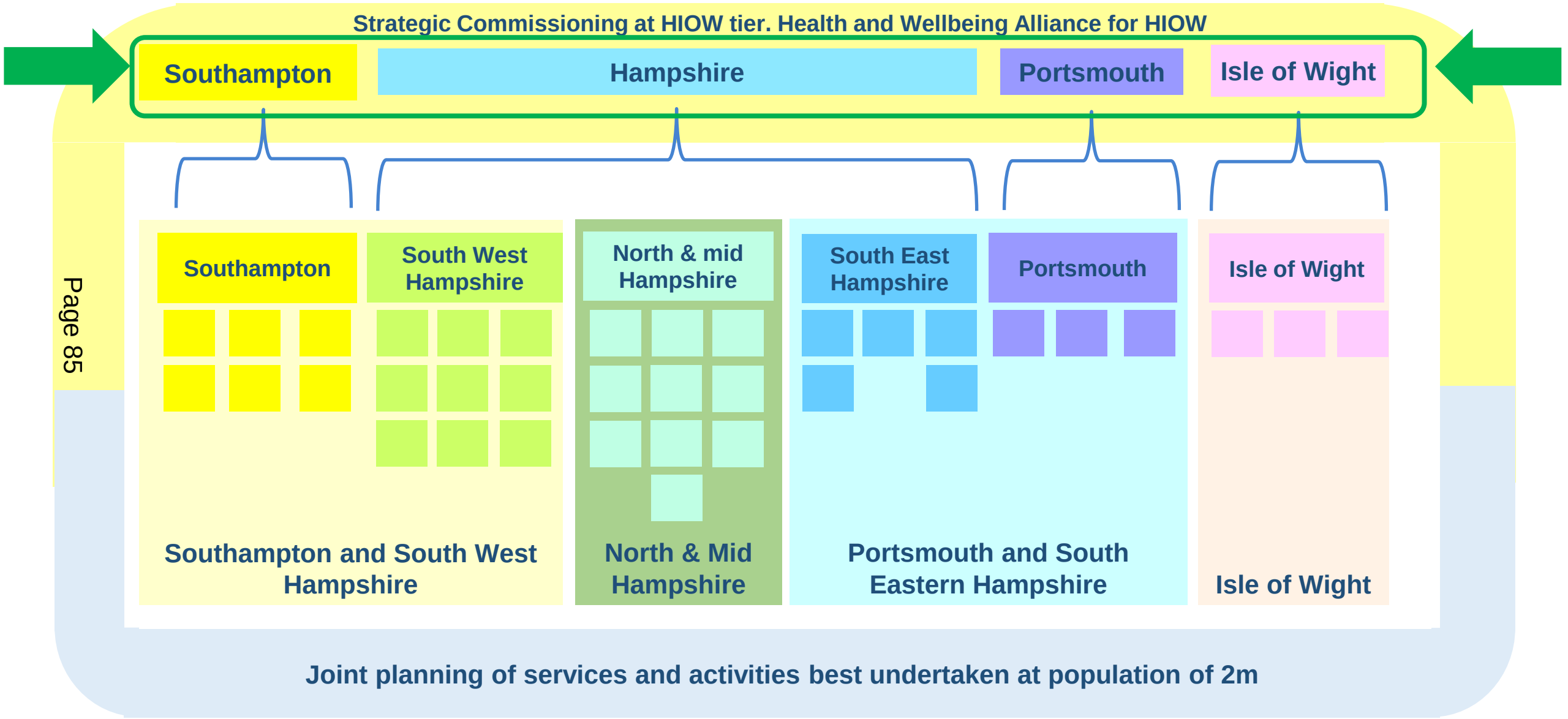
    a. Quantify the impact/expected outcomes of cluster teams (already in progress in most areas): defining outcome metrics for individual clusters and a small set of common metrics across whole HIOW

    b. Describe the support requirements and responsibilities to accelerate full cluster implementation

    c. Describe the proposed interplay between clusters and other components of the ICS, including governance and participation arrangements for clusters as part of HWB footprints and integrated care partnership structures

    d. Strengthen primary and social care involvement in this work at a Hampshire and Isle of Wight level (membership of the task and finish has already been extended to reflect this)

Integrated planning for a place: Health and Wellbeing Board footprints



Restating the function of Health and Wellbeing Board footprints within an integrated care system

Local government partners have convened to start work on restating the critical function of integrated health and care planning and delivery on a Health & Wellbeing Board (HWB) footprint.

An early draft definition of the function is summarised below:

HWB footprints will continue to be **the focus for place-based planning** (undertaking population needs assessment) and for aligning health, care and other sector resources to focus on delivering the improved outcomes for local people, building on the long-established integrated working arrangements, e.g. Better Care Fund, Section 75 arrangements, etc. Working in collaboration, partners will maximise the potential to further improve wellbeing, independence and social connectivity through the wider determinants of health including public health, housing, employment, leisure and environment.

The statutory role of the HWB with their political and clinical leadership, means that they should be central to the governance of health and care planning for a 'place'. The sustainability of the health and care system depends on public and political acceptability and support – as well as the right systems of design and delivery. So the active and effective democratic engagement at all levels (cluster through to whole HIOW) is vital. Strong and equitable relationships between NHS and local government will provide the necessary collective energy and focus required for system change. Furthermore, cross sectoral partnerships of public, private and voluntary and community organisations have important roles in all components of the system.

Much of our prevention and health improvement activities will continue to be designed and delivered in HWB footprints. We will use our ability to align / pool monies between NHS and local government partners to ensure that a clear focus for each HWB footprint is the resourcing of our 36 clusters (integrated primary and community care teams).

Our HWBs are based on local authority footprints. We will continue to integrate our CCG and LA teams focused on place-based health and care planning on these HWB footprints, reducing complexity and duplication. We will also be deploying some of our health (CCG) and care staff directly to support the operationalisation of our 36 clusters.

All four LAs have committed to meet with health provider and commissioner colleagues during August/September as a task and finish group to further develop the above definition and proposed next steps (see more detailed recommendation on the next page).

Statutory bodies are asked to:

Endorse the following recommendations from the EDG, informed by the task and finish group work to date:

1. **The emerging 'restatement' of the function of partnership working on a HWB footprint as described on the previous slide**

2. **The proposed next steps for a task and finish group by the end of September, which are to:**

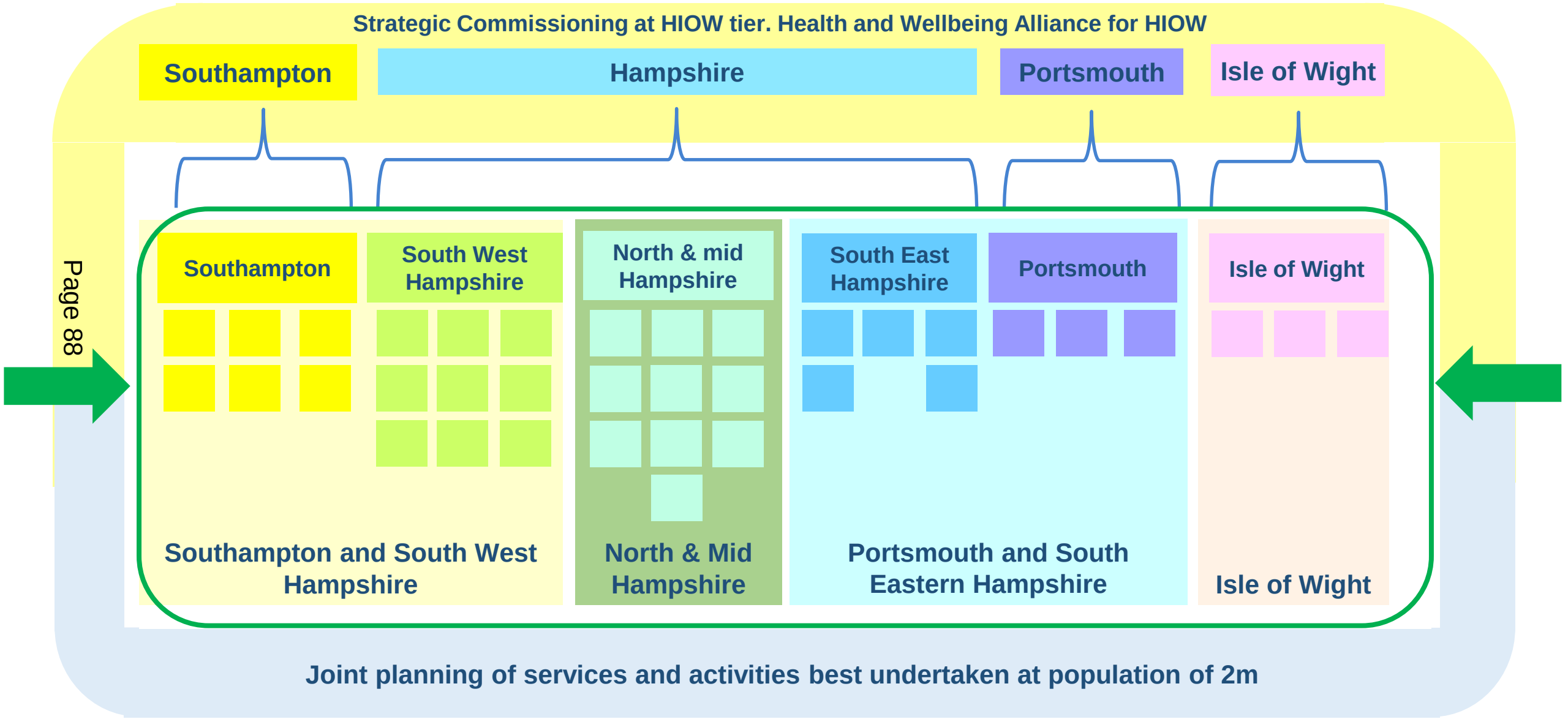
a. define the common functions of the role of HWB footprints in an integrated care system

b. clarify the relationship between this and the other component parts of the proposed Hampshire and Isle of Wight Integrated care system

c. set out a mechanism for achieving 'active and effective democratic engagement at all levels' across the Hampshire and Isle of Wight integrated care system (including the role of HWB)

Leads from the other Hampshire and Isle of Wight task and finish groups on integrated care partnerships, strategic commissioning and clusters will be involved in developing this thinking.

Integrated care partnerships



Integrated care partnerships

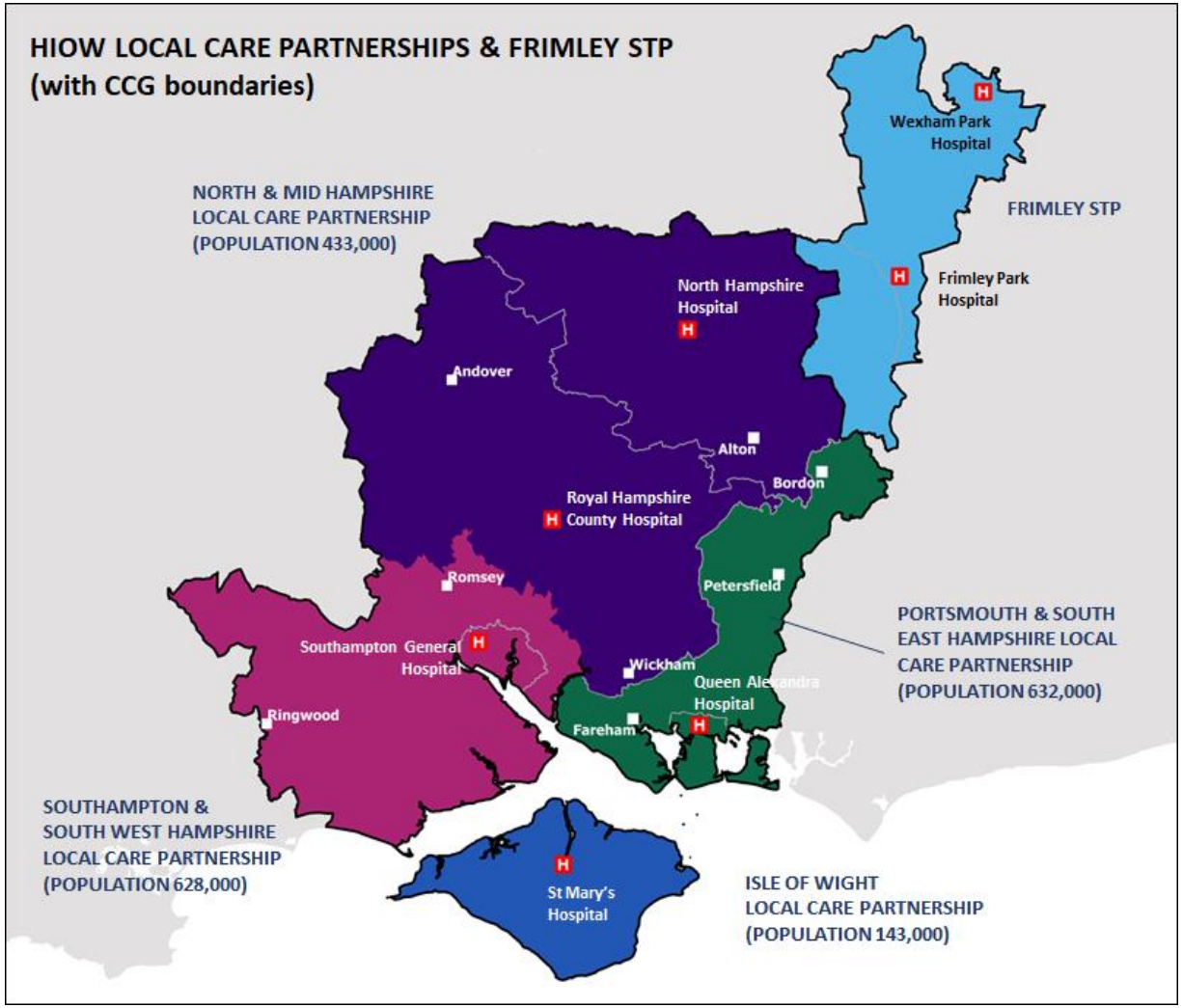
Integrated care partnerships are where we align the work of the local clusters, community services, acute and specialised physical and mental health services, for the benefit of the local population.

Providers of mental and physical health and care services including general practice, NHS commissioners, local authorities and voluntary sector organisations come together in geographies based on the local catchments of acute hospitals to benefit their local population.

The term ‘integrated care partnership’ [ICP] is being used to describe the collaboration of partners on these geographies.

The ICPs across HIOW will reflect local needs and will differ in the extent of their focus and work programme. For some, the focus may be predominately on improving operational ED performance. In others there is already an intent to work together on a more comprehensive basis with established governance structures to deliver agreed improvement programmes.

The balance and focus of the planning and delivery that takes place in HWB footprints and integrated care partnerships will vary in each part of HIOW.



What could integrated care partnerships look like? 30

The nature of Integrated Care Partnerships [ICPs] will vary according to local circumstances, challenges and opportunities. For some the arrangements will mirror current state. For others their development is such that by **April 2020, integrated care partnerships could be working together to:**

- implement a integrated care partnership delivery plan which sets out the collective priorities of the integrated care partnership, over the medium term (3-5 years) and in the short term (1-2 years) [noting that as previously alluded to, the balance and focus of planning and delivery that takes place in integrated care partnerships is likely to vary in each part of HIOW]
- design and implement optimal care pathways, and to identify, understand and reduce unwarranted clinical, operational and service variation
- make the best use of the collective resources of the integrated care partnership, including workforce, financial resources and estate, maximising system wide efficiencies and encouraging resources to flow to address the key risks facing the partnership
- support the ongoing development of the integrated care partnership:
    - progressively building the capabilities to manage the health of the population, to keep people well and to reduce avoidable demand
    - supporting the ongoing development of clusters, as the bedrock of the local health and care system
    - in some areas, potentially managing the transition to evolved organisational form arrangements that enable members of the integrated care partnership to sustainably meet the population needs

An integrated care partnership board could lead the partnership, providing strong system leadership, actively breaking down barriers that hinder progress in the delivery of integrated care, building trust and acting together to deliver improvements for citizens, for the system as a whole and through which partners hold each other to account for delivery of the shared priorities.

In integrated care partnerships, NHS providers including primary care, commissioners and local authorities work to overcome the barriers to collaboration associated with the separation of provision and commissioning. Whilst recognising the important individual statutory responsibilities of each partner, it is envisaged that:

- CCGs will deploy their people and resources to work collaboratively with other CCGs in the integrated care partnership, focussed on implementation of the integrated care partnership delivery plan – improving services, improving operational performance and delivering cost reduction.
- NHS providers will work together to make strategic and operational decisions that are in the best interest of the integrated care partnership.
- Where possible, in order to reduce duplication and bureaucracy, CCGs, NHS providers and if relevant local authorities, will seek opportunities to optimise corporate support services and infrastructure such as finance, quality, communications and governance teams.

Current thinking about the development of integrated care partnerships by March 2019 and March 2020 is described on a subsequent slide.

ICPs: an example of a different approach

We anticipate seeing:

- CCGs deploying their people and resources to work collaboratively with other CCGs in the local care system and with providers
- Providers making decisions and delivering care together – provider alliances
- CCGs, NHS providers and potentially local authorities sharing corporate support services and infrastructure?
- Over the next 18 months, working through together the impact on financial flows, contractual models and organisational forms (drawing national models such as the ICP contract consultation)

Enabling us to have:

- Better grip on improving the money, performance and quality
- Integrated care partnerships supporting clusters to develop and thrive
- Whole system implementation of improved care pathways, and reduction in unwarranted clinical, operational and service variation
- Collective support for all services in the integrated care partnership to meet operational performance and quality standards
- Reduced transaction costs

The ICP Task and Finish Group has been developing a vision of how the future might look. Each ICP will develop proposals that reflect their local context, challenges and opportunities

A potential timeline for the development of ICPs

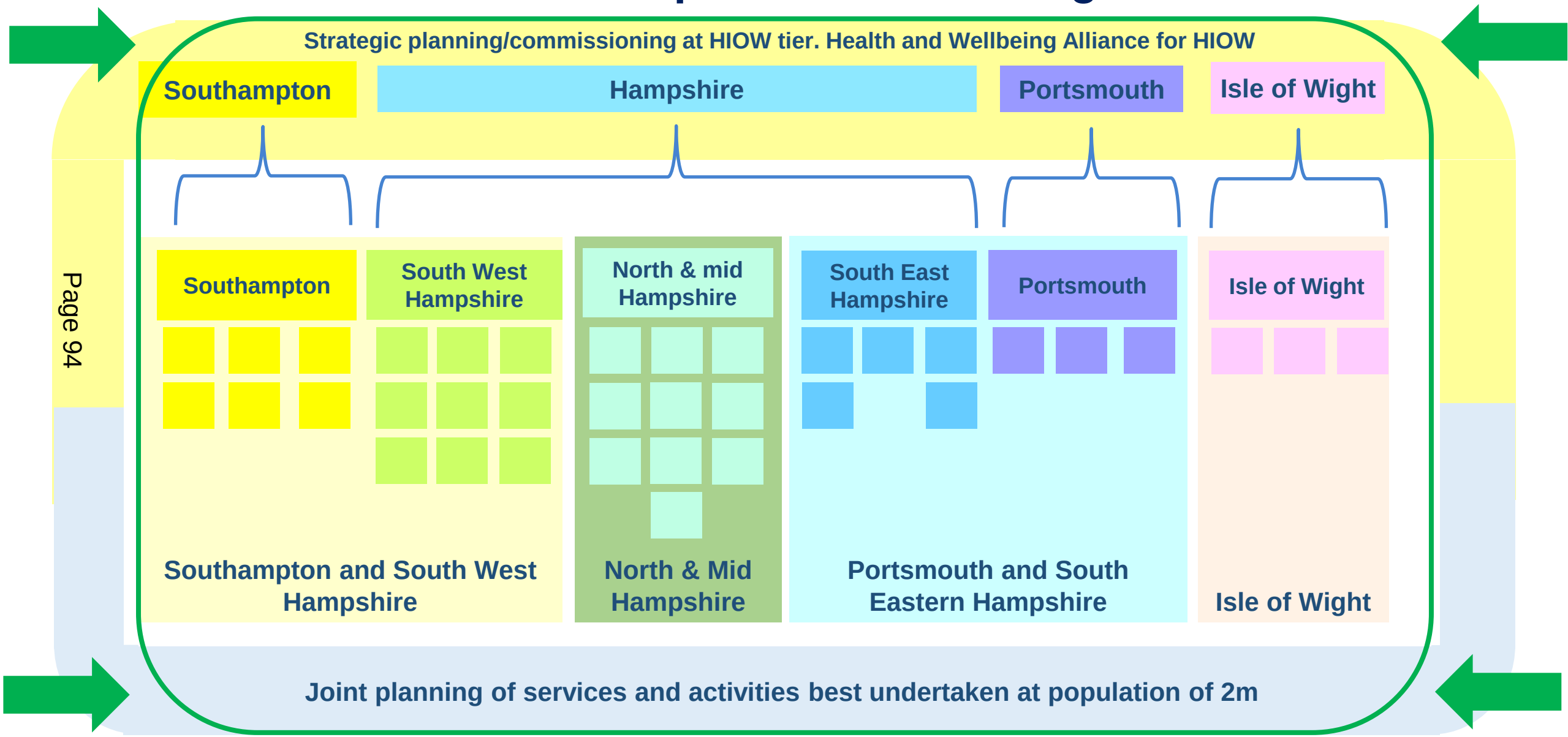
	October 2018 – March 2019	By April 2020
Strategy and Planning	• Develop and agree plan to make optimal use of acute and specialised physical and mental health services • Aligning the work of clusters at HWB footprint with community and acute physical and mental health services	• Agreed single strategy and operational plan for the integrated care partnership describing collective priorities and how those priorities will be delivered • Planning undertaken jointly by CCGs, providers and LAs
Care Redesign	• Implementing Urgent & Emergency Care priorities for the integrated care partnership • Developing optimal care pathways across the integrated care partnership • Agreed plan to support the development of clusters • Engaging staff and local communities in redesign	• 100% of clusters thriving, with lower mental and physical acute care demand as integrated teams support people to stay well at home • Managing a comprehensive programme of service improvement to address the integrated care partnership priorities • Population groups with high service utilisation or unmet need identified and action agreed
Workforce development	• Understanding the workforce issues for the integrated care partnership	• Securing the right workforce, in the right place with the right skills in the integrated care partnership, and ensuring the wellbeing of staff
Accountability & performance management	• Working together to monitor and improve delivery of constitutional standards	• Instigating clinically led quality improvement • Extensive use of data to drive improvement • Oversight of delivery in clusters • Leading recovery of standards without outside intervention
Managing collective resources	• Understand current resource use in the integrated care partnership • Working together to make the best use of the collective resources (workforce, estate, financial) in the integrated care partnership • Test new approaches to manage funding flows (e.g. DTOC) • Maximising system wide efficiencies	• Managing the collective resources of the integrated care partnership • Capable of taking on a delegated budget • Directing resources to address the key integrated care partnership risks • Shared corporate support services • Shared medium term financial plan including efficiencies
Leadership & governance	• Understanding the context, ambitions and challenges of each member of the integrated care partnership, building trust, acting together • Governance structure in place to enable collaboration • Cluster leaders engaged in integrated care partnership planning and decision making • Members of the integrated care partnership working together to agree any changes required to organisational structures	• Joint provider, CCG and LA leadership to enable planning and delivery in the integrated care partnership • Care professionals leading service integration • Governance mechanisms in place to enable decisions to be made in the best interests of the system and residents • Implementing agreed changes to organisational structures to better enable delivery in the integrated care partnership

Statutory bodies are asked to:

Work with geographically aligned partners within the identified four ICP footprints to:

1. Discuss and agree the remit and focus of the ICP;
2. By October 2018 prepare a Memorandum of Understanding [MoU] that sets out the remit, focus and the leadership / governance / decision making arrangements of the ICP and how the local Health and Wellbeing Boards (Care systems) and the ICP interface with one another - the balance and focus of each;
3. Set out the key milestones for the ICP for April 2019 and April 2020.

Strategic planning, transformation, resource allocation and assurance at the scale of Hampshire & Isle of Wight



Strategic planning, transformation, resource allocation and assurance at the scale of Hampshire & Isle of Wight

In order to support and add value to the work of clusters, HWB footprints and integrated care partnerships, it is envisaged that providers, commissioners and local authorities will work together to undertake strategic planning, transformation, resource allocation and oversight activities at HIOW level.

This could be achieved, by April 2020, through a single entity for HIOW which, in its mature form, would develop strategy, set priorities and provide strategic leadership and direction to the HIOW integrated care system.

The strategic planning and transformation function in the HIOW integrated care system would:

- include the input and expertise of providers, CCGs and local authorities
- programme manage the implementation of HIOW level transformational change (change that spans more than one integrated care partnership or which is most appropriately managed at HIOW system level)
- proactively support the development of integrated care partnerships
- manage the specialised commissioning budget for HIOW
- align the resources coming into HIOW from a wide variety of sources around the delivery of the agreed strategic priorities, in order to increase the impact for populations
- act as the assurance body for HIOW, providing oversight of operational, quality and financial performance, and enabling the HIOW integrated care system to take action to improve performance without the need for outside intervention.

Whilst recognising the important role of external regulation, it is anticipated that the integrated care system will increasingly develop the capacity and capability to role-model ‘self-regulation’ – where robust processes are in place to ensure that action is taken to identify issues and improve performance without the need for outside intervention.

Creating this strategic planning and transformation function for the HIOW, which involves providers, CCGs and local authorities, is an opportunity to bring together in one place a number of functions including: those CCG functions best undertaken at HIOW level, STP functions, functions currently undertaken by the Director of Commissioning Operations, NHS England/NHS Improvement regulatory functions, specialised services commissioning and potentially other NHS England direct commissioning activities; HIOW clinical networks.

Current thinking about the transition towards this new way of working, by March 2019 and March 2020, is described on a subsequent page.

The characteristics of the HIOW integrated care system

It is proposed that, based upon national ICS, national guidance and evidence of best practice, an entity operating at the scale of HIOW could display the following characteristics:

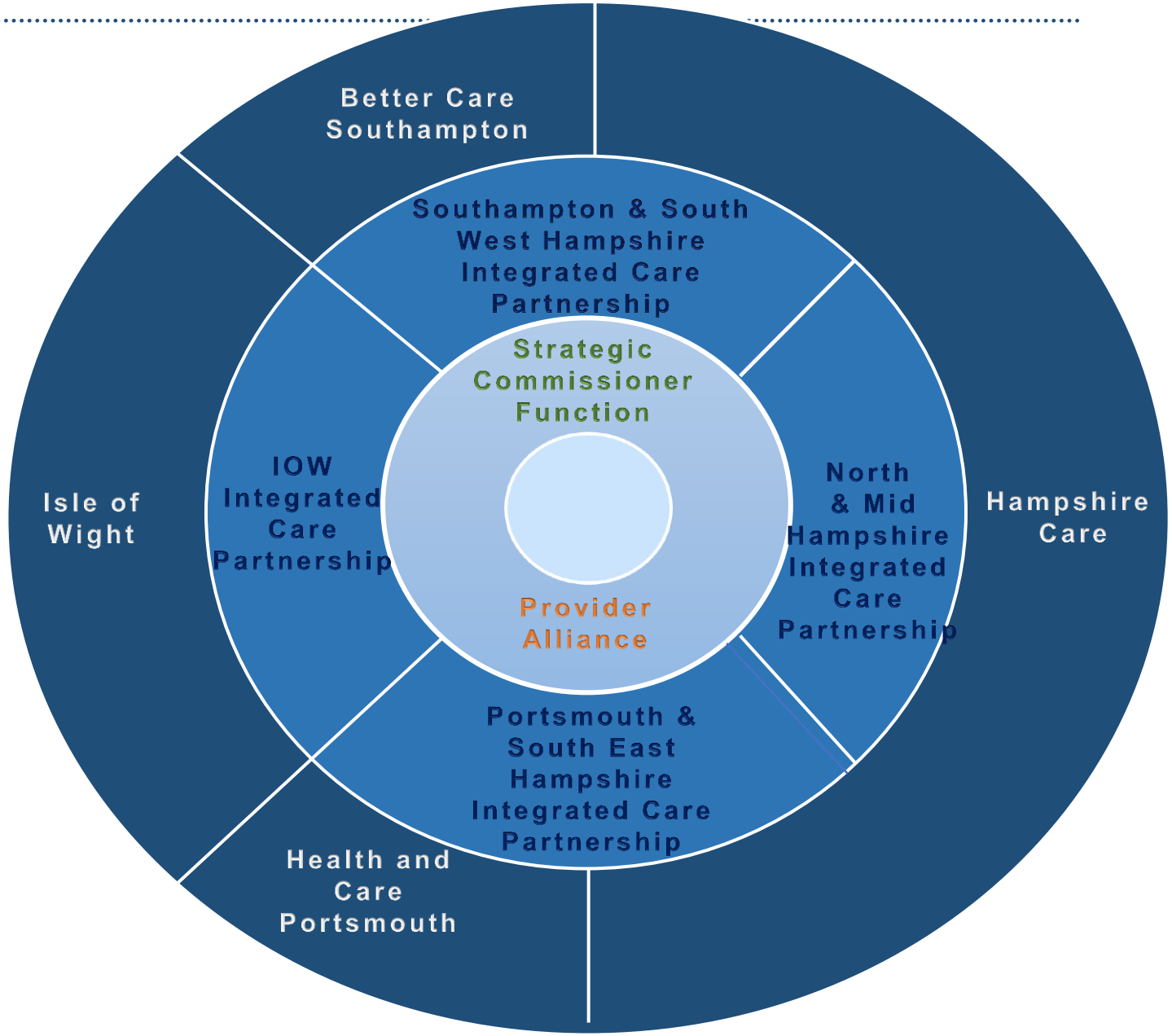
Subsidiarity: only undertaking functions that for reasons of cost or complexity need to be undertaken at the scale of 2m+ population. Unnecessary complexity and bureaucracy are stripped out with 80% of the transformation process led by local place-based teams;

Inclusive: national models / guidance show that prospective ICSare founded on partnership; for HIOW this would draw together:

- A newly established strategic commissioning function
- the four HWB footprints
- the four integrated care partnerships
- provider alliance

Founded on self-regulation: all components of reformed systems have effective self-regulation and enable a model of collective assurance at the scale of the ICS. This allows NHS England and NHS Improvement to deploy resource into the ICS and have a single touch point on delivery to the newly reformed regional and national infrastructure;

Politically-led: prospective ICS all demonstrate strong political leadership and close connection with Health and Wellbeing Strategies and Boards.



Strategic planning/commissioning at the scale of HIOW

As an immediate next step in the transition to this future system model, it is proposed that HIOW CCGs and local authorities establish a strategic planning/commissioning function during Q3 2018/19.

By working together at HIOW level, CCGs and local authorities expect to be able to reduce fragmentation and bring the following immediate benefits:

- stronger alignment of health and local authority commissioning
- the development & agreement of consistent whole system strategic priorities for HIOW
- improved and simplified commissioning decision-making for HIOW wide issues.

The functions of the strategic planning/commissioning function in its initial form would include:

- Setting consistent commissioning strategy and strategic priorities for HIOW
- Managing whole system resilience at HIOW level
- Management and deployment of supra-allocation resources (including capital)
- Demand and capacity planning and commissioning decisions about the future configuration of acute physical and mental health services for the 2 million population of HIOW
- Oversight of NHS constitutional standards, financial performance and quality improvement – with work to be done to ensure this activity isn't duplicated elsewhere
- Work with specialised commissioners, understanding current activity flows and costs, inputting to and aligning decision making
- It is also proposed that the strategic planning/commissioning function incorporates the transformation programme function of the HIOW Sustainability and Transformation Partnership.

Proposed governance:

- Established through a joint committee, in the first instance, during Q3 2018/19
- Members include CCGs, NHS England (specialist commissioning and Regional Director of Commissioning) and local authorities
- Joint committee will have delegated authority to make binding decisions in relation to the in-scope functions and responsibilities
- Expect by April 2019 the governance and organisational arrangements evolve further

The strategic planning/commissioning function is a mechanism through which commissioners can pool skills, expertise, resources and accountability to deliver transformation at HIOW level. There is a strong desire to create a new way of working, rather than add layers to existing ways of working.

The developing functions at a scale of HIOW

	October 2018 – March 2019	By April 2020
Strategy and Planning	• Clear commissioning priorities agreed for HIOW • HIOW system strategy and priorities being refreshed/updated • Demand and capacity planning for HIOW acute services • Agree aligned planning process for 2019/20-2020/21	• CCGs, providers & LAs setting shared strategy & priorities for HIOW with aligned health & LA planning processes • Fully own a single HIOW system operating plan that brings together plans of constituent parts of the system
Care Redesign	• Decisions being made about future configuration of acute physical health and mental health crisis and acute care • Leadership of plans to improve urgent care for HIOW, including oversight of delivery of the Integrated Urgent Care Plan • Decisions about community services provision for Hampshire	• Well developed plans being enacted to support the development of integrated care partnerships • Programme managing the implementation of HIOW level strategic change programme • Leading on implementation of acute service and estate reconfiguration
Workforce development	• Understanding the workforce issues for the system • Influencing the addressing of key workforce issues	• Strategic workforce plan in place and being implemented • Influencing future workforce supply and training requirements
Accountability & performance management	• Oversight of HIOW winter resilience and preparedness • Oversight of delivery of integrated urgent care plan • Acting as interface with assurance bodies for HIOW	• Collective oversight of quality, operational performance and money • Acting as the assurance body for HIOW – supporting the system to take action to improve performance and address challenges without the ned for outside intervention
Managing collective resources	• Agree system wide capital and estate priorities and sign off wave 4 capital allocations • Develop understanding of whole system financial plans and financial risks • Plan for aligned management of specialised commissioning	• Take accountability for a HIOW system control total • Managing collective finances & risk openly and as a system • Aligning resources flowing into HIOW to achieve priorities • Support integrated care partnerships to take delegated budget • Managing the specialised commissioning budget
Leadership & governance	• CCGs operating with a single decision making committee for HIOW level commissioning business • All STP partners involved in the design of the future HIOW level system strategic planning, implementation and assurance function • STP partners providing leadership to strategic change programmes	• A single coherent entity in place that brings together HIOW level CCG functions, STP and NHSE/I functions • Strategic alignment of providers, commissioners and local authorities around the system strategy and priorities • Clear clinical leadership for the system and input from HWB footprints and integrated care partnerships in decision making

Statutory bodies are asked to:

Endorse the recommendations of the EDG, informed by the work of the strategic commissioning task and finish group, that:

1. The strategic commissioning task and finish group further develop the proposal with an aim to establish a strategic commissioning function by October 2018, initially through a joint committee which will have delegated authority to make binding decisions in relation to its in-scope functions and responsibilities.

2. That a new task and finish group is convened including providers, commissioners, local authorities, and NHS England and NHS Improvement, to work together and take responsibility for the development of the next phase of the work to build the strategic planning, transformation, resource allocation and assurance function for HIOW, constructing ICS governance that supports our approach.

Summary of recommendations

In summary, the governing bodies and boards of statutory organisations are asked to endorse the following recommendations from the EDG, informed by task and finish group work to date:

Clusters

1. **The developing role of clusters as outlined earlier**
2. **The recommendation that partners across HWB footprints and integrated care partnerships work together to define the resources required for cluster operation – a critical first step is establishing professional and operational leadership to drive cluster development**
3. **The proposed next steps for the cluster task and finish group which are summarised as follows:**
   a. Quantify the impact/expected outcomes of cluster teams (already in progress in most areas): defining outcome metrics for individual clusters and a small set of common metrics across whole HIOW
   b. Describe the support requirements and responsibilities to accelerate full cluster implementation
   c. Describe the proposed interplay between clusters and other components of the ICS, including governance and participation arrangements for clusters as part of HWB footprints and integrated care partnership structures
   d. Strengthen primary and social care involvement in this work at a Hampshire and Isle of Wight level (membership of the task and finish has already been extended to reflect this)

Health and Wellbeing Board Footprints

1. **The emerging 'restatement' of the function of partnership working on a HWB footprint as described earlier in the document**
2. **The proposed next steps for the task and finish group by the end of September, which are to:**
   a. define the common functions of the role of HWB footprints in an integrated care system
   b. clarify the relationship between this and the other component parts of the proposed Hampshire and Isle of Wight Integrated care system
   c. set out a mechanism for achieving 'active and effective democratic engagement at all levels' across the Hampshire and Isle of Wight integrated care system (including the role of HWB)

Integrated care partnerships

Work with geographically aligned partners within the identified four ICP footprints to:

1. Discuss and agree the remit and focus of the ICP;
2. By October 2018 prepare a Memorandum of Understanding [MoU] that sets out the remit, focus and the leadership / governance / decision making arrangements of the ICP and how the local Health and Wellbeing Boards (Care systems) and the ICP interface with one another - the balance and focus of each;
3. Set out the key milestones for the ICP for April 2019 and April 2020.

Strategic commissioning

1. The strategic commissioning task and finish group further develop the proposal with an aim to establish a strategic commissioning function by October 2018, initially through a joint committee which will have delegated authority to make binding decisions in relation to its in-scope functions and responsibilities.
2. That a new task and finish group is convened including providers, commissioners, local authorities, and NHS England and NHS Improvement, to work together and take responsibility for the development of the next phase of the work to build the strategic planning, transformation, resource allocation and assurance function for HIOW, constructing ICS governance that supports our approach.

Next steps

System reform programme next steps

A number of recommendations have been set out linked to each component of the proposed ICS. In addition to those associated with the specific components of the proposal, there are a number of overarching 'implementation programme deliverables', some of which will result as a coming together of the outputs from the various task and finish groups. These include:

- System reform implementation programme plan
- Structure and leadership plan – transitionary and end state
- Development and implementation of a communications and engagement plan
- Request for support (endorsement , agreement in principle, technical and financial) from NHS England , NHS Improvement and other arms length bodies such as the Local Government Association, NHS Leadership Academy, Health Education England
- Proposals to replace STP infrastructure (inc. Chair & SRO) to align with future form
- Organisational change plan and talent management plan
- HIOW ICS Chair and relevant leadership appointments
- Indicative budgets and financial framework for all components of the ICS
- Three year financial plans

It is recommended that a working group is formed, reporting to the EDG, to support the development of the above. Members of EDG are asked to nominate a representative to represent the interests of their part of the system.

Glossary

Glossary of terms

Clusters - also referred to locally and nationally as neighbourhoods, localities, primary care networks. Multi-disciplinary teams delivering integrated health, care and wider services to cluster populations based on natural communities of 20-100,000 people.

Health and Wellbeing Board (HWB) footprints – also known as care systems and are based on local authority footprints. The basis of the joint strategic needs assessment (JSNA), means through which HWB exert tangible influence on the direction of health and care services for the population through health and care commissioning and wider determinants of health. Locally the HWB footprints come under the guise of Better Care Southampton, Health and Care Portsmouth, Hampshire Care and the Isle of Wight Care Board.

Integrated care partnerships – also know as local care partnerships and are based on acute (physical) hospital footprints. Integrating care delivered in clusters with broader community and acute physical and mental health services; optimising the utilisation of acute services; designing and implementing optimal care pathways.

Integrated care system - the Hampshire and Isle of Wight health and care system, serving a population of 2 million citizens.

NHS England defines ICS as those systems in which:

“Commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations”.