

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 14th March, 2019 at 10.00 am
Place	Mitchell Room, 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 3 - 8)

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. JOINT HEALTH AND WELLBEING STRATEGY (Pages 9 - 46)

To approve the refreshed Joint Health and Wellbeing Strategy for Hampshire.

7. CQC LOCAL SYSTEM REVIEW - ACTION PLAN PERFORMANCE UPDATE (Pages 47 - 102)

Following the CQC Local System Review undertaken in 2018, to receive an update on performance against actions taken in response that had a target date to be achieved within six months.

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.

Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Thursday, 13th December, 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 Dr Peter Bibawy (Medical Director, North East Hampshire and Farnham Clinical Commissioning Group)

p Nick Broughton (Chief Executive, Southern Health NHS Foundation Trust)

a 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)

a Dr Nicola Decker (Chair, North Hampshire Clinical Commissioning Group)

p Shantha Dickinson (Hampshire Fire and Rescue Service)

a 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 David Radbourne (NHS England Wessex)

p Councillor Philip Raffaelli (Gosport Borough 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)

Also present with the agreement of the Chairman: Councillor Roy Perry, Leader of Hampshire County Council and Councillor Roz Chadd, Chairman of the Children & Young People Select Committee

74. 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 Dr Rory Honney also sent apologies
- Dr David Chilvers, Chairman Fareham & Gosport Clinical Commissioning Group. His substitute Dr Paul Howden also gave apologies
- Dr Nicola Decker, Chairman North Hampshire Clinical Commissioning Group. Her substitute Peter Kelly was unable to attend in her place.
- David Radbourne, NHS England. His substitute Bennett Low attended in his place

- Michael Lane, Police and Crime Commissioner for Hampshire. His substitute Anja Kimberley also sent apologies
- Nick Tustian, Chief Executive Eastleigh Borough Council. His substitute Patricia Hughes Hart District Council also sent apologies
- Carol Harrowell, Voluntary Sector representative. Her substitute Julie Amies attended in her place

75. 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.

76. MINUTES OF PREVIOUS MEETING

The minutes of the last meeting were reviewed and agreed.

77. DEPUTATIONS

No deputations were received at this meeting.

78. CHAIRMAN'S ANNOUNCEMENTS

Safeguarding Board Reports

The Chairman highlighted to Board Members that the Adults and Children's Safeguarding Boards annual reports had been included under items 9 and 10 for information, however it was not planned to hold any discussion on these items. If Board Members had any queries on these items, they were invited to submit these by email for follow up outside the meeting.

79. DRAFT REFRESHED JOINT HEALTH AND WELLBEING STRATEGY

The Board received a report from the Health and Wellbeing Board Manager regarding the refresh of the Hampshire Joint Health and Wellbeing Strategy. Board Members heard that the current Strategy was in place up to March 2019 and the Board was asked to approve for consultation the draft of the new Strategy. The proposal was to engage with partner organisations and stakeholders during January and February 2019 to seek feedback on the draft, prior to the Board signing off the new Strategy at their next meeting in March 2019.

Board Members were invited to comment on the draft Strategy. Board Members commented that they thought the Strategy was a good piece of work, and were supportive of the inclusion of the 'Dying Well' theme. Board Members commented that join up with the Strategies of bordering Health and Wellbeing Boards would be good, particularly across the area covered by the Hampshire and Isle of Wight Sustainability and Transformation Partnership.

Board Members heard that it was planned to develop annual business plans to sit alongside the Strategy, to take forward work in support of the Strategy aims each year. It was also planned to put in place a performance dashboard to enable the Board to monitor progress against the Strategies aims.

RESOLVED:

That the Health and Wellbeing Board:

1. Approves the draft Joint Health and Wellbeing Strategy document prepared for consultation
2. Agrees to receive a final Strategy for sign-off at its meeting on 14 March 2019

80. **CHILDREN'S TRANSFORMATION UPDATE**

The Board received reports and supporting presentations from representatives of the Director of Public Health and Hampshire and Isle of Wight Clinical Commissioning Group Partnership, regarding integration of services for children and young people in Hampshire, and the refreshed Hampshire Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing.

Board Members heard that it was planned to integrate services via three phased aligned procurements; the first regarding health visiting and school nursing; the second regarding community services commissioned by Clinical Commissioning Groups (CCGs); the third regarding Child and Adolescent Mental Health Services (CAMHS).

Board Members were supportive of the direction of travel described. The Community and Mental Health Trusts representative commented that integration would be complex in a situation with multiple providers, and care needed to be taken particularly at the point of transition from children's to adults mental health services. It was noted that the timing of the different procurements was partly dictated by legal constraints given existing contracts. Board Members commented on the importance of engaging with schools and the voluntary sector.

Regarding the refresh of the Local Transformation Plan, it was noted that mental health services for children and young people was a particular area of concern, with the number of CAMHS referrals increasing significantly and Hampshire having higher than average hospital admissions for self harm. It was

acknowledged that more needed to be done to provide 24/7 crisis intervention, for example provision of psychiatric liaison services 24/7.

RESOLVED:

The Health and Wellbeing Board:

1. Agree the inclusion of an integrated children and young people's delivery system by 2023, in the new Health and Wellbeing Strategy to support system transformation.
2. Endorse the areas for focused partnership work
3. Endorse the implementation of a shared outcomes framework for children and young people
4. Approves the refresh of the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2018/19.

81. **CQC LOCAL SYSTEM REVIEW - UPDATE ON PERFORMANCE AGAINST ACTION PLAN**

The Board received a report and supporting presentation from the Director of Adults' Health and Care at Hampshire County Council, regarding performance against the Action Plan developed in response to the Care Quality Commission (CQC) local system review of the Hampshire health and care system.

Board Members heard that as a result of the CQC Local System Review in Hampshire (published on 22 June 2018), a high level 12 month action plan was developed. The action plan included actions targeted to be achieved at 3 month, 6 month and 12 month points. The report provided an update on the 3 month gateway. It was noted that a joint appointment between the Local Authority and the local NHS had been made to a role to lead on improvements to patient flow and onward care. It was reported that improvements had been made, with only 11 bed delays due to social care in the past week, compared to over 70 in May 2018.

Board Members commented that consistency in experience out of hours remained an area that needed further work. The Director of Adult Social Care reported that a trial was taking place of a social worker being based at the South Central Ambulance Service call centre, and it was estimated this had avoided 60 admissions.

The Chairman congratulated those involved in achieving the reductions in delayed transfers of care, on behalf of the Board.

RESOLVED:

1. That the Health and Wellbeing Board note the update on the action plan for the 3 month gateway.
2. That the Health and Wellbeing Board should receive a further update in March 2019 to report on the 6 month gateway.

82. **HAMPSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT**

The Health and Wellbeing Board received the Hampshire Safeguarding Adults Board Annual Report for 2017-18.

RESOLVED:

The Health and Wellbeing Board note the Hampshire Safeguarding Adults Board Annual Report for 2017-18.

83. **HAMPSHIRE SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT**

The Health and Wellbeing Board received the Hampshire Safeguarding Children Board Annual Report for 2017-18.

RESOLVED:

The Health and Wellbeing Board note the Hampshire Safeguarding Children Board Annual Report for 2017-18.

Chairman,

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	14 March 2019
Title:	Strategy for the Health and Wellbeing of Hampshire 2019–2024
Report From:	Director of Adults' Health and Care

Contact name: Kate Jones, Health and Wellbeing Board Manager

Tel: 01962 845195

Email: kate.jones@hants.gov.uk

1. Recommendations

That the Health and Wellbeing Board:

- 1.1 Notes the summary of feedback received during engagement on the draft Strategy in January and February 2019
- 1.2 Approves the revised high-level Strategy for the Health and Wellbeing of Hampshire 2019–2024
- 1.3 Notes that the draft priorities for 2019/2020 contained in the Appendix to the Strategy will be refined to create a 2019/2020 business plan for the Health and Wellbeing Board and agrees to receive a business plan to sign off at the next meeting on 27 June 2019

2. Summary

- 2.1. Hampshire's first Joint Health and Wellbeing Strategy ends in March 2019. Over the course of the last year, the Board has been developing the approach and high-level content for a new five-year Strategy and signed off a draft version in December 2018. Engagement on the draft Strategy has taken place over the course of January and February 2019, with partner organisations and other interested individuals and groups. A summary of the feedback is presented in this report, and the Board is asked to comment on the revised version presented alongside this report, with a view to finalising the main Strategy document. Please note that further design work will be done once the text of the Strategy is approved.
- 2.2. Following approval of the vision and priorities, the intention is that a business plan be created for 2019/2020, with a small number of actions for each of the key areas in the Strategy. These will be jointly agreed with partners and leads assigned to ensure accountability. The business plan will also contain a number of performance measures, to monitor progress on delivery of the priorities over the next five years. The Board will receive the business plan for discussion and sign off at its next meeting on 27 June 2019.

3. Engagement process

- 3.1. The intended audience for the engagement exercise on the draft Strategy was public, private, voluntary and community sector organisations and other interested individuals and groups in Hampshire who contribute to improving the health and wellbeing agenda.
- 3.2. Engagement took place over a five-week period, between Friday 18 January and Friday 22 February 2019. The draft Strategy was circulated to all Board Members, with a request that they disseminate it within their own organisations and encourage feedback. Within the County Council, the draft was circulated to all County Councillors and Directors, as well as to a number of other staff and to key external stakeholder organisations. The draft Strategy was also made publicly available on the County Council's website, with an invitation for people to submit feedback either by filling in a short online survey or by emailing comments to the Board.
- 3.3. The draft Strategy was offered in other formats on request. A small number of people requested, and were sent, printed copies, including Large Print.
- 3.4. The Board Manager attended 11 meetings to present the draft Strategy and other Board members also took opportunities to discuss the draft in meetings they attended.
- 3.5. 25 responses to the online survey were received, with 13 of these being submitted on behalf of organisations. A further 19 organisations or individuals submitted feedback by email.

4. Summary of feedback to the online survey

- 4.1. Respondents to the online Hantsweb survey were asked for their view on the vision and approach proposed for the draft Strategy and whether it would move the Board's work forward in a positive way. 84% (21 people) agreed that it would move the Board's work forward positively. 16% (4 people) were not sure, and no one disagreed.
- 4.2. Respondents were asked if they felt there were any key issues missing from the draft Strategy and, if so, to suggest what else should be included. 72% (18 people) wanted to suggest additional issues, 24% (6 people) felt no key issues were missing, and 4% (1 person) was unsure. A wide range of topics were mentioned as being either missing or needing more emphasis in the Strategy, and these are listed below.

Starting well

- More focus on the needs of teenagers
- Domestic abuse and the effects on women and children
- Breastfeeding
- Impact of maternal obesity
- More collaborative working with children themselves

Living well

- Physical health needs of people with learning disabilities, autism or mental health needs

- More preventative services for people in middle age, not just those approaching frailty
- Drug and alcohol misuse prevention
- More emphasis on volunteering (as well as work) to improve mental health

Ageing well

- Action to encourage hard to reach older people to access services

Dying well

- Achieving consistency of bereavement support for Hampshire parents

Healthier communities

- Health and wellbeing of increasing numbers of rough sleepers
- Focus on air quality
- Fuel poverty
- Greater emphasis on the role of charities in supporting social care
- Lack of joint working to improve access to transport
- Support with finding and sustaining employment, eg through linking more with local businesses and industry
- Housing and planning – covered but more depth required

Strategic leadership

- Sustainability of the workforce across health and social care
- More joined-up approaches to delivering information across the county
- Potential conflict between on the one hand prioritising digital solutions and on the other hand improving social connections and reducing isolation

4.3 Respondents were then asked how they or their organisation could contribute towards delivering the proposed priorities and activities for 2019/2020. Many respondents gave examples of how they are already involved in work to deliver on the Strategy's priority areas or made suggestions for how they would like to be involved in the future. A small number of respondents highlighted issues that could block their participation in delivery, including frustration at lack of integration (eg around information sharing), the need to improve links between county and district/borough level teams and lack of funding.

4.4 Finally, respondents were asked if they had any other feedback on the draft Strategy or the impact it could have on local people. A number of people fed back that the draft strategy was clear and well laid out. The inclusion of the wider determinants of health and the new 'Dying well' theme were welcomed, as was the intention to develop performance measures. There was desire for more detail and clarity about who will lead on delivering actions and how organisations will work together on outcomes. Individuals advocated for the Strategy to place more emphasis on particular issues, such as air pollution, learning disability services, lower level mental health issues, improving pupil behaviour in schools, and support for isolated older people who are not IT literate. There were no specific areas that were raised by multiple people.

5 Summary of feedback received by email or during meetings

5.1 The Board was grateful to also receive feedback through 19 emailed submissions and through discussions in a number of different meetings with partner organisations.

Overarching feedback

5.2 Overall, the response to the draft and the proposed direction of travel for the Board's work has been welcomed. There was appreciation that the new Strategy is evidence based, focusing on tackling inequalities and strength-based approaches and that it will be accompanied by performance metrics. It was regarded as being clear and accessible, although it was recommended that in due course a plain English summary would be good, to sit alongside it. There was recognition that the Strategy aligned well with national priorities in the NHS Long Term Plan published in January 2019 and locally with the agenda for the NHS, local government and other partners. Prevention however was highlighted as an issue that needed greater prominence, and this has been picked up in the revised draft.

5.3 A common issue raised was the wish to see more detail on specific deliverables and how performance improvement would be measured. This will be addressed in the development of a business plan, with performance measures, following agreement of the Strategy document. Tackling inequalities was agreed to be an important feature of the Strategy, but there was a desire to see more detail about where within the county resources and activity would be targeted to achieve greatest impact in narrowing the gap between those with the best and worst health. It was recommended that Board members should scrutinise more evidence of areas of health and social care where there is evidence of outcomes being worse for some more than others, depending on socio-economic status.

5.4 Concern was raised by a number of respondents about lack of resources in the current financial climate to deliver desired outcomes and the impact of cuts on services. One borough council emphasised the importance of more joint working across all organisations and the need for greater commitment from the Board to explore sharing diminishing resources to achieve common objectives. The Board was encouraged to invest more time and resource in proactively collaborating with and supporting the work of local district and borough council Health and Wellbeing Boards.

5.5 Also, given the size and complexity of Hampshire, there was an understandable challenge raised about how to make sense of all the strategies and plans that different parts of the system are required to produce, how to align them, and how to communicate the key messages to staff in our organisations.

Starting well

5.6 There was strong support for the mental health and emotional resilience priority. It was recognised that more investment is needed in early intervention and prevention approaches to reduce the need for and demand on specialist services, with one respondent particularly concerned that preventative opportunities in the early years (0–5) and in schools are likely to be missed unless there is more investment in these areas. Equally, there was a view that

specialist services also need increased capacity to see those people who require specialist intervention.

- 5.7 Individual responses recommended different cohorts of children and young people who should be prioritised in the Strategy, for example, young carers, young people from Black and Minority Ethnic groups, young people with autism, ADHD, or mental ill health, young people who would benefit from connecting with nature to address obesity and mental health issues, and young people impacted by poverty, for example as a result of welfare benefit cuts.
- 5.8 Various helpful drafting comments and suggestions about performance measurement were also received.

Living well

- 5.9 A number of responses suggested that there should more emphasis in the Strategy on activity to address a variety of causes of premature mortality. For example, the Strategy highlights cancer as the main cause of death, but it was felt that more should be included about how to address this, through early diagnosis and prevention, as well as cancer screening. Premature mortality in those who are seriously mentally ill, and the effects of smoking, lung and heart disease on early death were also raised.
- 5.10 There was also a request to make specific reference to the health challenges faced by working age people living with sensory loss and other disabilities, particularly people with learning disabilities. Additional focus was also recommended to support other groups who experience poor health outcomes (including homeless people, sex workers, gypsy and traveller people and other people from black and minority ethnic groups).

Ageing Well

- 5.11 The preventative and strength-based ethos of the Ageing Well part of the Strategy was welcomed, although it was felt that this work needed to start earlier with mid-life adults, to avoid later issues with frailty and ill health. However, responses recommended a stronger focus on tackling dementia and supporting those who with complex needs who were *already* experiencing ill health, disability, or the growing load of caring for a spouse or other relative/friend. There was reference to the importance of home or day care based respite and timely responses to periods of change or crisis, as ways of supporting very disabled people to remain living in the place of their choice for much longer. One council was keen to ensure that the results of the planned healthy homes needs assessment should be shared with districts and boroughs to influence housing development plans.

Dying Well

- 5.12 The inclusion of 'Dying Well' as a new theme for the Strategy was universally welcomed by those who commented on it. Responses stressed that it was important not just to focus on the last days and weeks of life, but that the theme should cover a much longer period of time. Some respondents did not like the title 'Dying Well', preferring variations such as 'Ending Well' or the NHS's strapline the 'Last 1000 Days'. However, many embraced the plain English of 'Dying Well' and felt it was important to encourage more open conversations about death, and to 'call it what it is'.
- 5.13 Respondents recognised this was a new theme but were keen to see it develop and deepen as a work programme for the Board, with more detailed

work areas and metrics that were carefully thought through. The importance of supporting the carers of a dying person, both before death and through the bereavement process, was highlighted. It was noted that families have varying ability to cope with supporting a loved-one to die at home. It was recommended that there should be extensive engagement with people with a range of experiences to co-design services and approaches.

Healthier Communities

- 5.14 This part of the Strategy, which focuses on the wider determinants of health, was welcomed as a critical enabling theme to improve health and wellbeing. Indeed one response suggested that much more weight should be given to improving health outcomes via addressing socio-economic factors, and that on the whole the Strategy focuses too much on individuals and issues that cost the health and care system money (such as obesity and diabetes).
- 5.15 Respondents were particularly keen to see the high level content in the Strategy develop into some concrete plans to achieve progress across the county in each district area. There was a recognition that a wide range of organisations need to be involved – including local businesses and industry, as well as public sector bodies, national parks, and the voluntary and community sector. One respondent suggested it would be helpful to have an action plan for each Hampshire district to outline the local activities that would contribute towards delivering the Strategy. Another respondent suggested a number of actions to improve Hampshire’s environment, for example around mitigating climate change and designing more sustainable transport schemes.
- 5.16 There has been good collaboration with districts and boroughs to feed into the content and future plans for this part of the Strategy, helpfully coordinated by the Hampshire Districts Health and Wellbeing Forum. For example, a number of district and borough housing officers commented on the draft, highlighting good work that is already taking place to influence the building of affordable, well designed new homes that meet people’s changing needs over time. It was felt that homelessness should be a higher priority for action, given how important a factor it is in people’s health and wellbeing. It was emphasised that tackling homelessness is everyone’s responsibility, for example through the Homelessness Reduction Act and the Duty to Refer. A whole range of public sector organisations (including social services authorities, prisons, colleges and hospitals) are now responsible for identifying and referring a service user who is homeless or may be threatened with homelessness, to a local housing authority of the service user’s choice, with their consent.
- 5.17 Two respondents highlighted the importance of focusing on improving housing options for particular groups, with one response suggesting co-housing for older people, and another recommending more joint working between Adults’ Health and Care and housing authorities to support more adults with physical or learning disabilities with housing options in the community, rather than residential settings.
- 5.18 The importance of partnership working was highlighted in a joint response from the New Forest and South Downs National Park Authorities, who were keen to work in partnership with other sectors to help deliver health and wellbeing outcomes. The potential for local organisations to inform commissioning of services was also welcomed, with a suggestion that this could be measured and

tracked by the Board, by requiring Clinical Commissioning Groups and the County Council to consult district and borough councils and the Councils for Voluntary Services (CVSs) on draft commissioning specifications.

Strategic leadership

- 5.19 A number of respondents commented on the digital ambitions set out in the draft Strategy. Partners in the voluntary sector were keen to be involved in initiatives to increase older people's awareness of and ability to use Connect to Support Hampshire and other digital solutions in their everyday life but stressed the need to ensure that those people who do not use the internet are not disadvantaged. It was also recognised that IT solutions do not just need to work within Hampshire, they need to link with other areas' systems.
- 5.20 One respondent recommended that the strategy should have a much stronger and more explicit commitment to ensuring that the voice of patients, service users and families is reflected in the design and delivery of services.

6 Response to the feedback

- 6.1 It has been very helpful for the Board to receive a diverse range of feedback from interested and clearly well informed individuals and organisations on the draft Strategy. Overall, the feedback received has not suggested the need to substantially change the high level Strategy and its overarching priorities so these remain largely the same.
- 6.2 Some people recommended changes in emphasis, such as to be more clear about the importance of prevention, or asked for corrections or clarifications to aid understanding: amendments have been made to try to respond to these points. Where people raised issues relating to improving NHS and social care service delivery, for example for older people who were already very frail and with complex needs, it is expected that workstreams that sit within 'Strategic Leadership' will take forward action in this area, for example through the Patient Flow and Onward Care and the Integrated Intermediate Care programmes, and the Joint Carers' Strategy.
- 6.3 Although there was not widespread support for the introduction of any different high level priorities, a very clear theme from the feedback was a desire to see more detail about how the Strategy would be delivered and how organisations would work together to deliver the priorities. This detail will be set out in the business plan and performance metrics which are now being developed. A communications plan will also be produced, to ensure a systematic approach to communicating the new priorities and areas of activity across the organisations on the Board and in the wider Hampshire community.

7 Development of the business plan for 2019/2020

- 7.1 The Board is being asked to approve the high level priorities for the new Strategy at its meeting on 14 March. The year 1 priorities and draft performance measures presented in the draft Strategy (and now contained within an Appendix to the revised Strategy) will be developed to create a business plan for the Board to monitor over the course of 2019/2020. Priorities will be developed for Healthier Communities and Strategic Leadership, as well as the four core

themes. An annual business plan will be created for each subsequent year of the five year Strategy.

- 7.2 Each theme in the business plan will be sponsored by a nominated Health and Wellbeing Board Member, whose role will be to help set the direction and prioritise what goes in the business plan relating to each theme, galvanising support and partner sign-up. The sponsor and their organisation will not be delivering all the work, as activities will generally require the contribution of multiple parts of the Hampshire system.

8 Equalities

- 8.1 An Equalities Impact Assessment has not been prepared for the Strategy itself, since it contains such broad priorities. However, with the Board's agreement it is proposed that an Equalities Impact Assessment should be prepared that covers the business plan, since this plan will provide more detailed areas of activity that can be more practically assessed for their impact on people with protected characteristics.

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:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

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

[Hampshire's Joint Hampshire Health and Wellbeing Strategy 2019–2024: Draft](#)

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:

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

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

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

1.2. Equalities Impact Assessment:

The Strategy has been informed by analysis of the needs of the population as set out in the Joint Strategic Needs Assessment. A key principle of the Strategy is to tackle inequalities, and to focus on reducing the significant difference between those with the best and worst health in Hampshire. It is proposed that an Equalities Impact Assessment be prepared alongside the Board's new business plan, since this will have more specific areas of activity that can be assessed for the impact on people with protected characteristics.

2. Impact on Crime and Disorder:

2.1. No specific issues have been identified.

3. Climate Change:

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

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

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A Strategy for the Health and Wellbeing of Hampshire 2019–2024

Revised Draft: March 2019

Foreword

It is my pleasure to introduce this Strategy for the Health and Wellbeing of Hampshire, on behalf of the Hampshire Health and Wellbeing Board. As a Board, we are all deeply committed to the work that we and our organisations do to improve the health and wellbeing of the people we serve. We all want Hampshire residents to live long, healthy and happy lives with the greatest possible independence.

Hampshire is a great place and generally our population is healthy with good life expectancy. However, outcomes are not as good for some people as they could be. A key feature of this strategy is our ambition to continue to narrow the gap between those with the best and worst health and wellbeing. This means paying attention to the wider determinants of health, such as housing, education, employment, community safety, and the physical environment just as much as we do to traditional health and care services.

This second Strategy contains many of the themes that appeared in our first Strategy. However, I welcome the increased emphasis we intend to place on prevention and on mental health issues. I am also very supportive of the intention to look right across the life course, through the introduction of a new theme, which we are calling 'Dying Well'. This new theme is about living well to the end of life, at whatever age this occurs.

We are publishing this Strategy at a time of great change at national and local level and as a Board we will have to adapt our approach and activities to respond to new developments as they occur. We have tried to align our high-level plans with the recently published NHS Long Term Plan and are aware of Government Green Papers expected in the coming months, on Prevention and on Adult Social Care which will also be highly relevant to the work of the Health and Wellbeing Board.

I would like to thank those individuals and organisations who took the time to read our draft Strategy and who gave us feedback. Inevitably, there were a range of different comments on the content and the way we have presented the issues. As a Board, we have tried to carefully consider and balance the feedback we received, and we have taken an evidence-led approach to deciding the final content.

Councillor Liz Fairhurst

**Chairman of the Hampshire Health and Wellbeing Board
and Executive Member for Adult Social Care and Health at Hampshire County Council**

Contents

Introduction	4
Our vision	4
What do we already know?	5
Starting well	7
How are we doing in Hampshire?	7
Where do we want to be in five years' time?	7
Key priorities for improvement	8
Living well	9
How are we doing in Hampshire?	9
Where do we want to be in five years' time?	9
Key priorities for improvement	10
Ageing well	11
How are we doing in Hampshire?	11
Where do we want to be in five years' time?	11
Key priorities for improvement	11
Dying well	13
How are we doing in Hampshire?	13
Where do we want to be in five years' time?	13
Key priorities for improvement	14
Healthier communities	15
Strategic leadership – how we can join up the system better across Hampshire	17
Alternative formats and further information	18
Appendix: Outline priorities for the Board in 2019/2020	19

Introduction

Hampshire's Health and Wellbeing Board brings together partners from local government, the NHS, other public services, and the voluntary and community sector. The Board aims to ensure that organisations plan and work together to improve the health and wellbeing of Hampshire residents. It is only by working together that we¹ can make a big difference to outcomes for all our residents.

This Strategy document sets out the Board's vision and key priorities for the next five years. It looks at long-term goals and key priorities for improvement across a number of themes. We have started to develop the content of a draft business plan setting out delivery priorities for the first year of the new Strategy in 2019/2020, with performance measures. The business plan will be separately agreed by the Board each year following agreement of the Strategy itself.

Our vision

The Health and Wellbeing Board's vision is to enable people in Hampshire to live long, healthy and happy lives, with the greatest possible independence. We want to tackle health inequalities – narrowing the gap in life expectancy and improving healthy life expectancy. In simple terms, we want to ensure that those living longer are also healthier for longer. Making best use of the limited resources we have, we want to improve outcomes and resilience for people of all ages. We want children to have the best possible start in life. We also want people to have choice, control and dignity at all stages of life, including at the end of life.

We will do this by:

- Promoting wellbeing and preventing ill health
- Focusing on reducing the significant difference between those with the best and worst health in Hampshire
- Aiming to create an environment that makes it easier for people to take responsibility for their own health and wellbeing
- Continuing to prioritise the safeguarding of children and vulnerable adults, since feeling safe is an essential starting point for people's wellbeing
- Improving services so they deliver good, accessible and joined-up care
- Using engagement and coproduction approaches, local networks, knowledge and partnerships to ensure services and activities are joined up and respond to what communities need
- Working with partners to deliver the Strategy, including collaborating with neighbouring Health and Wellbeing Board areas so that we align our activities or take a shared approach where this makes sense
- Putting together a plan each year, with milestones, to communicate what areas the Health and Wellbeing Board will focus on to help deliver this Strategy

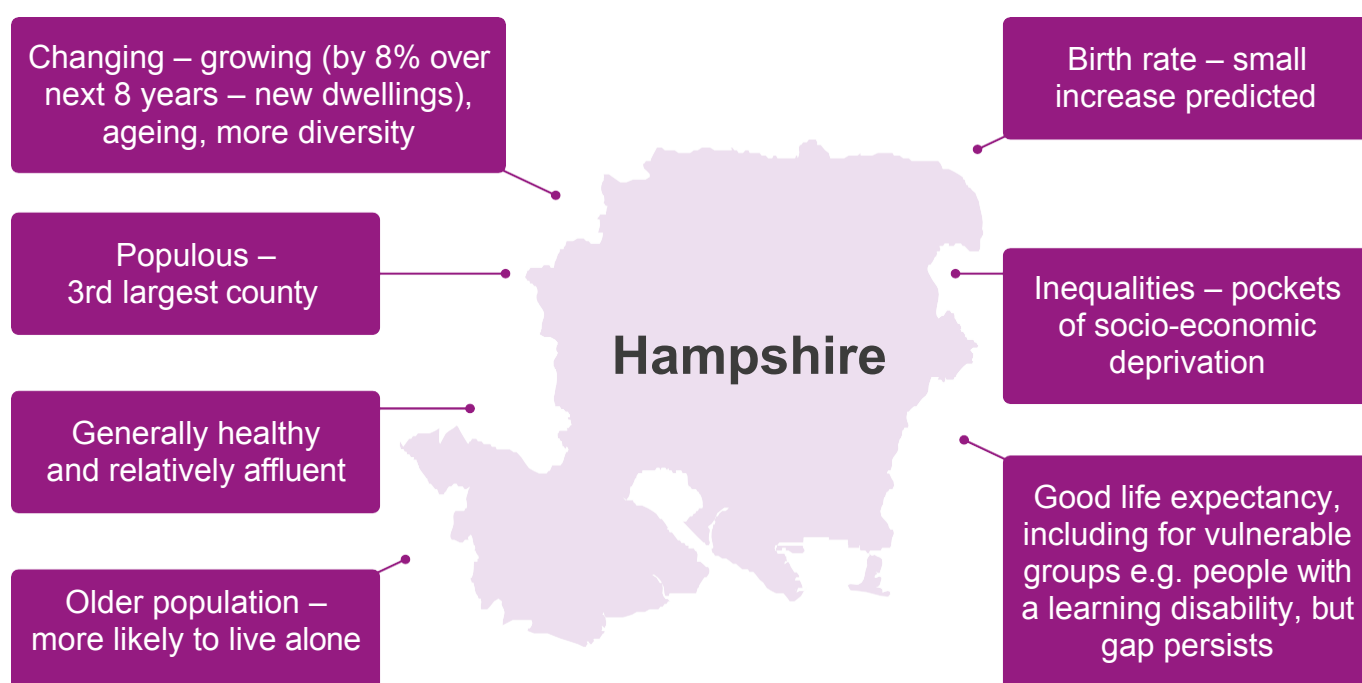
¹ References to 'we' in this Strategy refer to the members of the **Hampshire Health and Wellbeing Board**

What do we already know?

Hampshire's [Joint Strategic Needs Assessment](#) (JSNA) is the primary source of information, as it looks at the current and future health and wellbeing needs within our Hampshire population. The priorities and challenges covered in this Strategy are informed by the JSNA.

As outlined in the JSNA, overall Hampshire is a prosperous county. However, there are health inequalities between areas. Parts of Eastleigh, New Forest, Test Valley, Havant, Rushmoor and Gosport rank among the most deprived 20% of areas in England. The population is changing, getting older and becoming more diverse. The proportion of the population who are 85 years and over is expected to increase by almost 30% by 2023.

In Hampshire, life expectancy at birth for both men and women is better than the England average and is increasing. However, there is a gap between life expectancy and healthy life expectancy. Men spend 14 years and women spend 16 years of their life in poor health.



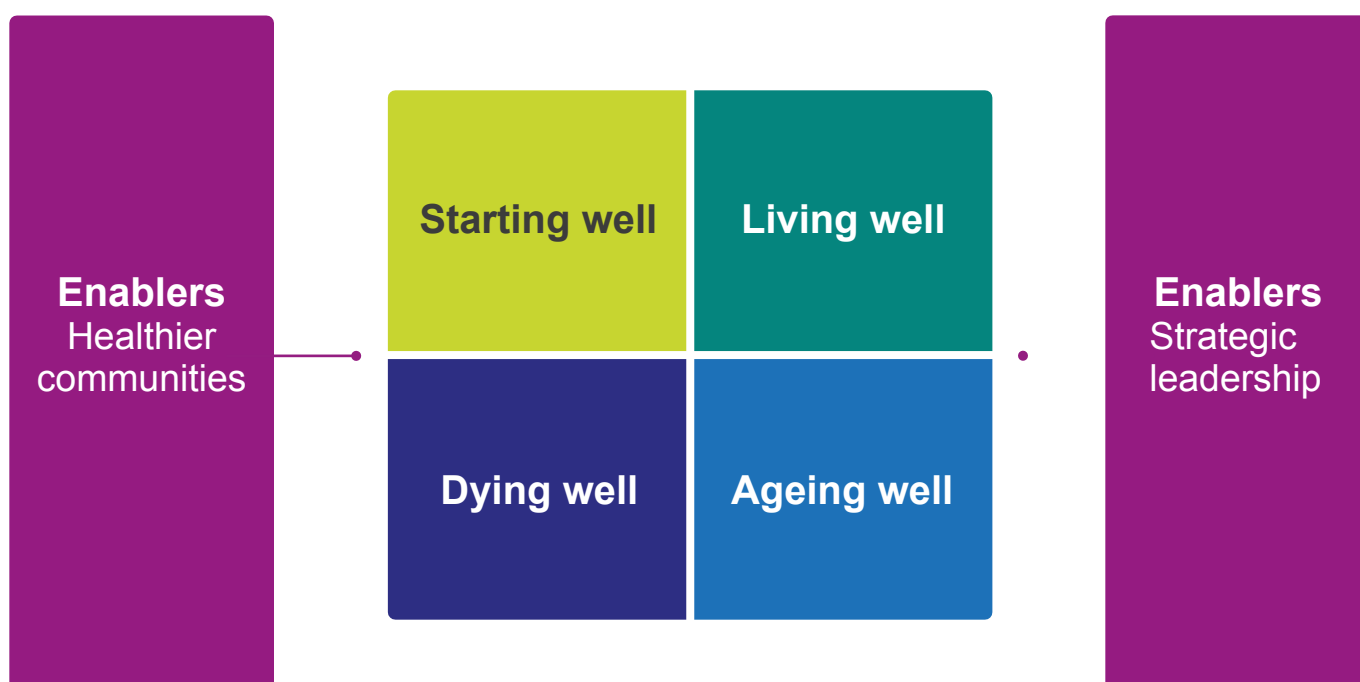
A second source of information that underpins the priorities and activities described in the Strategy is feedback from residents and users of services. Organisations involved in the Health and Wellbeing Board regularly carry out consultation, engagement and coproduction to develop and improve services. This feedback has been incorporated into the priorities and suggested areas of activity.

A third source of information and intelligence comes from the Board members and individuals in partner organisations who have helped to shape the Strategy through workshops and discussions and contributed towards the drafting process.

The Health and Wellbeing Board's first Strategy, published in 2013, involved significant public engagement as the Board was new and needed to understand the views and ambitions of Hampshire residents to set the direction for its work. For this second Strategy, the Board aims to build on the good work that has already taken place.

We have identified four key priority areas, in addition to two 'enabling' priority areas which span the whole Strategy. Prioritising prevention and tackling inequalities will also be golden threads running through all areas of the Strategy.

[Note for designer: please can you show 'Prevention' and 'Tackling inequalities' as themes that run across all elements of this diagram?]



We are looking at new ways of implementing and monitoring this new Strategy. We want to make sure it stays fit for purpose over its five-year duration. To help make this happen, the Board is keen to have a much more focused business plan for each year of the Strategy, so that Board members and the public can see what key activities the Board intends to do, monitor and observe each year. The Board will also measure its success using a number of performance indicators to review progress in each of the priority areas in the Strategy.

Starting well

How are we doing in Hampshire?

There are just over 322,000 children and young people in Hampshire aged 0–19. This represents 21% of the county’s population. The number of 0–19s is projected to increase by 4.8% in the next 5 years.

Generally Hampshire’s children have good health and good life chances. They are more likely to attend school regularly and be immunised against infectious diseases. The main causes of concern are increasing obesity, emotional wellbeing and mental health, educational attainment in disadvantaged groups, including those children with Special Educational Needs and Disabilities (SEND) and insufficient levels of physical activity.



Where do we want to be in five years’ time?

We want to improve the health, happiness and achievement of children and young people, including those who are vulnerable or disadvantaged, such as children with special educational needs or disabilities or looked after children. We will do this by working to reduce inequalities and improving outcomes through greater collaboration. We are committed to early help for children, young people and their families, identifying as early as possible whether a child or family need support, helping them to access services, and working together to ensure this has maximum impact. We will develop service models with service users, children and young people, using family-centred and strength-based approaches, not a deficit-based approach. We will ‘Think Family’ so that we work in a holistic way that does not just focus on a child or young person in isolation.

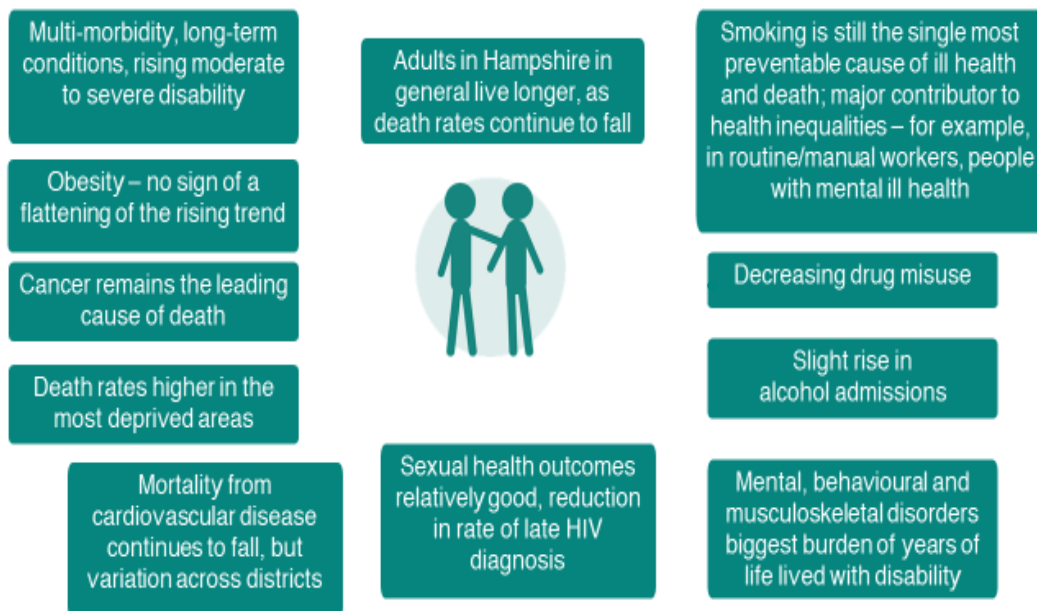
Key priorities for improvement

- Improve mental health and emotional resilience for children and young people and their families. This will prioritise prevention and earlier intervention, for example through more support in schools and the wider community, to improve mental health at an earlier stage. There will be a particular focus on vulnerable groups, including Adverse Childhood Events, the mental health of parents including perinatal mental health, and emotional resilience in educational settings.
- Improve physical health in children and young people through prevention and early intervention. This will prioritise healthy weights, physical activity and reducing smoking in pregnancy.
- Work more collaboratively across organisations, disciplines and with children and young people and their families to improve outcomes and services, including integrated or aligned approaches where appropriate.

Living well

How are we doing in Hampshire?

There are just over 1.07 million adults aged 18 and over in Hampshire. This represents 79% of the total population. Hampshire has an older population compared to England with a higher proportion of the population aged 45 years and over and fewer young working aged people (aged 20–39). The proportion of residents with a limiting long-term illness or disability is comparable to England. However, the size of the Hampshire population means that the absolute numbers of people experiencing ill health or disability are large.



Where do we want to be in five years' time?

We want to reduce preventable ill-health. We will do this through concerted action on the risk factors we know contribute most to disease. We want to accelerate the reductions in people smoking, especially in our more deprived communities. We want to have a clear understanding of mental wellbeing in our communities and how we can influence it. We want to maximise the life opportunities of people living with health conditions and disabilities. We will encourage self-help and self-management for long-term conditions.

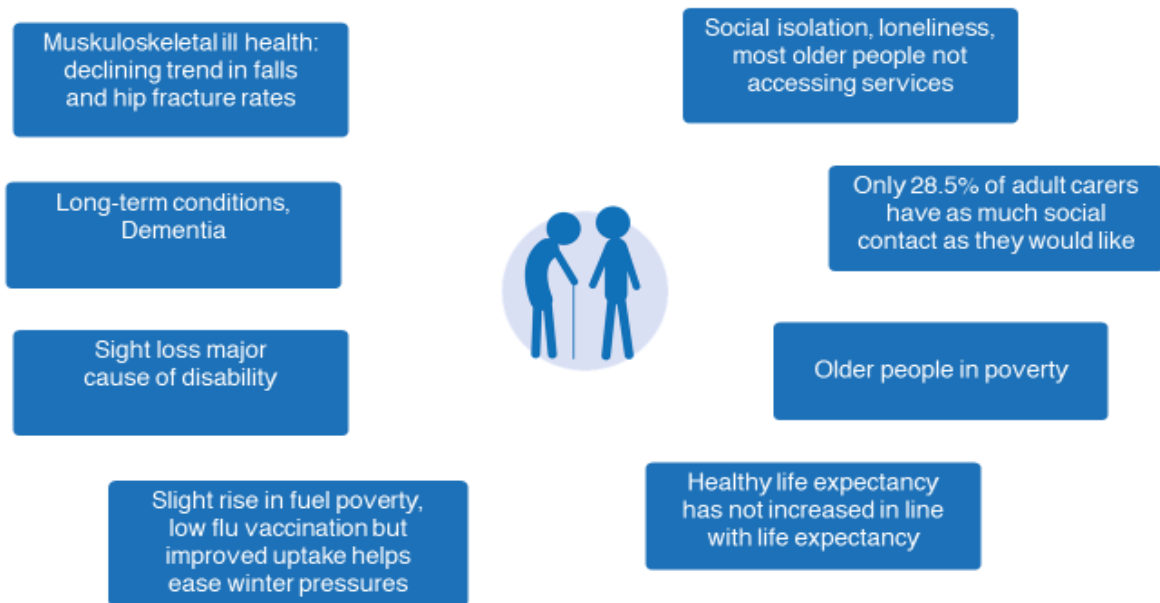
Key priorities for improvement

- Work together to enable people to live healthier lives focusing on the main lifestyle risk factors for cancer, circulatory disease and long-term conditions. We will start with smoking, obesity and physical inactivity.
- Improve population level mental wellbeing and reduce mental ill-health.
- Enable people with long-term conditions to live healthier lives for longer and reduce variation in outcomes.

Ageing well

How are we doing in Hampshire?

Across Hampshire, just over 1 in 5 people are 65 years and over compared to nearly 1 in 6 nationally. The population of people over 65 in Hampshire is projected to increase to over 333,000 people by 2023. People in Hampshire are enjoying longer lives than ever before, but not all these extra years are lived in good health. Long-term conditions, dementia, musculoskeletal problems and social isolation are more common in older age and can significantly affect the wellbeing of our older population.



Where do we want to be in five years' time?

We want residents to be able to live their later years in a way that helps them to feel healthy, connected and purposeful. This means living in places that enable social connections, offering opportunities to take part in meaningful activity and being surrounded by people who offer support and value the contribution of older people.

Key priorities for improvement

- Continue to develop connected communities which can support people to live happy, healthy lives in the place of their choosing.

- Enable people to plan for a fulfilling, purposeful older age.
- Create healthy home environments which allow people to stay well and independent into older age.
- Enable older people to lead healthy, active lives.

Dying well

How are we doing in Hampshire?

During 2017, 12,973 residents of Hampshire died. One third of deaths were due to cancer. 27% of all deaths were premature (under 75 years): almost half of these were due to cancer and nearly one fifth were circulatory diseases. Almost 10% of all deaths had mental and behavioural disorders as the underlying cause of death, the huge majority of which were from dementia. Amongst other long-term conditions, dementia is an important chronic condition for which palliative care is needed because unlike other long-term conditions there is a shorter window of opportunity to have meaningful conversations with people about their wishes for the end of their life.

Whilst child deaths are rare, in Hampshire 92 child deaths were notified to the Child Death Overview Panel in 2017/18. Over two-thirds (67%) of child deaths reviewed in Hampshire were of children under the age of one.



Where do we want to be in five years' time?

We want to move to a situation where people of all ages have a good life up to the end of their life, supported to live well with life-limiting conditions. Individuals and their carers will have timely, honest and well informed conversations about dying, death and bereavement. Their preferences and wishes will be known and recorded in advance to ensure clear communication with all involved in providing care and support at end of life. Parents, family, friends and other loved ones will be supported with preparing for loss, grief, bereavement and potential loneliness. This support will continue after the death of the person. More people will be enabled to die well in a place of their choosing, receiving equitable end of life/palliative care irrespective of their primary diagnosis.

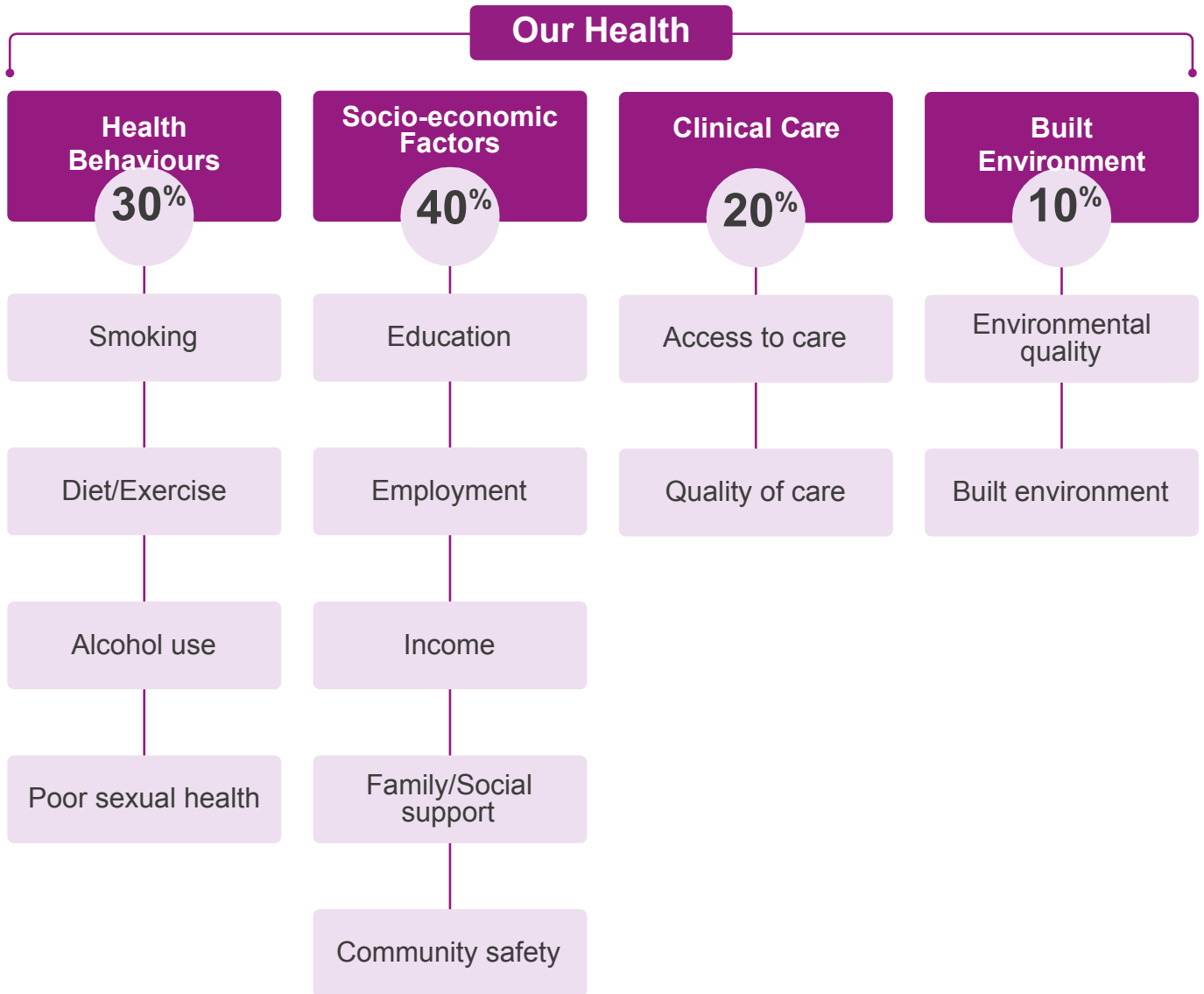
Care will be well integrated and coordinated, between the NHS, specialist palliative care, hospice services, social care and the voluntary sector. There will be transparency about the role each organisation plays so that it is clear to everyone, including the person at end of life, their family and support networks.

Key priorities for improvement

- Ensure person-centred care, choice and control is consistently in place across Hampshire to help live well with life-limiting conditions.
- Make available care workers and nursing staff 24 hours a day, to support people at end of life to return to or remain in their preferred setting in the last days and hours of life.
- Improve skills and capacity across Hampshire to ensure people are encouraged and supported to have early and timely conversations about end of life wishes and choices. This will help individuals and their families to plan and prepare in advance.
- Work together effectively across organisations to provide well integrated care and consistent palliative care, building on a shared care plan irrespective of organisational or funding boundaries.
- Improve access to bereavement support and services locally, for all age groups, especially for parents, families and educational communities following the death of a child, for children experiencing the loss of a parent, and for long-term carers who may also need support when their caring role ceases.

Healthier communities

Many factors contribute to our health and wellbeing and only about half of these factors are 'health related'. The type of housing and neighbourhood we live in, how connected we are with family, friends and our local community, how much money we have, whether we have a job, the lifestyle we follow, and whether we can access transport, leisure and other facilities all play a part.



To achieve the ambitions in this Strategy to improve the health of the whole population, and particularly to address health inequalities and the prevention agenda, we recognise that all partners will need to work together to address wider social and economic determinants of health, starting by:

- Making sure that health and wellbeing priorities are reflected in all local policies
- Supporting communities to be strong and connected to reduce loneliness and isolation

- Ensuring neighbourhoods are well designed to help people make healthy choices
- Advocating for more affordable and well-designed housing that can meet individuals' varying needs; promoting accessible design in housing; tackling homelessness
- Education and skill development from early years through schools and into adulthood
- Tackling poverty where possible, and helping people to access jobs
- Promoting sustainable, accessible transport and active travel
- Improving access to green spaces (such as parks and other open spaces), blue spaces (such as canals, ponds, rivers and beaches) and other leisure facilities
- Reducing impact on the environment
- Improving air quality

The County Council, district and borough councils and the community and voluntary sector are well placed to influence the above factors but NHS partners also have a central role to play.

Local level organisations are particularly well placed to identify trigger points for crisis and to implement interventions that divert or prevent people's needs from escalating. They also have invaluable knowledge that can be better utilised to inform commissioning. There is a recognition however that resources are diminishing, so we need to join up support and target resources better, seeking to reduce duplication of effort and spend.

Strategic leadership – how we can join up the system better across Hampshire

Hampshire is a large county, with a complex range of services in the public, private, voluntary and community sectors. A crucial part of the Health and Wellbeing Board's role is to join up the system better, adding value to the collective delivery arrangements of all the different organisations involved in health and wellbeing.

We want to see transformational improvement across the whole system, so that wherever you live in Hampshire, you can expect consistent outcomes when you interact with services and organisations that support health and wellbeing.

The Board will use a population health approach to inform this work, and over the next five years will oversee a number of 'enabling' workstreams to help join up and improve the health and wellbeing of the population. Progress on these workstreams will be reported regularly to the Board. These key enablers are listed below:

1 Deliver care closer to home

Outcome:

To support people at the right time, in the right place, and with the right services, so that fewer people are unnecessarily admitted to hospital or delayed there once they are ready to leave, and they can access suitable services after being in hospital to help them recover.

2 Harness the potential of digital solutions

Outcome:

To give people the opportunity to take control of their information and to enable organisations to work together better to deliver seamless care

3 Support a sustainable workforce of paid staff and support unpaid carers and volunteers

Outcome:

To create the conditions where individuals receive sufficient support from the right people – whether paid or unpaid – who have the knowledge, training and motivation required for their roles

4 Consistent and accessible information and advice

Outcome:

To enable people to take control and access the information they need

5

Improve health and wellbeing for people in organisations on the Health and Wellbeing Board

Outcome:

People in our organisations feel supported to be healthy and can help others

6

Make better shared use of our buildings and community resources

Outcome:

We use our reducing resources wisely to provide joined-up services that are easy to access

Alternative formats and further information

To request a copy of this Strategy in another format such as large print, audio or Braille, or for any queries about the Board's work, please contact Hampshire's Health and Wellbeing Board at: hampshirehwb@hants.gov.uk

Appendix: Outline priorities for the Board in 2019/2020

Starting well

Where will we start in 2019/2020?

The Year 1 business plan will deliver progress on all three priorities:

□ Mental health and emotional resilience

- Begin the implementation of an Emotional Wellbeing and Mental Health Strategy for Hampshire, making the most of developments in the NHS Long Term Plan and Local Transformation Plan
- Start to co-design a wider mental health service model ahead of procurement in 2021/2022
- Ensure women can access perinatal mental health services at the appropriate level in accessible environments in a timely way
- Agree a system approach to supporting children and young people who have had Adverse Childhood Events under the leadership of the Police

□ Improved physical health

- Continue to deliver Hampshire's childhood obesity action plan
- Continue to implement Hampshire's strategy to reduce smoking in pregnancy and increase partnership working across the system to begin to see the impact

□ Working together

- Work with partners and use the re-procurement of Public Health nursing services to have an increased focus on vulnerable families, making better use of digital solutions and ensuring service users and frontline staff have more input into the design of services
- Develop an integrated community service for children with complex needs through a CCG-led procurement which aligns with Public Health nursing
- Develop consistent messages across different workforces and support workforce development, leading to an increase in knowledge, skills and confidence of staff
- Develop multidisciplinary working and teams to safeguard and protect vulnerable children under the Transforming Care programme with support from system partners
- Ensure there is good engagement and co-design with children, young people and their families

How will we measure our progress?

We will put together a small number of performance measures that we can monitor over the five years of the Strategy. These will be underpinned by a Children and Young People's Integration Outcomes Framework and a shift towards outcome-based commissioning while we move away from process-based commissioning.

Some potential examples of performance measures for 'Starting Well':

- Improved school readiness: the percentage of children with free school meal status achieving a good level of development at the end of Reception
- Reduction in hospital admissions as a result of self harm in 15–19 year olds
- Reduction in waiting list and times for CAMHS during the lifetime of this strategy
- Improvement in self reported emotional resilience in school surveys during the lifetime of this strategy
- Reduction in prevalence of smoking in pregnancy
- Stabilisation of rates of overweight and obesity in Reception and Year 6 (at school) during the lifetime of this strategy
- Improvement in self-reported physical activity in school surveys

Living well

Where will we start in 2019/2020?

The Year 1 business plan will deliver progress on all three priorities:

Enable people to live healthier lives

- Scale up our approaches to addressing lifestyle risk factors, using evidence-based behaviour change approaches
- System wide action with targeted interventions to stop people starting to smoke and to help smokers to quit
- Align with community enablers to tackle the wider causes of obesity, and ensure we make every contact count
- Implement the Hampshire Physical Activity Strategy across our organisations

Improve population level mental wellbeing and reduce mental ill-health

- Take a community approach to resilience, supporting the 'Five Ways to Wellbeing' initiative

- Support a Zero approach to suicides within organisations and the whole population
- Take a system wide approach to self harm prevention
- Increase focus on improving the physical health of people with serious mental illness across our organisations and helping people into work

Enable people with long-term conditions to live healthier lives for longer and reduce variation in outcomes

- Develop clear plans with the Sustainability and Transformation Partnership (STP) to address variation in outcomes for people with long-term conditions
- Use the emerging population health management approach to work with primary care groups serving neighbourhoods to identify local priorities
- Commission and learn from initiatives to enable people to improve their self management and provide peer support for long-term conditions
- Mental Health Resilience programmes are being developed and enhanced in Wellbeing Centres across Hampshire
- Take action to address the gap in acute hospital investment in addressing the mental health needs of inpatients to support physical health recovery

How will we measure our progress?

We will put together a small number of performance measures that we can monitor over the five years of the Strategy. Some potential examples for 'Living Well':

- Proportion of the adult population who are current smokers, including those in lower socio-economic groups
- Proportion of the adult population with excess weight
- Proportion of the adult population who are physically inactive
- Proportion of the adult population who have a current diagnosis of anxiety/depression
- Suicide rate, with the aim of a reduction in suicide rates over the 5 years of the strategy
- Long-term condition management: Improvement in answer from the GP Patient Survey on support and confidence managing your own condition
- Improvement in clinical outcomes for selected long-term conditions

Ageing well

Where will we start in 2019/2020?

The Year 1 business plan will deliver progress on the priorities:

- Conduct a healthy homes needs assessment to understand what more we can do to help people stay well and independent at home for longer
- Develop joined up social prescribing and connector models across health and social care to provide support for people who need help outside formal services
- Encourage volunteering opportunities for people who feel lonely
- Upscale opportunities for strength and balance exercise for people over 50
- Continue the implementation of dementia friendly places and upskilling the workforce to better support the needs of people with dementia, building on existing good practice

How will we measure our progress?

We will put together a small number of performance measures that we can monitor over the five years of the Strategy. Some potential examples for 'Ageing Well':

- Healthy life expectancy at age 65 years
- Gap in life expectancy between people living in the most and least deprived areas
- Emergency admissions due to falls in people aged 65 and over
- Hip fractures in people aged 65 and over
- Social isolation:
 - percentage of adult social care service users who have as much social contact as they would like
 - percentage of adult carers who have as much social contact as they would like
- Reduction in delayed transfers of care (ie when a patient is ready for discharge but is still occupying a hospital bed)

Dying well

Where will we start in 2019/2020?

The Year 1 business plan will deliver progress on the four priorities:

- Establish a steering/reference group at Health and Wellbeing Board level to:
 - lead a review of priorities and measures
 - define and drive activity to implement the revised priorities;
 - ensure that there is engagement with people to understand a range of experiences and to co-design any new approaches; and
 - ensure all activity locally/nationally is shared consistently across the system
- Ensure that a systematic approach is taken to identification and consistent implementation of relevant tools and pathways across Hampshire, such as The Recovery Package (which supports people to self-manage the impact of cancer on their life), and End of Life Care tools such as the Gold Standards Framework, Six Steps Programme and the ReSPECT tool
- Work together to ensure a systematic identification of people who are on an end of life pathway
- Work together on a systematic instigation of key conversations and recording of wishes, enabling open two-way conversation between the individual, family and all the relevant health and care professionals and providers of end of life support
- Review access to bereavement support and services to identify potential opportunities to improve availability across the county, to support carers and families
- Ensure this work involves engagement with people to understand a range of experiences and can include co-design of any new approaches

How will we measure our progress?

We will put together a small number of performance measures that we can monitor over the five years of the Strategy. Some potential examples for 'Dying Well':

- Proportion of people dying in the place of their choosing
- Number/proportion of people on the GP palliative care register
- Access to NHS Continuing Health Care fast track

Healthier communities

Engagement with district and borough councils has suggested the following potential priority areas for 2019/2020:

□ **Health in all Policies approach:**

- work together to devise a mechanism to make sure that health and wellbeing priorities are reflected in all local and countywide policies

□ **Family, friends and community:**

- supporting communities to be more resilient, building social networks and reducing loneliness and isolation;
- increasing awareness of accessible services and support that is available locally, linking in with the County Council's place-based demand management and prevention programme which will be working in each Hampshire district area to meet specific local needs. For example, social opportunities for people with disabilities and multi-agency drop-in sessions for veterans

□ **Housing:**

- earlier referral and prevention of homelessness by consistently embedding the Duty to Refer and cooperative working in all relevant organisations (not just housing teams) so that Local Authority Housing service assistance is sought as early as possible and a 'team around the person' approach can be initiated for complex cases;
- helping people access affordable housing, eg through planning policies overseeing that new build sites comprise adequate affordable housing;
- helping vulnerable people to take on, and maintain, tenancies, including more people with physical and learning disabilities

□ **Built and natural environment:**

- ensuring new developments are designed with health and wellbeing in mind;
- ensuring access to green spaces;
- facilitating active travel and physical activity, eg through accessible leisure facilities and opportunities

In order to create the 2019/2020 business plan, the Health and Wellbeing Board will continue its engagement with district and borough councils and the voluntary and community sector to agree shared priorities and what support organisations want from the Health and Wellbeing Board. This will include looking at how services can be commissioned at both county and local level to maximise social value, economic and environmental benefits.

Strategic leadership – how we can join up the system better across Hampshire

Key areas of focus for 2019/2020 are outlined below.

1 Deliver care closer to home

- Delivery of the Patient Flow and Onward Care programme
- Universal adoption of the 'New Care Models', which bring together local health, care, council, and voluntary services and communities to focus on the needs, priorities and assets of people in NHS 'cluster' localities, including work around prevention and self-care
- Demand Management and Prevention programme, which includes developing connector services to ensure a more consistent county-wide service; working with communities and voluntary organisations in a place-based way to increase resilience; community-based support services providing opportunities for people to continue to live at home through, for example, exercise classes, social networks, Good Neighbours groups, affordable warmth services and Meals on Wheels.
- Integrated intermediate care, to facilitate care in the most suitable setting for people, wherever possible in their own home

2 Harness the potential of digital solutions

- Promote Technology Enabled Care (TEC) as a first line of support for residents and carers and a central plank in the delivery of care services, as well as offering TEC to a wider set of authorities and organisations
- Continue to develop Hampshire-wide IT systems, such as the Care and Health Information Exchange (CHIE) and Care and Health Information Analytics (CHIA), to facilitate greater sharing of records and use of analytical information to better understand the needs of residents
- Link up different organisations' IT systems so services can work together better across Hampshire, and take forward appropriate data sharing with voluntary and community sector organisations where required, as they will not be able to access public sector IT systems

3 Support a sustainable workforce of paid staff and support unpaid carers and volunteers

- Implement the Hampshire Joint Carers' Strategy 2018–2023

- Work together to increase volunteer numbers

4 Consistent and accessible information and advice

- Make **Connect to Support Hampshire** the 'go to' website for:
 - anyone looking for care and support information and advice in Hampshire
 - statutory and voluntary organisations as their primary resource for signposting, linking in with development of more consistent connector/signposting services www.ConnectToSupportHampshire.org.uk
- Ensure other sources of information and advice are promoted and linked into Connect to Support Hampshire, for example, the [Family Information and Services Hub](#), which includes the [Hampshire Local Offer](#) (services and information for children and young people with special educational needs and disabilities)

5 Improve health and wellbeing for people in organisations on the Health and Wellbeing Board

- Ensure healthy eating options are provided and accessed at Hampshire County Council and other catered premises and share the learning with public sector and commercial providers
- Improve physical and mental health in schools and colleges (through healthy schools initiatives)
- Build awareness across all public sector staff and the voluntary sector to have healthy conversations and to make every contact count

6 Make better shared use of our buildings and community resources

- Continue to identify better ways to use public sector land and buildings to increase their efficiency, support collaboration and provide multipurpose community hubs

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Hampshire Health and Wellbeing Board
Date:	14 March 2019
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:

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

receives a progress update on the Action Plan due for completion in July 2019.

2. Executive Summary

2.1. The purpose of this report is to provide an update on the Action Plan 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. This report was published by CQC on completion of the review cycle and shared their findings of the 20 reviews undertaken.

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.

2.3. The Action Plan has now been updated at the six-month gateway as attached in Appendix C.

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 set out an extensive range of activities to take place over the following 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. New activity will be resourced using organisations' existing business as usual budgets or transformation/cost of change budgets through closer alignment and coordination of roles and responsibilities.

5. Performance

- 5.1. The CQC Review process did 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.

6. Areas of Improvement

6.1. Progress has been made in a number of areas:

- Oversight of patient flow and onward care is now improved through the creation of the role of a Director of Transformation – Patient Flow and Onward Care. This post is supported by a Clinical leadership role. These roles are working across 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. Much work is underway within each acute hospital system and indeed more generally across the whole health and social care economy and much more work will be required to continue improvements system-wide into the next year and beyond. However, from a social care perspective there has been a 75% reduction in the reported Delayed Transfers of Care (DToC) in the period December 2017 – December 2018. Work continues to establish greater collaboration and integration of service delivery. It is intended to develop work with Healthwatch Hampshire to support and drive this work.

- A revised Health and Wellbeing Strategy has been developed in partnership with key representatives from statutory agencies and stakeholder groups. This will provide the strategic direction for all organisations and agencies across Health and Social Care, with a Business Plan to support delivery to be agreed by the Board in June 2019.
- The Health and Wellbeing Board Executive has been replaced by an improved arrangement which brings together adults' and children's social care and NHS partners (providers and commissioners) in the form of an Improvement and Transformation Board. This is supported by an Integrated Commissioning Board which allows for improved governance related to the commissioning responsibilities of the Local Authority and Clinical Commissioning Groups. Work is also underway to establish, in due course, a wider "public sector board" of senior officers in the county to which health chiefs will be a party.
- A workforce development programme has been established to address recruitment retention and skills development for social care organisations. This is in collaboration with domiciliary care providers, care associations and NHS colleagues.
- A communication workstream has brought greater integration and alignment between communications strategies and shared arrangements are now in place.

6.2. Winter resilience plans confirmed in each system have contributed to wider system capacity planning. The improved planning for this winter has meant that through additional capacity being generated much earlier in the season the system(s) have been in a safer position through December and the first half of January. Based on work undertaken throughout the year, the strength of relationships across organisations is supporting our collective effort with many of our staff and teams receiving regular plaudits from NHS partners. However, this is not to say that further work will not be required and continued risk in the overall health and care system remains, particularly around system resilience, financial and workforce in particular.

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 through the various workstreams that are ongoing and 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 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. This together with the analysis work undertaken by Newton Europe has enabled clarity of focus. However, despite national additional funding to support the continued sustainability of NHS services, which is welcomed, and whilst awaiting

publication of a Social Care Green Paper the health and social care system remains fragile overall.

- 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) is responsible for overseeing 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	
<u>Title</u>	<u>Date</u>
The Review was carried out under Section 48 of the Health and Social Care Act 2008 .	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.)

<u>Document</u>	<u>Location</u>
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:

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

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

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately 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:

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

No impact identified.

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
Progress Update – February 2019





Contents

Introduction.....	3
Governance of this plan.....	3
1.Strategic Vision, Leadership and Governance	5
2.Communication and Engagement	12
3.Access and Transfers of Care	20
4.Partnerships.....	31
5.Workforce Planning	36
Appendix 1.....	41
Appendix 2.....	42
Appendix 3.....	45

Introduction

This document forms the high level updated 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 is 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 have been introduced for the Hampshire system. This includes the development of an Improvement and Transformation Board (ITB) which holds 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 updated in February 2019 taking account of existing work streams and plans currently in existence.

In order to deliver this ambitious action plan over the 12 month period, the following working principles have been adopted:

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


<p>Report Recommendations:</p> <ul style="list-style-type: none"> 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. <p>Aim:</p> <ul style="list-style-type: none"> 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. 	<p>Leads</p> <p>Graham Allen, Director, Adults' Health and Care (AHC), Hampshire County Council, Maggie Maclsaac, Chief Executive, Hampshire and Isle of Wight CCG Partnership, Heather Hauschild, Chief Operating Officer, West Hampshire CCG</p>
<p>CQC Report Highlighted:</p> <ul style="list-style-type: none"> 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 (at the time of the Review):

- 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	Rag Status Feb 2019
1.1 Vision	<p>a) We will develop one strategic vision to be shared across the STP and HWB.</p> <p>b) 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.</p>	Graham Allen, Maggie Maclsaac, Heather Hauschild, Richard Samuel	3 months	A common vision that can be articulated at all levels of organisations	Amber
<p>Progress Update October 2018 a) Partially Achieved – strategic vision developed as part of the STP plan (see attached)</p> <p>However, need to ensure its fully understood by all staff</p> <p>There has been some cascade through organisations, but this needs to be ongoing and revisited.</p> <div style="text-align: center;">  HIOW STP Delivery Plan 21Oct16 FinalDr </div> <p>February 2019 a) STP strategy and plan to be revisited in 2019/20 following the publication of the NHS long term plan. The opportunity will be taken to refresh staff communications on the strategy.</p>					
Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019

<p>1.2 Health & Wellbeing Board (HWB)</p>	<p>a) The Health & Wellbeing Strategy will be revised and monitoring arrangements introduced to measure progress against themes identified.</p> <p>b) We will identify the best way to involve patients, service user and carer representatives in the HWB work programme.</p> <p>c) The terms of reference and membership of the HWB will be refreshed.</p>	<p>Health & Wellbeing Board Members</p> <p>Kate Jones</p>	<p>6 months</p>	<p>A HWB board that is representative of all systems' stakeholders and takes ownership for delivering this action plan</p>	<p>Green</p>
<p>Progress Update October 2018</p> <p>a) The HW Board received a presentation of progress on 11th October 2018, with a draft Strategy being prepared for the Board.</p> <p>c) Membership refresh: Achieved: This has been completed and was reported to County Council on 20th September 2018</p> <p>February 2019</p> <p>a) This is on track. The draft Strategy was considered by the HWB on 13th December 2018 and they endorsed circulation of the draft to a wider audience of partners and interested organisation for wider comment. The designed draft was circulated on 18th January 2019, with feedback requested by 22nd February 2019. A revised strategy will be presented to the HWB on 14 March for sign-off.</p> <p>b) A small group, including two service users, has now met to begin designing the coproduction workshop and to consider how to embed co-production and involvement into the HWB Board's work programme. This work will link with wider coproduction activity planned to take place, particularly for older adults. The date of the workshop has not been fixed yet, but work is in progress to plan the content/aims.</p>					
<p>Key Area</p>	<p>Action</p>	<p>Lead/Owner</p>	<p>Timescale</p>	<p>Outcome</p>	<p>Rag Status Feb 2019</p>

1.3 Financial management	<p>a) We will create more opportunities for shared and pooled funding arrangements</p> <p>b) Monitor use of the Better Care Fund and financial management through the ITB.</p>	Graham Allen, Maggie Maclsaac, Heather Hauschild	6 months	Pooled budgets aligned to priority initiatives	Green
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Progress Update February 2019

a) **In progress** – iBCF core programme on the Integrated Commissioning Board (ICB)

Opportunities for further pooling of resources being explored through ICB, first priority for Learning Disabilities and Mental Health placement funding.

b) **In progress** - Better Care Fund monitored through ITB.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
1.4 Governance	<p>a) Introduce ITB</p> <p>b) Facilitated development of HWB</p> <p>c) Review form and function of HWB Executive with development of a Senior Leaders group to increase membership and engagement of partners such as Hampshire Fire and Rescue and Hampshire Constabulary.</p>	<p>Graham Allen</p> <p>Kate Jones</p> <p>John Coughlan</p>	<p>3 months</p> <p>6 months</p> <p>6 months</p>	<p>ITB initial meeting by September</p> <p>Development programme for the HWB</p> <p>Broader public service engagement in the Health and Wellbeing Executive Group</p>	Green

<p>Progress Update October 2018 a) Achieved – an Improvement and Transformation Board has been established with all system leaders represented.</p> <p>New governance arrangements to feed into the HWB have been established, with the first meetings of the Improvement and Transformation Board and the Integrated Commissioning Board in September 2018 with reporting mechanisms up to the HWB to improve the HWB’s ability to shape and monitor progress on key activities.</p> <p>February 2019 a) Update on ITB activity was received at the December HWB Board meeting, with a particular focus on DToC, to ensure that the HWB Board is able to monitor progress on key work areas.</p> <p>b) Further development of the Board and its architecture will be considered as part of the implementation of the new Strategy</p> <p>Once the high level HWB strategy priorities are agreed, we will be developing a business plan for the Board’s activities, to be agreed by the Board in June 2019. We will consider any further revision to governance at this stage, to ensure alignment with the business plan.</p> <p>c) The Health and Wellbeing Board Executive has now been stood down as it is generally agreed it has served its purpose in bringing together chief officers from health and the local authority on broader issues. It has been replaced by an arrangement which is specific to the management of patient flow and related activities this is the Improvement and Transformation Board, made up of adult’s and children’s social care and NHS partners (providers and commissioners) and an Integrated Commissioning Board between the Local Authority and CCGs. Work is also underway to establish a wider “public sector board” in the county to which health chiefs will be a party.</p>					
Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019

1.5 Leadership	a) Introduce key joint leadership roles including the Improvement and Transformation Lead.	Graham Allen, Maggie Maclsaac, Heather Hauschild, Richard Samuel	12 months	Joint leadership assigned to key initiatives	Amber
	b) Ensure Local Delivery System Boards, A&E Boards and New Models of Care take account of CQC Review findings.	Heather Hauschild, Alex Whitfield, Sue Harriman, Rachael King, Zara Hyde-Peters, Alison Edgington	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	

**Progress Update
February 2019**

a) Partially Complete – Director of Transformation – Patient Flow and Onward Care appointed to 18-month secondment

Other joint roles to be considered through work programmes emerging from the Integrated Commissioning Board.

b) Every system has a local DToC reduction plan with a clear trajectory for improvement. Local system plans are aligned to the eight high impact changes for effective discharge and flow, and 2019/20 local delivery ambitions for these are currently in preparation. In addition, each local system conducted capacity analysis specifically to maintain patient flow through Winter and additional capacity was put in place. An evaluation of Winter Resilience is underway and a whole system workshop is scheduled for 18th March which will help to inform the collaborative approach next year.

2. Communication and Engagement

<p>Report Recommendation:</p> <ul style="list-style-type: none"> 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. <p>Aim:</p> <p>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.</p>	<p>Leads</p> <p>Graham Allen, Sarah Grintzevitch, Communications Lead, Hampshire and Isle of Wight STP, Kaylee Godfrey, Communications Lead, CCGs</p>
<p>CQC Report Highlighted:</p> <ul style="list-style-type: none"> 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 	
<p>Existing Work Being Undertaken (at the time of the Review):</p> <ul style="list-style-type: none"> 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	Timescale	Outcome	Rag Status Feb 2019
2.1 Communication Strategy	<p>a) 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.</p> <p>b) The strategy will confirm how staff, residents and partners can expect to receive information and provide feedback. Communication will be by various channels.</p> <p>c) 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.</p> <p>d) 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.</p>	Richard Samuel	6 months	<p>A single system wide communication and engagement strategy to support engagement and involvement externally, as well as broadcast developments internally</p> <p>To achieve consistency and clarity in messages and narrative in order to reduce public and staff confusion</p>	Amber

	<p>e) The strategy will direct organisations towards one online site that will 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.</p>			<p>To empower people to make informed choices</p>	
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**Progress Update
February 2019**

a-e) Activity is taking place on the actions noted. There is a draft communications and engagement strategy which is currently being further developed by the Hampshire and Isle of Wight wide communications and engagement network. This work will involve how we use digital channels to involve and communicate with local people.

Work will also take place with Nicky Millard and Jane Vidler to understand how we can best use Connect to Support Hampshire (CTSH) to facilitate some information sharing in the first instance.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.2 Promoting roles	<p>a) Greater transparency and visibility will be provided concerning the roles that staff undertakes 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.</p> <p>b) We will also explore the opportunity to share insight into a ‘day in the life of...’ different roles using</p>	<p>Nicky Millard, Kaylee Godfrey</p> <p>Sandra Grant</p>	<p>3 months</p> <p>6 months</p>	<p>An understanding of roles and responsibilities across the system</p> <p>Greater awareness of how partner</p>	<p>Green</p>

	<p>different media (video, podcast, fact sheets etc.)</p> <p>c) 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.</p>			<p>organisations work together</p>	
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**Progress Update
October 2018**

a) **In progress.** An interactive map on CTSH is being considered that has key buildings etc. on it from health and social care; identifies roles/services and provides links to more details about the role/service on other organisations websites.

New page on CTSH have been introduced with details of health and social care roles, linked from the main interactive map on the home page of the site. In addition, there is also a new hospital page on CTSH which gives a wide range of information. [Hospital page](#).

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.3 Sharing information	a) 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.)	Jane Vidler, Kaylee Godfrey	6 months	Effective information sharing arrangements Better decision making	Amber
	b) 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.	Maria Hayward, Tracy Williams Matthew Richardson, Louise Spencer	6 months	Effective and coordinated communication	

**Progress update
February 2019**

a) We are in the early stages of planning the communications support for the range of partnership projects being led by Debbie Butler. An engagement lead has been appointed within the programme and is working closely with the County Council's communications team who in turn have begun engagement with NHS partners.

b) **Partially achieved.** The system has agreed that the PaCT newsletter and webpages will be the hub and main source of sharing information and resources with providers. Governance structures are being signed off and the first newsletter will be sent out in November 18.

A new 2-year post within Adults' Health and Care Workforce Development team has been established, funded by IBCF to focus on our work with external providers. Person appointed through a recruitment process in partnership with Hampshire Domiciliary Care Association & Hampshire Care Association. The role will focus on working with Hampshire providers to develop the PaCT workforce development programme and communication pathways to identify the priority skills and capacity needed to improve recruitment, retention and skills development for current and future ways if working. The programme is working with Hampshire Domiciliary Care Providers (HDCP), Hampshire Care Associations (HCA) and colleagues across the STP to host two workshops:

Workshop 1 - Stakeholders & Partners (October 2018)

Aim: to come together to focus on the work stakeholders are offering to develop capacity or workforce skills within the private and independent sector (residential, nursing and domiciliary care)

Workshop 2- Providers (November 2018)

Aim: To bring together providers to explore the workforce development support and resource currently offered from stakeholders across Hampshire and establish opportunities to shape and develop the offer to support the 'actual' needs of providers, exploring ideas for future working and delivery.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.4 Stakeholder engagement	<p>a) Review HWB engagement strategy and identify leads to further develop and maintain stakeholder engagement with the following groups:</p> <ul style="list-style-type: none"> • Providers • Carers • Voluntary and independent sector • Residents • Representative Associations • Charitable organisations • People who fund their own care and support <p>Explore joint messaging and joint campaigns to feed into the strategy.</p>	HWB Members	6 months	<p>Effective stakeholder engagement</p> <p>Greater opportunity for design by experience</p> <p>Single point of contact for each stakeholder group</p>	Amber
		Sue Pidduck,	6 months		

	b) Ensure all engagement work is linked with the AHC Demand Management & Prevention Strategy and Carers Strategy.	Sallie Bacon		Joined up and coordinated engagement	
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**Progress Update
February 2019**

a) Joint messaging and campaigns are already happening across Hampshire, coordinated through the HLOW Comms and Engagement Network.

As part of the development of the new HWB Strategy, the Board Manager will look to build on this existing joint working.

b) Carers Strategy:

Two engagement events have been held with users, carers and other agencies in the last quarter. Strategy subgroups are currently being set up for the next quarter and will include actions to improve the support that is available to link carers to services and to manage their health and wellbeing.

Demand Management and Prevention (DM&P):

The DM&P Programme Team will be providing feedback on the HWB Strategy and development plans, following a briefing by Kate Jones at the full programme team meeting on 9 October 2018. Currently, as part of our locality focused work, DM&P colleagues are working closely with stakeholders via the existing structure of the Health and Well Being Board and local Partnerships Forums. This is supporting engagement and identification of prevention and demand management priorities at a local level and being used as a channel to enable collaborative working. The team are therefore in a position to share their experience of working within the existing structure to inform their feedback on the HWB development plans. The Director of Public Health and Public Health Lead for DM&P are engaged in conversations about the overall direction and content of the strategy. The update from the Carers Strategy is that the Carers Strategy subgroups have now commenced with Adults' Health and Care representatives, NHS and voluntary sector reps and carers involved. One of the key areas of engagement is to ensure the Carers Charter is adopted throughout organisations across the county who have a role in supporting carers. This is a priority piece of work for the Strategy group and a communications plan is being developed.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.5 Accessibility of information	a) 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, Kaylee Godfrey, Nicky Millard	6 months	<p>Accessible communication strategy</p> <p>Greater use of multi-media to inform good decision making</p> <p>Less confusion with one key source of information for all practitioners</p>	Amber
<p>Progress Update February 2019</p> <p>a) Greater use of multi-media to inform good decision making – the continual development of CTSH, building on the recently launched app, other multi- media and tech are being explored on the site including Artificial Intelligence – all of which are being designed to ensure good quality access to information.</p> <p>Less confusion with one key source of information for all practitioners.</p> <p>A professionals workshop is now taking place on 2 dates in February, the output from these workshops will be used to scope ongoing site development and engagement to ensure that CTSH becomes the key source of care and support related information for all practitioners.</p> <p>In addition work will be commencing with one of the GP clusters in the New Forest so that GP’s can input and help shape the development in order that it not only delivers a strength based approach but also ensures that it meets the needs of the social prescribing agenda and therefore becomes a useful tool for GPs in the delivery of social prescribing.</p>					

3. Access and Transfers of Care

<p>Report Recommendations:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>	<p>Leads</p> <p>Improvement and Transformation Lead (appointment in progress)</p> <p>Rachael King, Zara Hyde-Peters, Mark Allen, Head of Commissioning, AHC</p>
<p>CQC Report Highlighted:</p> <ul style="list-style-type: none"> • 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 	
<p>Existing Work Being Undertaken (at the time of the Review):</p> <p>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).</p>	

3. Access and Transfers of Care

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.1 Safe discharge pathways	<p>a) 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:</p> <ul style="list-style-type: none"> • Manage a system wide delayed transfers of care improvement plan • Monitor system performance 	HWB Executive Group	3 months	<p>System wide co-ordination of delayed transfers of care activity</p> <p>Reduction in delayed transfers of care across the system</p>	Amber
	<p>b) All actions arising from the Newton Europe work will be undertaken. Overarching action plan has the following strategic aims:</p> <ol style="list-style-type: none"> 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 	Debbie Butler, Julie Maskery, Jane Hayward, Paul Bytheway, Barry Day, Jo Lappin,	6-12 months	<p>More patients managed in the right setting of care</p> <p>Integrated discharge pathways.</p>	

	<p>c) Integrate pathways and align with other local authorities operating across boundaries through empowering Integrated Discharge Bureau leads to act on behalf of all organisations</p> <p>d) Reduce reliance on bed based 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</p> <p>e) Social work expertise will be utilised to support people with more complex care and support needs</p>	<p>Steve Cameron, Paula Hull, Sarah Austin,</p> <p>Jo Lappin</p>	<p>3 months</p> <p>6 months</p>	<p>Embedding of a Home First approach</p> <p>Initial target to increase the % of users who go through reablement from 15% to 30%</p> <p>Stretch target for following 6 months to be established using learning from implementation</p> <p>Improved use of social work capacity targeted to reduce length of stay</p>	
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**Progress Update
October 2018**

a) **Achieved** – the appointment of an Improvement and Transformation Director and Clinical Lead has taken place and both post holders confirmed.

February 2019

a) Within-system trajectories for decreasing delays (DToCs/MFFD) are in place and actively monitored.

b) In progress -

The system effective flow action plan is evolving made up of the following work streams aligned to the Newton Europe themes:

1. Implementation of aligned mindset, values and communication plans
2. Development and Implementation of system-wide dashboard and local operational processes for improved flow with clear accountability and governance.
3. Implementation of Integrated Intermediate Care service, with full rollout of Integrated Intermediate Care offer (Reablement/ Rehabilitation) county-wide and standardisation of assessment processes
4. Embedding of early discharge planning from point of admission applying the principle of 'Why Not Home Why not today'
5. Clear system demand and capacity modelling to better match onward care need to available provision
6. Full implementation of Discharge to Assess model beyond current pilot for CHC D2A

Local Delivery Systems are working towards clear ambitions for improvement /delay reduction through implementation of the 8 High Impact Changes for effective flow and discharge. This is alongside ongoing commitment to specifically reduce the numbers of superstranded and stranded patients in acute beds. Assurance for delivery of the system flow plan is via the Integrated Commissioning Board and the Improvement and Transformation Board.

c) and d) Remodelling of social care teams in hospital settings in progress.

Linked to development of IIC service model.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.2 Enhanced GP offer	<p>a) We will develop clusters around GP Practices through:</p> <ul style="list-style-type: none"> - Increased multidisciplinary working - Engagement of voluntary sector - Building relationships between Primary and Secondary Care <p>This will increase the care people receive at home and provide consistent quality and access.</p> <p>The result will be integrated community based services.</p>	Rachael King, Ros Hartley	12 months	<p>Care to be more preventative, proactive and local for people of all ages</p> <p>Creation of natural communities based on GP practice populations through groups of professionals working together with their local communities</p>	Amber
<p>Progress Update February 2019</p> <p>a) Clusters are now in place across the whole of Hampshire with the vast majority of GP Practices agreed on cluster membership, final practices finalising discussions. A stocktake of progress on cluster development is due to at the end of March 19, A number of clusters already have integrated care teams in place. A working group has been established with Southern Health Foundation Trust and Hampshire County Council and commissioners to agree how networks will work. A metrics dashboard is to be produced.</p>					

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.3 Capacity and quality in the market (domiciliary, residential and nursing care)	a) 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	Rachael King, Zara Hyde-Peters, Mark Allen	12 months	Existing 4 million plus hours currently planned across the system to be reviewed to establish a clear understanding of probable future demand	Amber
	b) This will include joint commissioning and brokerage arrangements and implementation of the market position statements				
	c) Resources will be pooled to address the quality in the market and establish robust jointly agreed quality assurance mechanisms	Tracy Williams, Matthew Richardson, Louise Spencer	12 months	Joint approach to market shaping	
	d) 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	
Progress Update February 2019 a) Task and Finish group for joint commissioning of integrated intermediate care formed in August 2018. Significant progress has been made with advances of forerunner projects and commencement of the operating model design.					

b) Opportunities have been identified for joint commissioning which include access to the Hampshire County Council Home Care framework and brokerage resources and processes. Further work is continuing to support CHC D2A with both access to external market resources and flow management via Hampshire County Council brokerage. Joint Bed based and Home care specifications have been approved to support the delivery of Integrated Intermediate Care.

c) AH&C have identified a lead to attend the HIOW Quality Board. The board is responsible for the provision of strategic leadership and oversight of the development of quality assurance and improvement across HIOW health and care providers, commissioners and other key stakeholders. Together we are developing strategic approach to monitoring quality through the Hampshire County Council Quality Outcomes Contract Monitoring process and the CCG quality review process, ensuring duplication is prevented across teams.

Hampshire County Council and CCGs are working together to develop a common framework regarding capacity and quality in the market (domiciliary, residential and nursing care).

A paper will be presented to HIOW Quality Board in January 19 regarding mapping and proposals, including strategic and operational structure and process.

At an operational level the Local Authority and CCG quality leads meet regularly. A key aim of this group is to reduce duplication of visits to residential and nursing home providers and to use a joined up approach to assessing the quality and identifying a county risk profile. Safeguarding and quality leads from across the system came together at a planned workshop in October 18.

d) New Framework in place, contract relationship managers established, brokerage waiting lists reduced.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.4 Continuing Health Care	a) 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	Ciara Rogers,	3 months	85% of CHC checklists and assessments taking place outside of acute hospital settings	Amber
	b) Design an education support programme to increase competency and capability so that requests for CHC consideration are realistic and appropriate to reduce unnecessary waste	Jess Hutchinson, Debbie Butler,	6 months	Reduced resource needed for unnecessary activity	
	c) Through this education improve efficiencies and reduce unrealistic referrals		12 months		
	d) Review and update CHC measures including performance and outcomes		3 months		
	e) Consider CHC risk share resource across the Hampshire system				
Progress Update October 2018 a) Learning from pilots has taken place. A workshop in June 2018 reviewed the current pathways and agreed the future state pathway b) Phase 1 CHC Discharge to Assess programmes are currently available in all systems					

c)An education programme will be developed once the new pathways are agreed across all stakeholders

d)The length of time at each stage of the CHC pathway from checklist to decisions is being monitored.

e) Time to source care and time to discharge are also being monitored. Time to source care and time to discharge are also being monitored. Outcomes of the CHC assessment are recorded and reported on. Funding has been identified from iBCF and CCGs to continue CHC D2A Phase 1 until March 2019. A demand and capacity gap analysis is taking place. Additional staff are being recruited for the D2A CHC assessor roles. A longer term funding agreement is being actively progressed. A paper was taken to November 2018 ICB setting out the CHC D2A pathway and requesting approval for the funding arrangements.

February 2019

a) An agreement signed until the end of March and a Business case will be going through in principle in the middle of March for full roll out of the CHC D2A Pathway.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.5 Equipment	<p>a) 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)</p> <p>b) This will include:</p> <ul style="list-style-type: none"> • 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 	Steve Cameron, Ellen McNicholas,	12 months	Future joint commissioning approach clarified	Amber

	<ul style="list-style-type: none"> • 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 				
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**Progress update
February 2019**

a) Commissioning meeting scheduled for 11th October 2018 to begin long term approach planning re S.75 Professional User Group (PUG) task & finish work in place to review equipment catalogue (Ongoing)

b) TCES System (Equipment Service stock management system) development underway to allow capability for full stock check. Current recycling rates at 90%. No further action required.

TCES System provides equipment availability information at prescriber level. Improved reporting capability at HES Partnership Board under development with Hampshire County Council Business Improvement team.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.6 Integrated Intermediate Care	a) Develop our ambition to provide an Integrated Intermediate Care offering and continue at pace: <ul style="list-style-type: none"> • Appoint a single commissioner and agree commissioning intentions 	Graham Allen, Maggie Maclsaac, Heather Hauschild Debbie Butler, Karen Ashton, Jo Lappin/Steve Cameron, Barry Day/ Jane Williams	3 months 6 months	A Hampshire wide Intermediate Care Service with equitable outcomes that meets the needs of individuals	Amber

	<ul style="list-style-type: none"> Further develop operational integrated working arrangements between Hampshire County Council & SHFT community services 	Integrated Intermediate Care Operational Delivery Board		Integrated working arrangements in place	
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**Progress Update
October 2018**

a) **In progress**—joint commissioner and governance arrangements in development. Joint commissioning specifications agreed

Operational development ongoing to fully embed large scale change of an agreed single operating model, management structure and interfaces with whole system partners. Strategic development of the future model of integration is in progress.

February 2019

a) This has been achieved – the single commissioner related to the NHS CCGs – North CCG was given that remit it acted to chair a task and finish group and completed the specifications in December 2018. The department has seen these and is working with them pending decisions at a later point of what they will actually mean in practice.

4. Partnerships

<p>Report Recommendations:</p> <ul style="list-style-type: none"> • 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 <p>Aim: Systems partners work towards developing a single vision for Hampshire that aims to keep people in their own communities and homes living independently.</p>	<p>Lead</p> <p>Graham Allen</p>
<p>CQC Report Highlighted:</p> <ul style="list-style-type: none"> • 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 	
<p>Existing Work Being Undertaken (at the time of the Review):</p> <ul style="list-style-type: none"> • 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	Rag Status Feb 2019
4.1 Building strong relationships based on trust	a) 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	Amber
	b) There will be development of a shared understanding of the ways different partners work. This will include; <ul style="list-style-type: none"> • the challenges/outcomes different partners are striving to achieve • And identify synergies and a better understanding of where the differences exist 	Ros Hartley, Ellen McNicholas	6 months	Closer understanding and appreciation of one another's role/challenges	
	c) 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	
	d) Ensure that partnership working extends across the system (e.g. voluntary sector, carers, patients, GPs), to include a focus on Demand Management and Prevention				

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
4.2 Independent sector partnerships	a) 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	Mark Allen, Rachael King, Zara Hyde-Peters	6 months	Independent sector engagement plan Joint viewpoint/forum	Amber
	b) 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.		6 months	Greater understanding of the market place Alignment with outcomes for workforce (section 5.1)	

**Progress update
February 2019**

a) There is a detailed programme on market engagement taken forward under the CHC/LD/MH placement commissioning work programme and this has made significant progress this year.

b) The LCPs are used to strengthen wider engagement with the voluntary sector, borough and town councils and community networks. The independent sector are key members of the local HWB board.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
4.3 Collaborative working	<p>a) We will support more flexible working across the entire system estate, by ensuring that IT is accessible to all</p> <p>b) Promote greater information sharing: e.g. Hampshire Knowledge Hub</p>	Andy Eyles	12 months	Flexible working enabled by appropriate infrastructure	Amber
<p>Progress Update February 2019</p> <p>a) We are developing plans and implementing a range of solutions to support more flexible working and to improve information sharing across the STP. We are deploying WIFI across our entire GP practices estate. Our partners in Southern Health are piloting the use of video consultations to enable both citizens and professionals to access services at a time and place convenient to them.</p> <p>b) We continue to build on the success of our shared Health and Care record programme (CHIE, formally known as the Hampshire Health Record). We have been awarded Local health and Care Record Exemplar (LHCRE) status, one of only 5 in the country. This will enable us to safely share more data more widely and with partners to the benefits of our citizens and professionals.</p>					

5. Workforce Planning

<p>Report Recommendation:</p> <ul style="list-style-type: none"> 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 <p>Aim: Develop a collaborative system wide workforce strategy</p>	<p>Lead</p> <p>Paul Archer, Director of Transformation and Governance & Deputy Director, AHC</p>
<p>CQC Report Highlighted:</p> <ul style="list-style-type: none"> 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 	
<p>Existing Work Being Undertaken (at the time of the Review):</p> <ul style="list-style-type: none"> 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	Timescale	Outcome	Rag Status Feb 2019
5.1 Workforce Strategy	a) 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, Mark Allen	6 months	Forum in place and fully operational	Amber
	b) 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	
	c) Share knowledge and insight about initiatives which have been undertaken across the County, to: <ul style="list-style-type: none"> • understand the successes • inform our future strategy and identify the early priorities • include learning from other Counties e.g. Surrey 	Sandra Grant, Nikki Griffiths, Mark Allen	6 months	Shared learning and relevance to Hampshire	
	d) Work in collaboration with the independent sector to agree a strategy that we will jointly own and implement. Scope likely to include:		12 months	An agreed Workforce Strategy and implementation plan.	

	<ul style="list-style-type: none"> ○ 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. <p>e) Agree the tangible measures/outcomes that will track success of the strategy (e.g. financial, efficiency, delivery, user satisfaction)</p>			<p>Stronger relationship with education providers</p>	
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Progress Update February 2019

a) A Workforce Strategy paper has been presented to the ITB, with a focus on development of a strategic system wide relationship with the independent sector. A work programme will emerge which will deliver the key outcomes in the CQC action plan.

b) and c) a workshop took place in October 2018, the programme was developed with HCA and HDCA, and jointly hosted with Hampshire County Council. The session scoped and mapped existing activity provided to support the sector by STP, CCG, NHS Trusts and Las.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
5.2 Workforce Engagement	a) Identify the sector representatives that we will form a closer working alliance with, including <ul style="list-style-type: none"> ○ Mental Health – Solent Mind ○ Voluntary Sector – Communities First Wessex ○ Independent Sector – HCA, HDCP ○ Carers Groups ○ Housing – District Councils ○ Transport 	Sandra Grant, Nikki Griffiths, Mark Allen, Martha Fowler-Dixon,	3 months	Stakeholder Engagement Plan	Amber
	b) Engage these parties in the development and deployment of the strategy		6 months		

Progress Update

October 2018

a) We have engaged and made progress with a number of the groups that we need to form closer working alliances with; HCA, HDCP, CVSs, Carers. A wider stakeholder engagement plan is in development to ensure that key groups are worked with ahead of the implementation of the strategy (as outlined in 5.1).

February 2019

b) As outlined in the updates provided for section 5.1.

5.3 Finance	a) Evaluate the opportunity to pool financial resources to achieve our strategic objectives and identify funding initiatives which will support workforce development	Graham Allen, Maggie Maclsaac, Heather Hauschild	12 months	Joint funding approved and performance measures agreed	Amber
<p>Progress Update February 2019 a) In progress – Workforce development being progressed as a core priority in the ITB.</p> <p>Elements including shared / joint development activities are underway across management and clinical tiers.</p>					

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
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

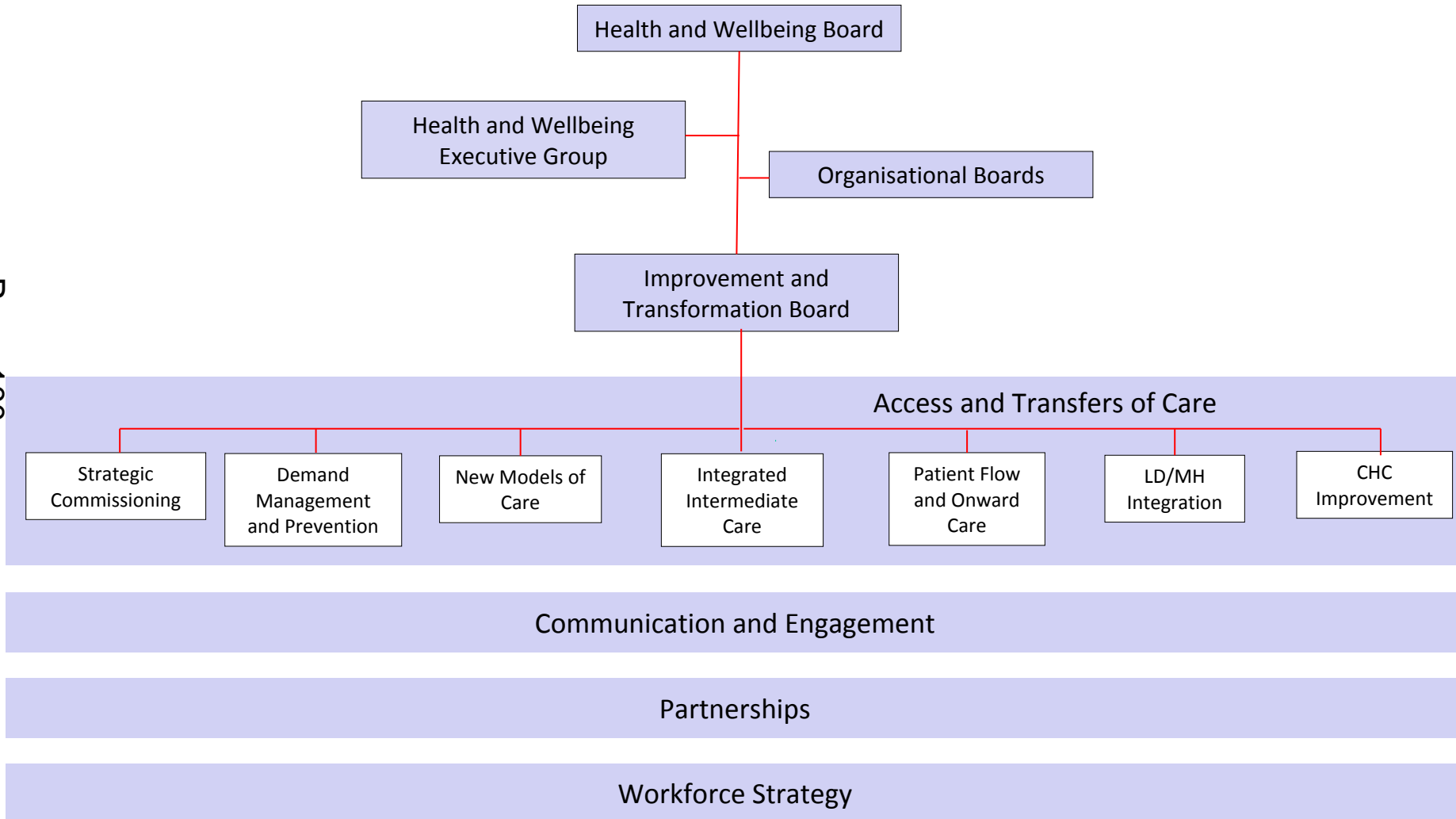
Jane Vidler (jane.vidler@hants.gov.uk) – Communications Manager, Hampshire County Council

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Governance Framework

Page 100



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 ICSSs. 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
<p>The role of the Improvement and Transformation Board is to:</p> <ul style="list-style-type: none"> 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. <p>DRAFT TERMS OF REFERENCE</p>	<p>Chair: Director of Adults' Health and Care, HCC*</p> <p>Members: <i>CEX / Executive Directors of;</i></p> <ul style="list-style-type: none"> 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 Salent 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 <p><i>Meeting Quorate when * plus three other members present</i></p> <p><i>Additional attendees to report on programme areas as required, others by invitation/as appropriate.</i></p> <p>Frequency: Monthly 2 hour meeting</p>	<p>Typical agenda items:</p> <ul style="list-style-type: none"> 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 	<p>Inputs:</p> <ul style="list-style-type: none"> 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 <p>Outputs:</p> <ul style="list-style-type: none"> 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

