

Transforming Care Services Programme



Introduction

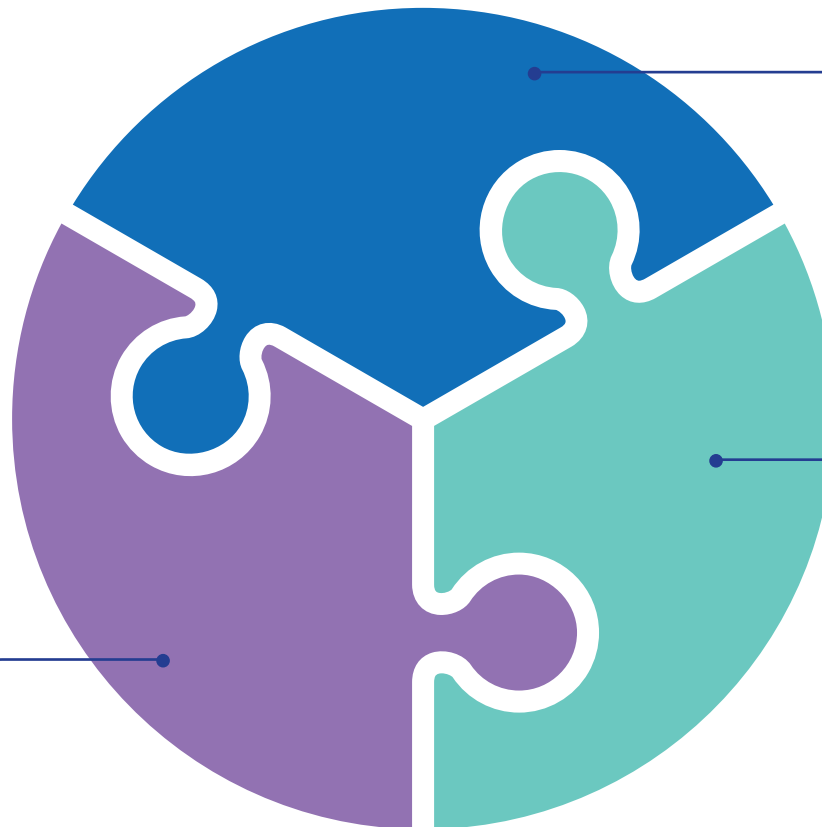
We are coming together to address the challenges faced by the health and care system of north and mid Hampshire.

Our aim

To provide safe health and care services that will be sustainable for many years to come in the face of rising demand, demographic growth and financial pressures.

This will be achieved by:

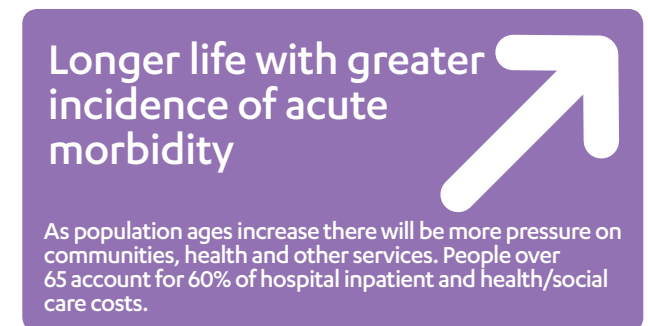
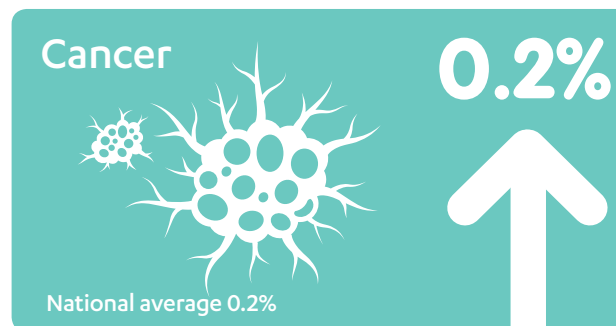
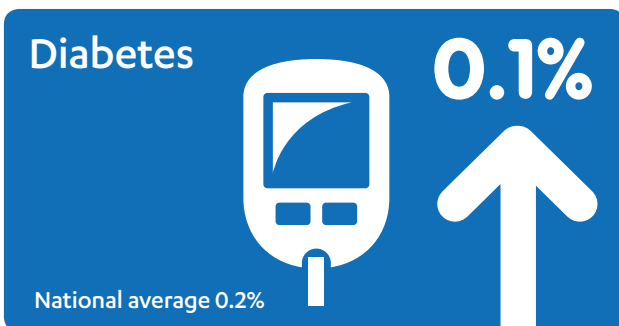
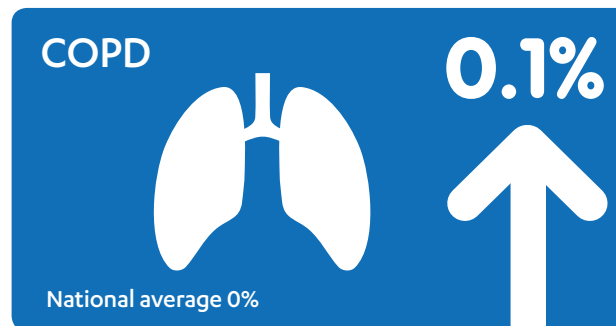
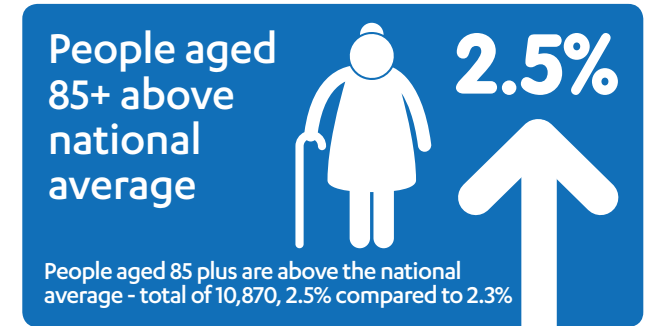
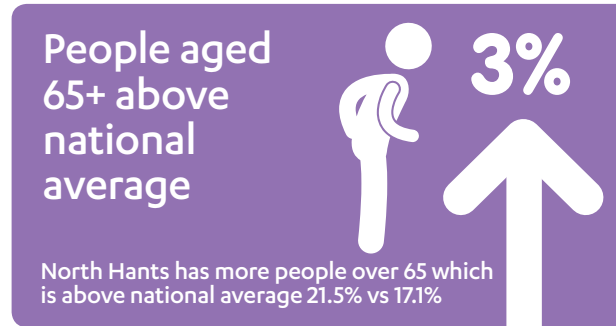
Transforming services to improve the quality and patient experience by delivering care closer to home



Reconfiguring acute services to address demand and improve clinical performance

Developing estates, workforce and new technologies to support the change

A Changing Population with changing Lifestyles



Case for change

- 11% increase in population over 5 years
- Largest increase in the over 75's
- Would lead to >17% increase in GP consultation by 2023

- 56% of NHS funds are currently spent on hospital care
- Investment in prevention and proactively managing the health needs of individuals could deliver care closer to home more cost effectively
- If we do nothing, we will have a financial gap of about £165m by 2023

A growing and aging population...

means a different type of care is needed

Which will reduce the need for hospital based care

and provide an opportunity to deliver services more efficiently

- Increased focus on prevention.
- Patients supported to make healthy choices and manage their conditions better
- People with complex needs are supported by a multi disciplinary team to provide joined up care
- People understand where to access care when unwell
- The changes are supported by a new workforce and innovative technology

- Services split across 3 acute sites with some duplication. Current pressure to staff those services
- Consolidating services can reduce running costs and improve quality
- Reducing lengths of stay, increasing throughput in theatres, diagnostics services and outpatients will allow more investment in out of hospital care

Transforming Care Service Programme

What people told us...

We asked 1,100 people about transforming the way people receive care services.

This is what they said...

We should be kept informed of what is happening

The way we are supported should meet my needs

We support more centralised hospital services (65%)

Be creative in how care is delivered

The people who support us should also be considered

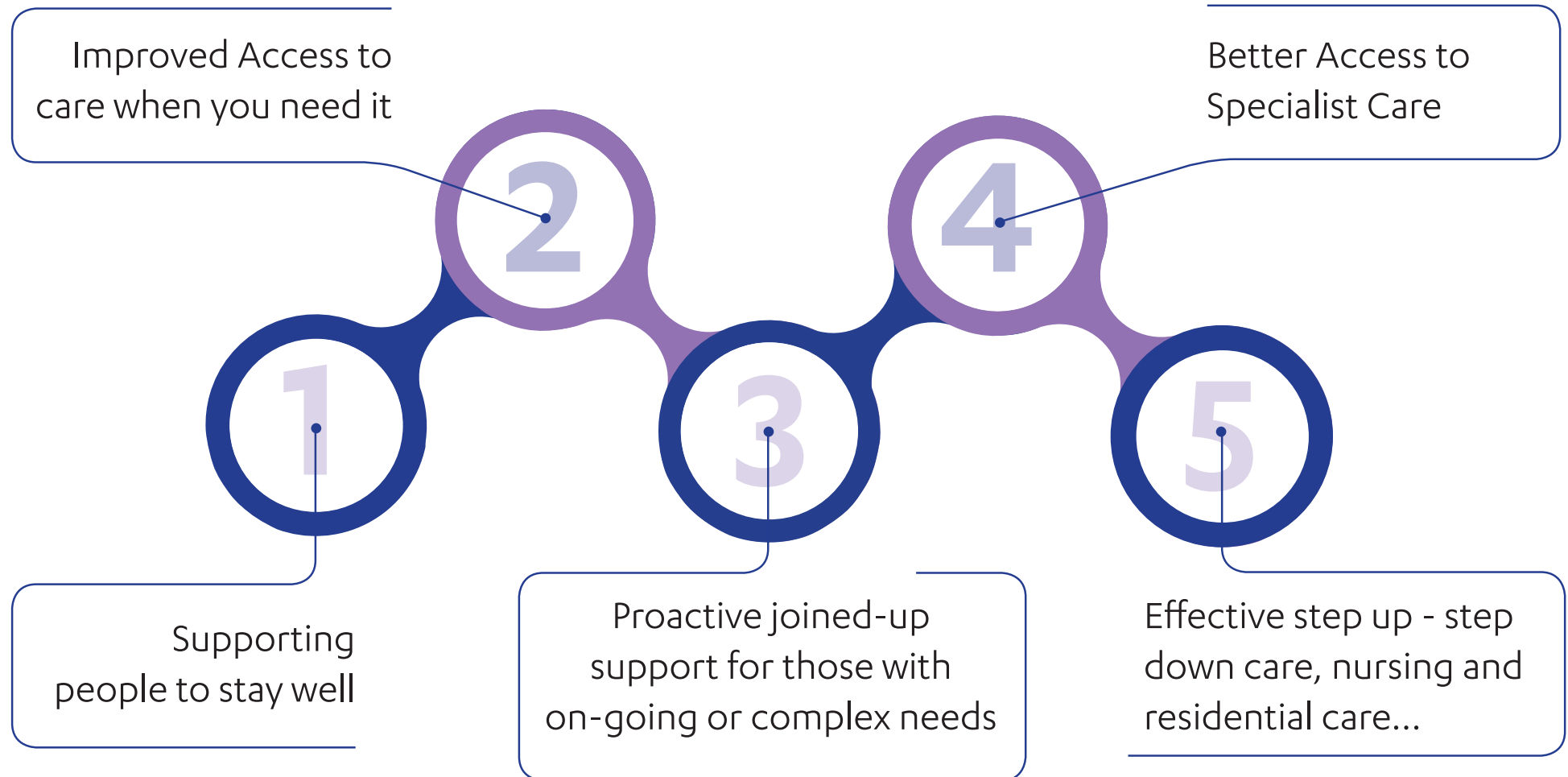
Services should consider the way they treat me and those who support me

We don't like some proposals - for example centralised consultant-led maternity services (37%)

We want to receive the best possible care - led by consultants

Integrated Care Model for North & Mid Hampshire

North & Mid Hampshire Local Care System provides for the population of 440,000 people and has adopted a model which has at its heart five components.



Supporting people to stay well...

What we are doing:

- **Active Signposting**
51 GP reception staff from 28 Practices trained. Reduces 5% GP consultations freeing capacity and reducing delays
- **eConsult**
18 practices in Mid/North Hampshire, resulting in an estimated 875 saved appointments
- **Mental Health Wellbeing Centres**
Across Basingstoke, Winchester and Andover.
- **Increased Funding**
Funding for general practice in West Hampshire has increased by 2.81% in 2017-18 in line with national spend.
- **Health Walks/ Get Hampshire Walking**
12,000 participants annually in Basingstoke & Deane
25% schools taken up the Golden Mile challenge and numbers rising.
- **Tackling health inequalities**
Working with district councils & other partners, particularly in areas of deprivation (e.g. Winklebury and Andover) to improve the health of vulnerable groups through increased engagement
E.g. community connector posts.

What we are going to do next:

- **Fit for Surgery**
Pre-surgery advice, guidance and support to improve post surgical outcomes.
- **Making every contact count**
Every contact by health or social care professional will promote and support patients in healthy lifestyle choices
- **Roll out of Patient activation measure**
(a patient outcome measurement tool to support self management)
5000 licenses issued across Hampshire.

What difference will this make:

- **Better use for GP appointments**
- **Better informed patients**
- **Reduced health inequalities in deprived areas**
- **Improved outcomes following surgery**

Improved access to care when you need it

What we are doing:

- **Same Day appointments available at all GP practices.**
- **Evening & weekend appointments through extended access hubs** with a range of health professionals in Andover /Winchester with recurrent investment of £3.3m.
- **Acute mental health crisis teams**
- **Improving access to Out of Hours GPs** through greater integration with Basingstoke Hospital Emergency Department.
- Clinical pharmacists working across GP networks in North Hampshire

What we are going to do next:

- **Improve 111 with enhanced clinical assessment**
- **Same Day Access Centre;** 5 practices in central Basingstoke working together to provide same day appointments
- Complete the rollout in primary care of **8am-8pm and weekend access** across all areas by October 2018
- By July 2019 – Andover will have a designated **GP-led Urgent Treatment Centre** with access to minor injury and illness support **7 days a week**

What difference will it make:

- An additional **314 hours and 1,256 primary care appointments** per week **through extended access**
- Improved **on the day access** to primary care.
- Improved access to urgent **advice, guidance and clinical care** outside the hospital
- Increased capacity and access to medication reviews
- Reduce demand in A&E

As someone who works full time this service is so good. To be offered a Saturday appointment or twilight time is ideal for patients like me...

Patient

Proactive joined-up support for those with ongoing or complex needs...

What we are doing:

Proactive Care Teams in Mid Hampshire are supporting 10,000 patients. Being rolled out in North Hampshire over the next 12 months.

Multi professional approaches also being rolled out through:

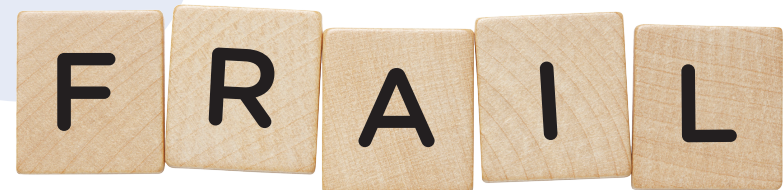
- Practice Multi Disciplinary team meetings including community health, social care and voluntary services
- 'Knowing me knowing you' - postnatal mental health courses run collaboratively by health visitors, Italk practitioners and wellbeing service at wellbeing centres for women not needing the specialist perinatal mental health service
- Children's Multi Disciplinary Hubs – connecting paediatric services with primary care

Patient centred approaches:

- **Individualised care plans** – developed with patients to achieve health and lifestyle outcomes which can be shared across the system
- Care navigators are in place across GP practices to help patients and their carers navigate the system
- **End Of Life Care:** improving the discharge process and experience of care. In 2017, this enabled over **100 additional patients to leave hospital** and die peacefully in their place of choice. Enhanced community palliative care provision.
- Personalised Budgets for those with the most complex needs

What difference will this make:

- Improved care co-ordination & care planning
- Hospital attendance or admission only when necessary
- **Greater involvement** of patients & carers in their health and care
- Individuals have **greater control of their care** & support
- Improved support for post natal mental health
- Improved care at the end of life
- More people dying in their preferred place of death



Forward
Thinking

Resilient

Active

Informed in

Later
Life

F . R . A . I . L . Campaign:

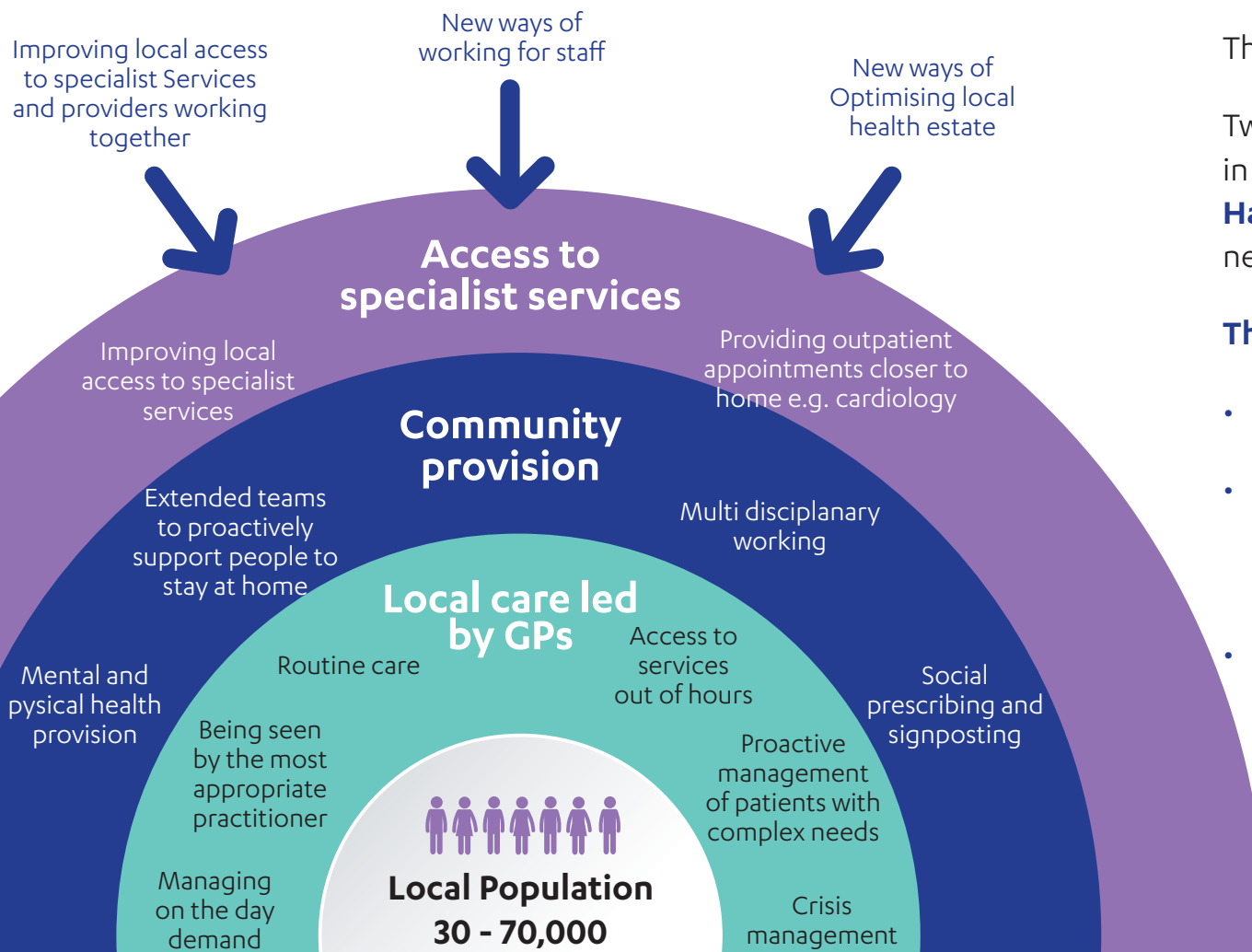
Campaign promotes the awareness of frailty and helps preparation of older age.

www.frailtyfocus.nhs.uk

What Next?: Natural communities

Groups of GP practices, covering populations of 30-70k, will work together alongside community and acute services and the voluntary sector to deliver better joined up care for local people.

This will be supported by Primary Care Transformation funding and funding for improvement to primary care estates.



There are 10 identified natural communities.

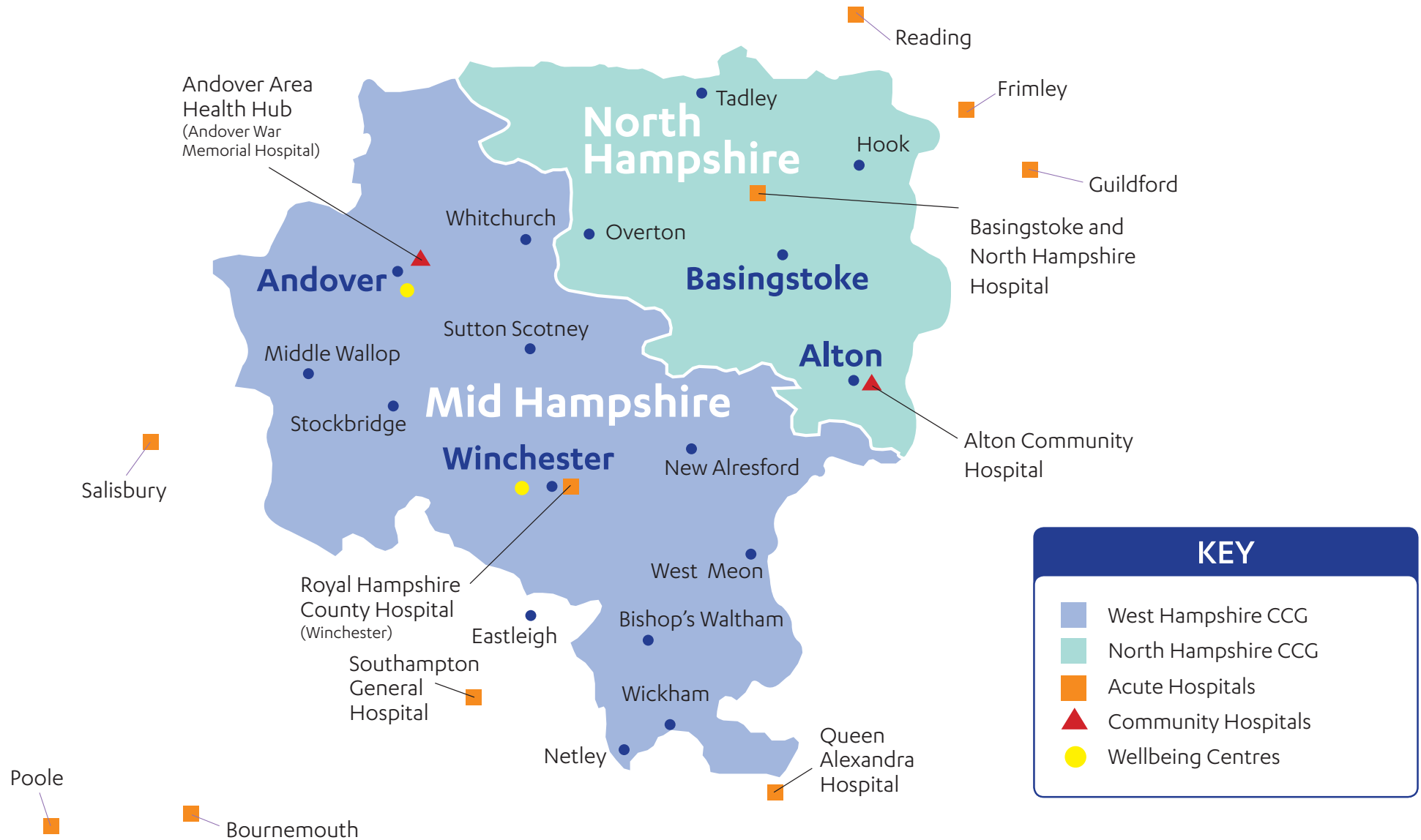
Two of the more advanced natural communities, in **Andover, and the rural West area of North Hampshire**, have been identified to take this new way of working forward by December 2018.

This would lead to:

- Services being provided closer to home
- Better patient outcomes through proactive management of those with complex needs
- Services being provided according to the needs of the local population

Local Care System Map

Potential Hub Locations: Andover; Winchester; Alton; Basingstoke



Better Access to Specialist Care...

What we are doing:

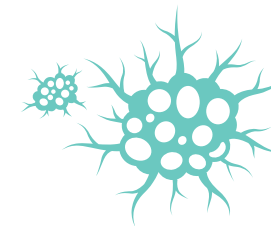
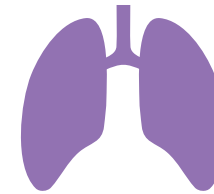
Continually reviewing care pathways to ensure they follow best practice. Examples include:

Diabetes service: Established community diabetes care and support services across our area.

Community cardiology; a pilot with primary care and the hospitals to provide a one-stop shop for diagnosis and early treatment .

What difference will this make:

- Accessible specialist care closer to home
- Improved and faster access to expert advice & support
- Improved management of long term conditions in the community
- Reduction in hospital admissions



What we are going to do next:

- Reviewing and improving community specialty services e.g. MSK, dermatology, early detection of liver disease
- Develop systems to improve the referral process to specialist services
- **Natural community based specialist diabetes services** provided between primary care, community and acute clinicians. Diabetes Education may also be provided closer to people's homes.
- **Community Respiratory Services:** Some patients are considered too complex to be managed in primary care but could still be managed closer to home. We are developing a model to support these patients, improving care and reducing unnecessary admissions.

Effective step up, step down care, nursing and residential care...

Analysis shows that up to 1/3 of patients in our hospital beds do not need hospital care, and could be looked after in the community. Effective care, rapidly accessed when people are in crisis will prevent admission to hospital and ensure people are discharged when medically ready.



What we are doing:

Enhanced Health in Care Homes (North):

Specialist Multi professional support for complex patients by GPs, specialist nurses, pharmacists and dieticians.

Improved dementia care in care homes:

Through training and support

Continuing Health Care:

Working with Hampshire County Council Adult Services and investing to ensure we meet national target that 85% of all assessments are completed outside of hospital

Mid Hampshire Intermediate Care Pilot:

Joint Hampshire County Council and Southern Health Foundation NHS Trust service which will improve capacity, responsiveness and quality of rehabilitation/reablement care after leaving hospital



What we are going to do next:

Integrated Intermediate Care programme: Hampshire-wide joint health and care model of community and bed-based reablement and rehabilitation services.

Enhanced Health in Care Homes: Roll out across our area.



What difference will this make:

- Better patient and family experience of single approach to care management
- More effective and joined up intermediate care services
- Better support for people at risk of a hospital admission
- Reduced delays for patients leaving hospital
- Improved care and reduced admissions for care home residents

Workforce...

- Over 13,000 people are employed in health and social care in North and Mid Hampshire.
- Population growth will increase system demands e.g. 17% increase in GP consultations
- Significant pressures on our workforce;
 - *Ageing workforce*
 - *High staff turnover within organisations*
 - *Challenges recruiting key professions; nurses, mental health practitioners and allied health professionals*
- Workforce needs to change to support the care transformation

Current actions:

- System wide workforce plan
- Develop workforce skills / new roles inc. pan-organisational roles
- Support organisational development across to improve recruitment & retention
- Working with education & training sector to support development of new roles e.g. University, Health Education Wessex

Key Benefits:

- Improved recruitment & retention
- Improved career development opportunities
- Improved sustainability of workforce
- Broader skills within existing workforce

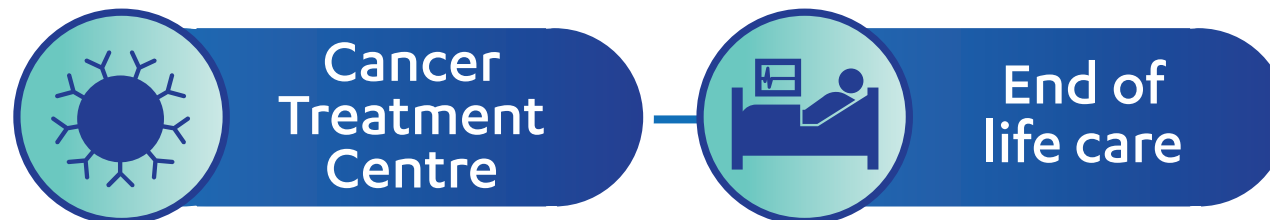
Acute configuration

Options for centralisation being considered in:-



Assessment of the options will consider challenges on current services, e.g. workforce and the benefit to patients of any changes.

Improvements / transformation being considered in:-



(potential for a networked model with UHS)

(provide increased hospice beds at Winchester and Andover)

Backlog maintenance costs have been assessed – circa £115m over next 5 years

Hampshire Hospitals Estate Survey

- Capital requirement £100m – 170m required to reconfigure Basingstoke and Winchester. £68m was identified by McKinseys work in 2017.
- Recommended spend on backlog over next 5 years is over £100m
- Estates master plan is in development looking at short term capital developments

• Basingstoke and North Hampshire Hospital

• Royal Hampshire County Hospital

• Andover War Memorial Hospital



ERIC £45m

ERIC £22.5m

ERIC £1.8m

Non-compliant estate £12m

Non-compliant estate £24.5m

Non-compliant estate Nil

(Non-ERIC reportable 0-5 year spend profile)

(Non-ERIC reportable 0-5 year spend profile)

(Non-ERIC reportable 0-5 year spend profile)

Summary

The local population is growing, getting older and has changing health needs ...

... requiring a different sort of care to than historically provided ...

... which will result in decreased in-hospital activity...

... without which there would be further pressure on already fragile services

If we don't plan to do things differently it is likely that:

- Local people will have more problems getting appointments
- We will see an increase in demand but no increase in the number of hospital beds
- There will be an increasing number of sick patients but no more staff to care for them
- More operations will be cancelled
- There will be worsening health outcomes and survival rates

These are just some examples of what might happen. Therefore we need to continue to progress the work outlined above at pace and through continuing to engage with people locally to ensure that health and care services are delivered in the most effective way to better meet the local need and improve outcomes for patients.

Next Steps

Outline capital bid based on principles of centralisation, with a view to production of detailed business case with full consultation and engagement during Autumn 2018.



Site based ERIC and Backlog Maintenance Information

Basingstoke North Hampshire Hospital

Overall Grade by Block

- A - Good. Performing as intended.
- B - Satisfactory. Performing as intended, minor deterioration.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.

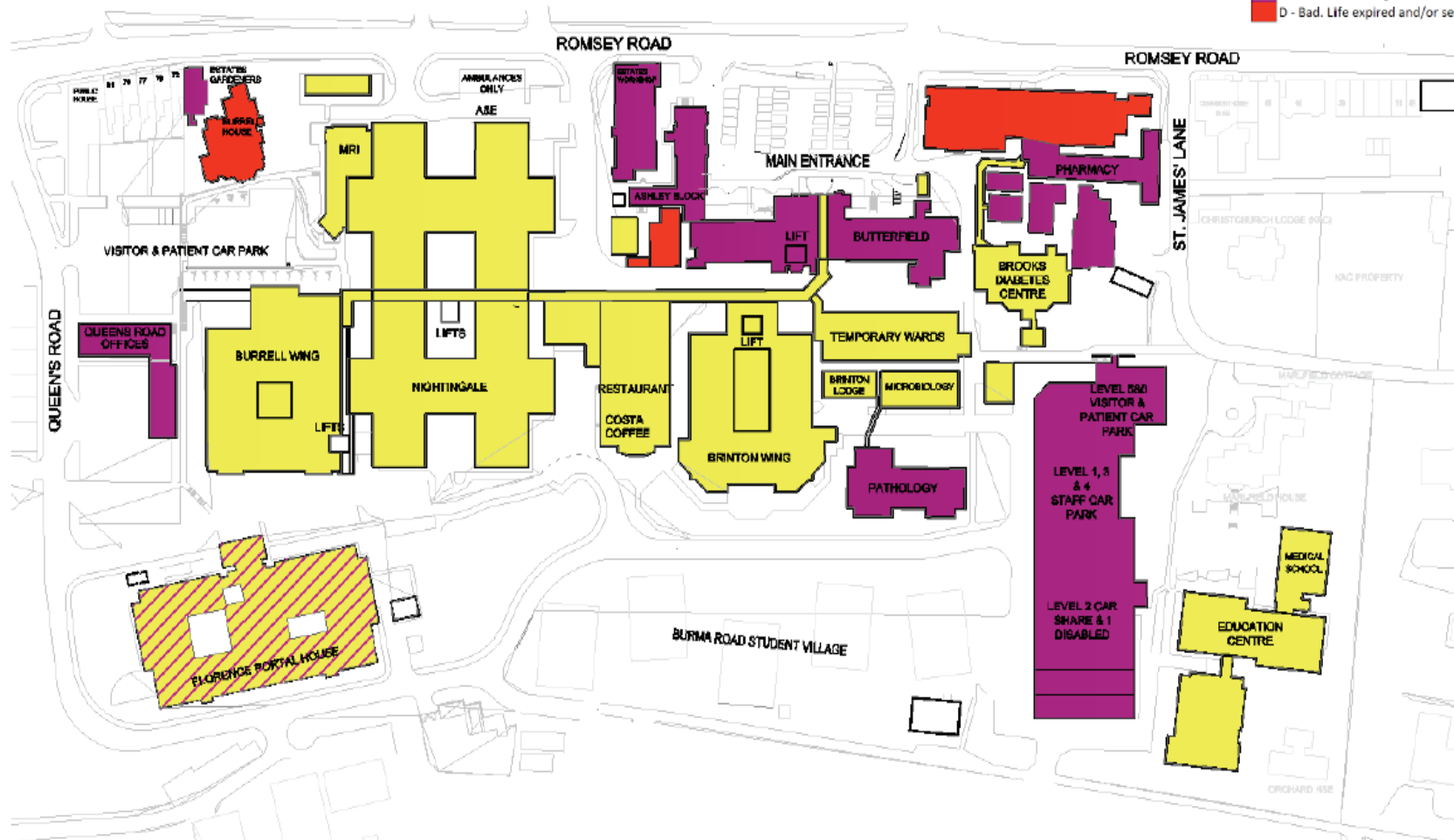


Site based ERIC and Backlog Maintenance Information

Royal Hampshire County Hospital

Overall Grade by Block

- B - Satisfactory. Performing as intended, minor deterioration.
- B/C - Reasonable but exhibiting minor defects/not operating as intended.
- C - Poor. Exhibiting defects and/or not operating as intended.
- D - Bad. Life expired and/or serious risk of imminent failure.



- Facet Key**
- Functional Suitability**
- A - Very satisfactory, no change needed.
 - B - Satisfactory, minor change needed.
 - C - Not satisfactory, major change needed.
 - D - Unacceptable in its present condition.
- Quality**
- A - A facility of excellent quality.
 - B - A facility requiring general maintenance investment only.
 - C - A less than acceptable facility requiring major capital investment or replacement.
 - D - A very poor facility requiring major capital investment or replacement.
- Statutory Compliance**
- A - Complies with all relevant standards and relevant guidance.
 - B - Action required to comply with relevant guidance & statutory requirements.
 - C - Building with known contravention of one or more standards.
 - D - Building areas which are dangerously below 'B'.

Site based ERIC and Backlog Maintenance Information

Andover Community Hospital

Overall Grade by Block

