


1. Strategic Vision, Leadership and Governance

Key Area	Action	Lead/Owner	Timescale	Outcome	Progress/Assurance October 2018
1.1 Vision	<p>We will develop one strategic vision to be shared across the STP and HWB.</p> <p>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 MacIsaac, Heather Hauschild, Richard Samuel, Senior Responsible Officer, Hampshire & Isle of Wight STP	3 months	A common vision that can be articulated at all levels of organisations	<p>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;">  <p>HIOW STP Delivery Plan 21Oct16 FinalDr</p> </div>
1.4 Governance	Introduce ITB	Graham Allen	3 months	ITB initial meeting by September	Achieved – an Improvement and

					Transformation Board has been established with all system leaders represented.
2. Communication and Engagement					
Key Area	Action	Lead/Owner	Timescale	Outcome	Progress/Assurance October 2018
2.2 Promoting roles	Greater transparency and visibility will be provided concerning the roles that staff undertake across the system. This will be driven through the online tools that we have available e.g. Connect to Support Hampshire – pages to include roles a person will come across in all the settings they may encounter.	Nicky Millard, Information and Advice Manager, AHC Kaylee Godfrey, Communication Lead, CCGs	3 months	An understanding of roles and responsibilities across the system	This action is 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.
3. Access and Transfers of Care					
Key Area	Action	Lead/Owner	Timescale	Outcome	Progress/Assurance October 2018
3.1 Safe discharge pathways	Appoint an Improvement and Transformation Lead (role to be	HWB Executive Group	3months	System wide co-ordination of	Achieved – the appointment of an

	<p>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 <p>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 <p>Reduce reliance on bed based solutions and adopt a 'Home First' policy to improve the discharge flow through the hospital system by embedding a</p>	<p>Steve Cameron, Head of Reablement, AHC,</p>	<p>3months</p>	<p>delayed transfers of care activity</p> <p>Reduction in delayed transfers of care across the system</p> <p>Embedding of a Home First approach</p> <p>Initial target to</p>	<p>Improvement and Transformation Director and Clinical Lead has taken place and both post holders confirmed.</p> <p>This action is in progress - commenced Aug 18, approach is to review and redesign HCC</p>
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	<p>home first approach using a reablement pathway</p>	<p>Paula Hull, Director of Nursing Southern Health NHS Foundation Trust, Sarah Austin, Chief Operating Officer, Solent NHS Trust</p>		<p>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>hospital model to support a home first approach with reablement as the default route. This includes developing a reablement led triage function and subsequent home first routes described as Independent, Supported and Enhanced.</p> <p>Single referral process established between HCC and SHFT for all potential IIC service users, service delivery and discharge support determined based on need rather than agency. Co location on sites achieved with OD work instigated to embed cultural change and ways of working.</p>
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3.4 Continuing Health Care	We will review the CHC process end to end to ensure alignment with system wide priorities. This will include a review of good practice and lessons learned from experience to date and implementation work from current CHC pilots	Ciara Rogers, Deputy Director, NHS Continuing Healthcare and Funded Nursing Care, West Hampshire CCG and the Hampshire and Isle of Wight CCG Partnership, Jess Hutchinson, Assistant Director, Learning Disabilities and Mental Health, AHC	3months	85% of CHC checklists and assessments taking place outside of acute hospital settings	Learning from pilots has taken place. A workshop in June 2018 reviewed the current pathways and agreed the future state pathway
	Review and update CHC measures including performance and outcomes		3months		Phase 1 CHC Discharge to Assess programmes are currently available in all systems
	Consider CHC risk share resource across the Hampshire system		3months		An education programme will be developed once the new pathways are agreed across all stakeholders The length of time at each stage of the CHC pathway from checklist to decisions is being monitored. Time to source care and time to discharge are also being monitored. Outcomes of the CHC

					<p>assessment are recorded and reported on.</p> <p>Funding has been identified from iBCF and CCGs to continue CHC D2A Phase 1 until March 2109. A demand and capacity gap analysis is taking place.</p> <p>Additional staff are being recruited for the D2A CHC Assessor roles.</p> <p>A longer term funding agreement is being actively progressed.</p> <p>A paper is planned for the November 2018 ICB setting out the CHC D2A pathway and requesting approval for the funding arrangements</p>
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3.6 Integrated Intermediate Care	<p>Develop our ambition to provide an Integrated Intermediate Care offering and continue at pace:</p> <ul style="list-style-type: none"> • Appoint a single commissioner and agree commissioning intentions 	Graham Allen, Maggie Maclsaac, Heather Hauschild	3 months	An equitable Hampshire wide Intermediate Care Service that meets the needs of individuals	Achieved – single commissioner arrangement confirmed.
4. Partnerships					
Key Area	Action	Lead/Owner	Timescale	Outcome	Progress/Assurance October 2018
4.1 Building strong relationships based on trust	We will review the strong relationships that already exist to identify good practice: establish why the relationships work well and plan how to use this learning		3 months	Partnership working recommendations	A number of partnership initiatives have been initiated, accelerated by the CQC Review
	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	Detailed review work will commence in December regarding existing and developing arrangements.

	<p>Ensure that partnership working extends across the system (e.g. voluntary sector, carers, patients, GPs), to include a focus on Demand Management and Prevention</p> <p>Identification of 'quick win' areas where a joined up partnerships' approach can deliver tangible outcomes e.g. hospital discharge, community health and social care teams. Promote the benefits of working in a joined up way</p>		3 months	Evidence of joined up working/joint teaming	<p>Demand Management and Prevention strategy has now been finalised and work streams include the voluntary sector, as well as coproduction with service user and carer groups.</p> <p>Operational relationships have been strengthened across the key areas identified.</p>
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5. Workforce Planning

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5.2 Workforce Engagement	<p>Identify the sector representatives that we will form a closer working alliance with, including</p> <ul style="list-style-type: none"> ○ Mental Health – Solent Mind 	Sandra Grant, Nikki Griffiths, Mark Allen, Martha Fowler-Dixon, Head of Demand	3 months	Stakeholder Engagement Plan	We have engaged and made progress with a number of the groups that we need to form closer working alliances with; HCA,

	<ul style="list-style-type: none"> ○ Voluntary Sector – Communities First Wessex ○ Independent Sector – HCA, HDCP ○ Carers Groups ○ Housing – District Councils ○ Transport 	Management & Prevention, AHC			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)
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