Public Document Pack

Health Overview and Scrutiny Panel

Monday, 19th December, 2016
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 and 4 - Civic Centre

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor P Baillie
Councillor Houghton
Councillor Mintoff
Councillor Noon
Councillor Savage
Councillor White

Contacts

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PUBLIC INFORMATION

Role of Health Overview Scrutiny Panel (Terms of Reference)

The Health Overview and Scrutiny Panel will have six scheduled meetings per year with additional meetings organised as required.

- To discharge all responsibilities of the Council for health overview and scrutiny, whether as a statutory duty or through the exercise of a power, including subject to formal guidance being issued from the Department of health, the referral of issues to the Secretary of State.
- To undertake the scrutiny of Social Care issues in the City unless they are forward plan items. In such circumstances members of the Health Overview and Scrutiny Panel will be invited to the relevant Overview and Scrutiny Management Committee meeting where they are discussed.
- To develop and agree the annual health and social care scrutiny work programme.
- To scrutinise the development and implementation of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy developed by the Health and Wellbeing Board.
- To respond to proposals and consultations from NHS bodies in respect of substantial variations in service provision and any other major health consultation exercises.
- Liaise with the Southampton LINk and its successor body "Healthwatch" and to respond to any matters brought to the attention of overview and scrutiny by the Southampton LINk and its successor body "Healthwatch"
- Provide a vehicle for the City Council's Overview and Scrutiny Management Committee to refer recommendations arising from panel enquiries relating to the City's health, care and well-being to Southampton's LINk and its successor body "Healthwatch" for further monitoring.
- To consider Councillor Calls for Action for health and social care matters.
- To provide the membership of any joint committee established to respond to formal consultations by an NHS body on an issue which impacts the residents of more than one overview and scrutiny committee area.

Mobile Telephones: - Please switch your mobile telephones to silent whilst in the meeting.

Use of Social Media: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.
Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so.
Details of the Council's Guidance on the recording of meetings is available on the Council's website.

Public Representations
At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

COUNCIL'S PRIORITIES:

- Jobs for local people
- Prevention and early intervention
- Protecting vulnerable people
- Affordable housing
- Services for all
- City pride
- A sustainable Council

CONDUCT OF MEETING

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules of the Constitution.

Business to be discussed
Only those items listed on the attached agenda may be considered at this meeting.

Rules of Procedure
The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum
The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council
Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

Dates of Meetings: Municipal Year 2016/2017

2016	2017
30 June	18 January
25 August	23 February
27 October	27 April
22 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 27th October 2016 and to deal with any matters arising, attached.

7 HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN: DELIVERY PLAN

(Pages 5 - 68)

Report detailing the delivery plan for the Hampshire and the Isle of Wight (HIOW) Sustainability and Transformation Plan (STP) submitted to NHS England and NHS Improvement for consideration.

8 SOLENT NHS TRUST CQC REPORT

(Pages 69 - 76)

Report of the Chief Executive Solent NHS Trust a providing a summary of the key findings from the inspection and outlines the approach the Trust will follow to address the issues raised in the CQC reports

9 MENTAL HEALTH MATTERS
(Pages 77 - 146)

Report of the Director of Quality and Integration providing the Panel an update on the progress of the Mental Health Matters following the briefing in March 2016.

Friday, 9 December 2016 SERVICE DIRECTOR, LEGAL AND GOVERNANCE

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 27 OCTOBER 2016

Present: Councillors Bogle (Chair), P Baillie, Houghton, Mintoff, Noon, Savage and White

9. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Panel meeting on 25 August 2016 be approved and signed as a correct record.

10. **UPDATE ON PROGRESS - SOUTHERN HEALTH NHS FOUNDATION TRUST**

The Panel considered the report of the Interim Chief Executive detailing progress being made by Southern Health NHS Foundation Trust.

Julie Dawes (interim Chief Executive Officer) and Mark Morgan (Director of Operations) from Southern Healthcare NHS Foundation Trust and John Richards (Chief Executive Officer, NHS Southampton City CCG) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number matters and concerns including:

- The Potential for the lifting of the Care Quality Commission (CQC) warning notice currently placed on the Trust;
    - It was reported that good progress against the targets set by the CQC had been made and that it was hoped and expected that the warning notice placed on the Trust would be lifted shortly.
- Progress against the recommendations set out on the Mazars report;
    - It was reported that progress against these targets was largely on track and that where there had been difficulties specific actions plans had been developed and were being monitored on a weekly basis.
- The changing nature of membership of the Board and Executive Team;
    - It was explained to the Panel that whilst there had obviously been very public changes to membership of the Board and the Executive there was a strong continuity of expertise and understanding of the Trust that would continue to drive forward the improvements required.
- Progress against the identified weaknesses of the Board;
    - It was noted that the interim Chair of the Trust had stood down since the last Panel meeting. It however, was reported that the Trust was on the verge of appointing a new chair. The interim Chief Executive Officer also noted that despite the intense media pressure on the Trust there were marked improvements to the Trust overall.
- Performance against targets set for family involvement;
    - It was explained to the Panel that the targets for involvement of families into investigations process involved a number of timescales that were quite tightly monitored and that whilst all investigations were being

properly carried out some did not matched the deadline. It was reported that the Trust were reviewing the processes involved in order to comply with the targets.

- The potential future shape of the Trust;
    - It was report that the operational areas of the Trust would continue to reorganise along the lines set out by the previous interim chair of the Board and that this would see a reduction in the geographical size that the Trust would operate in.
- The future of the Psychiatric Intensive Care Unit at Antelope House
    - It was reported that whilst the Trust continued to have challenges relating to the re-opening of Antelope House it was a continued aim that the facility would be opened again in March of 2017.

RESOLVED that the Panel would continue to review the performance of the Southern Health NHS Foundation Trust and the matter would be brought to a future meeting.

11. LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015-2016

The Panel considered the report of Independent Chair of the Local Safeguarding Adults Board introducing the 2015-16 Annual Report

Fiona Bateman (independent Chair of the LSAB), Paul Juan (Acting Service Director) and Saq Yasin (Service Lead, Data Integration and Performance Management) were in attendance and, with the consent of the Chair, addressed the meeting.

It was reported to the Panel that there problems relating to quality, usefulness and accuracy of the available data. The independent Chair explained that she had been given assurance that these problems had now been resolved and this view was further explained by the Acting Service Director and the Service Lead.

The Panel questioned whether, given the nature of the data, if it was possible to ascertain the true position of the how effective the Board had been and whether there had been any improvements in the City's treatments of vulnerable adults. The Panel expressed concern that any report would be unable to truly understand trends in performance but were informed that whilst the data was very important there were other measures and reports that this could be judged by. It was explained that the report itself provides very strong caveats in regard to the quality of the data but sort to provide a basis on which improvements good be encouraged. The Panel sort a greater understanding of the age break down between 18 – 64. It was explained that this data range was used nationally but, that where dates of birth were available it may be possible to refine the data. It was noted that a great deal of effort had been put into training frontline staff to be aware of the signs of abuse or neglect in order to encourage them to report potential victims at the earliest possible stage. Councillors asked whether it would be possible for such training to be offered to Members.

RESOLVED that:

(i) the Panel noted the draft report of the Local Safeguarding Adults Board and requested that the final version be emailed to Members in due course; and

(ii) the Panel requested that all Members should be offered the opportunity to undertake the awareness training given to staff to identify potential victims of abuse.

12. **ADULT SOCIAL CARE PERFORMANCE**

The Panel considered the report of the Acting Service Director - Adults, Housing and Communities detailing performance information for Adult Social Care.

Councillor Payne (Cabinet Member for Housing and Adult Social Care), Paul Juan (Acting Service Director) Carol Binns (Associate Director, Integrated Commissioning Unit) and presented this item to the Panel. In addition Penny Turpin (local resident) was present and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of issues including:

- Personal Health Budgets;
- The decrease in Direct Payments;
- The sustainability of Adult Social Care services in the City;
- The transformation of the service and the development of an Adult Social Plan that will build on the development of the Sustainability and Transformation Plan and the Better Care Plan; and
- Delayed discharge from Hospitals.

RESOLVED that

(i) that the latest figures relating to delayed transfer of care be circulated to the Panel by email;
(ii) the Panel would look to review the current issues and performance relating to delayed discharge at a future meeting; and
(iii) the metrics used within the future strategies need to be fully reflective of the Services ambitions and meaningful.

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:		HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN: DELIVERY PLAN
DATE OF DECISION:		19 DECEMBER 2016
REPORT OF:		HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN LEAD
CONTACT DETAILS		
AUTHOR:	**Name:**	**Richard Samuel**
	E-mail:	**SEHCCG.HIOW-STP@nhs.net**
STATEMENT OF CONFIDENTIALITY		
None		

BRIEF SUMMARY

The delivery plan for the Hampshire and the Isle of Wight (HIOW) Sustainability and Transformation Plan (STP) was submitted to NHS England and NHS Improvement on 21 October 2016 as required, following sign off by the HIOW Steering group which is comprised of the Chief Executives of all NHS organisations and the four top tier local authorities.

Attached as appendices are a summary of the draft HIOW STP and the draft STP Health and Care System Delivery Plan. All participating organisations are now considering the delivery plan in public, following its publication on 23 November 2016.

RECOMMENDATIONS:

(i) That the Panel note the publication of the Hampshire and Isle of Wight Sustainability and Transformation Plan, submitted to NHS England in October 2016, and the next steps.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable the Panel to discuss the Sustainability and Transformation Plan.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not applicable

DETAIL (Including consultation carried out)

3. Attached as Appendix 1 is a briefing paper from the NHS on the Hampshire and Isle of Wight Sustainability and Transformation Plan. Attached as Appendix 2 is a summary of the draft HIOW STP. Attached as Appendix 3 is the draft STP Health and Care System Delivery Plan. The Panel are requested to consider the briefing paper and associated plans, and discuss the key issues with the invited representatives.

RESOURCE IMPLICATIONS

Capital/Revenue

4. Financial considerations are identified within Section 4 of the attached draft STP Health and Care System Delivery Plan.

Property/Other

5. Estates is Enabling Programme 8 within the attached draft STP Health and Care System Delivery Plan.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

6. N/A

Other Legal Implications:

7. N/A

POLICY FRAMEWORK IMPLICATIONS

8. N/A

KEY DECISION No

WARDS/COMMUNITIES AFFECTED: None directly as a result of this report

SUPPORTING DOCUMENTATION

Appendices

1. NHS Briefing Paper - Hampshire and Isle of Wight Sustainability and Transformation Plan
2. Draft Hampshire and Isle of Wight Sustainability and Transformation Plan – Summary
3. Draft Health & Care System STP Delivery Plan

Documents In Members' Rooms

1. None

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out. No

Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out. No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1. None	

Southampton City Health Overview and Scrutiny Panel

Date of meeting	19 December 2016
Agenda Item (number)	

Hampshire and Isle of Wight Sustainability and Transformation Plan: Delivery Plan

Topic Area	Strategy: NHS Five Year Forward View
Summary of paper and key information	The delivery plan for Hampshire and the Isle of Wight (HIOW) Sustainability and Transformation Plan (STP) was submitted to NHS England and NHS Improvement on 21 October 2016 as required, following sign off by the HIOW Steering group which is comprised of the Chief Executives of all NHS organisations and the four top tier local authorities. All participating organisations are now considering the delivery plan in public, following its publication on 23 November. A shorter Summary document has also been prepared and issued for stakeholders and the public. The next steps include: • Completion of local operating plan and contracts • Further engagement and consultation where appropriate • Establishment of agreed HIOW-wide governance arrangements and leadership arrangements • Collaborative work to develop and implement the work programmes outlined in the STP Delivery Plan through local delivery arrangements • Further work to develop HIOW-wide strategic themes (eg, provider alliances). The transition from planning to delivery has now commenced. The responsibility for and focus of delivery for the collaborative Hampshire and Isle of Wight transformation and sustainability plan will be through local delivery systems, of which Southampton City is one of five such systems.

Key/Contentious issues to be considered and any principal risk(s) relating to this paper (Assurance Framework/Strategic Risk Register reference if appropriate)	It is expected that the STP should form the basis of organisational two year Operating Plans for 2017-19 and similarly the starting point for contracts with providers to be agreed by 23 December 2016. This means that the plans for prevention, early intervention, admission avoidance, improved efficiency and flow of patients through hospital, together with integrated community support for people living with long term conditions, should all be reflected in: • Activity commissioned from the acute sector • Investment in primary care, mental health and other policy priorities • Sustainable services within the workforce and financial conditions prevailing.
Are there any potential conflicts of interest that the committee need to be aware of?	No
Please indicate which meetings this document has already been to, plus outcomes	Southampton City CCG Board considered the delivery plan and next steps in Part 1 of its meeting on 30 November 2016. The CCG submitted its draft operating plan by 24 November and has made contract offers to providers that are fully aligned with the agreed expectations of the STP. The operating plan sets out the objectives, programmes of work and resource implications of translating the STP into local delivery. The CCG Board supported this approach.
HR Implications (if any)	Not applicable
Financial Implications (if any)	See below, actions for the Panel
Public involvement – activity taken or planned	Engagement: • All the organisations that have helped develop the programme will continue to work with their own local stakeholders as we redesign services and develop our new models of care, working together where this makes sense to avoid confusion and duplication. • In parallel to this, it is intended to work with the four local Healthwatch organisations in Hampshire, Southampton, Portsmouth and the Isle of Wight on a period of further engagement and involvement with local people and local stakeholders about the ambitions in the plan and any refinements we can make. This is likely to start early next year with a series of road shows across Hampshire and the Isle of Wight to talk about the plan and listen to the views, ideas and concerns of local people and voluntary and community groups. Details of the road shows will be publicised in the New Year.

	Formal consultation: • It is unlikely that formal consultation would be undertaken on something as all-encompassing as the STP and across such a wide geography. • Specific changes such as centralisation of a clinical service on the grounds of quality, safety and sustainability or a reconfiguration of services within a smaller geographical footprint are likely to be subject to formal consultation on a case by case basis. In such a case, the relevant statutory body or bodies would be responsible for carrying out any formal consultation on the proposed change. The latest NHS England guidance on the role of formal consultation in planning, assuring and delivering service change for patients is available at https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf.
Equality Impact Assessment required / undertaken	Required – to be undertaken
Report Author (name and job title)	Richard Samuel, HIOW STP Lead
Date of paper	8 December 2016
Actions requested / Recommendations	The Panel is asked to note the publication of the Hampshire and Isle of Wight Sustainability and Transformation Plan, submitted to NHS England in October 2016, and the next steps.

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Hampshire and Isle of Wight Sustainability and Transformation Plan

Summary

DRAFT
November 2016

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INTRODUCTION

Over the past eight months, health and care organisations across Hampshire and the Isle of Wight have been working together to agree how best to meet the many opportunities and challenges facing the local health and care system around the need to empower people to stay well and to provide safe, high quality, consistent and affordable health and care to everyone.

While people in Hampshire and the Isle of Wight are generally living longer, many of us are also living with multiple long-term physical and mental health conditions. Too many people stay in hospital longer than they need to because of difficulties in getting the necessary support outside and there are increasing gaps in the number of doctors, nurses and other health workers needed to care for us.

General practice is facing significant challenges which, if not resolved, will significantly impact the whole health and social care system and its ability to care for people effectively at home and in the community. It is the first port of call for the vast majority of the population, with over 90% of all contacts with the NHS taking place in general practice, and if it fails the whole NHS will fail.

Additionally, there is a gap between the money available to the NHS and the cost of providing the services that patients need. If NHS organisations across Hampshire and Isle of Wight do nothing to change the rising demand for services and the way they are provided, by 2020/21 there will be a gap of £577 million between the money received and what is needed. This does not include the challenge faced by Local Authority social care services.

We also need to recognise that there are plans to build thousands of new homes in Hampshire over the coming five years, ranging from 1,420 in Gosport to 5,924 in Basingstoke and Deane. These exciting developments will, however, bring ever increasing demands for health and care provision.

These challenges are not new and, in parts of Hampshire and the Isle of Wight, we are already testing ways of providing care differently that are acting as blueprints for the future.

These include:

- ***'My Life A Full Life'*** on the Isle of Wight (http://www.mylifeafulllife.com/);
- ***Better Local Care in Southern Hampshire*** (http://www.betterlocalcare.org.uk/);
- ***'Happy, healthy, at home'*** - North East Hampshire and Farnham CCG (http://www.happyhealthyathome.org)
- **The Practice** (http://www.betterlocalcare.org.uk/in-your-area/west-new-forest/what-we-are-doing/the-practice/).
- University Hospital Southampton NHS Foundation Trust and Portsmouth Hospital NHS Trust are working together to plan a ***world-class service for vascular (vein and artery) surgery*** at Southampton General Hospital that will serve patients from both areas. This will include additional surgeons and a new £2 million 'hybrid theatre'.

- Hampshire and Isle of Wight health and care organisations are already taking part in a new Cancer Alliance that will build on existing services to create ***world-class cancer care*** for local people.

In addition, **Better Care Southampton (**http://www.southamptoncityccg.nhs.uk/better-care-southampton) has been underway for several years.

The role of the Hampshire and Isle of Wight transformation programme is NOT to replace or slow down local transformation programmes. Instead, we have come together across Hampshire and the Isle of Wight to do the things that can only be achieved by working together, such as identifying more opportunities like the improvements to vascular services outlined above. We have learned a great deal from working with and listening to local people over the past few years and this plan is rooted in these local discussions. Working together also allows us to better share best practice and ensure we are co-ordinated when we make local changes.

These programmes are changing the way that health and care is provided in many ways. Some offer patients more choice about when and where to receive treatment, less travelling time to attend appointments and less time waiting for appointments, diagnostic tests and test results. Other changes may mean patients travelling further than they do today to make sure they receive the very best care possible for their condition, with all the benefits that that brings.

If we are to have services that are sustainable in the future, we must build on these new ways of planning and providing them - and that means changing how our local NHS works today. Individual organisations like hospital trusts or GP practices cannot provide the answers on their own because many of these issues affect more than just one organisation or community.

These challenges are not unique to our area; in fact, Hampshire and the Isle of Wight is one of 44 areas across England that are developing detailed local ***transformation and sustainability plans*** (STPs) to find ways of solving these problems.

You can read more about the challenges we face and our proposals for dealing with them on the next pages.

We have tried to make this sort of transformational change before but this was typically not co-ordinated or was done in a piecemeal fashion. This time will be different - the STP represents the first time that local health (NHS) services have come together with local authorities across the whole of Hampshire and the Isle of Wight to address the challenges facing the health and social care system. We have a shared vision of helping local people to lead healthier lives by promoting wellbeing and ensuring they have access to the safest, highest quality and consistent care 24 hours a day, seven days a week, as close to home as possible.

PARTNERS IN DEVELOPING OUR TRANSFORMATION PLAN

Frimley Park Hospital NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Isle of Wight NHS Trust
Portsmouth Hospitals NHS Trust
Solent NHS Trust
South Central Ambulance Service NHS Foundation Trust
Southern Health NHS Trust
University Hospital Southampton NHS Foundation Trust

Fareham and Gosport CCG
Isle of Wight CCG
North East Hampshire and Farnham CCG
North Hampshire CCG
Portsmouth CCG
Southampton City CCG
South-East Hampshire CCG
West Hampshire CCG

Wessex Local Medical Committees

Hampshire County Council
Isle of Wight Council
Portsmouth City Council
Southampton City Council

Hampshire Health and Wellbeing Board
Isle of Wight Health and Wellbeing Board
Portsmouth Health and Wellbeing Board
Southampton Health and Wellbeing Board

Thames Valley and Wessex Leadership Academy

Wessex Academic Health Science Network

Wessex Clinical Networks and Senate

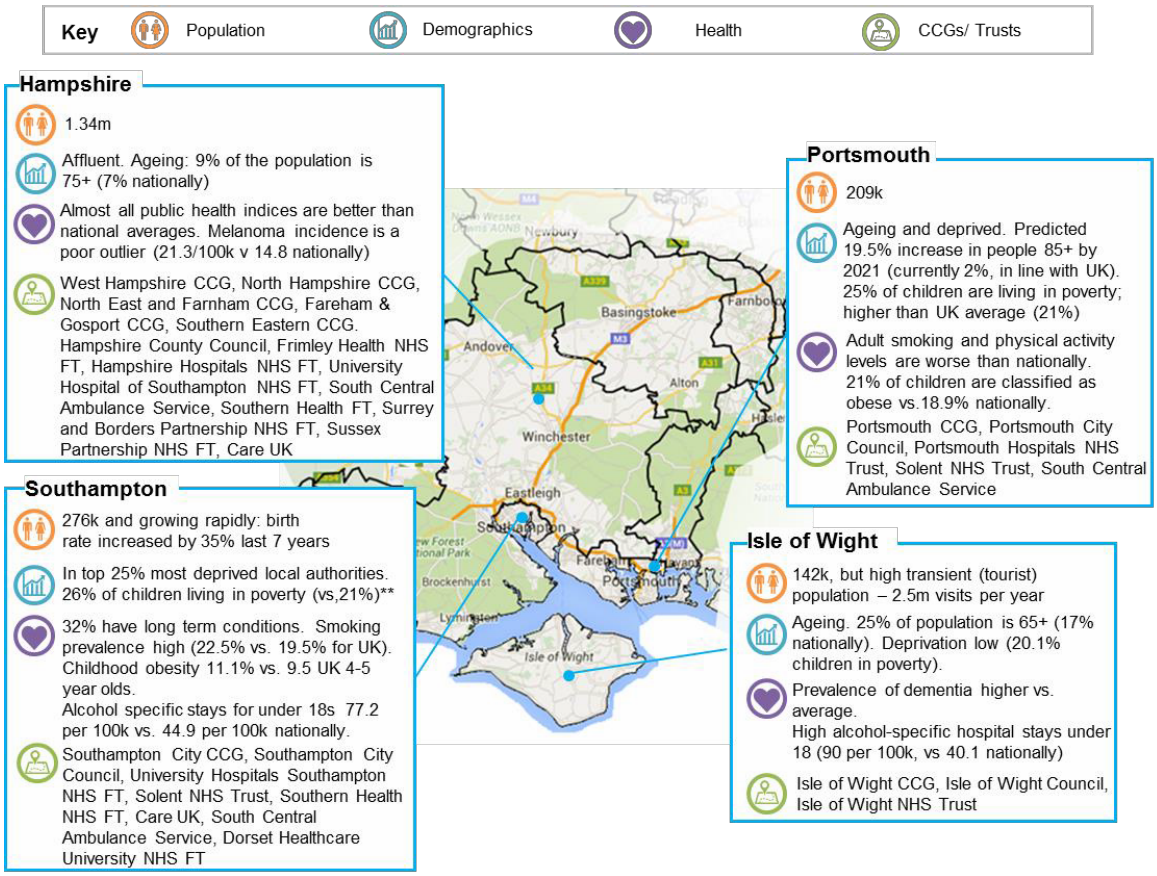
Health Education Wessex

NHS England South (Wessex)

The plan covers a period of five years from 2016 to 2021 and, while there are some changes that can be made quickly, others will take longer to develop and substantial engagement and, where required, formal consultation with local people before they can be implemented.

OUR LOCAL AREA OR 'FOOTPRINT'

Hampshire and the Isle of Wight (HIOW) has a population of over two million people, with a complex geography: substantial urban settlements primarily in the south and north contrast the large open areas interspersed with market towns and villages. This diversity gives our area great strength but also means there are variations in deprivation, housing and health that will require slightly different solutions.



Our HIOW footprint is made up of the following organisations:

- Eight clinical commissioning groups: Fareham & Gosport CCG, Isle of Wight CCG, North Hampshire CCG, North East Hampshire and Farnham CCG, Portsmouth CCG, Southampton City CCG, South Eastern Hampshire CCG and West Hampshire CCG;
- Three unitary authorities and one county council: Portsmouth City Council, Southampton City Council and Isle of Wight Council and Hampshire County Council;
- NHS England is a major commissioner in the area responsible for commissioning all specialised care, screening and military health.
- 226 GP surgeries;
- Hampshire Hospitals NHS Foundation Trust, Isle of Wight NHS Trust, Portsmouth Hospitals NHS Trust, University Hospital Southampton NHS Foundation Trust and Frimley NHS Foundation Trust all provide acute secondary care;
- Southern Health NHS Foundation Trust, Isle of Wight NHS Trust and Solent NHS Trust provide the majority of mental health and community services on our footprint.
- South Central Ambulance Service and the Isle of Wight NHS Trust provide ambulance and NHS 111 services;
- Other organisations providing care in the footprint include: Salisbury NHS Foundation Trust, Care UK, Sussex Partnership Foundation Trust, Surrey, and Borders Partnership NHS Foundation Trust and Dorset Healthcare University NHS Foundation Trust.

WHY DO WE NEED TO CHANGE HOW WE PROVIDE SERVICES?

The NHS's Five Year Forward View highlights three 'gaps' that must be closed if we are going to provide the health and care that people need that is safe and affordable.

Health and wellbeing: if the nation fails to get serious about prevention, recent progress in healthy life expectancies will stall and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.

Care and quality: unless we make best use of technology and drive down variations in the quality and safety of care, patients' changing needs will go unmet, people will be harmed who should have been cured and unacceptable variations in outcomes will persist.

Funding and efficiency: we have to live within our budgets and that will mean doing things differently in future: fewer admissions to hospital for conditions that can be managed better closer to home.

Alongside this, there are local issues that need to be tackled at the same time;

Delays in discharging people from acute hospitals are a significant issue across the Hampshire and Isle of Wight area. We know that longer hospital stays, particularly for older people, leads to poorer health and a need for more care when a person leaves hospital.
Too many people are still being admitted to hospital with conditions and treatments that can be managed effectively in the community, combining the expertise of specialist consultants and GPs.
People are also staying in hospital for a long time even though many are medically fit to leave. The longer people stay in hospital, the more likely they are to develop complications and become less independent.
People in our area are living longer with increasing numbers of long term chronic conditions. We need to treat the whole person and the multiple illnesses that they have, rather than focusing on each condition individually. The current situation means that people have to repeat themselves many times over to different professionals who are using different systems with different information. We need to take the same approach to people with mental health problems.
Mental health needs to be given the same focus and priority as physical health. Mental and physical health need to be considered together, of equal priority, as they are highly interlinked; people with long term physical health conditions are two to three times more likely to develop mental health problems. Similarly, the life expectancy of people with serious mental illness is 15-20 years less than the average life expectancy and two-thirds of these deaths are due to avoidable causes. There are also challenges about providing care for young people who require ongoing mental health and care in adult life.

There are a number of challenges in mental health services that are impacting our ability to deliver high quality services for people with mental illness. For example, too many people with mental illness are having to be cared for outside our area because we don't have enough staff and capacity in both community and inpatient services.

We must also improve the experience and outcomes of people living with learning disabilities, which include ensuring that they are able to live in the most independent setting possible and making sure that their mental health needs are given the same focus and priority as their physical health needs.

Health and care in Hampshire and the Isle of Wight is facing a growing financial challenge as increases in funding are outstripped by increasing demand because of a growing and ageing population and cost inflation. This in turn makes it more difficult to provide new technologies, seven-day-a-week services and national policies to improve mental health, cancer and maternity services.

If we don't take do anything about this, the size of the financial gap in Hampshire and Isle of Wight is forecast to be £577m by 2020/21. This gap is equivalent to 18% of the funding that local health services will receive in 2020/21.

This gap does not reflect the financial challenge in social care. Health and social care must work ever more closely in future to provide the co-ordinated services that local people want.

MEETING THE CHALLENGES

There are some changes we can bring in quickly because they involve simple efficiencies within the NHS itself. Some proposals are more fundamental and may mean a significant change in how services are provided in future. In either case, we will always involve local people in developing these plans and, where appropriate, hold a formal consultation about them.

Reducing delays in leaving hospital

We have developed a plan that will tackle **delays in people leaving hospital.** It will ensure that every patient has a discharge plan that is understood by the patient, their relatives and carers (where appropriate) and health and care professionals and includes plans for any anticipated future care needs. The plan will also ensure that patients with complex needs are identified as early as possible when admitted to hospital so that their future needs can be understood and planned, so reducing the likelihood of them needing to be readmitted to hospital later.

Living healthier for longer

We will **reduce the gap between how long people live and how long they live in good health.** This means supporting more people to live in good health for longer and helping people to manage their own health conditions, which has the added benefit of reducing the need and demand for health and care services.

Over the next months, we will implement programmes to identify and target people who smoke and also have a long term condition to ensure that they know how to find help with stopping smoking. We have started to implement the NHS Diabetes Prevention Programme (NDPP) across Hampshire and the Isle of Wight. We will improve screening uptake so that more people are identified with cancer earlier at Stage 1 or 2. Health and care staff will routinely give advice to their patients about safe drinking levels. We will also improve falls prevention services to ensure all those who have had a fall or are at risk of a fall get support to improve their muscle strength and balance.

Taking control of our own health

More and more of us expect to **take control of our own health and information** in the same way that we do other parts of our lives. We live in a digital age and many people have expressed frustration that they cannot book and manage appointments, update their personal details, manage any long term conditions safely and access care at a time, place and way that suits them. We must provide these services for the people who want them.

Patients will be able to do this through a new 'patient portal'. The portal will allow patients to view their records and treatment, access self-help information, manage their appointments, provide pre-assessment data and order repeat prescriptions. It will offer 24/7 support and information and also allow online consultations, so reducing the need for hospital visits. Work on this will start early next year and we expect the portal to start rolling out across Hampshire and the Isle of Wight in mid-2018. Support will be provided for those who need help to access the portal.

We will build on the existing Hampshire Health Record to create a secure digital health record for people in Hampshire and the Isle of Wight that includes information about all the care and treatment a patient receives. Health professionals will be able to access it on smart devices in a range of different settings - for example, at the patient's bedside - and they will be able to search and find patient information from across the system easily and quickly. This will save patients from needing to repeat information.

Providing the highest quality acute care for southern Hampshire and the Isle of Wight

University Hospital Southampton NHS Foundation Trust, Portsmouth Hospitals NHS Trust, the Isle of Wight NHS Trust and Lymington Hospital are working together to deliver the highest quality safe and sustainable hospital services to people living in southern Hampshire and the Isle of Wight, with a particular focus on making sure that Isle of Wight residents have sustainable hospital services.

The Island faces unique challenges because its small population means that some services don't see enough patients to allow staff to maintain and build their skills, while the costs of providing some services are often higher than on the mainland where resources can be shared. Added to this, the Island is currently struggling to recruit and retain people across general practice, nursing, therapies, consultants and care workers, with gaps in a number of specialties. This means that some services are currently provided on the Island on a five days a week or less basis.

In order to address these challenges and start to achieve the best possible outcomes for all Hampshire and Isle of Wight residents, wherever they live, services will be reviewed on a service by service basis to find the right balance between travel for highly specialist inpatient services and local care for outpatient services. Where possible and appropriate the aim will be to create seven day a week services that provide the same high quality and are safe and sustainable and only seek to involve patient travel where necessary.

The Island has a strong history of working in partnership with neighbouring hospitals with clinicians visiting the Island for inpatient and outpatient services and more complex treatment at mainland services. This principle needs to be extended to other services where appropriate.

It will be essential that local people continue to have every opportunity to get involved in these proposed changes and can help shape the way they are implemented. Island residents have already been discussing these issues as part of the 'My Life a Full Life' new care model and further engagement is planned for early 2017.

Providing more care nearer to home

People are still going to acute hospitals with conditions that could be managed in their local community and people are staying in hospital too long when they could be safely managed in the community or at home.

The bedrock of our plan builds on the work already underway in Better Care Southampton, the Portsmouth Care Blueprint and Better Local Care in Southern Hampshire by providing a wider range of more accessible services serving local 'natural communities'.

Those services would typically include:

- Routine care, screening, baby clinics and checks, contraception services and prevention advice.
- Rapid same-day access to GP-led urgent care, with on-site diagnostic testing including imaging and x-rays.
- Secondary care consultations and minor procedures.
- Rehabilitation and services to support recovery after periods of ill-health.
- 24/7 crisis support to help people receive the urgent care they need without going into hospital.

The range of professionals working in these new models of care means that a patient won't necessarily have to see a GP to get the help they need. For example, care navigators are trained members of staff who work from GP practices with patients who need extra help to access services in the health, social and voluntary sector, freeing up GPs to spend more time with people who have complex medical conditions.

Improving mental health services

The four NHS trusts that provide mental health services in Hampshire and the Isle of Wight (Southern Health Foundation NHS Trust, Solent NHS Trust, Sussex Partnership Foundation NHS Trust and Isle of Wight NHS Trust) have formed an alliance with the health care planners, local authorities, third sector organisations and people who use services to improve the quality, capacity and access to mental health services in the area. This will mean that patients will have access to the same high quality care wherever they live in the area as close to home as possible and will be supported to live independently.

People will have access to services 24 hours a day, seven days a week through inpatient and community-based rehabilitation, community rehabilitation teams, supported accommodation services and services that support service users' occupation and work. The number of people who have to go outside the area for inpatient care will be reduced, with a goal that no-one will have to do this by 2020/21.

The Alliance is also focusing on helping more people avoid a mental health crisis. Individuals for whom a crisis can be foreseen will have their own crisis plan shared by all agencies that support them, including primary care. All acute hospitals will have all-age mental health liaison teams in place to reduce length of stay. This will lead to a reduction in people having no choice but to go to emergency departments when they are in crisis.

Improving mental health and learning disabilities services at Southern Health NHS Trust

Southern Health Foundation NHS Trust has faced a lot of criticism in the past year. The Care Quality Commission (CQC) told the Trust in April 2016 that it must make significant improvements to protect patients who are at risk of harm while in the care of its mental health and learning disability services. The CQC also issued a warning notice requiring the Trust to improve its internal arrangements for making sure that all patient incidents and deaths were fully investigated so that lessons could be learned and future risks reduced.

Part of the Trust's response to how it can improve has been to begin a four month review into the services it provides, which will be completed early in 2017. The purpose of this is to understand how their services should be designed to best meet the needs of local communities in the future. The Trust is working with people who use its services, their families and Trust staff to ensure that a range of views and ideas are heard.

The Trust has partnered with experts from a company called Deloitte LLP and Northumberland Tyne and Wear NHS Foundation Trust (NTW). NTW is an organisation providing similar kinds of care to Southern Health and has been rated 'outstanding' by the CQC.

The Alliance will make sure that all improvements in care resulting from the review will be built into its plans for mental health services for people in Hampshire and the Isle of Wight.

Future proofing hospital services in north and mid Hampshire

The right configuration of acute services for people living in north and mid Hampshire has been under discussion for several years.

Hampshire Hospitals NHS Foundation Trust proposed building a critical treatment hospital that would bring together services for the most critically ill and sickest patients, with consultant doctors on site 24 hours a day, seven days a week. West Hampshire and North Hampshire CCGs, which plan and buy health services for their populations, had concerns about the affordability of a new hospital at a time of unprecedented national and local financial pressures. They were also unclear whether the Trust's plan had fully taken account of which services should remain at the hospitals in Basingstoke and Winchester and the potential impact on other hospitals in the area.

An independent review of the proposal is now underway and is scheduled to be completed by the end of January 2017. At that point, Hampshire Hospitals NHS Foundation Trust, West Hampshire CCG and North Hampshire CCG can consider its report at their Board meetings and jointly reach a conclusion on ensuring sustainable, high quality and affordable acute services for the people of north and mid Hampshire in the future.

LOOKING TO THE FUTURE

So what will your health and care look like in 2021, as a citizen of Hampshire and the Isle of Wight, when the proposals set out in the transformation programme have been tested, amended and rolled out across our area?

Here are some of the big benefits we believe you will experience.

You are living in good health for longer and taking advantage of all the help the NHS and care services can offer you, such as early cancer screening and information about stopping smoking, using alcohol safely, eating sensibly and taking exercise

When you do need to be treated in hospital, you receive care that is safe, consistent, affordable and world class, so that you get better more quickly and go home sooner

You have control of your own health and information, going online to view your records and treatment, access self-help information, manage your appointments, provide pre-assessment data, order repeat prescriptions

You can choose to have an outpatient appointments online or on the phone

More health and care services are provided closer to or in your home, resulting in more choice about when and where you receive treatment and less time waiting for appointments, diagnostic tests and test results

If you have one or more long term conditions, you are confident about managing it yourself with the right support and help when you need it and you are treated as a person, not a collection of different conditions all treated separately

If you have mental health problems, you receive care that is safe, consistent, affordable and world class when and where you need it, 24 hours a day, seven days a week

INVOLVING LOCAL PEOPLE

We have learned a great deal from working with and listening to local people over the past few years and this plan is rooted in those local discussions. Working together also allows us to better share best practice and ensure we are co-ordinated when we make local changes.

So we will continue to work with and listen to local people as we develop and implement these proposals in the months ahead.

All the organisations that have helped develop the programme will continue to work with their own local stakeholders as we redesign services and develop our new models of care, working together where this makes sense to avoid confusion and duplication. Your local NHS Trust, Clinical Commissioning Group, Local Authority or in some areas 'new care model' website will have details of how you can get more involved in this important work.

In parallel to this, we plan to work with the four local Healthwatch organisations in Hampshire, Southampton, Portsmouth and the Isle of Wight on a period of further engagement and involvement with local people and local stakeholders about the ambitions in the plan and any refinements we can make. Healthwatch is the independent body that represents the voice of patients and public. We will kick this off with a series of road shows across Hampshire and the Isle of Wight early next year to talk about the plan and listen to the views, ideas and concerns of local people and voluntary and community groups and staff. Details of the road shows will be publicised in the New Year.

Our staff will also have a key role to play. Each partner organisation will develop a detailed communications and engagement plan so that staff can champion, shape and help implement changes to services.

We will also make sure that there are plenty of opportunities for our partners in the voluntary and charitable sector to help us deliver the programme in ways that bring benefits for them and for local people.

GLOSSARY

Acute care: a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. Typically this takes place in hospital.

Care navigator: a new role that helps to co-ordinate a person's care and make sure they can gain access to any services and community support they want or need; often based in a GP surgery.

Clinical commissioning groups (CCGs): statutory NHS bodies led by local GPs that are responsible for the planning and commissioning of health care services for their local area.

Hampshire Health Record (HHR): a computer system used in the NHS in Hampshire to share important information safely about a patient with those treating them. This leads to faster and more accurate care. The Hampshire Health Record shows the medication you are currently taking, your allergies, test results and other critical medical and care information. Health and care staff can access your information if they have your permission to do so.

Community hub: typically serving a population of 30k-50k, these will be open between 8am and 8pm on weekdays, offering same day access for urgent primary care, community and specialist clinics, an extended primary care team and wellbeing and illness prevention support.

Natural communities: geographical areas based on a centre of population and its surrounding communities that allows health care to be tailored more accurately to local needs and, more importantly, helps identify the main causes of some common and preventable diseases.

New models of (integrated) care: make health services more accessible and more effective for patients, improving both their experiences and the outcomes of their care and treatment. This could mean fewer trips to hospitals as cancer and dementia specialists hold local clinics or surgeries, one point of call for family doctors, community nurses, social care and mental health services, or access to blood tests, dialysis or even chemotherapy closer to home.

Primary care: a patient's main source for regular medical care, such as the services provided by a GP practice.

Secondary care: medical care that is provided by a specialist after a patient is referred to them by a GP, usually in a hospital or specialist centre.

Third sector organisations (TSOs): a term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises and co-operatives.

Vanguards: individual organisations and partnerships coming together to pilot new ways of providing care for local people that will act as blueprints for the future.

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Hampshire and Isle of Wight

Health & Care System STP Delivery Plan

Final Draft
21 October 2016

Introduction

This document is the **Delivery Plan** of the Hampshire and Isle of Wight Health (HIOW) and Care System Sustainability & Transformation Plan (STP). It summaries **the challenges we face, our vision for Hampshire and the Isle of Wight**, and the action we are taking to address our challenges and deliver our vision. The plan sets out the details of our **six core delivery programmes** and our **four enabling programmes** – the priority work that partners in the health and care system are undertaking together to transform outcomes, improve satisfaction of patients and communities, and deliver financial sustainability. Each programme has senior clinical and managerial leadership, detailed programme plans underpinned by robust analysis, clear delivery milestones, and consensus about the priorities and approach to delivery.

Delivering our plan will result in tangible benefits and improvements for local people and communities. We are:

Investing in prevention and supporting people to look after their own health	We are implementing a series of evidence based solutions focused on primary & secondary prevention and behaviour change, supported by technology. This will improve healthy life expectancy, improve cancer survival rates, and reduce dependency on health and care services. Tackling obesity in childhood and improving life choices will deliver long term benefits.
Strengthening and investing in primary and community care	We are implementing the GP Forward View in HIOW. GP practices are collaborating and working at scale to deliver access for urgent needs across an extended 7 day period. Services operating within the currently fragmented out of hospital system are coming together to deliver a single, coordinated extended primary care team for local populations. More specialist care is being delivered in primary care settings. New models of integrated care for children are being delivered across our system.
Simplifying the urgent and emergency care system,	We are simplifying the urgent and emergency care system, making it more accessible to patients. As a result we will consistently deliver the A&E and ambulance standards. We are improving patient flow, ensuring that best practice is implemented in every locality without delay, and investing in home based care capacity. This will mean that Delayed Transfers of Care are lower than the national 3.5% requirement
Improving the quality of hospital services	Acute hospital providers are working as an Alliance to reconfigure unsustainable acute services to improve outcomes and optimise the delivery for the population in Southern Hampshire and on the Isle of Wight. Supporting services will be reviewed to ensure that provision is efficient and cost effective. We will determine the best option for a sustainable configuration of acute services in North & Mid Hampshire and work together to deliver the agreed option. We are implementing the national recommendations , including those in maternity services to improve outcomes and reduce variations in practice.
Making tangible improvements to mental health services	We are making tangible improvements to mental health services for children and adults, and services for people with learning disabilities. We are committed to valuing mental and physical health equally to ensure that support for mental health is embedded holistically across the system and not seen in isolation in order to achieve parity of esteem. The four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, third sector organisations and people who use services, are working together in an Alliance to deliver a shared model of care with standardised pathways and enact the Five Year Forward View for Mental Health**.**
Creating a financially sustainable health system for the future	As we transform services to improve patient experience and outcomes, we are also reducing overall system costs and avoiding future cost pressures from unmitigated growth in demand. We are striving for top quartile efficiency and productivity in all sectors. We are adapting financial flows and contracting and payment mechanisms to align outcomes, metrics and financial incentives to support optimum patient outcomes, improved decision making and financial stability. Through a combination of efficiency savings and transformation set out in this plan, and using £60m of the STP fund, we will deliver at least a break even position by 2020/21. We are working to identify a further £60m of savings to deliver our surplus requirements.

Our plans are underpinned by a new way of working between NHS providers and commissioners and social care, with shared responsibility for delivery and partnership behaviours becoming the new norm. We will manage our workforce as one Hampshire and Isle of Wight system. We are investing together in digital technology. Our leadership and organisational development programme assists us to create the culture necessary for success. Our delivery infrastructure includes robust programme and project management, and clear governance systems. Our plan is overleaf.

Hampshire & Isle of Wight STP Delivery Plan

Contents:

Section 1: Summary

The case for change & our plan

Our challenges:

1. **Demand for health & care is growing at an unsustainable rate** as people are living longer & with multiple chronic conditions.
2. **Whilst people are living longer, they are increasingly spending longer in poor health.**
3. **Too many people are admitted to hospital and stay in hospital longer than they need to.**
4. **In most sectors we struggle to recruit and retain sufficient numbers of staff.**
5. **There is a projected gap between the funding available and the cost of delivering NHS services of £577m by 2020/21.** There is an additional gap in social care of £192m
6. **As a result, many of our critical health and social care services are under severe pressure.**

To address these challenges we are:

Changing how care is delivered
- Renewing our system focus on prevention & self care
- Accelerating the introduction of new models of care in each locality in HIOW: investing in primary care and building local placed based integrated physical & mental health & social care, proactively managing the needs of the local population
- Addressing the issues that delay patients being discharged from hospital
- Redesigning unsustainable acute hospital services
- Enacting the Five Year Forward View for Mental Health in Hampshire and the Isle of Wight

Driving productivity & efficiency
- Delivering efficiency programmes in providers (using benchmarks such as Rightcare and Carter) and reducing the costs of commissioning
- Delivering system efficiencies through greater clinical and back office collaboration
- Estate rationalisation to addressing our unaffordable infrastructure

Transforming our HIOW workforce
- Working as one HIOW health and care system to manage staffing, development, recruitment & retention

Investing in digital transformation
- Building a fully integrated digital health and social care record, accessible by staff from any location
- Putting in place technology to shift care closer to home & unlock the power of data to improve decision making

Redesigning how we work together
- Changing our governance arrangements so that organisations operate more effectively together
- Building our capability & culture to deliver
- Reconfiguring our commissioning systems

Impact for citizens and our system:

Impact for citizens

- **Staying well and Independent**: people are better supported to stay well & independent, with greater confidence to manage their own health and wellbeing
- **Better experience of care** More people have a positive experience of care, which is joined up and is tailored to meet the personal and holistic needs of individuals
- **Better health outcomes** for people with long term conditions and chronic physical & mental health issues
- **Better access** to primary care 8am-8pm in each locality
- **More healthy years of life** through earlier diagnosis and intervention
- **Higher Quality Acute Care**: all citizens able to access safe acute services offering the best clinical outcomes, 7 days a week
- **Improved mental health care**: consistently good, co-ordinated mental health services and a timely response experienced by citizens in a mental health crisis
- **Minimal delays in Hospital**: following a acute care in hospital stay are transferred home without delay

Impact on our health & care system

- **National access targets will be delivered** for the HIOW population
- **Reductions in HIOW rates of smoking, obesity and alcohol related health conditions**
- **Activity growth in the acute sector reduced**. A&E activity & emergency admissions to be maintained at 1% lower than 2016/17 levels, by 2020/21
- **Workforce:** no overall growth in the total HIOW health and care workforce.
- **Delayed Transfers of Care** rate reduced to and maintained at 3.5%
- **Bed capacity** will be used more effectively and the equivalent of c300 beds will be released
- **Estate footprint reduced by 19%** and estate costs reduced by £24m
- **Commissioning and system infrastructure costs reduced**
- **Deliver a breakeven position**: through efficiency and transformation, and using £60m of the STP Fund, we can close the £577m gap by 2020/21
- **Undertaking further work to deliver a surplus financial position**

Key components of our new system of care

The core characteristics of the health and care system being created for Hampshire and the Isle of Wight are summarised below.

Characteristics of the new system:

We are designing and introducing a new system of care to address the challenges we face. The figure opposite describes our ambition for the health and care system being developed in Hampshire.

The diagram, below right, illustrates the key components of the future model:

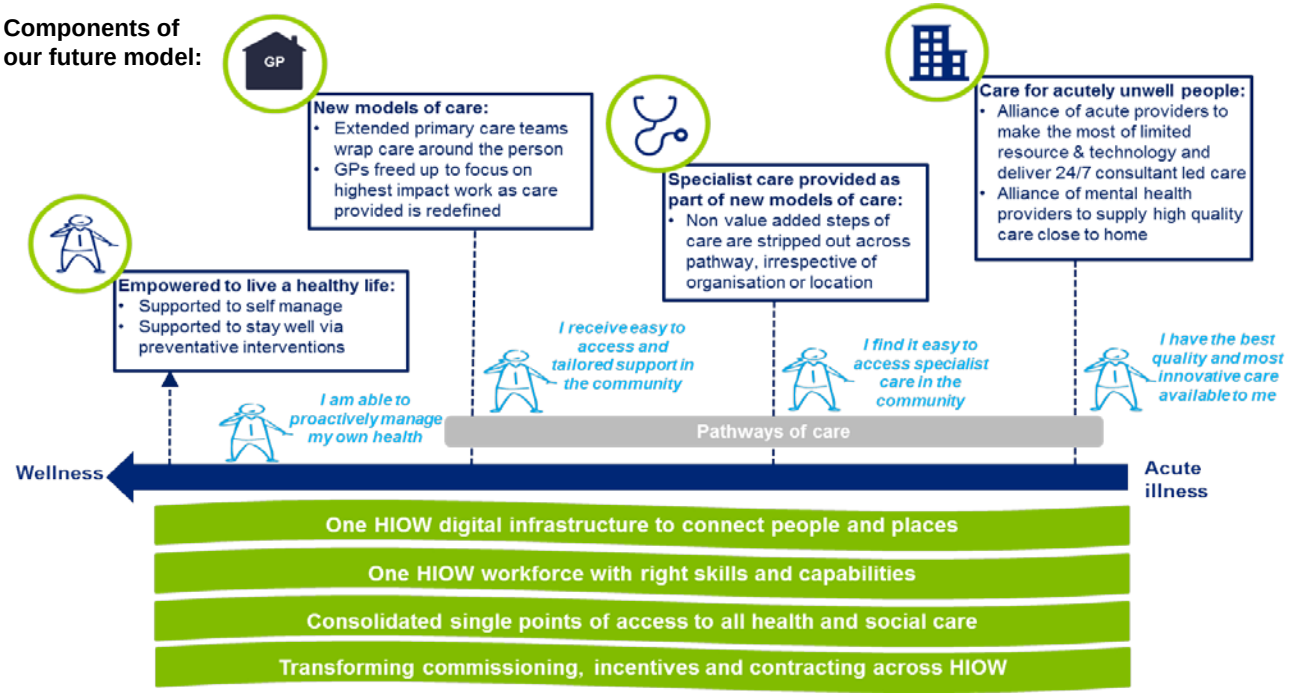
- Citizens are able to proactively manage their own health
- Citizens have easy to access and tailored support in the community
- Citizens find it easy to access specialist care in the community
- Citizens have the best quality and most innovative care available to them
- While these changes will mean fewer and shorter journeys for most, we recognise that some, particularly those on the Isle of Wight, may need to travel further for care than today. Partners are aware of this and will work to minimise the impact.

New working arrangements between organisations to enable delivery:

As providers and commissioners of care we have agreed to share our resources and risk and to collaborate in a new way to deliver this plan.

Current System	New System
Reactive and focused on treating illness	Proactive, designed to support wellness at every step
Emphasis is on the care professional	People are empowered, supported and encouraged to take responsibility for their own health and wellness
A lot of care is delivered in hospital	An avoidable hospital admission is considered a failure
Services are variable in availability and quality	Removal of unwarranted variation and access to care 7 days a week where there is need
Focused on organisations	New models of care based around the person
Mental wellbeing and physical health considered separately	Holistic needs of individuals considered throughout our whole system

Components of our future model:



Place based systems of integrated care the bedrock of our plan

Our local place based services in Southampton, Isle of Wight, Portsmouth and in natural communities in Hampshire are the bedrock of our plan, each one brings together primary, community, social, mental health, and voluntary sector services into a multi-disciplinary team providing extended access and simplified care for the local population.

We are delivering this new model through three vanguard programmes and through transformation programmes in Portsmouth & Southampton City, as illustrated below:

Hampshire: Better Local Care

Integrated health and social care teams working together at scale around extended primary care teams. 2016/17 developing MCP offer in 3 fast implementer sites

Better Care Southampton

A joined up approach to local person centred care and support based around 6 clusters across the city, aligned to GP practice populations. Within each cluster, health, social care, housing, voluntary and community sector providers are working together to identify needs early and intervene in a coordinated person centred way to improve outcomes for local people

IOW: My life a full life

My Life a Full Life is a new model of care for the Islands residents which will;- ensure everyone works together to give people the right support and information to enable them to stay well and live their lives to the full, ensure care is wrapped around the person and provided closer to their home, with residents only having to travel further for more specialist help or emergency treatment.

North East Hampshire and Farnham: Happy, Healthy at Home.

PACS Accountable Care System based around five natural communities with practices working together to deliver integrated care with Frimley Health, community, mental health and social care services.

Portsmouth & SE Hampshire

Health and social care providers and commissioners working together to create an Accountable Care System that leads to transformed health and care outcomes and a sustainable health and care system for Portsmouth and South East Hampshire

These programmes will deliver place based integrated care through consolidated single points of access and sustainable primary care in each locality in HIOW, with 5 'big ticket' interventions consistently implemented:

Foundation for independence & self care	We will deploy an eConsult platform for primary care supporting self-care and channelling people to the optimal care settings. We are also introducing care navigators & social prescribing: shifting current primary care activity to a non-clinical workforce
Fully Integrated Primary Care	Primary care working at scale to deliver urgent care across 7 days. Joined up, enhanced multi-professional primary care teams with extended skills and extended access care hubs in localities
Integrated Intermediate Care	Integrated health and social care including: domiciliary recovery and rehab teams, non-acute beds, urgent community response, Emergency Department liaison.
Complex & End of Life Care	Dedicated support from the multi professional team for those patients at greatest risk, including the 0.5% of patients with the most complex needs and those at end of life.
LTCs: Diabetes & Respiratory	More specialist cases managed in primary care setting, specialist roles as a core part of the local primary care team, and consultants working to support shared management of cases with GPs without the need for formal referral.

Our priority actions to transform service delivery

As leaders of the health and care system in HIOW, we are working together to transform outcomes and improve the satisfaction of local people who use our services. We are committed to valuing mental and physical health equally to ensure that support for mental health is embedded holistically across the system. Through the STP we have come together to address our pressing local issues and deliver longer term sustainability by working at scale.

Our priority actions as a health and care system in HIOW are:		By the end of 2016/7:	In 2017/18:
To deliver a radical upgrade in prevention, early intervention and self care	1 We are implementing a series of evidence based solutions focused on primary & secondary prevention and behaviour change, supported by technology. This will improve healthy life expectancy & reduce dependency on health and care services. We will being doing more prevent the development of mental health problems and supporting early intervention across primary care.	All NHS organisations will have a MECC plan and acute trusts will have a robust pathway for smoking cessation.	Evidence based programmes will be implemented that impact on smoking rates, cancer screening A&E attendance & sexual health.
To accelerate the introduction of new models of care in each community in HIOW	2 We are supporting people to live independently, providing extended access to primary care, delivering the GP Five Year Forward View and ensuring proactive joined-up care for people with chronic conditions. This will reduce demand for acute services & effect a shift towards more planned care.	15% of integrated primary care hubs will be operational.	75% of integrated primary care hubs will be operational. National diabetes pathways fully implemented.
To address the issues that delay patients being discharged from hospital	3 We are improving patient flow, ensuring that best practice is implemented in every locality without delay, and investing in home based care capacity. This will mean that Delayed Transfers of Care are lower than the national 3.5% requirement.	Every patient in hospital will have a discharge plan which is understood by professionals; the patient and their carers.	Implementation underway of a collective approach to grow the domiciliary care workforce and capacity.
To ensure the provision of sustainable acute services across HIOW	4 Acute hospital providers are working as an Alliance to reconfigure unsustainable acute services to improve outcomes and optimise the delivery for the population. Supporting services will be reviewed to ensure that provision is efficient and cost effective. 5 We will determine the best option for a sustainable configuration of acute services in North & Mid Hampshire and work together to deliver the agreed option.	Sustainable solutions will be agreed for priority specialties across Hampshire and the Isle of Wight. The best option for configuration of services in North & Mid Hampshire will have been identified.	Implementation underway of transformation plans in back office services, pharmacy, pathology, radiology and outpatients. Consultation on and agreement of option for configuration of services in North & Mid Hants.
To improve the quality, capacity and access to mental health services in HIOW	6 The four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, third sector organisations and people who use services, working together in an Alliance to deliver a shared model of care with standardised pathways and enact the Five Year Forward View for Mental Health.	We will commission mental health services on an Alliance wide basis initially focussing on out of area placements and crisis response.	A local recovery based solution replacing high cost out of area residential long term rehabilitation will be in place.

To underpin and enable this transformation we are working as one HIOW to manage our staffing, recruitment and retention, with one workforce strategy, building the digital and estate infrastructure to support change, and adapting the way we commission care to enable transformational change.

Impact and benefits for Hampshire and the Isle of Wight

Implementation of our STP will improve both the physical and mental health and wellbeing of citizens in HIOW, and lead to a clinically and financially sustainable health and care system. The impact expected through the delivery of our plan is summarised below.

Impact of our plan for HIOW citizens

Staying well and Independent

People living in HIOW are better supported to stay well & independent, with greater confidence to manage their own health and wellbeing

Better experience of care

More people in HIOW have a positive experience of care, which is joined up and is tailored to meet the personal and holistic needs of individuals

Better Health Outcomes

People in HIOW with long term conditions and multiple chronic physical and mental health issues experience better health outcomes

Better Access to Care

All citizens are able to access primary care in their locality between 8am-8pm and at weekends

More Healthy Years of Life

Earlier diagnosis of physical and mental health conditions, leading to improved outcomes & survival rates, & more healthy years of life

Higher Quality Acute Care

All citizens able to access safe acute services offering the best clinical outcomes, 7 days a week

Improved Mental Health Care

Consistently good, co-ordinated, timely response experienced by citizens in a mental health crisis, and consistently high quality mental health services

Minimal delays in Hospital

Patients receive more of their care at home and in their community, and following a acute care in hospital stay are transferred home without delay

Impact of our plan on our system

Reduction in presentations of preventable conditions

Reductions in HIOW rates of smoking, obesity and alcohol related health conditions

Activity Changes

Activity growth in the acute sector will be reduced. A&E attendances and emergency admissions are expected to be maintained at 1% lower than 2016/17 levels, by 2020/21

Workforce

There will be no overall growth in the total HIOW health and care workforce. We will decrease reliance on agency workers, and flex staff resources across the system

Bed reductions

Bed capacity will be used more effectively to generate 9% efficiency in our acute bed stock (c300 beds).

Estate

Estate footprint reduced by 19% and estate costs reduced by £24m

Access Targets

National access targets will be delivered for the HIOW population

Delayed Transfers of Care

DTOC rate reduced to and maintained at 3.5%

Financial Breakeven

Through efficiency and transformation, and using £60m of the STP Fund, we can close the £577m gap by 2020/21 to deliver a breakeven position

Impact of our plan on value and affordability

The Potential Gap

If the NHS across HIOW does nothing to deliver efficiencies and cost improvements and change the demand and delivery of health care, it will have a financial gap of £577m by 2020/21

Using Our Share Of The STF

We anticipate receiving £119m of the STF, of which we propose using £60m to fund the underlying model of services and £59m to invest directly in transforming services

Closing The Finance Gap

Together with £60m from the STF, our STP will deliver savings of £517m, closing the financial gap and achieving financial balance

Finding The Additional Savings

Recent commissioner and provider control totals require a surplus of £50m in 2017/18 and £74m in 2018/19. This requires additional savings and we are exploring further options to achieve this

Social Care And Public Health Pressures

Over the next four years, that is further exacerbated by a further £192m social care and public health pressures

Moving Ahead

We are committed to working as one system, focused on reducing and avoiding costs. We will develop suitable planning, financial flows, contracting and risk management processes to enable this

Investing In Estate

We anticipate a capital investment of around £195m all such investment will require business case approval by relevant statutory organisation

STP Integration & Governance to support delivery

Strategic Governance and Oversight

As we move from STP development to joint delivery, our governance arrangements have been revised. The arrangements reflect the fundamentally different approach to system leadership that is required to deliver our plans: substantial changes to our roles and relationships with citizens, a joined up approach between agencies, with many partners working together in new ways and building trust and working relationships around a common goal.

A **Hampshire and Isle of Wight Health and Wellbeing Group** will provide strategic political and clinical oversight of the STP: setting the overall direction, delivering system wide organisational agreement and enabling key decisions to be made and implemented that:

- best serve the interests of citizens across HIOW.
- respect the prime importance of 'place'.
- drive a sense of collective corporacy where individual organisational/professional/interest group interests do not trump what is in the interests of the common good (people first, system next, organisation last).
- provide effective, high quality services within available resources.

The Group will be a Joint Committee of the existing four Health & Wellbeing Boards and its membership will include the chairs/vice chairs of the four HWBs, and it will provide a structure to achieve the political and clinical leadership consensus to grip the strategic issues facing health and care services in HIOW.

Our plans enable and support greater integration of health and adult social care in HIOW

The Adult Social Care Alliance of the four Councils Chief Officers for social care have agreed to work together and across boundaries to help deliver the ambition within the STP particularly taking a lead role in the Patient Flow work and in partnership with NHS colleagues in the New Models of Care work. Each Health and Well Being Board working in partnership with A &E Boards, has a plan for reducing Delayed Transfers to at least 3.5% and has embraced the good practice identified in the NHSE Quick Guides and the New Models of Care.

Southampton has a joined up commissioning approach and a joint hospital discharge team which has helped to deliver improved patient flow and timely discharge. This is part of a wider plan to integrate services and commissioning across the NHS and the Council.

Portsmouth has had integrated commissioning for many years and their plans have taken a proactive pull approach to improving patient flow which fits with the Patient Flow Workstream as well as the new models of care. Learning from what works in other care pathways has been key to a new approach as has making changes to the cultural attitudes in clinical and professional staff towards change.

The IOW is a Vanguard area and has a strong integrated approach with joint visible Council and NHS leadership of change and challenge. The link to improved Patient Flow is clear and the development of the vanguard demonstrates implementation of new models of care.

Hampshire is implementing a Transformation Programme which has redesigned the social care service to the Acute Hospital Trusts and has recommissioned domiciliary care from a wider provider base. The HWB Board has overseen this work and it is aligned to the work of the STP workstream.

Accountability across HIOW

The STP does not change the accountabilities held by the statutory Boards / Local Authorities, and four Health and Wellbeing Boards established across the Hampshire and Isle of Wight Sustainability and Transformation Plan footprint.

The Accountable Officers of the constituent organisations are fully accountable to their boards and may work with delegated authority within the limits imposed by the organisation's agreed scheme of delegation. They will be responsible for ensuring that their Boards are able to fully discharge their accountabilities by ensuring there is regular and timely briefing of Boards and Health and Wellbeing Boards on the STP programme, risks, opportunities and decisions.

Detailed business cases for any system investment will be reviewed by the Executive Delivery Board and, if necessary, ratified by the relevant statutory Boards. Moreover, any proposed arrangements for sharing risk and reward at a wider system level will not only require statutory Board sign off, but also the development of a scheme of delegation to be agreed by Boards that sets out how assurance arrangements will be discharged.

In recognition of the challenge of balancing pace and delivery, with a decision making process that requires the input and assent of 20 different statutory bodies and four Health and Wellbeing Boards, the STP governance arrangements will:

- utilise opportunities to discharge accountability by working together.
- establish multi-organisational working groups to collectively develop and make joint recommendations to the Executive Delivery Board.
- explore opportunities to reduce complexity: For example, commissioners in part of Hampshire are developing proposals to appoint a single accountable officer to represent a number of CCG Governing Bodies.
- only take decisions at the HIOW STP level where this adds value. This will include:
    - setting and assuring the overall strategic vision for health and care across Hampshire and the Isle of Wight.
    - developing and assuring the delivery of hyper-acute and specialised physical and mental health services for the citizens of Hampshire and the Isle of Wight.
    - developing and assuring the delivery of the strategic workforce transformation proposals.
    - developing and assuring the delivery of the digital and intelligence transformation proposals.
    - reviewing and making recommendation to statutory Boards on business cases for system wide investment.

STP Delivery Structure

Delivery Model

Hampshire and the Isle of Wight health and care providers and commissioners have worked together to produce an overarching Hampshire and Isle of Wight STP. Given the size and diversity of the STP footprint, it has been agreed that the overarching STP will comprise a number of Local Delivery Systems, which bring the local commissioners and providers together to articulate the changes required at a local system level and how and when they are going to be achieved. In many cases these Local Delivery Systems preceded the STP and have established governance and operational delivery arrangements in place. The footprints for these are as follows:

- North and Mid Hampshire
- Portsmouth and South East Hampshire
- Isle of Wight
- Southampton
- South West Hampshire
- Frimley Health (noting that whilst the Frimley Health system operates as self-contained STP, it continues to have a critical relationship with the Hampshire and Isle of Wight health and care system).

There are a number of key programmes which span Hampshire and the Isle of Wight, including strategic workforce development, acute physical and mental health development, digital transformation and strategic investment models. However, it is recognised that the Local Delivery Systems will be the engine rooms for change, and the route to secure clinical, patient and public engagement.

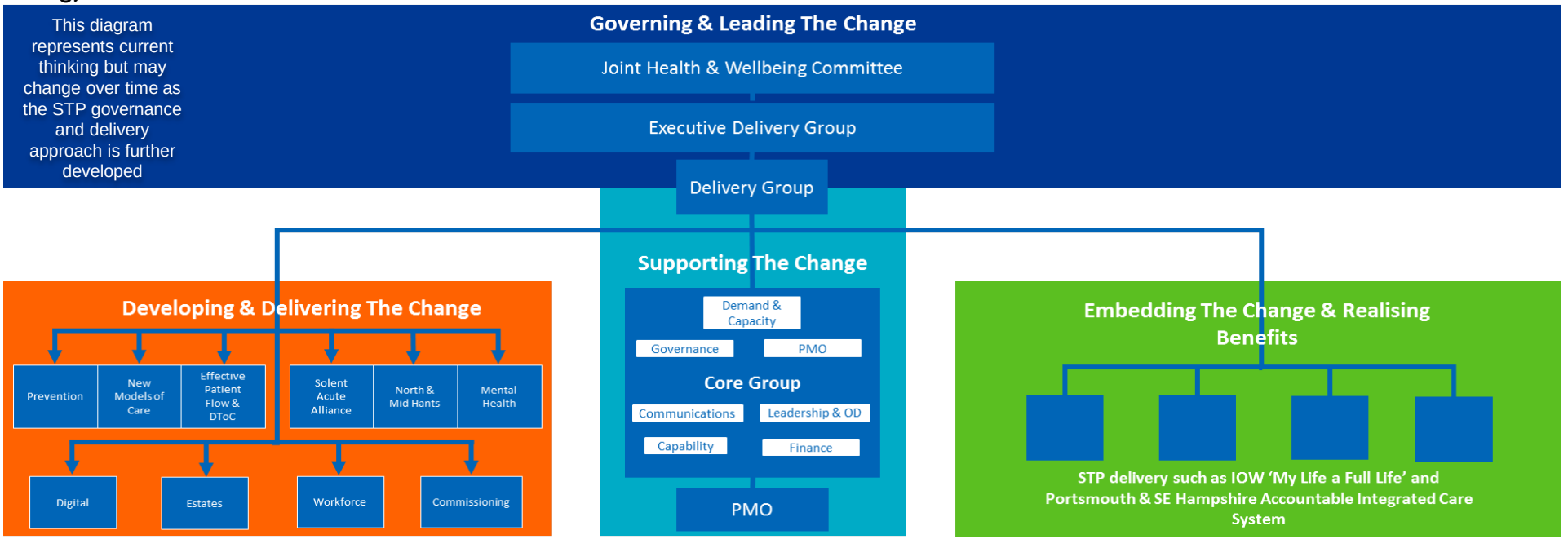
In the Portsmouth and South East Hampshire Local Delivery System, for example, the local commissioning and provider partners will create an aligned two year operating plan, setting out how the STP ambitions will be enacted through a new integrated governance and leadership system, an Accountable Care System. The Local Delivery System's Operating Plan will set out how the local system's share of the overarching STP's financial savings, activity shifts and performance improvement requirements will be met and how risk will be identified, shared and collectively mitigated. Alongside the accountability discharged by the local statutory organisations, the Portsmouth and South East Hampshire Local Delivery System will also be held to account by the overarching STP Delivery Group for delivery that enables the whole STP to deliver.

Executive Governance & Leadership

An **STP Executive Delivery Group for HIOW** is being established, which will:

- Secure agreement of the plan
- Monitor progress of core programmes
- Hold each other to account for delivery of the overall STP
- Agree decisions in relation to the allocation of transformation monies and the STP operating plan
- Enable development and delivery of the agreed operating plan and contracts

The delivery of the STP will be challenging and a long term commitment is required to achieve the desired outcomes. The Executive Delivery Group is therefore being created with OD support to determine purpose, values and behaviours and to 'learn by doing'; working through real examples and scenarios that will develop its capabilities.



Section 2: Our delivery programmes

Delivering our plan: The 6 core programmes

To deliver our shared priorities we are working together across Hampshire and the Isle of Wight in ten delivery programmes: six core programmes focused on transforming the way health both physical and mental health and care is delivered (summarised below), and four enabling programmes to create the infrastructure, environment and capabilities to deliver successfully (summarised overleaf). This portfolio of programmes is our shared system delivery plan for the STP.

Core Programme	Programme Objective	Expected Impact and benefits for patients, communities and services
1 Prevention at scale	To improve healthy life expectancy and reduce dependency on health and care services through a radical upgrade in prevention, early intervention and self care: a sustained focus on delivering prevention at scale in HIOW	▪ Improving Health and Wellbeing, with more people able to manage their own health conditions reducing the need and demand for health services ▪ More people supported to give up smoking, achieve a healthy weight and drink sensibly (reducing lifestyle related diseases) ▪ Efficiencies of £10m by 2020/21
2 New Care Models	To improve the health, wellbeing and independence of HIOW population through the accelerated introduction of New Models of Care and ensure the sustainability of General Practice within a model of wider integrated health and care. This will be delivered through the Vanguard programmes and local health system New Care Models delivery arrangements	▪ Improved outcomes for people with long term conditions/multiple co-morbidities ▪ Reduced A&E attendances/hospital admissions for frail older people and people with chronic conditions ▪ More people maintaining independent home living ▪ Sustainable General Practice offering extended access ▪ Efficiencies of £46m by 2020/21
3 Effective Patient Flow and Discharge	To ensure no patient stays longer in an acute or community bed based care than their clinical condition and care programme demands and as a result reduce the rate of delayed transfers of care by improving discharge planning and patient flow, and by investing in capacity to care for patients in more appropriate and cost effective settings	▪ Patients supported in the setting most appropriate to their health and care needs ▪ Improvements in LOS for patients ▪ Reduced requirement for hospital beds of up to 300 beds across HIOW ▪ Efficiencies of £15m by 2020/21
4 Solent Acute Alliance	To deliver the highest quality, safe and sustainable acute services to southern Hampshire and the Isle of Wight. To improve outcomes, reduce clinical variation & cost through collaboration between UHS, PHT, IoW NHST & Lymington Hospital. Provide equity of access, highest quality, safe services for the population.	▪ All patients able to consistently access the safest acute services offering the best clinical outcomes, 7 days a week & delivery of the national access targets for the Southern Hampshire/IOW population ▪ Reduced variation and duplication in acute service provision ▪ Efficiencies of £165m by 2020/21
5 North & Mid Hampshire configuration	To create a sustainable, high quality and affordable configuration of acute services for the population of North & Mid Hampshire and the out-of-hospital services to support that configuration (linking with the New Models of Care programme)	▪ Sustainable access to 24/7 consultant delivered acute care for North & Mid Hampshire population, improved outcomes through care closer to home & delivery of the national access targets ▪ Efficiencies of £41m by 2020/21 ▪ Improved quality and performance targets
6 Mental Health Alliance	To improve quality, capacity and access to MH services in HIOW. Achieved by the four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, 3rd sector & people who use services, working together in an Alliance to deliver a shared model of care with standardised pathways	▪ All people in HIOW will have early diagnoses to enable access to evidence based care, improved outcomes and reduced premature mortality ▪ Enhanced community care & improved response for people with a mental health crisis. Reduced out-of-area placements for patients requiring inpatient care ▪ Efficiencies of £28m by 2020/21

Delivering our plan: 4 enabling programmes

The table below summarises the objectives and expected impacts of our four enabling programmes to create the infrastructure, environment and capabilities to deliver successfully. A 'plan on a page' summary of each core and enabling programme is set out on the following pages of this document, providing details of the rationale, the benefits to be delivered, the measurable impacts and metrics, the key milestones, stakeholders, management arrangements and key risks for each programme.

Enabling Programme	Programme Objective	Expected Impact and benefits for patients, communities and services
❼ Digital Infrastructure	To give patients control of their information and how it is used, allowing patients to manage their long term conditions safely and enable patients to access care at a time, place and way that suits them. To build a fully integrated digital health and social care record, and the infrastructure to allow staff to access it from any location.	▪ An integrated care record for all GP registered citizens in Hampshire and IoW ▪ Flexible IT systems enabling care professionals to work from any location, with access to citizens health and care records ▪ Citizens able to self manage their health and care plans – eg managing appointments, updating details, logging symptoms ▪ Real time information to support clinical decision making
❽ Estate Infrastructure rationalisation	To provide the estate infrastructure needed to deliver the new models of care and to deliver savings by rationalising the public sector estate in Hampshire and the Isle of Wight	▪ Improved collaboration & co-ordination of HIOW estates expertise and information will mean that we can improve our planning capability at STP and local level ▪ Providing estate that can be used flexibly and enable new ways of working ▪ Reducing demand for estate will generate efficiencies and savings through reduced running costs and release of land for other purposes ▪ Improving the condition and maintenance of our estate will mean that citizens can access services in fit for purpose facilities across Hampshire and IOW ▪ Release surplus land for housing and reducing operating costs in our buildings across HIOW
❾ Workforce	To ensure we have the right people, skills and capabilities to support the transformed health and care system by working as one HIOW to manage staffing, development, recruitment and retention.	▪ A flexible workforce shared across geographical and organisational boundaries, working in new ways with extended skills to deliver the workforce transformation that underpins the STP core programmes ▪ Health and care roles that attract local people, to strengthen community based workforce ▪ Significant reduction in the use of temporary and agency workers ▪ Increasing the time our staff spend making the best use of their skills/experience ▪ No overall growth in the workforce over the next five years
❿ New Commissioning Models	To adapt our methods, tools, resources and architecture for commissioning health and care, to reduce unnecessary duplication of commissioning work and facilitate the delivery of the STP. To generate cost reductions in expenditure on Continuing Health Care and Prescribing through working at scale.	▪ Collaboration across five Hampshire CCGs and the establishment of single leadership across four CCGs, strengthened integration with Hampshire County Council, increasing the ability to unlock savings and reducing unaffordable infrastructure. ▪ Single approach and shared infrastructure for the commissioning of hyper-acute and specialised physical and mental health services for the population of HIOW - driving improved outcomes, service resilience and delivering organisational inefficiencies ▪ Capitated outcomes based contracts procured for at least three places by 2019/20 ▪ Efficiencies of £36m in CHC, £58m in prescribing costs and reduced system infrastructure costs by £10m

Core Programme 1: Prevention at Scale

Programme Objective: To improve healthy life expectancy and reduce dependency on health and care services through a radical upgrade in prevention, early intervention and self care: a sustained focus on delivering prevention at scale in HIOW

Programme Description

Working across the system we will deliver initiatives to prevent poor health consistently and at scale, integrating with public health, CCG and vanguard agendas

The aim of the Prevention workstream is to improve the health and wellbeing of our population by

- Supporting more people to be in good health for longer (improving healthy life expectancy) and reducing variations in outcomes (improving equality)
- Targeting interventions to improve self-management for people with key long term conditions (Diabetes, Respiratory, Cancer, Mental Health) to improve outcomes and reduce variation
- Developing our infrastructure, using technological (including digital) solutions to reduce demand for and dependency on health and care services
- Developing our workforce to be health champions; having 'healthy conversations' at every contact. Improving the health of our workforce as well as the people of HIOW

Outcomes and benefits to be delivered

By 16/17 – Delivery plans for scaled up behaviour change initiatives that will improve health outcomes will be developed

By 17/18 – more people will have; given up smoking prior to surgery, been screened for cancer; access to lifestyle behaviour change support

- Improving Health and Wellbeing – reducing the gap between how long people live and how long they live in good health
- More people able to manage their own health conditions reducing the need and demand for health services
- More people supported to give up smoking, achieve a healthy weight and drink sensibly (reducing lifestyle related diseases)
- Increased proportion of cancers detected early, leading to better outcomes/survival

Revenue investment assumed and financial benefit

Investments Required: £0.6m

SAVINGS: £10m per annum by 2020/21

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
• Project baseline analysis – identifying current delivery					
• Initiatives at Scale delivery plans developed and implementation prepared • Implementing initiatives at scale					
• Behaviour change delivery plans developed • Implementing behaviour change					
• Service redesign and change delivery plans developed • Implementing service redesign and change					

For project detail see appendix A

Key personnel

CEO/SRO Sponsor – Sallie Bacon, Acting Director Public Health, Hampshire County Council
Programme Director – Simon Bryant, Associate Director of Public Health (Interim) | Fiona Harris Consultant in Public Health (Locum), Hampshire County Council
Public Health leads in Southampton, Portsmouth, IOW & NHS E(W)
Finance – Loretta Outhwaite, Finance Director IOW CCG
Quality Lead: Carole Alstrom – Deputy Director of Quality – Southampton CCG

Stakeholders involved

- Acute Trust – Providing emergency and Surgical care
- Public Health Service Providers
- Primary Care
- Community Care
- Mental Health Service providers
- Local Authorities
- STP Partners | Work streams HEE
- NHSE – Screening and Immunisations
- CCG's
- Public and patients

Core Programme 2: New Models of Integrated Care

Programme Objective: To improve the health, wellbeing and independence of HIOW population through the accelerated introduction of New Models of Care and ensure the sustainability of General Practice within a model of wider integrated health and care. This will be delivered through the Vanguard programmes and local health system New Care Models delivery arrangements

Programme Description

The programme will deliver place-based integrated care in each HIOW locality, focusing on the accelerated spread and consistent implementation of 5 'big ticket' interventions

Foundation for independence & self care	Fully Integrated Primary Care	Integrated Intermediate Care	Complex & End of Life Care	LTCs: Diabetes & Respiratory
Care navigators & social prescribing: building skills & capacity to shift current primary care activity to a non-clinical workforce	Joined up, enhanced multi-professional primary care team and extended access care hubs in localities	Integrated health & social care: domiciliary recovery & rehab teams, non-acute beds, urgent community response	Dedicated support for those patients at greatest risk, including the 0.5% of patients with the most complex needs	Moving to a de-layered community model for Long Term Conditions, including case finding, shared care & psychological support

These are driven by the three MCP/PACS vanguards and new care models programme arrangements. with structured clinical engagement and co-production with other STP Workstreams where there are key pathway interfaces (e.g. acute alliance for complex , EOL care and LTCs). Successful delivery will mean patients are enabled to stay independent for longer, have improved experience and engagement in health and care decisions alongside improved access and outcomes facilitated by proven care models

Outcomes and benefits to be delivered

By 16/17 – 15% of integrated primary care hubs will be operational

By 17/18 - 75% of integrated primary care hubs operational. National diabetes pathways fully implemented

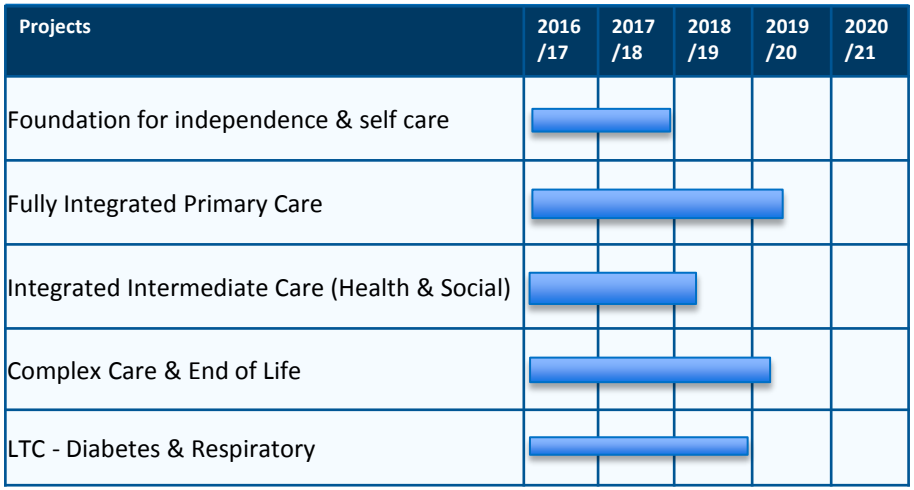
- Improved outcomes for people with long term conditions/multiple co-morbidities
- Reduced A&E attendances/admissions for target conditions
- More people maintaining independent home living
- Extended primary care access and increased GP capacity to manage complex care due to improved skill-mix in wider workforce
- More sustainable local health and care economy

Revenue investment assumed and financial benefit

Investments Required: £36m per annum by 2020/21 + funding for national priorities

Savings: £45.6m per annum by 2020/21

Projects Timescales



Key personnel

CEO/SRO Sponsor: Karen Baker
Programme Director: Alex Whitfield, Chief Operating Officer, Solent
Programme Director: Chris Ash, Strategy Director, Southern Health
Finance Lead: Andrew Strevens, FD Solent
Project manager: Becky Whale
Clinical Leads: Dr Barbara Rushton, Dr Sue Robinson, Dr Sarah Schofield
Quality Leads: Sara Courtney, Acting Director of Nursing, Southern Health & Julia Barton Chief Quality, Officer/Chief Nurse, Fareham & Gosport and SE Hants CCG

Stakeholders involved

- NHS Improvement
- UHS, PHT, HHFT, IOWT
- SCAS
- All CCG's
- NHS England
- Public and politicians
- HCC, SCC, PCC and IOW Council
- Public representative organisations
- Solent and Southern
- Primary care
- CQC
- Voluntary and Community Sector

For project detail see appendix A

Core Programme 3: Effective Flow And Discharge

Programme Objective: To ensure no patient stays longer in an acute or community bed based care than their clinical condition and care programme demands and as a result reduce the rate of delayed transfers of care by improving discharge planning and patient flow, and by investing in capacity to care for patients in more appropriate and cost effective settings.

Programme Description

To address the issue of rising delayed transfers of care in HIOW we will deliver a 4 project plan focused on the underlying causes:

- To ensure that every patient has a Discharge Plan, informed by their presenting condition & known social circumstances, and which is understood by professionals; the patient; their relatives and carers (where appropriate) and includes plans for any anticipated future care needs
- To improve the value stream and utilisation of existing or reduced acute & community care space and resources, to provide safer, more effective patient and systems flow and resilience.
- To identify patients with complex needs early in their journey and design an appropriate Onward Care support that prevent readmission, eliminate elongated acute spells and minimise patient decompensation
- To develop and provide cost effective Onward Health & Social Care services that where possible , reduces the cost of care whilst maximising patient outcomes

Outcomes and benefits to be delivered

By 16/17 - Every patient in hospital will have a discharge plan which is understood by professionals; the patient and their carers.

By 17/18 - Implementation underway of a collective approach to grow the domiciliary care workforce and capacity

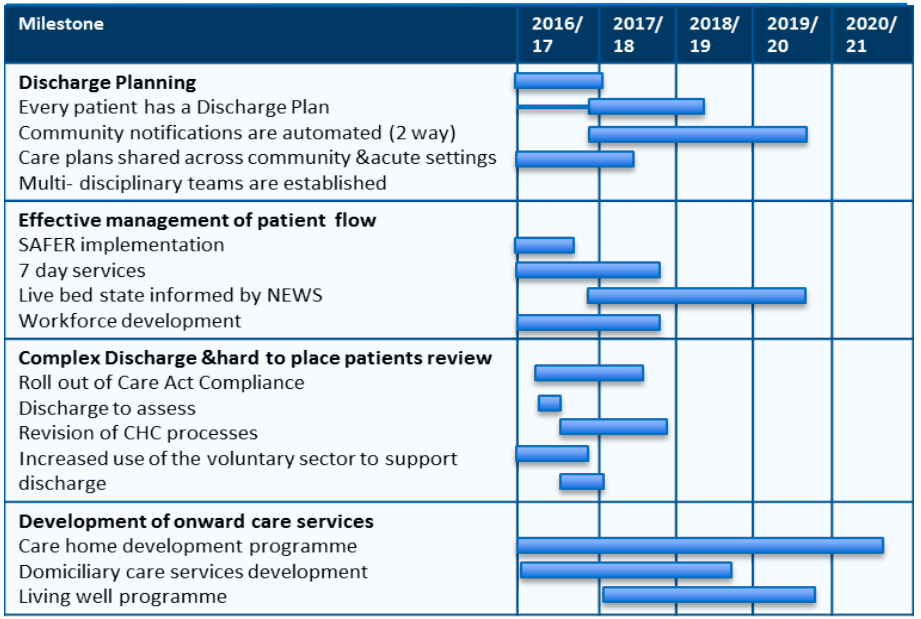
1. Patients supported in the setting most appropriate to their health and care needs leading to improvements in LOS for patients currently residing in acute and community hospital beds (P1)
2. Improvements in LOS for patients staying 7-30 Days through multi agency stranded patient review (P1 & 2)
3. Improvements in LOS for episodes of 2-7 Days through SAFER effective flow management , removal of internal delay and 7 day services (P1 & 2)
4. Improvements in LOS for episodes of 0-2 days though the implementation of ambulatory care front door turnaround teams (P2)

Revenue investment assumed and financial benefit

Investments Required: £1m in 16/17

SAVINGS: £15m per annum by 2020/21

Projects Timescales



Key personnel

Joint SRO: Graham Allen, Director of Adult Services HCC
Joint SRO: Heather Hauschild, Chief Officer West Hampshire CCG
Programme Director: Jane Ansell, West Hampshire CCG
Programme Adviser: Sarah Mitchell, Social Care Consultant (HCC)
Finance Lead: Mike Fulford, Finance Director, West Hampshire CCG
Programme Manager: Mike Richardson, SHFT
Quality Lead: Fiona Hoskins, Deputy Director of Quality, NE Hants & Farnham CCG

Stakeholders involved

- Patients/ Public through Wessex voices
- Primary Care & Community Services
- Voluntary Sector
- NHSI/NHSE/WAHSN
- Crisis care concordat
- HIOW CCGs
- NHS England
- HIOW Adult Social Care Alliance

For project detail see appendix A

Core Programme 4: Solent Acute Alliance

Programme Objective: To deliver the highest quality, safe and sustainable acute services to southern Hampshire and the Isle of Wight. To improve outcomes, reduce clinical variation and lower cost, through collaboration between UHS, PHT, IoW NHST & Lymington Hospital. To provide equity of access to the highest quality, safe services for the population.

Programme Description

An Alliance between three hospital trusts to improve outcomes and optimise the delivery of acute care to the local population, ensuring sustainable acute services to the Isle of Wight.

This will be delivered by structured clinical service reviews. A first wave of collaborative transformational supporting services projects will include: Back Office Services Review; Pathology consortia (re-visited); Theatre Capacity Review; Pharmacy collaboration; Estates/Capital ; and Out Patient Digital Services. The Better Birth Maternity Pioneer programme will also be implemented.

The acute alliance support the objectives of the cancer alliance and are linking directly with relevant clinical service reviews and prevention projects, including increased screening uptake and delayering access to increase early diagnosis.

Outcomes and benefits to be delivered

By 16/17 – Sustainable solutions will be agreed for priority specialties across Hampshire and the Isle of Wight.

By 17/18 - Implementation underway of transformation plans in back office services, pharmacy, pathology, radiology and outpatients.

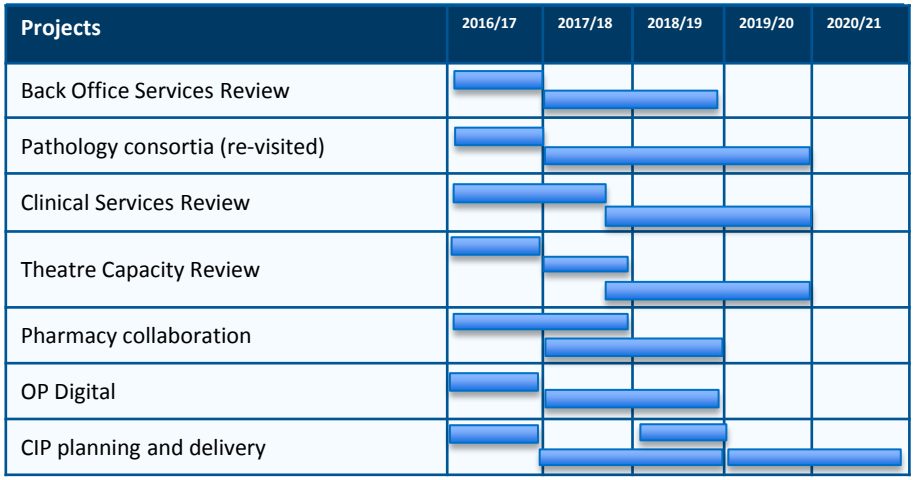
- Reduced clinical variation and improved outcomes
- Sustainable acute service to the Isle of Wight
- Improved length of stay
- Channel shift (digital outpatients)
- Elective demand control (in-line with best practice/guidance)
- Efficiencies of £156m by 2020/21
- Additional opportunities of £9m (elective demand reduction via RightCare). 40% of the estimated opportunity sits with North and Mid Hampshire

Revenue investment assumed and financial benefit

Investments Required: £0.5m

SAVINGS: £165m per annum by 2020/21

Projects Timescales



Key personnel

The Chair of the Alliance Steering Group – Sir Ian Carruthers
Chief Exec Lead – Fiona Dalton
Programme Director – Tristan Chapman
Finance Lead – David French
Medical Director Lead– Simon Holmes
Director of Strategy Lead – Jon Burwell
Informatics lead- Adrian Byrne
Quality Leads: Alan Sheward, Director of Nursing & Quality IOW NHS Trust, Cathy Stone, Director of Nursing, Portsmouth Hospitals NHS Trust.

Stakeholders involved

- NHS Improvement
- All CCG's
- NHS England
- Public & patients
- Community Services
- Primary care
- CQC
- Cancer Alliance

For project detail see appendix A

Solent Acute Alliance: Clinical Service Review project

Project Objective: To deliver the highest quality, safe and sustainable acute services to southern Hampshire and the Isle of Wight. To improve outcomes, reduce clinical variation and lower cost, through collaboration between UHS, PHT, IoW NHST & Lymington Hospital. Benchmark against rightcare data and investigate clinical flows and outcomes.

Project Description

UHS, PHT and the Isle of Wight Hospital Trusts will work as one to deliver the best health care outcomes delivered at the best value for the whole, collective population. Serving a population of 1.3m we will develop and deliver services that benchmark with the best in the world. Care will be delivered locally where possible, but centrally where this improves outcomes.

We will work with community providers allowing seamless services, and providing care and contact only when it offers best value. The alliance will support changes in clinical pathways or operational structures when these changes provide significant benefits in clinical outcomes, value, safety, resilience, expertise and delivery of national standards.

Trusts will remain sovereign organisations responsible for performance, quality, safety and finance. The alliance will facilitate service reconfiguration whilst maintaining individual financial stability.

Principles for service configuration include providing equal access to the highest quality service to the population, core services being provided at each centre, specialty collaborations using hub and spoke models, support of 24/7 provision and effective use of estate.

The clinical service reviews build on successful joint working in Cancer services across Alliance trusts.

Outcomes and benefits to be delivered

By 16/17 – 16 services will start a phased 3 month service review period with clinical and strategy colleague across the trusts

By 17/18 – Business cases developed and approved for each service, estates re-configuration works planned.

- Reduction in LoS
- Improved outcome metrics
- Reduction in admissions
- Reduction in OP/FU attendances
- Sustainable plan for services on IOW
- Delivery of national standards (RTT, 7 day services)

Project Timescales - Clinical service review phasing

Projects Oct 16-Sept 17	Qu 3-4	Qu 4 – 1 (2017)	Qu 2 - 3
IOW service model - principles			
Vascular			
Spinal			
ENT			
Urology			
Haematology			
Colorectal Surgery			
Max Fax			
Paediatrics			
Neonatal ICU			
Renal			
Gastroenterology			
Dermatology			
Oncology			
Cardiology			
Radiology			
General surgery			

For project detail see appendix A

Key personnel

Simon Holmes- Medical Director PHT
Mark Pugh- Medical Director IOW
Derek Sandeman- Medical Director UHS

Clinical leads x 16(x3 trusts)
Management and strategy leads
Finance lead

Stakeholders involved

- Public & patients
- NHS Improvement
- NHS England
- Primary care
- Community Services
- All CCG's
- CQC

Core Programme 5: North & Mid Hampshire

Programme Objective: To create a sustainable, high quality and affordable configuration of acute services for the population of North & Mid Hampshire and the out-of-hospital services to support that configuration (linking with the New Models of Care programme)

Programme Description

A sustainable, quality configuration of acute services for the population of North and Mid Hampshire will be achieved through 3 key activities:

- Review and deliver the optimum acute care configuration for North and Mid Hampshire
- Deliver new models of care (incorporated in New Care Models programme)
- Deliver of provider CiP plans

Outcomes and benefits to be delivered

By 16/17 - The best option for configuration of services in North & Mid Hampshire will have been identified

By 17/18 - Consultation on and agreement of option for configuration of services in North & Mid Hants

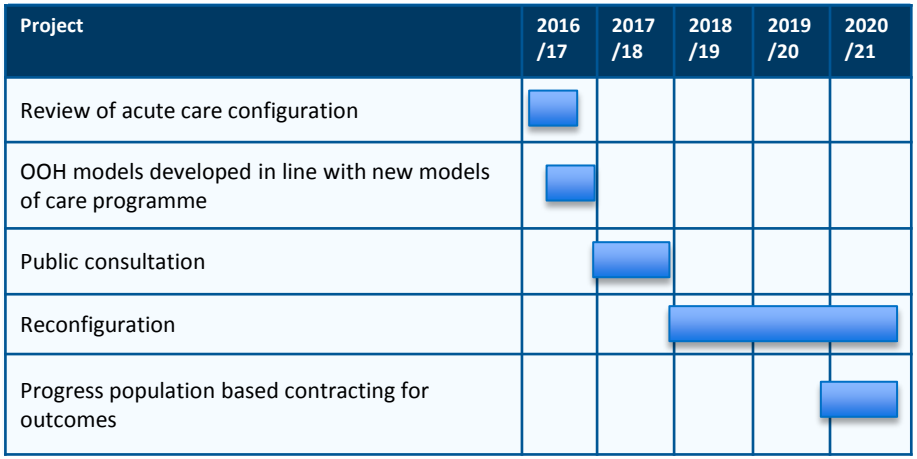
- Sustainable access to 24/7 consultant delivered acute care for the North & Mid Hampshire population and improved outcomes through care closer to home
- Improved quality and performance targets
- Deliver performance targets
- Delayer / remove boundaries between acute/community/primary care/mental health/social care
- Deliver system level savings
- Align incentives in the system to deliver a shared control total
- Efficiencies of £60m by 2020/21

Revenue investment assumed and financial benefit

Investments Required: £TBCm dependant on recommended configuration

SAVINGS: £41m CIP per annum by 2020/21

Projects Timescales



Key personnel

CEO/SRO Sponsor – Heather Hauschild , Chief Officer West Hampshire CCG , Mary Edwards, Chief Exec Hampshire Hospitals & Paul Sly Interim Accountable Officer North Hants CCG
Clinical Sponsor – Tim Cotton, Andrew Bishop & Nicola Decker
Programme Director – Heather Mitchell , Director of Strategy , West Hants CCG
Programme Director - Niki Cartwright, Interim Director of delivery NHCCG
Finance Lead – Mike Fulford, Finance Director, West Hants CCG; Pam Hobbs, Finance Director North Hants CCG & Malcolm Ace FD HHFT
Quality Lead: Edmund Cartwright, Deputy Director of Nursing, West Hants CCG

Stakeholders involved

- NHS – GP's Specialist Commissioning, HHFT, UHS, SHFT, CCG's, SCAS
- Public & Patient Groups
- Government – Local authorities, HCC, Public Health, Local Councillors / MP's
- Regulators – NHSE, NHSI

For project detail see appendix A

Core Programme 6: Mental Health Alliance

Programme Objective - To improve the quality, capacity and access to mental health services in HIOW. This will be achieved by the four HIOW Trusts providing mental health services (SHFT, Solent NHST, Sussex Partnership FT and IoW NHST), commissioners, local authorities, third sector organisations and people who use services, working together in an Alliance to deliver a shared model of care with standardised pathways

Programme Description

We are committed to valuing mental and physical health equally to ensure that support for mental health is embedded holistically across the system and not seen in isolation in order to achieve parity of esteem. We will ensure that people experience a seamless coherent pathway that incorporates the key principles of prevention, risk reduction, early intervention and treatment through to end of life care. The Five Year Forward View for Mental Health, Dementia Implementation Plan, Future in Mind and the Wessex Clinical Network Strategic Vision provide us with a blueprint for realising improvements and investment by 2020 /21 and the mechanism for mobilising the system.

We will achieve this by working at scale to:

Review and transform :

- acute and community mental health care pathways
- rehabilitation and out of area placements
- mental health crisis care pathways

Transformation of mental health services for children and young people including access to tier four beds for young people will be aligned to the Mental Health Alliance and the STP delivery plan. This transformation programme will be underpinned by integrated approaches to commissioning mental health services on an Alliance wide basis . We are committed to reviewing how money from physical health services can be transferred into mental health services. We will develop the workforce to deliver holistic and integrated services for people.

Outcomes and benefits to be delivered

By 16/17 - different approaches to commissioning mental health services on an Alliance wide basis initially focussing on out of area placements and crisis response will be agreed

By 17/18 - A local recovery based solution replacing high cost out of area residential long term rehabilitation will be in place

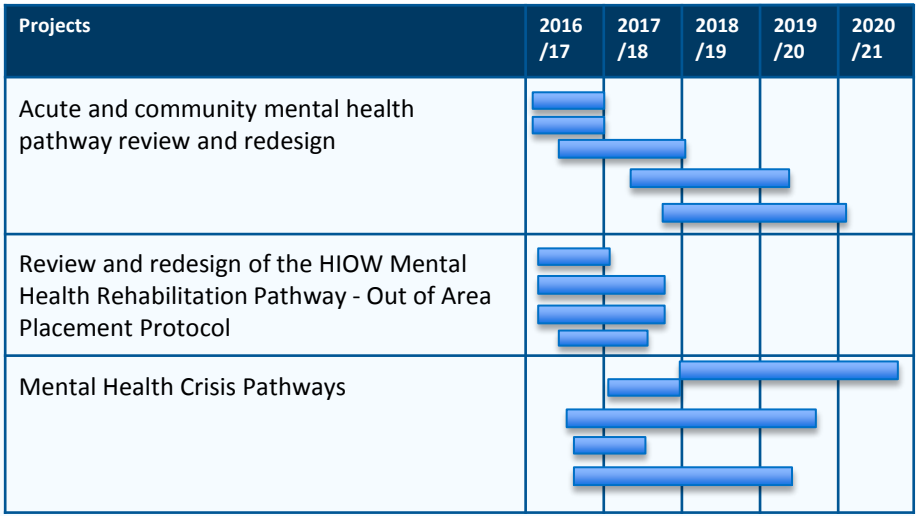
- Adult mental health services will provide timely access to recovery based person centred care in the lease restrictive setting for the least amount of time
- People in mental health crisis have access to 24/7 services
- Services will meet the 'Core 24' service standard for liaison mental health
- Out of area placements will be reduced with the aim to eliminate these by 2020/21
- Young people will have improved access to emotional wellbeing services through the Future in Mind Transformation Plans

Revenue investment assumed and financial benefit

Investments Required: £45m assumed to include partial funding of 5YFV. Additional funding required from STF to meet full 5YFV

SAVINGS: £28m per annum by 2020/21

Projects Timescales



Key personnel

CEO Sponsor: Sue Harriman, Solent NHS Trust
Medical Director and SRO: Dr Lesley Stevens
Programme Director: Hilary Kelly, HIOW STP
Quality Lead: Mandy Rayani - Chief Nurse, Solent NHS Trust

To support delivery of this programme we have formed a Mental Health Alliance with membership from HIOW Mental Health Providers, CCGs, Local Authorities and the third sector. Over the development of this plan we have sought clinical input and leadership through our STP Mental Health Clinical Reference Group

To support the work of the Alliance and our aspiration for developing new ways of commissioning we have in place an STP Mental Health CCG Planning Group

Stakeholders involved

- NHSI
- Primary care
- CQC
- Voluntary & Community Sector
- Wessex voices: patient & public
- Wessex Mental Health and Dementia Clinical Network
- Crisis Care Concordat
- HIOW CCGs
- Surrey and Borders NHSFT
- NHS England
- HCC, SCC, PCC, IOW Council
- Health Education England
- Wessex Academic Health Science Network

For project detail see appendix A

Enabling Programme 7: Digital

Programme Objective: To give patients control of their information and how it is used, allowing patients to manage their long term conditions safely and enable patients to access care at a time, place and way that suits them. To build a fully integrated digital health and social care record, and the infrastructure to allow staff to access it from any location.

Programme Description

This workstream is designed to:

- increase the quality of service provision
- reduce the pressure on care services and
- improve efficiency

The ambitions of this programme are to:

- Provide an integrated digital health and care record
- Unlock the power of data to inform decision making at point of care
- Deliver the technology to shift care closer to home
- Establish a platform to manage Population Health
- Drive up digital participation of service users
- Drive up digital maturity in provider organisations

- In addition the footprint will share the benefits and potential the 'digital centre of excellence' award given to the University Hospital Southampton.

A strategic roadmap for the delivery of the programme has been developed and agreed.

Outcomes and benefits to be delivered

By 16/17 – We would have developed a robust technical strategy, commenced a major upgrade to the integrated care record and rolled out e-consultations to 50% of GP Practices

By 17/18 – Made Wi-Fi available across all care settings, rolled out e-consultations to 90% of GP Practices, deployed the infrastructure to support the care coordination centre and completed the SCAS livelink pilot.

- An integrated care record for all GP registered citizens in Hampshire and IoW
- Flexible IT systems enabling care professionals to work from any location, with access to citizens health and care records
- Citizens able to self manage their health and care plans – eg managing appointments, updating details, logging symptoms
- Real time information to support clinical decision making

Investment required

Investments Required: £35.4m capital

Revenue: £10m per annum by 2020/21

Projects Timescales

Critical Projects	2016/17	2017/18	2018/19	2019/20	2020/21
HIOW Technical Strategy					
Patient Data Sharing Initiative (Phase 1)					
Patient Portal					
E-Prescribing & Medicine Reconciliation					
Digital Communications across Care Providers					
Wi-Fi for HIOW & Cyber Security					
Channel Shift (Phase 1-e-consultations)					
Care co-ordination centre Infrastructure					
Optimising intelligence capability					
SCAS LiveLink Pilot					

Key Personnel

Lisa Franklin - SRO
Dr Mark Kelsey – Clinical Lead
Roshan Patel – Finance Lead
Andy Eyles – Programme Director
Mandy McClenan – Acting Programme Manager

Stakeholders involved

All HIOW partners and programmes

For project detail see appendix A

Enabling Programme 7: Digital

How will Digital enable the core programmes?

Digital Project	Transformational Benefits	Solent Acute Alliance	New Models of Care	Mental Health Alliance	Effective Patient Flow and Discharge	Prevention at Scale	North & Mid Hampshire configuration
Patient Data Sharing Initiative	A shared record would enable all health and social providers to access a single source of patient information which would reduce the need for patients to repeat information, save professionals time and reduce duplication of diagnostics.	✓	✓	✓	✓	✓	✓
	Integrated complex care plans allow multi-disciplinary teams to develop and deliver plans for identified groups of patients, by providing a single up-to-date record which can be shared and updated across a whole health community.		✓	✓	✓		
	Digital care plans that includes social care information and patients' personal circumstances provide the admitting hospital with the information they need to assess. As a result preparations for complex discharges can begin much earlier in the process.		✓	✓	✓		
	Help clinicians to identify those at risk using intelligent analytics to target brief intervention Link patients directly to their results and advice on treatment, if needed		✓			✓	
Patient Portal	A patient portal will allow patients to co-manage their healthcare online reducing the need for hospital visits. It will offer 24/7 support and information, allow patients to cancel and re-book appointments online, view their record and facilitate online consultations	✓	✓	✓	✓	✓	✓
	Helping to keep relatives/carers informed and engaged.	✓	✓	✓	✓	✓	✓
	Provide patient access to self help interventions for smoking, alcohol interventions, weight self-management and increasing activity levels. Linking to health portal can help personalise information					✓	
E-Prescribing & Medicine Reconciliation	Safer and more effective prescribing through a fully integrated, end to end medicines management which allows automated supply, decision support and real time monitoring. This will comprise EPMA in hospitals including closed loop prescribing for safety, medicines reconciliation and standards for coding (DM+D).	✓	✓	✓	✓		✓
	Ensuring that TTOs are ready and available immediately the patient is discharged from Hospital				✓		
Digital Communications	Instant messaging and telepresence enables professionals in different care settings to interact easily with group video calls enabling multi-disciplinary teams to meet online.	✓	✓	✓	✓	✓	✓
Wi-Fi for HIOW & Cyber Security	Ability for staff to access and update patient records, and for patients to access online resources at all health and social care sites.	✓	✓	✓	✓		✓
	Broadly available Wifi will allow community teams that are either co-located or working in the community to get access to their line of business of systems and the HHR.	✓	✓	✓	✓		✓
Channel Shift (Phase 1-e-consultations)	Provides access online resources 24/7. Reduces need for face-to-face consultations, leading to practice efficiency savings. Provides opportunity to collect comprehensive history and early identification of symptoms leading to more productive consultations.	✓	✓				
Care co-ordination centre Infrastructure	A HIOW level 'flight deck' for co-ordinating health and care service delivery, building upon the infrastructure for 999 and 111 calls, providing routing for primary care appointments, referring to clinical hubs, and improving maintaining a live directory of services.	✓	✓	✓	✓	✓	✓
	Improved decision support directly influencing the effectiveness and efficiency of resource deployment.	✓	✓	✓	✓	✓	✓
Optimising intelligence capability	Unlocking the power of information we have is central to our digital roadmap. The analytics capability will drive improvements in service outcomes at a population health commissioning level as well as at a clinical decision making level. Providing risk analysis, cohort identification & tracking, outcome evaluation and clinically lead intelligence & research.	✓	✓	✓	✓	✓	✓

Enabling Programme 8: Estates

Programme Objective: To provide the estate infrastructure needed to deliver the new models of care and to deliver savings by rationalising the public sector estate in Hampshire and the Isle of Wight

Programme Description

The Estates programme has two core and interdependent objectives:

1. To enable delivery of the STP core transformational workstreams and
2. To drive improvement in the condition, functionality and efficiency of the Hampshire and IOW estate.

Outcomes and benefits to be delivered

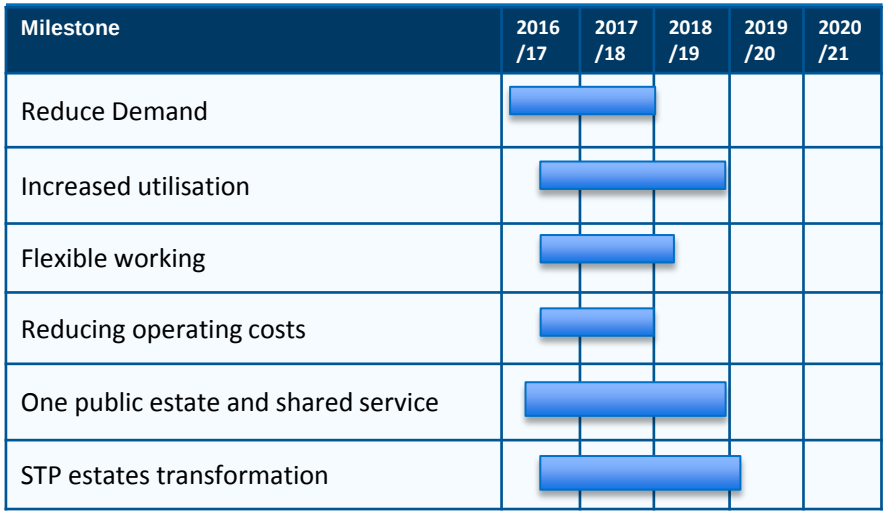
- Improved planning through better sharing of information and expertise.
- Reduced demand for estate which will release surplus estate for other uses such as housing. Current estate has been classified to identify key strategic sites to be fully utilised and estate that is no longer providing a high quality environment for staff and patients. The priority is to replace the worst estate.
- Increased utilisation of key strategic sites to meet requirements of core STP workstreams and improve efficiency. This will ensure that services are provided from the best facilities, contributing to improved patient health and wellbeing. A small number of utilisation audits have been completed which have identified scope to increase utilisation by up to 30%.
- Flexible estates solutions that enable new care models to be delivered. A core group of HIOW estates leads is in place and are supporting all STP workstreams and the local estates forums. 4 HIOW estates workshops have been held, including primary care commissioners, to identify the estates solutions which enable new models of care including area and local health hubs. These will provide extended access and an enhanced range of services which reduce the need for patients to travel to the main hospital.
- Redesigned facilities which facilitate increased mobile working, working closely with the digital and workforce enabling teams. We will increase the number of hot desk facilities to enable staff to access bases closer to their patients, reducing travel and increasing productivity.
- Optimised use of estate as part of 'One Public Estate' programmes enabling patients to access a wider range of services as part of one-stop shops that are tailored to meet local needs.
- 19% reduction in estates footprint and £24m revenue saving by 2020/21

Revenue investment assumed and financial benefit

Investments Required: £5.3m

SAVINGS: £24m per annum by 2020/21

Projects Timescales



Key personnel

- Inger Bird(SRO and Programme Director)
- Michelle Spandley (Chief Finance Officer)
- Becky Whale (Programme Manager)
- Strategic Estates Advisors and Estates Leads from provider organisations, CHP and NHS Property Services

Stakeholders involved

- All enabling and core programmes
- Local Estates Forums and Strategic Partnership Board
- One Public Estate programme
- Housing providers
- Elected representatives
- Communications team

For project detail see appendix A

Enabling Programme 9: Workforce

Programme Objective: To ensure we have the right people, skills and capabilities to support the transformed health and care system by working as one HIOW to manage staffing, development, recruitment and retention.

Programme Description

To work as one system to develop the right people, skills and capabilities to support the transformed health and care system. By working as one we will ensure we remove organisational and professional boundaries and make better use of resources across the system. We will exploit the potential of new technology and reduce unnecessary competition for limited staffing resources.

Outcomes and benefits to be delivered

By 16/17 – Control of pay costs and use of agency workforce. Detailed plans developed with each work stream

By 17/18 - Implementation underway of workforce transformation plans to deliver the STP core programmes and the HIOW system approach to staffing

- A flexible workforce shared across geographical and organisational boundaries, working in new ways with extended skills to deliver the core STP programmes
- Health and care roles which are more attractive to local people, enabling the development of a stronger community based workforce
- Significant reduction in the use of temporary and agency workers
- Increasing the time our staff spend making the best use of their skills and experience
- No overall growth in the workforce over the next five years

Financial benefits

The workforce financial benefits are quantified within each of the core programmes. However anticipated workforce cost reduction will be:

- Reduce system temporary staff spending costs by 10%
- Reduce corporate costs by 15% through redesigning services for the system rather than each organisation within the system
- No system increase in workforce costs.

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Workforce planning and Information					
Recruitment and Retention a) Strategy b) Recruitment hot-spots					
System wide use of resources a) Workforce b) corporate back office functions					
Technology					
Education and Development a) Making best use of our resources b) Ensuring our staff are best equipped for the future					
Engagement and Organisational Change					

For project detail see appendix A

Key personnel

Sue Harriman (CEO/Lead AO for workforce)
Sandra Grant (Programme Director)
Ruth Monger (Co Chair of LWAB) Health Education Wessex
Local Workforce Action Board members
HR Directors across H&IOW & Staff Side representatives

Stakeholders involved

All enabling and core programmes
Staff and staff side
Communications team

Enabling Programme 10: New Commissioning Models

Programme Objective: To adapt our methods, tools, resources and architecture for commissioning health and care, to reduce unnecessary duplication of commissioning work and facilitate the delivery of the STP. To generate cost reductions in expenditure on Continuing Health Care and Prescribing through working at scale.

Programme Description

The Programme aims to align commissioning intentions and planning for the future form and function of commissioning across HIOW, to enable:

- Commissioning activities orientated around tiers
- Closer integration of health and social care commissioning around 'place-based' solutions
- Contracting and payment approaches that support the implementation of new models of care & alliance / MCP / PACS or ACO contracting , including progressing:-
  - PACs model in NE Hampshire and Farnham
  - Accountable care system for Portsmouth, SE Hampshire and Fareham and Gosport
  - My Life a Full Life on the Isle of Wight
  - Develop place based systems across Hampshire (building on the Vanguard work of Better Local Care) and Southampton.

Additionally, the Programme aims to improve the delivery of CHC processes and reduce variation in prescribing practices.

Outcomes and benefits to be delivered

- Outcome based commissioning to local populations with aligned incentives within the system to facilitate the delivery of patient-centred integrated services
- Effective Commissioning at scale to allow management of system control total and to develop the role and structure of commissioning within the new contract system, releasing efficiencies .
- Place based solutions to move at pace in the delivery of new models of care and acute alliances.
- Improved performance in timely delivery of CHC processes.
- Improved patient outcomes benefits and savings benefits through reduced variation in prescribing practices.

Financial benefit

£ **SAVINGS: Reduced system infrastructure costs £10m per annum by 2020/21 CHC £36m. Prescribing £58m.**

Projects Timescales

Projects	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
Commissioning transformation					
Delivery of CHC processes					
Reduce variation in prescribing practices					

Key personnel

CEO Sponsor – Dr Jim Hogan
Programme Director – Heather Mitchell
Programme Advisor - Innes Richens & Helen Shields
Finance Lead – James Rimmer

The eight Clinical Commissioning Groups across Hampshire and the Isle of Wight have established a Commissioning Board and a commitment to collaborate fully on the commissioning of acute physical and mental health services.

Stakeholders involved

NHS - GP's, Specialist Commissioning, Acute Trusts, Community SCAS, Trusts, CCG's, Pharmacies.
Public and patient groups, Government - Local authorities, HCC, Public health, Local Councillors / MP's
Regulators – NHSE, NHSI

For project detail see appendix A

Section 3: Ensuring successful delivery

Culture, Leadership & OD

Moving from development to implementation

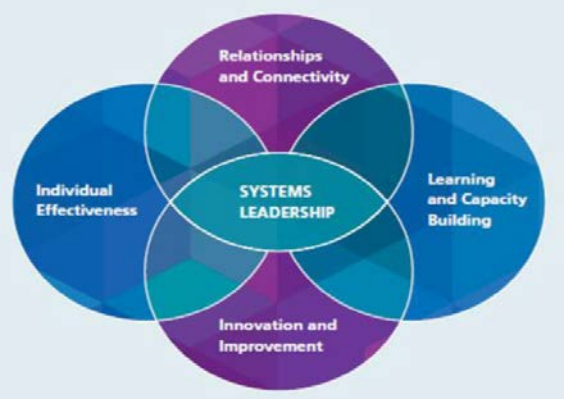
As we move from STP development to implementation and delivery, partnership behaviours will become the new norm. It is acknowledged that no one organisation holds the solution to the system leadership challenge required to transform the health and care. Leaders across the HIOW system recognise that in order to realise the benefits of the transformation STP, we must ensure adequate time and resource is invested in embedding the changes needed. To that end senior leaders have been personally committing time and sharing resource to ensure that across HIOW we are already seeing a culture change, including an increase in partnership working.

An example is the culture change we are delivering in primary care in the Hampshire MCP – 'Better Local Care'. Dr Nigel Watson MBBS FRCGP, Chair SW New Forest Vanguard, CEO Wessex Local Medical Committees states: '*GPs provide the vast majority of daily contacts with patients. Practices, supported by a range of health and care professionals, are moving towards working in wider natural communities of care to provide services, including self care and prevention, integrating with community services, using a common health record and looking at better ways to deliver care for patients with long-term conditions or who need urgent care'.* A Further example is the moves we have made to fully integrated local delivery models. Simon Jupp, Director of Strategy, Portsmouth Hospitals NHS Trust states *'The willingness of all partners to create a sustainable health and social care system on behalf of the population we serve is inspiring and liberating'.*

We started to develop the STP plan in May 2016 with over 80 leaders including CEO's Accountable officers clinical chairs and medical directors & met for a 2 day externally facilitated event that resulted in partnership working across the programmes such as, the commitment to the Solent acute alliance. We built on this in June with a further facilitated event with 60 leaders including Directors of Finance. What we have already seen developing as inclusive leaders agreed principles of working, resulting in different behaviours and fostering new ways of working. The failure of strategic change projects is rarely due to the content or structure of the plans put into action, it's more to do with the role of informal networks in the organisations & systems affected by change. To make transformational change happen we will need to connect networks of people who 'want' to contribute.

Developing our culture and OD plan

OD should provide the ability for a system to transform, reflect, learn, and improve systematically. In order to deliver the STP, system leaders at all levels need to build relationships of trust and respect across the system, in order to work effectively together and demonstrate values and behaviours which are consistent and honest. As a framework for System leadership we will use the framework below to start the development conversations

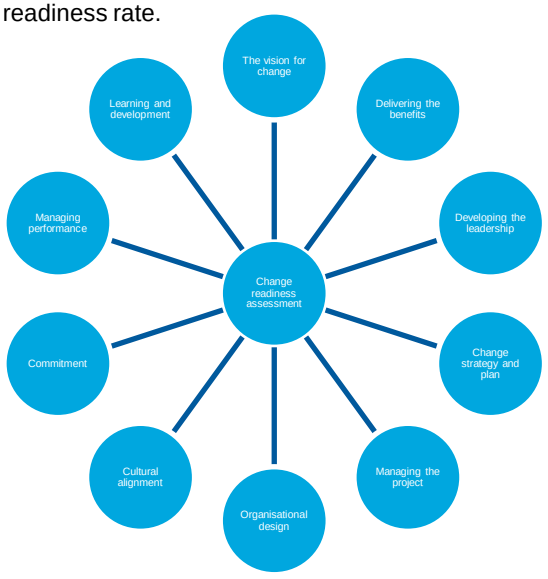


Change model management cycle

To reap the benefits of the transformation of the STP, we must ensure adequate time and resource is invested in embedding the changes at the frontline of service delivery. For change to be effective, in addition to effective leadership, change management capabilities must be embedded within the portfolio, programme and project teams responsible for delivering change across the STP. In delivering the STP, we will use a we will use a framework for change that is based on best practice methodologies.

Change readiness assessment

A change readiness assessment will be conducted to outline the baseline change rate of the STP. Once the portfolio begins the delivery stage, frequent change readiness assessments will be conducted to calculate the change readiness rate.



System Approach to Quality and Equality

System Quality Aims

The programme of transformation across HIOW presents clear opportunities for health and social care organisations to work together to fix current quality challenges. Our approach will not replace individual organisations quality duties but aims to deliver:

- A more streamlined and efficient approach to quality measurement and monitoring
- Opportunities to increase the patient/carer voice in defining, measuring and evaluating the quality of services
- Better understanding of quality variation across the entire patient pathway rather than in silos
- The structure, process and guidance needed by teams working on new models of care to ensure regulatory compliance
- Better use of data, including the effective triangulation of multiple sources of data and quality surveillance that focuses on early warning and prevention rather than multiple investigations after the event
- New provider/commissioner alliances and configurations which will support reconfigured services and organisations e.g. accountable care systems
- A real focus on health gains, linking quality to population health outcomes in new and innovative ways
- Agreement on the approach to defining, measuring and monitoring quality which will be required under new contractual arrangements.

Key workstream projects

1) STP Quality Impact Assessment process
2) HIOW STP/Vanguard quality governance framework & toolkit
3) HIOW quality data surveillance and analytics approach
4) Draft quality metrics and contract schedules for new care models
5) Agree core quality improvement priorities

Immediate Priorities

HIOW STP Level

- Agree revised definitions for quality and clinical governance which will apply to the whole STP footprint and integrated care pathways e.g. development & spread of Logic Model
- Develop methods to evaluate the quality impact of service transformation plans
- Develop specific requirements for quality in a shared approach to quality intelligence and analytics
- Contribute to setting STP and local health outcomes
- Develop a quality governance toolkit for use by all new models of care based on the 5 CQC domains
- Agree what quality functions should be amended, stopped, or started
- Influence key national stakeholders e.g. NMC, GMC, CQC, NHSI, NHSE Vanguard Team

Local Health System Level

- Draft quality schedule for new models of care contract
- Agree core quality metrics for quality in new models of care and across partners/pathways
- Drive data for improvement to individual healthcare professional and service levels
- Agree methods for monitoring quality across new provision platforms e.g. digital and voluntary services
- Appoint quality leads into each locality
- Ensure patient, public and carer voice in quality is central
- Implement the quality governance toolkit at a local level
- Collate and analyse quality datasets
- Identification of transition quality risks and mitigation for these
- Work to a programme of quality improvement initiatives
- Use quality improvement science and evidence based methods

HIOW STP equality and diversity principles

HIOW STP member organisations are committed to promoting equality in the provision of health care services across the HIOW geography. The STP work streams are underpinned by the belief that it is only by achieving equality and celebrating diversity that we can provide quality services and improve the experience of people who use our services and the staff who care for them. Equality and diversity processes in the STP include:

Equality Delivery System	The public sector equality duty is embedded in each STP NHS member organisation through adherence to the NHS Equality Delivery System (EDS).
Equality Standards compliance	Through the process of individual organisation registration with the Care Quality Commission (CQC), NHS provider organisations are required to demonstrate compliance with the CQC's essential standards for quality and safety.
EQD embedded in STP QIA	All STP work programmes will be subject to assessment at stage 1 and those whose quality or equality impact is deemed moderate or significant will be required to undertake a more in-depth stage 2 review before proceeding.
EQD embedded in consultation processes	The STP work programmes will actively seek opportunities to consult and engage with service users and the public who are representative of the 9 protected characteristic groups as part of its wider consultation and engagement programme.

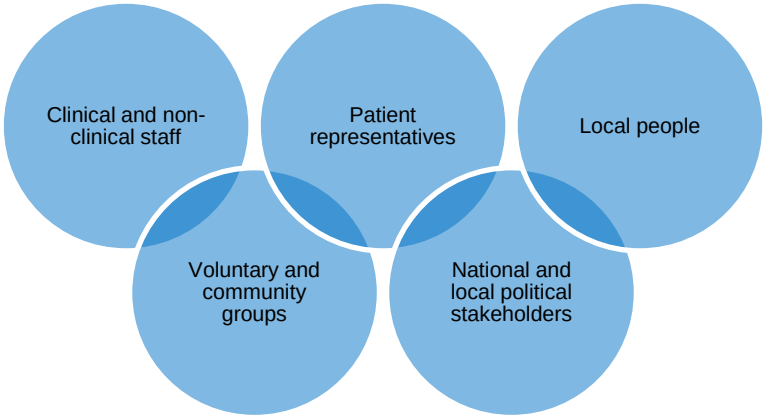
Engagement and consultation on the STP

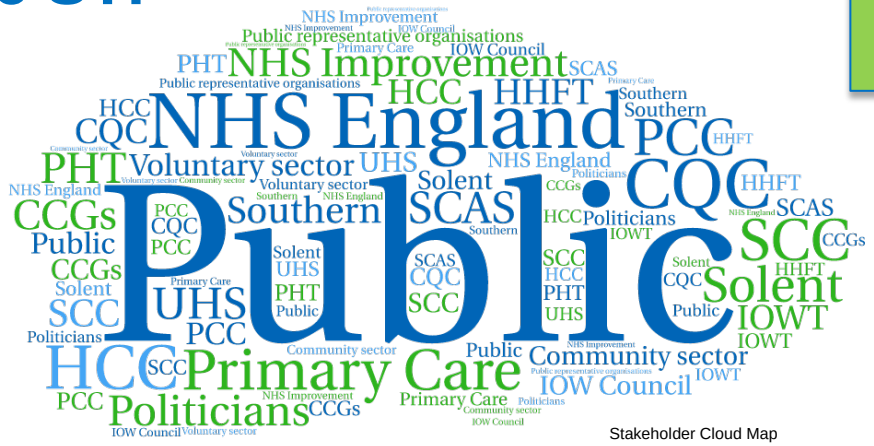
Our communications and engagement strategy is based on informing, involving, sharing and listening.

Strategic approach

Substantial productive engagement with patients, voluntary and community groups and wider communities has and continues to be carried out across Hampshire and the Isle of Wight in support of the development of local health and care services. We will build on this strong framework in delivering the STP, using existing local channels and relationships within HIOW to engage with people as we develop and implement plans.

We will develop key messages that can be used in all settings to describe and explain the purpose and vision of our STP.





Stakeholder Cloud Map

Engaging with our staff

We will target messages at a local level through the relevant organisation to engage with our staff, recognising that 'Hampshire and the Isle of Wight' is not a natural community of care and that staff loyalties are to their employing organisation.

Engaging with our local MPs and Councils

Relationships already exist between health and care organisations in HIOW and local MPs, HWBs and Councils. These relationships will continue to be the conduits for ensuring these key stakeholders are kept informed and involved in delivering the STP.

Engaging with local people and voluntary and community groups

We will continue to use our existing local channels within HIOW to engage and consult with people and local voluntary and community groups as we develop and implement plans. For example, the local population on the Isle of Wight was involved in developing the new vision for My Life a Full Life; there has been extensive engagement with the public in developing West Hampshire CCG's locality plans through public events and focus groups; the Southern Hampshire Vanguard Multi-Specialty Community Provider programme involves local NHS, local government and voluntary organisations in extending and redesigning primary and community care across most of Hampshire.

It is not intended to try to duplicate all the work that is already being carried out locally in the NHS community or to create a whole new suite of communication channels or engagement activity.

Engagement about any proposed changes to existing services will continue to be carried out by the statutory body or bodies responsible for proposing the change, supported by relevant information from the STP. This will ensure that engagement is carried out at a local level and led by an organisation with which local people are already familiar, recognising that 'Hampshire and the Isle of Wight' is not a natural community of care and that people's loyalty is to their own GP and local hospital and then to the wider NHS as a whole.

Formal consultation

It is unlikely that formal consultation would be undertaken on something as all-encompassing as the STP and across such a wide geography. Specific changes such as centralisation of a clinical service on the grounds of quality, safety and sustainability or a reconfiguration of services within a smaller geographical footprint (for example, north and mid Hampshire) are likely to be subject to formal consultation on a case by case basis. In such a case, the relevant statutory body or bodies would be responsible for carrying out any formal consultation on the proposed change.

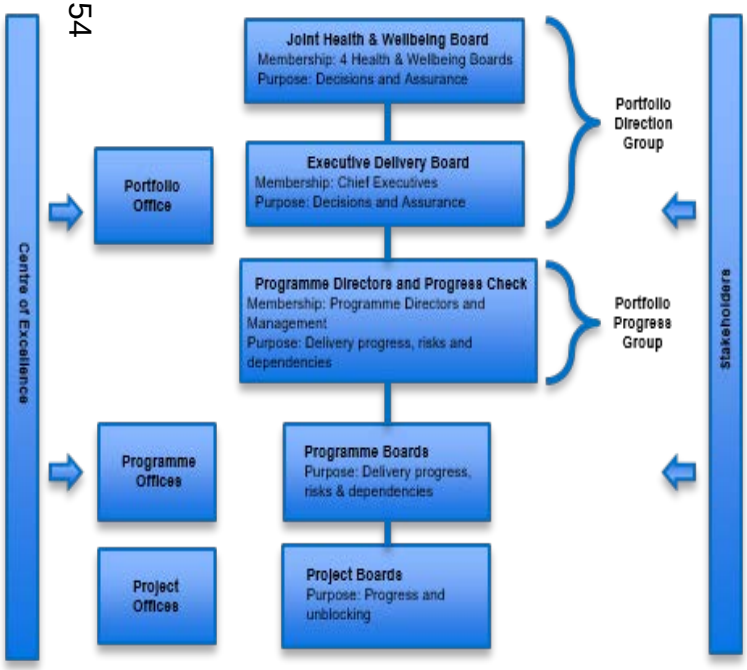
Our Delivery Architecture and Capability

Best Practice Frameworks

To enable and inform effective and collaborative decision making by the STP Steering Board, best practice portfolio (MoP*) and programme (MSP*) management frameworks are being established. This will ensure appropriate visibility and control of all HIOW STP transformation programmes and projects. In particular, as part of the MoP framework, the MoP Definition and Delivery Cycles will help to achieve the portfolio vision by optimising the balance and delivery of all in-scope programmes and projects.

The MoP Definition Cycle defines what initiatives and changes the portfolio is going to deliver and plans for how those can be achieved. The MoP Delivery Cycle identifies practices to ensure the successful implementation of the planned portfolio initiative and to ensure the portfolio adapts to changes over time.

Proposed Portfolio Management Governance Model



The centre of excellence (COE) will be part of the role of the Core Group and will provide the means for programme and project teams to capture lessons. In this way, the organisation can continuously improve programme and project delivery.

As part of the setup phase, the following 10 key principles will be adopted to inform the effective design and implementation of effective portfolio management:

- Single view of the portfolio
- Strategic alignment
- Portfolio sufficiency
- Maximising return on investment
- Managing the delivery constraints
- Balancing the portfolio
- Effective and timely decision making data
- Execution focus
- Dealing with systemic risks
- Focus on things that matter

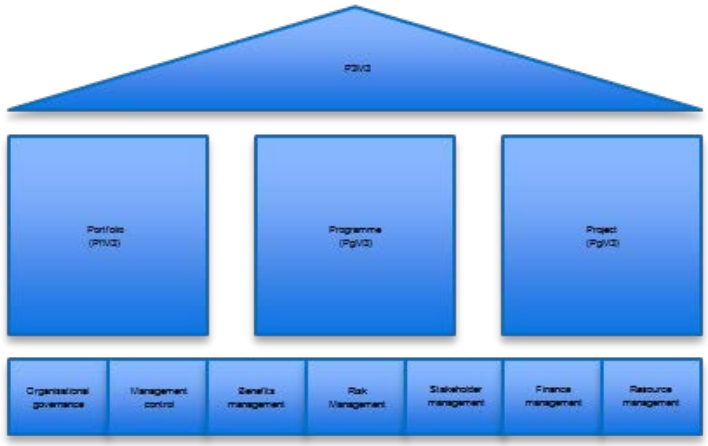
Reporting and Monitoring

The portfolio will be managed using high-level dashboards to outline objectives, items for board attention, major risks and issues, status and delivery milestones. These will be repeated at both programme and portfolio level and be updated monthly for board review.

In addition, to create an effective reporting infrastructure there is intention to plan and role out a web-based project extranet application. This web tool would facilitate engagement across portfolio, programme and project levels.

Delivery Maturity

Whilst HIOW contains individually competent organisations as a system our delivery capability is immature. Partners recognise this and are committed to purposeful investment and measured improvement. To do this we will benchmark ourselves using accepted best practice methodologies such as the Portfolio, Programme and Project Management Maturity Model (P3M3) seek to increase over time our skills base in Transformation and Change.



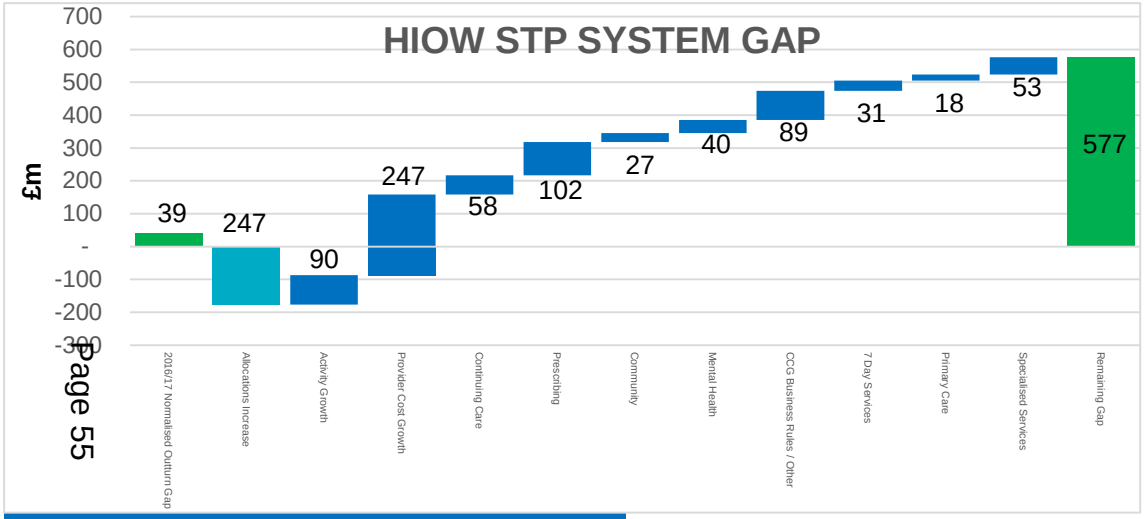
P3M3 allows an assessment of the process employed, the competencies of people, the tools deployed and the management information used to manage and deliver improvements. This enables organisations to determine strengths and weaknesses in delivering change.

*MoP: Management of Portfolios
*MSP: Managing Successful Programmes

Section 4: The Financial Gap

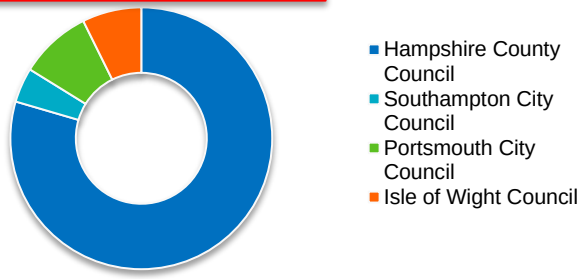
Financial Challenge & Strategy

If NHS organisations across HIOW do nothing to deliver efficiencies and cost improvements and to change the demand for health care services, the way they are accessed and provided, we will have a financial gap of £577m (18% of commissioner allocations) by 2020/21



The environment is more challenging when the savings from social care are included into the picture

Circa £192m Financial Challenge by 19/20



Key themes from Social Care savings plans are :

- Review current operating models;
- Focus on early intervention & prevention, reducing reliance on Social care;
- Focus on needs and better outcomes, withdrawing low impact services;
- Improving efficiency & effectiveness;
- Utilising technology & digital solutions.

Many themes are common to Health and Social Care. We are committed to working together to maximise synergies in spending and savings opportunities, as well as avoiding unintended consequences of savings plans. As an example, Portsmouth are developing a joint health and social care operating plan.

We will close our financial gap by:

Transforming services to improve patient experience and outcomes, and at the same time reducing both overall system costs and avoiding future cost pressures from unmitigated growth in demand for services

Working with social care to target investment where we will get best value and outcomes for our population;

Striving for top quartile efficiency and productivity (including maximising Carter Review and Rightcare analysis opportunities)

Working with local authorities to focus on prevention, and invest in primary and community services, and where appropriate avoid costly hospital admissions and focus on timely discharge from hospital;

Adapting financial flows and current contracting and payment mechanisms to align outcomes, metrics and financial incentives to support optimum patient outcomes, improved decision making and financial stability.

Changing the Way We Work

The financial plan represents collaborative working between CFOs and FDs in HIOW, working alongside our Local Authority peers. Each programme has senior finance support to ensure the robustness of our plans.

Our future financial sustainability will only be a reality by working together collaboratively, with a relentless focus on overall cost reduction across HIOW.

We are reorganising our delivery mechanisms to work together in the overall interests of financial sustainability rather than in organisational silos, developing aligned planning processes, investment decisions and risk management. The senior HIOW finance leadership now reviews in year financial performance and risk management against the overall control total.

We have strengthened links with social care and improve our joint planning processes with our local authorities. An example for our system is Portsmouth's work to develop a joint operating plan for health and social care.

We are also reviewing financial flows and will adapt current contracting and payment mechanisms to align outcomes, metrics and financial incentives to support optimum patient outcomes and financial stability.

Investing in Our Future: Revenue

Our plans will require investment in our new model of care, focusing on prevention, out of hospital care and digital technology. Based on a combination of local plans and national guidance received on investment in the 5 Year Forward View, our indicative investment plans are outlined below. Final investment will be subject to an agreed business case and value for money assessment.

Investments	2017/18	2018/19	2019/20	2020/21
Local Investment Assumptions:				
GP £3 per head	4.5	4.5		
Mental Health (incl. 5YFV)	9.4	21.3	32.1	44.6
Community Growth (Support to New Care Models)	9.3	17.5	25.8	35.8
7 Day Services (Support to New Care Models)	-	-	-	31.0
Total Local Investments	**23.2**	**43.3**	**57.9**	**111.4**
STP Investments				
Anticipated Support to bottom-line (STF)	48.6	48.6	48.6	60.0
Transformation Funding Requested:				
GP Access	15.7	16.2	18.8	20.8
Digital Roadmap	7.8	8.0	9.3	10.3
Mental Health	4.8	5.0	5.8	6.4
Cancer	2.4	2.5	2.9	3.2
Maternity	1.1	1.1	1.3	1.5
Prevention	3.2	3.3	3.8	4.3
New Care Models	6.1	7.6	11.3	12.5
Other (Further Support / Contingency)	0.0	0.0	5.6	-
Total STP Investments	**89.7**	**92.3**	**107.5**	**119.0**
H&IOW Indicative Share of National allocation	**89.7**	**92.3**	**107.5**	**119.0**

HIOW indicative share of the STF is £119m. We would like to invest £59m in services and utilise £60m to close the residual financial gap in 2020/21.

Investing in Our Future: Capital

We need to invest in our capital infrastructure to secure our vision, subject to full business case assessment and access to capital funds:

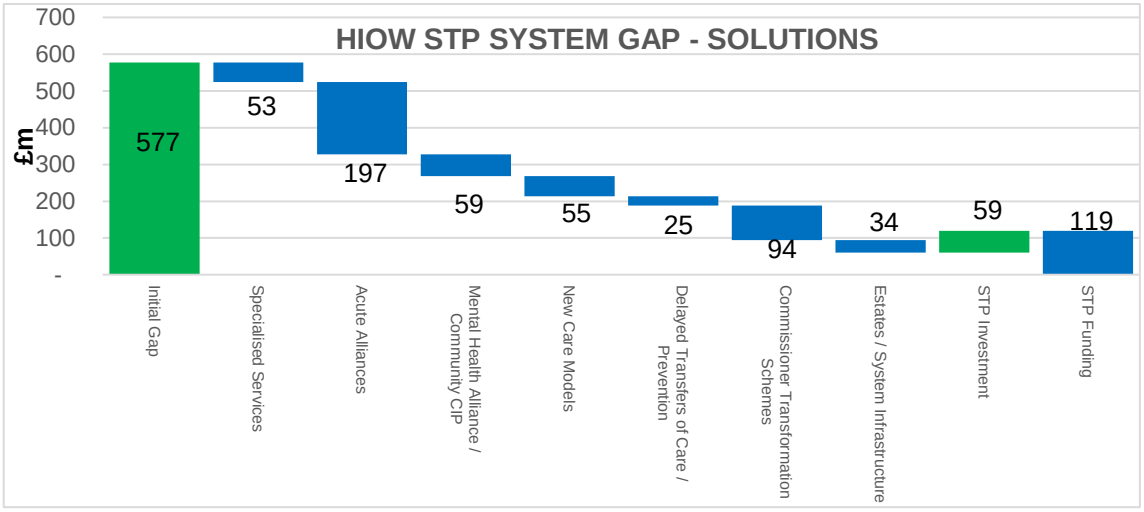
STP Capital investment summary		2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m	Total £m
MH Alliance	Acute & PICU re-design	0.0	0.0	7.7	4.0	11.7
Solent Acute Alliance	New theatres, path, pharmacy	15.5	11.3	1.0	-	27.8
Solent Acute Alliance	Digital maturity	6.2	4.3	2.8	2.0	15.3
Digital	Local Digital Roadmap	9.4	6.0	3.6	1.2	20.1
New Care Models	Primary & Community hubs	43.4	65.1	0.0	0.0	108.5
New Care Models	St Mary's CHC Portsmouth BC	5.9	5.4	0.0	0.0	11.3
HIOW STP Total		**80.4**	**92.0**	**15.1**	**7.2**	**194.7**

Foot note:

- As the future configuration of services in North and Mid Hampshire is still in development, the financial plan has not been able to reflect the financial implications of this within the STP. However, it is anticipated that capital and revenue investment will be required, which will be considered as part of a future business case.
- It should be noted that this does not represent a full capital picture for the entirety of the HIOW

Closing the NHS Financial Gap: Work to Date

Through a combination of efficiency and transformation, and using £60m of the Sustainability and Transformation Fund, we can close the £577m gap by 2020/21 to deliver a breakeven position:



Key Metrics

Activity

Our transformation plans will reduce growth in the secondary care sector as follows:

Activity 2017/18 - 2020/21					
Do Nothing	Total	Transformational Solutions	Total	Net Change after Transformation	Total
Non Elective admissions (NEL)	8.9%	NEL	-9.6%	NEL	-0.7%
Elective admissions (EL)	8.7%	EL	-3.5%	EL	5.2%
Out Patient First appointment (OPF)	16.3%	OPF	-7.7%	OPF	8.7%
Out Patient Follow Up (OPFU)	16.3%	OPFU	-20.0%	OPFU	-3.7%
Emergency Department (ED)	9.3%	ED	-10.2%	ED	-0.9%

Beds

We will use our bed capacity more effectively, and will seek to generate 9% efficiency in our acute bed stock (worth c.300 beds).

Workforce

We expect to spend the same amount in four years time on workforce costs (other than cost increases from any future pay and pensions increase), but in different settings and on different staff groups and skill mixes. We will decrease reliance on agency workers, flexing staff resources across the system and making the best use of technology.

Specialised Commissioning

NHS England has prescribed direct commissioning responsibility for specialised services (a range of services from renal dialysis and secure inpatient mental health services through to treatments for rare cancers and life threatening genetic disorders), which accounts for nearly 15% of total NHS spend.

Pathways of care frequently include elements that should only be delivered in a limited number of providers but, across NHS South, there are 49 organisations that provide at least one acute specialised service, with just six providers accounting for half of the total spend; this includes University Hospitals Southampton NHS Foundation Trust, which accounts for an annual specialised commissioning spend of around £275 million (see chart).

Ambition and vision for specialised commissioning
The ambition of NHS England is to bring equity and excellence to the provision of specialised care through patient-centred, outcome-based commissioning. This requires coordination between provider organisations to ensure that care is delivered in specialist departments where necessary, with local repatriation where possible.

Proposal
The drive to meet commissioning specifications, reduce variation and improve value will result in fewer providers of specialist services. New models of care and innovative commissioning models are needed to support networked provision of services to address access and ensure long-term sustainability of high quality specialised care, requiring Specialised Commissioning to work closely with providers and STPs.

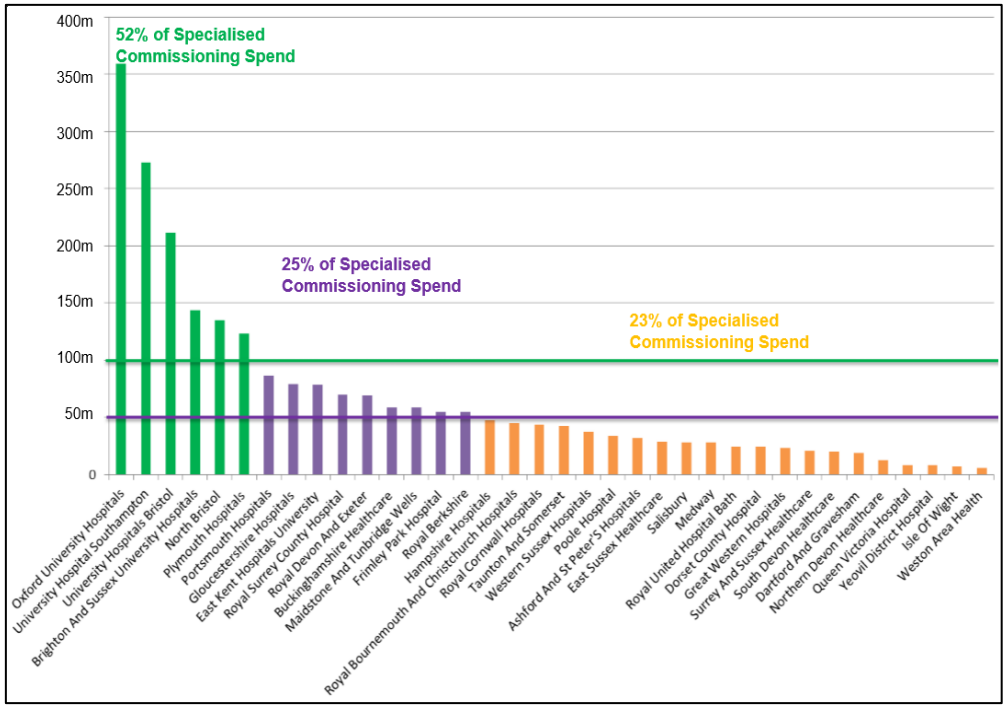
Progress to date
NHS England recently held seven triangulation events, which highlighted:

- Areas of alignment between STP planning and Specialised Commissioning
- Areas where further work will be required to coordinate pathways across different STP footprints and NHS England regional boundaries
- Areas where alignment of commissioning within STPs brings about opportunities to improve planning, contract and transformational delivery

Work will continue to address these areas.

Finance and QIPP Delivery
NHS England Specialised Commissioning (South) has calculated financial allocations based on the utilisation of specialised services by the STP (constituent CCGs) population. The 'do nothing' scenario for Specialised Commissioning within the STP sets out the financial impact of assumed growth based on national indicators for population growth for the CCGs in the STP. To close the gap (break even) and deliver against its elements of the financial gap, Specialised Commissioning is planning for both Transactional and Transformational QIPP, which will be cumulative over the duration of the STP.

QIPP has been set at c3% for all providers across the STP (1.5% Transactional and 1.5% Transformational). This amounts to £53 million for the HIOW area. The split is even across providers at the moment but Transformational schemes may have a greater impact on certain services. The accuracy of this figure therefore remains a significant risk for the STP. We will work with Specialised Commissioning to mitigate any risk the plans and the proposed approach may pose.



Closing the NHS Financial Gap: Further Work Underway

In order to achieve the control total surplus position the H&IOW system needs to deliver an additional £63m savings – which are yet to be identified.

Meeting commissioner and provider control totals

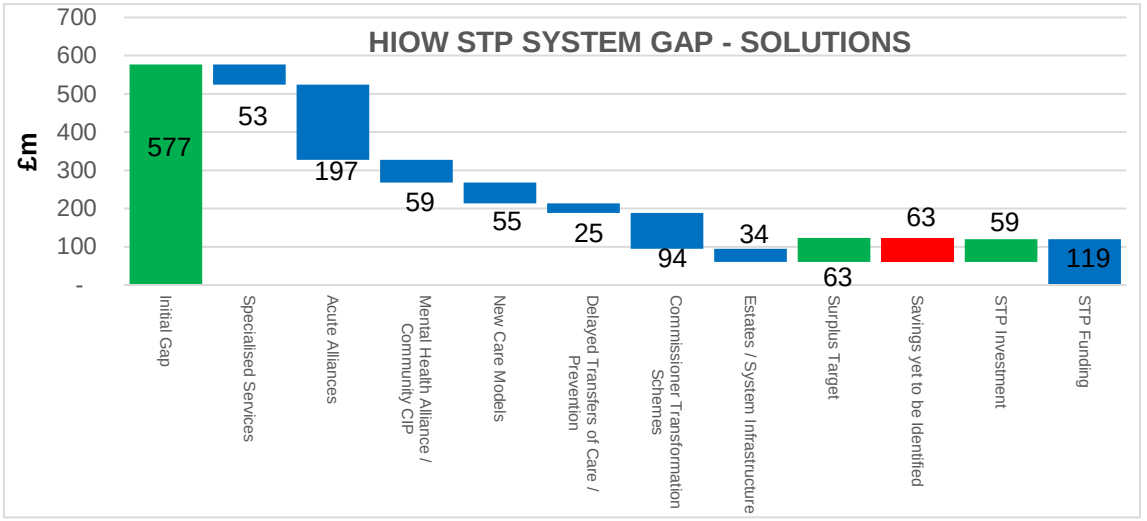
Commissioner and provider control totals have now been allocated and this has increased the 2017/18 and 2018/19 requirement above the previous submission which assumed breakeven was required. The control totals add to the challenge as follows:

SURPLUS REQUIREMENT	2017/18 £m	2018/19 £m
Commissioner	3.7	11.8
Provider	46.2	62.6
Increase in Financial Challenge	49.9	74.4

HIOW have approved the submission of a financial model that achieves the required surpluses on the basis that we:

- We accelerate the delivery of net benefits consistent with the financial challenge in earlier years of the STP;
- We explore early access to additional STF transformation funds;
- All organisations work together to develop further more radical transformation plans to bridge any residual gap;
- We use CCG non recurring headroom to support the STP in the delivery of its financial obligations.

Provider control totals have been set assuming the impact of introducing HRG4+. As the implementation of HRG4+ has not been adjusted in CCG allocations at the time of submission, we have not yet been able to fully assess the effect on the financial plan and the unidentified savings gap. This is therefore an unknown risk at this time. Should there be a material difference between the nationally modelled impact upon provider control totals and the local CCG allocations to neutralise CCG buying power then further discussions would be needed with our regulators.



The annual profile our the plans requires the following savings to be delivered:

Investments	2017/18	2018/19	2019/20	2020/21
Financial Gap to Break-even	195.1	315.0	435.8	576.6
Provider Surplus Control Total	46.2	62.6	62.6	62.6
Commissioner Surplus Control Total	3.7	11.8	9.4	0.3
STF to support Financial Position	- 48.6	- 48.6	- 48.6	- 60.0
Total Savings Required	**196.3**	**340.8**	**459.2**	**579.5**
Savings %	**34%**	**59%**	**79%**	**100%**

Impacts on Activity

Activity 2017/18 – 2020/21				
Measure	Do Nothing Growth from 16/17	Transformational Solutions Growth Containment	Net Hospital Change after Transformation	Community Impact Planned Potential
NEL	14,294 8.9%	-15,388 -9.6%	-1,094 -0.7%	1540 extra patients managed at home by primary care 9,000 short stay admissions avoided 5000 more complex cases managed in the community
EL	18,966 8.7%	-7,702 -3.5%	11,264 5.2%	7702 avoided admissions through shared decision making, clinical thresholds, reduced duplication
OPF	89,978 16.3%	-42,215 -7.7%	47,763 8.7%	21,108 fewer hospital appointments through better ways of working 21,108 fewer hospital appointments referred to community alternatives
OPFU	159,961 16.3%	-196,249 -20.0%	-36,288 -3.7%	98,125 fewer routine face to face follow ups 98,125 follow-ups redirected to community alternatives e.g. stable glaucoma
ED	54,416 9.3%	-59,993 -10.2%	-5,577 -0.9%	18,000 extra patients managed in primary care 36,000 signposted to 24/7 community urgent care services 6000 people managed via education and web-based directories
XBD	18866 10%	-49050 -26%	-30184 -16%	50,000 alternative days of care provided out of hospital, at least in the short term. Includes 30,000 extra dom care visits or 82 more per day, and 20,000 extra days of health or social care

Impacts on Workforce

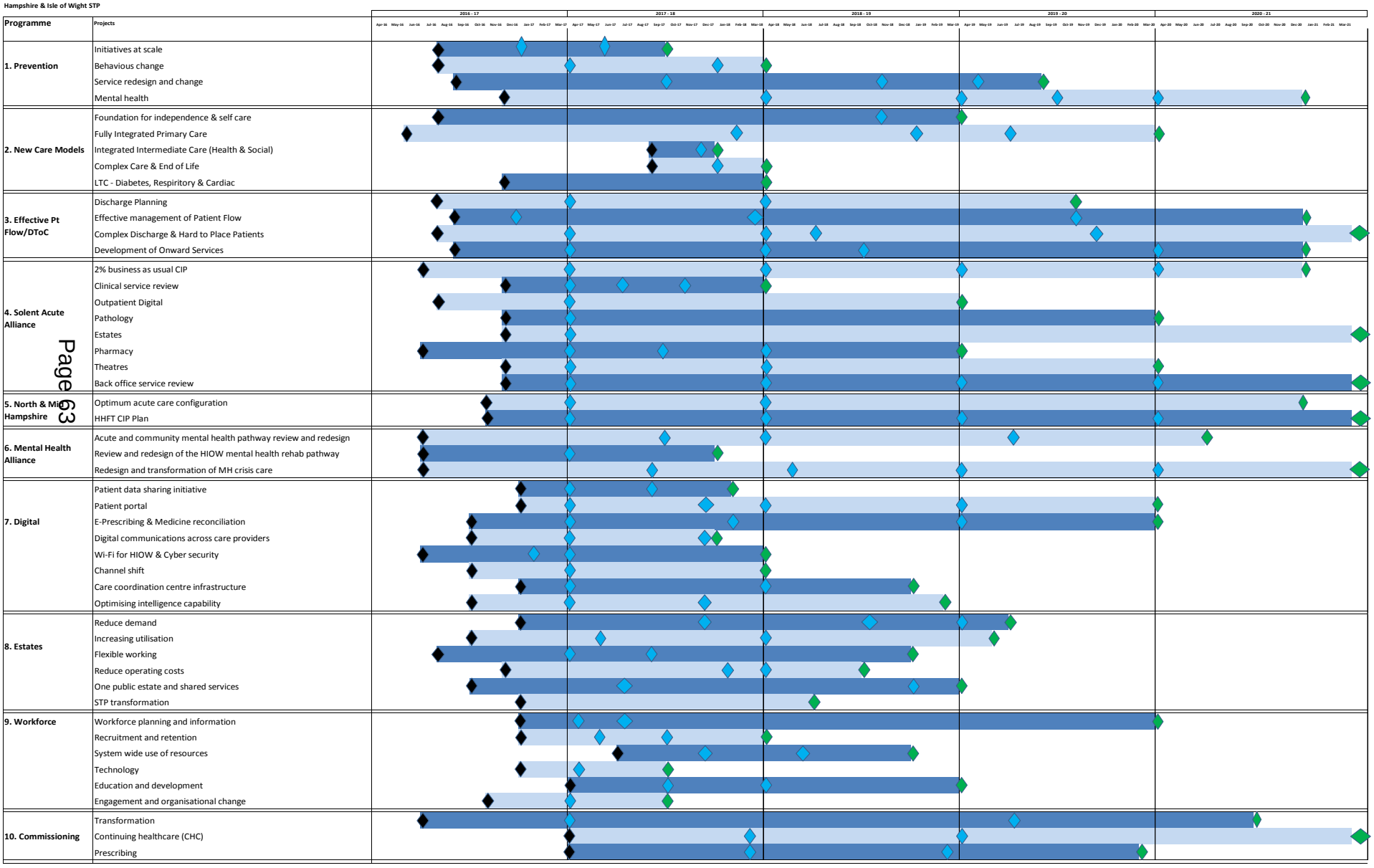
Workforce Analysis - by 2020/21	Do Nothing – Total pay bill	Solutions – Total pay bill	Do Something –Total pay bill	Comments
GP	0.0%	0.0%	0.0%	We will comply with growth expected in GP 5YFV
GP support staff	0.0%	0.0%	0.0%	
Back office rationalisation	0.0%	-10.0%	-10.0%	Estimate of share of system infrastructure savings target
Qualified Ambulance Service Staff	8.3%	-8.3%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
NHS Infrastructure Support	6.9%	-6.9%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Support To Clinical Staff	11.0%	-11.0%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Medical And Dental	9.8%	-9.8%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Registered Nursing, Midwifery and Health Visiting Staff	10.1%	-10.1%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Scientific, Therapeutic and Technical Staff	9.9%	-9.9%	0.0%	Assumption that provider pay bill will not increase from 16/17 levels
Total WTE	**8.1%**	**-8.3%**	**-0.2%**	Assumption that provider pay bill will not increase from 16/17 levels

NB: the workforce analysis is presented in this format to comply with NHSE guidance, however it should be noted that the workforce plans within STP have a greater specificity. This graphic representation is extremely broad in nature and must be taken in that context.

- If we continue to deliver care within our current service models (The 'Do Nothing' position) there will need to be a significant increase across the majority of staff groups leading to a 8.1% increase in staff pay bill overall.
- The impact of our delivery programmes (The 'Do Something' position) will maintain overall staffing at current pay bill levels over the next 5 years We expect to spend the same amount in four years time on workforce costs (other than cost increases from any future pay and pensions increase) however the distribution and functionality of the workforce will change significantly. It should be noted that WTE may increase but pay bill will reduce by 0.2%
- In part, this will be achieved through;
    - Decrease reliance on agency workers by creating a HIOW-wide concordat and a county-wide bank system. As a result we will reduce system temporary staff spending costs by 10%.
    - Corporate functions will reduce costs by 15% through redesigning services for rather than each organisation within the system. New roles and competencies will be established and the workforce will be working across organisational boundaries with ease.
- We recognise health and care workforce turnover rates in HIOW are higher than the average for England and a high cost of living creates challenges for recruiting into the domiciliary sector. We will increase the retention of this workforce by increasing the standardisation of training, with the possibility of professional registration for those without academic qualifications and offering individuals the opportunity to deliver care in a variety of settings.
- We will develop a highly skilled integrated primary care workforce with a greater range of healthcare professionals including qualified nurses, allied health professionals and pharmacists, who are equipped with the skills and experience to work in integrated teams. We are developing a Community Provider Education Network to create the infrastructure needed to deliver a highly skilled multi-professional workforce to work alongside our GPs.

Section 5: Summary programme plan, risks and issues

Summary programme plan and key milestone dates



Risks and Assurance

System-wide leadership and approach to risk

There is collective agreement across the health and care system to work differently to support transformation and sustain high quality services for local people. Significant progress has been made in developing a number of system-wide approaches to risk sharing and mitigation, including:

- the partners to the Solent Acute Alliance have established core principles of financial risk management to enable greater collaboration between organisations
- local GP practices in Gosport have established a model of clinical collaboration that allows then to work together to provide services (such as same day urgent appointments) for local people. The practices share in the management of financial and clinical risk.
- the eight Clinical Commissioning Groups across Hampshire and the Isle of Wight have established a Commissioning Board and a commitment to collaborate fully on the commissioning of acute physical and mental health services. It is the ambition of the eight CCGs and specialised commissioners in Hampshire and the Isle of Wight to develop a new way of working with provider partners to share the a number of components of risk (including utilisation risk, production cost risk and volatility risk.)

Assurance

The HIOW STP recognises the important of achieving and implementing change under the Five Year Forward View, GP and Mental Health plans. The scope of the HIOW STP will assure that focus is directed upon delivering the objectives of these plans, as well as acting as a key tool in assessing the success of the STP.

Dashboards are being developed which integrate Portfolio, Programme and Project level reporting and will provide 'at a glance' transparency of engagement progress and benefits realisation.

Assurance and reporting will be supported using a cloud based programme and project infrastructure that will capture key information from across the programmes, enable simple and consistent updates and reporting by project leads, and facilitate collaboration across organisations in delivery of shared projects

Identified key portfolio issues and risks

The STP will identify and manage risk in accordance with standard the NHS risk management approach.

Risk scoring = consequence x likelihood (C x L)

	Likelihood score				
Consequence score	**1 (rare)**	**2 (unlikely)**	**3 (possible)**	**4 (likely)**	**5 (almost certain)**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Using this approach the items below have been identified as perceived risks that could potentially have a significant impact upon the STP, and hence will need to be managed accordingly.

- Insufficient engagement with local MPs and Councillors may result in challenge, contradictory messages and potential delays in implementation
- Planning and modelling assumptions are untested and therefore do not make the financial savings
- Impacts of the wider local authority and STP footprints are unconfirmed and may affect the achievement of financial savings
- The scale and nature of some service transformation plans could have a negative impact on clinical outcomes
- Service transformation plans and timescales for implementation could destabilise current service provision if not managed effectively
- Individual providers may be required to focus on regulatory compliance (quality, leadership and/or finance) and have reduced transformation capacity or capability
- Insufficient capital available to deliver changes
- There are insufficient people with the skills and capability to deliver the improvements required (Programmes and service provision)
- Potential for judicial review on any activity
- Insufficient engagement with clinicians may result in challenge, contradictory messages and potential delays in implementation

This risk analysis will be extended to focus on the issues and risks associated at programme and project level.

Our commitment

Over the course of the past months, a number of drafts of the Hampshire and Isle of Wight Sustainability and Transformation Plan [STP] have been considered by the constituent statutory bodies across the STP footprint.

All organisations have received and commented on the content of the STP. The views from Statutory Boards and partner organisations and agencies have been critical and amendments have been incorporated into the submission.

Statutory partners consider that the STP represents the right strategic direction for health and care across Hampshire and the Isle of Wight. Further work will continue beyond 21 October 2016 notably on:

- refining the governance model, including further development of the model of governance between the STP and the sub-STP local delivery systems;
- ensuring that the focus on sustainability does not detract from the drive for innovative transformation
- continued work with Local Authority partners to further understand the impending two year local authority transformation plans and the impact and opportunities these will have on the wider STP
- Translating the strategic intent and impact of the STP into operational plans for each of the STP local delivery systems, defining the specifics around what they will deliver for each of the workstreams at what pace, and the finance, activity, quality and outcome changes.

The STP is therefore submitted, recognising the extent of continued collaborative working across the system. The strategic direction and content of the STP will form the opening basis of the operating planning process for 2017/18 and 2018/19.

NHS Trusts
Frimley Park Hospital NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Isle of Wight NHS Trust
Portsmouth Hospitals NHS Trust
Solent NHS Trust
South Central Ambulance Service NHS Trust
Southern Health NHS Trust
University Hospitals Southampton NHS Foundation Trust

Clinical Commissioning Groups
Fareham and Gosport CCG
Isle of Wight CCG
North East Hampshire and Farnham CCG
North Hampshire CCG
Portsmouth CCG
Southampton City CCG
South-East Hampshire CCG
West Hampshire CCG

Wessex Local Medical Committees

Local authorities
Hampshire County Council
Isle of Wight Council
Portsmouth City Council
Southampton City Council

Health & Well being Boards
Hampshire Health and Wellbeing Board
Isle of Wight Health and Wellbeing Board
Portsmouth Health and Wellbeing Board
Southampton Health and Wellbeing Board

Thames Valley and Wessex Leadership Academy

Wessex Academic Health Science Network

Wessex Clinical Networks and Senate

Health Education Wessex

NHS England South (Wessex)

NHS Improvement

Glossary

AHSN	Academic Health Science Network (http://wessexahsn.org.uk/)
CQC	Care Quality Commission
ED	Emergency Department Attendances
EL	Elective Care
EQD	Equality & Diversity
ETTF	Estates & Technology Transformation Fund
HCC	Hampshire County Council (www.hants.gov.uk)
HEE	Health Education England (www.hee.nhs.uk)
HHR	Hampshire Health Record
HIOW	Hampshire and the Isle of Wight
HWB	Health and Wellbeing Board
IOW NHST	Isle of Wight NHS Trust (www.iow.nhs.uk/)
LoS	Length of Stay
LWAB	Local Workforce Action Board
MCP	Multispecialty Community Provider (www.england.nhs.uk/ourwork/futurenhs/new-care-models/community-sites)
MECC	Making Every Contact Count (www.makingeverycontactcount.co.uk)
MOP	Management of portfolios
MSP	Managing successful programmes
NEL	Non-Electives admissions
OD	Organisational Development
OPE	One Public Estate
OPF	Out Patient First Appointments
OPFU	Out Patient Follow Up Appointments
PACS	Primary Acute Community Services
PCC	Portsmouth City Council (www.portsmouth.gov.uk)
PHT	Portsmouth Hospitals Trust (www.porthosp.nhs.uk/)
PICU	Paediatric Intensive Care Unit
QIA	Quality Impact Assessment
SCAS	South Central Ambulance Service NHS Trust (www.scas.nhs.uk)
SCC	Southampton City Council (www.southampton.gov.uk)
SHFT	Southern Health NHS Foundation Trust (www.southernhealth.nhs.uk)
Solent NHST	Solent NHS Trust (www.solent.nhs.uk)
STP	Sustainability and Transformation Plan
TSOs	Third Sector Organisations
TVWLA	Thames Valley and Wessex Leadership Academy (www.tvwleadershipacademy.nhs.uk)
UHS	University Hospitals Southampton NHS Foundation Trust (www.uhs.nhs.uk)
XBD	Excess Bed Days

Definition of terms

Acute care	A branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. Typically this takes place in hospital
Area health hubs	Typically serving a population of 100k-200k, these will be open between 8am and 8pm seven days a week and offer the same range of services as a local health hub plus X-ray services, specialist clinics, access to beds on other NHS sites and, in some cases, a minor injuries unit
Capitated outcomes based contracts	Planning and providing services based around populations rather than treatment
Care navigator	A new role that helps to co-ordinate a person's care and make sure they can gain access to any services and community support they want or need; often based in a GP surgery
Clinical commissioning groups (CCGs)	Statutory NHS bodies led by local GPs that are responsible for the planning and commissioning of health care services for their local area
Continuing health care	A package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' arising as a result of disability, accident or illness
Domiciliary care	Also known as home care, is a term for care and support provided by the local council that allows people to remain in their home during later life, whilst still receiving assistance with their personal care needs
Extended primary care	Teams that include GPs, practice nurses and community nurses (including nurse practitioners and palliative care and other specialist nurses), midwives, health visitors
Hampshire Health Record (HHR)	This is a computer system used in the NHS in Hampshire to share important information safely about a patient with those treating them. This leads to faster and more accurate care. The Hampshire Health Record shows the medication you are currently taking, your allergies, test results and other critical medical and care information. Health and care staff can access your information if they have your permission to do so.
Local Health hub	Typically serving a population of 30k-50k, these will be open between 8am and 8pm on weekdays, offering same day access for urgent primary care, community and specialist clinics, an extended primary care team and wellbeing and illness prevention support
Natural communities	Geographical areas based on a center of population and its surrounding communities that allows health care to be tailored more accurately to local needs and, more importantly, helps identify the main causes of some common and preventable diseases
New models of (integrated) care	Make health services more accessible and more effective for patients, improving both their experiences and the outcomes of their care and treatment. This could mean fewer trips to hospitals as cancer and dementia specialists hold clinics local surgeries, one point of call for family doctors, community nurses, social and mental health services, or access to blood tests, dialysis or even chemotherapy closer to home
Parity of Esteem	Valuing mental health equally with physical health
Place-based services	Where providers of services work together to improve health and care for the populations they serve, collaborating to manage the common resources available to them
Primary care	A patient's main source for regular medical care, such as the services provided by a GP practice
Secondary care	Medical care that is provided by a specialist after a patient is referred to them by a GP, usually in a hospital or specialist center
Social prescribing	This is a way of linking patients in primary care with sources of support within the community. For example, a GP might refer a patient to a local support group for their long-term condition alongside existing treatments to improve the patient's health and well-being.
Tertiary care	Highly specialised medical care, usually over an extended period of time, that involves advanced and complex procedures and treatments in a specialised setting
Third sector organisations (TSOs)	A term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises and co-operatives
Vanguards	Individual organisations and partnerships coming together to pilot new ways of providing care for local people that will act as blueprints for the future NHS

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	SOLENT NHS TRUST CQC REPORT
DATE OF DECISION:	19 DECEMBER 2016
REPORT OF:	CHIEF EXECUTIVE – SOLENT NHS TRUST

CONTACT DETAILS

AUTHOR: **Name:** **Hilary Todd** **07769 672595**

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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

England's Chief Inspector of Hospitals has rated the services provided by Solent NHS Trust as Requires Improvement following an inspection by the Care Quality Commission (CQC) in June and July 2016.

This report provides a summary of the key findings from the inspection and outlines the approach the Trust will follow to address the issues raised in the CQC reports.

RECOMMENDATIONS:

(i) That the Panel note the outcome of the inspection and discuss the actions that the Trust intend to take in response to the CQC findings.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable the Panel to discuss the CQC Inspection findings with representatives from Solent NHS Trust.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not applicable

DETAIL (Including consultation carried out)

3. Solent NHS Trust is a specialist provider of community and mental health services to people living in Southampton, Portsmouth and areas of Hampshire, and is the main provider of mental health services to people living in Portsmouth.

4. In June and July 2016 the CQC undertook an inspection of services provided by the Trust. Overall, the Trust was rated Requires Improvement. A team of inspectors rated the trust as Requires Improvement for providing services that are safe, effective and well-led, and Good for being caring and responsive to people's needs. A summary of the Trust's CQC ratings is attached as Appendix 1. The Trust continues to aspire to improve services and will request the CQC to revisit the areas they found to require improvement or to be inadequate.

5. During the inspection the CQC looked in detail at the trust's mental health locations and community health services. Full reports including ratings for all of the provider's core services are available at: http://www.cqc.org.uk/provider/R1C It should be noted that the reports covers all the services the Trust provides across Southampton, Portsmouth and Hampshire.

6. **Table 1 - Solent NHS Trust Overall Ratings**

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

7. The reports highlight several areas of good practice, including:

- Community mental health services for people with a learning disability that were considered to be outstanding.
- Solent NHS Trust was listed as the most research active care trust in 2015/16 in the National Institute for Health Research National League Tables.
- There were many examples across community services of integrated working, new models of care, therapy based initiatives and early intervention projects to promote public health.
- The Trust had developed innovative processes for learning from mortality in community and mental health settings. The Trust was developing its approach across Hampshire and Isle of Wight and was working with national organisations to further develop the process.
- There was evidence of good and innovative practices, such as the interactive “Trache bus” - a service which was available to children living in Portsmouth. It provided valuable care to children with an established tracheostomy (an artificial opening into the windpipe (trachea) that is held open by a tube. This helps the child to breathe more easily.)
- The Tulip Clinic for sex industry workers and exploited children demonstrated good practice.

8. The Trust had prepared for the Inspection and had completed a Quality Review Week where we had identified areas to improve and the results were acted upon.

9. Inspectors said that the Trust must / should improve in some areas and these will form part of an Organisation wide action plan. We are required to send the overarching action plan to the CQC by 15 December 2016. However, the Trust was aware of actions that the CQC would require and have already completed a number of actions around the completion of mandatory training, medicines management and the use of safety devices for lone workers.

10. Going forward the action plan will be managed and monitored through the service line governance arenas and by exception through committees to the Board. The actions will also be incorporated into wider service level quality improvement plans. Areas for action include:

- Ensuring safe staffing levels
- Access to clinical records and record keeping
- Access to wheelchairs
- Provision of safe and effective services in Substance Misuse and

Childrens Services (Health Visiting)

- Risk assessments for children in the CAMHS services
- Prescribing reviews within the Substance Misuse Services.

11. Specific areas for action for Southampton based services include:
    - Children and Young People:
        - Medicines management in Special Schools – lessons learned from the visit to Portsmouth school is being shared across all locations
        - Waiting times for Childrens therapies – addressing staffing issues
    - Inpatients
        - Completion of mandatory training
        - Storage of equipment
        - Access to social services
    - Sexual Health
        - Improving diagnostic times for chlamydia
    - CAMHS
        - Risk assessments for all children
        - Learning from Serious Incidents
        - Involving young people in decisions about the services
    - Substance Misuse
        - Prescribing reviews / Prescribing care plans
        - Completion of safe storage visits for clients with children.

RESOURCE IMPLICATIONS

Capital/Revenue

12. The Trust will work with key stakeholders, including commissioners and NHS England, where improvements have been identified as necessary to ensure that service pathways and models meet regulatory standards within an agreed financial envelope.

Property/Other

13. N/A

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

14. N/A

Other Legal Implications:

15. N/A

POLICY FRAMEWORK IMPLICATIONS

16. N/A

KEY DECISION No

WARDS/COMMUNITIES AFFECTED: None directly as a result of this report

SUPPORTING DOCUMENTATION			
Appendices			
1.	Solent NHS Trust - CQC ratings for individual services		
Documents In Members' Rooms			
1.	None		
Equality Impact Assessment			
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.			No
Privacy Impact Assessment			
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.			No
Other Background Documents **Equality Impact Assessment and Other Background documents available for inspection at:**			
Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None		

Solent NHS Trust – CQC Inspection ratings

Services provide in Southampton are indicated by a blue arrow
Solent Community Service Ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires Improvement	Good	Good	Good	Good	Good
Community health services for children, young people and families	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community health inpatient services	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Sexual Health	Good	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Solent Mental Health Ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Requires Improvement	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Requires Improvement	Good
Specialist community mental health services for children and young people	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community-based mental health services for older people	Requires Improvement	Requires Improvement	Inspected but not rated	Good	Requires Improvement	Requires Improvement

Community mental health services for people with a learning disability or autism	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Community Substance Misuse	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Solent Primary Medical Services Ratings (all of these services are within Southampton)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Portswood Solent GP Practice	Good	Good	Good	Good	Requires improvement	Good
Adelaide Health Centre	Good	Good	Good	Good	Good	Good
Royal South Hants Hospital - Nicholstown	Requires improvement	Good	Good	Good	Requires Improvement	Requires Improvement

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		MENTAL HEALTH MATTERS		
DATE OF DECISION:		19 DECEMBER 2016		
REPORT OF:		DIRECTOR OF QUALITY AND INTEGRATION		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Katy Bartolomeo**	**Tel:**	**023 80834162**
	E-mail:	**Katy.bartolomeo@southampton.gov.uk**		
Director	**Name:**	**Stephanie Ramsey**	**Tel:**	**023 80296941**
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STATEMENT OF CONFIDENTIALITY

None.

BRIEF SUMMARY

The purpose of this paper is to update the Health Overview and Scrutiny Panel (HOSP) on the progress of the Mental Health Matters following the briefing in March 2016.

RECOMMENDATIONS:

(i) The Panel is asked to note the content of this report and priorities for local delivery of Mental Health Matters, and to support the priorities for implementation.

REASONS FOR REPORT RECOMMENDATIONS

1. To ensure that the HOSP has oversight of the way in which the proposals were developed, decisions made and implemented.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

Purpose and Scope of the Review

3. The priority across Southampton City Council and Southampton City CCG is to ensure that those people in Southampton who require mental health support get access to the services they need, when they need it, with the outcomes they deserve.

4. In response to a number of concerns being raised about the quality and outcomes we were achieving for people with mental health problems, an initiative led by the Health and Wellbeing Board, a Mental Health Matters event, took place in late 2014 which sought to hear people's views in relation to the city's mental health services. Mental health has also been identified as a potential focus area in the Right Care work and benchmarking data showed that improvements needed to be made.

5. Following a period of engagement and consultation priorities for the City have been developed that also take into consideration local and national priorities such as Five Year Forward View for Mental Health and the Sustainability and Transformation Plans.

6. The mental health matters heading formed the backdrop to a number of themes within mental health and concurrent workstreams and the implementation plan (See Appendix 1) has drawn all of those themes together to provide a coherent picture and pathways these include:

- Future in Mind and the Child and Adolescent Mental Health Service (CAMHS) Transformation Plan
- National targets:
  - Access to IAPT (Increasing Access to Psychological Therapies) – Steps2Wellbeing service
  - Dementia Diagnosis Targets
  - Access and waiting time standard for psychosis
  - Waiting time standard for eating disorder services (young person)
  - Access numbers for CAMHS
  - Increases in people receiving individual placement support (IPS) for employment
  - Increase in number of people with serious mental illness (SMI) that receive physical health screening and interventions
  - Access to mental health liaison
  - Reduction in suicides
- Parity of Esteem
- Current mental health changes within main NHS providers
- Crisis Care Concordat
- Better Care Fund
- Links to city wide Early Intervention and Prevention Services
- Implementation of the Five Year Forward View for Mental Health
- Development of Sustainability and Transformation Plans (STPs)

Consultation update

7. Appendix 2 attached to this report is an analysis of the feedback from the consultation that ran from February to May 2016. The proposals for mental health within the consultation received strong support with an average of 86% of people agreeing or strongly agreeing to the proposals. Of the 240 responses to the consultation 56% identified themselves as service users or carers, with good representation from BME communities 11.9% against a prevalence of 18.2% in the City.

Update following review of local services – Adult Mental Health

8. The mental health review was undertaken to address concerns which had been raised locally and does address issues that were subsequently raised within other processes, including the Mazars report which was released in December 2015. The CCG, working jointly with Southampton City Council and Southern Health Foundation Trust (SHFT), had therefore already begun to make improvements within Mental Health Services. These improvements, which are described below, are therefore related to the actions needing to be taken as a result of the Mazars report and to the transformational plans

developed through the Mental Health Matters consultation.

9. Following the Mazars and a CQC inspection earlier in 2016 which lead to an enforcement action, SHFT have responded to the issues raised and have been implementing an action plan to make changes to their service delivery and governance. A subsequent CQC inspection in September 2016 resulted in the removal of the enforcement action. There have still been areas for improvement identified at a trust level which we will continue to monitor.

10. Improving RCAs (root cause analysis), sharing lessons learnt from this process and completing a backlog of reviews was noted as a priority from Mazars. The local CQRM receive regular root cause analysis reports at the local CQRM and the backlog has been addressed.

11. SHFT continue to attract intense media and political attention and this has affected the speed at which changes within Southampton have occurred. The national shortage of qualified nurses and medical staff has been further effected by the negative attention surrounding SHFT and this has made recruitment very challenging. Consequences of staffing shortages have been seen with the temporary closure of the PICU (Psychiatric Intensive Care Unit) at Antelope House due to unsafe staffing levels. The focus of the CCG and partners continues to be to work alongside SHFT to implement action plans and address these workforce issues. SHFT are working to the recruitment plan set in place and are on track to at least partially re-open some PICU beds in February.

12. During the September CQC inspection Antelope House and Forest Lodge were inspected and it was noted that Antelope House had a series of recruitment initiatives and this was described favourably in the report as '….interesting staffing proposal to encourage staff to join the team….. Clear plans to enable rotation between the community and ward teams….'

13. The recommendation for Forest Lodge was some estates work to the shared bathrooms for renovation which it was noted was already in the estates programme but the CQC asked them to prioritise this work. They also noted some ligature points but also noted that as this is a rehabilitation ward the patients are at low risk. SHFT have reported that this is managed through the admission criteria and care planning, which will focus on risk and mitigate accordingly.

Mental Health Matters - Adults

14. In September 2015 community teams formed into three Community Mental Health Teams (CMHTs) to align with the Better Care clusters. This change has had a positive effect on the care pathways for patients and has seen a reduction in waiting times, although pressures still remain. The City has also had a strong focus on culture within teams and on the quality of services. This section should be read alongside the attached implementation plan. Other positive improvements within the City include;

- Embedding employment workers within the CMHTs which has received very positive feedback from both staff and service users and seen a huge increase in the number of people accessing support.
- Agreement and funding of a 24/7 psychiatric liaison team within University Hospital Trust Southampton (UHS).
- Expansion of the EIP (Early Intervention for Psychosis) team and

meeting the new national waiting time standard.

- Increased out of hours support from the AMHT (Acute Mental Health Team).
- Reviewing and designing better crisis services including the development of an 'arrivals and discharge' lounge as an alternative to inpatient admission, admission to physical health hospitals and use of Section 136.
- Leading developments for Borderline Personality Disorder, Mood Disorders and crisis care.
- Mortality reviews within 48 hours has increased from 48% in January to over 90% currently.
- Development and implementation of the STAR project within primary care to help inform a future model for primary care mental health which will give access to earlier help.
- Achievement of national Dementia Diagnosis target and improvements to dementia care.
- Development of Dementia Friendly Southampton and dementia review.
- Planned investment in frontline services following the announcement of the Five Year Forward View for Mental Health in particular the development of an 'arrivals and discharge lounge' to help with the crisis pathway.

15. There remains significant challenges within Adult Mental Health (AMH) and the rest of the mental health services but we believe that the Mental Health Matters review is focusing on the right approaches and this has been supported in the consultation. The focus of attention for the next 2 quarters between SHFT and commissioners will be:

- Recruitment
- Changes to staffing structures to make better uses of career pathways and multi-disciplinary work to improve recruitment.
- System wide work on the crisis pathway
- Improvements to the rehabilitation pathway – rehabilitation review
- Implementation and recruitment of the new staffing model with Antelope House to return to local provision of PICU
- Continue to develop and implement changes to the personality disorder pathway
- Continued focus on Care Planning and Risk Assessments
- Continued focus on quality

16. Following SHFT's recruitment to the Southampton Area Manager post last year we have developed strong collaboration for the mental health matters process and these relationships are proving invaluable in meeting the local and national challenges of the last few years.

Mental Health Matters - CAMHS

17. Mental Health Matters is an all age project and as such there has also been a significant focus on children and young people. As part of the mental health matters review there was also the development of the local transformation plans for CAMHS (children and adolescent mental health services).

18. Following the publication of Southampton's CAMHS Transformation plan in

2015 the plan has been refreshed to provide a shorter summary document and to reflect changes in line with the outcomes from the Mental Health Matters review.

19. The attached CAMHS Transformation Plan (draft) should be read in conjunction with the Mental Health Matters consultation feedback and the Integrated Commissioning Units Transforming mental health care and services for the residents of Southampton which outlines all of the national and local targets for mental health.

20. The CAMHS Transformation Plan, consultation feedback and transforming mental health services document will be published on the CCG mental health matters website page and will be regularly updated to provide updates to the mental health matters project.

21. Implementation of the CAMHS Transformation Plan has already begun in the following areas;

- Early intervention and prevention – investments and recruitment within CAMHS which includes developing a workforce to work with children and young people at an earlier point within schools and primary care
- Reduction in waiting times – waiting times projects in CAMHS focusing on the overall waiting times, but also specifically on the waiting times for autism assessments and access to psychological therapies such as CBT (cognitive behavioural therapies).
- Crisis pathways – increase in nursing to undertake crisis work alongside a more detailed piece of work commencing to review the crisis pathway
- Developmental disorders – review to be undertaken into the pathways and services available for both autism and ADHD.
- Early intervention in psychosis (EIP) increase in funding to EIP to ensure that young people have access to timely interventions for psychosis
- Eating Disorder – increase in investment into providing access to timely assessments and interventions for children and young people experiencing an eating disorder.

22. The proposed new model will provide better care for people with mental health needs by strengthening current services and placing a greater focus on early help, wider access to therapeutic interventions, support for people to return to employment and to improving the ‘Recovery’ focus of all services.

RESOURCE IMPLICATIONS

Capital/Revenue

23. The capital/revenue implications have not yet been identified

Property/Other

24. There are no property implications

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

25. None

Other Legal Implications:

26. None

POLICY FRAMEWORK IMPLICATIONS

27. There are no policy framework implications

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED: All wards

SUPPORTING DOCUMENTATION

Appendices

1. Transforming mental health care and services for residents of Southampton City plan
2. Mental Health Matters – Consultation Feedback and Analysis
3. CAMHS Transformation Plan Summary

Documents In Members' Rooms

1. None

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	Yes

Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1. Equality Impact analysis – Mental Health Matters Review	

Southampton City Integrated Commissioning Unit (ICU) - Transforming mental health care and services for the residents of Southampton City

We told you in our recent mental health consultation report how you have helped us to shape mental health care and services in the city, and we told you that we would keep you updated on our progress, this document provides the first update as at November 2016.

Programme Number	Programme Area	Transformation Programme Target (definition where available)	Target Source*				FYFV-MH Investment	Target by Financial Year					Commissioner Outcomes and Performance Indicators
			MHM	FYFV-MH	LTP	OP		2016/17	2017/18	2018/19	2019/20	2020/21	
1	CAMHS	Increase number of CYP in treatment (% of CYP with a diagnosable MH condition receiving treatment from an NHS-funded community MH service) (baseline 2014/15 prevalence, to be reviewed 2018)	✓	✓		✓	Yes	28%	30%	32%	34%	35%	1. Number of new CYP aged 0-18 receiving treatment from NHS funded community services 2. Number of 'individual' CYP aged 0-18 receiving treatment from NHS funded community services
2	CAMHS	Develop YP IAPT (services working within CYP IAPT programme)	✓	✓		✓	Yes			YP IAPT service in place			1. CYP IAPT workforce capability programme, staff released for training 2. Staff accreditation status
3	CAMHS	Evidenced-based community eating disorder services for CYP (% of CYP receiving treatment within 4 weeks routine, 1 week urgent)		✓		✓	Yes	baseline	local trajectory	local trajectory	local trajectory	95%	1. Number of CYP (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral 2. Number of CYP (urgent cases) referred with a suspected ED that start treatment within 1 week of referral 3. Membership of national quality improvement and accreditation network for community ED that will monitor improvements and demonstrate quality of service delivery
4	CAMHS	Develop services and support to access early intervention and prevention	✓		✓		Yes						1. Continue to develop workforce model 2. Develop service specification 3. Development of service performance indicators, and outcomes measures
5	CAMHS	Reduce waiting times for CAMHS services (waiting time standard for routine access)	✓		✓		Yes	18 weeks	16 weeks	12 weeks	10 weeks	7 weeks	1. Average length of time from referral to assessment/treatment for routine access 2. Maximum length of time from referral to assessment/treatment for routine access 3. Action plan in place to address non-compliance with wait time trajectory, including regular review and updates 4. Detail of any CYP was waited in excess of 18 weeks 5. Develop measures to monitor secondary waits

Programme Number	Programme Area	Transformation Programme Target (definition where available)	Target Source*				FYFV-MH Investment	Target by Financial Year					Commissioner Outcomes and Performance Indicators
			MHM	FYFV-MH	LTP	OP		2016/17	2017/18	2018/19	2019/20	2020/21	
6	CAMHS	Improved access to crisis services which are appropriate for CYP			✓		Yes						Work to commence summer 2017 1. Identification of services that are appropriate for CYP 2. Include CYP section to Mental Health Crisis Care Concordat 3. Development of service performance indicators, and outcome measures
7	CAMHS/AMH	Develop a 0-25 years' transition service			✓								Work to commence spring 2017 1. Plan and deliver pathway development workshop 2. Establish and test assumption for demand and capacity 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan
8	CAMHS/AMH	Develop developmental disorders pathway for CYP and adults	✓		✓								Work to commence winter 2016 1. Plan and deliver pathway development workshop 2. Establish and test assumption for demand and capacity 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan
9	CAMHS/AMH	Early Intervention in Psychosis (EIP) (% of people receiving treatment within 2 weeks)		✓		✓	Yes	50%	50%	53%	56%	60%	1. Number of people experiencing a first episode of psychosis start treatment within 2 weeks of referral with a NICE recommended package of care
10	CAMHS/AMH	Early Intervention in Psychosis (EIP) (specialist EIP provision in line with NICE recommendations)		✓		✓	Yes	Baseline	Graded at level 2	Graded at level 3	Graded at level 3	Graded at level 3	1. CCQI provider self-assessment rating of 'good' (graded level 3) by 2018/19 across all domains
11	AMH	Perinatal mental health services (increase to baseline of woman accessing evidence-based specialist perinatal mental health treatment)		✓			NHS England						1. Continue to work with NHS England and local community providers to develop a comprehensive service
12	AMH	Increase the number of people accessing individual placement support (IPS) (increase the number of people accessing IPS)	✓	✓				Baseline audit of IPS provision	STP areas selected for targeted funding	25% increase in access	60% increase in access	100% increase in access	Work to commence spring 2017 1. Evaluate impact of employment advisors embedded into each of the three Community Mental Health Team (CMHT) 2. NHSE national baseline audit for IPS services completion in Q3/4 2016 3. Plan developed to improve access to IPS employment support for people with SMI 4. If invited, bid for transformation funding in autumn 2017, submission December 2017

Programme Number	Programme Area	Transformation Programme Target (definition where available)	Target Source*				FYFV-MH Investment	Target by Financial Year					Commissioner Outcomes and Performance Indicators
			MHM	FYFV-MH	LTP	OP		2016/17	2017/18	2018/19	2019/20	2020/21	
13	AMH	**Crisis pathways** (crisis resolution and home treatment teams, effective and properly resourced service models delivering best practice standards as described in the CORE fidelity criteria)	✓	✓			Yes	Review current provision against CORE					FYFV-MH 1. CCQI provider self-assessment tool completion 2. Plans in place to address gaps identified MHM 1. Continue pathway development work (inc. 'Arrivals and discharge lounge' & s136) 2. Establish and test assumption for demand and capacity 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan
14	AMH	**Physical health checks for people with severe mental illness (SMI)** (% of people on SMI register who receive NICE-recommended screening and access to physical care interventions)		✓			Yes		30%	60%			Work to commence spring 2017 1. Review QOF planning guidance for 2017/18 when released 2. Co-produce an improvement action plan with primary care and mental health secondary care providers to increase uptake of routine screening initiative to equivalent or greater than the general population national average 3. Implementation of action plan 4. Comparison of screening rates of SMI register to general population national average
15	AMH	**Develop services and support to access early intervention and prevention**	✓										Work to commence spring 2017 1. Plan and deliver pathway development workshop 2. Establish and test assumption for demand and capacity including evaluating existing projects 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan
16	AMH/OPMH	**Increase access to psychological therapies (IAPT)** (% of people with common MH conditions accessing psychological therapies each year)		✓		✓	Yes	15%	17%	19%	22%	25%	1. Workforce planning, number of therapists needed and training places secured 2. Number of people receiving treatment 3. Number of therapists co-located in general practice (as per NHSE planning guidance)

Programme Number	Programme Area	Transformation Programme Target (definition where available)	Target Source*				FYFV-MH Investment	Target by Financial Year					Commissioner Outcomes and Performance Indicators
			MHM	FYFV-MH	LTP	OP		2016/17	2017/18	2018/19	2019/20	2020/21	
17	AMH	Develop Personality Disorder pathways	✓										Work to commence winter 2017 1. Plan and deliver pathway development workshop 2. Establish and test assumption for demand and capacity 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan
18	AMH	Redesign rehabilitation pathway	✓										Work to commence winter 2016 1. Complete service review, including options appraisal 2. Engagement and consultation with stakeholders, including; service users, experts by experience, carers, clinicians and voluntary sector organisations 3. Development of service specification 4. Development of service performance indicators, and outcome measures 5. Implementation plan
19	AMH/OPMH	Eliminate (inappropriate) use of acute out of area (OOA) placements (number of patients in acute OOA placements)	✓	✓		✓						Zero	1. Data collection and monitoring of adult mental health OOA placements including bed type, placement provider, placement reason, duration and cost
20	AMH/OPMH	Secure care pathway		✓									Work to commence summer 2017
21	OPMH	Dementia diagnosis rate (% of prevalence with diagnosis of dementia +65 years)		✓				66.7%	66.7%				1. Number of people diagnosed (65+) 2. Referral to treatment times
22	OPMH	Dementia post diagnostic care and support		✓									1. CCQI provider self-assessment tool completion 2. Number of care plan reviews undertaken in primary care using QOF data
23	All	Suicide prevention (reduction of 10% from baseline by 2020/21)		✓		✓		Baseline				10% reduction	1. Local multi-agency suicide prevention plan, following the latest evidence and PHE guidance completed 2. Published suicide rates, using ONS statistics
24	All	Mental Health Liaison (acute hospitals with an all-age service achieving 'Core 24' service standard)	✓	✓		✓	Yes						1. Completion of annual workforce survey to monitor compliance with workforce elements of the 'core 24' standard 2. Access and waiting times monitored through CCQI

RAG status definitions - overall delivery confidence	
Successful delivery of the programme appears to be unachievable. There are major issues on the programme definition, schedule, budget required, quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The programme may need re-basing and/or overall viability re-assessed	R
Successful delivery appears feasible but significant issues already exist, requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present a cost/schedule overrun	A
Successful delivery of the programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten deliver significantly	G
Programme is delivered	C
Programme of work not yet started	N

Glossary of unfamiliar words, abbreviations and further information
Adult mental health (AMH) - service for adults aged 18-65
Child and adolescent mental health services (CAMHS) - service for children and young people under the age of 18 who experience a mental health problem
Children and young people (CYP)
Developmental disorders - includes ADHD, high functioning autism and Asperger's
Five Year Forward View for Mental Health (*FYFV-MH) - An independent report of the Mental Health Taskforce set out the start of a ten year journey for transformation, the report made a set of recommendations for NHS bodies to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people. It also set out recommendations where wider action is needed, for example, as well as access to good quality mental health care wherever they are seen in the NHS, people want a decent place to live, a job or good quality relationships in their local communities. Finally, the report places focus on tackling inequalities. Mental health problems disproportionately affect people living in poverty, those who are unemployed and who already face discrimination. The recommendations of the Five Year Forward View for Mental Health have been accepted by the NHS, and plans for their delivery over the coming years to 2020/21 are consistent with Southampton Mental Health Matters plans
Individual placement support (IPS) provides help to people with mental illness find and keep competitive employment
Local Transformation Plans for Children and Young People's Mental Health and Wellbeing (*LTP) - The document provides guidance for local areas - CCGs, working closely with their Health and Wellbeing Boards and partners from across the NHS (including NHS England Specialised Commissioning), Public Health, Local Authority, Youth Justice and Education sectors to support improvements in children and young people's mental health and wellbeing. The guidance should be read alongside Future in Mind (a report of the Children and Young People's Mental Health Taskforce Future in Mind, jointly chaired by NHS England and the Department of Health establishes a clear direction and some key principles about how to make it easier for children and young people to access high). quality mental health care when they need it
Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis
Mental Health Matters (*MHM) - A Mental Health Matters event took place in late 2014 which sought to hear the views of stakeholders in relation to mental health services and support in the city. The main feedback from this event was that people wanted an opportunity to be part of the review of mental health provision, and have a 'blank page' approach. This was followed by an engagement period during the Autumn of 2015 on the Mental Health Matters initiative that informed and contributed to the development of the proposals for the future of all age mental health services in the city. The next step was to undertake a period of public consultation, which ran from 5th February 2016 to 2nd May 2016. The proposals set out in the consultation were developed following feedback from service users, carers, GPs and other interested parties as a result of the engagement work during the Autumn 2015
NHS Operational Planning and Contracting Guidance 2017 – 2019 (*OP) - NHS England and NHS Improvement publish operational and contracting planning guidance that provides local NHS organisations with an update on the national priorities. The plan sets out the requirement for local areas to develop plans to deliver in full the implementation plan for the FYFV-MH and summarises the key deliverables for mental health transformation
Older persons mental health (OPMH) - service for older adults aged over 65
Perinatal mental health services provide support for women who are at risk of developing mental health problems during pregnancy and the first year post pregnancy, as well as those considering becoming pregnant
RAG status reporting is used when project managers are asked to indicate, how well a project is doing using the series traffic lights. A red traffic light indicates problems, amber then everything is okay, and green things are going well
The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. It rewards practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services
The RCPsych College Centre for Quality Improvement (CCQI) aims to raise the standard of care that people with emotional or mental health needs receive by helping providers, users and commissioners of services to assess and increase the quality of care they provide. More than 90% of Trusts in the UK who provide mental health services participate in the work of the CCQI

SOUTHAMPTON CITY COUNCIL

NHS Southampton City Clinical Commissioning Group

Mental Health Matters

Consultation Feedback and Analysis

August 2016

Contents

Time to Change – ending mental health discrimination
The NHS and the Council in Southampton support Time to Change, a national campaign led by Mind and Rethink aimed at ending the discrimination faced by people who experience mental health problems. For more information, please visit www.time-to-change.org.uk

1. Executive summary

A Mental Health Matters event took place in late 2014 which sought to hear the views of stakeholders in relation to mental health services and support in the city. The main feedback from this event was that people wanted an opportunity to be part of the review of mental health provision, and have a 'blank page' approach.

This was followed by an engagement period during the Autumn of 2015 on the Mental Health Matters initiative that informed and contributed to the development of the proposals for the future of all age mental health services in the city.

The next step was to undertake a period of public consultation, which ran from 5th February 2016 to 2nd May 2016. The proposals set out in the consultation were developed following feedback from service users, carers, GPs and other interested parties as a result of the engagement work during the Autumn 2015.

A wide variety of communication methods and networks were used in order that the Mental Health Matters consultation reached as wide an audience as possible within the city, details of these have been provided in Appendix 1.

In addition to these activities, feedback was actively sought via the NHS Southampton City CCG website, Southampton City Council website news, Healthy Southampton social media and e-bulletin, email correspondence, online surveys, attendance at existing forums and face to face interviews.

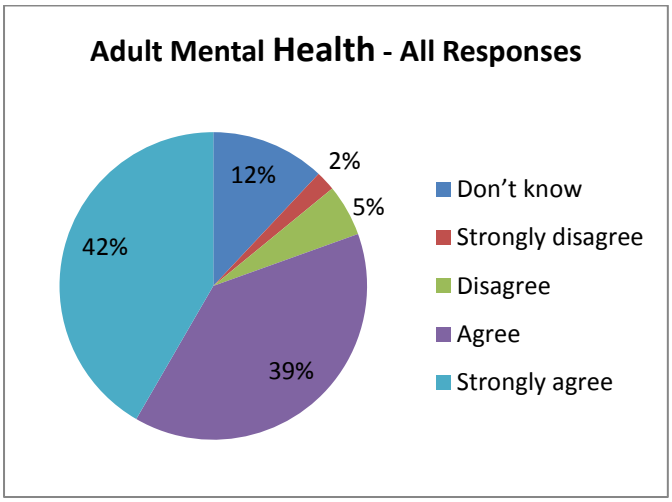
During the consultation period, a number of forums and settings were attended. The Mental Health Matters webpage was visited 1,852 times and the engagement document being viewed 568 times. Service user and carer feedback represented 56% of feedback received from the online survey and paper copy questionnaires completed.

The consultation report presents a summary of the responses received, and feedback was clear. The majority of stakeholders, and via all means of communication, indicated that they agreed with the proposals and a new model of care for Southampton.

It should also be acknowledged that a proportion of responses indicated that they 'don't know' to a small number of the consultation proposals, 'some resources should be shifted from secondary care mental health services', 'the proposals will improve services' and 'the proposals focus on the right things'. Additional comments received suggested that people did not feel they had enough information in order to make an informed choice.

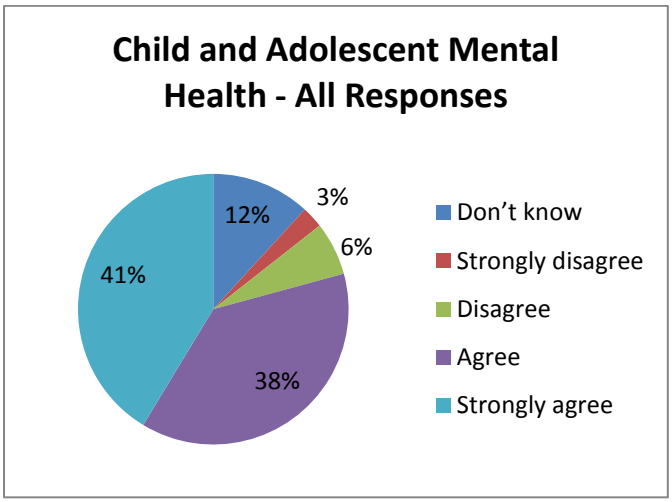
The charts on the next page provide an overall summary of the responses that we received to all of the proposals set out in the consultation document. This has been broken down into the three different areas; adult mental health, child and adolescent mental health, and child and adolescent mental health adapted survey.

Do you agree with the proposals set out for adult mental health services

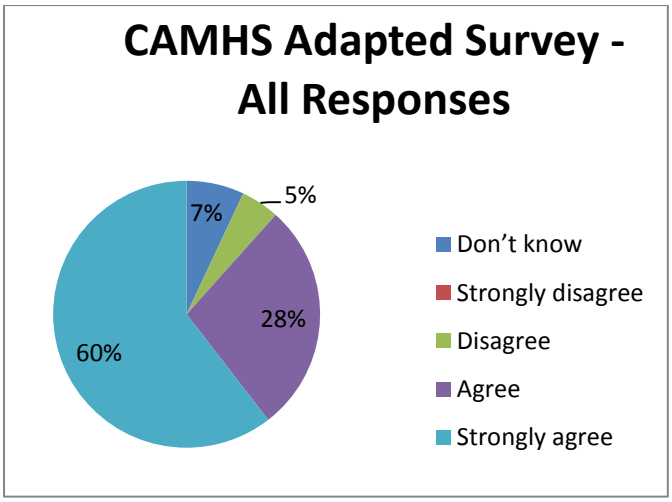


- **strongly agree or agree** to the proposals 81%
- **strongly disagree or disagree** to the proposals 7%
- **don't know** 12%

Do you agree with the proposals set out for child and adolescent mental health services



- **strongly agree or agree** to the proposals 79%
- **strongly disagree or disagree** to the proposals 9%
- **don't know** 12%



- **strongly agree or agree** to the proposals 88%
- **strongly disagree or disagree** to the proposals 5%
- **don't know** 7%

2. Introduction

This report outlines the methods used to capture feedback and presents the results of the feedback received following the period of consultation completed by the Integrated Commissioning Unit (ICU) on behalf of NHS Southampton City Clinical Commissioning Group (CCG) and Southampton City Council (SCC). With notable thanks to stakeholders who assisted with service user engagement.

Mental Health Matters, the initiative that sets out proposals for the future of all age mental health services in the city, detailed how service users, experts by experience, carers, clinicians, voluntary sector organisations could help us to redesign services, by taking a 'blank page' approach to care pathways.

The public consultation ran from 5th February 2016 to 2nd May 2016, the proposals set out in the consultation were developed using feedback received from the engagement that was undertaken during the Autumn 2015.

Although all were considered, it does not report on every comment received and in the interests of being concise and focussed it reduces the significant amounts of repetition of comparable comments into summary form. Therefore the length of any given section should not be used as a measure of the volume or strength of the views expressed.

It is assumed that the reader has read and understood the proposals in the consultation document Mental Health Matters (available at http://southamptoncityccg.nhs.uk/news/mental-health-matters-in-southampton-help-shape-future-services--770/)

3. Consultation methods

A wide variety of communication methods and networks were used in order that the Mental Health Matters public consultation reached as wide an audience as possible within the city, details of these have been provided in Appendix 1.

In addition to these activities, feedback was actively sought via the NHS Southampton City CCG website, Southampton City Council website news, Healthy Southampton social media and e-bulletin, email correspondence, online surveys, attendance at existing forums and face to face interviews.

The Autumn 2015 engagement identified a lower response rate from SO18 postcode areas within the east of the city, and mainly within cluster 6 (Bitterne park, Harefield and Bitterne), it recommended that additional focus was necessary during the consultation to ensure that residents from these areas have an opportunity to provide feedback. The additional focus resulted in an increase from 3% to 12% from SO18 postcode areas of those responding to the consultation.

Additionally further work was recommended from the engagement analysis and report to ensure that the consultation phase reaches a wider representation from black and minority ethnic (BME) communities. As a result, there was a BME engagement plan in place to raise awareness of the consultation ensuring that people were aware of the consultation, and had an opportunity to share their views on the proposals. This resulted in an increase to the response rate from 9.6% to 11.9% from BME communities.

The consultation facilitated a bespoke and targeted approach to reach the following groups:

- Users of children and adolescent mental health services in Southampton (CAMHS)
- Users of adult mental health services in Southampton
- Carers supporting people who use mental health services in Southampton
- Community and voluntary organisations
- Members of the Southampton Equality and Diversity Group
- Members of the Black and Minority Ethnic (BME) communities and their representatives
- GPs across the city
- Current service providers, both managers and clinicians/practitioners
- Allied services and domains including staff from
    - acute hospitals and the urgent care commissioners and clinicians including A&E
    - the criminal justice system (police and probation services)
    - substance misuse services
    - homelessness services
    - learning disability services
    - housing services – inducing supporting people providers
    - employment support agencies
    - student health services
    - schools and education

- Southampton Health and Wellbeing Board, including elected members
- Southampton Local Safeguarding Adult Board
- Southampton Local Safeguarding Children Board

Notes were taken at each forum / setting attended; these were returned to a central point for collation and analysis.

In addition to the above, an online survey was established inviting responses to the questions set out in Mental Health Matters. For those who could not access the online survey, hard copy, paper-based surveys were widely circulated, a copy is provided in Appendix 5. Details of how people could respond were also widely circulated in the consultation literature.

An adapted and simplified version of the online survey was produced by No Limits to facilitate engagement with young people.

The breakdown of responses from all these activities is as follows.

Activity
Mental Health Matters page on the CCG Website visited 1,852 times the engagement document was viewed 568 times, and the published frequently asked questions page was viewed 50 times
Social Media posts throughout the engagement period, messages were seen 16,325 times, this excludes the reach of any retweets or shares

Activity	
Number of forums /settings attended	9
Online surveys completed	120
Hard copy questionnaires completed	54
Online survey adapted for young people completed	43
Emails with feedback received	11
Telephone feedback received	2
Letter feedback received	1

During the consultation period a frequently asked question section was added to NHS Southampton City CCG website, and this was updated regularly. A copy of the questions and responses is provided in Appendix 3.

A mid consultation meeting took place involving the Head of Stakeholder Relations and Engagement in order to review progress, and to consider if any changes were needed to the consultation methods.

Full analysis was undertaken after the completion of the consultation period, the results of the feedback is captured in the next section of this report.

4. Consultation feedback and analysis

The consultation looked to receive feedback and comments on the proposals for the future of adult mental health, and child and adolescent mental health services.

Against each proposal, people had an opportunity to say if they;

- strongly agree
- agree
- disagree
- strongly disagree, or
- didn't know

Adult mental health proposals

- Mental health services should be aligned to Better Care Southampton clusters, and should be provided closer to my home in a local setting within the cluster
- There should be more services that support me outside of secondary care mental health services, such as in primary care or in ordinary community services
- Community navigators should be developed in all settings to help me access a range of services that will allow me to maintain my own health and wellbeing
- There should be improved access to local community resources, including the development of more peer support groups, and should be part of my care plan
- Services should adopt an 'ageless' approach, and my care should be based on my needs and not my age alone
- Perinatal mental health which provides support for women who are at risk of developing mental health problems during pregnancy and the first year post pregnancy, as well as those considering becoming pregnant should be improved
- Services should be established for adults of working age for developmental disorders, such as ADHD, high functioning autism and Asperger's
- Helping me get employment should be part of my care plan
- Carers should have improved access to support and education in their caring role, this will be achieved through community navigators and community solutions
- Service user networks and alliances should be developed and they should play an active role in improving services

Responses across the ten areas listed above were consistent; with the percentage of those saying that they:

strongly agree or agree to the proposals ranging from **78% to 90%** with an average of 86%
strongly disagree or disagree ranging from **3% to 16%** with an average of 6%
don't know ranging between **4% and 11%** with an average of 8%

The one area within the proposals that was an outlier was 'helping me get employment should be part of my care plan' - **16% of respondents strongly disagree or disagree** with this proposal.

The remaining three areas that were not consistent to the averages detailed above, due to a higher number of respondents ticking the 'don't know' option, were;

- 'Some resources should be shifted from secondary care mental health services into services such as community navigators, peer support groups' - **17% of respondents strongly disagree or disagree, 62% strongly agree or agree and 22% don't know**
- 'The proposals will improve services' - **10% of respondents strongly disagree or disagree, 63% strongly agree or agree and 29% don't know**
- 'The proposals focus on the right things' - **11% of respondents strongly disagree or disagree, 67% strongly agree or agree and 23% don't know**

Additional comments suggested that people did not feel they had enough information in order to make an informed decision, and raised concerns about affordability and shifting resources from secondary care services at a time when demand for services is increasing.

The conclusion reached from the analysis of responses received from the vast majority of stakeholders, and via all means of communication, was overwhelmingly positive for the proposals set out for adult mental health services.

We have included in section 6 of this document our response to a number of points raised that we wish to either be more explicitly clear upon or amend prior to any implementation phase.

Child and Adolescent proposals

- Child and adolescent mental health services should cover 0-25 years
- Young persons' improving access to psychological therapies service (IAPT), and community eating disorder services for young people should be developed
- Perinatal mental health support for women should be improved
- Services should be established for adults of working age for developmental disorders, such as ADHD, high functioning autism and Asperger's
- Mental health services shall be aligned to Better Care Southampton clusters, with care provided closer to my home
- There should be more services that support me outside of secondary care mental health services, such as in primary care or in ordinary community services
- Community navigators should be developed in all settings to help me access a range of services that will allow me to maintain my own health and wellbeing
- There should be improved access to local community resources, including the development of more peer support groups, and should be part of my care plan

- Carers should have improved access to support and education in their caring role, this will be achieved through community navigators and community solutions
- Service user networks and alliances should be developed and they should play an active role in improving services

Responses across the ten areas as listed above were consistent, with the percentage of those saying that they:

strongly agree or agree to the proposals ranging from **76% to 95%** with an average of 86%
strongly disagree or disagree ranging from **2% to 20%** with an average of 12%
don't know ranging between **3% and 14%** with an average of 8%.

The one area within the proposals that was an outlier was 'child and adolescent mental health services should cover 0-25 years' - **20% of respondents strongly disagree or disagree** with this proposal.

The remaining three areas that were not consistent to the averages detailed above, due to a higher number of people responding 'don't know', were;

- 'Some resources should be shifted from secondary care mental health services into services such as community navigators, peer support groups' - **22% of respondents strongly disagree or disagree, 55% strongly agree or agree and 23% don't know**
- 'The proposals will improve services' - **9% of respondents strongly disagree or disagree, 63% strongly agree or agree and 29% don't know**
- 'The proposals focus on the right things' - **14% of respondents strongly disagree or disagree, 60% strongly agree or agree and 25% don't know**

The conclusion reached from the analysis of responses received from the vast majority of stakeholders, and via all means of communication, was positive for the proposals set out for child and adolescent mental health services.

We acknowledge the concerns raised in the feedback about the capacity of current child and adolescent mental health services, and how this would be further impacted by increasing the age eligibility from 18 to 25 years. Our response to this point, and others have been included in section 6 of this document.

No Limits adapted survey

To ensure that the consultation was accessible to young people, the Integrated Commissioning Unit were supported by No Limits who summarised the proposed changes from the original document, using language and terminology that would be more familiar to this group.

Against each proposal, people had an opportunity to say if they;

- strongly agree
- agree
- disagree
- strongly disagree, or
- didn't know

- Child and adolescent mental health services should cover 0-25
- Services for children and young people should include the development of talking therapies (similar to counselling) and an eating disorder service that offers advice, help and support either within service users own homes, health centres or GP surgeries
- There should be more mental health support for woman who are planning on getting pregnant, ae pregnant, or have recently had a baby
- Support for people with autism, ADHD and similar disorders should be available across all ages
- I should be able to access mental health support close to where I live
- It should be easier to access mental health support via my GP, local community based services, No Limits etc.
- Community Navigators will work in community venues such as GP surgeries to assess individuals non-medical support needs and help them access groups, services and activities that can broadly improve their health and wellbeing
- Peer support groups should be easily accessible in the community and not require GP / CAMHS referral
- Young carers should have access to improved support and not be disadvantaged due to their caring role
- Children and young people should play an active role in the design, development, delivery and improvement of mental health services

Responses across the ten areas listed above were consistent, with the percentage of those saying that they:

strongly agree or agree to the proposals ranging from **84% to 98%** with an average of 91%
strongly disagree or disagree ranging from **0% to 7%** with an average of 3%
don't know ranging between **2% and 19%** with an average of 6%.

There were two areas that were not consistent, this was indicated by an increased number of young people answering 'don't know' in their response. A possible explanation for the increase in people choosing 'don't know' could be due to the use of unfamiliar words, and understanding of the community navigators and peer support concept.

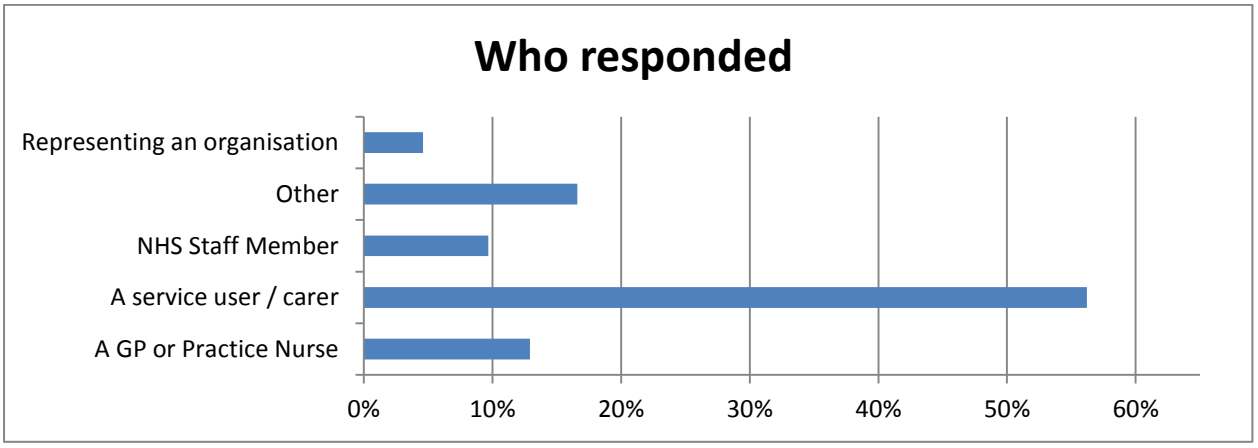
- ‘Community Navigators will work in community venues such as GP surgeries to assess individuals non-medical support needs and help them access groups, services and activities that can broadly improve their health and wellbeing’ – **don’t know 19%**

- ‘Peer support groups should be easily accessible in the community and not require GP / CAMHS referral’ - **don’t know 12%**

5. Who has responded to the consultation

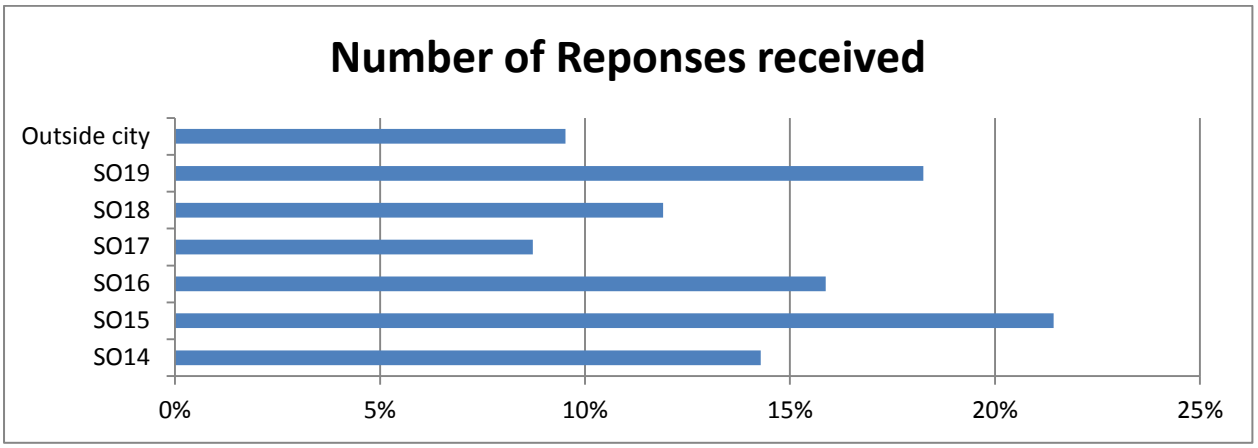
Based on the responses received from the online survey, including the No Limits adapted survey and paper copy questionnaires, the following analysis has been completed.

Service user and carer feedback was supported by a number of agencies, this resulted in good response rates from those who use mental health services and their families - proportion of those responding to the consultation who identified themselves as a service user or carer was 56%.

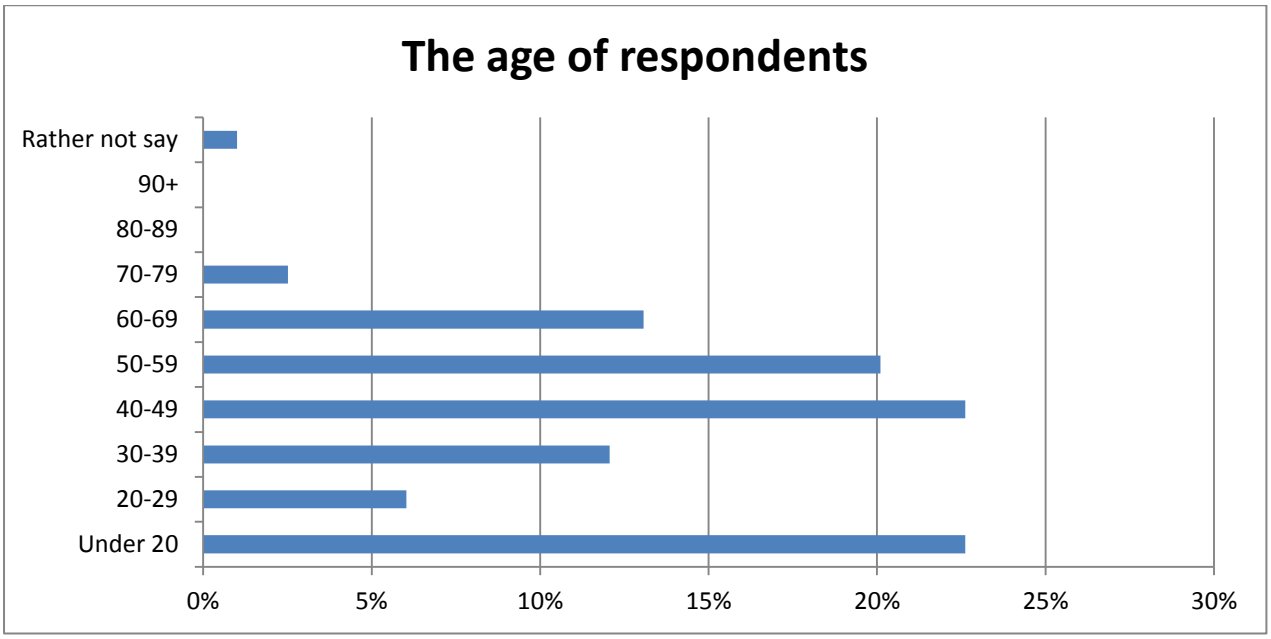


All four main providers of health services in the city provided a response/s to the consultation, Dorset University NHS Foundation Trust, University Hospital Southampton NHS Foundation Trust, Solent NHS Trust and Southern Health NHS Foundation Trust. Wide representation from other organisations included, Southampton Youth Offending Services, No Limits, Southampton City Council, GP practices, Dental practices, schools and education, Family Mosaic, Solent Mind Services, City Limits employment, Creative Options community project, Living with Harmony and Transition Southampton.

The previous engagement report identified a lower response rate from SO18 postcode areas within the east of the city, and mainly within cluster 6 (Bitterne park, Harefield and Bitterne). Additional focus was made during the consultation to ensure that residents from these areas had an opportunity to provide feedback, this resulted in an improved response rate from 3% to 12% from this postcode area.



A wide range of ages were represented, this includes the 43 responses that were received from the adapted version of the online survey to facilitate consultation with young people; it has been assumed that the respondents to this survey fall into the under 20 category.



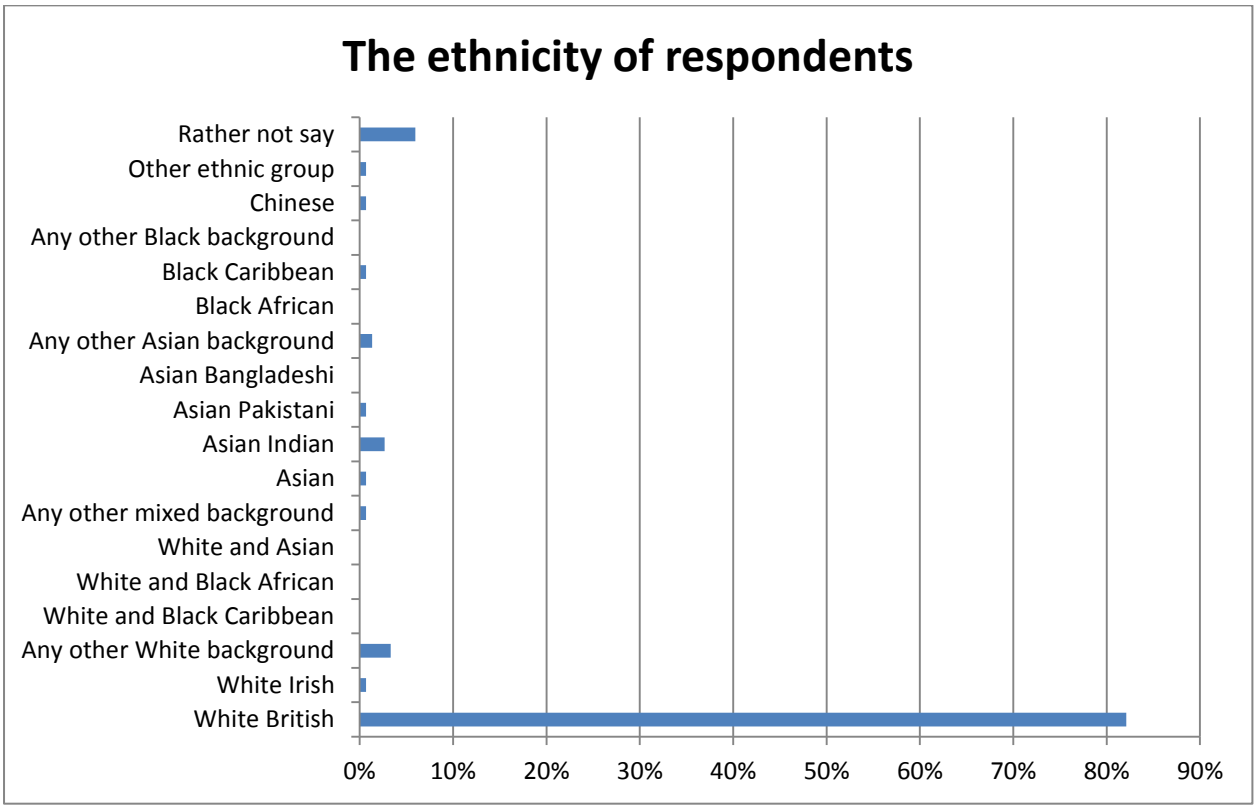
The gender of respondents was recorded as; male 34%, female 65%, and 1 % preferring not to say.

BME prevalence in Southampton is 18.2%, and white British 81.8%. We received responses from the following ethnicities: BME 11.9%, and white British 82.1%, with 6.0% opting not to provide information.

The engagement period highlighted that further work would be needed to ensure that the consultation phase reached wider representation from BME communities. As a result the consultation plan was supported by the community engagement officer to ensure that the consultation was accessible in a wide range of cultural and community venues, with attendance at

a number of community events. This resulted in an increase to the response rate from 9.6% to 11.9% from BME communities.

The notable change was a reduction from 14% to 6% of respondents who indicated 'rather not say' when asked to provide their ethnic group, and increases to the number and proportion who indicated their ethnic group to be 'any other white background', 'Asian', 'Asian Pakistani', 'any other Asian background' and 'other ethnic group'.



Details of all the forums and settings attended can be found in Appendix 2.

6. The changes we propose to make in response to the feedback

The overall proposals were welcomed and accepted by the full range of stakeholders, there were a number of points raised that we wish to either be more explicitly clear upon or amend prior to any implementation phase.

CAMHS Feedback	Response
Will the proposals be affordable	National investment in CAMHS is available to support the proposals, this additional investment has been protected for Mental Health.
We are concerned about extending CAMHS to the age of 25 due to the current wait times, and the significant student population. How will the proposals reduce long waiting times for CAMHS, improve access to treatment, whilst also providing a responsive service to support the student population when they are in crisis, developing acute psychosis, or suicidal	○ National non-recurrent investment has been made available to reduce current waiting times within CAMHS ○ The 0-25 model will enable an individuals' need to be best met, resulting in care and support being provided based on need and not age alone so patients could be seen by CAMHS or AMH services ○ In practice this will mean that referrals will be jointly screened, and assessments will take place to ensure that the right practitioner and therapy is offered, including the consideration of patient choice ○ We will ensure that there are appropriate systems in place to monitor waiting times
There is concern about the role of navigators ○ They will struggle to navigate complex systems ○ What happens once a client is signposted to a service and the service declines input, or the client fails to contact the service	○ Linked to Better Care Southampton, the navigation will be system wide and so will draw on expertise across the system ○ The new model will create capacity in the right areas, this will mean that there will be better support services for everybody. It will be linked to peer support networks that can help support people to access services, where there is an identified need for extra support. ○ An example of a navigator role includes a mechanism for the navigator to follow-up to discuss progress
We would like to see early intervention and provision for 'low' level mental health issues	Locality based CAMHS Primary Mental Health teams will work with schools and GPs (doctors) to meet the needs of 'low' level mental health issues, alongside the development of

	community resources.
The decommissioning of CAMHS Saucepans left a gap in Tier 2 provision	Please see response above - locality based CAMHS Primary Mental Health teams will identify children and young people earlier and provide early intervention to prevent the progression to more complex mental health problems.
We wish to see greater awareness of mental health within schools	CAMHS primary mental health workers will work with school nurses and emotional wellbeing workers in schools to continue to increase the awareness of mental health within schools.
Why was there no mention of children with intellectual disability, and the role of education and SEND within the consultation	There are mental health practitioners within the SEND teams, no specific changes are proposed to this team and they will continue to work closely together throughout the CAMHS transformation.
How will mental health services work better with young people who are using substances, this is usually a symptom of their poor mental health, not the cause	CAMHS and No Limits (who provide drug and alcohol services to young people) already work jointly, this will be further strengthened by exploring how workers from both organisations can be embedded within each team.

AMH Feedback	Response
We do not feel that the proposals adequately set out the final model, and therefore we have not had an opportunity to provide feedback	The end of Mental Health Matters consultation marks the start of the next phase in the programme; details of what this includes are set out in section 7.
Will the proposals be affordable	The proposals will be implemented on a phased approach, and plans will be based on affordability. It is expected that system wide changes within secondary care and some new investment, will release investment to support the proposals, e.g. a better range of therapeutic and recovery focused support, and access to local community resources, including the development of more peer support groups will help people to avoid episodes of crisis, and more intensive intervention.
Wish to see greater emphasis on peer support	The development of service specifications will include the requirement for all providers to promote peer support wherever possible within their service models; additionally we are exploring how peer support can be developed alongside the work that is underway in health and care services to provide support in the community.
We would like to see more social interventions	We will ensure that social interventions are considered within the development of service specifications. Employment services are already part of IAPT, and plans are progressing to integrate the provision of a mental health employment service into each of the community mental health teams. We will ensure that access to crisis support operates on social, rather than diagnosis criteria. The delivery of effective social support (as distinct from social care support) within the community will be accessible to people who have mental health problems: ○ peer support ○ carers support ○ behaviour change services (smoking, weight loss, exercise) ○ help to access employment, a volunteering role, or meaningful activities ○ safeguarding and criminal justice ○ other universal services – e.g. benefits, advocacy.

We believe there is a gap in services for people with personality disorders	We believe that all services should be accessible to, and support, people with personality disorders. However, we recognise the need to better meet the needs of people with complex personality disorders and will be looking at the patient pathway, ensuring that specialist personality disorder expertise is available.
How will the proposals address the needs of the population that "fall between the services" those that require more than the brief intervention that IAPT offer, but do not meet criteria for longer term intervention provided by secondary care services	IAPT and secondary mental health services are already exploring how they can improve joint working to support people that are currently falling between services. Primary care pilots are underway that will shape and inform the future development of a primary care mental health model.
Culture change is a key theme of this programme	Changing staff culture will be considered within the development of service specifications, we will consider with staff, service users, carers and other stakeholders how to define and measure cultural change.
We would like to see more work on reducing mental health stigma	The NHS and council support and actively promote Time to Change, a national campaign led by Mind and Rethink aimed at ending the discrimination faced by people who experience mental health problems. A citywide all age anti-stigma campaign was launched during the autumn of 2015, and continues into 2016.
How have the needs of veterans been considered in the proposals	We believe that all services should be accessible to, and support veterans. Additionally NHS England provides mental health services across England specifically for veterans. The Veterans and Reserves Mental Health programme (VRMHP) provides assessment and treatment advice for veterans.
Alongside carers support how will you ensure carers are engaged with, sometimes away from their loved ones	We are keen to further progress plans working with carers and providers to help develop methods of engaging with carers and helping to include them in the development of care plans where appropriate.

We would like to see that services are being provided equitably across the city, and that any future development considers equitable access	Services will be based on need and will be centred and developed around the three existing localities in the city; East, Central and West.
We would like to see a designated place where organisations could work together to provide a range of community services	With the development of the Better Care Southampton we are looking at ways that services can co-locate and provide hubs across the City for a range of health, social care and community services.
There is a lot about improving services for people with mental health problems but how will you ensure that services meet the mental health needs of those with physical illness	As part of the NHS England's Five Year Forward View for mental health we will be working towards increasing access to psychological therapies from 15% to 25%. Recommendations from NHS England are that the majority of this increase should come from people with physical health needs. We will be working across the physical health pathways to identify need and adapt pathways to include mental health support and information.
How will plans incorporate the five year forward view for mental health – report from the independent mental health taskforce to the NHS in England (February 2016)	We have assessed our plans against the five year forward view to ensure that our plans are consistent with the recommendations. We will be undertaking an assessment of how we will meet our commissioner responsibilities for investment in the following areas: ○ CYP mental health ○ eating disorders ○ specialist perinatal mental health ○ expansion of psychological therapies ○ crisis and acute care ○ early intervention in psychosis ○ physical health interventions ○ secure care pathway.
How will plans incorporate the learning and recommendations from Local Safeguarding Boards and Serious Incidents	We will continue to ensure that these areas are considered during the next phase of the programme; details of what this includes are set out in section 7.

7. Next steps

The conclusion of the Mental Health Matters consultation marks the start of the next phase in the programme. Some areas we have started to progress, with changes already underway, and some areas will continue to be progressed over the coming months. This will include establishing groups to further develop pathways, and these groups will include representation from experts by experience, carers, stakeholders and clinicians.

Changes and progress already underway

- Employment support officers embedded within each of the three community mental health teams (CMHT).
- Introduction of care navigation roles within the acute mental health team
- CAMHS; implementation of new community eating disorder team, recruitment to crisis workers underway, and embedding CAMHS practitioners within early intervention in psychosis (EIP) adult teams.
- Psychiatric intensive care (PICU) is currently being provided on another site due to difficulties in maintaining safe staffing levels at Antelope House. Commissioners are clear that this is not a sustainable or acceptable solution beyond the short term for our patients. It is essential that a local solution is delivered and we will be working in partnership to progress this through the STP mental health alliance (see below), and in parallel with taking forward the plans set out in Mental Health Matters.

Development of pathways

Engagement groups will include:

- acute mental health team including crisis support
- personality disorder pathway
- primary care mental health service
- community development inducing navigation and peer support
- CAMHS 0-25 development
- developmental disorder pathway (autism, ADHD)
- CAMHS transformation plan

Implementation

Phased implementation from summer 2016 onwards, each of the programme areas will progress and be completed to different timescales; this is in recognition of the diverse range and varying complexities of the service areas and pathways.

Progression of plans will be approved by Southampton City Clinical Commissioning Group, and our website will be updated regularly to reflect progress.

Additionally in December 2015, the NHS outlined a new approach to help ensure that health and care services are built around the needs of local populations. Every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years. Hampshire, Portsmouth, Southampton and the Isle of Wight have established a mental health alliance which includes membership from all sectors of health and care to support and enable the delivery of local 'place based' plans.

Rehabilitation pathway

We told you in our consultation document that a further formal review and public consultation on rehabilitation services would take place. The review of rehabilitation services will determine if the right residents are in the right place, receiving the right care at the right time, delivered by the right people. We anticipate that a public consultation will take place during winter 2016.

Senior Commissioner
Southampton Integrated Commissioning Unit

If you need further copies of this document or need it in a different format please contact Amanda.Luker@Southamptoncityccg.nhs.uk or telephone 023 8072 5568

Appendix 1 – Communication methods used for consultation

Southampton City Clinical Commissioning Group website and social media
Southampton City Clinical Commissioning Group staff newsletter, newsletter for GPs, practice managers and practice nurses
Southampton City Clinical Commissioning Group stakeholder newsletter - In Touch
Southampton City Clinical Commissioning Group TARGET delegate packs - GPs, practice nurses and HCA attendance
Southampton City Clinical Commissioning Group FYI Friday, GPs and other local clinical staff
SCC, your city your say distribution
SCC, Healthy Southampton bulletin and City news bulletin
SCC social media
Southampton Echo press release, article online and in evening paper
The Breeze radio station, news article
Mental health round table event participants
Southern Health NHS Foundation Trust Southampton teams, via management dissemination and via staff newsletter
Southern Health NHS Foundation Trust Southampton membership list
Solent NHS Trust Southampton teams, via management dissemination and via staff newsletter
Primary Care via GP portal, direct email from communications
Dorset University NHS Foundation Trust Southampton steps to wellbeing
Healthwatch
No Limits
The Wiltshire Trust
Solent Mind
Mental health partnership group
Natalie House
Supporting people housing providers
Substance misuse services
Southampton City Council housing needs manager
Carers in Southampton
Southampton City Council new deal employment project manager
Southampton City Clinical Commissioning Group website
Southampton City Council; Healthy Southampton Facebook, council website news, e-bulletin
0-19 Board
Headstart project group and providers

Children and adolescent mental health services (CAMHS) quarterly interface
Citywide anti-stigma circulation list
Solent and Southampton University Welfare Officers
Dementia partnership group & dementia support services community development grant programme
Mental health forum members
Street pastors
Southampton schools (Heads, deputy's, PSHE leads and all mental health leads identified through CAMHS transformation)
Youth options
No Limits adapted Mental Health Matters online survey
Ropewalk Community Centre
NHSE Wessex
Wessex Clinical Senate
Time to Change Equalities and Regional Co-Ordinator
Community BME volunteers who are members of various community groups
Leaflet 'please take part in our Mental Health Matters Public Consultation' distributed to community venues across the city
Frequently asked questions (FAQ) added to CCG website during consultation period

Appendix 2 – Calendar of consultation events

Primary Care TARGET
Natalie House
Supporting people providers
Solent Mind services
IAPT peer support group
Depression alliance group
Carers in Southampton
0-19 Board
Headstart project group and providers
Children and adolescent mental health services (CAMHS) quarterly interface
Dementia partnership group
Equality and diversity reference group
Consult and challenge group
Mental health partnership group
Mental health forum
Creative options group
Southampton drug and alcohol recovery service
Children and adolescent mental health services (CAMHS) - Brookvale waiting room
Children and adolescent mental health services (CAMHS) - Orchard waiting room
Antelope House peer support worker facilitated service user feedback
Solent mind service user forum
Adult mental health services - college keep waiting room
Children and adolescent mental health services (CAMHS) practitioners workshop
Communications and Engagement group
Southampton City Clinical Commissioning Group Patient Forum
Integrated Commissioning Unit 'Can Do' Group
University of Southampton Students Union
Southampton Safeguarding Children Board
Southampton Health Overview and Scrutiny Panel
Friends of St James Park Autism Social Group
St. Denys Activities Group launch - new mental health weekly drop in support service

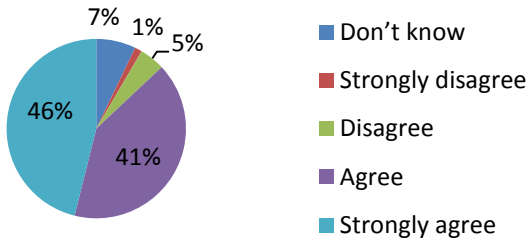
SO18 Big Local Health & Wellbeing Sub Committee
Vice Chair of Southampton Chinese Association - weekly drop in session at Northam Community Centre
Southampton Women's Forum
City of Sanctuary meeting
Mount Pleasant Junior School's Governor's meeting
Cultural & Community Agencies Exhibition
Spectrum to the 'Time 4 Tea' group
Sure Start Multi Agency Forum
Newtown Residents Association St. George's Day celebration

Appendix 3 – Frequently asked questions

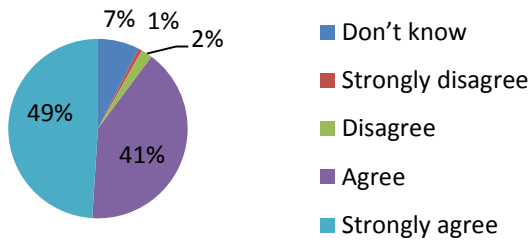
Question	Response
What is Better Care Southampton and how does this link to the consultation	Better Care Southampton is a joint project between NHS Southampton City Clinical Commissioning Group (CCG) and Southampton City Council. We are joining up health and social care services in the city together with local voluntary and community services and putting each individual patient's need at the centre of their care planning. You can find out more about Better Care on our website www.southamptoncityccg.nhs.uk/better-care-southampton
Why are you asking the same questions that were asked during the Mental Health Matters engagement period	The engagement period for Mental Health Matters took place during the autumn 2015; the feedback received during the engagement period included many valuable suggestions and things to consider. This feedback helped us to shape the plans set out in this public consultation and we are now checking that we have got these plans right before we implement them.
Why is my neighbourhood not included within appendix 3: Better Care Southampton - proposed closer organisation?	Unfortunately there is not enough room to include all of the city's neighbourhoods on the diagram but the whole city is included. Services will be delivered close to your community, and delivered around GP practice populations called clusters. The map at the end of this document shows which cluster you belong to base on where you live (your neighbourhood), and which GP practice you are registered with.
What is a Community Navigator?	Community Navigators are a key role in the Better Care programme. They are responsible for working with health services, social care, voluntary and community organisations and letting you know about the support available in your area.
Why is there no mention of dual diagnosis? (Dual diagnosis is the term used to describe patients with both severe mental illness and problematic drug and/or alcohol use)	Although we have not specifically made reference to dual diagnosis the same principles outlined in the proposals, changes and improvement section will apply if you need help with your mental health problem and also have concerns around drug and/or alcohol use.

Appendix 4 – Full analysis of feedback

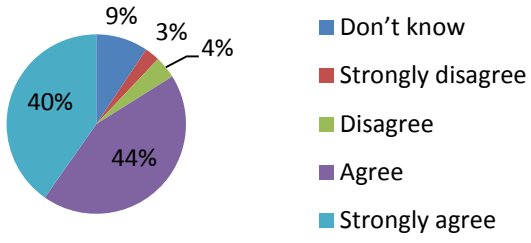
Mental health services should be aligned to Better Care Southampton clusters, and should be provided closer to my home in a local setting within the cluster



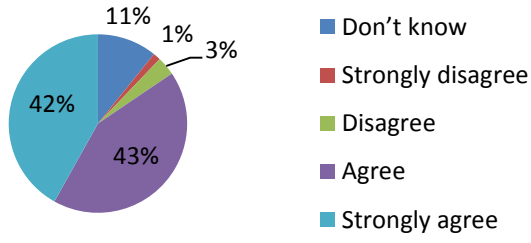
There should be more services that support me outside of secondary care mental health services, such as in primary care or in ordinary community services



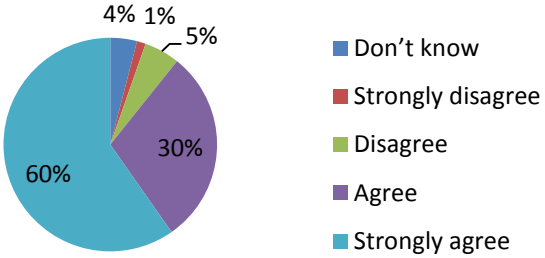
Community navigators should be developed in all settings to help me access a range of services that will allow me to maintain my own health and wellbeing



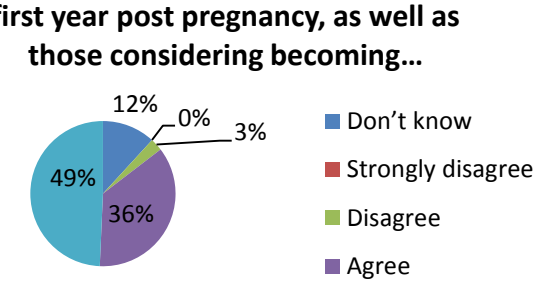
There should be improved access to local community resources, including the development of more peer support groups should be part of my care plan



Services should adopt an 'ageless' approach, and my care should be based on my needs and not my age alone



Perinatal mental health which provides support for women who are at risk of developing mental health problems during pregnancy and the first year post pregnancy, as well as those considering becoming…



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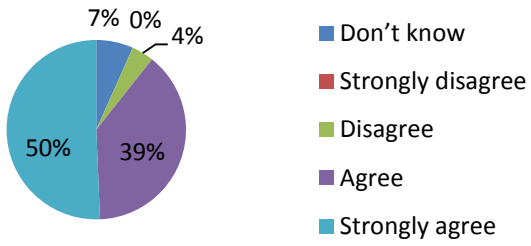
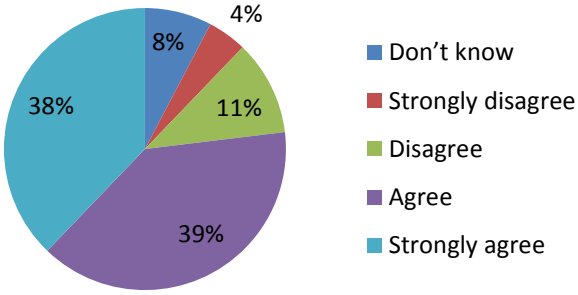
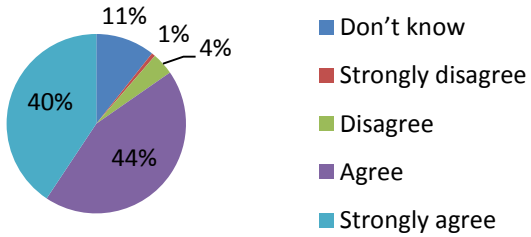


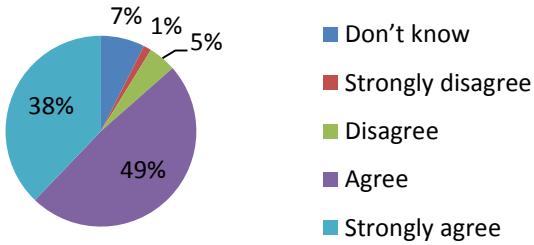
Helping me get employment should be part of my care plan



Carers should have improved access to support and access to education in their caring role, this will be achieved through community navigators and community solutions



Service user networks and alliances should be developed and they should play an active role in improving services



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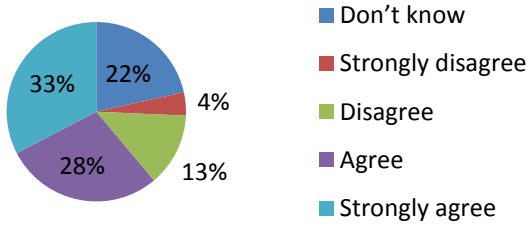
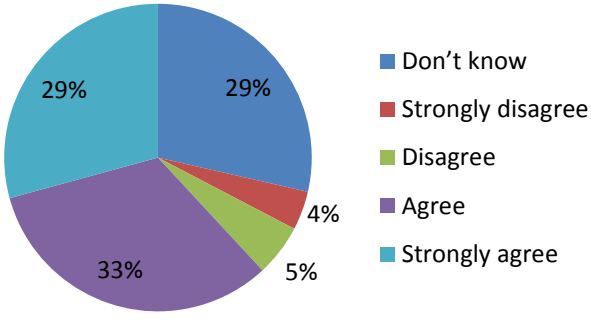
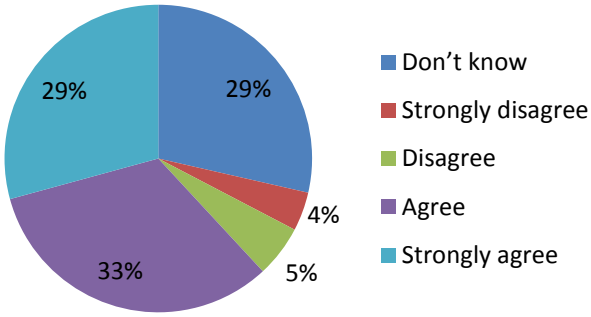


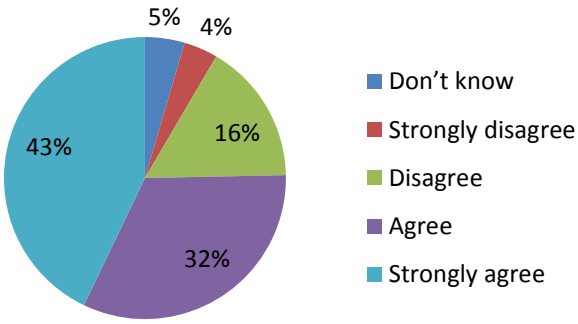
The proposals will improve services



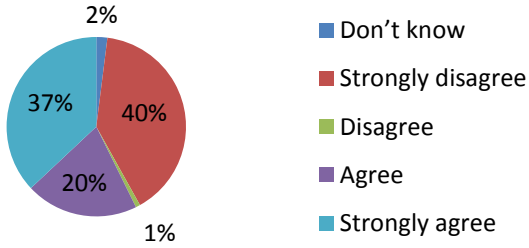
The proposals focus on the right things



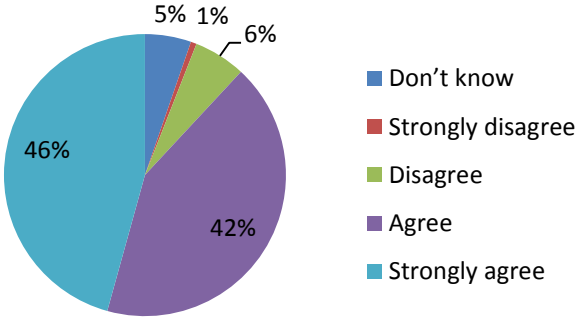
Child and adolescent mental health services should cover 0-25 years



Young persons' improving access to psychological therapies service (IAPT), and community eating disorder services for young people should be developed



Perinatal mental health support for women should be improved



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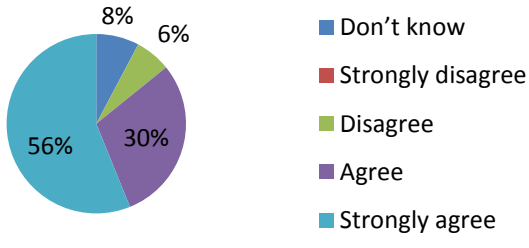

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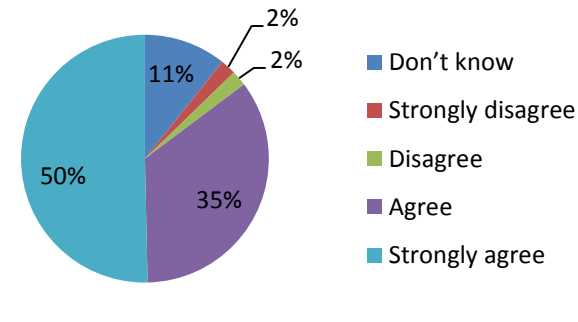

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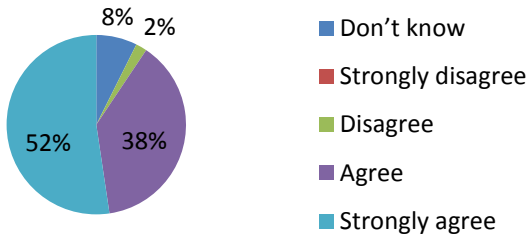

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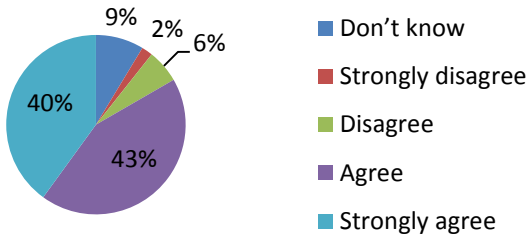

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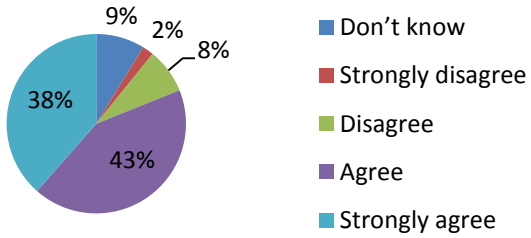

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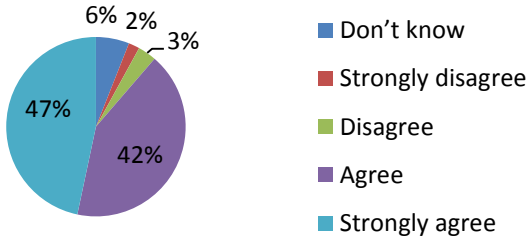

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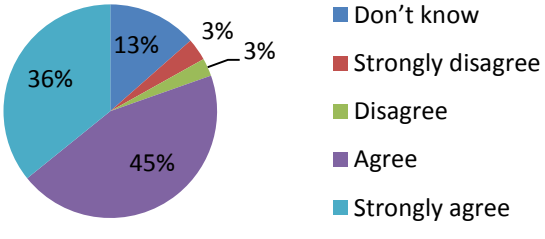

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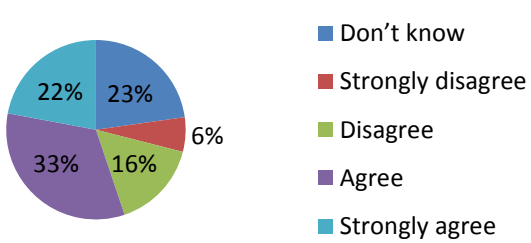
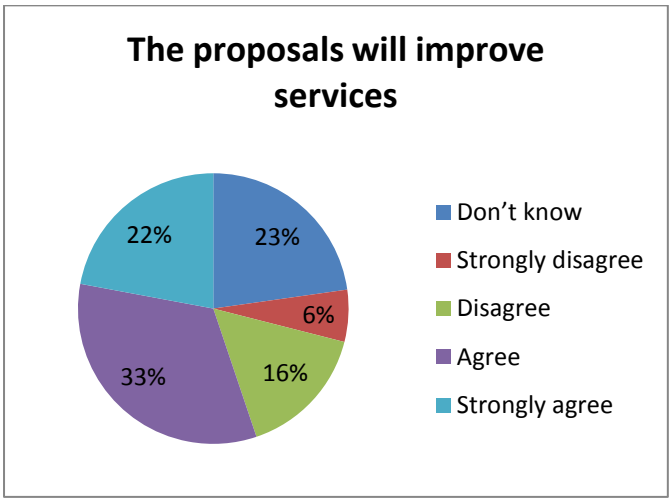
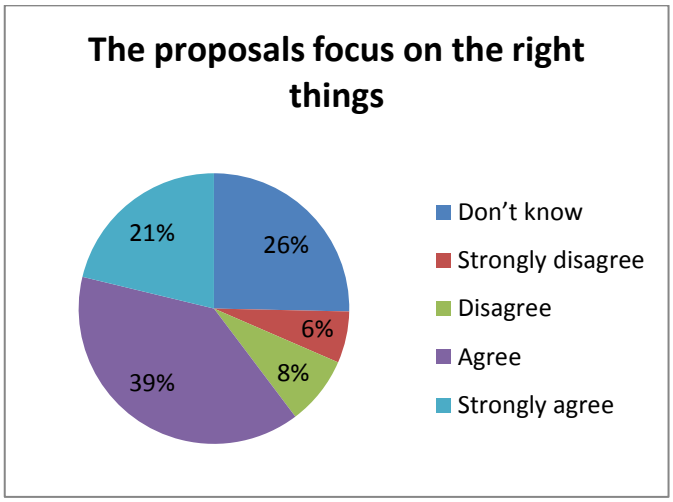
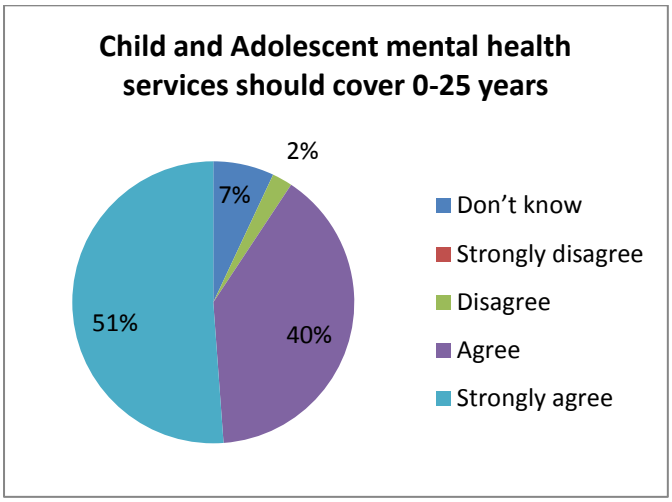
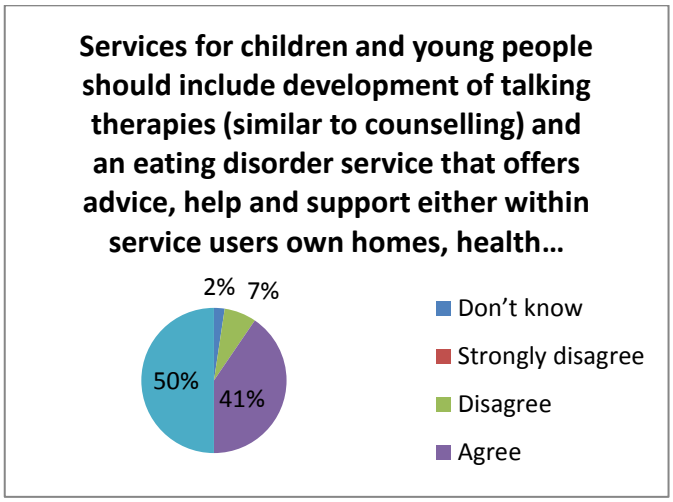


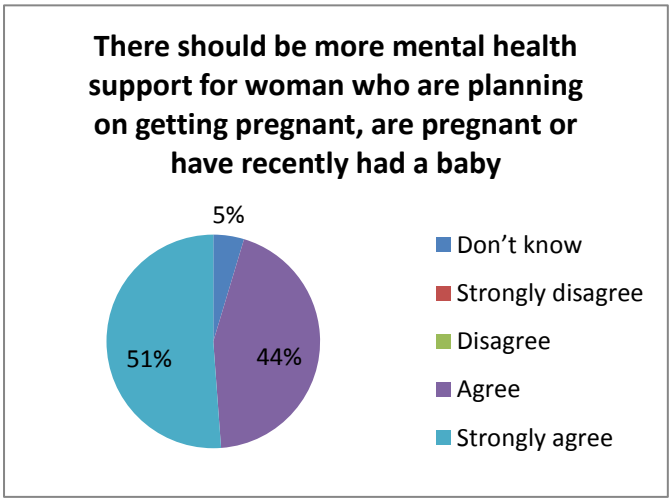


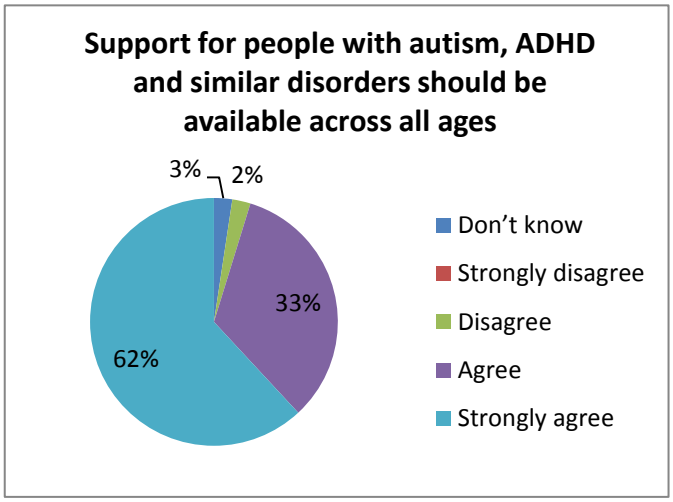


No Limits child and adolescent adapted survey feedback

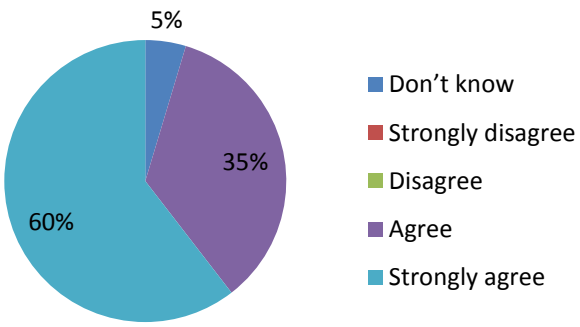




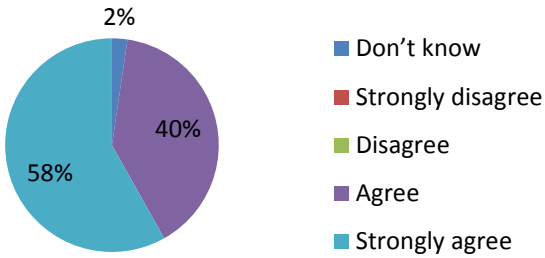




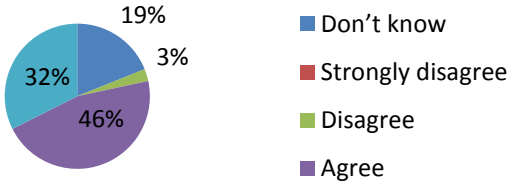
I should be able to access mental health support close to where I live



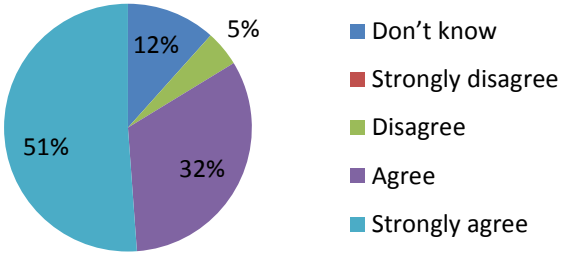
It should be easier to access mental health support via my GP, local community based services, No Limits etc.



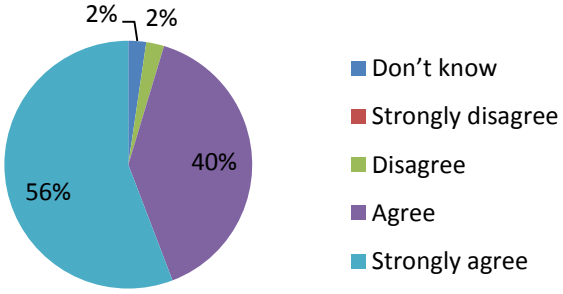
Community Navigators will work in community venues such as GP surgeries to access individuals' non-medical support needs and them access groups, services and activities that can broadly improve their…



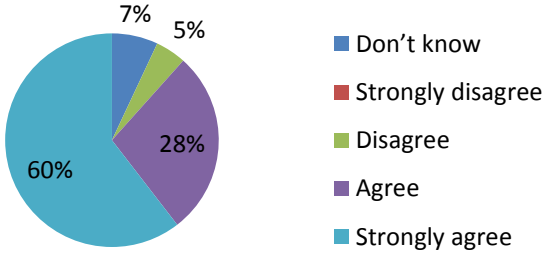
Peer support groups should be easily accessible in the community and not require GP / CAMHS referral



Young carers should have access to improved support and not be disadvantaged due to their caring role



Children and young people should play an active role in the design, development and improvement of mental health services



Appendix 5 – Online and paper based feedback form

Share your views

We are very interested in hearing your views; please take a few minutes to let us know what you think. You do not need to answer all of the questions; just those that you feel are **relevant to you**.

You do not have to provide your name.

To what extent do you agree or disagree with these comments?

Child and adolescent mental health services	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Child and adolescent mental health services should cover 0-25 years					
Young persons' improving access to psychological therapies service (IAPT), and community eating disorder services for young people should be developed					
Perinatal mental health which provides support for women who are at risk of developing mental health problems during pregnancy and the first year post pregnancy, as well as those considering becoming pregnant should be improved					
Services should be established for adults of working age for developmental disorders, such as ADHD, high functioning autism and Asperger's					
Mental health services shall be aligned to Better Care Southampton clusters, with care provided closer to my home					
There should be more services that support me outside of secondary care mental health services, such as in primary care or in ordinary community services					

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Community navigators should be developed in all settings to help me access a range of services that will allow me to maintain my own health and wellbeing					
There should be improved access to local community resources, including the development of more peer support groups should be part of my care plan					
Carers should have improved access to support and access to education in their caring role, this will be achieved through community navigators and community solutions					
Service user networks and alliances should be developed and they should play an active role in improving services					
Some resources should be shifted from secondary care mental health services into services such as community navigators, peer support groups					
The proposals will improve services					
The proposals focus on the right things					

Please tell us about any other options or ideas you would like us to think about in relation to child and adolescent mental health services for the future?

To what extent do you agree or disagree with these comments?

Adult mental health services	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Mental health services should be aligned to Better Care Southampton clusters, and should be provided closer to my home in a local setting within the cluster					
There should be more services that support me outside of secondary care mental health services, such as in primary care or in ordinary community services					
Community navigators should be developed in all settings to help me access a range of services that will allow me to maintain my own health and wellbeing					
There should be improved access to local community resources, including the development of more peer support groups should be part of my care plan					
Services should adopt an 'ageless' approach, and my care should be based on my needs and not my age alone					
Perinatal mental health which provides support for women who are at risk of developing mental health problems during pregnancy and the first year post pregnancy, as well as those considering becoming pregnant should be improved					
Services should be established for adults of working age for developmental disorders, such as ADHD, high functioning autism and Asperger's					
Helping me get employment should be part of my care plan					

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Carers should have improved access to support and access to education in their caring role, this will be achieved through community navigators and community solutions					
Service user networks and alliances should be developed and they should play an active role in improving services					
Some resources should be shifted from secondary care mental health services into services such as community navigators, peer support groups					
The proposals will improve services					
The proposals focus on the right things					

Please tell us about any other options or ideas you would like us to think about in relation to adult mental health services for the future?

Some details about you

We want to make sure that everyone has an opportunity to be part of the review and to contribute towards the design of mental health services in Southampton. To make sure we have reached a wide range of people, it would be helpful if you could provide us with a few confidential details about yourself to help us see who has responded.

Are you?

- ☐ A service user
- ☐ A carer
- ☐ A GP or Practice Nurse
- ☐ NHS Staff Member
- ☐ Other
- ☐ Representing an organisation

If you chose NHS staff member, which NHS organisation do you work for?

- ☐ Southern Health NHS Foundation Trust
- ☐ Solent NHS Trust
- ☐ University Hospital Southampton NHS Foundation Trust
- ☐ Dorset Healthcare University NHS Foundation Trust
- ☐ Other NHS organisation

What is your role?

If you chose representing an organisation, please state the organisation:

Please tell us your postcode (first four digits only)

Are you? ☐ Male ☐ Female ☐ Rather not say

What is your age?

- ☐ Under 20
- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 89-89
- ☐ 90+
- ☐ Rather not say

How would you describe your ethnic group?

White: ☐ British ☐ Irish ☐ Any other white background

Mixed: ☐ White and Black Caribbean ☐ White and black African ☐ White and Asian ☐ Any other mixed background

Asian or Asian British: ☐ Asian Indian ☐ Asian Pakistani ☐ Asian ☐ Bangladeshi ☐ Any other Asian background

Black or Black British: ☐ Black African ☐ Black Caribbean ☐ Any other Black background

Other ethnic groups: ☐ Chinese ☐ Other ethnic group ☐ Rather not say

Thank you for your feedback. The key themes compiled from all the responses will be one of the pieces of evidence that we will consider when making decisions about next steps.

Please return your form to:

Amanda Luker
Integrated Commissioning Unit
NHS Southampton City Clinical Commissioning Group and Southampton City Council
NHS Southampton HQ
Oakley Road
Southampton
SO16 4GX

Comments can also be emailed to: Amanda.Luker@Southamptoncityccg.nhs.uk
The deadline for feedback is 12:00 midday on Monday 2 May 2016.

Thank you for your comments.

Privacy
Any personal information you give to us will always be processed in accordance with the UK Data Protection Act 1998. We will only use the personal information you provide to deliver the services you have requested, or for our lawful, disclosed purposes.

We will not make your personal details available outside our organisation without your consent, unless obliged by law. Please be aware that any comments given on this form may be published in the report. However, Southampton Integrated Commissioning Unit will endeavour to remove any references that could identify individuals or organisations.

Appendix 3

NHS
Southampton City
Clinical Commissioning Group

Summary of Southampton's Transformation Plan for Children and Young People's Mental Health

October 2016

Contents

This summary document should be read in conjunction with the original transformation plan which contains much more depth and detailed plans, it should also be read in conjunction with the mental health matters consultation feedback. Links below to both documents

http://www.southamptoncityccg.nhs.uk/mental-health-services

http://www.southamptoncityccg.nhs.uk/news/decisions-made-on-the-future-of-mental-health-services-in-southampton-789/

Katy Bartolomeo

Senior Commissioner – mental health and substance misuse

Southampton Integrated Commissioning Unit

1. Introduction

1.1 Southampton City Clinical Commissioning Group, Southampton City Council and their partners from both the health and voluntary sector are committed to "promoting, protecting and improving our children and young people's (CYP) mental health and wellbeing". Whilst there are already areas of very high quality provision within the city we recognise that dramatic and significant changes and improvements are needed in order to ensure that all children and young people in Southampton, including those with particular vulnerabilities, can easily access high quality, outcome focussed, and evidence-based services appropriate to their need, when required.

1.2 This document is an updated summary of the full Transformation Plan and sets out how we will as a city, follow the national guidance set out in Future in Mind to develop services and an over-arching service model which responds to Southampton's specific needs and vulnerabilities and makes best use of its strengths.

1.3 Southampton City CCG was successful in a bid to NHS England (made in 2014) to lead and accelerate collaborative commissioning arrangements for CYP's mental health. This included work to build on the joint commissioning arrangements between Southampton City Council and Southampton City Clinical Commissioning Group further developing the work started by the formation of the Integrated Commissioning Unit (ICU). Key aims of the work were to improve joint commissioning across health, social care and education at Tier 2/3 and to also look at collaborative commissioning across the transition age span to 25. Following this piece of work and the release of Future in Mind, the CCG and City Council have completed 'Mental Health Matters' a review of mental health services across the City.

2. Mental Health Matters Southampton

2.1 In 2014 Southampton's Health and Wellbeing Board decided to instigate a full review of mental health services for all age groups, due to concerns being raised about current services and a wish to focus on early intervention and prevention services. As part of the review a mental health matters workshop event took place in December 2014. This event was attended by individuals from NHS, private and voluntary providers, service users, carers and public health. The main feedback from this event was that people wanted the opportunity to be part of the review and have a 'blank page' approach.

2.2 In August 2015 engagement officially started with the publishing of Mental Health Matters which set out proposals (offered as a first draft) for mental health services in the city and requested the views of all stakeholders to help us to shape it further. Great effort has been taken to ensure we have engaged with all stakeholders including CYP, parent/carers, schools and GP's and with hard to reach groups.

2.3 This review will help strengthen our transformation plan and provide a strategy that has been shaped by CYP and their families.

2.4 The engagement process ended on 16th October, the information and views collected have helped to design and inform new models across mental health for all ages. Formal consultation took place between December 2015 and April 2016. Final analysis of the consultation has now been undertaken and the final document published. This will enable implementation of new models.

3. Transformation Plan Investment

3.1 Due to the timelines for the Mental Health Review most of the initial year's Transformation Fund money was dedicated to 'system enabler' schemes that were designed to allow providers to be best placed to undertake the large scale change that is required to deliver on the vision of Better Care Southampton, the Mental Health Matters review and Future in Mind. Ongoing recurrent use of the Transformation Fund will focus on crisis care, one stop shops/community based treatment/early intervention and treatment, and the development of a 0-25 CAMHS team.

3.2 The local priority work streams identified for this year (2015/16) as shown below:

Work stream	Budget Allocation	Recurrent Investment	Details
1	£50,000.00	£50,000.00	**Navigators** - to support children, young People and their families to access the services most appropriate to their needs. This navigation function will also support professionals and 'hold' clients through periodic check-ins.
2	£65,000.00	£65,000.00	**Community solutions -** including a worker, peers support and grants/training
3	£50,000.00	£50,000.00	**EIP** - Supplement existing EIP team with CAMHS clinicians to become evidence compliant and to ensure that CYP are being seen within EIP teams and not remaining in CAMHS. MDT sessional input and pathway development to include CAMHS consultant psychiatrist sessions, mental health nurse and Systemic Family Therapy sessions.
4	£140,000.00	£140,000.00	**CYP ED Service** - Supplement of existing team to ensure compliant. Includes dietician, prescribing nurse, CBT-E therapist and occupational therapist, full details in chapter 6.
5	£120,000.00	£120,000.00	**Early Intervention** - Extend primary care mental health worker role to all schools in the city and develop a Schools Forum for primary schools. Introduction of engagement worker role within CAMHs to assist with these priorities and engagement including with hard to reach groups, some focussed work for training of public health nurses.
6	£80,000.00		**Community Group work** - Piloting of expanding existing Teen Safe House service (age bracket and scope of provision). Piloting of new community based support groups to support larger cohort of children and young people in the community. (Continuation of pump priming initiatives)
8	£152,500.00	£152,500.00	**Crisis Care Services** - Improvements to crisis care services for children and young people
8	£40,000.00	£40,000.00	**Counselling Provision** - Pilot options for expanding counselling provision including opportunities to develop digital streams and collaborative work with schools
9	£100,000.00		**Waiting times** -Supplement existing CAMHS teams to tackle current waiting times. Focus on Autism assessments and CBT which currently still have long waiting times. Pilot Saturday clinics and extension of working hours, evaluate patient feedback and take up of these services. (Continuation of pump priming initiatives)
10	£60,000.00	£60,000.00	**Commissioning** - supplement exiting commissioning resources to enable smooth implementation of transformation plans and continued commissioning capacity
11	£17,500.00	£17,500.00	**Mental Health Alliance –** Contribution to ageless alliance to bring together service users, carers and providers
	£875,000.00	£695,000.00	Total
	£695,000.00		Transformation budget
	£180,000.00		Other additional investment

3.3 The updated finance for 2016/17 is shown below for the increased budget allocation of £652,981:

Work stream	Budget Allocation	Recurrent Investment	Details
1	£50,000.00	£50,000.00	**Navigators** - to support children, young People and their families to access the services most appropriate to their needs. This navigation function will also support professionals and 'hold' clients through periodic check-ins.
2	£65,000.00	£65,000.00	**Community solutions -** including a worker, peers support and grants/training
3	£50,000.00	£50,000.00	**EIP** - Supplement existing EIP team with CAMHS clinicians to become evidence compliant and to ensure that CYP are being seen within EIP teams and not remaining in CAMHS. MDT sessional input and pathway development to include CAMHS consultant psychiatrist sessions, mental health nurse and Systemic Family Therapy sessions. Existing members of staff will be used and an increase in consultant psychiatrist time (3 sessions) has been recruited to.
4	£140,000.00	£147,156.00	**CYP ED Service** - Supplement of existing team to ensure compliant. Dietitian and prescribing nurse recruited to with CBT therapist and Occupational Therapist out to advert.
5	£202,678.00	£202,678.00	**Early Intervention** – Two early intervention workers recruited (Band 5) with a further one out to advert (Band 6). Extend primary care mental health worker role to all schools in the city and develop a Schools Forum for primary schools, recruitment of 3 primary support workers 17/18 and option to extend by a further 3 in 18/19 with further increase in CAMHS Transformation Funding.
6	£59,034.00	£59,034.00	**Crisis Care Services** – Crisis care lead recruited and will oversee further changes within crisis services
7	£40,000.00	£40,000.00	**Counselling Provision** – Extend existing counselling provision to include developing digital streams and collaborative work with schools
8	£36,800.00	£36,800.00	**Learning Disabilities** –Increase psychology and nurse input into learning disabilities team
9	£60,000.00	£60,000.00	**Commissioning** - supplement exiting commissioning resources to enable smooth implementation of transformation plans and continued commissioning capacity – service development officer recruited
10	£17,500.00	£17,500.00	**Southampton Mental Health Alliance** – Contribution to ageless alliance to bring together service users, carers and providers
11	£20,000.00	£20,000.00	**Peer Support –** Group work with embedded peer support development
12	£51,969.00		**Community Group Work –** Continuation of pilots to test market needs and inform future needs.
	£792,981.00	£748,168.00	Total
	£792,981.00		Transformation budget

4. Promoting resilience, prevention and early intervention

4.1 Southampton is a city committed to prevention and early intervention, our Primary Prevention and Early Help Joint Commissioning Strategy states that Southampton's vision is "An Early Intervention City with multiagency service provision that works to ensure children's needs are met at the earliest stage. Where possible, and children's welfare is assured, these needs will be met within their family and community resources."

4.2 The Southampton Healthy Ambition service replaced Southampton's school nursing service in April 2015. It delivers public health nursing, and leads delivery of the 5-19 year old elements of the Healthy Child Programme. One of the key priorities for the service is emotional wellbeing and mental health.

4.3 Better Care Southampton have developed a pilot to test out the role of Community/Family Navigators. The role of this navigation is to receive and make referrals from/to primary care and cluster teams and provide information about how to access and where necessary directly link people community resources. They will also provide the point of contact to access other universal services, provide active follow up to discover if the identified solution is working or if the person needs additional support to take action or other solutions. Furthermore to map community resources and local organisations, encourage people to up load information on to either the Southampton Information Directory (SID) or Placebook and identify through a process of coproduction gaps in community resources to improve health and wellbeing. The intention is that this will then be rolled out more extensively across Southampton and will cover mental health more fully.

Key Priorities

Current

1. Continue to develop whole school approaches to promoting mental health and well-being.	
1.1. On-going evaluation and development of Southampton's new Healthy Ambition service to ensure school nurses are leading and delivering the Healthy Child Programme 5-19 and working effectively at community, family and individual level and that the Emotional Health & Wellbeing workers are fully embedded in the service and linking to the CAMHS team.	G
1.2. Work with schools to ensure a more consistent use of counsellors and the Department for Education's guidance on evidenced-based school counselling across the city.	A
2. Develop prevention and early intervention services, including harnessing learning from the new 0-2 year old early intervention pilots.	A
3. Complete planning and execute a citywide anti-stigma event with Time to Change for the autumn to coincide with World Mental health day.	G
4. Develop whole family approach and whole family service offer available within the city.	A
5. Continue to explore opportunities to reduce incidence and impact or post-natal depression including monitoring and potential service development of, midwifery, health visiting and FNP services and the NHS commissioned specialist perinatal service.	A
6. Explore opportunities to better utilise links with PSHE networks to develop whole school approach the prevention and early intervention agenda.	A

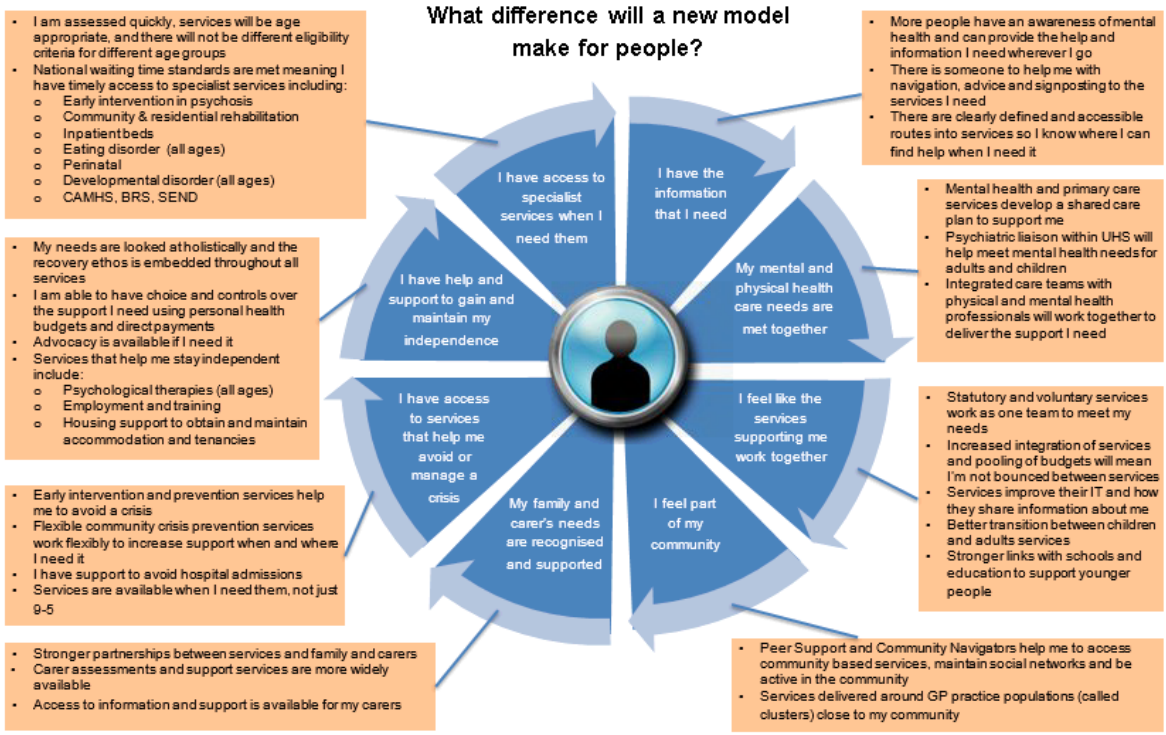
Future

1. Enhancing existing maternal, perinatal and early years health services and parenting programmes
    1.1. Prepare for potential waiting times standards in relation to pregnant and post-natal women accessing Mental Health services, including mental health supervision and training for health visitors, IAPT drop-in at children's centres and outreach from P8T groups
    1.2. 0-2 year old early intervention pilots
2. Incentivise development of new apps to support self-care
    2.1. Continued development of CAMHS app BASE
3. Evaluate Community Navigation role with specific regard to CYP and families and to further extend this model throughout the City.
4. Develop a 'Southampton' PSHE curriculum

5. Improving access to effective support – a system without tiers

5.1 Mental Health Matters, the review of all mental health services within Southampton which has already begun, along with national and local policy and strategy will guide the redesign of our current model. We have already begun moving away from the tiered model in several areas and our future model will create new and develop existing pathways of care which work across the continuum of need from universal support through to the most intensive and targeted interventions including specialist inpatient.

5.2 The diagram below shows how our model will work in practice for our population ensuring that there is easy access to the most effective support for each individual's needs.



5.3 Many mental health services including many of those for children and young people will join with other health and social care services to form integrated teams based around GP practice populations (called 'clusters') as part of Better Care Southampton, putting patients at the center of their own care planning and taking a more whole person approach to care. There is a focus on prevention and early intervention and building on the role of individuals in managing their own health and wellbeing.

5.4 No limits (Southampton's youth information advice and counselling provider) already has a 'one stop shop' service for under 26 year olds and from November 2015 Solent (Southampton's CAMHs provider) began a pilot of a single point of access (SPA) which incorporated the functions of initial telephone triage with families, choose and book system for appointments and telephone advice line.

5.5 A common theme that has been identified in Southampton is the need for all services to be identifying children that are living with parents with mental health problems and ensuring that all services work better to develop a whole family approach.

5.6 By undertaking a workforce review and developing a workforce strategy including training and development needs we will ensure that our future service model delivers a wide range of NICE compliant therapies including CBT and systematic Family therapy to meet our populations needs.

5.7 There is much on-going work engaging with hard to reach CYP in Southampton. We plan to re-evaluate learning and replicate some of the work done in 2013 by No Limits consulting with disadvantaged young children for the GP Champions Youth Health pilot which consulted with 43 young people who had multiple and complex issues.

5.8 Southampton has a significantly higher rate of mental health admissions than all of our statistical neighbours, this may at least in part be attributed to variations in admission policies between acute trusts but will need to be investigated further during our re-modelling.

5.9 Southampton also sees significant numbers of CYP self-harming and has recently analysed the numbers being seen by the DSH team in the emergency department but also those seen within the 'one stop shop' service provided by the voluntary organisation 'No Limits'. We plan to extend the DSH service within the city.

5.10 Developing stronger links between services for CYP with Learning Disabilities (LD) and mental health problems is also a priority for Southampton. The CYP disability service JIGSAW has recently been integrated within the 0-25 SEND service, there has been investment in this team and funds have been diverted to enhance both the CAMHS and SEND team. The addition of 3 sessions of CAMHS consultant time to support clinical supervision for the wider SEND team and also to deliver assessments, interventions and acting as a bridge for specialist/complex pathways such as autism and CYP with LD and complex mental health problems. There is also an LD nurse that works half their time in the SEND team and half within the CAMHS team. Developing a much clearer pathway between specialist SEND services and the new locality based Integrated Universal and Targeted services which are due to go live in April 2016 is a priority to ensure that these teams are much better supported to meet the needs of children with SEND in their local communities.

Key Priorities

Current

1. Expansion of deliberate self-harm service, increasing hours initially to six days a week but with an end goal of 7 day a week service.	A
2. Complete Southampton's comprehensive review of all mental health services and develop/re-model in-line with its conclusions and national and local strategy	G
2.1. Move away from tiered system to a more flexible needs based model based around seamless pathways of care and support.	A
2.2. Explore the expansion of one-stop shops from bases such as No Limits 3 centres within Southampton	A
2.3. Explore where and how CAMHS will fit within Better Care model in Southampton, multi-disciplinary teams, single points of access	A
2.4. Self-referrals in to all teams	R
2.5. Development and introduction of extended 0-25 CAMHs service.	A
3. Explore options to utilise work around school link pilot project – named points of contact within CAMHS, schools and GPs	A
4. Explore development of Joint training programme	G
5. Further develop and strengthen links between CAMHS and LD and SEND services including work around Care Treatment Review's.	A
6. Finish evaluating current peer support programmes and be led by service user engagement as to how this needs to be developed to more fully meet needs	G
7. Crisis Care Concordat local plans	G
8. Development of a Community Eating Disorder service	G
9. Evidenced based pathways for community based care	
9.1. Expansion of intensive home treatment teams	A

9.2. Develop clearer pathways including for step-down provision and discharge from inpatient care	A
10. Mental health and behavioural assessments in admission gateway for YP with LD/challenging behaviour	R

Future

1. Universal Local Offer
2. Waiting time standards for eating disorder service and early intervention in psychosis team
3. On-line information and support
4. Develop improved data around crisis/home treatment for under 18's and the use of section 136
5. Development of primary care mental health teams

6. Community Eating Disorder Service – Southampton, Portsmouth and the Isle of Wight

6.1 The children and young people's eating disorder access and waiting time standard was released in July 2015 and set the direction for improve access and waiting times and the evidenced based treatments offered. The model of care prescribed in the 'Access and waiting time's standard for children and young people with an eating disorder -Commissioning Guide, July 2015' is making recommendation for a viable evidence based eating disorder service which will engage with children young people their families and carers, delineating clear referral pathways, but also providing localised care, in a timely manner.

6.2 The recommended model requires a population footprint of at least 500,000. It is not currently possible to co-commission a Hampshire wide ageless eating disorder service due to the Hampshire CCGs being in the process of procuring a new provider of CAMHs services.

6.3 Portsmouth, Southampton and the Isle of Wight are therefore working together on a joint initiative that meets the criteria of minimum recommended population. The collaboration between Southampton and Portsmouth is further along due to sharing the same provider (Solent NHS Trust) and we are in the early stages of working with the Isle of Wight CCG. Due to obvious difficulties with the Isle of Wight being an island this will need a larger piece of work to consider how the services can work together to align current services. Our ambition in the longer term is to extend this collaboration further to include the rest of Hampshire and to develop a pan-Hampshire ageless service, which the Hampshire 5 CCGs are also committed to discussing further.

6.4 **Population Footprint of collaboration**

CCG	Weighted population
NHS Southampton CCG	245,755
NHS Portsmouth CCG	221,654
NHS Isle of Wight CCG	145,854
Total	**613,263**

6.5 The Eating Disorder money allocated to each CCG for 2016/17 is as follows:

- Portsmouth £110,000
- Southampton £140,000
- Isle of Wight £77,000

6.6 Current Service model in Southampton

6.6.1 Currently specialised CAMHS in Southampton provides assessment and treatment for children and young people and their families or carers, with eating disorders, drawing on the best available evidence. A comprehensive package as recommended by NICE is available and includes Cognitive Behavioural Therapy (brief CBT and CBT – enhanced), Cognitive Analytical Therapy (CAT), Family/Couple Therapy, Carer and family Support Group. There is a nursing team who can offer more intensive community support, extended hours and input to parents via the parent group. There are also close links to specialist inpatient teams both at the general hospital and the local inpatient adolescent unit.

6.6.2 There is a multi-disciplinary team working closely and flexibly with children and their families and others that are important to them. Links with primary care (GPs, to ensure safe management of the physical risks that often accompany an eating disorder) and secondary mental health services are in place, in order to provide a comprehensive package of care. The out-patient service is open Monday to Friday from 8.30am to 5.00pm excluding bank holidays. The intensive community support services are more flexible working more extended hours and currently offering a parent group in the evenings 6-8pm.

6.6.3 A typical outpatient treatment package for anorexia nervosa might last between 20 and 40 sessions. For bulimia nervosa, the typical treatment packages range from 10-20 sessions, although these can be extended depending on individual need. Programmes are available for those stepping down from in-patient care or for those wanting more intensive support than that provided in out-patient treatment alone. The intensive community programmes offer nursing nutritional input, supported mealtimes and a range of therapeutic groups, aimed at supporting individuals to address the psychological issues underlying their eating difficulties. The nutritional dietary recommendations are based on the (weight gaining) plan delivered at Leigh House Hospital, (Tier 4 inpatient provision). Moderations are made to the plan when children and young people reach a position of their optimal maintenance weight. This is also undertaken in negotiation with the primary care services. These programmes are currently run in Southampton five days a week. The structure of the treatment allows time practised and integrated into everyday life. The process of admission and discharge is also supported, for those needing an episode of in-patient care.

6.6.4 There is a confidence that the package offered matches recommendations in the NHS England paper 'Access and waiting time's standard for children and young people with an eating disorder -Commissioning Guide, July 2015'. Waiting time compliance is already within the recommended timeframes, however more work is needed to accurately collect this information and capture it. Working with children and young people with eating disorders is integral to specialist CAMHS, which results in a comprehensive assessment, management of risk and governance, keeping skills updated for all staff.

6.7 Outcome measures

6.7.1 The service currently uses objective outcome measures: CGAS, EAT Questionnaire, RCADS, (for common co-morbidities). They also use height/weight checks and CT scans for delayed menstrual status in girls. The teams offer a variety of ways for users and carers to give feedback about the service development.

6.7.2 The parent support group in Southampton is actively involved in giving carer feedback and have been involved in writing a care package brochure given to newly diagnosed families. As part of the on-going service evaluation feedback is asked for at discharge.

6.8 Number of Eating Disorder cases seen in Southampton – Please note data for 2016/17 currently being collated and 2015/16 investigated due to migration of computer system

2012/2013	2013/2014	2014/2015
49 cases	46 cases	35 cases

6.9 Current staffing levels in Southampton

Professional group	Whole time equivalents	Work undertaken
Consultant psychiatrist	2 sessions	offering case management + mental health assessment + consultation/ liaison with professionals
Community nurses	3 full time band 6	offering community working in the homes, meal supervision in homes and schools, liaison with GP, +

		nutritional advice to families and professionals
Family therapist	5 sessions	offering family therapy + couple work + parent group
Psychologists	4 sessions	offering CBT –E individual therapy, + Supervision
Psychotherapists	2 sessions	offering individual CAT + family parent groups + supervision
Paediatrics in local general hospital	As required	offering physical assessment and short term admission
Nurse- led groups	1 session from 2 band 6 nurses	Offering short term anxiety group.

6.10 Current Waiting Times in Southampton

An initial review of waiting times for eating disorder referrals into our CAMHS service for 14-18 year olds in 2014 has highlighted that 68.9% of CYP are seen within 4 weeks but as yet we are not able to link this to classification of need at time of referral (see table below). As discussed above current data subject to more investigation due to migration issues.

Time till assessment	Number	%
Within 24 hrs	0	0
1 week	7	24.1
4 weeks	13	44.8
Over 4 weeks	9	31
DNAs	5	
Referrals	34	

longest wait 14.3 weeks

6.11 Identified gaps in the service

6.11.1 Currently there is no access to a dietician, which is recognised in the model of care NHS England have recommended.

6.11.2 The teams would seek closer links to our primary care services and schools which would enable streamlined and earlier presentation to clinics leading to better outcomes for the children and young people their families and carers.

6.11.3 The services would also work towards extending the hours of working towards initially six days a week and then to seven day services.

6.12 **Proposal for the funding available in Southampton:**

6.12.1 Sessions of a Dietician (in each of the CCG areas) who would be available to primary care services as well as provide advice the specialist team on nutritional care. This is not available in the current model of service provision.

6.12.2 A full time Nurse Practitioner who would be available to build on the 'out of hours' services, supervising evening meals and visiting families in their homes, extending the working hours of the whole nursing team (from 8-8pm).

6.12.3 A liaison nurse who would work with the GPs, primary care workers and schools to increase education and knowledge, this would enable earlier presentation to clinics for children, young people, families and their carers.

6.12.4 A CBT-E therapist who would be able to provide sessional work over 2 days for young people to gain additional twilight sessions of therapy when college commitments and family life patterns prevent attendance at sessions during usual working hours.

6.12.5 Additional Staff Costing

Profession	Band Grade
Dietician - 0.2 WTE (Recruited)	Band 7
Prescribing Nurse -Full time (Recruited)	Band 6
Occupational Therapist 0.6 WTE (Out to advert)	Band 6
CBT-E Therapist – Full time (Out to advert)	Band 7
Total Cost £147,156.00	

6.13 Service KPI's

To record % of cases that received NICE concordant treatment within the standard's timeframes	69% seen within 4 weeks	75% seen within 4 weeks	Mar-16
To record % of cases that have outcomes data entered electronically on to the IT system	Not measured as new scheme	25% of active cases	Mar-16
To accurately record patient status as either routine, urgent and emergency in % of cases	Not measured as new scheme	95% of referrals	Mar-16

6.14 Progress to date

The funding is allowing the service to employ a dietician and increased Occupational Therapy time to work alongside those young people with an eating disorder. The extra nursing time allows for further meal planning and supervision to take place (over which the dietician will have an oversight). The extra staffing also means that a teaching package can be developed which would be presented to the wider CAMHS team to underpin existing knowledge and skill bases around this specific field of CAMHS intervention.

7. Care for the most vulnerable

7.1 There are groups of children and young people that we know are more at risk of poor mental health. In Southampton, there are high number of Looked After Children, children with Special educational Needs and Disabilities (SEND), young offenders, children and young people living in families experiencing domestic violence, under 18's admitted to hospital for alcohol specific reasons, and numbers of children living in poverty. All of these factors make children and young people more vulnerable.

7.2 Southampton's Multi-Agency Safeguarding Hub (MASH) and Early Help Teams are positive examples of creative integration designed to maximize the impact of diminishing public sector funding. They offer high quality evidence based support around which organizations from all sectors can align and develop additional services. There is a Solent NHS health navigator within the MASH team who can access any information on CYP held within the CAMHs service and also provide advice and on suitability of service referrals.

7.3 Hampshire Liaison and Diversion Service began operations on the 1st April 2015. There are two teams, one in Soutampton and one in Portsmouth. The Southampton team operates Monday to Sunday 9am-9pm and includes all vulnerable adults and children, people with mental illnes, substance misuse issues, learning disabilities, head injuries, autism or ADHD.

7.4 University Hospital of Southampton (UHS) provides a Paediatric psychiatric liaison service which is concerned with providing a bridge between acute paediatrics and psychiatric and psychosocial care for children and young people receiving treatment within the hospital where the presenting illness has a psychological component or where psychological distress is caused by the illness. While the hospital provides paediatric services for a larger population that Southampton city CCG and specialist services for the South West of

England there referral data included within Appendix P is useful in understanding the most common presenting issues in this vulnerable group of CYP.

Key Priorities

Current

1. Develop policies and practices which ensure that children and their families who do not attend appointments are not just discharged from service.	R
2. Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate bespoke care pathways	A
2.1. Continue work around links with Liaison and Diversion service. Further development of YOT multi-disciplinary team.	A
2.2. Explore the possibility of using some of the additional funding to progress unsuccessful school pilot extension bid which looked at developing specialist outreach teams to upskill school staff to be better equipped to support children dealing with trauma and to have mental health workers embedded within early help teams to work with families when children are on the edge of care.	A
2.3. On-going work with the BRS service which supports some of our most vulnerable children and families.	G
2.4. Further strengthening of mental health function within Families Matter and early help teams.	A
2.5. Continue work on pathways/referral processes and joint working between services including the City's CSE and Rape Crisis services	A
3. On-going development and expansion of multi-agency teams with flexible acceptance criteria for vulnerable children (need not diagnosis).	A
4. Working with lead officer for Childhood Sexual Exploitation within the city to ensure changing understanding and knowledge of need is met and clear and affective pathways are in place.	A
5. Work with SARC and NHS England specialist commissioner to ensure necessary links and pathways are working effectively.	A
6. On-going review of MASH and function of mental health staff within the team.	A
7. Development and expansion of Lead professional approach for the most vulnerable CYP with multiple and complex needs.	A

Future

1. Working with professional bodies to improve skills of professionals working with children & young people with mental health problems
2. Pilot – teams specialising in supporting vulnerable CYP
3. Development of tierless services with SPA and no referrals rejected but always signposted/aligned with an appropriate service.

8. Accountability and transparency

8.1 Southampton's Integrated Commissioning Unit went live in December 2013, and merged commissioning teams from Southampton City Clinical Commissioning Group, Southampton City Council Adult services and Southampton City Council Children's services. This integration has not only seen the introduction of lead commissioners for service areas across health and social care but has enabled much easier pooling of funds and co-ordinated strategic planning.

8.2 Southampton's Health and Wellbeing Board are responsible for driving forward improvements in mental health in the City and have strong links to all aspects of the Mental Health Matters review.

8.3 Southampton is committed to working with all partners to ensure that the most effective and integrated services are commissioned for the local populations specific needs. We will continue to work with colleagues from NHS England as well as neighbouring CCG's and local authorities, pooling resources where sensible to do so to ensure that services commissioned provide a seamless and holistic service provision which mitigates the risks of service users slipping through gaps, avoid duplication and offer the best outcomes for our residents.

The table below shows the spend for specialist commissioning for Southampton (original table 2014/15)

Hub Region	Provider Name	NHS Southampton CCG	Grand Total
London	East London NHS Foundation Trust	£40,592	£40,592
	Ellern Mede Centre for Eating Disorders	£157,668	£157,668
London Total		**£198,260**	£198,260
	Cygnet Health care Limited	£39,762	£39,762
	Dorset Healthcare University Foundation Trust	£7,286	£7,286
	Priory Group Limited	£353,347	£353,347
	Southern Health NHS Foundation Trust	£246,223	£246,223
South Total		**£646,618**	£646,618
Grand Total		**£844,877**	£844,877

Contract Title	Total Investment (NHS England, City Councils, Police and Crime Commissioners)
Liaison and diversion scheme (SE and SW Hampshire)	£1,045,647

8.4 Current CAMHS activity and waiting times (please note that 15/16 waiting times has been excluded due to the migration of data to a new operating system and the poor data quality for that year).

2014/15 CAMHs Waiting times		
<4 weeks	382	22.37%
4-11 weeks	620	36.30%
11-18 weeks	482	28.22%
>18 weeks	224	13.11%
Total	1708	100.00%

2016/17 Apr-Jul CAMHs Waiting times		
<4 weeks	198	56.25%
4-11 weeks	72	20.45%
11-18 weeks	12	3.41%
>18 weeks	70	19.89%
Total	352	100.00%

Referrals 2014/15

Accepted 1,351
Rejected 324 (24%)

Referrals 2015/16

Accepted 1,474
Rejected (data inaccuracies)

Referrals 2016/17 to date (Apr- Jul)

Accepted 395
Rejected 129 (32%)

Referrals 2015/16		
Month of Referral	**Referrals Received**	**Referrals Accepted**
Apr-15		133
May-15		136
Jun-15		138
Jul-15		154
Aug-15		97
Sep-15		119
Oct-15		138
Nov-15		148
Dec-15		101
Jan-16		101
Feb-16		130
Mar-16		79
2016 YTD		**1474**

Referrals 2016/17		
Month of Referral	**Referrals Received**	**Referrals Accepted**
Apr-16	116	90
May-16	139	111
Jun-16	132	100
Jul-16	137	94
2016 YTD	**524**	**395**

With the continued recruitment to the early intervention and prevention team it is anticipated that rejected referrals will reduce significantly over 2017/18.

Contacts

The tables below illustrates the new and follow up contacts throughout 2015/16 and 2016/17 to date. It should be noted that a significant amount of the CAMHS Transformation money in 2015/16 was spent on initiatives that were system enablers and schemes to reduce waiting times, alongside the migration to a new information system means that the data found in the table below should be viewed with caution.

Contacts 2015/16		
Row Labels	**Sum of new**	**Sum of Follow_Up**
Apr-15	536	754
May-15	347	963
Jun-15	317	1323
Jul-15	265	1236
Aug-15	141	882
Sep-15	207	964
Oct-15	148	481
Nov-15	164	814
Dec-15	87	671
Jan-16	130	787
Feb-16	154	876
Mar-16	72	856
2016 YTD	**2568**	**10607**

Contacts 2016/17		
Month	**Sum of new**	**Sum of Follow_Up**
Apr-16	90	786
May-16	102	822
Jun-16	82	845
Jul-16	78	840
Grand Total	**352**	**3293**

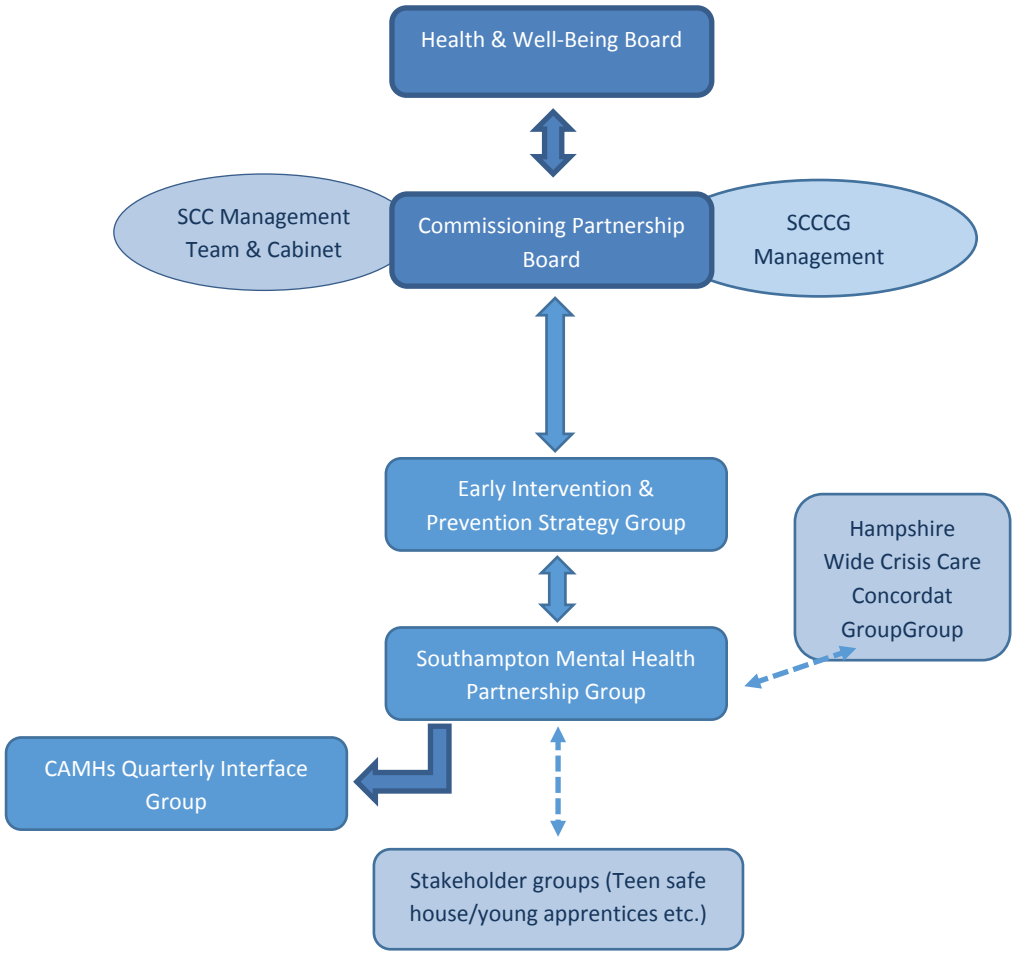
Number in treatment

Number of children in treatment as at 31/03/2016	1,634
Number of children in treatment as at 30/09/2016	1,670

2016/17 will provide the baseline for meeting the 2018/19 target to increase the number of children and young people in treatment by 32%. Southampton's focus on early intervention and prevention will play a significant role in achieving this ambition. Currently 32% of referrals were rejected as they were either inappropriate or did not meet the current CAMHS Tier 3 criteria. With the development of the early intervention and prevention team it is anticipated that many of those currently rejected would meet the criteria for our teams.

Work is continuing to address not only overall waiting times but also to tackle the secondary waiting times that occur after an initial assessment has occurred. In addition to the money announced by NHS England this year to help reduce waiting times the Integrated Commissioning Unit have invested in reducing the CBT, autism diagnosis and counselling waiting times.

8.5 The diagram below illustrates the governance structure which will be applicable for decisions made in relation to this transformation



8.6 Throughout the Mental Health Matters review CYP, families and key stakeholders formed a huge part of both the engagement process and then the formal consultation with 56% of feedback received from service users and carers.

Key Priorities

Current

1. Continuation of consultation and engagement with CYP (including hard to reach groups), family and other relevant stakeholders whilst developing the transformation plan and Mental Health Matters review	G
2. Explore new opportunities and build upon existing co-commissioning arrangements with NHS England	A
3. Ensure NICE quality standards continue to inform and shape commissioning decisions	G
4. Increase in level of local benchmarking/monitoring data collected and reported on.	A
5. Waiting time standards for early intervention in psychosis and Community eating disorder service.	A
6. Monitoring access and wait measurement against pathway standards	A
7. Financial investment transparency	G

Future

1. Data collection and analysis
   1.1. CAMHS minimum dataset
   1.2. Routine outcome data collection
2. Prevalence survey

9. Developing the workforce

9.1 Current CAMHS workforce and skills – CAMHS currently has a multi-disciplinary team that offer a variety of NICE recommended and evidence based interventions. The Mental Health Matters review aims to work with the CAMHS provider and CYP their families and other key stakeholders to re-design the way current services are configured.

Specialist CAMHS workforce as at 31st March 2016:

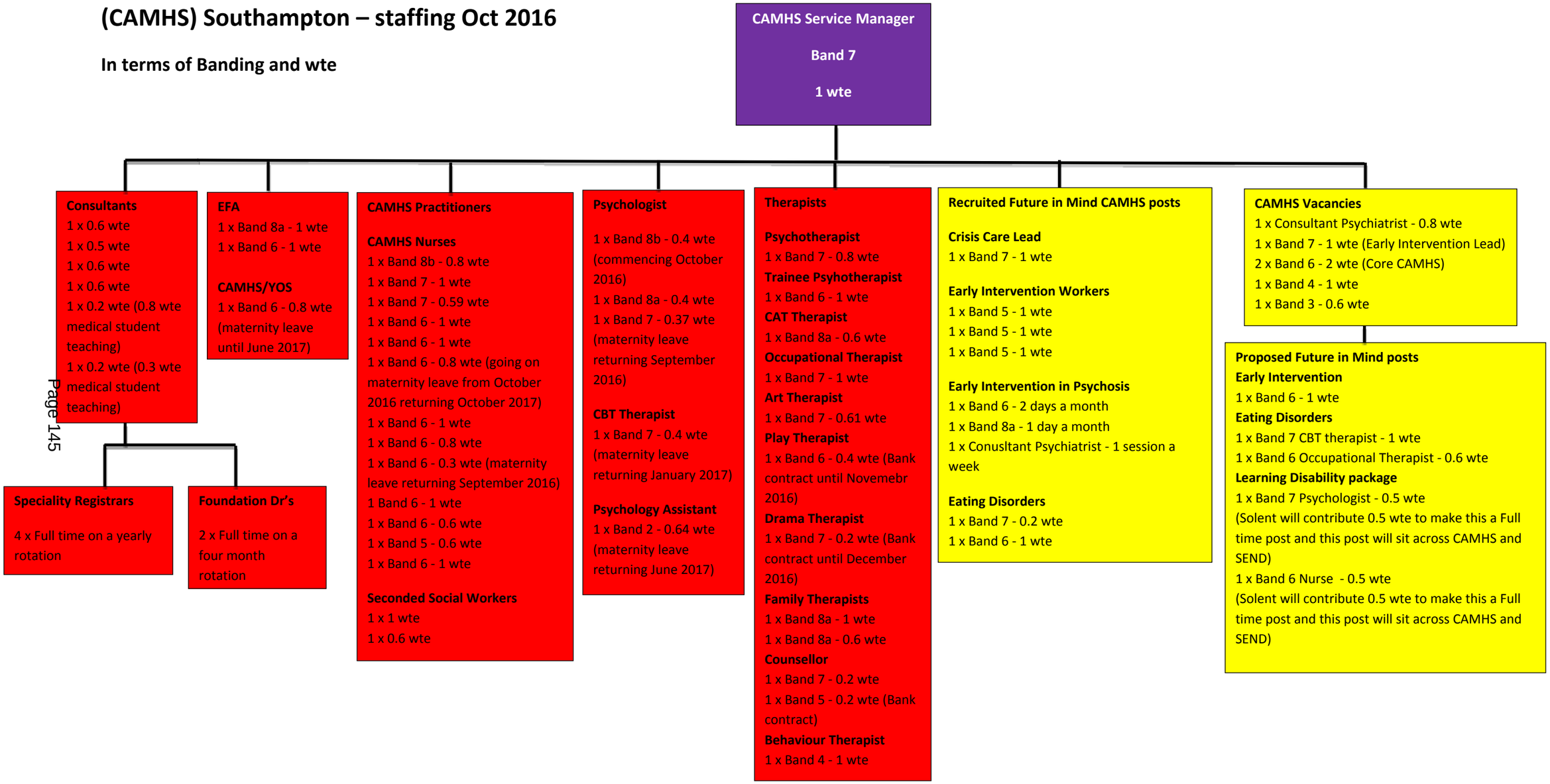
Profession	WTE	Skills	
Staff Nurse	8.1	Individual CBT	
Specialty Registrar	4.9		
Specialist Registrar (Closed)	1.4		
Specialist Nurse Practitioner	3.5		
Psychotherapist	1.5	Psychodynamic Psychotherapy	
Nurse Manager	0.8		
Occupational Therapy Specialist Practitioner	1.6	Psychodynamic Psychotherapy	
Multi Therapist	2		
Healthcare Assistant	0.6		
Health Care Support Worker	0.8		
Consultant	4.1		
Clinical Psychologist	4.3	CBT Therapist (PGDip)	CBT Supervisor (PGDip)
Clerical Worker	7.9		
Assistant Psychologist	1.4		
Total	**43.0**		

Workforce BRS (Behavioural Resource Service)

Profession	WTE	Skills
Clinical Psychologist	4.3	CBT therapist (PGDip), Interpersonal therapy, CBT Supervisor (PGDip), Family therapy
Specialist Nurse Practitioner	3.4	Individual non-directive supportive therapy, Interpersonal therapy, psychodynamic psychotherapy, family therapy
Total	**7.7**	

Child Adolescent Mental Health Services (CAMHS) Southampton – staffing Oct 2016

In terms of Banding and wte



9.2 A comparison of the staffing at March 2016 to October 2016 illustrates that once all vacancies are recruited to there will be a real time increase of 12.71WTE within the CAMHS team. This is from the addition of new posts and as a result of workforce development and changes to the skill mix of the team following vacancies. This figure excludes admin, temporary posts and medical student teaching. It also excludes the BRS team.

9.3 CY-IAPT transformation programme – Southampton has joined a CYP-IAPT collaborative and is currently working with the collaborative to begin identifying staff with appropriate experience and qualifications are being invited to participate in training courses. Discussions have commenced with Solent NHS Trust and the Voluntary sector provider of our counselling services to look at future models. This is in response to the national guidance that by 2018 CAMHS develops a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide service design, working collaboratively with children and young people.

9.4 We will also work with the workforce development team within Southampton City Council to ensure that mental health training remains prominent within the programme of training offered to all practitioners within the city and look to develop this with them in conjunction with our CAMHs provider.

9.5 We will commission a robust and detailed workforce strategy which will include identifying any risks around not securing sufficient clinical CAMHS and mental health experienced clinicians. Southampton University and our CAMHS provider are a training centre for medics and succession planning is a priority at both undergraduate and post graduate levels – with dedicated personnel funded for this agenda. Solent NHS Trust are working closely with colleagues in learning and development and the university to ensure the programmes are fit for practice and will deliver against service needs.

Key Priorities

Current

1. Targeting training and continued professional development (CPD) of health and social care professionals to create workforce with appropriate skills, knowledge a values	A
2. National mental health commissioning capability development programme	A
3. CYP IAPT – joining programme, training	A
4. Develop comprehensive workforce strategy	G
5. Continue to develop this transformation plan in response to findings, outcome of mental health matters etc.	G

Future

1. CYP IAPT – joint programme, training
2. Develop comprehensive workforce strategy