

Update on Hampshire and Isle of Wight Healthcare Report for Southampton HOSP November 2024

The formal establishment of Hampshire and Isle of Wight Healthcare NHS Foundation Trust took place on 1 October 2024, following the approval of NHS England and the Secretary of State for Health and Social Care. The new Trust provides the majority of NHS community, mental health and learning disability services for people of all ages across Hampshire and the Isle of Wight.

The ambition of bringing these services into a single organisation is to enable more consistent care with reduced unwarranted variation, more equitable access to services irrespective of postcode, and a more sustainable workforce and services. The new organisation will be large yet will operate locally to ensure services can best meet the needs of different communities.

The successful transaction to form the Trust was the culmination of over two years of development and engagement with a wide array of patients, partners, staff and communities, closely supported by the Integrated Care Board and NHS England. The Trust expresses its thanks to Southampton City Council colleagues, including at previous meetings of this Panel, for their support and contribution to this process.

The focus of delivering the transaction has been on maintaining safe, effective services and ensuring compliance with statutory requirements. Delivery of care has not been impacted by the formation of the Trust, and patients continue to access and receive care and treatment in the same way. Work is ongoing to complete the integration of systems, processes and practice and these will be completed over varying timescales. Staff have already been working closely for many months to explore opportunities for closer working and there have been good early successes. With the new organisation formed, the focus is now upon fully realising the benefits to patients, staff and communities.

About the new Trust

Hampshire and Isle of Wight Healthcare serves a population of approximately two million people, has a total workforce of over 13,000 people, and annual funding of £800m to deliver care. The Trust delivers a diverse range of services in people's homes, GP practices, local health centres, community hospitals and mental health inpatient units. The Trust's geography is co-terminus with that of the Integrated Care System and it covers multiple local authority areas. Working closely with health and care partners, the Trust is well placed to help drive the shift towards prevention and earlier intervention; tackling health inequalities, reducing the pressure on acute

hospital services, and enabling more people to live happily, healthily and independently for longer.

More information about the Trust can be found on the [Trust website](#).

Clinical operating model

Further to previous reports, a clinical operating model has been determined following wide engagement over an 18 month period. The model describes how clinical services will work together to deliver many of the intended benefits of being a single organisation. The model is one of the means by which the Trust will deliver locally-focussed services whilst at the same time making the most of its scale and breadth, to improve standards and consistency of access, experience and outcomes for patients.

The model identifies four integrated, geographical divisions providing local community and mental health services. Three Trust-Wide Divisions will deliver services that benefit from a larger scale. The services within these divisions will collaborate closely with services in the geographically based divisions. Communities of Practice for each clinical specialism will be responsible for holding divisions to account for ensuring a framework of standards are consistently met, driving forwards clinical transformation, and driving out unwarranted variation. Each Community of Practice will establish clinical networks comprising leaders of specific specialist services or groups of clinical services, and including our partners and people with lived experience. These networks will share learning, innovative practice and ensure each Community of Practice has an improvement delivery plan that has been coproduced.

Senior leadership appointments

The Trust Board is fully established and consists of leaders from the predecessor Trusts and colleagues appointed externally. The Trust has recently completed a consultation with next-in-line senior leaders and appointments will take place in the coming months to establish the leadership to deliver the changes and implement the clinical and corporate operating models.

Culture and strategy

New Trust values have been co-developed with staff and people with lived experience. These are: Compassion, Accountability, Respect and Excellence (CARE). A cultural development programme including a behavioural framework, leadership development, and wide-ranging awareness campaign to bring the values to life, are all ongoing. These aim to bring together the positive ways of working from predecessor organisations and ensure our leaders and staff have the support, development and qualities to deliver the very best care, aligned to the Trust values.

Initial strategy development took place as part of the Full Business Case for the new Trust and this included a high level clinical strategy, setting out principles for the development of clinical services. In October 2024, the Trust embarked on a programme to develop a new strategy for the new organisation for 2025-2030. This consists of a number of workstreams, including an extensive engagement and co-production approach, a thorough analysis of data and evidence, and review of existing local and national strategies to ensure alignment. It is expected that the new strategy will be published in March 2025. In parallel, delivery plans are being produced to describe the specific actions needed across different clinical and corporate areas to deliver the strategic priorities.

The engagement phase of developing the Trust strategy is running until the end of the year and includes community conversations, a short survey, and a series of face-to-face co-design workshops happening across the geographies we serve. Engagement is centred on asking people 'what matters most' to them. Following this the strategy itself will be co-produced, published and communicated widely in a variety of formats.

Focus on developments in Southampton

Fundamentally, having a single operational and clinical structure and model will improve service delivery through better communication, joined up working and simpler governance.

Even prior to forming the new Trust, teams in the city have been working closely for many months to identify some of the benefits that being one team will bring for the population of Southampton.

On the Western Community Hospital site we have already started to share expertise across wards. For example, from October 2024 a consultant geriatrician who leads the physical health inpatient rehab wards will work directly with the consultant psychiatrist on Primrose ward for older people with mental health needs to provide a more holistic multi-professional clinical model.

In University Hospitals Southampton, community team members (previously from Solent) are working directly with the clinical team in the emergency department to support people home where possible instead of hospital admission. Clinical team members from the wider South West Hampshire area (previously from Southern Health) are joining this team to increase the support available across Southampton and South-west Hampshire. The in-reach discharge team will become one, supporting patients to inpatient rehab settings across over 100 physical health beds with a shared criteria and multidisciplinary team model. Access to these beds will not be restricted by post-code.

Community mental health and physical health teams will have shared forums for learning with expert leadership to support across portfolios. The ability for patients to seamlessly move from team to team depending on the needs at the time will increase. The virtual ward offer for patients with frailty will be shared across a wider area, enabling resource to move around depending on need, totalling around 70

hospital at home beds. Primary Care Network and city borders will no longer be a barrier to deploying staff depending on patient need; workforce in the South-west Hampshire and Southampton areas will work as one team further strengthen the workforce in the city, which can be challenging, by sharing resources more evenly.

Hampshire and Isle of Wight Healthcare looks forward to developing ever closer partnerships with Southampton City Council and Public Health colleagues as we work together for the benefit of the communities we serve.

There is further information about Hampshire and Isle of Wight Healthcare on the website: www.hiowhealthcare.nhs.uk

Colleagues can get involved in shaping the strategic priorities for the new organisation by participating in local conversations (contact getintouch@hiowhealthcare.nhs.uk for details) or visiting: hiowhealthcare.nhs.uk/about-us/trust/our-strategy to learn more or complete the short survey.