

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

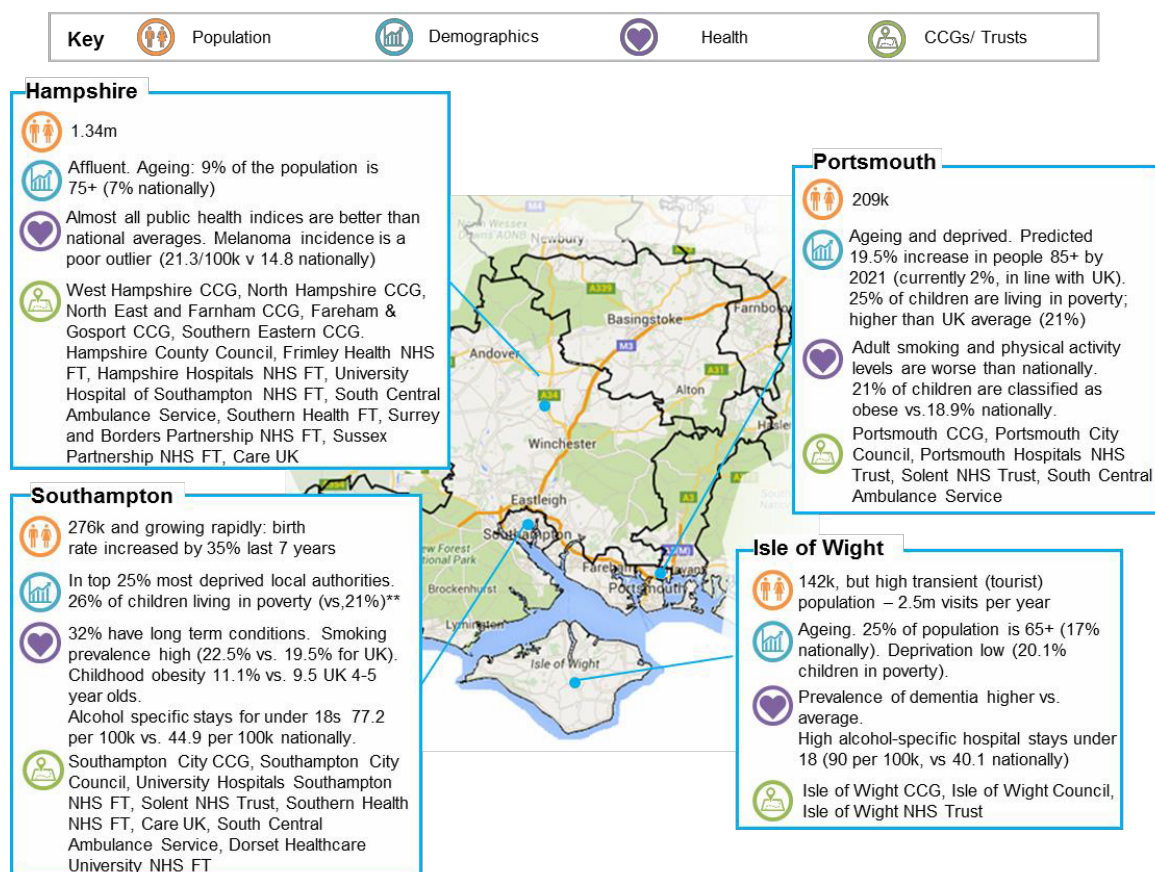
Health Education Wessex

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.

*Transforming health and care in Hampshire and the Isle of Wight:
healthier lives, world class sustainable services, strong primary and community care*

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.