

Hampshire Health and Adult Social Care Select Committee Project Fusion Update

March 2023

At the HASC meeting in November 2022, the Committee considered a paper providing an overview of the findings of the review of community, mental health and learning disability services.

That paper described the following next steps:

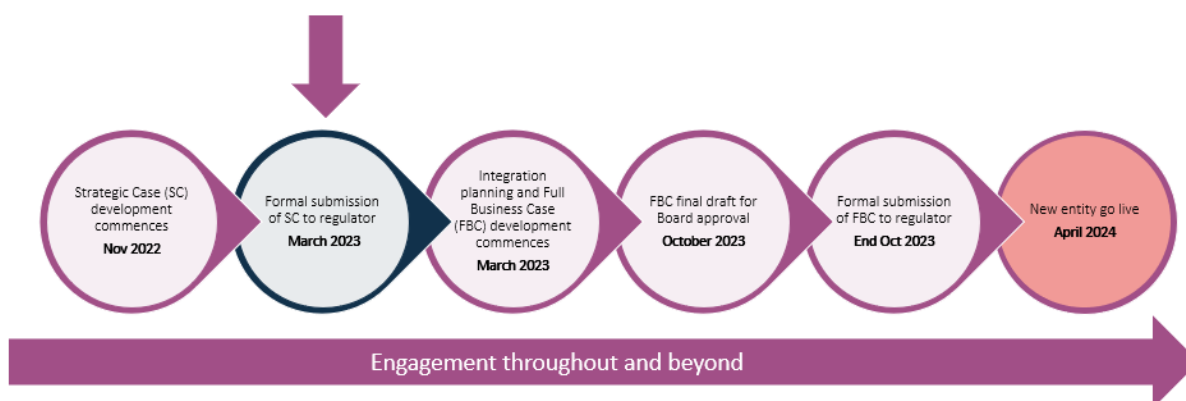
- That all partners are committed to ensuring patients are front and centre of our approach, which will be clinically-led, transparent, and inclusive.
- That the review was the beginning of a more detailed programme of work that will involve extensive engagement with our communities, colleagues working in local community and mental health services and partners.
- That local services will continue to be delivered, and that the recommendations from the review are about improving the way these service providers work together.

Supported by the Integrated Care Board, the four NHS providers of community mental health and learning disability services across Hampshire and the Isle of Wight established a programme of work, with the working title of Project Fusion, to take forward the recommendation to create a new organisation. The four NHS provider organisations involved are Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust and Sussex Partnership NHS Foundation Trust. This paper provides an update on Project Fusion.

Progress

It is important to emphasise that the bringing together of existing services of the four organisations does not in itself change services. Bringing the organisations into one Hampshire and Isle of Wight-wide organisation will provide the platform from which services can be improved or changed. Any emerging proposals to change services will be engaged and consulted upon as appropriate.

A steering group with representatives of all the organisations has been working to describe the ambitions of the project and develop the detail that will be needed for a full business case. The steering group has developed a strategic case which is to be considered by each of the organisations' Boards in the week of 6 March, and then approval by NHS England in May. Subject to approval of the strategic case, the timetable is as follows:



All parties involved are committed to the principle of one organisation with services delivered locally. The strategic ambitions of the new organisation and the priorities will be co-produced with partner organisations and through engagement with people who use services.

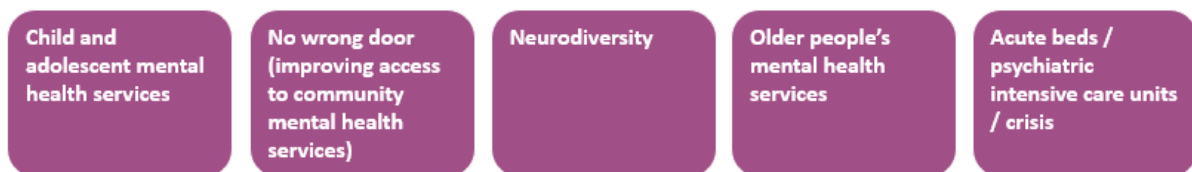
Clinical strategy

Central to the new organisation will be its clinical strategy, which will be developed alongside partners and informed by the needs of people using services, their families and local communities.

Existing collaboration in several clinical areas has already been taking place between the organisations involved prior to Project Fusion. A Clinical Delivery Group of ten workstreams, addressing the most significant priorities in mental health, physical health and primary care, has been established to support this collaboration to deepen and accelerate. The workstreams will also inform the clinical strategy for the new organisation.

The clinical delivery workstreams:

Mental health workstreams



Community services workstreams



Other clinical areas not directly part of the workstreams above, such as Children and Family services and NHS Talking Therapies, are also working closely to bring their teams and services together.

Already, Project Fusion is enabling clinical colleagues from across the organisations involved to further extend the way they work together. There is real enthusiasm about the unique opportunities that becoming a single organisation will bring to benefit the people using services and local communities.

Communications and engagement

The Fusion programme has adopted the NHS England guidance 'Working with People and Communities' (July, 2022), which aligns with the Hampshire and Isle of Wight Community Involvement Approach, complemented by a strengths-based community engagement model to ensure effective communications and engagement.

In the early stages of this project there has been some initial engagement focussed on gathering views to help inform the strategic case and the development of the principles and approach for communications and engagement. In the next phase, wider and more extensive engagement activity will be carried out to shape the full business case and clinical strategy.

Examples of engagement activity to date includes:

- Collating what we have already heard from recent feedback in terms of what works well, and what needs to be better, about community, mental health and learning disability services
- Identifying groups and communities which have not had a voice to date, enabling us to focus on those not yet heard going forwards
- Setting up a steering group including Healthwatch colleagues and community partners to help develop our overall communications and engagement approach.
- A meeting on 2 February between executive leads from the NHS Trusts with the chairs and chief officers of all local Healthwatch organisations to provide clarity and address questions
- A programme of engagement events with staff from the organisations involved. This includes a recent event on 20 February with over 300 staff, and two joint events for around 150 senior leaders, most recently on 22 February
- Engaging with existing patient, carer and community groups and forums within the organisations and the local system to build awareness and seek initial views. This includes local Community Engagement Groups across Hampshire during January.
- Engagement events with partners, including in November and more recently on 22 February. Each of these events brought together colleagues from around 70 local partner organisations as well as patient and community representatives
- Engagement events with Isle of Wight community partners, for example on 27 and 28 February
- Meetings with partners, for example Public Health leads and Solent Mind colleagues
- Conversations with local MPs as part of regular meetings.

There has been much excitement from a number of clinical services who are already working to see how services can be improved through closer collaboration. If any substantial service changes emerge these will be separately consulted upon as appropriate.

Below is a summary of key themes from engagement activity so far:

Hopes	Concerns
<ul style="list-style-type: none"> • That the voice of our community, those who use services, their families and carers, and the community as a whole, provides the foundation for the new Trust • Improved / equitable access and more co-production of services • Addressing health inequalities with a focus on removing barriers (cultural, organisational and practical) to access for all • Improved partnership working with the voluntary and charitable sector • Reduced duplication of resources • Reduced competition for staffing • Joined up services with effective communication between teams and services • Services based on what matters most to the local community 	<ul style="list-style-type: none"> • New Trust too big / not sufficiently focused on local need • Disruption during transition • Losing staff / workforce capacity • Culture – concerns from staff about identity loss • Levelling down / will there be funding to truly deliver benefits

<ul style="list-style-type: none">• Increased focus on prevention and people supported to look after themselves• Services delivered close to home• System wide and effective use of digital solutions for those who can and wish to use them	
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The themes above will be further addressed in the coming months as the full business case and clinical strategy are developed.

Next steps

Subject to the necessary approval of the strategic case, the next stage is the development of a full business case which will set out the detailed plans for bringing the organisations together. The full business case is due to go before Trust Boards in October 2023 for approval. A key focus in the coming months will be upon more extensive engagement to help shape the development of the full business case and the clinical strategy for the new organisation.

End of report