



CARE QUALITY COMMISSION LOCAL SYSTEM REVIEW
HAMPSHIRE
HEALTH AND WELLBEING BOARD
ACTION PLAN
JULY 2018



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Introduction

This document forms the high level action plan in response to the [CQC Local System Review for Hampshire](#) (published 22 June 2018).

The action plan is a system response to the recommendations made for improvement and addresses the range of findings contained in the review report. It is intended as an evolving iterative action plan with a completion date of July 2019.

For the purpose of the action plan, actions are ordered and grouped by theme as follows:

1. Strategic Vision, Leadership and Governance
2. Communication and Engagement
3. Access and Transfers of Care
4. Partnerships
5. Workforce Planning

See **Appendix 1** for how each theme relates to the review recommendations.

Governance of this plan

This action plan will be governed through the Hampshire Health and Wellbeing Board (HWB).

To improve and support system wide delivery of a number of areas including actions arising from this CQC Local System Review, new governance arrangements are being introduced for the Hampshire system. This includes the development of an Improvement and Transformation Board (ITB) which will hold accountability for the delivery of this plan through associated cross-cutting work streams.

See **Appendix 3** for Terms of Reference for the ITB and related governance. The ITB is a subgroup of the HWB.

The action plan has been developed taking account of existing work streams and plans currently in existence.



In order to deliver this ambitious action plan over the next 12 months, we will be adopting the following working principles:

1. We will adopt an ethos of asking what we should as a system 'start, stop or continue' to ensure that our activities are aligned and co-ordinated with these core themes.
2. We will wherever possible share best practice and lessons learned across the system.
3. We will ensure that we have system representation leading each of these core themes.
4. We will ensure that we engage with residents, providers, carers, independent and voluntary sector and other stakeholders to ensure we are putting our efforts into those areas that will have the maximum impact for them.
5. We will promote a collaborative working approach across our transformation and operational teams.
6. We will adopt a system approach to support the principle of 'Why Not Home, Why Not Today'.

The interim national report, final national report, *Breaking Barriers*, and each of the local system reports, including Hampshire's, can be found here: <https://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>

1. Strategic Vision, Leadership and Governance

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| <p>Report Recommendations:</p> <ul style="list-style-type: none"> • The HWB must determine and agree its work programme, how to make the system more coordinated and streamlined and form stronger more coordinated links with the Sustainability and Transformation Partnerships (STPs). • The system must work with partners to develop a consistent approach to the evaluation of health and social care initiatives and their feasibility at a strategic and local level and communicate this information system wide. • All elements of the high impact change model must be introduced and the impact evaluated system-wide. <p>Aim:</p> <ul style="list-style-type: none"> • To align the STPs' and HWB work, by ensuring that partners work together differently to make the best use of resources and increase efficiency. • Only commence new pilots and initiatives after a feasibility study, measurable outcomes and impact on the system have been undertaken and established. • Measure progress across the Hampshire system by the eight elements of the high impact change model. • Improve the governance below HWB level. • Ensure single multi-agency plans at both a strategic and local level. | <p>Leads</p> <p>Graham Allen, Director, Adults' Health and Care (AHC), Hampshire County Council, Maggie Maclsaac, Chief Executive, Hampshire and Isle of Wight CCG Partnership, Heather Hauschild, Chief Operating Officer, West Hampshire CCG</p> |
| <p>CQC Report Highlighted:</p> <ul style="list-style-type: none"> • The HWB role and responsibility in monitoring and supporting initiatives could be better defined • HWB direction and leadership when endorsing reports needs to improve • System wide governance needs improvement • There is scope to improve the framework for inter-agency collaboration and reduce fragmentation • The system appeared multi-layered and complex to some leaders with no single multi-agency plan at strategic or local delivery level • Strategic work was constrained by frequent leadership changes • Limited ambition around financial risk taking and integration • Difficult to track actions in existing plans, due to a lack of consistent and outcome focused performance measures • Collaborative mechanisms for sharing learning across organisations and between integrated care initiatives were not fully developed | |

Existing Work Being Undertaken:

- Shared senior leadership structure in existence focused around the HWB
- More stability in senior roles with the frequent coming together of this group
- The Health and Wellbeing Strategy refresh is in progress – to be launched early 2019
- Proposal to establish an ITB is being progressed
- Partnership days for senior staff and joint recruitment in existence

1. Strategic Vision, Leadership and Governance

| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
|------------------------------------|---|---|-----------|---|--------------------|
| 1.1 Vision | <p>We will develop one strategic vision to be shared across the STP and HWB.</p> <p>The Vision articulated by system leaders will be cascaded and introduced through all levels of organisations so that it is fully understood by staff and stakeholders, particularly middle management layers.</p> | Graham Allen, Maggie Maclsaac, Heather Hauschild, Richard Samuel, Senior Responsible Officer, Hampshire & Isle of Wight STP | 3 months | A common vision that can be articulated at all levels of organisations | |
| 1.2 Health & Wellbeing Board (HWB) | <p>The Health & Wellbeing Strategy will be revised and monitoring arrangements introduced to measure progress against themes identified.</p> <p>We will identify the best way to involve</p> | Health & Wellbeing Board Members | 6 months | A HWB board that is representative of all systems' stakeholders and takes ownership for delivering this | |

| 1. Strategic Vision, Leadership and Governance | | | | | |
|--|--|--|---------------------------------|--|--------------------|
| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| | <p>patients, service user and carer representatives in the HWB work programme.</p> <p>The terms of reference and membership of the HWB will be refreshed.</p> | Kate Jones Health and Wellbeing Board Manager, AHC | | action plan | |
| 1.3 Financial management | <p>We will create more opportunities for shared and pooled funding arrangements</p> <p>Monitor use of the Better Care Fund and financial management through the ITB.</p> | Graham Allen, Maggie Maclsaac, Heather Hauschild | 6 months | Pooled budgets aligned to priority initiatives | |
| 1.4 Governance | <p>Introduce ITB</p> <p>Facilitated development of HWB</p> <p>Review form and function of HWB Executive with development of a</p> | <p>Graham Allen</p> <p>Kate Jones</p> | <p>3 months</p> <p>6 months</p> | <p>ITB initial meeting by September</p> <p>Development programme for the HWB</p> | |

| 1. Strategic Vision, Leadership and Governance | | | | | |
|--|--|--|-----------|--|--------------------|
| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| | Senior Leaders group to increase membership and engagement of partners such as Hampshire Fire and Rescue and Hampshire Constabulary. | John Coughlan, Chief Executive, Hampshire County Council | 6 months | Broader public service engagement in the Health and Wellbeing Executive Group | |
| 1.5 Leadership | Introduce key joint leadership roles including the Improvement and Transformation Lead. | Graham Allen, Maggie MacIsaac, Heather Hauschild, Richard Samuel | 12 months | Joint leadership assigned to key initiatives | |
| | Ensure Local Delivery System Boards, A&E Boards and New Models of Care take account of CQC Review findings. | Heather Hauschild, Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust, Sue Harriman, Chief Executive, Solent NHS Trust, | 12 months | A coordinated system plan, with all underpinning activity aligned, in order to reduce the number of people in acute and community hospital settings awaiting onward care | |

| 1. Strategic Vision, Leadership and Governance | | | | | |
|--|--------|--|-----------|---------|--------------------|
| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| | | Rachael King, Director Of Commissioning, West Hampshire CCG, Alex Berry, Director of Transformation, Hampshire and Isle of Wight CCG Partnership, Zara Hyde- Peters, Director of Delivery, Hampshire and Isle of Wight CCG Partnership, Alison Edgington, Director of Delivery, SE Hampshire and Fareham and Gosport CCG | | | |

2. Communication and Engagement

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| <p>Report Recommendation:</p> <ul style="list-style-type: none"> A comprehensive communication strategy must be developed to ensure health and social care staff understand each other's roles and responsibilities and all agencies are aware of the range of services available across Hampshire. <p>Aim:</p> <p>Improve communication across the organisations which operate within the health and social care system in Hampshire. To provide information to the people of Hampshire on the roles and responsibilities within each organisation and the services they provide.</p> | <p>Leads</p> <p>Graham Allen, Sarah Grintzevitch, Communications Lead, Hampshire and Isle of Wight STP, Kaylee Godfrey, Communications Lead, CCGs</p> |
| <p>CQC Report Highlighted:</p> <ul style="list-style-type: none"> A lack of understanding by staff in different agencies of each other's roles leading to unrealistic expectations of each other Discharge to Assess (D2A) and Trusted Assessor models at different stages across the county and staff had very different levels of understanding Staff feel that organisational and personnel changes have slowed progress towards integration Staff feel that financial pressures have had a detrimental effect on relationships in the system Poor communication is thought to have created misunderstanding and ill-informed decisions | |
| <p>Existing Work Being Undertaken:</p> <ul style="list-style-type: none"> Models of engagement are in place with frontline staff across the system but are at different stages in different places Public engagement forums and events are in existence across all services Publicity and information is provided using different means and points of access – opportunities for increased use of countywide resources | |

| 2. Communication and Engagement | | | | | |
|---------------------------------|--|----------------|-----------|---|--------------------|
| Key Area | Action | Lead/Owner | Timeframe | Outcome | Progress/Assurance |
| 2.1 Communication Strategy | <p>The two STP communication and engagement plans will be reviewed to establish the additional work required to create a system wide communication strategy for internal and external audiences.</p> <p>The strategy will confirm how staff, residents and partners can expect to receive information and provide feedback. Communication will be by various channels.</p> <p>The strategy will outline how organisations should work together to achieve one online source of information for the public and one online source of information for staff across health and social care.</p> <p>The strategy will provide a narrative that adheres to the health and social care vision and strategy with clear common messages to the public that staff can echo on the frontline.</p> <p>The strategy will direct organisations towards one online site that will</p> | Richard Samuel | 6 months | <p>A single system wide communication and engagement strategy to support engagement and involvement externally, as well as broadcast developments internally</p> <p>To achieve consistency and clarity in messages and narrative in order to reduce public and staff confusion</p> <p>To empower people to make</p> | |

| 2. Communication and Engagement | | | | | |
|---------------------------------|--|--|-----------|--|--------------------|
| Key Area | Action | Lead/Owner | Timeframe | Outcome | Progress/Assurance |
| | guide people to the best sources of information for them, regardless of whether they have health or social care and support needs. Staff to feed in and use the information to inform and signpost. | | | informed choices | |
| 2.2 Promoting roles | Greater transparency and visibility will be provided concerning the roles that staff undertake across the system. This will be driven through the online tools that we have available e.g. Connect to Support Hampshire – pages to include roles a person will come across in all the settings they may encounter. | Nicky Millard, Information and Advice Manager, AHC Kaylee Godfrey, Communication Lead, CCGs | 3 months | An understanding of roles and responsibilities across the system | |
| | We will also explore the opportunity to share insight into a ‘day in the life of...’ different roles using different media (video, podcast, fact sheets etc.) | Sandra Grant, Hampshire & IOW STP Strategic Workforce Lead | 6 months | Greater awareness of how partner organisations work together | |
| | We will review our service level induction processes to ensure that new employees are aware of the roles and responsibilities that exist, and know where to go to obtain further information. | | | | |

| 2. Communication and Engagement | | | | | |
|---------------------------------|--|---|-----------|--|--------------------|
| Key Area | Action | Lead/Owner | Timeframe | Outcome | Progress/Assurance |
| 2.3 Sharing information | We will work together across health and social care, to establish a 'top down' and 'bottom up' approach to sharing information through our existing internal communication channels (online, newsletters, briefings, e-surveys etc.) | Jane Vidler Communications Manager, HCC, Kaylee Godfrey, Communications Lead, CCGs | 6 months | Effective information sharing arrangements Better decision making | |
| | The Local Authority and CCGs will engage with our partners in a timely and a relevant way using PaCT as the core communication method to independent and voluntary sector providers. | Maria Hayward, Strategic Workforce Development Manager, AHC, Tracy Williams Provider Quality Service Manager, AHC, Matthew Richardson, Deputy Director of Quality, West Hampshire CCG, Louise Spencer, Associate Director Quality & Nursing, South Eastern Hampshire/Fareham and Gosport CCG | 6 months | Effective and coordinated communication | |

2. Communication and Engagement

| Key Area | Action | Lead/Owner | Timeframe | Outcome | Progress/Assurance |
|----------------------------|--|--|-----------|---|--------------------|
| 2.4 Stakeholder engagement | <p>Review HWB engagement strategy and identify leads to further develop and maintain stakeholder engagement with the following groups:</p> <ul style="list-style-type: none"> • Providers • Carers • Voluntary and independent sector • Residents • Representative Associations • Charitable organisations • People who fund their own care and support <p>Explore joint messaging and joint campaigns to feed into the strategy.</p> | HWB Members | 6 months | <p>Effective stakeholder engagement</p> <p>Greater opportunity for design by experience</p> <p>Single point of contact for each stakeholder group</p> | |
| | <p>Ensure all engagement work is linked with the AHC Demand Management & Prevention Strategy and Carers Strategy.</p> | <p>Sue Pidduck, Head of Transformation, Design and Implementation, AHC</p> <p>Sallie Bacon, Director of Public Health, AHC</p> | 6 months | <p>Joined up and coordinated engagement</p> | |

2. Communication and Engagement

| Key Area | Action | Lead/Owner | Timeframe | Outcome | Progress/Assurance |
|----------------------------------|--|---|-----------|--|--------------------|
| 2.5 Accessibility of information | <p>The communication strategy we adopt will be inclusive with agreed messaging across a range of channels e.g. webinars, podcasts, intranet site, service locations, community teams, my-Hampshire app.</p> <p>We will continue to provide written information to be shared with providers, carers and services so that people who use services are helped to navigate the system.</p> | <p>Jane Vidler, Sarah Grintzevitch, Communications Lead, Hampshire and Isle of Wight STP, Kaylee Godfrey, Nicky Millard</p> | 6 months | <p>Accessible communication strategy</p> <p>Greater use of multi-media to inform good decision making</p> <p>Less confusion with one key source of information for all practitioners</p> | |

3. Access and Transfers of Care

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| <p>Report Recommendations:</p> <ul style="list-style-type: none"> • The system must ensure safe discharge pathways are in place and followed for people leaving hospital. • The system must ensure that the enhanced GP offer is implemented to all care and nursing homes across Hampshire. • The system must streamline discharge processes across Hampshire; this needs to include timely Continuing Healthcare (CHC) assessment and equipment provision to prevent delayed discharges from hospitals. <p>Aim: To ensure that the people of Hampshire are supported at the right time, and in the right place, by the right services. To avoid unnecessary admissions and extended stays in hospitals. To ensure people in residential and nursing homes receive the right primary and secondary care and support.</p> | <p>Leads</p> <p>Improvement and Transformation Lead (appointment in progress)</p> <p>Rachael King, Zara Hyde-Peters, Mark Allen, Head of Commissioning, AHC</p> |
| <p>CQC Report Highlighted:</p> <ul style="list-style-type: none"> • The system lacks effective discharge pathways for people leaving hospital • The system must streamline discharge processes across the County • The system is too reliant on bed based solutions • There are inconsistencies in practice and differing processes across the system | |
| <p>Existing Work Being Undertaken:</p> <ul style="list-style-type: none"> • There is now a shared understanding of the delayed transfers of care challenges and an agreed set of principles set out by the system leaders • Focused work has been undertaken by Newton Europe resulting in a clear system wide action plan to accommodate local delivery variations • Leaders have agreed to introduce a single reporting route so that performance information is collectively agreed and accurately reflects the system position | |

- Revised discharge pathways are being introduced through the new 'Home First Project' (Hampshire County Council area)
- A Revised Help to Live at Home framework will be operational by July 2018 (Hampshire County Council area).

3. Access and Transfers of Care

| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
|-----------------------------|---|---------------------|-----------|--|--------------------|
| 3.1 Safe discharge pathways | <p>Appoint an Improvement and Transformation Lead (role to be sponsored by all NHS organisations and Hampshire Adults' Health and Care) supported by Clinical Leadership to:</p> <ul style="list-style-type: none"> • Manage a system wide delayed transfers of care improvement plan • Monitor system performance <p>All actions arising from the Newton Europe work will be undertaken. Overarching action plan has the following strategic aims:</p> <ol style="list-style-type: none"> 1) To implement and align mindset 2) Introduce improvement cycles and dashboards 3) Ensure early referral to the right setting 4) Adequate reablement availability 5) Timely and effective CHC Processes <p>Integrate pathways and align with other</p> | HWB Executive Group | 3 months | <p>System wide co-ordination of delayed transfers of care activity</p> <p>Reduction in delayed transfers of care across the system</p> | |

| 3. Access and Transfers of Care | | | | | |
|---------------------------------|---|---|-----------|--------------------------------|--------------------|
| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| | <p>local authorities operating across boundaries through empowering Integrated Discharge Bureau leads to act on behalf of all organisations</p> <p>Reduce reliance on bed based</p> | <p>Julie Maskery, Chief Operating Officer, Hampshire Hospitals NHS Foundation Trust, Jane Hayward, Director of Transformation, University Hospital Southampton NHS Foundation Trust, Paul Bytheway, Chief Operating Officer, Portsmouth Hospital Trust, Jo Lappin, Interim Assistant Director, Older People and Physical Disabilities, AHC</p> | 6 months | Integrated discharge pathways. | |

| 3. Access and Transfers of Care | | | | | |
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| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| | solutions and adopt a 'Home First' policy to improve the discharge flow through the hospital system by embedding a home first approach using a reablement pathway | Steve Cameron, Head of Reablement, AHC, Paula Hull, Director of Nursing Southern Health NHS Foundation Trust, Sarah Austin, Chief Operating Officer, Solent NHS Trust | 3 months | Embedding of a Home First approach Initial target to increase the % of users who go through reablement from 15% to 30% Stretch target for following 6 months to be established using learning from implementation | |
| | Social work expertise will be utilised to support people with more complex care and support needs | Jo Lappin | 6 months | Improved use of social work capacity targeted to reduce length of stay | |
| 3.2 Enhanced GP offer | We will develop clusters around GP Practices through: <ul style="list-style-type: none"> - Increased multidisciplinary working - Engagement of voluntary sector - Building relationships between | Alex Berry, Rachael King | 12 months | Care to be more preventative, proactive and local for people of all ages Creation of natural | |

| 3. Access and Transfers of Care | | | | | |
|--|--|---|-----------|---|--------------------|
| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| | <p>Primary and Secondary Care</p> <p>This will increase the care people receive at home and provide consistent quality and access.</p> <p>The result will be integrated community based services.</p> | | | communities based on GP practice populations through groups of professionals working together with their local communities | |
| 3.3 Capacity and quality in the market (domiciliary, residential and nursing care) | <p>Commissioners of domiciliary, residential and nursing care will work collaboratively to ensure adequate capacity and availability of suitable care and support including for people with complex needs and/or for people experiencing a crisis</p> <p>This will include joint commissioning and brokerage arrangements and implementation of the market position statements</p> | <p>Rachael King, Zara Hyde-Peters, Mark Allen</p> | 12 months | Existing 4 million plus hours currently planned across the system to be reviewed to establish a clear understanding of probable future demand | |
| | <p>Resources will be pooled to address the quality in the market and establish robust jointly agreed quality assurance mechanisms</p> | <p>Tracy Williams, Matthew Richardson, Louise Spencer</p> | 12 months | Joint approach to market shaping | |

| 3. Access and Transfers of Care | | | | | |
|---------------------------------|--|---|--|--|--------------------|
| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| | Implement the new Help to Live at Home framework (Hampshire County Council area) to commence July 2018 | Mark Allen | 12 months (with regular review points) | Revised framework in place | |
| 3.4 Continuing Health Care | <p>We will review the CHC process end to end to ensure alignment with system wide priorities. This will include a review of good practice and lessons learned from experience to date and implementation work from current CHC pilots</p> <p>Design an education support programme to increase competency and capability so that requests for CHC consideration are realistic and appropriate to reduce unnecessary waste</p> <p>Through this education improve efficiencies and reduce unrealistic referrals</p> <p>Review and update CHC measures including performance and outcomes</p> <p>Consider CHC risk share resource across the Hampshire system</p> | <p>Ciara Rogers, Deputy Director, NHS Continuing Healthcare and Funded Nursing Care, West</p> <p>Hampshire CCG and the Hampshire and Isle of Wight CCG Partnership, Jess Hutchinson, Assistant Director, Learning Disabilities and Mental Health, AHC</p> | <p>3 months</p> <p>6 months</p> <p>12 months</p> <p>3 months</p> | <p>85% of CHC checklists and assessments taking place outside of acute hospital settings</p> <p>Reduced resource needed for unnecessary activity</p> | |

| 3. Access and Transfers of Care | | | | | |
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| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| 3.5 Equipment | <p>Following a review of our hospital discharge process and flow, revisit the range of equipment and scope of services provided through our Equipment Services and sub stores (69)</p> <p>This will include:</p> <ul style="list-style-type: none"> • Reviewing the processes that will ensure the right equipment is delivered to the right setting at the right time • Ensuring we are able to track, monitor and recover equipment when required • Recycling used equipment appropriately • Ensuring that we are able to share information across all system partners about equipment we have available, and are able to capture information about future requirements in an effective way | Steve Cameron, Ellen McNicholas, Director of Quality and Nursing, West Hampshire CCG | 12 months | Future joint commissioning approach clarified | |
| 3.6 Integrated Intermediate Care | Develop our ambition to provide an Integrated Intermediate Care offering and continue at pace: | | | | |

| 3. Access and Transfers of Care | | | | | |
|---------------------------------|--|---|-----------|---|--------------------|
| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| | <ul style="list-style-type: none"> Appoint a single commissioner and agree commissioning intentions | Graham Allen, Maggie Maclsaac, Heather Hauschild | 3 months | An equitable Hampshire wide Intermediate Care Service that meets the needs of individuals | |
| | <ul style="list-style-type: none"> Further develop operational integrated working arrangements between Hampshire County Council & SHFT community services | Karen Ashton, Assistant Director, Internal Provision and NHS Relationship Management, Jo Lappin, Paula Hull | 6 months | Integrated working arrangements in place | |
| | | Integrated Intermediate Care Board | | | |

4. Partnerships

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| <p>Report Recommendations:</p> <ul style="list-style-type: none"> • The system must undertake further work to transform the trust and commitment in partnership arrangements and deliver tangible products that will improve services and should be undertaken and developed at pace • The health and social care system must work with the independent sector, nursing home, care home and domiciliary care to improve relationships and develop the market to provide services that meet demand across Hampshire <p>Aim: Systems partners work towards developing a single vision for Hampshire that aims to keep people in their own communities and homes living independently.</p> | <p>Lead</p> <p>Graham Allen</p> |
| <p>CQC Report Highlighted:</p> <ul style="list-style-type: none"> • There is scope to improve the framework for inter-agency collaboration • Further development in respect of integrated commissioning • Work needed on developing relationships and improving communication between commissioners, the voluntary sector and providers | |
| <p>Existing Work Being Undertaken:</p> <ul style="list-style-type: none"> • Joint commissioning and brokerage arrangements in development • Jointly developed market position statements with intentions supported through market engagement • Integrated Intermediate Care business case development in progress | |

| 4. Partnerships | | | | | |
|--|---|--|-----------|--|--------------------|
| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| 4.1 Building strong relationships based on trust | We will review the strong relationships that already exist to identify good practice: establish why the relationships work well and plan how to use this learning | Sandra Grant | 3 months | Partnership working recommendations | |
| | <p>There will be development of a shared understanding of the ways different partners work. This will include;</p> <ul style="list-style-type: none"> the challenges/outcomes different partners are striving to achieve And identify synergies and a better understanding of where the differences exist | Ros Hartley, Director of Partnerships, Hampshire and Isle of Wight CCG Partnership, Ellen McNicholas | 6 months | Closer understanding and appreciation of one another's role/challenges | |
| | Identify opportunities for wider partner participation and engagement in all system initiatives – e.g. assign roles to different partner organisations as part of a programme of work | | 3 months | Governance for relevant existing initiatives includes system wide representation, with roles clearly defined | |
| | Ensure that partnership working extends across the system (e.g. voluntary sector, carers, patients, GPs), to include a focus on Demand Management and Prevention | | | | |

| 4. Partnerships | | | | | |
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| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| | <p>Identification of 'quick win' areas where a joined up partnerships' approach can deliver tangible outcomes e.g. hospital discharge, community health and social care teams. Promote the benefits of working in a joined up way</p> <p>Implement an ongoing programme of events that promote closer working at all levels of the system</p> | | <p>3 months</p> <p>6 months</p> | <p>Evidence of joined up working/joint teaming</p> <p>Joint events at regular times during the year e.g. at least every quarter</p> | |
| 4.2 Independent sector partnerships | <p>We will forge a close working alliance with the independent sector influencers/organisations and agree working principles to ensure their views are heard by the system leaders</p> <p>Agree the issues that we want to work on collectively e.g. strengths based approach, workforce development, technology enabled care and set up the right channel(s) to promote collaboration on these issues</p> | Mark Allen, Rachael King, Zara Hyde-Peters | <p>6 months</p> <p>6 months</p> | <p>Independent sector engagement plan</p> <p>Joint viewpoint/forum</p> <p>Greater understanding of the market place</p> <p>Alignment with outcomes for workforce (section 5.1)</p> | |

| 4. Partnerships | | | | | |
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| Key Area | Action | Lead/Owner | Timescale | Outcome | Progress/Assurance |
| 4.3 Collaborative working | <p>We will support more flexible working across the entire system estate, by ensuring that IT is accessible to all</p> <p>Promote greater information sharing: e.g. Hampshire Knowledge Hub</p> | Andy Eyles Digital Programme Director, Hampshire and Isle of Wight STP | 12 months | Flexible working enabled by appropriate infrastructure | |

5. Workforce Planning

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| <p>Report Recommendation:</p> <ul style="list-style-type: none"> System leaders must develop a comprehensive health and social care workforce strategy for Hampshire in conjunction with the independent sector. This should work in synergy with financial, housing and transport strategies <p>Aim: Develop a collaborative system wide workforce strategy</p> | <p>Lead</p> <p>Paul Archer, Director of Transformation and Governance & Deputy Director, AHC</p> |
| <p>CQC Report Highlighted:</p> <ul style="list-style-type: none"> There was no independent sector or voluntary sector representative on the STP group Funding to support actions of the workforce sub-group was not defined STP workforce planning group had not yet addressed system-wide problem of recruitment and retention of domiciliary and care home staff System lacked clear pay and reward strategies No plans to support unpaid workforce of carers and volunteers or to make better use of technology | |
| <p>Existing Work Being Undertaken:</p> <ul style="list-style-type: none"> STP have recognised workforce capacity to be a root cause issue and have formed a group to address this Organisational workforce leads are engaged in development work Plans to collaborate, involve and design with all key stakeholders including providers and advocates | |

| 5. Workforce Planning | | | | | |
|------------------------|--|--|------------|---|--------------------|
| Key Area | Action | Lead/Owner | Timescales | Outcome | Progress/Assurance |
| 5.1 Workforce Strategy | Establish a system-wide strategy forum involving the STPs, CCGs, City Councils, AHC and the Care Associations which are the voice of Hampshire providers (including Hampshire Care Association, HCA and Hampshire Domiciliary Care Providers, HDPC) | Sandra Grant, Nikki Griffiths, Head of Workforce Development AHC, Mark Allen | 6 months | Forum in place and fully operational | |
| | Review the workforce insight/learning currently available to establish what is/isn't working well and identify what the independent sector believes is needed to support a sustainable workforce across the system | | 6 months | Shared view of what the problem is that we need to address | |
| | Share knowledge and insight about initiatives which have been undertaken across the County, to: <ul style="list-style-type: none"> • understand the successes • inform our future strategy and identify the early priorities • include learning from other Counties e.g. Surrey | | 6 months | Shared learning and relevance to Hampshire Learning from best practice | |

| 5. Workforce Planning | | | | | |
|-----------------------|---|---|------------|--|--------------------|
| Key Area | Action | Lead/Owner | Timescales | Outcome | Progress/Assurance |
| | <p>Work in collaboration with the independent sector to agree a strategy that we will jointly own and implement. Scope likely to include:</p> <ul style="list-style-type: none"> ○ Workforce supply and capacity: how to attract, develop and retain the optimum workforce (including links with the further education sector and economic regeneration team) ○ Workforce efficiency: by adopting new ways of working, supporting staff and equipping them with the right skills and knowledge ○ Trusted Professionals: improving the quality of carers and provision of care ○ Technology as an enabler: to improve efficiencies, workforce engagement and delivering care ○ Engagement with education providers. <p>Agree the tangible measures/outcomes that will track success of the strategy (e.g. financial, efficiency, delivery, user</p> | Sandra Grant, Nikki Griffiths, Mark Allen | 12 months | <p>An agreed Workforce Strategy and implementation plan.</p> <p>Stronger relationship with education providers</p> | |

| 5. Workforce Planning | | | | | |
|--------------------------|---|--|------------|--|--------------------|
| Key Area | Action | Lead/Owner | Timescales | Outcome | Progress/Assurance |
| | satisfaction) | | | | |
| 5.2 Workforce Engagement | Identify the sector representatives that we will form a closer working alliance with, including <ul style="list-style-type: none"> ○ Mental Health – Solent Mind ○ Voluntary Sector – Communities First Wessex ○ Independent Sector – HCA, HDCP ○ Carers Groups ○ Housing – District Councils ○ Transport | Sandra Grant, Nikki Griffiths, Mark Allen, Martha Fowler-Dixon, Head of Demand Management & Prevention, AHC | 3 months | Stakeholder Engagement Plan | |
| | Engage these parties in the development and deployment of the strategy | | 6 months | | |
| 5.3 Finance | Evaluate the opportunity to pool financial resources to achieve our strategic objectives and identify funding initiatives which will support workforce development | Graham Allen, Maggie MacIsaac, Heather Hauschild | 12 months | Joint funding approved and performance measures agreed | |

Appendix 1

| Recommendations from the review | Matched to key group |
|--|--|
| 1. The HWB must determine and agree its work programme, how to make the system more coordinated and streamlined and form stronger more coordinated links with the STPs. | 1. Strategic Vision, Leadership and Governance |
| 2. System leaders must develop a comprehensive health and social care workforce strategy for Hampshire in conjunction with the independent sector. This should work in synergy with financial, housing and transport strategies. | 5. Workforce Planning |
| 3. The system must undertake further work to transform the trust and commitment in partnership arrangements and deliver tangible products that will improve services should be undertaken and developed at pace. | 4. Partnerships |
| 4. The system must work with partners to develop a consistent approach to the evaluation of health and social care initiatives and their feasibility at a strategic and local level and communicate this information system wide. | 1. Strategic Vision, Leadership and Governance |
| 5. The health and social care system must work with the independent sector, nursing home, care home and domiciliary care to improve relationships and develop the market to provide services that meet demand across Hampshire. | 4. Partnerships |
| 6. The system must ensure safe discharge pathways are in place and followed for people leaving hospital. | 3. Access and Transfers of Care |
| 7. The system leaders must revisit all service provision to ensure the delivery of more equitable services across Hampshire. | 1. Strategic Vision, Leadership and Governance |
| 8. The system must ensure that the enhanced GP offer is implemented to all care and nursing homes across Hampshire. | 3. Access and Transfers of Care |
| 9. The system must streamline discharge processes across Hampshire; this needs to include timely CHC assessment and equipment provision to prevent delayed discharges from hospitals. | 3. Access and Transfers of Care |
| 10. A comprehensive communication strategy must be developed to ensure health and social care staff understand each other's roles and responsibilities and all agencies are aware of the range of services available across Hampshire. | 2. Communication and Engagement |
| 11. All elements of the high impact change model must be introduced and the impact evaluated system-wide. | 1. Strategic Vision, Leadership and Governance |

Appendix 2

The system representatives listed below are named individuals representing organisations with key roles in respect of the Hampshire Local System Review and summit and have played a core role in developing the action plan.

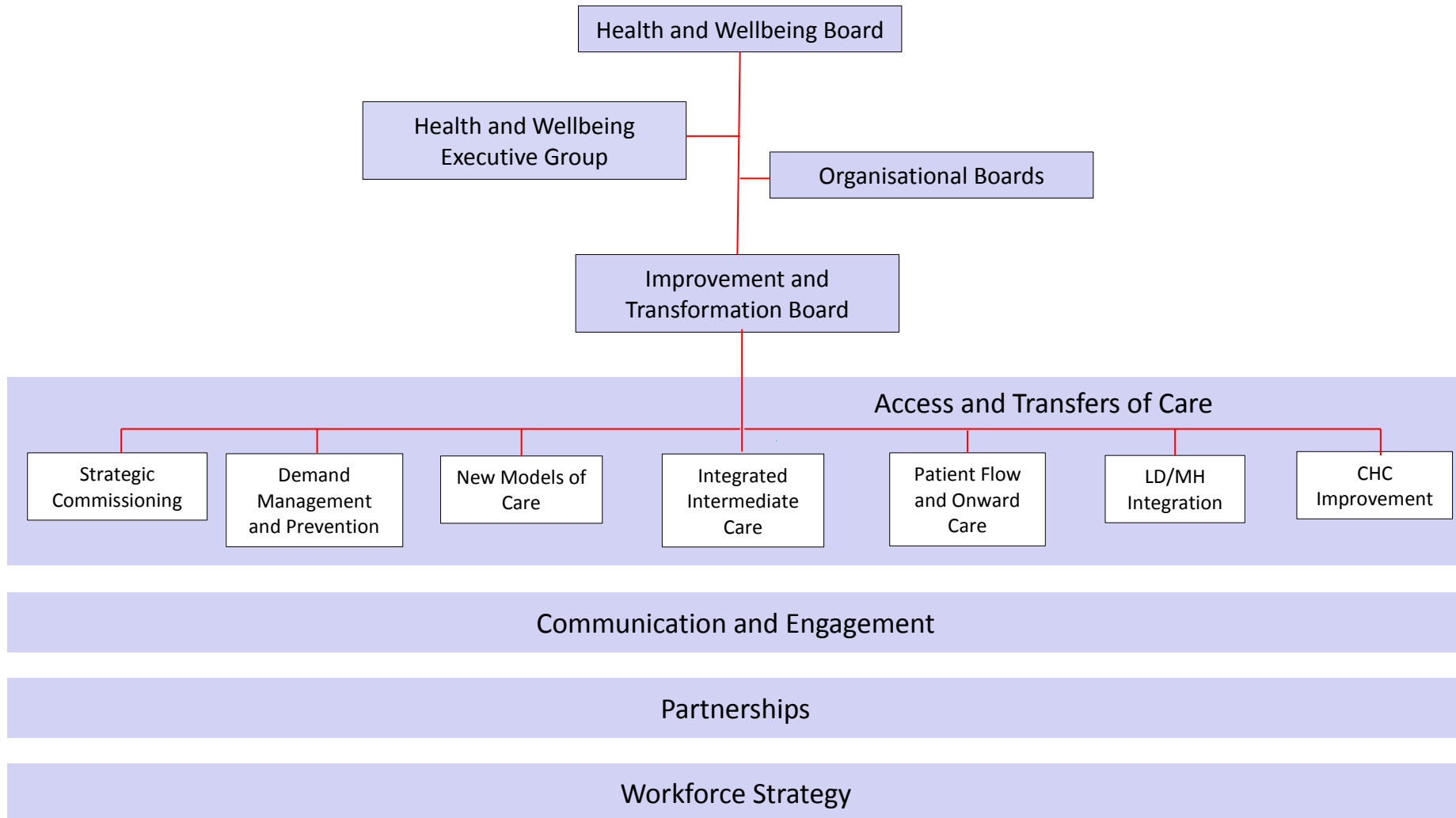
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| Graham Allen (graham.allen@hants.gov.uk) – Director of Adults’ Health and Care, Hampshire County Council |
| Mark Allen (mark.allen@hants.gov.uk) – Head of Commissioning, Adults’ Health and Care, Hampshire County Council |
| Karen Ashton (karen.ashton@hants.gov.uk) – Assistant Director, internal Provision and NHS Relationship Manager, Adults’ Health and Care, Hampshire County Council |
| Sarah Austin (sarah.austin@solent.nhs.uk) – Chief Operating Officer and Commercial Director, Solent NHS Trust |
| Sallie Bacon (sallie.bacon@hants.gov.uk) – Director of Public Health, Hampshire County Council |
| Alex Berry (alex.berry@hants.gov.uk) – Director of Transformation, Hampshire and Isle of Wight Clinical Commissioning Group Partnership |
| Nick Broughton (Nick.Broughton@southernhealth.nhs.uk) – Chief Executive, Southern Health NHS Foundation trust |
| Paul Bytheway (paul.bytheway@portshosp.nhs.uk) – Chief Operating Officer, Portsmouth Hospital Trust |
| Steve Cameron (stephen.cameron@hants.gov.uk) – Head of Reablement, Adults’ Health and Care, Hampshire County Council |
| John Coughlan (john.coughlan@hants.gov.uk) – Chief Executive, Hampshire County Council |
| Mark Cubbon (Mark.Cubbon@porthosp.nhs.uk) – Chief Executive, Portsmouth Hospital Trust |
| Alison Edgington (a.edgington@nhs.net) – Director of Delivery, SE Hampshire and Fareham and Gosport Clinical Commissioning Group |
| Penny Emerit (penny.emerit@portshosp.nhs.uk) – Portsmouth Hospital Trust, Director of Strategy and Performance |
| Andy Eyles (andy.eyles@nhs.net), Digital Programme Director, Hampshire and Isle of Wight Sustainability and Transformation Partnership |

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| Councillor Liz Fairhurst (liz.fairhurst@hants.gov.uk) – Executive Member for Adult Social Care & Health and Chair of the Health and Wellbeing Board |
| Martha Fowler-Dixon (Martha.fowler-dixon@hants.gov.uk) – Head of Demand Management and Prevention, Hampshire County Council |
| David French (David.French@uhs.nhs.uk) – Interim Chief Executive Officer, University Hospital Southampton NHS Foundation |
| Kaylee Godfrey (kaylee.godfrey@nhs.net) – Communications Lead, West Hampshire Clinical Commissioning Group and Hampshire and Isle of Wight Clinical Commissioning Group Partnership |
| Sandra Grant (sandragrant2@nhs.net) – Hampshire and Isle of Wight Sustainability and Transformation Partnership |
| Nikki Griffiths (Nikki.griffiths@hants.gov.uk) – Head of Workforce Development, Adults’ Health and Care, Hampshire County Council |
| Sarah Grintzevitch (s.grintzevitch@nhs.net) – Communications Lead, Hampshire and Isle of Wight Sustainability and Transformation Partnership |
| Will Hancock (will.hancock@scas.nhs.uk) – Chief Executive, South Central Ambulance Service NHS Foundation Trust |
| Sue Harriman (Sue.Harriman@solent.nhs.uk) – Chief Executive, Solent NHS Trust |
| Ros Hartley (ros.hartley1@nhs.net) – Director of Partnership, Hampshire Clinical Commissioning Group Partnership |
| Heather Hauschild (heather.hauschild@nhs.net) – Chief Officer, West Hampshire Clinical Commissioning Group |
| Jane Hayward (jane.hayward@uhs.nhs.uk) – Director of Transformation, University Hospital Southampton NHS Foundation Trust |
| Maria Hayward (maria.hayward@hants.gov.uk) – Strategic Workforce Development Manager, Adults’ Health and Care, Hampshire County Council |
| Paula Hull (paula.hull@southernhealth.nhs.uk) – Director of Nursing, Southern Health NHS Foundation Trust |
| Jessica Hutchinson (jessica.hutchinson@hants.gov.uk) – Assistant Director, Learning Disabilities and Mental Health Services, Adults’ Health and Care, Hampshire County Council |
| Zara Hyde-Peters (zara.hyde-peters@nhs.net) – Director of Delivery, Hampshire and Isle of Wight CCG Partnership |

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| Kate Jones (kate.jones@hants.gov.uk) – Policy Adviser and Hampshire Health and Wellbeing Board Manager, Hampshire County Council |
| Rachael King (rachael.king4@nhs.net) – Director of Commissioning, West Hampshire Clinical Commissioning Group |
| Jo Lappin (jo.lappin@hants.gov.uk) – Interim Director of Older People and Physical Disabilities, Adults’ Health & Care (CQC Review Lead), Hampshire County Council |
| Maggie MacIsaac (Maggie.macisaac@nhs.net) – Chief Executive, Hampshire and Isle of Wight Clinical Commissioning Group Partnership |
| Julie Maskery (julie.maskery@hhft.nhs.uk) – Chief Operating Officer, Hampshire Hospitals NHS Foundation Trust |
| Ellen McNicholas (ellenmcnicholas@nhs.net) – Director of Quality and Nursing, West Hampshire Clinical Commissioning Group |
| Sarah Olley (sarah.olley@southernhealth.nhs.uk) – Strategic Programme Manager, Southern Health NHS Foundation Trust |
| Sue Pidduck (sue.pidduck@hants.gov.uk) – Head of Transformation, Design and Implementation, Adults’ Health and Care, Hampshire County Council |
| Matthew Richardson (matthew.richardson2@nhs.net) – Deputy Director of Quality, West Hampshire Clinical Commissioning Group |
| Ciara Rogers (ciararogers@nhs.net) – Deputy Director, NHS Continuing Healthcare and Funded Nursing Care, West Hampshire Clinical Commissioning Group and Hampshire and Isle of Wight Clinical Commissioning Group Partnership |
| Richard Samuel (richardsamuel@nhs.net) – Senior Responsible Officer, Hampshire and Isle of Wight Sustainability and Transformation Partnership |
| Louise Spencer (louise.spencer2@nhs.net) – Associate Director Quality and Nursing, South Eastern Hampshire/Fareham and Gosport Clinical Commissioning Group |
| Jane Vidler (jane.vidler@hants.gov.uk) – Communications Manager, Hampshire County Council |
| Alex Whitfield (Alex.Whitfield@hhft.nhs.uk) – Chief Executive, Hampshire Hospitals NHS Foundation Trust |
| Tracy Marie Williams (tracy.m.williams@hants.gov.uk) – Provider Quality Service Manager, Adults’ Health and Care, Hampshire County Council |

Governance Framework

Appendix 3



Improvement and Transformation Board

Description: The Hampshire Improvement and Transformation Board (ITB) will bring together the main commissioning and provider elements of the Hampshire health and social care economy in order to drive transformational improvement, in line with the published strategies of the Board's membership organisations, published improvement actions following external review and in keeping with the overarching ambitions of the HIOW and Frimley ICSSs. The ITB will remove duplication, at a strategic level, and add value to the collective delivery arrangements through the Local Delivery Systems across all of the programmes within the purview of the Board. The ITB will report to the HWB Executive Group and HWB, as well as individual organisational boards / arrangements as required.

| Terms of Reference | Membership & Frequency | Agenda | Inputs and outputs |
|--|---|---|---|
| <p>The role of the Improvement and Transformation Board is to:</p> <ul style="list-style-type: none"> • Be a collaborative, strategic forum for senior leaders across the health and social care community across Hampshire to drive improvement and transformation of services. • Oversee, provide assurance and challenge delivery progress for a range of programmes underway across the health and social care sector, Hampshire-wide – see identified programme areas. • Provide updates and exception reports on system progress to the Hampshire Health and Wellbeing Executive Group and the Hampshire Health and Wellbeing Board, as well as individual organisation progress reports as required. • Act as a strategic decision-making body in order to progress the work programme reporting to the Board. • See separate sheet for Governance architecture. <p>DRAFT TERMS OF REFERENCE</p> | <p>Chair: Director of Adults' Health and Care, HCC*</p> <p>Members: <i>CEX / Executive Directors of;</i></p> <ul style="list-style-type: none"> • West Hampshire CCG*, • Hampshire CCG Partnership* • Hampshire Hospitals NHS Foundation Trust • University Hospital Southampton NHS Foundation Trust • Portsmouth Hospitals NHS Trust • Southern Health NHS Foundation Trust • Solent NHS Trust • The Director of Public Health, HCC • Deputy Director, AHC, HCC • Assistant Director – OPPD, HCC • Director of Improvement and Transformation – Patient Flow and Onward Care <p><i>Meeting Quorate when * plus three other members present</i></p> <p><i>Additional attendees to report on programme areas as required, others by invitation/as appropriate.</i></p> <p>Frequency: Monthly 2 hour meeting</p> | <p>Typical agenda items:</p> <ul style="list-style-type: none"> • Welcome / apologies • Action notes from last meeting • Patient flow and onward care programme delivery • New Models of Care programme delivery • Demand Management and Prevention programme delivery • Integrated Intermediate Care programme delivery • Learning Disability / Mental Health integration programme delivery • Continuing Healthcare programme delivery • Workforce strategy development • Better Care Fund / finance delivery • Strategic Commissioning • Communications / engagement • Any other (urgent) business | <p>Inputs:</p> <ul style="list-style-type: none"> • Key performance data • Key finance information • Programme Management Office dashboards / updates for each programme area • Future planning considerations, for example use of Winter Pressures or other ad hoc funding streams <p>Outputs:</p> <ul style="list-style-type: none"> • Confidence in delivery timeline and achievement for each programme area • Escalation and update to HWEG and HWB, where necessary • Consistent and aligned tactical and operational delivery across organisations in all programme areas • Improved performance across all named programme areas of activity. |

Appendix 4 12 month action plan in summary

