



**CARE QUALITY COMMISSION LOCAL SYSTEM REVIEW**  
**HAMPSHIRE**  
**HEALTH AND WELLBEING BOARD**  
**ACTION PLAN**  
**Progress Update – February 2019**





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## Introduction

This document forms the high level updated 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 is 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 have been introduced for the Hampshire system. This includes the development of an Improvement and Transformation Board (ITB) which holds 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 updated in February 2019 taking account of existing work streams and plans currently in existence.

In order to deliver this ambitious action plan over the 12 month period, the following working principles have been adopted:

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

<p><b>Report Recommendations:</b></p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• 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.</li> <li>• All elements of the high impact change model must be introduced and the impact evaluated system-wide.</li> </ul> <p><b>Aim:</b></p> <ul style="list-style-type: none"> <li>• To align the STPs' and HWB work, by ensuring that partners work together differently to make the best use of resources and increase efficiency.</li> <li>• Only commence new pilots and initiatives after a feasibility study, measurable outcomes and impact on the system have been undertaken and established.</li> <li>• Measure progress across the Hampshire system by the eight elements of the high impact change model.</li> <li>• Improve the governance below HWB level.</li> <li>• Ensure single multi-agency plans at both a strategic and local level.</li> </ul>	<p><b>Leads</b></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><b>CQC Report Highlighted:</b></p> <ul style="list-style-type: none"> <li>• The HWB role and responsibility in monitoring and supporting initiatives could be better defined</li> <li>• HWB direction and leadership when endorsing reports needs to improve</li> <li>• System wide governance needs improvement</li> <li>• There is scope to improve the framework for inter-agency collaboration and reduce fragmentation</li> <li>• The system appeared multi-layered and complex to some leaders with no single multi-agency plan at strategic or local delivery level</li> <li>• Strategic work was constrained by frequent leadership changes</li> <li>• Limited ambition around financial risk taking and integration</li> <li>• Difficult to track actions in existing plans, due to a lack of consistent and outcome focused performance measures</li> <li>• Collaborative mechanisms for sharing learning across organisations and between integrated care initiatives were not fully</li> </ul>	

developed

**Existing Work Being Undertaken** (at the time of the Review):

- 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	Rag Status Feb 2019
1.1 Vision	<p>a) We will develop one strategic vision to be shared across the STP and HWB.</p> <p>b) 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	3 months	A common vision that can be articulated at all levels of organisations	<b>Amber</b>
<p><b>Progress Update</b>  <b>October 2018</b>            a) <b>Partially Achieved</b> – strategic vision developed as part of the STP plan (see attached)</p> <p>However, need to ensure its fully understood by all staff</p> <p>There has been some cascade through organisations, but this needs to be ongoing and revisited.</p> <div style="display: flex; align-items: center;"> <p>HLOW STP Delivery Plan 21Oct16 FinalDr</p> </div> <p><b>February 2019</b>            a) STP strategy and plan to be revisited in 2019/20 following the publication of the NHS long term plan. The opportunity will be taken to refresh staff communications on the strategy.</p>					
Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019



<p>1.2 Health &amp; Wellbeing Board (HWB)</p>	<p>a) The Health &amp; Wellbeing Strategy will be revised and monitoring arrangements introduced to measure progress against themes identified.</p> <p>b) We will identify the best way to involve patients, service user and carer representatives in the HWB work programme.</p> <p>c) The terms of reference and membership of the HWB will be refreshed.</p>	<p>Health &amp; Wellbeing Board Members</p> <p>Kate Jones</p>	<p>6 months</p>	<p>A HWB board that is representative of all systems' stakeholders and takes ownership for delivering this action plan</p>	<p><b>Green</b></p>
<p><b>Progress Update</b>  <b>October 2018</b></p> <p>a) The HW Board received a presentation of progress on 11<sup>th</sup> October 2018, with a draft Strategy being prepared for the Board.  c) Membership refresh: <b>Achieved:</b> This has been completed and was reported to County Council on 20<sup>th</sup> September 2018</p> <p><b>February 2019</b></p> <p>a) This is on track. The draft Strategy was considered by the HWB on 13<sup>th</sup> December 2018 and they endorsed circulation of the draft to a wider audience of partners and interested organisation for wider comment. The designed draft was circulated on 18<sup>th</sup> January 2019, with feedback requested by 22<sup>nd</sup> February 2019. A revised strategy will be presented to the HWB on 14 March for sign-off.</p> <p>b) A small group, including two service users, has now met to begin designing the coproduction workshop and to consider how to embed co-production and involvement into the HWB Board's work programme. This work will link with wider coproduction activity planned to take place, particularly for older adults. The date of the workshop has not been fixed yet, but work is in progress to plan the content/aims.</p>					
<p><b>Key Area</b></p>	<p><b>Action</b></p>	<p><b>Lead/Owner</b></p>	<p><b>Timescale</b></p>	<p><b>Outcome</b></p>	<p><b>Rag Status</b>  Feb 2019</p>

1.3 Financial management	<p>a) We will create more opportunities for shared and pooled funding arrangements</p> <p>b) Monitor use of the Better Care Fund and financial management through the ITB.</p>	Graham Allen, Maggie MacIsaac, Heather Hauschild	6 months	Pooled budgets aligned to priority initiatives	<b>Green</b>
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**Progress Update  
February 2019**

a) **In progress** – iBCF core programme on the Integrated Commissioning Board (ICB)

Opportunities for further pooling of resources being explored through ICB, first priority for Learning Disabilities and Mental Health placement funding.

b) **In progress** - Better Care Fund monitored through ITB.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
1.4 Governance	<p>a) Introduce ITB</p> <p>b) Facilitated development of HWB</p> <p>c) Review form and function of HWB Executive with development of a Senior Leaders group to increase membership and engagement of partners such as Hampshire Fire and Rescue and Hampshire Constabulary.</p>	<p>Graham Allen</p> <p>Kate Jones</p> <p>John Coughlan</p>	<p>3 months</p> <p>6 months</p> <p>6 months</p>	<p>ITB initial meeting by September</p> <p>Development programme for the HWB</p> <p>Broader public service engagement in the Health and Wellbeing Executive Group</p>	<b>Green</b>

<p><b>Progress Update</b>  <b>October 2018</b>  a) <b>Achieved</b> – an Improvement and Transformation Board has been established with all system leaders represented.</p> <p>New governance arrangements to feed into the HWB have been established, with the first meetings of the Improvement and Transformation Board and the Integrated Commissioning Board in September 2018 with reporting mechanisms up to the HWB to improve the HWB’s ability to shape and monitor progress on key activities.</p> <p><b>February 2019</b>  a) Update on ITB activity was received at the December HWB Board meeting, with a particular focus on DToC, to ensure that the HWB Board is able to monitor progress on key work areas.</p> <p>b) Further development of the Board and its architecture will be considered as part of the implementation of the new Strategy</p> <p>Once the high level HWB strategy priorities are agreed, we will be developing a business plan for the Board’s activities, to be agreed by the Board in June 2019. We will consider any further revision to governance at this stage, to ensure alignment with the business plan.</p> <p>c) The Health and Wellbeing Board Executive has now been stood down as it is generally agreed it has served its purpose in bringing together chief officers from health and the local authority on broader issues. It has been replaced by an arrangement which is specific to the management of patient flow and related activities this is the Improvement and Transformation Board, made up of adult’s and children’s social care and NHS partners (providers and commissioners) and an Integrated Commissioning Board between the Local Authority and CCGs. Work is also underway to establish a wider “public sector board” in the county to which health chiefs will be a party.</p>					
Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019

1.5 Leadership	a) Introduce key joint leadership roles including the Improvement and Transformation Lead.	Graham Allen, Maggie Maclsaac, Heather Hauschild, Richard Samuel	12 months	Joint leadership assigned to key initiatives	<b>Amber</b>
	b) Ensure Local Delivery System Boards, A&E Boards and New Models of Care take account of CQC Review findings.	Heather Hauschild, Alex Whitfield, Sue Harriman, Rachael King, Zara Hyde-Peters, Alison Edgington	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	

**Progress Update  
February 2019**

a) Partially Complete – Director of Transformation – Patient Flow and Onward Care appointed to 18-month secondment

Other joint roles to be considered through work programmes emerging from the Integrated Commissioning Board.

b) Every system has a local DToC reduction plan with a clear trajectory for improvement. Local system plans are aligned to the eight high impact changes for effective discharge and flow, and 2019/20 local delivery ambitions for these are currently in preparation. In addition, each local system conducted capacity analysis specifically to maintain patient flow through Winter and additional capacity was put in place. An evaluation of Winter Resilience is underway and a whole system workshop is scheduled for 18<sup>th</sup> March which will help to inform the collaborative approach next year.

## 2. Communication and Engagement

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

2. Communication and Engagement					
Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.1 Communication Strategy	<p>a) 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>b) 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>c) 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>d) 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>	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>	<b>Amber</b>

	<p>e) The strategy will direct organisations towards one online site that will 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.</p>			<p>To empower people to make informed choices</p>	
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**Progress Update  
February 2019**

a-e) Activity is taking place on the actions noted. There is a draft communications and engagement strategy which is currently being further developed by the Hampshire and Isle of Wight wide communications and engagement network. This work will involve how we use digital channels to involve and communicate with local people.

Work will also take place with Nicky Millard and Jane Vidler to understand how we can best use Connect to Support Hampshire (CTSH) to facilitate some information sharing in the first instance.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.2 Promoting roles	<p>a) Greater transparency and visibility will be provided concerning the roles that staff undertakes 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.</p> <p>b) We will also explore the opportunity to share insight into a ‘day in the life of...’ different roles using</p>	<p>Nicky Millard, Kaylee Godfrey</p> <p>Sandra Grant</p>	<p>3 months</p> <p>6 months</p>	<p>An understanding of roles and responsibilities across the system</p> <p>Greater awareness of how partner</p>	<p><b>Green</b></p>

	<p>different media (video, podcast, fact sheets etc.)</p> <p>c) 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.</p>			<p>organisations work together</p>	
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**Progress Update  
October 2018**

a) **In progress.** An interactive map on CTSH is being considered that has key buildings etc. on it from health and social care; identifies roles/services and provides links to more details about the role/service on other organisations websites.

New page on CTSH have been introduced with details of health and social care roles, linked from the main interactive map on the home page of the site. In addition, there is also a new hospital page on CTSH which gives a wide range of information. [Hospital page](#).



Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.3 Sharing information	a) 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, Kaylee Godfrey	6 months	Effective information sharing arrangements  Better decision making	<b>Amber</b>
	b) 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, Tracy Williams Matthew Richardson, Louise Spencer	6 months	Effective and coordinated communication	

**Progress update  
February 2019**

a) We are in the early stages of planning the communications support for the range of partnership projects being led by Debbie Butler. An engagement lead has been appointed within the programme and is working closely with the County Council's communications team who in turn have begun engagement with NHS partners.

b) **Partially achieved.** The system has agreed that the PaCT newsletter and webpages will be the hub and main source of sharing information and resources with providers. Governance structures are being signed off and the first newsletter will be sent out in November 18.

A new 2-year post within Adults' Health and Care Workforce Development team has been established, funded by IBCF to focus on our work with external providers. Person appointed through a recruitment process in partnership with Hampshire Domiciliary Care Association & Hampshire Care Association. The role will focus on working with Hampshire providers to develop the PaCT workforce development programme and communication pathways to identify the priority skills and capacity needed to improve recruitment, retention and skills development for current and future ways if working. The programme is working with Hampshire Domiciliary Care Providers (HDCP), Hampshire Care Associations (HCA) and colleagues across the STP to host two workshops:

Workshop 1 - Stakeholders & Partners (October 2018)

Aim: to come together to focus on the work stakeholders are offering to develop capacity or workforce skills within the private and independent sector (residential, nursing and domiciliary care)

Workshop 2- Providers (November 2018)

Aim: To bring together providers to explore the workforce development support and resource currently offered from stakeholders across Hampshire and establish opportunities to shape and develop the offer to support the 'actual' needs of providers, exploring ideas for future working and delivery.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.4 Stakeholder engagement	<p>a) 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"> <li>• Providers</li> <li>• Carers</li> <li>• Voluntary and independent sector</li> <li>• Residents</li> <li>• Representative Associations</li> <li>• Charitable organisations</li> <li>• People who fund their own care and support</li> </ul> <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>	<b>Amber</b>
		Sue Pidduck,	6 months		

	b) Ensure all engagement work is linked with the AHC Demand Management & Prevention Strategy and Carers Strategy.	Sallie Bacon		Joined up and coordinated engagement	
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**Progress Update  
February 2019**

a) Joint messaging and campaigns are already happening across Hampshire, coordinated through the HLOW Comms and Engagement Network.

As part of the development of the new HWB Strategy, the Board Manager will look to build on this existing joint working.

**b) Carers Strategy:**

Two engagement events have been held with users, carers and other agencies in the last quarter. Strategy subgroups are currently being set up for the next quarter and will include actions to improve the support that is available to link carers to services and to manage their health and wellbeing.

**Demand Management and Prevention (DM&P):**

The DM&P Programme Team will be providing feedback on the HWB Strategy and development plans, following a briefing by Kate Jones at the full programme team meeting on 9 October 2018. Currently, as part of our locality focused work, DM&P colleagues are working closely with stakeholders via the existing structure of the Health and Well Being Board and local Partnerships Forums. This is supporting engagement and identification of prevention and demand management priorities at a local level and being used as a channel to enable collaborative working. The team are therefore in a position to share their experience of working within the existing structure to inform their feedback on the HWB development plans. The Director of Public Health and Public Health Lead for DM&P are engaged in conversations about the overall direction and content of the strategy. The update from the Carers Strategy is that the Carers Strategy subgroups have now commenced with Adults' Health and Care representatives, NHS and voluntary sector reps and carers involved. One of the key areas of engagement is to ensure the Carers Charter is adopted throughout organisations across the county who have a role in supporting carers. This is a priority piece of work for the Strategy group and a communications plan is being developed.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.5 Accessibility of information	a) 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. 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.	Jane Vidler, Sarah Grintzevitch, Kaylee Godfrey, Nicky Millard	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>	<b>Amber</b>
<p><b>Progress Update February 2019</b></p> <p>a) Greater use of multi-media to inform good decision making – the continual development of CTSH, building on the recently launched app, other multi- media and tech are being explored on the site including Artificial Intelligence – all of which are being designed to ensure good quality access to information.</p> <p>Less confusion with one key source of information for all practitioners.</p> <p>A professionals workshop is now taking place on 2 dates in February, the output from these workshops will be used to scope ongoing site development and engagement to ensure that CTSH becomes the key source of care and support related information for all practitioners.</p> <p>In addition work will be commencing with one of the GP clusters in the New Forest so that GP’s can input and help shape the development in order that it not only delivers a strength based approach but also ensures that it meets the needs of the social prescribing agenda and therefore becomes a useful tool for GPs in the delivery of social prescribing.</p>					

### 3. Access and Transfers of Care

<p><b>Report Recommendations:</b></p> <ul style="list-style-type: none"> <li>• The system must ensure safe discharge pathways are in place and followed for people leaving hospital.</li> <li>• The system must ensure that the enhanced GP offer is implemented to all care and nursing homes across Hampshire.</li> <li>• 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.</li> </ul> <p><b>Aim:</b>          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><b>Leads</b></p> <p>Improvement and Transformation Lead (appointment in progress)</p> <p>Rachael King, Zara Hyde-Peters, Mark Allen, Head of Commissioning, AHC</p>
<p><b>CQC Report Highlighted:</b></p> <ul style="list-style-type: none"> <li>• The system lacks effective discharge pathways for people leaving hospital</li> <li>• The system must streamline discharge processes across the County</li> <li>• The system is too reliant on bed based solutions</li> <li>• There are inconsistencies in practice and differing processes across the system</li> </ul>	
<p><b>Existing Work Being Undertaken (at the time of the Review):</b></p> <p>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).</p>	

3. Access and Transfers of Care					
Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.1 Safe discharge pathways	<p>a) 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"> <li>• Manage a system wide delayed transfers of care improvement plan</li> <li>• Monitor system performance</li> </ul>	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>	<b>Amber</b>
	<p>b) 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"> <li>1) To implement and align mindset</li> <li>2) Introduce improvement cycles and dashboards</li> <li>3) Ensure early referral to the right setting</li> <li>4) Adequate reablement availability</li> <li>5) Timely and effective CHC Processes</li> </ol>	Debbie Butler, Julie Maskery, Jane Hayward, Paul Bytheway, Barry Day, Jo Lappin,	6-12 months	<p>More patients managed in the right setting of care</p> <p>Integrated discharge pathways.</p>	

	<p>c) Integrate pathways and align with other local authorities operating across boundaries through empowering Integrated Discharge Bureau leads to act on behalf of all organisations</p> <p>d) Reduce reliance on bed based 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</p> <p>e) Social work expertise will be utilised to support people with more complex care and support needs</p>	<p>Steve Cameron, Paula Hull, Sarah Austin,</p> <p>Jo Lappin</p>	<p>3 months</p> <p>6 months</p>	<p>Embedding of a Home First approach</p> <p>Initial target to increase the % of users who go through reablement from 15% to 30%</p> <p>Stretch target for following 6 months to be established using learning from implementation</p> <p>Improved use of social work capacity targeted to reduce length of stay</p>	
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**Progress Update  
October 2018**

a) **Achieved** – the appointment of an Improvement and Transformation Director and Clinical Lead has taken place and both post holders confirmed.

**February 2019**

a) Within-system trajectories for decreasing delays (DToCs/MFFD) are in place and actively monitored.

**b) In progress -**

The system effective flow action plan is evolving made up of the following work streams aligned to the Newton Europe themes:

1. Implementation of aligned mindset, values and communication plans
2. Development and Implementation of system-wide dashboard and local operational processes for improved flow with clear accountability and governance.
3. Implementation of Integrated Intermediate Care service, with full rollout of Integrated Intermediate Care offer (Reablement/ Rehabilitation) county-wide and standardisation of assessment processes
4. Embedding of early discharge planning from point of admission applying the principle of 'Why Not Home Why not today'
5. Clear system demand and capacity modelling to better match onward care need to available provision
6. Full implementation of Discharge to Assess model beyond current pilot for CHC D2A

Local Delivery Systems are working towards clear ambitions for improvement /delay reduction through implementation of the 8 High Impact Changes for effective flow and discharge. This is alongside ongoing commitment to specifically reduce the numbers of superstranded and stranded patients in acute beds. Assurance for delivery of the system flow plan is via the Integrated Commissioning Board and the Improvement and Transformation Board.

c) and d) Remodelling of social care teams in hospital settings in progress.

Linked to development of IIC service model.



Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.2 Enhanced GP offer	<p>a) We will develop clusters around GP Practices through:</p> <ul style="list-style-type: none"> <li>- Increased multidisciplinary working</li> <li>- Engagement of voluntary sector</li> <li>- Building relationships between Primary and Secondary Care</li> </ul> <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>	Rachael King, Ros Hartley	12 months	<p>Care to be more preventative, proactive and local for people of all ages</p> <p>Creation of natural communities based on GP practice populations through groups of professionals working together with their local communities</p>	<b>Amber</b>
<p><b>Progress Update February 2019</b></p> <p>a) Clusters are now in place across the whole of Hampshire with the vast majority of GP Practices agreed on cluster membership, final practices finalising discussions. A stocktake of progress on cluster development is due to at the end of March 19, A number of clusters already have integrated care teams in place. A working group has been established with Southern Health Foundation Trust and Hampshire County Council and commissioners to agree how networks will work. A metrics dashboard is to be produced.</p>					

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.3 Capacity and quality in the market (domiciliary, residential and nursing care)	a) 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	Rachael King, Zara Hyde-Peters, Mark Allen	12 months	Existing 4 million plus hours currently planned across the system to be reviewed to establish a clear understanding of probable future demand	<b>Amber</b>
	b) This will include joint commissioning and brokerage arrangements and implementation of the market position statements				
	c) Resources will be pooled to address the quality in the market and establish robust jointly agreed quality assurance mechanisms	Tracy Williams, Matthew Richardson, Louise Spencer	12 months	Joint approach to market shaping	
	d) 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	
<b>Progress Update February 2019</b> a) Task and Finish group for joint commissioning of integrated intermediate care formed in August 2018. Significant progress has been made with advances of forerunner projects and commencement of the operating model design.					

b) Opportunities have been identified for joint commissioning which include access to the Hampshire County Council Home Care framework and brokerage resources and processes. Further work is continuing to support CHC D2A with both access to external market resources and flow management via Hampshire County Council brokerage. Joint Bed based and Home care specifications have been approved to support the delivery of Integrated Intermediate Care.

c) AH&C have identified a lead to attend the HIOW Quality Board. The board is responsible for the provision of strategic leadership and oversight of the development of quality assurance and improvement across HIOW health and care providers, commissioners and other key stakeholders. Together we are developing strategic approach to monitoring quality through the Hampshire County Council Quality Outcomes Contract Monitoring process and the CCG quality review process, ensuring duplication is prevented across teams.

Hampshire County Council and CCGs are working together to develop a common framework regarding capacity and quality in the market (domiciliary, residential and nursing care).

A paper will be presented to HIOW Quality Board in January 19 regarding mapping and proposals, including strategic and operational structure and process.

At an operational level the Local Authority and CCG quality leads meet regularly. A key aim of this group is to reduce duplication of visits to residential and nursing home providers and to use a joined up approach to assessing the quality and identifying a county risk profile. Safeguarding and quality leads from across the system came together at a planned workshop in October 18.

d) New Framework in place, contract relationship managers established, brokerage waiting lists reduced.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.4 Continuing Health Care	a) 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	Ciara Rogers,	3 months	85% of CHC checklists and assessments taking place outside of acute hospital settings	<b>Amber</b>
	b) Design an education support programme to increase competency and capability so that requests for CHC consideration are realistic and appropriate to reduce unnecessary waste	Jess Hutchinson, Debbie Butler,	6 months	Reduced resource needed for unnecessary activity	
	c) Through this education improve efficiencies and reduce unrealistic referrals		12 months		
	d) Review and update CHC measures including performance and outcomes		3 months		
	e) Consider CHC risk share resource across the Hampshire system				
<b>Progress Update October 2018</b> a) Learning from pilots has taken place. A workshop in June 2018 reviewed the current pathways and agreed the future state pathway b) Phase 1 CHC Discharge to Assess programmes are currently available in all systems					

- c) An education programme will be developed once the new pathways are agreed across all stakeholders
- d) The length of time at each stage of the CHC pathway from checklist to decisions is being monitored.
- e) Time to source care and time to discharge are also being monitored. Time to source care and time to discharge are also being monitored. Outcomes of the CHC assessment are recorded and reported on. Funding has been identified from iBCF and CCGs to continue CHC D2A Phase 1 until March 2019. A demand and capacity gap analysis is taking place. Additional staff are being recruited for the D2A CHC assessor roles. A longer term funding agreement is being actively progressed. A paper was taken to November 2018 ICB setting out the CHC D2A pathway and requesting approval for the funding arrangements.

**February 2019**

- a) An agreement signed until the end of March and a Business case will be going through in principle in the middle of March for full roll out of the CHC D2A Pathway.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.5 Equipment	<p>a) 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>b) This will include:</p> <ul style="list-style-type: none"> <li>• Reviewing the processes that will ensure the right equipment is delivered to the right setting at the right time</li> <li>• Ensuring we are able to track, monitor and recover equipment when required</li> </ul>	Steve Cameron, Ellen McNicholas,	12 months	Future joint commissioning approach clarified	<b>Amber</b>

	<ul style="list-style-type: none"> <li>• Recycling used equipment appropriately</li> <li>• 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</li> </ul>				
<p><b>Progress update February 2019</b></p> <p>a) Commissioning meeting scheduled for 11<sup>th</sup> October 2018 to begin long term approach planning re S.75 Professional User Group (PUG) task &amp; finish work in place to review equipment catalogue (Ongoing)</p> <p>b) TCES System (Equipment Service stock management system) development underway to allow capability for full stock check. Current recycling rates at 90%. No further action required.</p> <p>TCES System provides equipment availability information at prescriber level. Improved reporting capability at HES Partnership Board under development with Hampshire County Council Business Improvement team.</p>					
Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.6 Integrated Intermediate Care	<p>a) Develop our ambition to provide an Integrated Intermediate Care offering and continue at pace:</p> <ul style="list-style-type: none"> <li>• Appoint a single commissioner and agree commissioning intentions</li> </ul>	<p>Graham Allen, Maggie Maclsaac, Heather Hauschild</p> <p>Debbie Butler, Karen Ashton, Jo Lappin/Steve Cameron, Barry Day/ Jane Williams</p>	<p>3 months</p> <p>6 months</p>	A Hampshire wide Intermediate Care Service with equitable outcomes that meets the needs of individuals	<b>Amber</b>

	<ul style="list-style-type: none"> <li>Further develop operational integrated working arrangements between Hampshire County Council &amp; SHFT community services</li> </ul>	Integrated Intermediate Care Operational Delivery Board		Integrated working arrangements in place	
<p><b>Progress Update</b>  <b>October 2018</b>            a) <b>In progress</b>—joint commissioner and governance arrangements in development. Joint commissioning specifications agreed</p> <p>Operational development ongoing to fully embed large scale change of an agreed single operating model, management structure and interfaces with whole system partners. Strategic development of the future model of integration is in progress.</p> <p><b>February 2019</b>            a) This has been achieved – the single commissioner related to the NHS CCGs – North CCG was given that remit it acted to chair a task and finish group and completed the specifications in December 2018. The department has seen these and is working with them pending decisions at a later point of what they will actually mean in practice.</p>					

#### 4. Partnerships

<p><b>Report Recommendations:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul> <p><b>Aim:</b> 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><b>Lead</b></p> <p>Graham Allen</p>
<p><b>CQC Report Highlighted:</b></p> <ul style="list-style-type: none"> <li>• There is scope to improve the framework for inter-agency collaboration</li> <li>• Further development in respect of integrated commissioning</li> <li>• Work needed on developing relationships and improving communication between commissioners, the voluntary sector and providers</li> </ul>	
<p><b>Existing Work Being Undertaken (at the time of the Review):</b></p> <ul style="list-style-type: none"> <li>• Joint commissioning and brokerage arrangements in development</li> <li>• Jointly developed market position statements with intentions supported through market engagement</li> <li>• Integrated Intermediate Care business case development in progress</li> </ul>	



4. Partnerships					
Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
4.1 Building strong relationships based on trust	a) 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	<b>Amber</b>
	b) There will be development of a shared understanding of the ways different partners work. This will include; <ul style="list-style-type: none"> <li>• the challenges/outcomes different partners are striving to achieve</li> <li>• And identify synergies and a better understanding of where the differences exist</li> </ul>	Ros Hartley, Ellen McNicholas	6 months	Closer understanding and appreciation of one another's role/challenges	
	c) 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	
	d) Ensure that partnership working extends across the system (e.g. voluntary sector, carers, patients, GPs), to include a focus on Demand Management and Prevention				

	<p>e) 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>f) 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>	
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**Progress Update**

**February 2019**

- a) The establishment of the ITB and the ICB has but from an informal Hampshire Partnership Day programme. Relationships and priorities were discussed as part of an away day attended by all key system leaders to discuss the aims, ambitions and priority areas for joint working.
- b) We have identified the year 1 priorities for quick wins and these from the work of the programme for the ITB/ICB.
- c)The development of the HWB strategy also highlights the year 1 priorities and these will be taken forward.
- d)This partnership engagement is filtered down to staff within organisations through the specific priority programme working groups and through the Integrated Care partnerships (ICPs)
- e) The ICPs will develop in detail the events to facilitate closer working across all levels.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
4.2 Independent sector partnerships	a) 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	Mark Allen, Rachael King, Zara Hyde-Peters	6 months	Independent sector engagement plan  Joint viewpoint/forum	<b>Amber</b>
	b) 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.		6 months	Greater understanding of the market place  Alignment with outcomes for workforce (section 5.1)	
<p><b>Progress update February 2019</b></p> <p>a) There is a detailed programme on market engagement taken forward under the CHC/LD/MH placement commissioning work programme and this has made significant progress this year.</p> <p>b) The LCPs are used to strengthen wider engagement with the voluntary sector, borough and town councils and community networks. The independent sector are key members of the local HWB board.</p>					

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
4.3 Collaborative working	<p>a) We will support more flexible working across the entire system estate, by ensuring that IT is accessible to all</p> <p>b) Promote greater information sharing: e.g. Hampshire Knowledge Hub</p>	Andy Eyles	12 months	Flexible working enabled by appropriate infrastructure	<b>Amber</b>
<p><b>Progress Update February 2019</b></p> <p>a) We are developing plans and implementing a range of solutions to support more flexible working and to improve information sharing across the STP. We are deploying WIFI across our entire GP practices estate. Our partners in Southern Health are piloting the use of video consultations to enable both citizens and professionals to access services at a time and place convenient to them.</p> <p>b) We continue to build on the success of our shared Health and Care record programme (CHIE, formally known as the Hampshire Health Record). We have been awarded Local health and Care Record Exemplar (LHCRE) status, one of only 5 in the country. This will enable us to safely share more data more widely and with partners to the benefits of our citizens and professionals.</p>					

## 5. Workforce Planning

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

5. Workforce Planning					
Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
5.1 Workforce Strategy	a) 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, HDCP)	Sandra Grant, Nikki Griffiths, Mark Allen	6 months	Forum in place and fully operational	<b>Amber</b>
	b) 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	
	c) Share knowledge and insight about initiatives which have been undertaken across the County, to: <ul style="list-style-type: none"> <li>• understand the successes</li> <li>• inform our future strategy and identify the early priorities</li> <li>• include learning from other Counties e.g. Surrey</li> </ul>		6 months	Shared learning and relevance to Hampshire  Learning from best practice	
	d) Work in collaboration with the independent sector to agree a strategy that we will jointly own and implement. Scope likely to include:	Sandra Grant, Nikki Griffiths, Mark Allen	12 months	An agreed Workforce Strategy and implementation plan.	

	<ul style="list-style-type: none"> <li>○ Workforce supply and capacity: how to attract, develop and retain the optimum workforce (including links with the further education sector and economic regeneration team)</li> <li>○ Workforce efficiency: by adopting new ways of working, supporting staff and equipping them with the right skills and knowledge</li> <li>○ Trusted Professionals: improving the quality of carers and provision of care</li> <li>○ Technology as an enabler: to improve efficiencies, workforce engagement and delivering care</li> <li>○ Engagement with education providers.</li> </ul> <p>e) Agree the tangible measures/outcomes that will track success of the strategy (e.g. financial, efficiency, delivery, user satisfaction)</p>			<p>Stronger relationship with education providers</p>	
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**Progress Update  
February 2019**

a) A Workforce Strategy paper has been presented to the ITB, with a focus on development of a strategic system wide relationship with the independent sector. A work programme will emerge which will deliver the key outcomes in the CQC action plan.

b) and c) a workshop took place in October 2018, the programme was developed with HCA and HDCA, and jointly hosted with Hampshire County Council. The session scoped and mapped existing activity provided to support the sector by STP, CCG, NHS Trusts and Las.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
5.2 Workforce Engagement	a) Identify the sector representatives that we will form a closer working alliance with, including <ul style="list-style-type: none"> <li>○ Mental Health – Solent Mind</li> <li>○ Voluntary Sector – Communities First Wessex</li> <li>○ Independent Sector – HCA, HDCP</li> <li>○ Carers Groups</li> <li>○ Housing – District Councils</li> <li>○ Transport</li> </ul>	Sandra Grant, Nikki Griffiths, Mark Allen, Martha Fowler-Dixon,	3 months	Stakeholder Engagement Plan	<b>Amber</b>
	b) Engage these parties in the development and deployment of the strategy		6 months		

**Progress Update**

**October 2018**

a) We have engaged and made progress with a number of the groups that we need to form closer working alliances with; HCA, HDCP, CVSs, Carers. A wider stakeholder engagement plan is in development to ensure that key groups are worked with ahead of the implementation of the strategy (as outlined in 5.1).

**February 2019**

b) As outlined in the updates provided for section 5.1.



5.3 Finance	a) Evaluate the opportunity to pool financial resources to achieve our strategic objectives and identify funding initiatives which will support workforce development	Graham Allen, Maggie Maclsaac, Heather Hauschild	12 months	Joint funding approved and performance measures agreed	<b>Amber</b>
<p><b>Progress Update</b>  <b>February 2019</b>  a) <b>In progress</b> – Workforce development being progressed as a core priority in the ITB.</p> <p>Elements including shared / joint development activities are underway across management and clinical tiers.</p>					

## 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

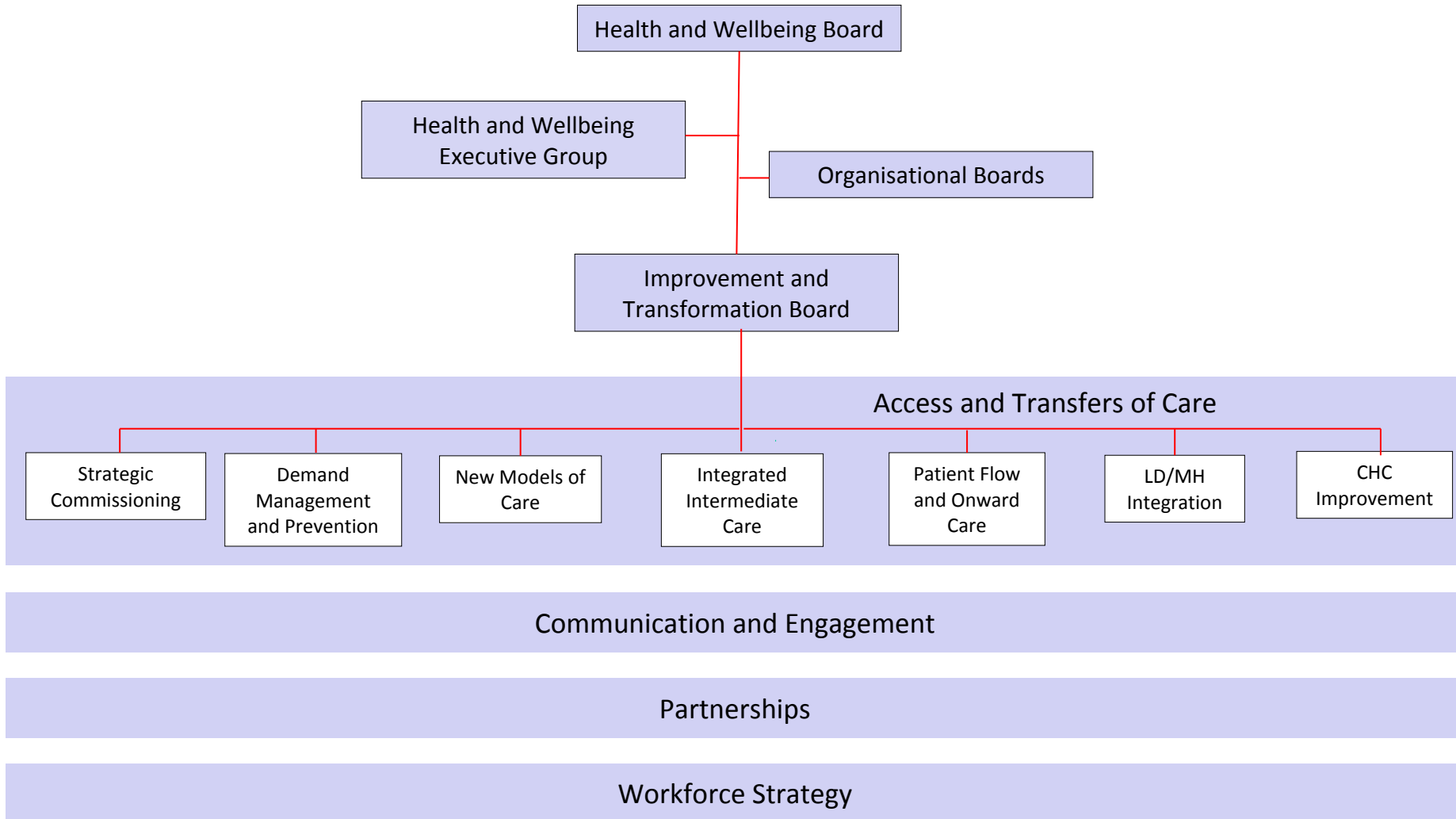
The system representatives listed below are named individuals representing organisations with key roles in respect of the Hampshire Local System Review and summit and have played a core role in developing the action plan.

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

<b>Martha Fowler-Dixon</b> (Martha.fowler-dixon@hants.gov.uk) – Head of Demand Management and Prevention, Hampshire County Council
<b>David French</b> (David.French@uhs.nhs.uk) – Interim Chief Executive Officer, University Hospital Southampton NHS Foundation
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<b>Kate Jones</b> (kate.jones@hants.gov.uk) – Policy Adviser and Hampshire Health and Wellbeing Board Manager, Hampshire County Council

<b>Rachael King</b> (rachael.king4@nhs.net) – Director of Commissioning, West Hampshire Clinical Commissioning Group
<b>Jo Lappin</b> (jo.lappin@hants.gov.uk) – Interim Director of Older People and Physical Disabilities, Adults’ Health & Care (CQC Review Lead), Hampshire County Council
<b>Maggie MacIsaac</b> (Maggie.macisaac@nhs.net) – Chief Executive, Hampshire and Isle of Wight Clinical Commissioning Group Partnership
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<b>Ellen McNicholas</b> (ellenmcnicholas@nhs.net) – Director of Quality and Nursing, West Hampshire Clinical Commissioning Group
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<b>Richard Samuel</b> (richardsamuel@nhs.net) – Senior Responsible Officer, Hampshire and Isle of Wight Sustainability and Transformation Partnership
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<b>Alex Whitfield</b> (Alex.Whitfield@hhft.nhs.uk) – Chief Executive, Hampshire Hospitals NHS Foundation Trust
<b>Tracy Marie Williams</b> (tracy.m.williams@hants.gov.uk) – Provider Quality Service Manager, Adults’ Health and Care, Hampshire County Council

# Governance Framework



**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><b>The role of the Improvement and Transformation Board is to:</b></p> <ul style="list-style-type: none"> <li>Be a collaborative, strategic forum for senior leaders across the health and social care community across Hampshire to drive improvement and transformation of services.</li> <li>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.</li> <li>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.</li> <li>Act as a strategic decision-making body in order to progress the work programme reporting to the Board.</li> <li>See separate sheet for Governance architecture.</li> </ul>	<p><b>Chair:</b> Director of Adults' Health and Care, HCC*</p> <p><b>Members:</b> <i>CEX / Executive Directors of;</i></p> <ul style="list-style-type: none"> <li>West Hampshire CCG*,</li> <li>Hampshire CCG Partnership*</li> <li>Hampshire Hospitals NHS Foundation Trust</li> <li>University Hospital Southampton NHS Foundation Trust</li> <li>Portsmouth Hospitals NHS Trust</li> <li>Southern Health NHS Foundation Trust</li> <li>Salent NHS Trust</li> <li>The Director of Public Health, HCC</li> <li>Deputy Director, AHC, HCC</li> <li>Assistant Director – OPPD, HCC</li> <li>Director of Improvement and Transformation – Patient Flow and Onward Care</li> </ul> <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><b>Frequency:</b> Monthly 2 hour meeting</p>	<p><b>Typical agenda items:</b></p> <ul style="list-style-type: none"> <li>Welcome / apologies</li> <li>Action notes from last meeting</li> <li>Patient flow and onward care programme delivery</li> <li>New Models of Care programme delivery</li> <li>Demand Management and Prevention programme delivery</li> <li>Integrated Intermediate Care programme delivery</li> <li>Learning Disability / Mental Health integration programme delivery</li> <li>Continuing Healthcare programme delivery</li> <li>Workforce strategy development</li> <li>Better Care Fund / finance delivery</li> <li>Strategic Commissioning</li> <li>Communications / engagement</li> <li>Any other (urgent) business</li> </ul>	<p><b>Inputs:</b></p> <ul style="list-style-type: none"> <li>Key performance data</li> <li>Key finance information</li> <li>Programme Management Office dashboards / updates for each programme area</li> <li>Future planning considerations, for example use of Winter Pressures or other ad hoc funding streams</li> </ul> <p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li>Confidence in delivery timeline and achievement for each programme area</li> <li>Escalation and update to HWEG and HWB, where necessary</li> <li>Consistent and aligned tactical and operational delivery across organisations in all programme areas</li> <li>Improved performance across all named programme areas of activity.</li> </ul>

DRAFT TERMS OF REFERENCE

## Appendix 4 12 month action plan in summary

