

CCG Board

Date of meeting		22 March 2018	
Agenda item	9	Paper No	WHCCG18/022

South West and North and Mid Hampshire Local Delivery Systems Report (March 2018)

<p>Key issues</p>	<p>The Sustainability and Transformation Plan (STP) for Hampshire and the Isle of Wight defines six core programmes focused on transforming the way both physical and mental health care is delivered. Alongside this are four enabling programmes to create the necessary infrastructure, environment and capabilities to ensure successful delivery. These programmes form the shared system delivery plan for transformation in Hampshire and the Isle of Wight and are at the heart of the CCGs strategic priorities.</p> <p>Local Delivery Systems have been established to ensure local implementation of the six core programmes for a defined population through collaborative working.</p> <p>This report sets out an update on:</p> <ul style="list-style-type: none"> • the establishment of Local Delivery Systems within West Hampshire • progress against the core STP programmes and key priority work streams at a local delivery level, with a focus on: <ul style="list-style-type: none"> ○ new care models through the implementation of five key interventions ○ urgent and emergency care, including effective patient flow and discharge so that people only remain in hospital for the acute phase of their illness or injury, with timely transfer or discharge and the right support to maximise their independence
<p>Strategic objectives / perspectives</p>	<p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> • Ensure system financial sustainability • Ensure safe and sustainable high quality services • Work in partnership to commission health and social care collaboratively • Establish local delivery systems • Develop the CCG workforce

Actions requested / recommendation	The Board is asked to note the Local Delivery Systems report.
Principal risk(s) relating to this paper	Any risks are captured within the Directorate and corporate risk registers, together with mitigating actions.
Other committees / groups where evidence supporting this paper has been considered	Local Delivery System Boards Clinical Cabinet WHCCG Board
Financial and resource implications / impact	There are no financial and resource implications arising from this paper
Legal implications / impact	There are no legal implications arising from this paper.
Privacy impact assessment required?	No
Public / stakeholder involvement – activity taken or planned	The paper includes an update on the communications and engagement activities undertaken within the local delivery systems.
Equality and diversity – implications / impact	This paper does not request decisions which impacts on equality and diversity.
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Sponsoring director	Rachael King, Director of Commissioning: South West
Date of paper	19 March 2018

Local Delivery System Report (March 2018)

1. Introduction

The Sustainability and Transformation Plan (STP) for Hampshire and the Isle of Wight defines six core programmes focused on transforming the way both physical and mental health care is delivered. Alongside this are four enabling programmes to create the necessary infrastructure, environment and capabilities to ensure successful delivery. These programmes form the shared system delivery plan for transformation in Hampshire and the Isle of Wight and are at the heart of the CCGs strategic priorities.

Local Delivery Systems have been established to ensure local implementation of the six core programmes for a defined population through collaborative working.

This report sets out an update on:

6 Core STP Work Programme

- ❖ Prevention at scale
- ❖ New Care Models
- ❖ Effective patient flow and discharge
- ❖ Solent Acute Alliance
- ❖ North and Mid Hampshire configuration
- ❖ Mental Health Alliance

- the establishment of Local Delivery Systems within West Hampshire
- progress against the core STP programmes and key priority work streams at a local delivery level, with a focus on:
 - new care models through the implementation of five key interventions
 - urgent and emergency care, including effective patient flow and discharge so that people only remain in hospital for the acute phase of their illness or injury, with timely transfer or discharge and the right support to maximise their independence

2. Establishing Local Delivery Systems

There are two Local Delivery Systems across West Hampshire.

2.1 South West Hampshire Local Delivery System

The South West Hampshire Local Delivery System covers the four localities of West New Forest, Totton and Waterside, Eastleigh Southern Parishes and Eastleigh North and Test Valley South with a total registered population of 338,832. This area constitutes the South West Directorate of NHS West Hampshire CCG.

The South West Hampshire Local Delivery Board has been established and consists of partner organisations from NHS West Hampshire CCG, Hampshire County Council, University Hospitals Southampton NHS Foundation Trust, Southern Health NHS Foundation Trust, General Practice and the Local Medical Committee. The Board oversees the delivery against the core STP programmes and has identified key transformation priorities set out in the 'South West Hampshire Local Delivery System Transformation Plan 2017-19.' The priorities are being implemented as part of the new models of care programme and include Frailty, Outpatient Transformation, Ambulatory Emergency Care and Integrated care (including improved discharge and flow). Task and Finish Groups have been established and involve wider stakeholder and public engagement reflecting the complex nature of patient flows into Dorset, Wiltshire and Mid-Hampshire within the system.

The South West Hampshire Local Delivery system already has strong working relationships with Southampton City. Joint Local Delivery System Board meetings are held quarterly.

2.2 North and Mid Hampshire Local Delivery System

The North and Mid Hampshire Local Delivery System cover the two localities of Winchester and Andover in West Hampshire together with North Hampshire CCG. The Mid Hampshire Directorate of NHS West Hampshire CCG has a population of 198,211 which combines with North Hampshire CCGs population of 226,000.

The North and Mid Hampshire Local Care System Board has been established and consists of partner organisations alongside West and NHS North Hampshire CCGs, Hampshire County Council, Hampshire Hospitals NHS Foundation Trust, Southern Health NHS Foundation Trust, General Practice and the Local Medical Committee. The Board oversees the delivery against the core STP programmes and has additionally identified key transformation priorities in relation to elective, non-elective and outpatient care underpinned by a contractual risk share agreement with system partners.

More detailed governance arrangements to support the delivery of STP key work programmes at a local level are now in place. The Mid Hampshire Directorate is working closely with North Hampshire CCG to embed joint work programmes and delivery across North and Mid Hampshire. This includes the appointment of shared Commissioning posts, agreed leadership roles across both CCGs and collaborative working with key partners from provider organisations.

3. Delivering the Core STP Work Programmes

3.1 New Models of Care

The New Models of Care Programme consists of five key interventions to improve the health, wellbeing and independence of the population and ensure the sustainability of General Practice at the centre of integrated health and social care, with a greater focus on prevention, early intervention and increasingly care delivered locally. Critical to this is the work being implemented at a Locality level through joint working between the Commissioning Directorates and the local vanguard 'Better Local Care' which form an integral part of system working. For each intervention, examples of key areas of work are outlined.

Intervention 1: Foundations for Independence and Self-Care

Supporting people to take greater control of their health and well-being and to make healthy lifestyle choices. The introduction of new workforce models and the increase in self-care and prevention will enable clinical time to be targeted where it will add most value

Community Engagement:

A community engagement project has started in the Alamein ward in Andover. The aim of the project is to identify any barriers to accessing health services and what support people would like to help improve their health. CCG staff have visited a number of community venues and asked people to complete a questionnaire. The engagement is due to be completed in January and then the outcomes will be compiled and shared. This project is part of other work within the CCG to identify and tackle health inequalities within geographical areas and communities.

Get Hampshire Walking:

The key aim of Get Hampshire Walking is to develop a pan West Hampshire walking scheme based on the work of Dr William Bird who has undertaken research identifying the health and wellbeing benefits of exercise and connection with the outside environment. This work ties in with local authority, Sports Council and other agency walking schemes that can then be promoted in a coordinated way by all partners.

The focus remains on highlighting the benefits of walking by linking with national campaigns as well as developing and encouraging local targeted initiatives. Multiagency work continues to identify target groups and opportunities, for example different ways of encouraging those who may find walking difficult or hard to access through initiatives such as walking football, walking netball and health walks. Additional Get Hampshire Walking communication materials have been produced including a short film and a leaflet targeting less active older people. Walking tracking cards and pedometers are being distributed at local events.

The localities continue to work with local partners to support physical activity and other wellbeing messages encouraging healthy lifestyle choices. West Hampshire CCG staff and other partners attended flu clinics in the majority of GP surgeries and also some educational wellbeing events to promote walking and other wellbeing opportunities, for example the IBM staff wellbeing fayre in January. The campaign continues to be promoted by GPs through patient appointments. As part of Andover Vision additional walking routes have been developed including a new heritage trail which opened in December. In Lyndhurst a walk to school route is being publicised to encourage physical activity and to take children away from the busy high street which has poor air quality.



Work continues with Energise Me and other partners to encourage primary schools to implement the Golden Mile. A Golden Mile workshop in February succeeded in signing up ten more schools in the West Hampshire CCG area.

Weight Management



weight watchers New meeting:
Thursday 23rd November!

Get 12 weeks for **free**

Location: Adelaide Medical Centre,
Adelaide Rd, Andover, Hampshire, SP10 1HA
Every Thursday 10:00am

To find out if you qualify for FREE, use the checklist below
I have a Body Mass Index (BMI) of 30+ (If you don't know, we can help)
I am 18 or above

Call or visit to complete the next step
0345 602 7068 quoting: WWR5095 or visit
<https://www.weightwatchers.com/uk/hampshire>

Working with Hampshire County Council

General Practitioners are able to refer patients who meet the following criteria to Weight Watchers.

- Aged 16+
- BMI 30+
- BMI 28+ Asian population and with co-morbidities
- CVD, CVD risk, type 2 diabetes, metabolic syndrome or weight loss required before surgery
- Overweight/Gestational Diabetes in Pregnancy

Weight Watchers are commissioned as part of the Tier 2 weight management pathway to support people to lose weight and lead healthier lifestyles. The course is provided free for 12 weeks. Meetings are held in venues across West Hampshire.

Screening



In line with NHS England (Wessex) priorities, West Hampshire CCG is focussing on cervical screening during 2017-18. 42 of our practices have signed up to the NHSE (Wessex) Cervical screening incentive scheme which incentivises practices to increase uptake and to share good practice. Practices are also being encouraged to use a range of mechanisms to remind and invite women for screening including text messaging. In April, West Hampshire CCG General Practices are promoting Jo's Cervical Cancer Trust which highlights the benefits of cervical screening.

Mid Hampshire Active Ageing - Frailty Campaign launched



The 'Frailty Focus' campaign launched across the North and Mid Local Delivery System in January of this year, continues to promote active and healthy ageing by raising awareness of the symptoms of frailty and how it can be prevented or mitigated. Alongside this, the campaign addresses some of the common misconceptions surrounding frailty including the fact that it is not just older people that are at risk of becoming frail. The campaign has been designed for some of our population's most vulnerable people including individuals living with frailty, older people at risk of becoming frail, and friends and families of the above groups

The F.R.A.I.L acronym is a prominent feature of the campaign and encapsulates its key messages. It aims to alter the public's perspective of frailty. The acronym provides a new and positive meaning of the word 'frail':

- **F**orward thinking – "With some forward thinking many of the challenges that frailty brings can be managed, or even avoided"
- **R**esilient – "With the right support you can be more resilient to the challenges that later life can bring"
- **A**ctive – "Remaining active and engaged with life is key"
- **I**nformed in
- **L**ater life – "If you take action now and arm yourself with the information you need there's no need to worry about the future"

A video and website are now available to support us to learn some new ways to support frailty.

Take a look here: <http://www.frailtyfocus.nhs.uk/>

The campaign has reached over 70,000 people on social media and was featured on BBC South Today which reached 500,000 viewers. The campaign will continue to be promoted throughout the year.

Intervention 2: Fully Integrated Primary Care

People will be supported to make informed decisions about their care and to access the right care, in the right place, at the right time. Professionals in the primary care setting will work together to meet needs. Care will increasingly be provided by a range of professionals, with people being seen by the person most appropriate for their need. This will include the development of new roles and career portfolios to support the changing shape of care delivery and the recruitment and retention of staff. Technology will increasingly be utilised

Improving access to General Practice Services – Extended Access to Primary Care

As part of the national GP Forward View, CCGs are required to implement extended access to primary care in the evenings (as a minimum 6:30pm – 8:00pm on weekdays) and at weekends for pre-bookable (routine) and same day (urgent) appointments. West Hampshire CCG has received national funding as a Fast Implementer Site to enable the implementation of extended access to primary care. This was launched in West Hampshire on 2 October 2017 with services being delivered via a ‘hub model’ across six primary care access sites across West Hampshire:

- Lymington New Forest Hospital
- Ringwood Medical Centre (satellite hub - Saturdays only)
- Romsey Hospital
- Andover War Memorial Hospital
- Badgers Farm Surgery, Winchester
- Hedge End Medical Centre

All of the hubs are now open. Practices in West Hampshire CCG are now able to offer their patients evening and weekend appointments in at least one of the hubs (subject to patient consent).

Utilisation of the hubs is continuing to be monitored and early indications show that utilisation of GP appointments is increasing monthly. Nurse and Health Care Assistant appointments are being used less frequently. Providers are working closely with practices to increase overall utilisation.

Patient feedback is extremely positive in all hubs with patients stating that the services are well run, with improved access to primary care through the convenience of evening and weekend appointments.

To ensure maximum utilisation of same day appointments, commissioners are working closely with NHS 111 and hub providers to implement a process allowing NHS 111 to book patients into the hubs where same day appointments have been recommended.

Improving access to General Practice Services – Online consultation services

As part of NHS England’s GP Forward View, funding was made available to CCGs to support implementation of online consultation systems for use within GP practices. Online consultation systems are required to offer patients a symptom checker, offer self-help advice, signpost to other services or complete an online consultation, which may result in self-help advice, a telephone consultation or the offer of a face to face appointment.

Studies have shown where online consultation systems are successfully promoted and utilised in practices, a significant reduction in GP appointments has been seen, with 60% of patients using online consultation systems able to resolve their health concerns without visiting their practice.

Implementation is currently underway for those practices that did not previously have eConsult installed within their practices. A communications and engagement plan is also in place to support practices to roll out the system including the promotion of the service to their patients.

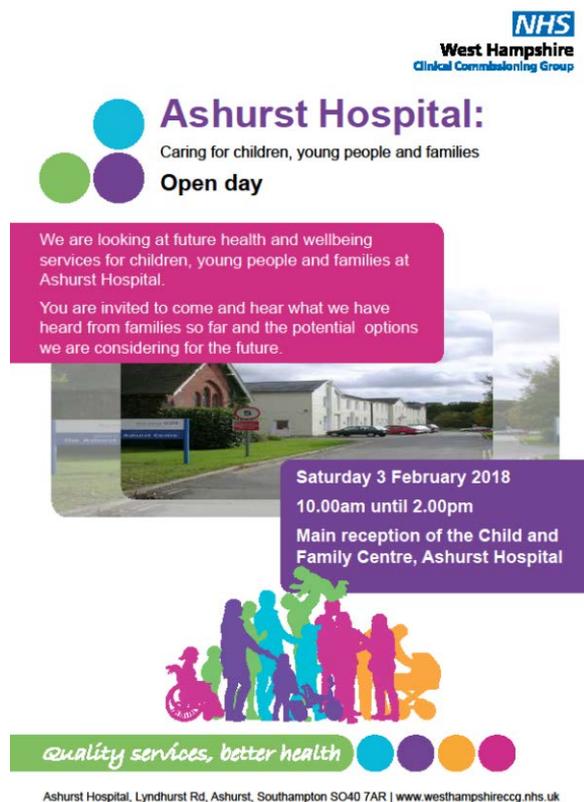
Ashurst Hospital – New Forest:

Ashurst Hospital was originally built as a workhouse in 1836. It is owned by NHS Property Services and there are five buildings on the c2.9 hectare site. It currently provides accommodation for the New Forest Birth Centre, Child and Adolescent Mental Health Services (CAMHS) and a paediatric audiology service, together with administrative services.

The New Forest Birth Centre is accommodated in a relatively modern unit and its facilities have been updated to ensure it is fit for purpose for the delivery of high quality maternity services.

The Child Development Unit, from which the CAMHS and audiology services operate, is situated in the oldest building on the site which is in a poor condition and not fit for the future provision of modern healthcare services.

Our vision is to develop an integrated centre for children, young people and families with the co-location of services, enabling the provision of holistic, person centred care. This is in line with our Integrated Care Model.



The flyer features the NHS West Hampshire Clinical Commissioning Group logo at the top right. The main title 'Ashurst Hospital: Caring for children, young people and families' is in purple, with 'Open day' below it. A pink box contains the text: 'We are looking at future health and wellbeing services for children, young people and families at Ashurst Hospital. You are invited to come and hear what we have heard from families so far and the potential options we are considering for the future.' A photograph of the hospital entrance is shown. A purple box at the bottom of the photo states: 'Saturday 3 February 2018 10.00am until 2.00pm Main reception of the Child and Family Centre, Ashurst Hospital'. At the bottom, there is a colorful silhouette of a family and the slogan 'Quality services, better health' with four colored circles. The footer provides the address and website: 'Ashurst Hospital, Lyndhurst Rd, Ashurst, Southampton SO40 7AR | www.westhampshireccg.nhs.uk'.

During the Summer of 2017, families living in West New Forest and Totton and Waterside were invited to tell us about their experience of using health services at Ashurst Hospital and what they would like to see there in the future for children, young people and families.

An Open Day was held at Ashurst Hospital on Saturday 3 February 2018 between 10.00am and 2.00pm. This was an opportunity for people to come and hear what we have heard from families so far and for us to hear their views. We heard many suggestions from the public which included a variety of children services and also some requesting services for adults. Some of the children who attended gave us feedback on what they would like to see on the site which included an outdoor play area and comfortable chairs.

Events also took place with staff working on the site and key local stakeholders. Feedback from all of these events will help us inform the options for the future of Ashurst Hospital.

Hythe and Dibden War Memorial Hospital:



The vision to build a new Hythe and Dibden War Memorial Hospital on the footprint of the old vacant hospital building is progressing.

Current services in the on-site medical Centre will move into the new facilities, making way for the surplus building and land to be separated and sold for housing development.

The planning application for the redevelopment of Hythe and Dibden War Memorial Hospital was formally submitted on 23 August 2017. There has been continued engagement with the planning department over the past couple of months and the outcome of the decision is now expected at the end of March.

Once planning consent is granted, work will be undertaken to complete the full business case which will be submitted to NHS England and the Board of West Hampshire CCG for final approval.

Eastleigh Health and Wellbeing Hub – progress update and engagement

West Hampshire CCG continues to work in close partnership with all key stakeholders in Eastleigh to take forward the development of a local health and wellbeing hub. The proposed hub will enable the co-location of physical and mental health services provided by statutory and voluntary organisations, facilitating the provision of joined-up, holistic and person centred care in a modern and fit for purpose environment

In line with our Integrated Care Model, this will facilitate the delivery of primary care at scale, with greater collaborative working to meet the future needs of local people within a community of 30,000+.

Eastleigh has a high number of people of working age and higher levels of deprivation amongst older people and children, resulting in a greater need for health and social care. The population is expected to grow significantly in Eastleigh and neighbouring areas by 20% over the next 20 years, with 16,250 new homes planned by 2036 (provisional planning assumptions).

Patient engagement has commenced with an electronic and paper survey across the three GP practices, community and voluntary groups. An event took place on 11 January to hear the views of local stakeholders regarding the proposed hub. Key feedback to date has been supportive, with people highlighting the benefits of more accessible health and wellbeing services in one centrally located building, including mental health support group activities, physiotherapy, community nursing, podiatry and pharmacy.

The outline business case for the development of the proposed hub was approved by West Hampshire CCG Board in January 2018.

Intervention 3: Integrated Health and Social Care

The development of fully integrated health and social intermediate care services that will be designed around the services that people need to recover and function independently

Intermediate Care

West Hampshire Clinical Commissioning Group, Hampshire County Council and Southern Health NHS Foundation Trust are working in collaboration to jointly review commissioning plans and identify opportunities for the delivery of integrated care. This is initially focusing on integrating health and social care intermediate care services.

Developing Social Prescribing in Mid Hampshire:

Surgery Signposting in Winchester Rural South

Mid Hampshire Directorate were successful in a joint bid with Action Hampshire to develop a pilot service for 'Surgery Signposter' roles within rural practices. The two surgeries included within the rural pilot are Bishop Waltham and Wickham Surgeries.

Surgery Signposters are trained individuals who play a crucial role enabling people to access the most appropriate local support for their non-medical needs. The Signposter can support people to:

- **Access** the many local charities and support groups that could help them to feel healthier, happier, and more in control of their lives.
- **Encourage** patients to take part in community groups, which has been proven to lead to a happier and healthier life.
- **Connect** people with others where they are lonely or isolated.
- **Identify** vulnerable groups who may benefit from the support of the Winchester Supporting Families Programme.

Action Hampshire has an existing team of Signposters working in Portsmouth. This pilot requires the roll out to a new rural geography – the first of its kind.

A working hub has been established in both GP practices which pro-actively connects individuals with local community resources and provides practical support, where necessary, to help people access the support. The Surgery Signposter is available in person or over the telephone. GPs can direct patients to the Surgery Signposter for an in-depth exploration of what support they might require and what is available locally. Self-referral is also possible. The Surgery Signposter has an in-depth knowledge of local services and the skills to work with patients and families who are potentially vulnerable.

Timebanking in Totton

A Timebank is being established in Totton, with the support of the Hampshire County Council and Timebanking UK. 'Stags in the Community', the charitable arm of local football club A.F.C. Totton, will host the Timebank. The launch is planned for Totton Fun Day on 9 June.

Timebanks are designed to mobilise communities to give and receive support within their community using a currency of time credits.

Outcomes include:

- Increase self-esteem and self confidence
- Creating mutual social and practical support networks
- Tackles loneliness and isolation

- Improves health and wellbeing
- Strengthens communities

Developing the Extended Primary Care Team:

The Mid Hampshire Directorate is working on developing extended primary care teams within its locality in order to provide better access to primary and community care and to ensure that services work together to provide care centred around the needs of the individual. This work is currently being delivered by the New Models of Care steering group which sits across North and Mid Hampshire covering Basingstoke, Andover and Winchester. The steering group consists of clinical and managerial leadership from across the system, including representatives from Southern Health, Hampshire Hospitals, North and West Hampshire CCGs and other key partners from across the system. The current focus of the steering group is to oversee the design, implementation and delivery of the extended primary care teams and the delivery of the frailty programme in north and Mid Hampshire. **See Intervention 4**

Ensuring Effective Flow and Discharge through Integrated Working

Significant work has been undertaken across West Hampshire to reduce the number of people remaining in hospital longer than necessary. **See Intervention 5**

Intervention 4: Complex and End of Life Care

A holistic approach will be adopted, with equal focus on an individual's physical and mental health, as well as social and environmental factors; the wider determinants of health. Professionals will work together to provide co-ordinated care tailored to individual need. People will be supported to die in their place of choice, with dignity and respect.

Supporting vulnerable people and those with complex need - Frailty

Frailty Support Team



The Frailty Support Team is being developed across West New Forest, Totton and Waterside localities. The model is building on current commissioned services within Lymington New Forest Hospital, Extended Primary Care Teams and based around natural communities within this defined area. Implementation has been phased. 95% of staff have now been appointed and are undertaking their induction.

Full implementation of the new service will commence from the 1st April across the 17 Practices within Avon Valley, South West New Forest, Totton and Waterside. Hampshire County Council have successfully appointed Health Care Assistants to provide social care packages for up to six weeks to support people at risk of hospital admission to remain at home.

Where the service is operational in Lymington and New Milton, monitoring is showing a reduction in acute hospital admissions for patients with ambulatory care sensitive conditions.



Joint Working on Dementia

A Dementia workshop was held in February to bring together people involved in dementia research, care and support across the New Forest. Over 70 people attended, including GPs, nurses, frailty practitioners, care home workers, Care Navigators, Patient Participation Group representatives, and representatives from the third sector. Feedback from the event was very positive. A common theme in the feedback was that the workshop gave attendees a much better understanding of the work going on around dementia across the New Forest and where to access local community support.



Oakhaven Hospice

Patients living in Totton will be able to have a choice of specialist End of Life Care Provider from the 1st April 2018. Patients can choose to be supported by Oakhaven Hospice in Lymington or Countess Mountbatten Hospice in Hedge End.



Oakhaven Hospice offers a wide range of services; inpatient beds, day centre support, a centre for advice, support and guidance and Hospice @ Home services in line with national best practice

New Model of Care for frailty for North and Mid Hampshire covers Basingstoke, Alton, Winchester and Andover. The programme has been aligned with and now reports into the New Model of Care steering group in North and Mid Hampshire to reduce duplication and ensure the frailty programme aligns with the extended primary care teams.

The programme has reviewed its priorities and has identified key areas to focus on delivering:

- Support for self-management
- Raising awareness through the frailty campaign
- Proactive identification of patients who may be considered frail and offering early support and advice
- Ensuring specialist advice is made available in the community
- Ensuring that when a frail patient needs access to acute and urgent care a pathway is established to ensure they receive the best treatment in the right location.

Intervention 5: Long Term Conditions

To further develop care pathways for people with chronic conditions that support improved self-management, education and targeted community support to maintain health and independence

Outpatient Transformation:

Our programme of work aims to implement a service model that delivers services for ‘the modern outpatient’, making best use of clinical and financial resources and reducing activity in traditional hospital settings. It aims to improve access to services for patients by encouraging new ways of working, such as improving access to specialist opinion for GPs avoiding unnecessary referrals where possible, and a wider range of treatment options for patients such as patient initiated, Nurse led and telephone follow up appointments.

Action plans are now in place with Hampshire Hospitals NHS Foundation Trust (HHFT) and University Hospital Southampton NHS Foundation Trust (UHSFT) focussed on ensuring that system enablers (digital transformation, e-referrals, DXS and PRISM) are implemented in a timely fashion. Further actions have also been agreed with both Trusts with the aim of reducing both first and follow up outpatient attendances.

Outpatients will remain a key transformation programme in 2018-19. This will include the transformation of community tier 2 services in Mid Hampshire by aligning pathways in two key areas of Cardiology and Dermatology and aligning work streams where possible with North Hampshire CCG. Project support from the South West directorate is now embedded at UHS to improve collaborative working and to drive forward at pace the key work streams around one stop clinics, tier 2 activity reviews, virtual clinics and clinical criteria for discharge.

3.2 Urgent and Emergency Care

South West Hampshire

The South West Hampshire Accident and Emergency Delivery Board ensure delivery of the Urgent and Emergency Care plan for the health system serving Southampton and South West Hampshire. The plan is aligned to the 7 national priorities for urgent and emergency care and progress is monitored monthly.

Winter Plans – Ensuring effective implementation and system resilience:

The South West Hampshire system has, as elsewhere across the NHS, experienced a continuation of extremely high levels of demand into February and early March, compounded by cold, wintery

weather. However, the system responded well with all partners ensuring that patients received the urgent care they needed, with robust system resilience plans in place. A full review of the winter period is now underway and learning will be taken and incorporated into future resilience planning.

The system was awarded £2.9m in additional funding for winter resilience:

- The majority of funding was used to support additional capacity within University Hospitals Southampton NHS Trust (UHST) to deliver improved performance against the 4-hour Emergency Access Target.
- Additional 'Discharge to Assess' (D2A) beds provided by Hampshire County Council have been made available over and above the commissioned D2A bed baseline to facilitate flow through the system. The CCG has also extended funding for the UHS-based Care Navigator.
- Mental Health Practitioners (provided by Southern Health and Partnering Health Ltd) are now working key shifts within the GP Out of Hours service supporting mental health crisis dispositions from NHS 111 with the aim of reducing attendances at ED due to mental health crisis.

The implementation and impact of projects funded through additional winter money will be evaluated as part of the winter review being undertaken through the Operational Resilience Group.

Reducing Elective Activity during winter

The NHS National Emergency Pressures Panel made recommendations for acute Trusts to defer their elective and outpatient activity throughout January to allow clinical time to be re-prioritised to emergency care and the management of increased inpatient demand. As endorsed by the South West Hampshire A&E Delivery Board, UHSFT reduced elective activity where it was identified to release capacity to support non-elective care. Elective surgery continued to be reduced throughout February as a result of continued high non-elective demand.

Effective Patient Flow and Discharge

The system had been successful in significantly reducing delayed transfers of care (DTCs) at University Hospital Southampton (UHS) in 2017 (from **13.16%** of beds in November 2016 to **7.58%** in December 2017). The lowest level of delays was achieved in June 2017 at 7.11%. The pressures and very high demand on acute non-elective services since the New Year has subsequently, however, put significant demand on out of hospital services and discharge processes.

The target set to achieve fewer than 50 acute delays at UHS by Christmas was not achieved. The number of delayed patients reduced to **63** on 7 December 2017 but delays then increased as start dates for packages of care reduced before Christmas and winter pressures began to be felt. Operational pressure and the volume of DTCs have increased in 2018 to date. As a result, the DTC rate has increased to **10.24%** in February 2018.

The system will not now achieve its target DTC rate of 3.5% by end of March 2018. The system is therefore seeking to work to a revised trajectory. The initial option being pursued is to target a 1% reduction in the DTC rate at University Hospital Southampton in each calendar month.

North and Mid Hampshire System

The North and Mid Hampshire A&E Delivery Group (LADG) assures delivery of the Urgent and Emergency Care plan for the North and Mid Hampshire population, working with Hampshire Hospitals Foundation Trust and system partners. The plan is aligned to the 7 national priorities ('pillars') for urgent and emergency care and progress is monitored monthly via the LADG.

Winter Resilience

The North and Mid Hampshire system has experienced a high level of pressure over the winter months as a result of an increase in activity and patient acuity, combined with an increase in delayed transfers of care.

Additional steps have been put in place to optimise daily support to operational pressures using the resilience escalation framework, linked to implementation of the Local Delivery System Winter Plan.

Winter Resilience funding

The system has been allocated £919k in additional funding to support Winter Resilience, which has allowed existing admissions avoidance and discharge support schemes to be enhanced and further schemes to be initiated. This includes implementation of the Discharge to Assess pathway to support Continuing Healthcare (CHC) Assessments and extension of the existing Bluebird Admission Avoidance scheme. A large proportion of the funding has been used by HHFT to increase resilience in the Emergency Department and acute assessment areas, and to support enhancements to diagnostics to enable patients to be assessed and diagnosed more rapidly on presentation.

Winter and Spring Action Exercises

Following a successful 'Autumn Action' event in October, the system ran a further 'Winter Action' exercise over 5 days in January to improve emergency patient flow and focus on accelerating the discharge of appropriate patients from the acute setting. There was significant learning from the 5 day period, which included a weekend, which will now be fed into the winter planning and System Resilience processes in order to sustain the key benefits to performance. The system is running a further Spring Action event at the end of March to support resilience into the Easter period.

Reducing Elective Activity during winter

As with UHSFT, following the recommendations from the NHS National Emergency Pressures Panel, HHFT has reduced elective and outpatient activity during January against an agreed plan to allow clinical time to be re-prioritised to emergency care and the management of increased inpatient demand. This is under weekly review by HHFT but has had a notable impact on 4 hour performance, particularly during the Winter Action exercise. Elective activity has continued to be reduced through much of quarter 4.

HHFT/system 4 hour Recovery Plan

There has been a significant reduction in 4 hour ED performance at HHFT (both acute sites) in recent months. A large proportion of 4 hour breaches have related to admitted patients, impacted by pressures on non-elective flow and availability of acute beds. HHFT was requested by LADG to develop a comprehensive 4 hour Recovery Plan, the implementation of which is being fully supported by system partners. A full analysis of the reasons for 4 hour breaches was conducted to support development of the Recovery Plan and 6 high impact areas have been identified for internal performance improvement, with HHFT Executive sponsorship. Progress in delivery of the plan against a clear trajectory for improved 4 hour performance is being assured via LADG and additional system actions are being developed to support delivery, some linked to use of Winter Resilience funding. There is ongoing revision of the RAP to ensure increased focus on addressing internal ED issues around workforce, demand and capacity management and ED clinical decision making.

Effective Patient Flow and Discharge:

The overall DTOC rate for the North and Mid Hampshire system has significantly reduced since last year (Q3 2017/18 8.87% un-validated), but not to the level of the DTOC trajectory. The system

continues to target an overall DTOC reduction to 3.5% by 31 March 2018 and there has been further improvement in Q4. A key focus remains on the review of long stay and 'hard to place' patients with complex needs, together with strengthened intermediate care provision.