West Hampshire
Clinical Commissioning Group

CCG Board

Date of meeting		25 July 2019	
Agenda item	9	Paper No	WHCCG19/079

South West and North and Mid Hampshire Local Delivery Systems Report (July 2019)

Key issues	The Sustainability and Transformation Partnership (STP) for Hampshire and the Isle of Wight defines seven 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 seven core programmes for a defined population through collaborative working. This report sets out an update on: • progress against the core STP programmes and key priority work streams at a local delivery level, with a focus on: o new care models through the implementation of five key interventions o 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.
Strategic objectives / perspectives	This paper addresses the following CCG strategic objectives: • 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 West Hampshire Clinical Commissioning Group Board is asked to review the Local Delivery Systems report (July 2019) including the associated work programmes in relation to commissioning new care models, primary care transformation and quality initiatives in West Hampshire's localities.**
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 West Hampshire CCG 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.
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.
Report author	Rachael King, Director of Commissioning: South West Jenny Erwin, Director of Commissioning: Mid Hampshire
Sponsoring director	Rachael King, Director of Commissioning: South West Jenny Erwin, Director of Commissioning: Mid Hampshire
Date of paper	16 July 2019

NHS
West Hampshire
Clinical Commissioning Group

Local Delivery Systems Report (July 2019)

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.

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

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:

- the work within Local Delivery Systems within West Hampshire CCG
- 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 the five core components of the integrated care model
  - 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. Working in 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 346,164. This area constitutes the South West Directorate of NHS West Hampshire CCG.

The South West Hampshire Local Delivery Board 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 2017-20.' The priorities are being implemented as part of the new models of care programme.

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 has strong working relationships with Southampton City.

2.2 North and Mid Hampshire Local Delivery System

The North and Mid Hampshire Local Delivery System covers 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 216,548 which combines with North Hampshire CCGs population of 226,000.

The Local Delivery System Board consists of partner organisations alongside NHS West and 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.

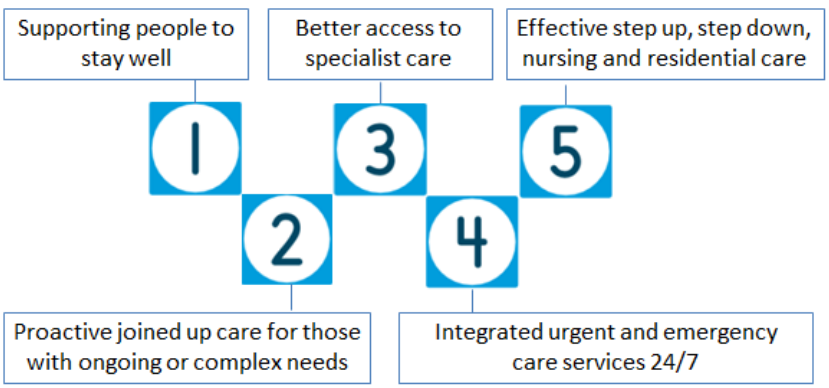
The Mid Hampshire Directorate is working closely with North Hampshire CCG to embed joint work programmes and delivery across North and Mid Hampshire. This includes the appointment of shared commissioning posts, agreed leadership roles across both CCGs and collaborative working with key partners from provider organisations

3. Delivering the Core STP Work Programmes

3.1 New Models of Care

The aim of the New Models of Care Programme is to improve the health, wellbeing and independence of the population and to ensure the sustainability of General Practice. The Programme consists of five core integrated care components, shown below, which are focussed upon prevention, early intervention and, increasingly, local delivery of care. Critical to this is the work being implemented at a Locality level, as well as the development of Primary Care Networks, which will be the building blocks of local delivery systems. Key areas of work for each of the New Models of Care Programme components are outlined below.

Integrated Care Model



Primary Care Networks:

There are 13 Clusters in West Hampshire which as from the 1 July 2019 are known as Primary Care Networks. These are groups of GP Practices with populations of 30,000 - 50,000 working together alongside acute, community and the voluntary sector to deliver joined up care for local people. All Networks have appointed an accountable Network Clinical Director.

The Network Clinical Director will work with a local team to ensure local population needs are understood and services are in place to support local people. The priorities for delivery are based on the health and care needs of the Network population and the difference these will make (to local people, the sustainability of general practice and the wider system) will be set out in an agreed Network Plan.

The GP Contract Framework has recently been published which supports the further development of Primary Care Networks over the next five years. The new Network Directed Enhanced Service (DES) sets out funding for Practices to form and develop Networks, as well as for additional workforce to support new ways of working and the provision of care at a Network level.

Six Network engagement events have been held, with three more planned. To date over 150 representatives from organisations and patient groups have participated and helped inform the development of the Network Plans.

Component 1: Supporting People to Stay Well

Supporting people to take greater control of their health and well-being and to make healthy lifestyle choices.

Immunisations and Screening

Despite national issues with the ordering and supply of flu vaccines, WHCCG GP Practices completed a successful flu vaccination programme for 2018/19, with a higher uptake rate across West Hampshire compared to the uptake across Wessex and nationally. The focus is now on the 2019/20 flu season and the West Hampshire Immunisations and Screening Group are meeting this month to review data and share best practice for circulation to all practices with the aim to further increase uptake next winter.

In line with the NHS England Strategy, all practices have prioritised increasing the uptake of cervical screening. All practices promoted Jo's Campaign and National Cervical Screening Week, and learning from the NHS England incentive scheme has been shared.

Supporting Healthier Lifestyles

All practices have been promoting the Weight Watchers service and have collaborated with WW to invite registered patients with BMI>30 to a funded WW programme. A case study in Fordingbridge documented uptake of 16% with 8% completing the programme. 63% of completers lost >3% of their body weight. In mid Hampshire 331 patients took up the offer of the free 12 week course. 78.8% of patients from practices within the Winchester City area lost weight (49.9% lost 5% or more of their body weight), and 82.8% of patients from Winchester Rural Practices lost weight (53.7% lost 5% or over of their body weight from). As a result of this joint initiative Gratton Surgery now offers a Weight Watchers session at Wednesday lunchtimes at the surgery which has proved popular with patients.

In the New Forest 6474 people attended a Health Walk, an increase of 25% on last year (5.195). Additional walks have been targeting people with mental health issues, long term conditions and dementia.

Social Prescribing

Social prescribing is designed to support people with a range of social, emotional and practical needs to improve their health and wellbeing. As previously reported, West Hampshire CCG continues to offer support to local social prescribing initiatives, which include:

- Supporting the Primary Care Networks in the recruitment and development of job descriptions as they seek to employ a full time Social Prescribing Link Worker which will be funded nationally.
- Sharing the results of the evaluation of the North Baddesley Social Prescribing pilot, where a link worker employed by Unity supported North Baddesley Surgery patients by promoting self-help, social engagement and resilience by providing a model of service delivery that connects health with social care, and establishing a collaborative pathway between primary care, voluntary, and community services.
- To support those in social isolation, practices in the New Forest have produced support information, including a poster, leaflet and information on the West Hampshire CCG website. The information signposts people to local community organisations. A loneliness screening tool continues to be used in practices, and an evaluation of the tool is underway.
- St Johns Winchester, Hand in Hand Scheme (funded by St John's Winchester charity) is a scheme to relieve social isolation and loneliness amongst older people and help them retain choice and control through personal support and practical help for individuals and their carers.
- Unity (formerly Test Valley Community Services) social prescribing in Andover (funded by Simply Health) is aimed at anyone over 18 years of age, who is a patient at one of the participating five Andover Practices and are socially isolated (for whatever reason). It is particularly targeted at

those patients who are high users of front line NHS services for reasons that are social rather than medical.

Respiratory Care

West Hampshire CCG held a workshop with its partners on 11 July 2019 to examine the current pathways for respiratory conditions, to consider if it is the optimal model for patients. The number of patients suffering from respiratory conditions increases each year, with the most problematic time for patients being the winter months, when many elderly patients in particular, are admitted to hospital. West Hampshire CCG currently spends over £29 million each year on hospital care, which does not include the cost of patient visits to the GP for respiratory conditions.

At a recent patient engagement event, patients told us they wanted more pulmonary rehabilitation (training and education) in the community, immediately following diagnosis to optimise patients' understanding of their condition and how to manage it correctly. They also suggested that at the time they collect their prescriptions, patients could be shown by pharmacists how to use their inhalers properly. These are both important issues the CCG will be considering in greater detail.

Component 2: Proactive Joined Up Care

For people with on-going or complex need, teams of professionals in each cluster will work together to provide tailored support. This includes the use of technology.

Each person will have a care plan which meets their goals and needs and a named care co-ordinator. People will be assisted to manage their own conditions and to use their skills, social networks and local community support to help meet these needs. Enhanced care will be provided to care home residents. The teams can rapidly access care to enable people to remain at home when they are unwell or need additional support.

Increased access to local care

Intermediate Integrated Care

West Hampshire Clinical Commissioning Group, Hampshire CCG Partnership, Hampshire County Council and Southern Health NHS Foundation Trust have been working in collaboration to ensure the development of a standardised approach and 'core offer' for integrated intermediate care service provision across Hampshire based on the '3 Rs' pillars:

Rehabilitation: the restoration, to the maximum degree possible, of an individual's function and/or role, both mentally and physically, within their family and social networks and within the workplace where appropriate.

Reablement: the active process of an individual regaining the skills, confidence and independence to enable them to do the things for themselves, rather than having things done for them.
Recovery: a personal, unique process of changing one's attitudes, values, feelings, goals, skills, and roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness.

Work is underway to jointly deliver the three main components to support the '3R' pillars; Local Access Points, Home Based Support and Community Bed Based Support across health and social care teams and two 'forerunner' areas are being identified in South West Hampshire.

Supporting vulnerable people and those with complex need - Frailty

Frailty Support Team–South West Hampshire: Community Health Service Redesign Finalists 2019

The Frailty Support Team has been implemented across the seventeen GP practices in West New Forest, Totton and Waterside localities. The model builds on current commissioned services within Lymington New Forest Hospital, Extended Primary Care Teams and is based around natural communities within this defined geographical area.
The Frailty Support Team is delivered by Southern Health NHS Foundation Trust in partnership with local GP Practices, South Central Ambulance Service and Hampshire County Council Reablement Teams offering both reactive and proactive support. The Reactive element is a multi-disciplinary team providing urgent triage Monday to Friday (new referrals) for individuals with decompensating frailty and who require urgent same day assessment and management to enable them to remain at home. In addition the Proactive element of the service is working with care homes to enable early identification of people, individual care planning, and medicines reviews with pharmacists, as well providing training sessions (e.g. falls prevention, dementia support, re-positioning) to help those living with frailty.

'Keeping me at home – Responding to Frailty' has been selected as a pop up university workshop to share the work of the Frailty Support Team at the NHS Expo 2019 in September this year.

Same Day Emergency Care

The ambition of the NHS Long Term Plan published January 2019 is for all hospitals with a 24 hour emergency department to ensure patients presenting at hospital with relevant conditions are rapidly assessed, diagnosed and treated without being admitted to a ward and if clinically safe to do so to go home the same day.

West Hampshire CCG is jointly working with Southampton City CCG and University Hospitals Southampton to develop a single service model and specification to provide Same Day Emergency Care.

Component 3: Better Access to Specialist Care

Specialists will work with General Practices providing expert advice and guidance and joined up, proactive care to support the management of people with long term conditions and complex need. Variation in the quality of care will be reduced.

Increasingly care will be provided locally, reducing the need to travel. This will be supported by the development of local hubs (either virtual or co-located) serving populations of 30,000-70,000 and area hubs serving populations of 100,000+.

Service Redesign: Outpatient Transformation

Service Redesign: 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. As one of the outcomes from Outpatient Transformation, the CCG has implemented the Referral Support Service in West Hampshire to help support General Practice when it comes to making referrals and getting patients to the right care first time. The Outpatient Transformation programme also looks at a wider range of treatment options for patients such as patient initiated, nurse led and telephone follow-up appointments and one-stop appointments.

The programmes with University Hospital Southampton (UHSFT) and Hampshire Hospitals NHS Foundation Trusts (HHFT) focus on implementing one-stop assessments, digital pre-assessments, video clinics and straight to test appointments.

The release of the NHS Long Term Plan supports the development of the NHS' digital capability to reduce hospital visits by up to a third over the next five years. Plans are currently underway to re-design outpatients across South West Hampshire so patients can be consulted by a hospital clinician without the requirement to travel to hospital, making the services more practical for their patients and families. University Hospital Southampton is a Global Digital Exemplar Trust with recognised expertise in delivering digital projects and programmes and is seeking investment from NHS England to enhance their digital platforms which can be piloted and tested before being replicated in other Trusts across Hampshire and the Isle of Wight.

Minor Eye Conditions

As of 1 July 2019 West Hampshire CCG has commenced a Minor Eye Conditions Service which means that patients with low risk chronic and acute eye conditions can access care at a local optical practice ('Opticians') without the need to travel to hospital.

If you have a recent problem with your eyes – such as sore eyes, red eyes or visual disturbance – you can be assessed and treated by your local registered optician. Conditions that can be seen under the service include:

- Red eye or eyelids
- Dry eye, or gritty and uncomfortable eyes

- Irritation and inflammation of the eye
- Significant recent sticky discharge from the eye or watery eye
- Recently occurring flashes or floaters
- In-growing eyelashes
- Foreign body in the eye

This service is available for anyone registered with a local GP. It is for people of all ages – adults and children. Children under 16 years must be accompanied at their appointment by an adult. Not only does this mean patients will be able to receive ophthalmic support and care closer to home but will also reduce pressure on hospitals, enabling them to focus on treating patients with serious and complex eye conditions such as cataracts, diabetic retinopathy or glaucoma.

Service Redesign: Day Case to Outpatient Transformation

Work is continuing with providers to review simple procedures (in line with best practice) which could be performed in a lower acuity setting than day-case facilities. This initiative is currently focusing on carpal tunnel decompression surgery, some skin excisions and some injections which traditionally have been done in day case theatre. This frees up day case theatre capacity and delivers services safely but in a different setting, making best use of clinical and financial resources.

Musculoskeletal (MSK) First Contact Practitioner (FCP) Pilot

Mid Hampshire are piloting the introduction of a MSK First Contact Practitioner Service. The pilot commenced on 1 May 2019 in the Andover Primary Care Network and will run for six months. Patients in Andover can be seen by a First Contact Practitioner (FCP) without having to see their GP and can access the service by contacting their GP Practice. The FCP will triage the patient and also provide self-care advice and initial support with exercise. Patients can be seen for a maximum of two appointments before being discharged with self-care advice or referred on for more extensive treatment by the community physiotherapy service. The model has been based on the service which was established in Nottingham and it is expected that the pilot will see similar outcomes; this includes most patients being managed within the FCP service (70%) without the need for onward referral. The service will be fully evaluated.

Fibroscan Pilot

The community Fibroscan service is an innovative way to risk-stratify patients for liver disease so that patients are detected earlier and are given support and advice to reverse liver damage and reduce the risk of developing advanced fibrosis or cirrhosis of the liver in the future. The new service will also identify those patients with more severe liver disease who would not have been diagnosed until they were demonstrating more severe symptoms. This service should reduce the likelihood and severity of complications and mortality of patients with liver disease, improve health outcomes for patients through early intervention and reduce pressures on Hampshire Hospitals Foundation Trust. The service went live on 1 April 2019 and will be piloted for one year across the 18 practices in Mid Hampshire with a view to evaluate and roll out the pilot to the whole of West Hampshire CCG after 12 months.

Tier 2 Services – Cardiology

West Hampshire CCG is working with partners to implement an Integrated Cardiology Service that will direct patients to the most appropriate location for their care. The new pathway will see GPs

making cardiac referrals to the integrated service, and after the referral has been jointly reviewed by a hospital consultant and a specialist GP, the patient will be asked to attend either a hospital appointment at Winchester or Basingstoke, or to see a Nurse or specialist GP for tests at a location that is closest to them. By setting up this joint service, a single point for all cardiology referrals will be created. This supports:

- The consultants and specialist GPs to make fully informed decisions on the patients' healthcare
- The hospital consultants, working with the specialist GPs, will work to increase the GPs understanding of cardiac conditions and how to treat them within the GP practice. This means the patient may not get an appointment at the hospital, but will be asked to attend a second appointment with the GP to discuss their on-going care
- The use of services local to the patient saving the patient time
- More people being treated in the community, which helps to reduce hospital waiting times allowing the consultants to see those most in need of their care, quicker.

Component 4: Integrated Urgent and Emergency Care

People will be encouraged to make the right choices at the right time, with access to self-help information and advice and guidance to make informed decisions regarding the support they need when they are feeling unwell. Access to NHS 111 online will be launched this year.

GP Practices will increasingly work together to provide access to same day care, with more services available online and provided in the evenings and at weekends. Urgent care services will be joined up and access simplified.

Integrated Urgent Care

The bringing together of urgent care services to simplify access for patients and ensure they are seen by the right clinician, in the right place and at the right time for their needs is progressing. West Hampshire CCG recently awarded contracts for Extended and Urgent Primary Care Services (which will be known as Appointments+) and Urgent Treatment Centres with services commenced on 1 July 2019. The contracts have been awarded to local providers experienced in providing both urgent and non-urgent healthcare in the following locations:

Appointments+

- Winchester: Awarded to Partnering Health Ltd (PHL)
- Hedge End: Awarded to Eastleigh Southern Parishes Network (ESPN), a GP Federation
- Romsey and Totton: Awarded to Tri-Locality Care (TLC), a GP Federation
- Ringwood: Awarded to Partnering Health Ltd (PHL) as part of the Urgent Treatment Centre service

Urgent Treatment Centre

- Lymington: Awarded to Partnering Health Ltd (PHL)

The Appointments+ service brings together the previous Out of Hours GP services and the extended GP access into one joined up service offering routine and urgent evening, weekend and bank holiday appointments bookable through GP practices or by calling NHS 111.

The Urgent Treatment Centre at Lymington New Forest Hospital brings together the above GP services with the Minor Injuries Unit. The contract has been awarded to Partnering Health Ltd (PHL) and will include an Appointments+ service in Ringwood.

West Hampshire CCG worked with local patients on the communication plan to make sure local people know how to access the right help in a timely manner. Patients also input into the selection of the name of the new Appointments+ service.

In addition, an increased variety of clinicians are now working within the NHS 111 Service to provide a clinical assessment service to ensure that patients can access specialist advice where this is needed. Patients calling NHS 111 may now (where required) be called by a clinical professional within the Clinical Assessment Service such as a GP, mental health practitioner or pharmacist.

Integrated Urgent Care

Winchester Emergency Department Capital Developments

Significant Capital investment (£2.5m funded NHS Improvement) has brought on line a number of improvements within Winchester Emergency Department (ED), these include:

- Paediatrics Assessment Unit providing a dedicated waiting area and treatments space for children and families presenting at ED including a bespoke Paediatric Mental Health comfort room.
- Three Rapid Assessment & Treatment Bays to enable patients brought into the Emergency Department by ambulance to be quickly and effectively manged by appropriate clinicians, improving patient outcomes and reducing ambulance handover delays.
- A bespoke Mental Health Comfort Room to provide a safe calming environment for patients over 18 years of age, experiencing a mental health crisis.
- Dedicated ambulatory care space which will be provided for patients requiring urgent surgical and medical care, enabling patients to receive rapid access to investigations and acute treatment without being admitted to hospital overnight unless clinically necessary.

ImprovED

Hampshire Hospital NHS Foundation Trust have been working with Southern Health NHS Foundation Trust, South Central Ambulance Service, Hampshire County Council and the local Clinical Commissioning Groups to improve how patients are managed when accessing urgent and emergency care in North & Mid Hampshire and ensure patients receive treatment at Winchester A&E within 4 hours. This programme of work has focused on the Emergency Department processes, internal hospital processes and how the wider health and social care providers work together to give patients the best possible care. Benefits to date include news ways of working to support operational staff to identify barriers and implement change, and implementation of national good practice.

Transforming Emergency Care Collaboration (TECC)

In line with the redesign work being carried out following the national Urgent Care Strategy, West Hampshire Clinical Commissioning Group and North Hampshire Clinical Commissioning Group along with other health care system partners are in the early stages of looking at redesigning access to the Winchester Emergency Department.

The aim is to improve access to emergency care for the public to ensure people get the right care, at the right time, in the right place – within and after their hospital care.

To date the following improvements have been made to date:

- Implementation of Ambulance direct triage to bypass Emergency Department
- Provision of Inreach frailty team in the Emergency Department
- Development of ambulatory care unit, frailty unit, acute physician in the Emergency Department
- Plan for large combined ambulatory care unit next to the Winchester Emergency Department (August 2019)

Over the next 12 months the Transforming Emergency Care Collaboration (TECC) aims to develop a revised service model to better meet the emergency care needs of the local population. The CCG is working with HHFT and other providers to develop a Communication & Engagement Programme that will run throughout this programme and ensure patients and service users are involved in the design of the new service.

Psychiatric Liaison Service Developments

West Hampshire Clinical Commissioning Group, North Hampshire Clinical Commissioning Group, Hampshire Hospitals NHS Foundation Trust and Southern Health NHS Foundation Trust have been working together to develop a proposal that will improve mental health care provision within the Acute Hospital.

In June 2019 a collaborative bid was submitted to NHS England to provide a Core24 Psychiatric Liaison service at The Royal Hampshire County Hospital. Fundamental to this model is the provision of senior clinical decision-making and leadership; the inclusion of liaison psychiatry will better support the management of the most complex patients. The service would also ensure individuals across the hospital are seen in a responsive manner (1 hour for ED referrals, 24 hours for urgent ward referrals), and also provide advice, training and coaching on the management of mental health problems to other professionals in the acute hospital. If successful, the service will be implemented throughout the remainder of 2019/20.

Component 5: Effective Step Up and Step Down, Nursing and Residential Care

If a person's health deteriorates, they will know what to do and who to contact. Teams of professionals in each Cluster will be able to quickly respond to avoid preventable hospital admissions and ensure people are supported to remain at home or as close to home as possible. This will include rapid access to assessment, diagnostics, specialist advice and step up and step down beds.

If admission to hospital is required, people will only remain for the acute phase of their illness or injury, with timely transfer or discharge. Care at home will always be the default for care delivery (Home First), with people supported to recover and regain maximum function, independence and wellbeing.

Effective Patient Flow and Discharge

A key focus remains on the review of long stay and 'hard to place' patients with complex needs, together with developing plans to strengthen intermediate care provision. Both systems have Effective Flow and Discharge Plans in place for 2019/20 which are being actively implemented. Plans have been informed by the recommendations of the Newton Europe Review and Hampshire Care Quality Commission Report and immediate actions focus on:

- Earlier multi-disciplinary team working in arranging the most complex discharges
- Regular and consistent long stay patient reviews
- Embedding Discharge to Assess practices
- Increasing the availability of discharge services across 7 days a week
- Increasing social care support to community hospitals to reduce community delays and improve flow
- By March 2020, deliver a 40% reduction in long stay patients (from baseline March 2018).