

CCG Board

Date of meeting		26 September 2019	
Agenda item	7	Paper No	WHCCG19/092

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

<p>Key issues</p>	<p>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.</p> <p>Local Delivery Systems have been established to ensure local implementation of the seven 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"> • 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 West Hampshire Clinical Commissioning Group Board is asked to review the Local Delivery Systems report (September 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.
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Date of paper	19 September 2019

Local Delivery Systems Report (September 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.

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

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

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 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 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 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 is working 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 recently published support 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. Primary Care Networks are currently looking at appointing a Social Prescriber and Clinical Pharmacist per Network.

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

All of our Localities have identified increased uptake of screening and immunisation as a continuing priority with a focus on increasing uptake in lower performing practices and reducing variation. NHS England and personalised practice packs have been taken to locality meetings for action plans to be drawn up. A focus at Primary Care Network level is being encouraged with Networks being able to apply for STP funding to support innovative approaches.

NHS England Flu packs have been circulated to all our practices with ideas, suggestions on increasing the numbers of those vaccinated. The South West system is currently developing a plan to increase uptake patients with respiratory illness with the aim of keeping patients well and reducing the number of admissions.





Practices continue to focus on cervical screening. As per immunisations, funding is available for Primary Care Networks to identify and pilot innovative approaches to increasing uptake, especially amongst deprived communities. From October 2019 there will be a focus on breast screening specifically targeting women who have not attended screening before (first timers and non-attenders). Guidance is awaited.

Supporting Healthier Lifestyles

All of our localities have reviewed the impact of 2018-19 keeping people active and well programmes and used these to inform 2019-2021 priorities and planning. Each Primary Care Network has identified 'Staying Well' as a priority. West Hampshire CCG will be working with practices to promote Self Care Week in November.



Following positive feedback from the WW (Weight Watchers) collaboration GP Practices have the opportunity of writing to patients with a BMI>30 again later in the year. The smoking cessation service has been re-procured and a new provider commissioned. A move from Get Hampshire Walking to broader physical activity is underway with a specific focus on targeting inactivity. Fordingbridge Surgery will be working with Hampshire County Council on an initiative to work with patients with multiple Long Term Conditions.

Social Prescribing

Social prescribing is designed to support people with a range of social, emotional and practical needs to improve their health and wellbeing. In addition to services and activities highlighted in previous reports Primary Care Network's have been working on the recruitment of social prescribers one per Network funded by NHSE. To date four Social Prescribers have been appointed with the other Networks actively recruiting. Each PCN will be targeting patients according to local need and looking at the most effective way to develop the service.



Orthopaedic Choice

West Hampshire Clinical Commissioning Group has been working with Orthopaedic Choice a community Musculoskeletal Service to ensure all new referrals are seen within 6 weeks of receipt of referral. Increased investment has been given to the service to ensure that this happens and also to support the diagnostic waiting times. Orthopaedic Choice is also working with diagnostic providers with the aim to offer diagnostics close to home.

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 coordinator. 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.

This month we have seen Southern Health NHS Foundation Trust appoint an Inreach Coordinator within Southampton Hospital - this role has enabled patients requiring a community bed to be transferred with no unnecessary waits. We are working with all local system partners on a 'Home First' promotion across our Acute and Community Hospitals to encourage patients, families, carers to start preparing for discharge on admission. This campaign will be launched end of October 2019.

In Winchester a forerunner 'Local Access Point' is being trialled which provides a single point of access for health and social care referrals (and triage) for integrated intermediate care. This will support a more coherent approach to providing care for those who have both health and social care needs, and in Basingstoke a forerunner integrated community team is being implemented to enhance in-reach into Basingstoke hospital, which supports people who can be safely discharged with additional support, including rebuilding individual's confidence and strengthening their personal networks to return home as quickly as possible.

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, and North Hampshire CCG and Hampshire Hospitals to develop service models 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

Our programme of work aims to continue the implementation of a service model that delivers services for ‘the modern outpatient’, making best use of clinical and financial resources and reducing footfall in traditional hospital settings. The programme of work is across a number of specialties, improving pathways between primary, community and secondary care services. It aims to improve access to services for patients by encouraging new ways of working, such as improving access to specialist’s advice for GPs, avoiding unnecessary referrals and trips to the hospital where possible. The scheme is also looking at a range of ways for patients to be appropriately followed up after treatment, such as, patient initiated, nurse led and telephone follow-up appointments and well as 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.

As one of the Outpatient Transformation enablers, 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. This project continues to roll out to practices in the South-West System and will shortly start working with Mid-Hampshire practices.

Minor Eye Conditions



Since July 2019 West Hampshire CCG has commenced the roll out of a Minor Eye Conditions Service which aims to see and treat patients with simple low risk eye conditions. People can now access care through telephone booking of appointments at a number of local optical practice (Opticians) without the need to

travel to hospital eye casualty departments.

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 a new NHS appointment service has been made available for people of all ages – adults and children, across West Hampshire and Southampton who have problems with their eyes. 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.

In the South West, the CCG is working with Southern Health Cardiology Outpatient service at Lymington Hospital and in collaboration with the Academic Health Science Network in developing primary care access to simple diagnostics and tailored advice and guidance for GPs through the use of innovative technologies which enable investigations and monitoring, reducing the dependence on secondary care services. The project aims to 'go live' with a number of GP practices by the end of the autumn.

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)
- Botley: 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. Patients will be able to see a GP, nurse, physio or mental health practitioner which can be booked via GP practices or 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.

Winchester Emergency Department Capital Developments

Significant Capital investment (£2.5m funded by 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 and Treatment Bays to enable patients brought into the Emergency Department by ambulance to be quickly and effectively managed 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 and 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 new 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.

High Intensity Users

South Central Ambulance Service (SCAS) continue to roll out the successful high intensity user programme. The scheme identifies the 25 highest users of 999 and ED services each quarter and works with the patient, their GP and other relevant health and care services to put in place an agreed management plan aimed at preventing inappropriate calling of emergency services and conveyances to hospital.

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 is 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
- New schemes have been approved to support patients to go home safely without a wait - this includes working with our local voluntary organisations. These schemes will be commencing October 2019
- 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).