

# The Importance of Relationships in Developing the local Care System – North and Mid Hampshire

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Good  
News.....Neil  
Young is still ok  
with HFMA as a  
result of this  
webinar

# Bad News..... We still have to work within 2022/23 Planning Guidance

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## 2022/23 priorities and operational planning guidance

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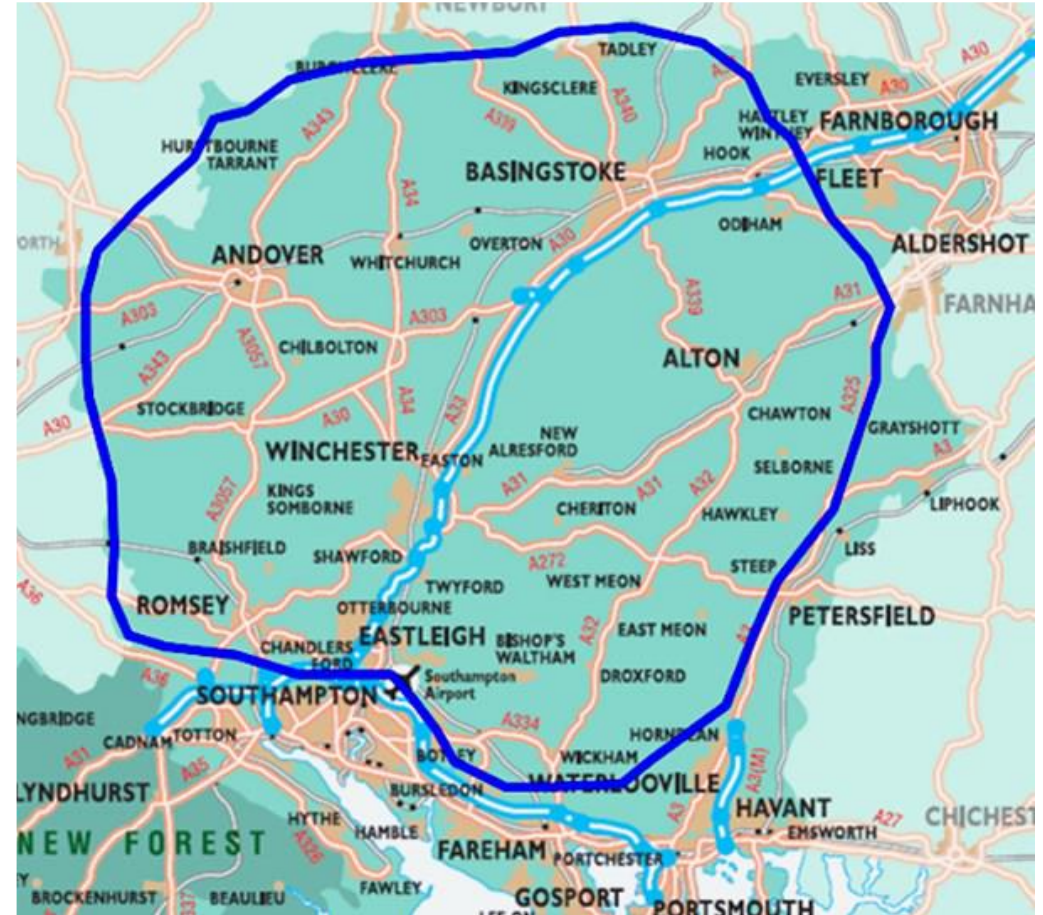
updates from previous versions are highlighted throughout the document

# Structure

- Geography, History and Context
- Governance Boards
- In Action
- So What? - Benefits
- Durability and the Future

# North and Mid Hampshire - Geography

- Covers the great majority of Hampshire outside coastal cities
- Primary local authority Hampshire County Council – multiple District Councils
- Amalgamation of NHCCG and WHCCG into larger Hampshire IoW CCG
- Community services provided by Southern Health NHS Foundation Trust
- Multiple primary care PCNs
- 2 DGH plus Community Hospital – HHFT
- 600,000 population



# North and Mid Hampshire – History and Context

- Pre-2015 – difficult relationships between HHFT and Commissioners – new hospital not supported by Commissioners
- 2017 – formation of NM Hants Care Partnership – convened by Accountable Officer of CCG then new CEO of HHFT
- 2019 – Closer alignment of NHCCG and WHCCG – leading to Managing Director NM Hampshire
- 2019 – New hospital announcement for NM Hampshire – creation of Hampshire Together to redesign hospitals and health system
- 2019/20 – financial imbalance in HHFT largely function of 10% growth in A&E/NEL
- 2020 – Out of hospital ‘Pillar’ Initiatives
- 2020 – Covid system working



# Governance Board

- Inclusive leadership style
- System convenor CEO of HHFT, closely supported by Managing Director NM Hampshire CCG
- Very strong voice for primary care
- Mixed format of meeting – part Board style, part learning event, part relationship building
- BUT
- How many decisions are made?
- Do representatives of organisation bring resources with them into room?
- Not tested when resources are constrained
- Engagement with local authority less than perfect

# Finance Governance

- Monthly meeting of HHFT, Southern Health, CCG
- Co-ordination of financial reporting to NM Hampshire Board
- Consideration of investment cases and funding
- Articulation and testing of ideas
- Offshoot of HLOW CFO group culture – developed since 2016 successfully and collaboratively
- Much less risk now of reverting to Commissioner-Provider behaviours
- Still underlying deficit in system



# In Action – Pillars

- Decision in months before Covid to invest in ‘Pillars’ for financial improvement and service change
- All constituent parts of NM Hampshire agreed to invest in costs against expected benefits
- Support from Exec Directors across system
- Establishment of joint PMO - headed by HHFT, with CCG staffing

Pillars – Themes for very targeted investment and improvement

1. Home First
2. Planned Care
3. Primary Care
4. Urgent and Emergency Care

# Monitored Improvements

## Section 2: Summary of performance against ICP Improvement KPIs and 21/22 operating plan activity assumptions

The following table shows the YTD performance against the agreed KPIs and their respective targets. Where applicable it also shows the equivalent operating plan assumption.

Improvement KPI	Agreed ICP target for 21/22	YTD performance	In Month performance	Impacted by	21/22 Operating Plan Assumption	Commentary
Non Face to Face Firsts (HHFT only)	25% of activity	17.3%	15.7%	Pillar 2	25% of activity	Remains on a downward trajectory
Non Face to Face Follow ups (HHFT only)	40% of activity	35.9%	34.4%	Pillar 2	25% of activity	HiOW target being met
Non Face to Face overall (HHFT only)	25% of activity	28.9%	27.4%	Pillar 2	25% of activity	National and HiOW target met
PIFU	2% national target and ICP stretch target of 5% OP activity discharged to PIFU	2.6%	3.8%	Pillar 2	1.7% of activity	National and HiOW target met and improving trajectory
SDEC (0 LoS)	30% of total NEL admissions	36.3%	TBC	Pillar 1; Pillar 3; Pillar 4	35% of total NEL Admissions	Maintaining strong achievement of KPI
NEL Admissions >1 day LoS	19/20 baseline -3.5% (96.5%)	14.9%	TBC	Pillar 1; Pillar 3; Pillar 4	96% of 19/20	Currently worsening trajectory
NEL Admissions 65+	19/20 baseline -5% (95%)	17.3%	TBC	Pillar 1; Pillar 3; Pillar 4	Total NEL Admissions at 103% of 19/20  Bed occupancy at 90.67% of 19/20	After a consistent 2 year improvement performance has been worsening since August 21
NEL Average LoS	A further 0.5 days reduction on 20/21 outturn	9.13	10.1	Pillar 1; Pillar 3; Pillar 4		
NEL Admissions from Care Homes	19/20 baseline -10% (90%)	13.5%	TBC	Pillar 1; Pillar 3; Pillar 4		Currently worsening trajectory
A&G as a % of eRS referrals	15%	16%	TBC	Pillar 2	15% (national expectation)	Meeting target

# In Action – Modernising our Hospitals and Healthcare System (MOHHS)

- At its heart one of the 40 new hospitals
- But inspiring work across the system to build a robust health system
- Full collaboration and support across system – unlike previous attempts at resolving hospital issues

- Case for change

Population growth and ageing demographic – SYSTEM

Clinical Sustainability – Largely hospital but out of hospital support

Financial Sustainability – SYSTEM

Estate Decrepitude – Hospital

Digital Innovation – SYSTEM and hospital

# In Action – Financial Collaboration and Support

- Built on HIOW CFO collaborative culture from 2016
- Tried to eliminate Commissioner – Provider divide, but still remnants
- Supportive challenge on investment plans and innovation
- Knowledge of each other's organisation
- Single finance voice at NM Hampshire Board to represent the SYSTEM
- Link with ICS
- Planning at place level – though often just an add up of organisations

# So What? – What improvement has been made?

- Pillars have contributed in meaningful way over Covid period – would not have been possible without place collaboration
- MOHHS – project has been united from start – unrecognisable with the 2013-16 previous project – seen as SYSTEM delivering new hospital
- Financial management – more supportive – working across boundaries – conscious of creating capacity in right places not own organisation
- Strong voice of primary care (hugely assisted by having two successive very committed CCG clinical leads)
- BUT – much more engagement from Health than Local Authority. Limited pooling of finances

# Durability and the Future

- ICS/ICB – formal organisation
- Joining up care for people places and population – Feb 2022 – single accountability (a ‘Health Mayor’?) and pooling across local authorities and health
- Reduction in special funding – Covid and Hospital Discharge Fund – financial crunch
- Relationships are established but now structural change and resource constraints
- More mature appreciation of system – and MOHHS is a unifying force