

Health Overview and Scrutiny Panel

Thursday, 21st October, 2021
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Members

Councillor Prior (Chair)
Councillor Bogle (Vice-Chair)
Councillor Guest
Councillor Stead
Councillor Professor Margetts

Contacts

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules) of the Constitution.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

PUBLIC REPRESENTATIONS

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

SMOKING POLICY – the Council operates a no-smoking policy in all civic buildings.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 2.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship
Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
- (iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
- (iv) Any beneficial interest in land which is within the area of Southampton.
- (v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
- (vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
- (vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:
 - (a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
 - (b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

OTHER INTERESTS

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes
- Any body whose principal purpose includes the influence of public opinion or policy

PRINCIPLES OF DECISION MAKING

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

DATES OF MEETINGS: MUNICIPAL YEAR 2019/2020

2021	2022
1 July	10 February
2 September	7 April
21 October	
9 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 2)

To approve and sign as a correct record the minutes of the meeting held on 2nd September 2021 and to deal with any matters arising, attached.

7 FIVE YEAR HEALTH AND CARE STRATEGY 2020-2025 - PROGRESS UPDATE

(Pages 3 - 40)

Report of NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing the Panel with an update on progress with regards to the delivery of the agreed objectives within the Southampton City Health and Care Strategy 2020-2025.

8 PRIMARY CARE UPDATE

(Pages 41 - 48)

Report of NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing the Panel with an update on the latest developments in primary care in Southampton.

9 MONITORING SCRUTINY RECOMMENDATIONS

(Pages 49 - 52)

Report of the Service Director, Legal and Business Operations, updating the Panel on the responses received to recommendations from previous meetings.

Wednesday, 13 October 2021

Service Director – Legal and Business Operations

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 2 SEPTEMBER 2021

Present: Councillors Prior (Chair), Bogle (Vice-Chair), Guest, Professor Margetts and J Payne

Apologies: Councillors Stead

7. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

It was noted that following receipt of the temporary resignation of Councillor Stead from the Panel the Service Director, Legal and Governance, acting under delegated powers, had appointed Councillor J Payne to replace them for the purposes of this meeting.

8. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Panel meeting on 1 July 2021 be approved and signed as a correct record.

9. **PROPOSALS FOR MAKING BETTER USE OF LAND AND BUILDINGS AT THE ROYAL SOUTH HANTS HOSPITAL AND WESTERN COMMUNITY HOSPITAL**

The Panel considered the report of the NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing the Panel with an update on developments at RSH and Western Community Hospital

Paul Benson – Senior Commissioning Manager, Hampshire, Southampton and Isle of Wight CCG, Paul Johnson – NHS Property Services, David Noyes – Chief Operating Officer, Solent NHS Trust, Stephanie Ramsey – Managing Director, Southampton, Hampshire, Southampton and Isle of Wight CCG and Matt Stevens - Non Executive Director (Primary Care Commissioning) Hampshire, Southampton and Isle of Wight CCG were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of issues in regard to the report including:

- the proposals for Royal South Hants Hospital (RSH) and the Western Community Hospital and the drivers behind the individual projects;
- reflecting the lengthy delays associated with the project, partly due to the pandemic, the likely timescales involved in delivering the project;
- how the various individual projects were to be funded. The Panel noted that the project had been identified as a priority by the CCG but that relevant national funding decisions had been delayed and were subject to review;
- the complex nature of the overall project and the interrelationship across both sites. The Panel requested that officers provide them a diagram that would set out the key milestones; and
- the level of public consultation both prior to this point and projected consultations with residents and key stakeholders, including the Council, as the project develops.

RESOLVED that the Panel are provided with a diagram identifying the key milestones / decisions for the project, reflecting the dependencies in play.
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10. **INTEGRATED CARE SYSTEM DEVELOPMENTS**

The Panel considered and noted the report of the NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing the Panel with an overview of the plans to put the Hampshire and Isle of Wight Integrated Care System (ICS) on a statutory footing.

Paul Gray – Executive Director of Strategy, Hampshire, Southampton and Isle of Wight CCG, Stephanie Ramsey – Managing Director, Southampton, Hampshire, Southampton and Isle of Wight CCG (HSIOW CCG) and Matt Stevens - Non Executive Director (Primary Care Commissioning) HSIOW CCG were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- What metrics will be used to monitor any improvements to the efficiency of the system and to public health;
- The levels of community involvement in shaping the potential changes to services;
- The timescales involved in bringing forward the new structures;
- The effect of staffing turnover in particular regard to the senior management level and maintaining the essential relationship between the Council and the CCG.

11. **MONITORING SCRUTINY RECOMMENDATIONS**

RESOLVED that the Panel noted the report of the Service Director, Legal and Business Operations, updating the Panel on the responses received to recommendations from previous meeting.

Agenda Item 7

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	FIVE YEAR HEALTH AND CARE STRATEGY 2020-2025 - PROGRESS UPDATE
DATE OF DECISION:	21 OCTOBER 2021
REPORT OF:	NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CLINICAL COMMISSIONING GROUP

<u>CONTACT DETAILS</u>		
Executive Director	Title	Stephanie Ramsey Managing Director, Southampton
Author:	Title	Donna Chapman Deputy Director of Integration, Southampton

STATEMENT OF CONFIDENTIALITY	
N/A	
BRIEF SUMMARY	
This paper is to provide a progress update on the implementation of the city's Five Year Health and Care Strategy 2020-2025.	
RECOMMENDATIONS:	
	(i) That the Panel notes the update and discusses the issues raised in the paper.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To ensure the Health Overview and Scrutiny Panel has oversight of the implementation of the Five Year Health and Care Strategy 2020-2025.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	N/A
DETAIL (Including consultation carried out)	
3.	This strategy was formed following detailed analysis into the health and wellbeing of the population, linked to deprivation and service use. In discussion with partners, it was agreed to develop a response to these needs that goes beyond the NHS into social care and wider, which can be owned by all of our partners in the city. The strategy was approved in 2020, and adapted in light of the COVID-19 pandemic.
4.	The strategy is divided in to four sections: <ul style="list-style-type: none"> • Start Well • Live Well • Age Well • Die Well

5.	The attached document provides the original roadmap for each section, as set out in the strategy, in addition to the progress made in 2021, current performance indicators, and upcoming challenges.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
6.	N/A
<u>Property/Other</u>	
7.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
8.	N/A
<u>Other Legal Implications:</u>	
9.	N/A
RISK MANAGEMENT IMPLICATIONS	
10.	N/A
POLICY FRAMEWORK IMPLICATIONS	
11.	N/A

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Progress update – Southampton Five Year Health and Care Strategy 2020-2025

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents:	
The Five Year Health and Care Strategy 2020-2025 can be found on Southampton City Council's website here: https://www.southampton.gov.uk/media/pksgbcmi/southampton-city-5-year-health-care-strategy-final-post-covid-tcm63-435823.pdf	

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	Southampton City Health and Care Strategy 2020-2025 https://www.southampton.gov.uk/media/pksgbcmi/southampton-city-5-year-health-care_strategy_final_post-covid_tcm63-435823.pdf

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Southampton City Five Year Health and Care Strategy 2020-2025

Progress update – October 2021

Southampton City Health and Care Strategy

2020-2025

Our vision

A healthy Southampton where *everyone* thrives

Our goals



Reducing **inequalities** and confronting **deprivation**



Working with people to build **resilient communities** and **live independently**



Improving **earlier help, care and support**



Tackling the city's **biggest killers**



Improving **mental and emotional wellbeing**




Improving **joined-up, whole-person care**

Our priorities

 **Start Well**
Children and young people get the best start in life, are able to achieve the best opportunities and keep as healthy and well as possible throughout their lives

 **Live Well**
People will achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities

 **Age Well**
People are able to live independently in their own homes with appropriate care and support to maintain and develop their social and community networks

 **Die Well**
People are supported to ensure the last stages of their life happen in the best possible circumstances, receiving the right help at the right time from the right people

Five key enabling priorities:

Digital

Workforce

Estates

Primary Care

Urgent & Emergency Care

Southampton City Five Year Health and Care Strategy 2020-2025

Start Well Progress update



Reminder of our five year vision for Start Well



Start Well

Children and young people get the best start in life, are able to achieve the best opportunities and keep as healthy and well as possible throughout their lives

In five years time, we want children and young people in Southampton to:

- Live happy, healthy lives, with good levels of physical and mental wellbeing
- Be safe at home and in the community, with Southampton being a child-friendly, family focussed city.
- Have good levels of educational attainment, fulfil their potential and go on to successful opportunities in adulthood.
- Live in communities which are resilient, engaged and prepared for the future.

Start Well – Our original road map

Children and young people get the best start in life, are able to achieve the best opportunities and keep as healthy and well as possible throughout their lives

Year 1
2020/21

- Year of the Child
- Early Help locality model
- Local foster care offer expanded
- Two mental health support teams in schools established
- Phoenix specialist family service goes live
- Implementation of children's psychiatric liaison service

Year 2
2021/22
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- Children's Hospital at Home service goes live
- Expansion of mental health support teams in schools and a whole school approach to mental health and wellbeing
- Employment and training opportunities expanded for young people
- Perinatal mental health services expanded for women and partners
- Development of local residential provision

Year 3
2022/23

- 0-25 year service offer in place
- Expansion of mental health support teams in schools
- Employment and training opportunities further expanded for young people

Our key ambitions

- Reduce the percentage of mothers **smoking** during pregnancy
- Reduce the rate of **teenage pregnancies**
- Increase the percentage of mother's **breastfeeding** 6-8 weeks post birth
- Reduce the rate of **looked after children**
- Increase the percentage of **care leavers in suitable accommodation**
- Increase the percentage uptake of healthy child mandated immunisations and health checks
- Increase the percentage of children achieving a good level of development at the end of **reception**
- Improve **School Attendance** and reduce Exclusions
- Increase the percentage of children reporting **positive mental health** at Year 7
- Reduce the rate of first time entrants to the **youth justice system**
- Reduce the percentage of 16-17 year olds not in **education, employment or training** (NEET)

What progress have we made in 2021/2022?

Improving mental and emotional wellbeing

- **Mental Health Support Teams in Schools** – Wave 4 trainees fully recruited and commenced university course this Spring (two teams to go live January 2022, covering 90% of the whole city's school and college populations). Wave 2 teams went live in Spring 2021. In Q1 21/22 the team supported 268 children and young people.
- **Children's Acute Psychiatric Liaison** – New service went live in July 2021.
- **No Limits Youth Worker support in UHS A&E** – continuing to provide valuable advice, support and signposting for young people; new pathway developed for young people ringing NHS 111.
- **NHS 111** - Implementation of crisis support for all ages through our NHS 111 Mental Health Offer with Child and Adolescent Mental Health Service and adult mental health mental health nurses available 24/7 for immediate assessment and support
- **Supporting young people with complex social, emotional and mental health needs (SEMH) in special schools** – Majestic project going live in November 21 following successful bid to pilot model of support into the city's two SEMH schools and Pupil Referral Unit to reduce exclusions and youth offending.
- **Transition** – Ongoing work to improve transition from CAMHS into adult services. Work with adult mental health services is underway to improve pathways for those who meet criteria and exploration of how the new Enhanced Primary Care Mental Health Teams could support those who do not. Development of pathway into IAPT (psychological therapies) services from age 17 ½ . Transition care plans including crisis and risk management plan rolled out to primary care. Adult mental health services attending RE:MINDS parent groups.
- **Interagency Early Intervention** – agreement to expand the Building Resilience and Strengths Service, which is a joint children's health and social care team focussing on those children and young people with the most complex needs, to work in the new Early Help and Young People's locality teams supporting frontline staff with advice, assessment and joint case working. In addition to expansion of the community crisis offer (into weekends and evenings) and therapeutic offer for vulnerable young people including looked after children. Expansion planned for mobilisation from January 2022.

What progress have we made in 2021/2022?

Improving earlier help, care and support

- **Redesign of the integrated health and social care Early Help offer for children and their families**, strengthening the locality approach, simplifying structures and processes and strengthening social work input. This includes strengthening our offer of support through Children's Centres, Family Engagement Workers, Health Visiting and School Nursing. Reconfigured Early Help Services and a new Young People's locality service are due to go live from January 2022.
- **SEND** (Special Educational Needs and Disabilities)
 - Redesign of early help offer for SEND to provide more specialist support and advice to frontline Early Help workers. Ensuring SEND a key consideration in Early Help assessment and signposting to Parent Carer Assessment
 - Specialist parenting programmes for children with Autism Spectrum Disorder (Early Bird and Cygnet) to be rolled out from January 22 and further programme being explored for children with ADHD.
 - Autism in Schools pilot going live in four schools this term, based on learning from North Cumbria, to focus on developing whole school approaches and training, co-delivered with the Parent Carer Forum.
 - SEND Local Offer being further developed and Autism Allies programme, which will involve parents of children with SEND being trained up to support other parents, is going live this Autumn.

Working with people to build resilient (and inclusive and child friendly) communities

- **Child Friendly City** – vision to become a Child Friendly City starting in 2021 and working towards the goal of accreditation by 2024/25; plans in place for installing the city's first children's mayor by May 2022, establishing a Youth Council, devising a Children's Charter and implementing a pledge for care experienced children.
- **SEND Inclusion Charter** – launched September 2021

What progress have we made in 2021/2022?

Tackling the city's biggest killers

- **Children's Hospital at Home** – currently out to recruitment – phased start from November 2021. To support families manage minor child illnesses in the community through combination of telephone support and home visiting, and reducing pressure on ED department at UHS.
- **Long Covid Service** – implementation of long Covid service for children across Hampshire, Southampton and Isle of Wight.
- **Maternity** – continued targeted work to prevent smoking and excess weight in pregnancy.

Targeting support to the most vulnerable

- **Children's Residential Care** – strategy in place to implement three new children's homes in Southampton (two long term and one short term) which will reduce the number of children in out of area placements, enabling children to be better supported locally closer to their families/social networks (where this is appropriate). Plans in place to mobilise the first two homes during 2022/23.
- **Phoenix @ Pause Southampton** – supporting women who have had multiple infants taken into care to break the cycle – currently working with 21 women and now to be extended to work with a further 24 in 2022/23.
- **Young Carers** – strategy under development following Southampton City Council's Carers Scrutiny Inquiry. Additional resources being invested in working with No Limits to establish a Young Carers in Schools Programme, introduce a Young Carers identification (and discount) card, and further identify and explore needs.
- **Vulnerable Young People** - development of new locality based service bringing together social work, youth work and emotional and mental health support, closely aligned to the Youth Offending Service and the Building Resilience and Strengths Service – due to go live after January 2022

Performance against key measures

Start Well



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Reduce the percentage of mothers smoking during pregnancy

Reduce the rate of teenage pregnancies

Increase the % uptake of healthy child programme mandated health checks - completed within 14 days

Increase the % uptake of healthy child programme mandated health checks - with a 6-8 week review

Increase the % uptake of healthy child programme mandated health checks - with a 12 month review

Increase the % uptake of healthy child programme mandated health checks - with a 2 - 2.5 year review

Increase the percentage of children achieving a good level of development at the end of reception

Improve access to Children and Young People's Mental Health Services (CYPMH)

Reduce children emergency hospital admissions (0-17 years)

Latest Period	Performance
Q4 2020/21	10.80%
2018	17.4
Q3 2019/20	83.1%
Q3 2019/20	76.7%
Q3 2019/20	17.9%
Q3 2019/20	50.8%
2018/19	71.1%
Mar-21	180
Mar-21	140

Direction of travel	Trend
↑ Worsening	
↓ Improving	
↓ Worsening	
↓ Worsening	
↓ Worsening	
↑ Improving	
↑ Improving	
↑ Improving	
↑ Worsening	



What are the challenges for Start Well?

Upcoming challenges	Key actions
Increasing demand in referrals	<ul style="list-style-type: none"> ▪ Strengthening Early Help and prevention ▪ Multiagency approaches to identifying and managing vulnerable families
Workforce Page 16	<ul style="list-style-type: none"> ▪ Joint recruitment campaigns – whole city approach to making Southampton a good place to work ▪ Health and wellbeing of staff ▪ Collaborative working with providers in staff retention ▪ Continued exploration/evaluation/use of digital/different ways of working
Improving IT infrastructure	<ul style="list-style-type: none"> ▪ Exploration of opportunities with new CareDirector system ▪ Exploration of CHIE – greater application in children’s services
Capacity of the voluntary sector	<ul style="list-style-type: none"> ▪ Work with the voluntary sector to understand pressures ▪ Support in identifying alternative funding streams

Southampton City Five Year Health and Care Strategy 2020-2025

Live Well Progress update



Reminder of our five year vision for Live Well



Live Well

People will achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities

In five years time, we want people in Southampton to:

- Live healthier, for longer
- Be happy in life and feel supported by their family, friends and local community
- Live independently and feel confident to take care of their own health and wellbeing
- Live in a city which is fully accessible.

Live Well – Our Original Road Map

People will achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities

Year 1
2020/21

- **Lung Health Checks** fully implemented to increase the early detection and survivorship of lung cancer
- Patients will be able to receive a **definitive cancer diagnosis** within 28 days of referral
- **Cervical screening** implemented at more flexible timings
- Community **Cardiology and Respiratory** service developed
- Psychological therapy support available for people with cardiovascular or gastrointestinal conditions
- Development of an **Integrated Diabetes Service** that will be measured on improving outcomes for patients living with diabetes
- Introduce risk stratification to identify individuals with a **learning disability** who have the greatest need
- Expand portfolio of **housing options** for those with a learning disability/mental health need
- Implement **“The Lighthouse”** community based facility to support those experiencing a mental health crisis
- Pilot a complex nurse worker in **Homeless Healthcare** to work with people with complex needs, including mental health refocus in 2021/22 as return to more BAU following redirected work to support homeless population during covid
- Review best practice models for mental health services accessed by **rough sleepers**

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Year 2
2021/22

- New Southampton **Alcohol** Strategy launched
- All patients have access to **on-line and video consultations** for their GP surgery
- Every person diagnosed with cancer will have access **to personalised care**, including a care plan and health and wellbeing information and support
- **Follow-up support** for people who are worried their cancer may have recurred will be in place
- New **heart failure** and breathlessness services developed
- People with a **mental health** condition will be able to access digitally-enabled therapy
- **Therapeutic care** from inpatient mental health services will be improved
- Produce a proposal for an effective mental health pathway for **rough sleepers** to access integrated holistic, long term care and support continues in development, service options emerging – work continue in 2021/2022

Year 3
2022/23

- Community **Cardiology and Respiratory** service fully in place
- Implement new mental health services for **rough sleepers**
- Every person diagnosed with cancer will have access **to personalised care**, including a care plan and health and wellbeing information and support
- **Follow-up support** for people who are worried their cancer may have recurred will be in place

Our key ambitions

- Increase **healthy life expectancy**
- Reduce the gap in life expectancy between the most and least deprived areas of the city
- Reduce **smoking** prevalence in adults
- Reduce the percentage of adults who are **physically inactive**
- Reduce **alcohol**-related mortality
- Eliminate all inappropriate **out of area mental health placements**
- Reduce the rate of **suicides**
- Increase the percentage of adults with a **learning disability living in settled accommodation**
- Increase the percentage of **cancers** being diagnosed at an earlier stage
- Reduce early deaths from **cardiovascular disease** and respiratory disease
- Increase the number of **social prescribing** referrals
- Increase the number of people being referred to the national **diabetes** prevention programme

What progress have we made in 2021/2022?

Tackling the city's biggest killers

- Cancer services fully restored following pandemic. Referrals for patients with suspected cancer at pre-pandemic levels for most cancer types, and length of time to treatment has reduced. Hampshire and Isle of Wight has the third highest ICS performance across England for the faster diagnosis standard, with July performance of 83.3% (standard is 75%).
- Cancer screening programmes have been restored following the pandemic. Work with primary care to ensure maximum use is made of Faecal Immunochemical Testing (FIT), helping to detect colorectal cancer as quickly as possible, resulting in a 62% in use of FIT tests from August 2020 to August 2021.
- Targeted Lung Health Check programme to detect lung cancer in 55–74 year olds at an earlier stage went live in Autumn 2020. Over 4,000 lung health checks completed to date.
- New Integrated Diabetes Service model developed; business case approved in July 2021. The service will provide specialist support to primary care to help patients living with diabetes manage their condition more effectively, and improve patient outcomes.
- Home-based screening service for albumin to creatine ratio (ACR) went live in May 2021, enabling early diagnosis of kidney disease, reducing kidney failure.

What progress have we made in 2021/2022?

Promoting behaviour change and healthier lifestyles

- Expansion of alcohol telephone support line, both to test the approach at scale and in response to increased higher risk alcohol consumption during Covid.
- New, additional Tier 2 adult weight management services starting and more being commissioned, from new national funding for 2021/22.
- Smoking - new training in place to help health and care providers support patients and clients to stop smoking; Stoptober campaign underway.
- Implementing child obesity cabinet action plan, including work on both food and physical activity, which will benefit adults too.
- Continuing to develop City of Culture and child-friendly city work to optimise reduction in health inequalities

Targeting support to vulnerable people

- **Homeless people and Rough Sleepers** – Proactive work has resulted in many clients coming into services who are now already fully vaccinated with second dose. 213 rough sleepers offered the vaccination.
- **Sex Workers** – needs assessment undertaken. £50,000 has been secured to deliver a support service in 2022/2023.
- **Domestic Abuse** – Detailed needs assessment has been completed and informed a draft Safe Accommodation Strategy which is currently out for consultation. The recommissioning of Domestic and Sexual Abuse services remains on schedule to secure new services from April 2022.
- **Housing Related Support Services** – The recommissioning of Housing Related Support Services remains on schedule to secure new services from July 2022 and includes Housing First as a component for adults, young people and vulnerable women with more complex needs.

What progress have we made in 2021/2022?

People with learning disabilities

- **Independent Living** – increasing sustainable housing options that promote independence. This involves people moving from residential care into supported living. 14 new supported housing facilities are under development/developed. Seven people have been supported to move to more independent forms of living over last four months.
- **Active Lives** – work has commenced with clients, carers and the market on developing a new model of support which promotes opportunities for access to employment, skills development, travel, community activities, advice and information and digital support.
- **Tackling Health Inequalities** – Ongoing work to increase uptake of Annual Health Check which increased to 68% by March 21 despite impact of COVID and promote COVID vaccination uptake.

Adult Mental health

- **Increased access to psychological therapies** – achievement of NHS England target despite the impact of COVID
- **Mental Health Network and Service User Network** - Service has commenced and is working towards key outcomes to support Southampton becoming a Mental Health Friendly City
- **Supporting Rough Sleepers** – development of support for Rough Sleepers with Mental health problems and Rough Sleepers with Substance Misuse problems, following successful funding bids
- **Enhanced primary care MH service** - dedicated Southampton City Mental Health Partnership Board in place with collaboration between CCG, PCNs, NHS Providers and Voluntary, Community and Social Enterprise (VSCE), driving development of new Enhanced Primary care Mental Health roles in each PCN. 3.5 FTE new Primary MH workers in post and will be 4.5 FTE by year end
- **Crisis support** – additional Light House for the East of the city
- **Ongoing implementation of Suicide Prevention strategy**

Performance against key measures

Live Well



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Reduce alcohol-related emergency hospital admissions
Eliminate all inappropriate out of area mental health occupied bed days
Improve Access to Psychological Treatment – Access – people entering treatment
Increase the percentage of cancers being diagnosed at an earlier stage
Cancer – 93% of patients to be seen within 2 weeks
Increase the number of people being referred to the national diabetes prevention programme
Reduce working age adults emergency hospital admissions (18-64 years)
Increase the proportion of people with a Learning Disability receiving an Annual Health Check
Increase the percentage of people with Severe Mental Illness receiving a full annual physical health check
Increase the number of Primary Care Virtual Appointments (telephone and online)
Housing - settled accommodation for adults with Learning Disabilities
Employment - Increasing access to employment support
Housing for the Homeless
Physical Activity
Cardiology and Respiratory Disease

Latest Period	Performance	Direction of travel	Trend
Mar-21	1	↓ Improving	
Jun-21	5	↓ Improving	
Q1 2020/21	5.80%	↑ Improving	
2016-18	54%	↑ Improving	
Jul-21	95.01%	↓ Worsening	
Jun-21	107	↑ Improving	
Mar-21	1,252	↑ Worsening	
Q3 2020/21	27%	↑ Improving	
Q1 2021/22	16.4%	↓ Worsening	
Feb-21	45,723	↑ Improving	
New Metrics for future development			

What are the challenges for Live Well?

Upcoming challenges	Key actions
Recovery from COVID period	<ul style="list-style-type: none"> ▪ Continue with communications/ other campaigns to encourage people to attend appointments. ▪ Continue to prioritise elective activity/reducing waiting lists ▪ Continue to prioritise elective activity/reducing waiting lists
Prioritising Public Health during period of change	<ul style="list-style-type: none"> ▪ Improved monitoring of impact of Public Health investment ▪ Optimise NHS Long Term Plan emphasis on prevention and data quality, and new funding. Smoking cessation high impact intervention. ▪ Optimise role of public sector as anchor organisations ▪ Build on covid community engagement
Workforce	<ul style="list-style-type: none"> ▪ ICS wide HR workforce development ▪ Continue to promote health and wellbeing of staff ▪ Continued exploration/evaluation/use of digital/different ways of working
Increased demand on mental health services	<ul style="list-style-type: none"> ▪ Strengthening Early Help and prevention ▪ Additional crisis investment – Lighthouse on East of city ▪ Additional investment to reduce waiting lists
Housing stock for independent living – people with learning disabilities	<ul style="list-style-type: none"> ▪ Proactive work with developers to identify opportunities for new developments
Community and voluntary sector market	<ul style="list-style-type: none"> ▪ Proactive work with market – co-production of new models of support ▪ Transition arrangements which support development of the market

Southampton City Five Year Health and Care Strategy
2020-2025

Age Well Progress Update



Reminder of our five year vision for Age Well



Age Well

People are able to live independently in their own homes with appropriate care and support to maintain and develop their social and community networks

In five years time, we want people in Southampton to:

- Be able to maintain their health, wellbeing and independence into old age, stay living in their own homes and feel part of their local communities.
- Be supported to recover from illness in their own home wherever possible and only go to or stay in hospital when needs can't be met in the community.
- Be supported by collaborative and integrated working between health, social care and housing support.
- Be able to access the right support, at the right time, in the right place, as close to home as possible.
- Feel in control of their health and wellbeing, be part of any decision about their care and have the information and support they need to understand and make choices.

Age Well – Our original road map

People are able to live independently in their own homes with appropriate care and support to maintain and develop their social and community networks

Year 1
2020/21

- Integrated community teams, 'One Team', across Southampton – beginning to operate
- Enhanced healthcare teams supporting all residential and nursing homes across the city
- Community navigators (social prescribers) in place across Primary Care
- Exercise classes in place for people at risk of falling
- More dementia friendly spaces in place
- Extra Care housing scheme at Potters Court opens
- Risk stratification rolled out to tackle inequalities and case manage people with the greatest needs
- Multiagency services at the hospital front door – with a 'Home First' principle

Page 2
Year 2
2021/22

- Care technology support becoming the norm in enabling people to maintain their independence
- Health and care professionals using single care plans enabled through technology
- Single intermediate care team operating across hospital, community & primary care

Year 3
2022/23

- Integrated community transport service in place
- More intergenerational opportunities and older people volunteering
- Further increase in Extra Care homes available
- Health and care professionals across all sectors, including care homes and home care providers making active use of single care plans to share information and use technology to seek rapid advice from each other
- Enhanced healthcare teams providing support to extra care housing

Our key ambitions

- Increase the number of older people with a personalised care and support plan
- Reduce the number of older people being referred for adult social care
- Reduce the rate of emergency hospital admissions, including readmissions
- Reduce the rate of older people having discharge delays from hospital (delayed transfers of care)
- Increase the percentage of older people receiving reablement care after hospital discharge
- Reduce permanent inappropriate admissions into residential care
- Increase the number of carers having a carer assessment and receiving appropriate support
- Increase access for older people with a common mental illness to psychological therapies
- Increase the number of volunteers supported to find a volunteering opportunity
- Reduce the percentage of older people reporting that they feel lonely

What progress have we made in 2021/2022?

- **Enhancement of the support to care homes –**
 - Embedded the lessons learnt for enhanced support to care homes in the city – including digital approaches and clinical support
 - Work with providers to promote staff vaccination, in light of mandatory staff vaccination timeline
 - Work with relevant partners, in particular PCNs, to promote the sustainability of the enhanced support to care homes
- **One Team development –**
 - Public Health registrar drafted a One Team resource document to inform the next stage of this development – building on evaluation, partner views, best practice in HIOW and wider.
 - Test one team approach in other areas – discussions underway with other areas of the city to promote the next steps of testing
 - Including colocation of community services
 - Engagement across the wider community and voluntary sector to explore how to develop their collaboration within the one team approach
- **Straight forward access and Reactive care –**
 - Reviewed demand for D2A bedded provision in line with government policy, home first principle and Covid modelling.
 - Work with the care market to support sustainability following the significant impact on local businesses, particularly the smaller providers
 - Next stage of Single Point of Access provision for the city agreed and implementation underway – hospital discharge and urgent community response.

What progress have we made in 2021/2022?

- **Proactive care**

- More dementia friendly spaces in place – this area of work having been delayed by Covid wave 2
- Promotion physical activity through a targeted plan with community and voluntary sector partners in conjunction with public health.
 - Including a refresh of the falls prevention plan and dashboard
- Testing of a dial a ride access to vaccinations and other health related appointments in place

- **Supporting people to stay well into older age**

- Disability Facilities Grant proposals endorsed and new approach under development with the support of a project manager.
- Potters court extra care open and filling in accordance with adjusted plan
- Fully integrate a focus on older persons into the socio-economic response to COVID-19 – note this has been delayed as a result of Covid wave 2

- **Supporting Carers**

- Carers Scrutiny enquiry completed and report drafted
- Carers strategies being formed following the enquiry – with a coproduction approach to the implementation of its key principles.
 - Two strategies, the first for children and young people and the second for adults.

Performance against key measures

Age Well



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Increase the number of older people with a personalised care and support plan

Reduce the number of emergency hospital admissions (65+ years)

Reduce the number of emergency hospital readmissions (65+ years)

Reduce permanent inappropriate admissions into residential care

Increase the number of registered Carers in the City

Increase the number of Carer Assessments and Reviews (rolling 12 months)

Increase the proportion of carers receiving appropriate support, including Direct Payments

Reduce the number of people aged 65 and over with long lengths of stay in hospital (21 days or more)

Increase the dementia diagnosis rate

Latest Period	Performance	Direction of travel	Trend
Mar-21	911	↑ Worsening	
Mar-21	211	↑ Worsening	
Mar-21	35	↑ Worsening	
Q3 2020/21	126	↑ Improving	
Q3 2020/21	231	↑ Improving	
Q3 2020/21	102	↑ Improving	
Jul-21	71	↑ Worsening	
Mar-21	61.2%	↑ Improving	

What are the key challenges for Age Well?

Upcoming challenges	Key actions
Move to virtual/remote offers – ensuring older people who may have less access to digital means continue to have access	<ul style="list-style-type: none"> ▪ Range of offers considered – <ul style="list-style-type: none"> ▪ Phone, IT and where Covid safe, face to face ▪ Proactive approach for the most vulnerable people in receipt of services ▪ Promotion of the community hub, to provider volunteer support with key areas e.g. food and medication delivery
Economic impact on individuals	<ul style="list-style-type: none"> ▪ Advice and guidance offer available in an accessible manner to this group.
Access to health provision	<ul style="list-style-type: none"> ▪ Review of GP coding ▪ Consideration of risk to this client group during restoration planning
Older persons physical activity and well being.	<ul style="list-style-type: none"> ▪ Development of a targeted plan to promote physical activity in Covid safe ways for this group

Southampton City Five Year Health and Care Strategy
2020-2025

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Die Well Progress Update

Update: October 2021

Reminder of our five year vision for Die Well



Die Well

People are supported to ensure the last stages of their life happen in the best possible circumstances, receiving the right help at the right time from the right people

What do we want to be different in five years' time?:

- More people will be **supported to stay at home** when they experience a decline in their health within their last years of life.
- There will be **equality** in provision of end of life care across all socioeconomic backgrounds.
- More people will **achieve their preferred place of care and death**.
- **Early identification and end of life discussions will be the norm**; more people will be describing their end of life wishes and preferences.
- There will be **local, compassionate communities** who are confident to talk about and support friends and neighbours who may be experiencing death and dying.
- **Proactive, personalised care planning** to help people to consider their end of life wishes and options for a Personal Health Budget will be the norm
- More palliative care patients will have **continuity of care** and support across all health and care settings.
- **Bereavement care** will improve the involvement, support and care for all those important to the dying person.

Die Well Road Map and Ambitions

Year 1 2021/22	<ul style="list-style-type: none">▪ 24/7 coordination centre with access to rapid response 24 hour advice, support and home visits▪ Development of end of life champions, linking with primary care and communities▪ Bereavement services expanded▪ Review the provision of access to end of life services for professionals and the families of children at or approaching end of life
Year 2 2022/23	<ul style="list-style-type: none">▪ Nurse-led unit in place at Countess Mountbatten Hospice▪ Independent hospice provision in place for Southampton▪ Everyone in a care home is identified on an end of life register with an advanced care plan in place▪ End of life training available to home care staff▪ Work with children's services and families to design local end of life services for families and children
Year 3 2023/24	<ul style="list-style-type: none">▪ Development of an end of life schools programme
Year 4 2024/25	<ul style="list-style-type: none">▪ Children's end of life care services in place▪ Bank of end of life children's home care /sitting service

Ambitions – by 2025 we will

↑ the % of people in the last 3 years of life who are on an End of Life register

↑ the % of people who have, or are offered, a personal health budget towards end of life

↓ the average number of patients per month who die in hospital whilst waiting for discharge

↓ the % of older people who die within 7 and 14 days of an emergency hospital admission

What progress have we made in 2021/2022?

- **Coordination of care**

- 24/7 telephone helpline implemented for patients, their families and professionals providing a central point of contact for patients, families and professionals
- access to rapid response 24 hour advice and support
- Sustained the new models of partnership working introduced to respond to COVID-19

- **End of Life Home Care**

- Embedding of Palliative Care Support Worker Team within the Mountbatten at Home Care Team (MBH).
- Mountbatten at Home Care team, joining up the support and care with MBH CNS', District Nurses and Primary Care

- **Bereavement Care**

- Offer of bereavement care extended beyond patients & families known to Mountbatten
- Bereavement support funded to support all residential care home staff that have been impacted significantly as a result of the pandemic

What progress have we made in 2021/2022?

- **Education**

- Virtual End of Life training available to all external providers on a variety of End Of Life Topics
- End of Life forums to support care home end of life champions
- Six Steps education programme in residential and nursing homes continues and rolled out to home care providers.
- Increased level of Advance Care Plans through work with health care partners

- **Day Care**

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- Virtual day care group offering exercise, bereavement support, support for people with fatigue and breathlessness
- Review of day care offer, promoting a more flexible approach that expands engagement with the wider community

- **ICS**

- Work across the ICS to progress the key deliverables agreed by Hampshire and Isle of Wight:
 - End of Life interoperability
 - Training
 - Early identification
 - Care after death

Mapping against the six ambitions

- Each person is seen as an individual
- Each person gets fair access to care
- Maximising comfort and wellbeing
- Care is coordinated
- All staff are prepared to care
- Each community is prepared to help

- Southampton is working towards fulfilling these ambitions, in the next 6 months this will include –
 - Supporting the system
 - Inreach role working with UHS to promote discharge
 - Review of community team approach and capacity to promote a sustainable urgent community response
 - Hospice@Home
 - Workforce reviewed and provision of Home Care at End of life now available across Southampton and parts of West Hampshire (south localities)
 - Nurse Led Beds
 - Nurse lead beds to be in place by the end of the year 2021.
 - Advanced Nurse Practitioners in place.
 - Bereavement Services
 - Has been in place for some time, fully staffed team; with a plan to roll out to Care Homes post pandemic
 - Starting children's groups.
 - Planning virtual groups and recommencing face to face when guidance allows.
 - ICS – continue collaboration with ICS to progress key deliverables – in particular interoperability of care records.

Performance against key measures

Die Well



Increase the percentage of people who have, or are offered, a personal health budget towards end of life (fast-track)

Reduce the average number of patients per month identified as fast-track, who died in hospital whilst being delayed to be discharged

Reduce the number of older people who die within 7 days of an emergency hospital admission

Reduce the number of older people who die within 14 days of an emergency hospital admission

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Latest Period	Performance	Direction of travel	Trend
The process for hospital discharges has changed since the COVID-19 outbreak			
Mar-21	13	↓ Improving	
Mar-21	16	↓ Improving	

2020
2019
2018
2017
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2003
2002
2001
2000

What are the challenges for Die Well, how are we mitigating them?

Upcoming challenges	Key actions
Ensuring End of Life plans are met	<ul style="list-style-type: none">▪ Mountbatten 24 hour service being further developed to provide home visits, enhancing the current 24 hour helpline▪ End of Life register developed in conjunction with key stakeholders
Identifying people as requiring End of Life care	<ul style="list-style-type: none">▪ Weekly call with NHS Solent, Mountbatten Hampshire, CCG & UHS reinstated to discuss EOL pathway▪ Continued discussions regarding complex cases▪ Review of capacity within the Mountbatten Community team

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	PRIMARY CARE UPDATE
DATE OF DECISION:	21 OCTOBER 2021
REPORT OF:	NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CLINICAL COMMISSIONING GROUP

<u>CONTACT DETAILS</u>		
Executive Director	Title	Stephanie Ramsey Managing Director, Southampton
Author:	Title	Phil Aubrey-Harris Deputy Director of Primary Care, Southampton

STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
This paper is to provide an update on the latest developments in primary care in Southampton.		
RECOMMENDATIONS:		
	(i)	That the Panel notes the update and discusses the issues raised in the paper.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To ensure the Health Overview and Scrutiny Panel has an understanding of primary care in Southampton and new developments following the COVID-19 pandemic.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	N/A	
DETAIL (Including consultation carried out)		
3.	This report summarises the CCGs work programmes related to delegated Primary Care commissioning functions in Southampton, and includes a brief summary of some key achievements, priorities, and plans for the future.	
4.	Primary care is currently very busy and meeting the needs of more patients now than ever before. The method of seeing patients has widened, supporting access, with telephone and online consultations becoming more widely used in GP practices following new ways of working during the COVID-19 pandemic. All GP practices have continued to offer face-to-face appointments throughout the pandemic when clinically appropriate to do so, and this remains the case today.	
5.	Commissioning arrangements remain as before, with the CCG receiving delegated responsibility from NHS England. Within the newly merged CCG, primary care is handled at a Southampton 'place' based level, which reports to a CCG-wide Primary Care Commissioning Committee. These new governance arrangements for commissioning do not represent a significant	

	change. A larger CCG has allowed for better and more streamlined ways of working, such as learning from best practice of other areas and closer working across boundaries.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
6.	N/A
<u>Property/Other</u>	
7.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
8.	N/A
<u>Other Legal Implications:</u>	
9.	N/A
RISK MANAGEMENT IMPLICATIONS	
10.	N/A
POLICY FRAMEWORK IMPLICATIONS	
11.	N/A

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Primary care update

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Primary Care in Southampton

October 2021

1. Context

- 1.1. This report summarises the CCGs work programmes related to delegated Primary Care commissioning functions in Southampton, and includes a brief summary of some key achievements, priorities, and plans for the future.
- 1.2. Primary care is currently very busy and meeting the needs of more patients now than ever before. The method of seeing patients has widened, supporting access, with telephone and online consultations becoming more widely used in GP practices following new ways of working during the COVID-19 pandemic. All GP practices have continued to offer face-to-face appointments throughout the pandemic when clinically appropriate to do so, and this remains the case today.
- 1.3. Patients who are COVID-19 positive remain able to receive face-to-face appointments with a GP or primary care health practitioner in a safe setting, if clinically necessary. These appointments take place at a 'hot site', located at the Portswood Surgery site on Belmont Road, Portswood. Patients of Solent GP Surgery, who would normally use the site, can use the Nicholstown Surgery site for face-to-face appointments.
- 1.4. At present there are 26 GP practices in Southampton, running out of 37 sites, serving a population of 290,000.
- 1.5. Commissioning arrangements remain as before, with the CCG receiving delegated responsibility from NHS England. Within the newly merged CCG, primary care is handled at a Southampton 'place' based level, which reports to a CCG-wide Primary Care Commissioning Committee. These new governance arrangements for commissioning do not represent a significant change. A larger CCG has allowed for better and more streamlined ways of working, such as learning from best practice of other areas and closer working across boundaries.
- 1.6. There are a number of exciting developments in primary care in Southampton. The projects mentioned below are the result of close collaboration between commissioners, GP practices, Primary Care Networks (PCNs), wider NHS providers, and the voluntary sector.

2. Development of Primary Care Networks (PCNs)

- 2.1. In 2019 NHS England launched its new Five Year Primary Care Contract Framework and the associated Directly Enhanced Service for Primary Care Networks (PCN DES). These arrangements have led to the development of six PCNs in the city which bring together groups of local GP practices to work

collaboratively to support primary care resilience, promote access and develop more integrated models of care working with other local health and care providers.

- 2.2. There are significant additional investments associated with PCNs, the largest of which is to fund additional roles, via the Additional Roles Reimbursement Scheme. These new roles include pharmacists, social prescribers and physiotherapists (among others) which will grow capacity in primary care services and broaden the range of services available to patients.

3. Appointments in primary care

- 3.1. All practices are offering face to face, online and telephone urgent and routine appointments for patients.
- 3.2. Whereas nationally rules around shops and non-clinical settings have now been relaxed, the NHS in England continues to follow Public Health England's infection prevention control guidelines.
- 3.3. This means NHS guidance remains in place across all health services including hospitals, GP practices, dental practices, optometrists and pharmacies to ensure patients and staff are protected. Staff, patients and visitors will also be expected to continue to follow social distancing rules when visiting any care setting as well as using face coverings, mask and other personal protection equipment. It is very important that in healthcare settings, we do all we can to reduce the risk of infection for our staff and those who need our care.
- 3.4. GP practices are offering face-to-face appointments when it is clinically appropriate to do so, but are also handling queries from patients via telephone and online (through e-Consult). GP practices locally are encouraging patients to use E-consult in the first instance if they are confident internet users.
- 3.5. Across Hampshire and Isle of Wight, the data for July 2021 for appointments at GP practices is as follows:
 - Total appointments with a GP practice given: 735,035
 - GP appointments: 357,515
 - Other appointments with healthcare professionals: 353,564
 - Did not attend: 27,439
 - Same day appointment given: 338,385
 - Next day appointment given: 61,141
 - 2-7 days appointment given: 145,744
 - Face-to-face appointments given: 413,000
 - GP home visits: 5,582
 - Telephone calls: 290,292

- Video/online: 4,484

E-consult appointments are in addition to the above and for many practices this represents a significant level of activity with some larger practices receiving several hundreds of e-consults each week.

4. Vaccination programme in primary care

4.1. The Government announced its plans for the current phase of the COVID-19 vaccination programme as part of its wider autumn and winter strategy, which is now being delivered through numerous routes, including primary care. Details of who is eligible for the vaccine are as follows:

- People aged over 16 who are yet to receive a first or second COVID-19 vaccination dose remain eligible. Even if you have previously declined the opportunity of a vaccine, the offer is still open for you to get the jab should you wish to.
- The vaccine is also now being offered to people between the ages of 12 and 15. Parental, guardian or carer consent will be sought by vaccination healthcare staff prior to vaccination of anyone aged 12 to 15. This cohort is receiving the vaccination primarily through the School Immunisations team, provided by Solent NHS Trust.
- We continue to identify and offer the vaccination to those aged 12 to 15 who either live with someone who is more likely to get infections or have a condition that means they're at high risk from COVID-19.
- We also continue to identify and offer a third jab to people aged 12 and over who are immunosuppressed following updated guidance from the Joint Committee on Vaccination and Immunisation (JCVI).
- A booster jab is available to people who have previously received two vaccine doses to ensure continued protection for those most at risk. The booster is being offered to people in priority groups 1 - 9 identified by the JCVI. National guidance states that the booster should be offered no earlier than six months after the second dose. The NHS will contact people when it is time for them to receive the booster vaccination.

5. Contract developments – Living Well Partnership

5.1. The CCG recently received an application from The Living Well Partnership to merge its two contracts with the CCG together into one. The Living Well Partnership provides GP services locally to its 38,000 patients from a number of surgery sites. One GP practice is within the city of Southampton, east of the River Itchen, and operates from five surgery sites. The other GP practice, St. Luke's and Botley Surgeries, has sites in Hedge End and Botley.

5.2. The two practices already work together within one Primary Care Network (PCN). A PCN brings GP practices together to work at scale to provide a wide range of services to patients and to integrate with other health and care service providers.

- 5.3. The Living Well Partnership has operated the two practices with one clinical and management team. It has requested to merge the two practices together into one NHS contract from 1st October 2021, and the CCG has approved its application.
- 5.4. This means the two separate NHS General Medical Services (GMS) contracts held by The Living Well Partnership will now merge into one. By merging the separate NHS contracts, which currently use two different IT systems to manage records and work with patients, there will now be one system.
- 5.5. The benefits of a contract merger will reduce the administrative work for both clinical and non-clinical staff and free up time and resources for the practice clinical team to see and treat patients.
- 5.6. The CCG received feedback from the public about the proposal and issues raised during this, such as patient access and concern over travel, were considered by the GP practice and the committee.
- 5.7. The contract merger does not mean any site will be closed and patients will still be able to use their local site. Patients registered with either practice will not experience changes to the GP services they receive or to the services they are referred to by their GP.

6. Estate developments

Shirley Health Partnership

- 6.1. Shirley Health Partnership (the Partnership) currently occupies the ground floor of Shirley Health Centre in Grove Road, Southampton. This is a short distance from the main retail area along Shirley Road.
- 6.2. Shirley Health Centre is owned by NHS Property Services. The building dates back to the 1970s. As it stands, the building is outdated and not configured in a way suitable to meet the demands of modern integrated health and care.
- 6.3. With regard to the Partnership's current patient list of around 14,000 patients (and expected to grow to over 16,000 by 2030), the site is too small. There is also a pressing need to provide additional space to allow for the expansion of locality-based services such as Steps2Wellbeing ("talking therapies"), community midwifery services, and an array of Primary Care Network services for west Southampton – e.g. social prescriber, first contact physiotherapist, pharmacist.
- 6.4. During 2017 and 2018, the feasibility of redeveloping the existing building was examined. Due to practical issues, such as considerable logistical challenges with redeveloping an operational health centre, redevelopment on the existing site was not taken forward. This prompted the Partnership to consider relocating

to a new site in the locality and to investigate this further the Partnership sought the advice of a specialist property firm – Haven Health Properties.

- 6.5. In the Spring of 2020, and with the assistance of Haven, the Partnership identified a suitable site 1/3rd mile away at 355 Shirley Road. The site had recently been vacated by Lidl who had moved to new, larger premises nearby. The Partnership and Haven jointly developed outline proposals to convert the empty supermarket building into a modern, functional health centre that would meet all the required technical, regulatory and environmental standards.
- 6.6. Having reviewed the high-level plans, the CCG agreed that the relocation option warranted further more detailed consideration and the Partnership was invited to bring forward, with Haven's assistance, a more detailed business case. The detailed business case and supporting floorplans, schedules of accommodation and costings were received from the Partnership in December 2020 and reviewed by the CCG in January 2021.
- 6.7. The Partnership was advised that the proposal was broadly supported by the CCG subject to a number of important caveats including an engagement exercise to establish patient views on the proposed relocation and an application to the City Council for change of use planning permission.
- 6.8. The Partnership engaged with its patient population over its proposal. They have received a response to their survey from 2,253 of their patients. This is around 16% of the Partnership's patient population. Of these, 1,994 (89%) would support a move to a new purpose built health centre in Shirley.
- 6.9. Planning permission was approved earlier this year, and the CCG has also formally supported the proposal.

New facility for population in central Southampton

- 6.10. As part of the proposals to make more use of existing space on the Royal South Hants Hospital site the CCG is currently considering options for development of a significant Primary Care facility on the site. This is a long term project and the Panel were updated on its progress at the August 2021 meeting.

Highfield Health move to new premises

- 6.11. Highfield Health is a GP practice located in the Highfield area of the city. In July the surgery moved to a new location, at 38 Highfield Road, remaining in the same area of the city serving the same patients. Its previous location, on the University of Southampton Highfield campus, is being redeveloped and therefore the university supported the practice to move to new and refurbished accommodation. The new site on Highfield Road had previously been a branch site for Mulberry House Surgery.

- 6.12. Located conveniently between the University's Highfield and Avenue campuses, this new location provides larger, newly renovated premises that enables the practice to continue to offer a high quality service to its patients and remain at the heart of the Highfield community.

7. Patient feedback and satisfaction

- 7.1. This year's patient survey results were published in July 2021, based on research which took place during January – March 2021.
- 7.2. It is encouraging that local patients rate their GP practices largely in-line with the national averages, but we accept some practices show disappointing results for patient satisfaction. Every year in Southampton we share best practice of those practices who score very highly so that practices can learn from each other. Where practices are scoring below expectations, we are working with them to better understand and improve the patient experience. It is important to note that the CCG and all GP practices want to reduce the inequalities that have been exposed by the pandemic. We also recognise this has been an exceptionally challenging year for everyone, including patients and GP practice staff.

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	MONITORING SCRUTINY RECOMMENDATIONS		
DATE OF DECISION:	21 OCTOBER 2021		
REPORT OF:	SERVICE DIRECTOR - LEGAL AND BUSINESS OPERATIONS		
<u>CONTACT DETAILS</u>			
Executive Director	Title	Deputy Chief Executive	
	Name:	Mike Harris	Tel: 023 8083 2882
	E-mail	Mike.harris@southampton.gov.uk	
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	Name:	Mark Pirnie	Tel: 023 8083 3886
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STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.			
RECOMMENDATIONS:			
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel (HOSP). It also contains a summary of action taken in response to the recommendations.		
4.	The progress status for each recommendation is indicated and if the HOSP. confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the HOSP.		
RESOURCE IMPLICATIONS			

<u>Capital/Revenue</u>	
5.	None.
<u>Property/Other</u>	
6.	None.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	None.
POLICY FRAMEWORK IMPLICATIONS	
10.	None
KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Monitoring Scrutiny Recommendations – 21 October 2021
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents	
Equality Impact Assessment and Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Health Overview and Scrutiny Panel (HOSP)

Scrutiny Monitoring – 21 October 2021

Date	Title	Action proposed	Action Taken	Progress Status
02/09/21	RSH and Western Community Hospital update	1) That the Panel are provided with a diagram identifying the key milestones / decisions for the project, reflecting the dependencies in play.	Circulated to the Panel – 29/09/21	Complete

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