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Health Overview and Scrutiny Panel

Thursday, 6th February, 2025
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

Members

Councillor W Payne (Chair)
Councillor Houghton
Councillor Kenny
Councillor Noon
Councillor Gravatt
Councillor Greenhalgh
Councillor Renyard

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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 2022-2030 sets out the four key goals:

- **Strong Foundations for Life.**- For people to access and maximise opportunities to truly thrive, Southampton will focus on ensuring residents of all ages and backgrounds have strong foundations for life.
- **A proud and resilient city** - Southampton's greatest assets are our people. Enriched lives lead to thriving communities, which in turn create places where people want to live, work and study.
- **A prosperous city** - Southampton will focus on growing our local economy and bringing investment into our city.
- **A successful, sustainable organisation** - The successful delivery of the outcomes in this plan will be rooted in the culture of our organisation and becoming an effective and efficient council.

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 3.

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

2024	2025
27 June	6 February
5 September	3 April
31 October – moved to 7 November	
5 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 - 4)

To approve and sign as a correct record the minutes of the meeting held on 5 December 2024 and to deal with any matters arising, attached.

7 UHS - UPDATE ON PRESSURES AND PERFORMANCE (Pages 5 - 20)

Report of the Chief Operating Officer, University Hospital Southampton NHS Foundation Trust, updating the Panel on the pressures and performance at University Hospital Southampton.

8 **PRIMARY CARE UPDATE** (Pages 21 - 28)

Report of NHS Hampshire and Isle of Wight providing an update on primary care in Southampton.

9 **INTEGRATED NEIGHBOURHOOD WORKING UPDATE** (Pages 29 - 38)

Report of NHS Hampshire and Isle of Wight providing the Panel with an update on the development of integrated neighbourhood working models.

10 **MONITORING SCRUTINY RECOMMENDATIONS** (Pages 39 - 42)

Report of the Scrutiny Manager enabling the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

Wednesday, 29 January 2025 Director – Legal and Governance

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 5 DECEMBER 2024

Present: Councillors W Payne (Chair), Houghton, Kenny, Noon, Gravatt, Greenhalgh and Renyard

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

RESOLVED: that the minutes for the Panel meeting on 7 November 2024 be approved and signed as a correct record.

21. **HEALTHWATCH SOUTHAMPTON**

The Panel considered the report of Healthwatch Southampton which updated the Panel on the current health and social care issues being raised by the public to Healthwatch Southampton.

Amanda Kelly, Healthwatch Southampton Manager was in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- Healthwatch was part of a national network that guided councils and local decision makers on public views regarding health services. Feedback was gathered by Healthwatch through surveys, community engagement events and visits to local health services throughout the year.
- The priorities remained similar to the previous year with most comments from the public focussing on access to GP appointments, dental services, adult mental health and day services.
- Members felt there were many residents who were not aware of Healthwatch Southampton.
- Promotional material was distributed to health centres however it had been observed that there were fewer poster and leaflets on display in waiting rooms since the pandemic.
- There had been an increase in the number of people who completed the Healthwatch survey this year.
- There had been a steady rise in the number of reports of problems with getting to appointments and Healthwatch had initiated research to look at how people travel to access appointments at the local hospitals.

RESOLVED that, to raise the profile of Healthwatch Southampton and the important role the organisation played, Healthwatch Southampton would seek to promote itself as widely as possible, including posters and leaflets in Southampton GP practices.

22. **COMMUNITY WELLBEING - PERFORMANCE AND TRANSFORMATION**

The Panel considered the report of the Scrutiny Manager which recommended that the Panel challenged and considered the appended information provided by the Director of Adult Social Care, relating to the performance of Community Wellbeing services, the current financial position of the service and the service transformation programme.

Adult Learning Disability Residential Respite Service User Group Representatives, Lynette Hall, Pat Larmond and Amanda Guest; Way Ahead Representative, Alex Grant; Southampton City Council Officers, Robert Henderson, Executive Director for Community Wellbeing, Children and Learning; Kay Reeve, Director of Adult Social Care and Councillor Finn, Cabinet Member for Adults and Health were in attendance and, with the consent of the Chair, addressed the meeting.

Kay Reeve, Director of Adult Social Care, provided the Panel with an overview of the performance of Adult Social Care services in Southampton and an update on the service transformation programme.

The Panel discussed a number of points including:

- The requirement for further development of the performance dashboard. Consultants from Newton (Europe) had been engaged to assist with the development of performance metrics for the service.
- A new performance lead had been appointed to collate and analyse data and drive improvement plans for the service.
- Clarity of purpose and roles within the service had been established, and service development focused on making processes more efficient, promoting cultural transformation, with clear values, and career paths for staff.
- The number of people who had indicated they were satisfied with the decisions reached at the end of safeguarding investigations had increased.
- The new home care framework had led to an increase in satisfaction with the speed of arranging home care from when the request was made.
- Direct payments were still underutilised but the increased visibility provided by the virtual wallet that had been introduced had helped to identify where more support was needed.
- The whole life pathway transformation programme focussed on the themes of living well and ageing well, good decision making enabled, putting in place the right support at the right time to help promote independence, prevent people from needing more intensive care, and to help people return to living independently after hospital discharge.
- Transformation also focused on ensuring that young adults were supported to, where possible, live independently in the community rather than being placed in residential care.
- The consultation phase for proposed changes to overnight residential respite for adults with learning disabilities was ongoing. The proposals aimed to achieve best value and economies of scale for the council by providing services directly, which would help to achieve budget savings whilst maintaining service quality.
- Representatives in attendance raised concerns about the consultation process, the potential impact of the options proposed on service users and carers, the potential long-term cost to the council and the NHS associated with the options presented, and the lack of trust in the council.
- The representatives expressed appreciation for the quality of service that was being provided at Weston Court by the current service provider.

- Reflecting concerns about the limited financial information provided, representatives requested information on the financial assessments that had underpinned the selection of the proposed options.
- The Adult Learning Disability Residential Respite Provision decision making report would be scrutinised at the 23 January 2025 meeting of the Overview and Scrutiny Management Committee. This would enable the views of representatives to be considered prior to Cabinet decision on 28 January 2025.

RESOLVED That the Cabinet Member and senior officers would continue the dialogue with carers and families about the future of respite care provision in Southampton throughout the consultation process.

23. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel received and noted the report of the Scrutiny Manager which enabled the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

It was noted that the South Central Ambulance Service Improvement Programme update was still in progress and would be provided soon.

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	UHS - UPDATE ON PRESSURES AND PERFORMANCE
DATE OF DECISION:	6 FEBRUARY 2025
REPORT OF:	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST

CONTACT DETAILS		
Executive Director	**Title**	**Chief Operating Officer**
	Name:	**Joe Teape**
	E-mail	**Joe.Teape@uhs.nhs.uk**
Author:	**Title**	**Deputy Chief Operating Officer**
	Name:	**Duncan Linning-Karp**
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STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
Attached as Appendix 1 is an update on current pressures and performance at University Hospital Southampton.		
RECOMMENDATIONS:		
	(i)	The Panel is asked to note the attached briefing paper.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To update the Panel on current pressures and performance at University Hospital Southampton.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	N/A	
DETAIL (Including consultation carried out)		
3.	UHS consistently benchmarks in the upper quartile or upper half when compared to similar Trusts. This is despite growth in demand for both elective and non-elective services. However, we are not meeting the constitutional standards and significant work is taking place to improve patients' access and waiting times.	
4.	This is despite significant pressure, particularly through the Emergency Department and on non-elective pathways. As well as usual winter pressures, there has been a challenging influenza season, with up to 80 patients admitted at one time, and the number of patients not meeting the criteria to reside remains high.	
5.	The appendices outline UHS's performance against the key constitutional standards and quality markers.	

RESOURCE IMPLICATIONS	
Capital/Revenue	
6.	N/A
Property/Other	
7.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
8.	N/A
Other Legal Implications:	
9.	N/A
RISK MANAGEMENT IMPLICATIONS	
10.	N/A
POLICY FRAMEWORK IMPLICATIONS	
11.	N/A

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	All
SUPPORTING DOCUMENTATION	
Appendices	
1.	An update on pressures and performance at University Hospital Southampton
2.	Performance against key access and quality targets

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
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	

Appendix 1

This paper will provide an update on University Hospital Southampton NHS Foundation Trust's (UHS) performance against key metrics, and also current operational pressures. The narrative is correct at the time of writing (January 2025), while the performance reflects the latest published month.

Performance saw a significant deterioration during the COVID-19 pandemic, but there have been improvements since, with particular success in treating the longest waiting patients, and improving waiting times for cancer patients. This has been against a backdrop of rising demand, both for emergency and elective treatment, and a consistently high number of patients not meeting the criteria to reside (patients who are medically fit for discharge but are waiting for either ongoing health or social care external to the hospital).

UHS benchmarks against comparable teaching hospitals, and consistently performs in the upper quartile or upper half for the key constitutional standards. Published data is only available to November, or December for some metrics.

Teaching hospital comparison

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
CWT 28 day	5	9	5	4	10	9	6	3	3	1	1	1	1	1	1	1	1	1	5	6	5	2	3	1	
CWT 31 day	10	15	16	16	16	17	18	14	17	12	14	9	8	8	10	6	7	13	13	8	7	6	6	6	
CWT 62 day	8	6	3	9	5	6	5	2	1	1	2	3	2	2	1	3	3	5	5	6	2	2	2	1	
Diagnostics	12	12	12	12	11	11	11	10	10	8	7	7	7	7	5	5	5	4	5	5	5	5	6	6	
ED	4	3	3	3	5	7	5	5	5	7	7	7	5	2	3	2	5	2	4	5	6	4	4	9	12
RTT 52ww	7	7	8	8	8	7	6	4	4	4	4	5	4	4	5	7	6	6	5	3	3	3	4	6	
RTT 65ww	6	6	5	5	4	4	4	4	5	5	3	3	3	3	3	3	3	2	2	1	1	2	1	2	
RTT 78ww	7	7	6	4	4	5	8	8	7	6	5	6	5	5	5	10	10	10	11	9	9	4	8	8	
RTT Perf	5	5	5	6	6	5	5	6	6	6	5	4	4	4	4	4	4	4	4	3	4	4	3	5	

TQ = Top Quartile TH = Top Half BH = Bottom Half

(see below for definitions)

However, performance, particularly against the 4-hour emergency access target, has declined in December and January. This has been driven by a combination of increased demand, with attendances to the Emergency Department consistently over 400 a day, and high occupancy. We have seen twin pressures of a high level of infection, particularly influenza, and a significant number of patients not meeting the criteria to reside. At times 25% of our beds have been occupied by these patients, who medically do not need to be in hospital.

At the time of writing the number of patients admitted with influenza is decreasing, but the number of patients not meeting the criteria to reside remains high, at 226 on the 22nd of January. This has led to us using approximately 50 surge beds to support patient flow through January.

The following pages outline the UHS's performance against key access and quality targets.

Definitions:

CWT 28 day – the percent of patients on a cancer pathway who receive a diagnosis within 28 days.

CWT 31 day – the percent of patients on a cancer pathway who start treatment within 31 days of a diagnosis.

CWT 62 day – the percent of patients on a cancer pathway who start treatment within 62 days of an urgent cancer referral.

Diagnostics – the percent of patients who receive their diagnostic test within 6 weeks of referral.

ED – the percent of patients who are seen, treated and admitted or discharged within 4 hours of arrival at the Emergency Department.

RTT 52 weeks – the number of patients waiting over 52 weeks for treatment from the date of referral.

RTT 65 weeks – the number of patients waiting over 52 weeks for treatment from the date of referral.

RTT 78 weeks – the number of patients waiting over 52 weeks for treatment from the date of referral.

RTT Perf – the percent of patients who are treated within 18 weeks of referral.

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD
31	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 17)	75%	62.7%													62.4%	≥92%	63.5%
		50%	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4															
			6 5 4 4 4 4 4 4 4 4 3 4 4 3															
39	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 19) South East average (& rank of 17)	100%	69.7%													77.5%	≥70%	75.4%
		40%	6 9 7 6 4 3 7 4 9 7 6 4 5 5															
			1 2 3 2 2 1 3 3 5 5 6 2 2 2															
39 - As of April 2024, YTD and Monthly targets changed from 85% to 70% in line with latest operational guidance																		
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 16) South East average (& rank of 16)	95%	55.8%													56.1%	≥95%	65.7%
		30%	12 10 11 8 4 4 4 9 6 8 6 10 6 6 12															
			7 7 7 5 2 3 2 5 2 4 5 6 4 4 9															
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching Hospital average (& rank of 20) South East Average (& rank of 18)	40%	15.8%													13.4%	≤5%	11.83%
		0%	8 7 7 7 7 5 5 5 4 5 5 5 5 6															
			7 7 6 7 5 5 4 5 5 5 6 6 6 8															
37 - As of April 2024, YTD and **Monthly Target changed from 1% to 5%** to reflect latest guidance																		

Outcomes		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
1	HSMR (Rolling 12 Month Figure) - UHS HSMR (Rolling 12 Month Figure) - SGH	95.0 85.5 84.3												89.5 87.5		75.0	≤100	87.5	≤100
2	HSMR - Crude Mortality Rate	3.0% 2.7%												2.5%		2.2%	<3%	2.1%	<3%
3	Percentage non-elective readmissions within 28 days of discharge from hospital	15% 11.9%												12.3%		10%	-	11.8%	-
		Q4 2023/2024			Q1 2023/2024			Q2 2023/2024			Q3 2024/2025			Q4 2024/2025			Quarterly target		
4	Cumulative Specialties with Outcome Measures Developed (Quarterly)	80 72			73			75			76			76		70	+1 Specialty per quarter		
5	Developed Outcomes RAG ratings (Quarterly) Red Amber Green	100% 37 75 75% 333 50%			41 67 335			41 62 334			36 77 342			39 79 319			-		

Red : below the national standard or 10% lower than the local target
Amber : below the national standard or 5% lower than the local target
Green : within the national standard or local target

Safety		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
6	Cumulative Clostridium difficile **Most recent 12 Months** vs. **Previous 12 Months**	65 69	73 79	77 85	84 93	9 12	14 19	22 29	27 38	37 51	47 61	55 71	60 81				≤8	81	≤64
7	MRSA bacteraemia	0	1	2	1	2	0	1	1	0	0	0	0	1	0	0	0	2	0
8	Gram negative bacteraemia	15	28	20	18	22	19	16	31	25	25	29	22	35	23	29	≤19	219	≤144
9	Pressure ulcers category 2 per 1000 bed days	0.29														0.40	<0.3	0.39	<0.3
10	Pressure ulcers category 3 and above per 1000 bed days	0.36														0.33	<0.3	0.31	<0.3
11	Medication Errors (severe/moderate)	0														2	≤3	16	24
12	Watch & Reserve antibiotics, usage per 1,000 adms **Most recent months** vs. **2023/24**													2,702		2,613	<2625	2,513	<2580

12 - Beginning June 2024, target and comparison changed in accordance with National Action Plan.

Safety		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
13	Patient Safety Incident Investigations (PSIIs) (based upon month reported, excluding Maternity)			0												1	-	7	-
13a	Never Events			3												1	0	5	0
14	Patient Safety Incident Investigations (PSIIs)- Maternity			0												0	-	0	-
15	Number of falls investigated per 1000 bed days			0.00												0.05	-	0.12	-
16	% patients with a nutrition plan in place (total checks conducted included at chart base)			95.7%												96.7%	≥90%	94%	≥90%
				772	770	932	935	962	961	1,012	930	973	977	930	869	826	964	961	
17	Red Flag staffing incidents			22												20	-	143	-

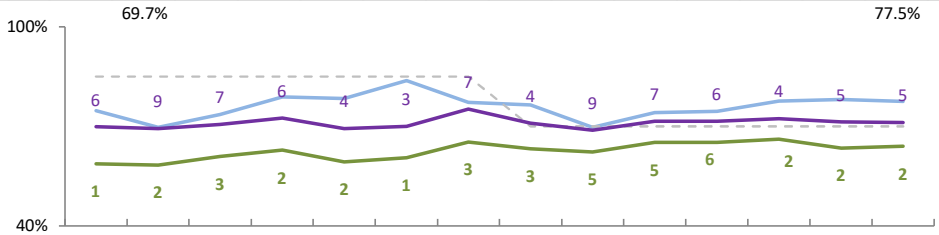
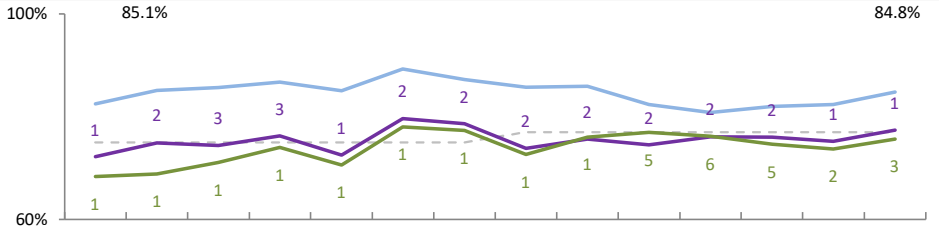
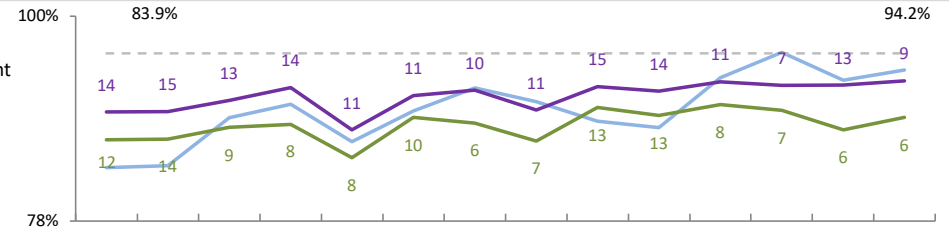
Maternity		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
18	Birth rate and Bookings Birth Rate - total number of women birthed Bookings - Total number of women booked	400 / 442	467 / 446	409 / 469	428 / 392	406 / 483	401 / 429	428 / 409	411 / 448	415 / 633	379 / 517	390 / 501	400 / 480	410 / 403	438 / 523	392 / 451	-	-	-
19	Staffing: Birth rate plus reporting / opel status - number of days (or shifts) at Opel 4.	3	3	1	4	4	0	6	0	3	8	8	2	12	6	1	-	-	-
20	Mode of delivery % number of normal birthed (women) % number of caesarean sections (women)	43.50% / 43.00%	44.33% / 43.47%	45.23% / 43.52%	49.30% / 38.55%	47.29% / 39.16%	50.62% / 38.90%	46.73% / 40.89%	45.99% / 43.80%	46.51% / 39.04%	53.03% / 35.88%	44.80% / 44.40%	44.25% / 43.00%	43.90% / 42.44%	41.10% / 48.40%	46.68% / 41.07%	-	-	-

Patient Experience		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
21	FFT Negative Score - Inpatients	3%		0.2%												0.4%	≤5%	0.7%	≤5%
		0%																	
22	FFT Negative Score - Maternity (postnatal ward)	10%		2.3%												3.2%	≤5%	2.3%	≤5%
		0%																	
23	Total UHS women booked onto a continuity of carer pathway	30%		8.9%												16.0%	≥35%	14.0%	≥35%
		0%																	
24	Total BAME women booked onto a continuity of carer pathway	100%		11.8%												15.6%	≥51%	20.3%	≥51%
		0%																	
25	% Patients reporting being involved in decisions about care and treatment	100%		89.6%												87.3%	≥90%	88.0%	≥90%
		80%																	
26	% Patients with a disability/reporting additional needs/adjustments met (total questioned at chart base)	100%		87.5%												88.5%	≥90%	88.3%	≥90%
		80%	214	234	336	208	272	304	268	339	340	280	258	317	221	353	247			
26 - Performance is a scored metric with a "Yes" response scoring 1, "Yes, to some extent" receiving 0.5 score and other responses scoring 0.																			
27	Overnight ward moves with a reason marked as non-clinical (excludes moves from admitting wards with LOS<12hrs)	100		90												61	-	484	-
		0																	

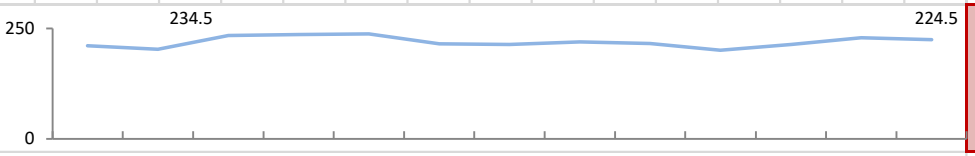
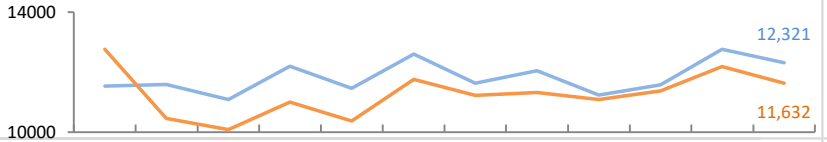
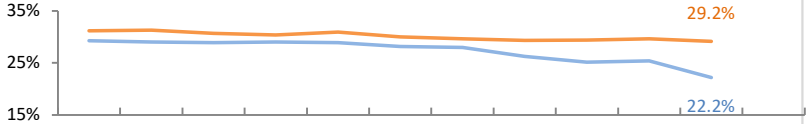
	Access Standards	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
28	Patients spending less than 4hrs in ED - (Type 1) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 16)	55.8%														56.1%	≥95%	65.7%	≥95%
29	Average (Mean) time in Dept - non-admitted patients	03:47														03:33	≤04:00	03:19	≤04:00
30	Average (Mean) time in Dept - admitted patients	06:25														05:40	≤04:00	05:32	≤04:00
31	% Patients on an open 18 week pathway (within 18 weeks) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	62.7%														62.4%	≥92%	63.5%	≥92%
32	Total number of patients on a waiting list (18 week referral to treatment pathway)	59075														60338	-	60,338	-
33	Patients on an open 18 week pathway (waiting 52 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	1835														1340	≤1393	1340	≤1393

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
34	Patients on an open 18 week pathway (waiting 65 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	278														24	0	24	0
35	Patients on an open 18 week pathway (waiting 78 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	22														4	0	4	0
35a	Patients on an open 18 week pathway (waiting 104 weeks+) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	1														0	0	0	0
36	Patients waiting for diagnostics	8341														9428	-	9,428	-
37	% of Patients waiting over 6 weeks for diagnostics UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)	15.8%														13.4%	≤5%	11.8%	≤5%

37 - As of **April 2024**, **YTD and Monthly Target** changed from **1% to 5%** to reflect latest guidance

			Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
39	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)																	≥70%	75.4%	≥70%
39 - From October 2023 data onwards, the 62 day standard metric published in NHS england data combines Urgent Suspected Cancer and Breast Symptomatic with previously excluded Screening and Upgrade routes. As of April 2024, YTD and Monthly targets changed to 70% in line with latest operational guidance																				
40	Cancer 28 day faster diagnosis Percentage of patients treated within standard UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)																	≥77%	83.3%	≥77%
40 - As of April 2024, YTD and monthly targets changed from 75% to 77% in line with latest operational guidance																				
41	31 day cancer wait performance - decision to treat to first definitive treatment (Most recently externally reported data, unless stated otherwise below) UHSFT Teaching hospital average (& rank of 20) South East average (& rank of 18)																	≥96%	83.3%	≥96%
41	From October 2023 data onwards, the 31 day standard metric published in NHS england data combines First Treatment and Subsequent Treatment routes.																			

R&D Performance		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
43	Comparative CRN Recruitment Performance - non-weighted	17	17	16	15	15	15	15	9	7	6	9	9	8	10	8	Top 10	-	-
44	Comparative CRN Recruitment Performance - weighted	12	11	12	9	11	11	11	6	8	9	10	10	10	10	10	Top 5	-	-
45	Study set up times - 80% target for issuing Capacity & Capability within 40 Days of Site Selection	60%	67%	46%	88%	55%	50%	64%	50%	55%	47%	100%	44%	38%	78%	36%	-	-	-
46	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	16.7%	133.3%	133.3%	84.7%	65.2%	157.6%	75.0%	26.8%	119.5%	70.7%	51.2%	90.2%	80.5%	26.8%	10.1%	≥5%	-	-

Local Integration		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
47	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	225	-
48	Emergency Department activity - type 1 This year vs. last year																-	95,660	-
49	Percentage of virtual appointments as a proportion of all outpatient consultations This year vs. last year																≥25%	0.0%	≥25%

Digital		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly target	YTD	YTD target
50	My Medical Record - UHS patient accounts (cumulative number of accounts in place at the end of each month)			181762												223745	-	223,745	-
51	My Medical Record - UHS patient logins (number of logins made within each month)			33304												38230	-	292,698	-
51 - The YTD Figure shown represents a rolling average of MMR logins per month within the current financial year																			
52	Average age of IT estate Distribution of computers per age in years			0	0	21	19	33	59	172	476	684	979	2270	2850	1810	1890	-	-	-
53	CHARTS system average load times - % pages loaded <= 5s - % pages loaded <= 3s			99.8%	99.7%	99.8%	99.8%	99.8%	99.8%	99.8%	99.3%	99.2%	99.3%	99.3%	99.4%	99.4%	99.4%	99.3%			
53 - From **April 2024** , metric was changed from % loading time**s under 5s** to % loading times **under 3s**																			

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	PRIMARY CARE UPDATE
DATE OF DECISION:	6 FEBRUARY 2025
REPORT OF:	NHS HAMPSHIRE AND ISLE OF WIGHT

CONTACT DETAILS		
Executive Director	**Title**	**Director of Primary and Local Care**
	Name	**James Roach**

STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
This report provides the panel with an update on our continued year-on-year improvement in patient access to GP appointments.		
RECOMMENDATIONS:		
	(i)	That the Panel notes the attached briefing paper and discusses the current status of GP appointment access, wider initiatives to support patients and primary care, and key areas of future focus.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To update the Panel on primary care in Southampton.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	N/A	
DETAIL (Including consultation carried out)		
3.	In the past year we have continued to see more appointments being made available to Southampton residents.	
4.	Access is at an all-time high. In response to increasing patient demand, GP practices are offering more appointments year-on-year; demand for these services continues to rise significantly due at least in part to the increasing complexity of our population's health in Southampton. October 2024 saw the highest ever recorded number of appointments in primary care in the city: 182k appointments in one month. This is 12k more appointments than the same period in 2023. This shows productivity rates of GP practices are exceptionally high and that the health need of patients is very high.	
5.	Timely appointments and better service remain a priority. Latest data shows 48% of appointments take place on the same day or next day from point of booking. 70% of appointments were face to face in October – this is 10% above the Hampshire and Isle of Wight average.	
6.	This progress represents continued year-on-year improvement in patient access to appointments. There is more work to do as demand for services is growing at a faster rate than the increase in appointments. We are fully aware some people are still finding it hard to get an appointment when they would like one.	

7.	This report includes an update on access, context, wider improvement initiatives to support primary care, key areas of future focus and data sets.
RESOURCE IMPLICATIONS	
Capital/Revenue	
8.	N/A
Property/Other	
9.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
10.	N/A
Other Legal Implications:	
11.	N/A
RISK MANAGEMENT IMPLICATIONS	
12.	N/A
POLICY FRAMEWORK IMPLICATIONS	
13.	N/A

KEY DECISION?	**No**	
WARDS/COMMUNITIES AFFECTED:	ALL	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Primary care update: Southampton	

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 **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	

Hampshire and Isle of Wight

Primary care update: Southampton

Access to appointments and patient satisfaction

1. In the past year we have continued to see more appointments being made available to Southampton residents.

2. **Access at an all-time high:** In response to increasing patient demand, GP practices are offering more appointments year-on-year; demand for these services continues to rise significantly due at least in part to the increasing complexity of our population's health in Southampton. October 2024 saw the highest ever recorded number of appointments in primary care in the city: 182k appointments in one month. This is 12k more appointments than the same period in 2023. This shows productivity rates of GP practices are exceptionally high and that the health need of patients is very high.

3. **Timely appointments and better service:** latest data shows 48% of appointments take place on the same day or next day from point of booking. 70% of appointments were face to face in October – this is 10% above the Hampshire and Isle of Wight average.

4. **Leading the way on managing workforce:** 55% appointments are with wider clinicians than just GPs. This is future proofing a way of working to help tackle well-known workforce issues across the country.

Context

5. This progress represents continued year-on-year improvement in patient access to appointments. There is more work to do as demand for services is growing at a faster rate than the increase in appointments. We are fully aware some people are still finding it hard to get an appointment when they would like one. To help mitigate this, we are also extending access routes for our patients with options to be seen by other members of the Primary Care Multi-Disciplinary Team such as a nurse, pharmacist or physiotherapist.

6. Providing more appointments does not always equate to providing a better service, or improve the health of local people, and we are working with our

GPs and wider partners to implement short and long-term measures to improve the care and support local people receive.

7. We have been delivering the national Primary Care Recovery Plan and have a new local Primary Care Strategy that focuses on improving resilience of general practice in the short term and on changing how it works in future to better meet the needs of local people. This includes developing 'integrated neighbourhood teams' that will see teams of professionals working across local communities to provide more proactive and preventative care closer to home. These integrated neighbourhood teams will be integral to how health services are delivered locally out of hospital in your constituency in future.

Wider improvement initiatives to support primary care

8. More than 130,000 people across Hampshire and the Isle of Wight have used services offered by community pharmacists since December 2023 which has freed up many GP appointments. Following the initiative launched by the previous government, patients can now get treatment for seven common conditions directly from their local pharmacy, without the need for a GP appointment or prescription. This programme is known as 'Pharmacy First'. This has been very successful in Hampshire and Isle of Wight, where take-up rates are higher than other parts of England. It helps to relieve pressures on GP services and forms a key part of the overall agenda on prevention of ill-health.

9. We continue to work with Primary Care Networks (PCNs) to support full utilisation of the Additional Roles Reimbursement Scheme funding and are again forecasting 100% utilisation in Southampton this year.

10. We have also continued to support bids for transition funding enabling progression to modern general practice models, in line with national strategy. We have seen a high uptake of this offer across the city with more practices now having clinical input at the point of access as well as an increasing number proactively risk stratifying their patient lists which helps ensure continuity of care where that offers greatest impact.

11. Supporting our primary care providers with modern and fit for purpose estate remains a priority. In the past year, Shirley Health Partnership has moved into its new building on Shirley High Street. A former supermarket now renovated for clinical use, the building has more spacious waiting areas, dedicated clinical rooms, improved personal health space for blood pressure readings, and better toilet and parking facilities. The new building is located closer to public transport links and it plays a part in the urban regeneration of our high streets in the city.

Key areas of future focus

12. Key areas of focus over the coming year will be on our ‘signature moves’ (as explained in our paper on integrated neighbourhood working) and supporting colleagues working in primary care roles to deliver on them. Much of this will be through the continued development of integrated neighbourhood working.

13. We will continue to support transition to a modern general practice model ensuring those who need it receive continuity of care and that patients are seen in the right place by the right person when they need to be.

14. There will be ongoing engagement and communication with the public and the promotion of the broad range of professionals working in primary care will continue to be a focus for NHS Hampshire and Isle of Wight. This includes the ‘It Takes a Team’ campaign which aims to explain the benefits of the expanded workforce being utilised in primary care and why sometimes it is much more useful to see a member of the team other than a GP such as a social prescriber, pharmacist and physiotherapist.

15. There are some exciting opportunities to explore doing things differently for the cohorts of our population who fall under the ‘health inclusion’ umbrella to improve outcomes for those who find it more difficult to access mainstream services and we have begun engagement with partners and service users around this.

Data sets

16. The following set of tables provides an overview of the most recent data over a twelve-month period (December 2023 to November 2024).

GP Practice	Number of overall appointments	Total list size	Rate of appointments per 1,000 patients
Aldermoor Surgery	47,689	8,485	470
Alma Road Surgery (Southampton)	50,321	11,219	367
Atherley House Surgery	30,489	5,841	437
Brook House Surgery	35,952	6,366	469
Burgess Road Surgery	37,103	10,065	311
Cheviot Road Surgery	106,327	15,573	568
Highfield Health	13,185	*see note 1	200
Hill Lane Surgery	48,865	11,579	360
Living Well Partnership	242,814	46,582	438
Lordshill Health Centre	108,098	14,502	642
Mulberry House Surgery	10,932	*see note 2	370
Old Fire Station Surgery	41,586	8,674	399
Raymond Road Surgery	24,385	4,707	434
Solent GP Surgery	132,951	22,597	501
St. Mary's Surgery	153,257	27,814	487
St. Peters Surgery	52,528	7,009	654
Stoneham Lane Surgery	49,980	7,493	563
The Peartree Practice	128,398	19,457	557
The Shirley Health Partnership	64,778	13,829	394
University Health Service Southampton	64,928	38,588	171
Victor Street Surgery	52,633	11,380	377
Walnut Tree Surgery	40,979	4,660	736
West End Road Surgery	89,935	17,501	441
Woolston And Chartwell Partnership	128,406	22,177	483

- Note 1: Highfield Health merged its contract with University Health Service Southampton in July 2024.
- Note 2: Mulberry House Surgery merged its contract with St Mary’s Surgery in April 2024.
- Note 3: for the purposes of this report we have not included the Homeless Healthcare Service in Southampton, which is a bespoke service on a primary care contract and has a specific patient list of people aged 18 and over who are homeless or vulnerably housed.

Hampshire and Isle of Wight

Appointments by Mode

Appointment Mode	Appointments	Percentage
Face-to-Face	1,169,204	66.20%
Home Visit	15,757	0.89%
Telephone	495,319	28.05%
Unknown	30,645	1.74%
Video Conference/Online	55,207	3.13%
Grand Total	1,766,132	100.00%

Appointments by Healthcare Professional

Healthcare Professional Type	Appointme..	Percentage
GP	772,694	43.75%
Other Practice staff	970,425	54.95%
Unknown	23,013	1.30%
Grand Total	1,766,132	100.00%

Appointments by Waiting Time

Time Between Book And Appt	Appointmen..	Percentage
Same Day	737,355	41.75%
1 Day	154,316	8.74%
2 to 7 Days	347,420	19.67%
8 to 14 Days	228,995	12.97%
15 to 21 Days	135,474	7.67%
22 to 28 Days	83,080	4.70%
More than 28 Days	78,388	4.44%
Unknown / Data Issue	1,104	0.06%
Grand Total	1,766,132	100.00%

Appointments by Category

National Category	Appointments	Percentage
Care Home Needs Assessment & Personalised Care and Support Planning	996	0.06%
Care Home Visit	2,100	0.12%
Care Related Encounter but does not fit into any other category	40,816	2.31%
Clinical Triage	104,221	5.90%
General Consultation Acute	313,552	17.75%
General Consultation Routine	480,416	27.20%
Group Consultation and Group Education	424	0.02%
Home Visit	26,938	1.53%
Inconsistent Mapping	149,437	8.46%
Non-contractual chargeable work	1,013	0.06%
Patient contact during Care Home Round	6,305	0.36%
Planned Clinical Procedure	189,323	10.72%
Planned Clinics	369,937	20.95%
Service provided by organisation external to the practice	2,650	0.15%
Social Prescribing Service	9,195	0.52%
Structured Medication Review	4,177	0.24%
Unmapped	39,155	2.22%
Unplanned Clinical Activity	24,185	1.37%
Walk-in	1,292	0.07%
Grand Total	1,766,132	100.00%

Appointments by Status

Status	Appointmen..	Percentage
Attended	1,593,344	90.22%
DNA	87,220	4.94%
Unknown	85,568	4.84%
Grand Total	1,766,132	100.00%

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	INTEGRATED NEIGHBOURHOOD WORKING UPDATE
DATE OF DECISION:	6 FEBRUARY 2025
REPORT OF:	NHS HAMPSHIRE AND ISLE OF WIGHT

CONTACT DETAILS		
Executive Director	**Title**	**Director of Primary and Local Care**
	Name	**James Roach**

STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
This report provides the panel with an update on the development of integrated neighbourhood working models, as part of the wider national and local strategic direction of travel around the 'left shift' of transferring care from hospitals to the community.		
RECOMMENDATIONS:		
	(i)	That the Panel notes the attached briefing paper and discusses the national and local strategic direction, the current model of integrated neighbourhood teams, the early adopters in Southampton, and initial areas of focus.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To update the Panel on integrated neighbourhood working in Southampton.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	N/A	
DETAIL (Including consultation carried out)		
3.	Nationally, the engagement process is underway for the new 10 Year Plan which we expect to be published in the coming months. This will set out how the country will achieve the 'left shift', which is around transferring care from hospitals to the community, digital transformation, and a shifting in priority from treatment towards prevention.	
4.	For NHS Hampshire and Isle of Wight specifically, we now have more detail on our role for the years ahead. Following the publication of the Darzi Report in September, the Secretary of State has also started to provide more information on the role of Integrated Care Boards in the future, which are outlined in the attached report.	
5.	NHS Hampshire and Isle of Wight are already supporting the new 'left shift' with many of the government's priorities reflected in our NHS system strategy document, Our Renewed Ambition, which was discussed with the panel in December 2024.	
6.	A key way of delivering on these national and local ambitions is the focus on neighbourhood working.	

7.	There is a long history in Southampton of working at a city or neighbourhood level, and this report highlights how we will build on this to establish integrated neighbourhood teams.
RESOURCE IMPLICATIONS	
Capital/Revenue	
8.	N/A
Property/Other	
9.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
10.	N/A
Other Legal Implications:	
11.	N/A
RISK MANAGEMENT IMPLICATIONS	
12.	N/A
POLICY FRAMEWORK IMPLICATIONS	
13.	N/A

KEY DECISION?	**No**	
WARDS/COMMUNITIES AFFECTED:	ALL	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Integrated neighbourhood working update: Southampton	

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 **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	

Hampshire and Isle of Wight

Integrated neighbourhood working update: Southampton

National context: development of the 10 Year Plan

1. Nationally, the engagement process is underway for the new 10 Year Plan which we expect to be published in the coming months. This will set out how the country will achieve the 'left shift', which is around transferring care from hospitals to the community, digital transformation, and a shifting in priority from treatment towards prevention.

2. Everyone is welcome to share their views, ideas and solutions through a national online survey.

Local context: strategic direction

3. For NHS Hampshire and Isle of Wight specifically, we now have more detail on our role for the years ahead. Following the publication of the Darzi Report in September, the Secretary of State has also started to provide more information of the role of Integrated Care Boards in the future, which are:
    - Being crucial to the delivery of long-term strategic improvement and continuing to be the system leader for the NHS, convening and working across system partners.
    - Refocusing on strategic commissioning and being responsible for the planning and provision of services to their population.
    - Ensuring the sustainability of primary care, rebuilding the provision of dentistry and community pharmacy, alongside developing strong GP practices and the wider primary care family.
    - Having the primary responsibility for developing neighbourhood health models of care, identifying population health needs and acting to improve healthy life expectancy and reduce the need for secondary care.
    - Continuing to have oversight of how providers deliver outcomes. Where performance is below an acceptable level, NHS England will step in with both the Integrated Care Board and provider to support rapid improvement.

4. As a NHS, we are already supporting the new ‘left shift’ with many of the government’s priorities reflected in our NHS system strategy document, Our Renewed Ambition, which was discussed with the panel in December 2024.

5. The NHS across Hampshire and the Isle of Wight has an ambition for the future where local people are better supported to live healthier lives for longer and, when they do become ill, have better access to the right care, in the right place, at the right time. We want to shift towards providing more proactive and preventative care and support for local people that is person and community-centred.

6. We want to focus more on improving outcomes for local people and their whole experience of using services, rather than individual episodes of care. We want organisations and teams to work in a more joined-up way, maximising innovation and research.

7. To achieve this ambition we are focusing on four key areas we are delivering, strengthening and developing across Hampshire and the Isle of Wight as a whole over the coming years. Our Renewed Ambition document summarises the key actions we are taking to achieve our ambition and what will be different when we do.
    - Happier, safer, healthier communities which will be achieved through the delivery of our partnership priorities.
    - Improved NHS services delivered through our NHS transformation programmes.
    - Overarching principles that act as ‘golden threads’ running through all our work.
    - Ways of working to support integration, collaboration and partnership working across organisations.

8. A key way of delivering on these national and local ambitions is the focus on neighbourhood working. This is also aligned to the Southampton City Council priorities towards community-centred approaches, as identified in the recent Public Health annual report.

9. There is a long history in Southampton of working at a city or neighbourhood level. This includes ‘cluster’ working in the 2010s and the development of Primary Care Networks in 2019 and into the 2020s. In Southampton, and across the wider Hampshire and the Isle of Wight area, we know change is still needed to improve patient outcomes. Most notably, the health inequalities which exist continue to impact on the number of years people live in good or poor health. Those living in the most deprived parts of the city are likely to live

24% of their life in poor health, compared with 15% for people living in the least deprived.

Integrated Neighbourhood Teams

10. The key functions of Integrated Neighbourhood Teams (known as INTs) are as follows:

    - **Integration and collaboration** across health and social care statutory services, voluntary and the community sector and residents to identify and develop interventions that make sense to communities.
    - Using **Population Health Management** to identify the focus for INT's including the appropriate identification of case finding and targeted client groups
    - **Holistic health and care assessment** development across all parts of the system to support better care planning and review – with a focus on personalised care and patient centred approaches to care planning.
    - **Patient centred** care planning and proactive case management
    - **Multiagency teams** that provide opportunities for patient discussion and care planning. Working with primary care, community nursing, adult social care, and voluntary and community sector organisations. The composition will be dependent on the target group.
    - **Community navigation** and connection people and organisations within communities.
    - **Development and engagement with community assets** including groups, activities, venues and opportunities.
    - **Promoting prevention and early intervention opportunities and connecting people**
    - **Development of hub and one stop shop approaches** to multi-disciplinary working – provision spaces to statutory, community and VCSE organisations to plan and deliver work together.
    - **Coordination and clinical oversight**

11. In Southampton, we are utilising our Southampton Primary and Local Care Transformation Delivery Group to support development of a local city vision and plans, with further development 'task and finish groups' established.

12. We have identified two early adopter neighbourhoods to continue development and learning whilst awaiting investment to enable further expansion.

13. A description of how integrated neighbourhood teams will work, and information relating to the two early adopters, can be found in the following two graphics.

NHS
Hampshire and Isle of Wight

What is an Integrated Neighbourhood Team?

Integrated Neighbourhood Teams (INTs)

INTs will be a key response to our ICP priority 'Good Health & Proactive Care'. Promotes personalised and proactive care, focused on our most vulnerable, our frail populations, our deprived communities and those experiencing poorer than average outcomes. Integrated Neighbourhood Teams will bring together a multi-disciplinary team (Social Care, VCSE, Acute, Primary & Community providers) to support defined populations, with a focus on clinical cohorts based on local population need.

- Prioritise **prevention and early intervention** to avoid escalation in need and inappropriate admissions to hospital.
- **Person-centred approach**, placing individuals and their unique needs and social determinants of health at the heart of our care delivery.
- Extend beyond traditional healthcare models**, emphasizing community empowerment** and active engagement.
- Break down silos between health and social care services, providing a **seamless and holistic approach** to support individuals
- INTs will leverage digital solutions to enhance communication, improve accessibility to services and ensure teams can adapt to increasing population needs.
- Build on the strength of **collaborative partnerships**, working closely with local authorities, healthcare providers, voluntary organisations, and other stakeholders.
- INTs to evolve around **clinical cohorts of our populations informed by population health needs analysis**.

Early Adopter INTs

Central PCN
Central Southampton Focus

/

Living Well Partnership
(Weston, Bitterne, Harefield)

Frailty / Healthy Ageing with a focus on Pre / Mild and Moderate Frailty

Core Delivery

Overall Coordination & Clinical Oversight – to be provided by PCNs
Client/Case finding – Targeted Client Groups – Use of HealthEIntent, Practice and PH datasets
Collaborative Working Groups which focus on development of INT interventions
Development of community Assets – working with wide range partners in each local area

Intervention Development (In development)

Personalised Care Interventions for identified patients who are pre / mild / moderately frail
Development of multiagency Hubs
In Concept Stage: Frailty Self Assessment / Medical device stores / Development of physical activities / Intergenerational programmes / Socialisation to reduce isolation

Outcomes

Model Development
Reduction of development of frailty indicators
Reduction of unplanned emergency admissions and A&E attendances
Increased collaboration with statutory and community / voluntary sector organisations

Asks:

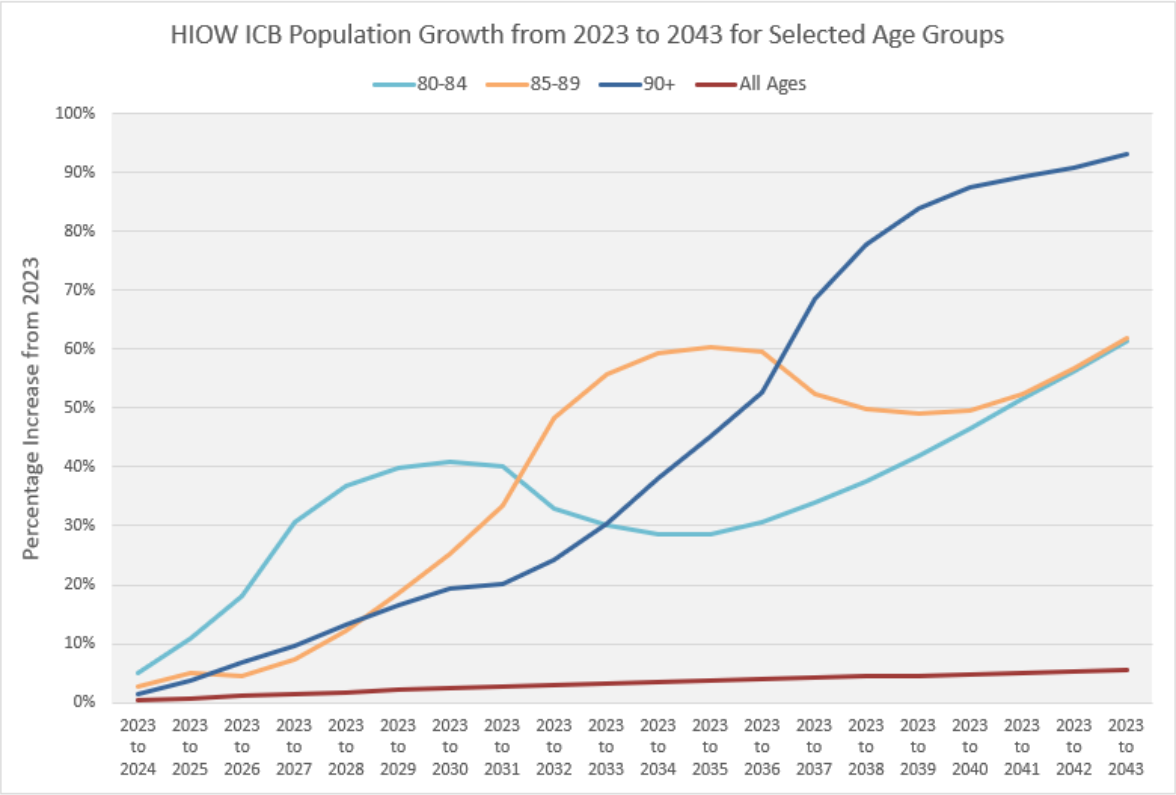
- Backfill for clinical and operational leadership (1 clinical PA & 1 day/wk mgt)
- Co-production budget- 2.5k each
- Support to develop and deliver evaluation processes
- Support to access community assets for co-location & one stop shop activities including venue costs, shared space opportunities
- Community fund to support development of community activities – 5k per INT

Example: Initial area of focus for integrated neighbourhood teams – frailty

14. We have identified what we are terming ‘signature moves’: areas of focus where we can make a difference as a system across Hampshire and Isle of Wight as a whole, with targeted, local interventions bespoke to a neighbourhood level. An initial area of focus will be tackling frailty.

15. NHS England describes frailty as a loss of resilience that means people don’t bounce back quickly after a physical or mental illness, an accident or other stressful event. Frailty is increasingly common but is not an inevitable part of ageing, nationally more than one in 10 people over the age of 65 and up to half the population aged over 85 live with frailty and in populations with high levels of deprivation frailty may start much earlier in life.

16. The reason for focussing on this area as one of our initial priorities is because of the overall population growth over the next twenty years is projected to be less than 10% the over 90s population is anticipated to grow by over 90%.



17. As identified above, in our most deprived communities life expectancy is more than 10 years shorter than our least deprived but they also live a longer proportion of their life in poor health.

18. The agreed principles we will work to while developing new frailty pathways and services in the city are:

    a. A Population Health approach to identification and cultural approach once identified
    b. Standardised approach to assessment, Frailty is everyone's business not just geriatricians
    c. Standardised, shareable and agreed single care plan to aid continuity of care
    d. Integrated neighbourhood working approach to proactive care merging speciality input
    e. Holistic and person-centred approach to care planning including advanced
    f. Care plans where appropriate

19. Our initial priority actions are to:
    - Enable our workforce to identify frailty effectively and have the right competencies to manage people at home
    - Integrate reactive pathways for improved person experience and outcomes n when experiencing a health crisis
    - Embed our system-wide approach to structured medication reviews for people living with frailty
    - Optimisation of innovation, specifically digital and virtual opportunities, within our frailty care model
    - Baseline financial analysis of community contracts
    - Work with Southampton City Council and other local authorities in our area on frailty and fall prevention
    - Baseline financial analysis of community contracts
    - Develop a Hampshire and Isle of Wight system approach to measuring impact
    - Develop Integrated Neighbourhood Working arrangements that are equipped to support the delivery of the frailty strategy

20. As this work progresses, we will update the panel in more detail.

DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS		
DATE OF DECISION:		6 FEBRUARY 2025		
REPORT OF:		SCRUTINY MANAGER		
CONTACT DETAILS				
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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

Capital/Revenue

5.	None.	
Property/Other		
6.	None.	
LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
Other Legal Implications:		
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	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Monitoring Scrutiny Recommendations – 6 February 2025	
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 – 6 February 2025

Date	Title	Action proposed	Action Taken	Progress Status
05/09/24	South Central Ambulance Service (SCAS) – Improvement Programme Update	1) That, to enable the Panel to scrutinise the Trust's improvement trajectory: a) The Panel are provided with the key milestones and timescales associated with South Central Ambulance Service's exit strategy from the NHS Recovery Support Programme. b) SCAS return to the HOSP in August / September 2025 to update the Panel on progress.	Updates to the plan for exiting the Recovery Support Programme have been in discussion. SCAS are now finalising a written paper that would meet the request from HOSP. As soon as it is completed a copy will be sent to the Panel.	In progress
05/12/24	Adult Social Care Performance & Transformation	1) That the Cabinet Member and senior officers continue the dialogue with carers and families about the future of respite care provision in Southampton throughout the consultation process.	Following discussion at 23rd January meeting of the Overview and Scrutiny Management Committee, Cabinet agreed to defer the decision to enable additional consultation at the 28th January meeting. A decision is now anticipated on 25 March – Scrutiny Manager 29/01/25	Ongoing
05/12/24	Healthwatch Southampton	1) That, to raise the profile of Healthwatch Southampton and the important role the organisation plays, Healthwatch Southampton seeks to promote itself as widely as possible, including posters and leaflets in Southampton GP practices.	A response will be provided for 6 February 2025 meeting of the Panel.	Ongoing

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