NHS
Hampshire and Isle of Wight

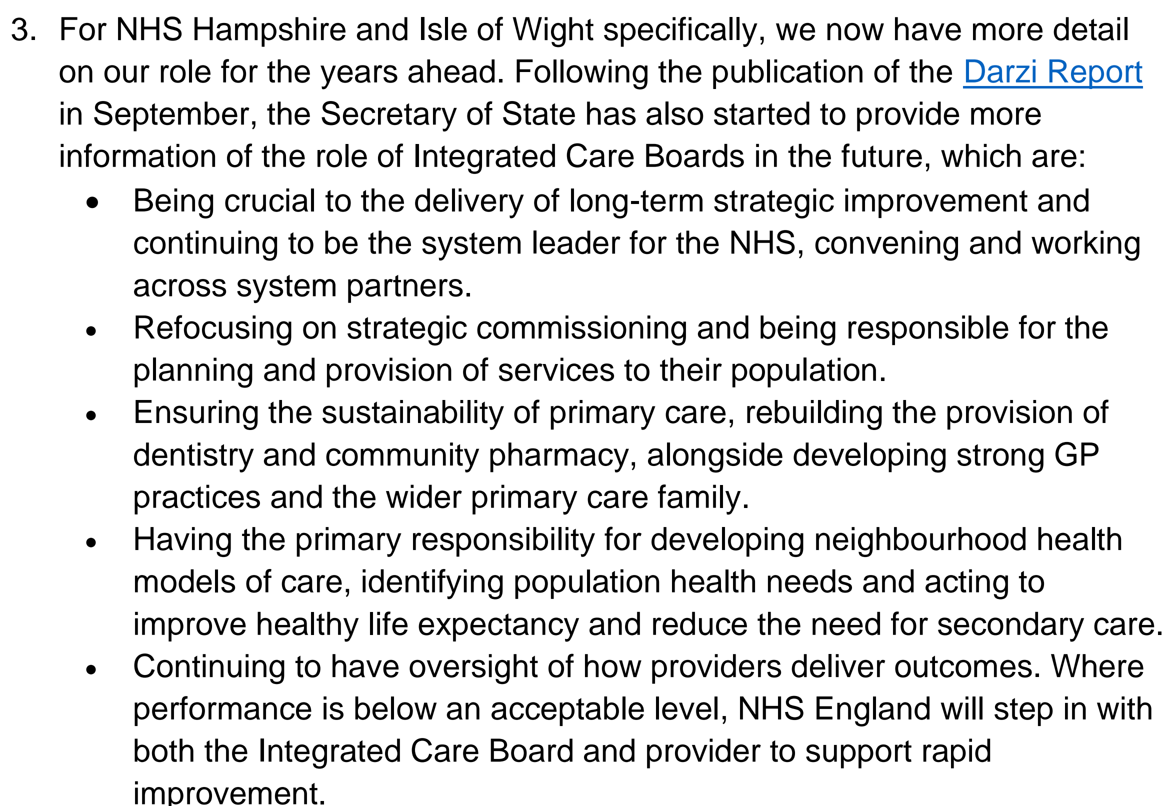
Integrated neighbourhood working update: Southampton

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 interventio**n 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:

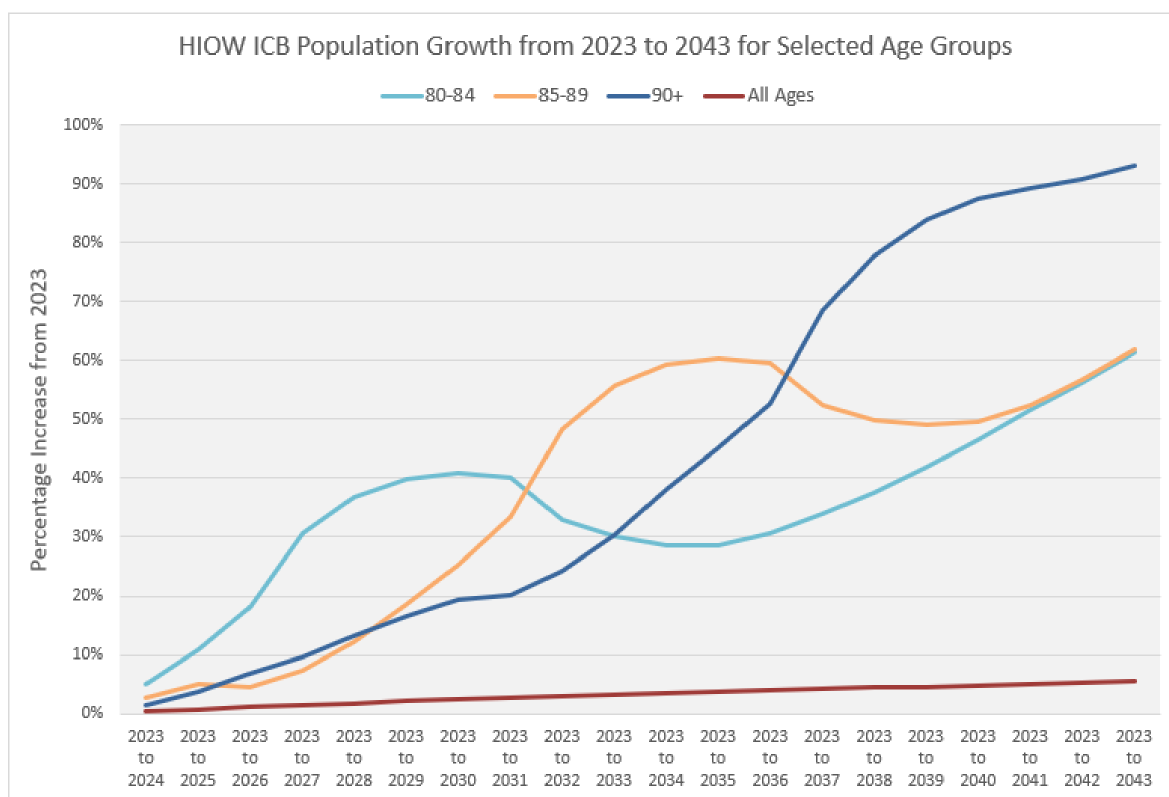
- Backfill for clinical and operational leadership (1 clinical PA & 1 day/wk mgt)
- Co-production budget- 2.5k each
- Support to develop and deliver evaluation processes
- Support to access community assets for co-location & one stop shop activities including venue costs, shared space opportunities
-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