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| DECISION-MAKER: | HEALTH OVERVIEW AND SCRUTINY PANEL | | |
| SUBJECT: | INTEGRATED COMMISSIONING AND QUALITY | | |
| DATE OF DECISION: | 23 JANUARY 2014 | | |
| REPORT OF: | DIRECTOR OF QUALITY AND INTEGRATION | | |
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

This report provides an update on the progress of the Integrated Commissioning Unit in achieving the agreed work programme and performance and finance outcomes. This focuses on the system redesign elements of the ICU to achieve the commissioning priorities for system transformation. Assessing need, undertaking consultation with stakeholders, redesigning services and pathways, developing and monitoring specifications. In addition to the Provider relationships focus which implements a much more proactive approach to development and management of providers, build on community assets, work with other commissioners and ensures strong contract management

The report also provides HOSP, by exception, with the key quality of care issues for the main provider organisations in Southampton along with actions being taken to improve the issues identified.

RECOMMENDATIONS:

- (i) To consider the progress of the Integrated Commissioning Unit in achieving work programme, performance and finance outcomes
- (ii) To recommend future requirements for the Performance and Quality report .

REASONS FOR REPORT RECOMMENDATIONS

1. Overview and Scrutiny Management Committee on 10th October 2013 requested that the Health Overview and Scrutiny Panel monitors progress of the ICU and how the Council and CCG are maximising opportunities to pool budgets.

2. The ICU is being developed and allows for an integrated approach to performance and quality monitoring

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None.

DETAIL (Including consultation carried out)

Integrated Commissioning Unit Performance

4. Performance

The System redesign workstreams in the ICU are based on the outcomes in the Health and Wellbeing Strategy and are:

- Promoting Prevention and Positive Lives – to enable more people to live healthier, more active and fulfilling lives and a focus on protecting the vulnerable
- Supporting families – to support families to take responsibility for their own outcomes, refocusing investment towards those most in need and early targeted intervention
- Integrated Care for Vulnerable People – to prevent or intervene early to avoid, reduce or delay the use of costly specialist services whilst promoting independence, choice and control in the community through integrated risk profiling and person centred planning process and commissioning to achieve the integration of provision

5. Projects and performance measures have been defined under each of the above workstreams. These are outlined in Appendix 1 along with update on progress.
6. Key areas of activity include development of the Better Care local plan and tenders for substance misuse, Carers, Short breaks and domiciliary care. Children's Services transformation activity includes the development of the Early Help models, a primary prevention strategy to support the model and Headstart big lottery project. Work is also progressing on Public Health service redesign, in particular Sexual health strategy and school nursing review. Key developments in the last month have included conclusion of the Wheelchair Tender, the new provider will be announced shortly and conclusion of Improving Access to Psychological Therapies (IAPT) tender which was awarded to Dorset.
7. The majority of projects are on target. A number of potential risks have been flagged some of which relate to capacity within the team whilst structures are still being recruited to. Other issues include the projected overspend on the Joint Equipment Store for which a recovery plan is being implemented. The quality of the service has been high with rapid access to equipment maintained. In terms of CCG QIPP, all projects are delivering savings although it should be noted that the targets have not been profiled to reflect seasonality and so the position is potentially more positive now than it will be at year end. At this point in the year, however, significant savings have been achieved in the reduction of ACS non elective admissions, and although the EOL and COPD projects are significantly under plan, savings have still been made.

8. **Quality**

The ICU is developing an overarching quality reporting framework. Progress against all actions will be reviewed at the regular Clinical Quality Review Meetings (CQRM) with the relevant provider.

9. An element of this exception report will be to provide the latest assessment against NHS England CCG Assurance Framework 2013/14.

10. Appendix 2 contains the latest self-assessment against the quality section of the NHS England CCG Assurance Framework 2013/14 outlining Southampton City CCG position for November 2013. The framework assesses provider and CCG performance and is it noted that currently Southampton City CCG is reported as Amber/Green. For those areas which the CCG is unable to respond positively action plans are in place – these include MRSA reduction, eliminating mixed sex accommodation and Serious Incidents Requiring Investigation (SIRI) management at SCCCG level.

11. **Current performance issues**

Healthcare Acquired Infections - No new MRSA cases have been identified and the number of Clostridium difficile cases seems to be stabilising in primary care however UHSFT experienced 4 in November

12. **MRSA bacteraemia and Clostridium difficile infection 2013/14**

| | April | May | June | July | August | September | October | November | December | January | February | March | YTD |
|--------------------------------|-------|-----|------|------|--------|-----------|---------|----------|----------|---------|----------|-------|-----|
| MRSA bacteraemia | | | | | | | | | | | | | |
| Maximum Number of Cases | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Attributed to the CCG | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | | | | | 3 |
| Attributed to a Provider | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | | 2 |
| Clostridium difficile | | | | | | | | | | | | | |
| Maximum Number of Cases | 5 | 5 | 4 | 4 | 4 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 62 |
| Attributed to the CCG | 7 | 5 | 5 | 8 | 5 | 4 | 5 | 5 | | | | | 44 |
| Provider | | | | | | | | | | | | | 13 |

Notes: April and September 2013 MRSA relates to cases at UHSFT, the July case relates to a renal patient

All C. difficile attributed to a provider relate to cases at UHSFT

September 2013 MRSA relates to a contaminant at UHSFT

Year end position for C.difficile is becoming more challenging with less than 5 each month for the remaining 4 months required to bring us in on target

13. On the 1st August 2013, CQC visited Antelope House and identified that Southern Health were failing to meet the physical health needs of patients with mental health problems and not meeting all requirements for medicines management. The provider had provided an action plan from the first visit which included assurances that “all compliance actions would be met” by the 31st October 2013. At a subsequent visit by CQC on the 2nd of December care plans for peoples physical health needs, continued to fall short of the relevant requirements. . This has led to a Warning Notice being served to Southern Health by CQC on 24th December. Quality Team will be undertaking an unannounced visit to Antelope House during January 2014.
14. CQC undertook an unannounced visit on Thursday 14th November visit of Southampton Treatment Centre The full report following was noted by CQRM in December. It outlined that all 5 standards assessed had been met and patients spoken to were very complimentary towards all staff and also the services offered.
15. Eliminating mixed sex accommodation – UHFT have had no further breaches since September. UHSFT have commenced to review the current method of recording breaches as there have been some concerns that breaches may be over reported. Work is also underway to understand the root causes of the non-clinically justified breaches. Support has been offered to UHSFT by the Associate Director of Quality to work together to maintain no mixed sex accommodation.
16. Nursing homes – there continue to be concerns about a number of homes , including some of those with the highest number of beds, however three homes have now come off suspension, and are taking new residents. This is a slow process and has had only a limited impact on the overall pressure on the system in terms of the ability for patients from hospital and community settings to be placed in nursing homes when needed as the homes are still experiencing difficulties with recruiting qualified nurses. The focus on recruitment does appear to be starting to have impact. Additional support is ongoing from both SCC and health staff in monitoring and supporting these homes to drive up the quality of care provision.
17. The actions outlined at HOSP in November 2013 continue, these include
 - Regular visits to and meetings with providers who are currently suspended to monitor action plans and drive up standards
 - Contract and quality assurance monitoring undertaken by the Quality Assurance Team within SCC.
 - The Continuing Healthcare team provide one to one support with individual clients, training and support to nursing homes on the provision of aspects of nursing care and monthly meetings with the managers of the Nursing Homes to provide clinical managerial support and information about the continuing healthcare process.
 - A leadership scheme, facilitated by Health Education Wessex, has commenced to provide nursing home registered managers with leadership training.

- Safeguarding in provider services team are providing health and social care support to nursing homes monitoring visits and training for staff to support driving up standards
- SCC and SCCC are working with the Care Quality Commission to ensure that where possible intelligence on these homes is being shared appropriately so the relevant agency can take appropriate action in conjunction with partners.

18. Residential Homes – the ICU have been working closely with G&A Homes in Southampton following poor CQC inspection reports and poor reports following SCC quality assurance visits. The situation is on-going, as the owners are failing to meet the CQC requirements which could result in further enforcement action being taken. SCC have regular meetings with managers of each home in Southampton to support their development, and to provide support in resolving issues within their controls

RESOURCE IMPLICATIONS

Capital/Revenue

19. None

Property/Other

20. None

LEGAL IMPLICATIONS

21. A Memorandum of Agreement will be in place between the CCG and SCC outlining key principles covering financial, personnel, accountability, approaches with disagreements and evaluation/outcome measures. Staff will be covered within Section 113 (Pursuant to Section 113 (1A)(b) Local Government Act 1972) agreements.
22. The Health and Social Care Act 2012 places a requirement on the NHS Commissioning Board, Clinical Commissioning Groups, Health and Wellbeing Boards and Monitor to encourage integrated working at all levels. The Act encourages local government and the NHS to take much greater advantage of existing opportunities for pooled budgets, including commissioning budgets and integrating provision.

Other Legal Implications:

23. None

POLICY FRAMEWORK IMPLICATIONS

24. The work priorities for the unit are informed by the Joint Strategic Needs assessment and align to the Health and Wellbeing Strategy. The work of the unit will contribute significantly to the achievement of outcomes outlined in the Health and Wellbeing strategy and City Council Plan as well as the CCG Strategic Plan

KEY DECISION? No

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| WARDS/COMMUNITIES AFFECTED: | All |
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SUPPORTING DOCUMENTATION

Appendices

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| 1. | Integrated Commissioning Unit Performance Update |
| 2. | NHS England CCG Assurance Framework 2013/14 – Southampton City CCG |

Documents In Members’ Rooms

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| 1. | None |
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Equality Impact Assessment

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| Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out. | No – assessments will be undertaken with each piece of commissioning work |
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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) |
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| 1. | None | |
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