1. Integrated Commissioning Unit (ICU) Summary Performance Report — Nov 2020/21

Achieving Transformation Change

↑	25% Prev Yr = 18%	% of pregnant women who cease smoking by time of delivery
↑	66 Prev Yr = 114	Number of Permanent admissions to residential & nursing homes (65+)
	16% Target ≤ 4%	% acute beds occupied per day by patients who are MOFD
↑	10,318 Target ≤ 13,140	Number of Non-Elective Admissions
↑	1,251 Prev Yr = 1,692	Falls & Fraity (65+) Admissions <24hr

Quality

↓	33% Target ≥ 80%	% Full Continuing Healthcare Assessments completed ≤28 days
↑	100% Target ≥ 85%	% Continuing Healthcare Assessments taking place in community
↑	91% Target ≥ 90%	% of placements that are sourced through the Care Placement Team
↑	5.9% Target ≥ 5.9%	% people with common mental health conditions accessing IAPT
↑	37.8% Prev 12 mths = 31.7%	Alcohol - % of clients completing treatment and not re-presenting

KEY

Compared to Previous Year

- ↑ Better than previous year
- ↓ Worse than previous year
- → Same as previous year

Compared to Target

- Within 10% of Target
- Target Achieved
- <10% below target

2. ICU Workstream Progress

a. Achieving Transformation Change

Significant activity during the first 6 months of this year, despite the workload pressures associated with Covid. The 5 Year Health & Care Strategy has been refreshed following an assessment of the impact of COVID on our plans and a new implementation plan was signed off by JCB in Sept.
Significant work undertaken to implement the Government's new Discharge Model including the establishment of a Southampton community hub/single point of access - business case under development for longer term post 20/21. 17 additional Discharge to Assess beds were brought on line quickly during Q1 and a business case was approved for an additional 20 in August - commencing w/c 19 october. Therapy input to these beds also being developed.
The model for integrated care teams has also been developed during Q2 and is about to be piloted in 3 PCNs - Living Well Partnership, North and Central and West.
The Enhanced Health in Care Homes model has been rapidly extended to all Southampton Nursing Homes in line with the national requirement in June. Work is now underway with PCNs to agree the long term model moving forward.
IAPT referrals are now back up to expected levels and work has re-commenced at pace to mobilise the new Long Term Conditions IAPT pathways for people with cardio and gastro conditions
Work is also underway on the transformation of community MH Services for patients with SMI working in partnership with PCNs
Mental Health Support Teams in schools have gone live for two teams in the West and Centre of the city and are now accepting referrals. Recruitment has commenced for two more teams on the East.
There has been significant work with providers of day services for people with LD to support them in re-opening their services for clients. This has included the development of an escalation framework and support with individual and environmental risk assessments.
The new Joint Equipment Service was mobilised in July following a re-procurement and work has commenced on a review of the use of the DFG which will report to JCB in December.
Considerable work has also been undertaken with the voluntary sector during Q1 to help facilitate their response to the Covid pandemic and this has continued during Q2 through restoration and recovery.
So:Linked for example have restarted the work they had commenced prior to Covid on community conversations from September to scope the local offer and proposals for a Place Based Giving Scheme are under development

b. Procurement & Market Mananagement

Number of workstreams in train including:
• Development of a 'Southampton CV-19 Adult Care Market Impact Statement' in progress to support budget/ business planning for the coming FY, and to enable productive and continuous engagement with the provider market regarding the challenges of CV-19 and how these will be managed within service delivery models and funding envelopes going forward.
• Work required to facilitate dissemination of the 2nd round of infection control grant funding to local ASC providers is underway.
• Continuing to monitor the local care market for signs/ risks of provider and/ or system market failure, with a review of the city's provider failure protocol underway to ensure this remains fit for purpose with a CV-19 context.
• Preparations underway for annual re-opening of the home care framework, and for the process to appoint lead providers to 2 areas that don't currently have one.
• A number of consultants and temporary staff are being procured at short notice to support urgent priority ASC workstreams. The risk that this may have an adverse impact on the limited capacity available in the ICU's small health and care category procurement team and its ability to deliver work plan projects with a procurement-related dependency is being closely monitored.
• Procurement work in underway on reopening of the IFA and post-16 framework agreements, a call-off for home care at an LD supported living scheme as well as tenders for smoking cessation and dementia friendly communities, and an Appropriate Adults scheme in collaboration with HCC. Transparency notice (VEAT) published for Domestic Violence with the proposal to award a 1 year contract to incumbents from 01.04.21.

c. Quality

The overall quality of health and care providers in Southampton continues to be good. Support to the care home and home care sector that was in place prior to the Covid-19 pandemic has enabled the ICU to mobilise and engage rapidly and regularly with the sector and ensure that proactive support and advice including interpretation of national guidance is in place in the City.
Monitoring the quality of care has changed during the pandemic and the use of virtual quality reviews, attending provider meetings via video conferencing and a range of other methods of gathering intelligence has become the new normal. Where necessary face to face risk assessed visits have taken place to support providers.
The first phase of the infection control grant to care homes saw a commitment to supply each home with an iPad cart to facilitate contact between health and care professionals and support contact with families by residents. Almost all homes in the City accepted the offer of an iPad (4 declined) and these remaining 4 are available as back up in case of failure. One has also been issued to a care home just outside the City providing designated beds for Southampton care home residents.

d. Strengthening Commissioning Integration

There are 11 proposals which make up the Strengthening Integrated Commissioning work-stream, dealing with a wide range of areas. A number of these have either paused completely or significantly accelerated as part of the COVID-19 response and in light of CCG reform. A short piece of work to update the work-streams will now be undertaken to refresh the plan with a briefing proposed for JCB in December 2020.

3. Key Performance Indicators

a. Integrated Care (Better Care)

RAG Summary	Last Yr	Target
Green	7	1
Amber	0	1
Red	3	5
n/a	4	6

				Previous Year			Target		
Period	Indicator	Actual	19/20	+ / -	%	Target	+ / -	%
M7	% acute beds occupied per day by patients who are MOFD	16				4	13	357%
M7	% patients discharged home with support against the total number of patients discharged	80				85	-5	-6%
M7	% patients discharged on pathway/support level 2 (IIC) within 48 hours of becoming MOFD	52				90	-38	-42%
M7	% patients discharged on pathway/support level 3 (complex, chc) within 72 hours of becoming MOFD	24				85	-61	-72%
M7	Total Non-Elective Admissions	10,318	13,267	-2949	-22%	13,140	-2822	-21%
M6	NEL Admissions (under 18s) - UHS only	641	1,670	-1029	-62%			
M6	NEL Admissions (18 - 64 yrs old) - UHS only	6,560	7,354	-794	-11%			
M6	NEL Admissions (65+ yrs old) - UHS only	4,794	5,810	-1016	-17%			
M5	Permanent admissions to residential homes aged 65+	66	114	-48	-42%			
Q2	% of People with Learning Disabilities receiving a Physical Health Check	11	23	-12	-53%	14	-3	-23%
Q2	60% of people with an SMI receiving a full annual physical check	21	18	3	15%	45	-24	-53%
M6	A&E Attendances to Residential & Nursing Homes	341	462	-121	-26%			
M6	NEL Admissions to Residential & Nursing Homes	376	477	-101	-21%			
M8	% of clients in rehab/reablement who do not need ongoing care	41	47	-7	-14%			

b. Prevention and Early Intervention

RAG Summary	Last Yr	Target
Green	7	4
Amber	2	0
Red	0	0
n/a	0	5

				Previous Year			Target		
Period	Indicator	Actual	19/20	+ / -	%	Target	+ / -	%
M5	Falls and Frailty (65+)	1,251	1,692	-441	-26%			
Q2	IAPT - % with common mental health conditions accessing IAPT	5.9	5.2	1	13%	5.9	0	0%
Q2	IAPT - % who complete IAPT moving to recovery	50.0	50.0	0	0%	50.0	0	0%
M7	% LARC (all 4 methods) at Integrated Sexual Health Service	41	44	-4	-8%	35	6	17%
M7	% of HIV tests completed as part of an STI screen	82	86	-5	-5%	75	7	9%
Q2	% of pregnant women who cease smoking time of delivery (YTD)	25	18	7	36%			
M6	Alcohol - % of all clients completing and not re-presenting	37.8	31.7	6.1	19%			
M6	Opiates - % of all clients completing and not re-presenting	6.0	4.3	1.7	40%			
M6	Non-opiates - % of all clients completing and not re-presenting	33.1	28.4	4.7	17%			

c. Commissioning Safe & High Quality Services

RAG Summary	Last Yr	Target
Green	3	2
Amber	0	0
Red	2	2
n/a	0	1

				Previous Year			Target		
Period	Indicator	Actual	19/20	+ / -	%	Target	+ / -	%
M7	≥85% of CHC assessments taking place in an out of a hospital setting	100	93	7	8%	85	15	18%
M7	≥80% of Full CHC assessments completed within 28 days	33	62	-29	-47%	80	-47	-59%
M7	<44 cases of Healthcare Associated Infections (Community): Cdiff (cumulative)	15	15	0	0%	21	-6	-29%
M7	Zero cases of Healthcare Associated Infections (community): MRSA (cumulative)	1	1	0	-	0	1	-
M7	% of Providers with a CQC Rating of good or above published in month (cumulative)	71	68	3	4%			

d. Managing and Developing the Market

RAG Summary	Target	Last Yr
Green	5	4
Amber	0	1
Red	1	0
n/a	0	1

				Previous Year			Target		
Period	Indicator	Actual	19/20	+ / -	%	Target	+ / -	%
M4	Care Placement - ≥90% funded adult placements are sourced via Team	91	90	1	1%	90	1	1%
M4	Avg days from referral received to placement start date (Home Care)	5	11	-6	-50%	14	-9	-61%
M4	Avg days from referral received to placement start date (Res/Nursing)	5	8	-3	-36%	14	-9	-65%
M8	Total number of home care hours purchased per week	24,716	22,909	1807	8%	0	0	0%
M6	% Home Care clients using a non framework provider	35	18	17	90%	20	15	74%

4. High Level Risks/Issues to achieving project/programme delivery

Project / Programme	Description of Risk/Issue	Rank	Owner	Proposed Mitigation / Resolution
Wheel Chair Service	There is a risk that due to the current wheelchair provider struggling to achieve the 18 week waiting time for children or provide wheelchairs for adults in a timely way, there are prolonged waits . This is primarily due to difficulties recruiting and retaining qualified clinical staff within a challenging national workforce position. Whilst it cannot be proven that this is impacting on patient safety, it does have an impact on quality and poses a reputational risk for the CCG.	High	DC	Further to a robust and competitive procurement process, the new contract which commences 1 April 2021 has been awarded to Millbrook Healthcare. The service has been redesigned and is underpinned by NHSE's model specification and the Operating Model for NHS Commissioned Wheelchair Services developed by the National Wheelchair Managers Forum. Further enhancements to the specification have been made following learning from existing local wheelchair service provision and from other wheelchair services nationally, recommendations from an Independent Occupational Therapist with both wheelchair services and equipment experience, extensive public engagement, and market engagement. Key changes/adaptations to the model include: - continued development of individual wheelchair budgets - the provider must provide and actively promote the essential features of Personal Health Budgets within the wheelchair service to support a local offer of Personal Wheelchair Budgets which will ensure services are personalised and offer increased choice and control for service users accessing the service - broadening the offer of the service to children under three years of age - the provider will accept referrals for children under 3 years if they have postural support needs or functional wheelchair support needs which cannot be accommodated in a normal commercially available buggy that a parent would normally be expected to fund. (Currently this age range is met via the Individual Funding Request process). - a greater utility of digital initiatives - a number of digital implementations have been mandated from the point of service commencement which are currently lacking within existing service provision. This will be supported by further digital innovations being included within the Service Development and Improvement Plan (SDIP). - increased use of Direct Issue & Community Prescribing - the provider will be expected to develop and implement a Trusted Assessor model with local health and care providers. This has been implemented in other areas nationally and a local pilot of this approach is in its infancy. The approach aims to maximize utility of highly skilled community therapists, enabling them to directly prescribe wheelchair equipment to reduce the need for unnecessary repeat assessments within the wheelchair service. This improves patient experience by negating additional patient contacts, but also helps support the wheelchair workforce where there is a nationally recognised shortage. - Supporting inpatient care – the provider is expected to work with local Acute Hospitals to provide training and develop appropriate sub-stores of equipment to support timely discharge from hospital. (The provider is expected to take a similar approach in the provision to specialist schools within the geography). In addition a number of contract changes have been made to provide greater transparency, including the move to a block and variable payment mechanism (a block price relating to fixed costs (i.e. premises, IT etc.) and a variable payment for equipment which will include a handling fee payable on the successful acceptance of a wheelchair from the end user) and a new set of KPIs which provide visibility of the whole pathway. Work is now underway to plan for mobilisation. A working group focussing on children and school clinics has been meeting fortnightly since the end of July. Criteria have been agreed jointly between the Wheelchair Service and community therapists about when to see a child in school clinic as opposed to the wheelchair depot; the planning/triage process for considering children jointly between the wheelchair service and community therapists has been reviewed and a new process being put in place; communication processes have been improved. School clinics are due to start back up again in both Cedars and Rosewood the week before October end of term. Work on reviewing the caseload by school is currently underway between the Wheelchair Service and Community Therapies with a view to identifying demand versus capacity. In addition to preparing for the new contract, work is also progressing under the current contract to review the impact of COVID. During COVID the service has offered virtual assessments, triage and consultations using telephone or video technology. These are being evaluated with a view to embedding what has worked well into future practice. The service is now offering face to face appointments for non urgent clients as well as urgent and has produced a recovery plan. During the COVID period significant advancements have been made in clearing the triage waiting lists but owing to appointment cancellations and the inability to offer face to face appointments to everyone there are waiting lists later in the pathway that are the focus of recovery. A waiting list initiative with the provider has also been agreed to the end of this financial year and will bring in additional capacity - 3.3 additional WTE and 112 additional clinical appointments per month. This commenced in September and is being targeted this month on the waiting list high priority cases; how this resource is targeted going forward will be reviewed on a monthly basis between the service and commissioners. The service is now fully staffed with the final 2 clinical vacancies which are currently being filled by locums due to start in November. The locums will stay on until the end of the financial year in order to provide the additional capacity for the waiting list initiative.
Home Care	Risk that dom care market is unable to keep pace with increasing demand resulting from growing complexity (e.g. more QDS double up clients) and strategic drive to keep people independent. Risk of provider exits from the market adding to challenge around capacity, which has been exacerbated by CV-19 related cost pressures and demand levels. This is key system enabler and where there are sustainability, capacity and quality issues this impacts on patient choice, quality of care to clients, DTOC, use of residential care and ability to support other priority work areas such as the expansion of extra care housing. Additional staffing issues have been highlighted as a result of recent challenges around Right to Work.	Moderate	CP	The new framework has increased capacity and additional hours are purchased from a 'retainer service' which provides rapid access and responds to peak need. The local market has responded favourably to growth in demand, with sustained and substantial growth in the number of hours per week of home care that SCC is purchasing over the last 18 months. October 2020 is showing 2551 more hours per week on average than April 2019, constituting growth of 11% during this period. The potential for short-term exits is a constant risk but the process for dealing with this is now well established and we also continue to see strong interest from new providers in entering the care market in Southampton. The new framework allows an annual re-opening to encourage new entrants to the market and ensure any potential loss in capacity is mitigated. The establishment of 'lead provider' roles across the 5 areas in the city and provides a platform for further developmental work and sustainability in the city. These lead organisations are in strong position with both capacity and recruitment in 3 out of the 5 areas and are able to take on additional packages of care, reflected in the placements waiting list numbers being lower. Planning is underway to re-fill the lead provider roles in the remaining two areas. Winter planning is underway, and the retainer service has been re-commissioned as a block contracted bridging service to provide a greater level of assurance that any short term capacity needed to facilitate hospital discharge or other pathway step downs is available when needed. 'Right to work' issues are being investigated and managed through safeguarding and provider failure processes.

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Project / Programme	Description of Risk/Issue	Rank	Owner	Proposed Mitigation / Resolution
Hospital Discharge	There are a number of risks associated with implementation of the Government's new Discharge Model and the impact of moving to discharging patients when they are medically optimised and of COVID which appear to be increasing the complexity of patients. Particular risks include: - Capacity to meet increased demand and complexity in the care market - particularly where patients are also Covid positive - Potentially compromising quality of care and outcomes for clients - with the focus being on MOFD and speedy discharge - Performance/Reputational Risk - high numbers of people who are MOFD still in hospital as a % of total occupied beds - compared with other acute hospitals	High	DC	Significant progress has been made in implementing the new government Discharge Model. This is overseen across the Southampton and SW Hants system by the Onward Care system Leadership Group who in turn report to the S&SWH Bronze Command group. The key requirements of the national model have been scrutinised and RAG rated and an action plan has been put in place to address key gaps. This includes work in the following areas: - Earlier decision making in hospital about discharge: - Implementation of case management role consistently across the Trust - Improve quality of discharge Review of failed discharges and implementation of improvement plan - Ensure patient initiated follow up and/or safety netting telephone call day after discharge consistently implemented across Trust - Ensure timely and high quality transfer of information to primary care is consistently implemented across all wards - Deliver Mental Capacity Act training to ensure quality MCA assessments undertaken to inform Best Interest decisions - Implementation of discharge areas - Homelessness - Review of existing protocols/processes and identification of gaps and areas for improvement – to include ensuring that no patient is discharged onto the streets or to a night shelter - Develop and embed protocols/processes working with the wards - Community Rehabilitation Bed Capacity - Increase capacity - Seacole Bid - Implementation of consistent D2A model across S&SWH - Agree key principles/consistent model across S&SWH - Commission increased D2A bed capacity for SL3 using one agreed specification across S&SWH with KPIs relating to response times for assessment/admission - agreement to commission 20 more D2A contract beds in Southampton - 10 coming on line w/c 19 October. Remaining 10 still to be sourced - Exploring Trusted Assessment model to support timely discharge - Link into and influence HIOW-wide work on promoting the Home First messages and ethos across the workforce and general public - Therapy Capacity - UHS and Community Reablement and Therapy teams to review onward care referral processes - Review workforce system wide and develop proposals for the best utilisation of current resources - Pilot a prioritised tiered approach to patients on SL2 and SL3 using TOFD instead of MOFD - Stroke capacity - Review of current flow and discharge process - Increase ESD capacity subject to finance approval - 7 day working – need to increase discharges over the weekend - System wide review of service operation within acute and community required to achieve 7 day working – ongoing – action plan under development - Patient Transport Services - Review the requirements for patient transport in delivering the Government's Hospital Discharge Policy and undertake gap analysis - Work with patient transport services to address any gaps and develop a coordinated and sustainable model moving forward - Community Equipment Review the requirements for community equipment services in delivering the Government's Hospital Discharge Policy and undertake gap analysis - Work with the community equipment providers to address any gaps
Make Care Safer	There is a risk that the sustainability of high quality Mental Health services in the City via Southern Health Foundation Trust (SHFT) and Solent NHS Trust will not be maintained There is a risk that there is an increased demand in psychological support services due to heightened anxiety levels caused by current COVID-19 then this could result in some service users not being able to access services resulting in service users being at risk of harm.	Moderate	CA	New Divisional Director of Nursing in place for Southampton - internal candidate who is an experienced Mental Health Nurse Significant out or area placement reduction during Covid-19 response, focus on maintaining this position Additional capacity in NHS111 Mental Health Nurse Triage Service, and web access now available Changes to Psychiatric Liaison Service with ED diverts in place responding to Covid-19, discussions underway to reinstate pathways Confirmed attendance of quality manager at Southampton based quality meeting and learning from deaths forum for SHFT, new patint safety lead appointed for Southampton division, 24/7 MH Triage arrangements in place (NHS111) and psychiatric liaison within University Hospital Southampton NHS Foundation Trust . The Lighthouse mobilised to be virtual, maintaining access 4pm-midnight 7 days per week. Supported 202 virtual visits during April. Supported over 600 virtual visits during April-June with 130 unique contacts. Greater use of digital technology for assessment, psychological treatments and patient care Pilots to try virtual GP referral meetings Increase in presentations from people not previously known to services or who haven't accessed secondary care support for a number of years IAPT ('Steps to Wellbeing') Increased use of digital technologies based on national guidance during lockdown. Working towards restoring face to face appointments, and will identify those who cannot access telephone or online treatment options surge in referrals relating to emotional and mental health – anxiety, depression, trauma – anecdotally this is already impacting on capacity in primary care and secondary care Explore opportunities for accelerated integration through Primary Care Network development bringing together primary care, IAPT, secondary care mental health services and voluntary sector CAMHS - During COVID there has been a significant decrease in referrals received and this has enabled Solent to reduce both initial waits and those waiting for treatment - Evidence highlights that there is likely to be a significnat increase in emotional and mental health issues in the wake of COVID and it is likely that CAMHS will see a significant increase in referrals when CYP return to school. This will continue to be monitored - The service has increased their remote offer but continue to see initial and high risk/vulnerable young people face to face. The move to remote contact has seen a decrease in WNBs as well as an overall increase in contacts

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Reliance on temporary staff in the Placement Service	Operation of the Placement Service is currently reliant on a number of temporary staff due to pilots which are being run by the service (invoice query resolution, D2A). As a result, the service is experiencing higher levels of staff turnover and service quality/ levels are at risk.	Moderate	CP	Recurrent funding for posts at risk is being sought through the ASC budget challenge process.
Looked After Children	As Responsible Commissioner NHS Southampton City CCG commissions Solent NHS Trust to coordinate statutory health assessments for looked after children (LAC) placed out of area (OOA) . Due to the demand placed upon LAC services nationally, these children and young people are either not receiving a statutory health assessment or it is severely delayed. This can impact upon the health and wellbeing of the LAC particularly where there are additional vulnerabilities such as mental health issues.	Low	KE	Dedicated Solent LAC Health Team staff working with Out Of Area health providers to progress health assessment timescales (Update- current capacity issues within the Solent LAC health team mean that this dedicated team has reduced temporarily and is impacting on the timeliness of responses). Robust Solent LAC OOA process in place, Close oversight on OOA by the Designated Nurse and Monitoring via CRM / CQRM / Corporate Parenting. (Update- issues with OOA cases are discussed on a case by case basis as required, with escalations responded to as appropriate. The CCG SG team receive regular placement change information for in area and OOA LAC children. Regular data reporting has been paused for the Solent LAC health team during Covid, as has the service spec review for CPMS/LAC) NHSE and Designated Nurse for LAC Regional group undertaking focused work to monitor and identify strategic options. (Update- ongoing regional discussions in relation to this. In response to Covid-19, areas receiving OOA LAC children during the pandemic have been advised that they must continue to see OOA children for IHA's and cannot refuse this, however acknowledging that delays are likely.) Health Assessments for LAC part of "hotspot" report to CRM to maintain focus. There have been Improvements in timescales for assessments recently.(Update- routine data reporting has been paused during Covid-19, therefore no hotspot data received since March 2020). Given the concerns raised in relation to out of area health assessments regionally and nationally, other areas are undertaking health assessments more readily however delays continue due to the lack of priority for children place in other areas in comparison to their own area children (Update- as above- Solent LAC health team have some ideas re OOA children as a result of working differently during Covid-19, however these would require agreement in other areas nationally and is therefore not a quick fix). Some improvements noted within specific areas nationally due to relationship building by the Solent admin lead for OOA. (Update- as above, some temporary capacity challenges). Solent still required to undertake a scoping of those LAC placed out of area to ensure they have oversight of those with outstanding health needs. This work will be necessary prior to the further development work to explore the feasibility of a health questionnaire for those children in stable placements (no update) OOA Questionnaire introduced within the LAC health team. Ongoing dialogue with NHSE regional and national team to resolve areas with delays. (Update- as above, Covid-19 has impacted much of the progression of this regional work. The questionnaire has been used widely during Covid-19 by Solent LAC health team as a way of reaching children to complete RHA's both within and OOA. Moving forwards, face to face assessments will be preferred wherever possible, however having a questionnaire is a useful option to offer for those who would otherwise decline to engage or prefer not to have a F2F assessment).

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