

<b>DECISION-MAKER:</b>	Joint Commissioning Board		
<b>SUBJECT:</b>	Quality Update		
<b>DATE OF DECISION:</b>	15 <sup>th</sup> April 2021		
<b>REPORT OF:</b>	Director of Quality and Integration		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>	
Not applicable	
<b>BRIEF SUMMARY</b>	
This paper provides an update on quality in health and care services in Southampton and outlines the challenges experienced by the care home sector during the first three months of 2021.	
<b>RECOMMENDATIONS:</b>	
1.	(i) Note the quality report
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
2.	The quality report is an update for Joint Commissioning Board on quality concerns and good practice in the City and is intended as an information only item to provide assurance to the Board
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
3.	The quality report is an update for Joint Commissioning Board on quality concerns and good practice in the City and is intended as an information only item to provide assurance to the Board
<b>DETAIL (Including consultation carried out)</b>	
4.	<p><b>Quality Report</b></p> <p>This short update provides an overview of the current good practice and challenges for quality of services that are commissioned by the Integrated Commissioning Unit (ICU) between Southampton City Council and NHS Southampton City Clinical Commissioning Group.</p>
5.	<p><b>Good Practice</b></p> <p>Currently across Southampton social care providers in the care home and home care market are considered overall to be providing good care. The ratings profile below has only had one change since December 2019 as one nursing home has moved from good to requires improvement. CQC are currently only completing inspections when there is a significant risk situation in a provider. CQC are currently using their Transitional Regulatory Approach, this focuses on safety, how effectively a service is led and how easily people can access the service. It includes:</p> <ul style="list-style-type: none"> <li>a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), so the CQC can continually monitor risk in a service</li> </ul>

- using technology and our local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where the CQC have concerns

After reviewing information that the CQC have about a service, they will have a conversation with the provider either online or by telephone. This is not an inspection and they do not rate services following a call. This call helps the CQC to decide whether they need to take further regulatory action at this time, for example an inspection. Additionally, CQC are undertaking infection prevention and control inspections in care homes to ensure people are receiving safe care. Services that need re-rating to support additional system capacity supporting local authorities to commission care where needed. Further updates to the regulatory framework are being released by CQC regularly.

*The current profile of CQC ratings across Southampton is*

	<i>Outstanding</i>	<i>Good</i>	<i>Requires Improvement</i>	<i>Inadequate</i>	<i>Not yet rated</i>
Nursing Homes	0	8 (9)	1	0	0
Residential Homes	1	41	7	0	4
Home care providers	2	42	5	0	4

*Note - Figures in () indicate position at last report*

One nursing home has moved from good to requires improvement. The home has recently changed owners and has undergone a change of registered manager. The new registered manager is keen to resolve the areas of concern and appropriate actions are being taken, the regional management team for the home group is also supporting the home.

One home care provider (non-framework) is currently suspended from taking placements as it was rated requires improvement in all areas.

6 The Integrated Commissioning Unit has been proactively supporting the care home and home care sector throughout the pandemic. A well-established weekly video conference has been set up and provides training and general updates on the latest guidance and requirements for care homes. The latest sessions have covered vaccinations, visiting protocols and lateral flow testing. These sessions continue to be extremely popular with the care home and home care sector providers. A question-and-answer session relating to Infection Prevention and Control is included each week which has generated a significant amount of feedback from the sector.

The City is currently being considered for the roll out of an electronic version of RESTORE2 which will be supported by the ICU Digital Care Team.

During January and February 2021 the ICU quality and infection prevention and control teams supported the care homes affected by Covid-19 outbreaks. A total of 26 homes had a confirmed outbreak and 21 homes had an exposure or cluster of cases. Of these homes it was noted that the homes most vulnerable were those that were not part of larger groups or stand alone homes that had no back up to call on. The Provider Failure protocol was activated on 2 occasions to ensure providers were effectively supported.

7 The wider ICU Quality Team supporting health providers has continued to monitor, review and support providers through the pandemic. The approach has changed to involving ourselves much more in provider meetings rather than expecting providers to attend meetings with us. This has proved extremely successful and provider engagement remains good. A learning and sharing forum meets regularly including Hampshire and the

	<p>Isle of Wight health providers and this has proved extremely valuable sharing learning over a larger network than normal.</p> <p>At the start of the Covid-19 emergency period, Continuing Healthcare Assessments were halted and a temporary hospital discharge process was put in place. This saw the NHS taking on funding for all patients with complex needs (Scheme 1). That process has been reviewed and a new system came into effect on 1<sup>st</sup> September 2020 which reduces the funding period by the NHS to 6 weeks (Scheme 2). Since 1<sup>st</sup> September CCG and Council colleagues have worked together to ensure all clients who were funded between March and 31<sup>st</sup> August 2020 via Scheme 1 have had an assessment to determine their eligibility for continuing healthcare or Care Act funding. At 31<sup>st</sup> March 2021 all clients who needed an assessment had been assessed, apart from 2 clients who due to their complex needs were moved into normal business processes following agreement between the Continuing Healthcare and Adult Social Care teams. This enabled Southampton to advise NHS England that all cases had been completed by 31<sup>st</sup> March 2021 deadline.</p>
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
8	There are no specific resource implications of this paper.
<b><u>Property/Other</u></b>	
9	None noted
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
10	The Council has a statutory power and responsibility to safeguard individuals receiving services within the Southampton City boundary
<b><u>Other Legal Implications:</u></b>	
11	None noted
<b>CONFLICT OF INTEREST IMPLICATIONS</b>	
12	No conflicts of interest are noted
<b>RISK MANAGEMENT IMPLICATIONS</b>	
13	The Council has a responsibility as a commissioner of services to ensure the quality of those services meets an acceptable standard. In addition the Council has a statutory responsibility under the Care Act to ensure mechanisms are in place to safeguard adults, who may be vulnerable, and are receiving care within the City boundary.
14	<p><b>Areas of Concern</b></p> <p>The main areas of concern at this time relate to the impact of COVID-19 on care homes and home care providers, and plans for the recovery of NHS services.</p> <p>For care homes and home care providers the risk of staff being infected with Covid-19 continues as vaccination rates are not as high as they need to be in some homes. As at 30<sup>th</sup> March just under 70% of care home staff had been vaccinated. Work is underway to improve uptake through a variety of routes, homes have been contacted and offered support with communicating key messages to staff.</p> <p>For NHS services recovery work is starting, many services were maintained throughout this wave of the pandemic and time is needed for services to recover from the workload pressures over this challenging period. The quality team are part of the recovery work streams and are working with providers to identify risks and where patients may have come to harm. At this time no significant instances of harm have been highlighted in</p>

	Southampton.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
15	The information contained within this report are in accordance with the Councils Policy Framework plans

<b>KEY DECISION?</b>	N/A
<b>WARDS/COMMUNITIES AFFECTED:</b>	N/A
<u>SUPPORTING DOCUMENTATION</u>	
<b>Appendices</b>	
1.	None

**Documents In Members' Rooms**

1.	Not applicable
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**Equality Impact Assessment**

<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>	<b>No</b>
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**Privacy Impact Assessment**

<b>Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.</b>	<b>No</b>
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**Other Background Documents**

**Other Background documents available for inspection at:**

<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>
1.	Not applicable