

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	INTEGRATED COMMISSIONING UNIT		
<b>DATE OF DECISION:</b>	21 NOVEMBER 2013		
<b>REPORT OF:</b>	DIRECTOR OF QUALITY AND INTEGRATION		
<b><u>CONTACT DETAILS</u></b>			
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#### STATEMENT OF CONFIDENTIALITY

None

#### BRIEF SUMMARY

The development of an Integrated Commissioning Unit (ICU) between Southampton City Council (SCC) and Southampton City Clinical Commissioning Group (CCG) was formally agreed by both SCC Cabinet the CCG Governing Body in October 2013. This approach has been identified by both organisations as a key priority to achieve outcome and evidence based commissioning.

The aim of the remodelling is to develop a structure with appropriately skilled staff who will achieve quality outcomes and efficiency savings through more focussed, integrated work. Redesigning and commissioning integrated services will improve quality and outcomes and result in more effective use of resources and cost avoidance and as a consequence release savings

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.

This report is an initial report on the performance criteria and work programmes prioritised by the ICU and an overview of key quality issues.

#### RECOMMENDATIONS:

That the panel

- (i) Note the progress of the Integrated Commissioning Unit in achieving work programme, performance and finance outcomes
- (ii) Considers the issues outlined in this report and, following a discussion, agrees future requirements for the Performance and Quality report to HOSP.

## **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)**

### **Background to Integrated Commissioning Unit**

4. The Integrated Commissioning Unit has three main aspects:
  - System redesign to achieve the commissioning priorities for system transformation. Assessing need, undertaking consultation with stakeholders, redesigning services and pathways, developing and monitoring specifications.
  - Quality which will integrate the functions across the CCG and SCC and support a stronger, more consistent approach to expectations of and outcomes from providers
  - Provider relationships to allow a much more proactive approach to development and management of providers, build on community assets, work with other commissioners and ensure strong contract management
5. Quality and effective contract management from a quality aspect are key elements to achieving positive outcomes for residents and improvements in core services along with the opportunity to ensure best value and reduced costs. High profile cases nationally and locally, such as Winterbourne, Francis enquiry into Stafford hospital and local serious case reviews, have emphasised the need for this area of work to be well led, co-ordinated and thorough. The staff undertaking this work across the CCG and People Directorate are in the process of being combined as one team responsible for quality monitoring and reviewing
6. The ICU is under the strategic oversight of the Health and Wellbeing Board. The Council and Southampton City CCG have established an accountability structure including an Integrated Commissioning Board with Chief Executive and Director representation. The key commissioning priorities that the Council and CCG wish to work on together have been identified and detailed work and relevant project plans support these. Commissioning principles have been agreed by both organisations. The final accountability remains with Cabinet and the CCG Governing body as appropriate. As part of the accountability structure Health Overview and Scrutiny are overseeing the effectiveness of the unit. The work of the ICU is underway in shadow form and will be formally launched in December once all posts have been through the matching process.

## **Performance**

7. 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
8. Projects and performance measures have been defined under each of the above workstreams. These are outlined in Appendix 1 along with update on progress.
9. Significant progress has been made in reporting and identifying performance indicators but there are still on-going problems with sourcing data, especially due to difficulties in accessing both SCC and CCG systems. There is a need to further develop indicators to ensure they are linked specifically to ICU performance (as opposed to high level outcomes or specific service level performance). Projects have been reprioritised in relation to delivery of savings, quality/service sustainability, strategic priority or policy / legal imperative.
10. The majority of projects are on target with some slippage for substance misuse, domestic violence and domiciliary care commissioning reviews and tenders, although these present no major implications. A number of potential risks have been flagged many of which relate to capacity within the team whilst structures are still be recruited to.

## **Quality**

11. The ICU is developing an overarching quality reporting framework. The proposal is to provide HOSP ,by exception, the key quality of care issues for the main provider organisations along with actions being taken to improve the issues identified. Progress against all actions will be reviewed at the regular Clinical Quality Review Meetings (CQRM) with the relevant provider.
12. An element of this exception report will be to provide the latest assessment against NHS England CCG Assurance Framework 2013/14
13. 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 August 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, safer surgery action plan all at UHSFT and Serious Incidents Requiring Investigation (SIRI)

management at SCCC level.

### **Current performance issues**

14. Clostridium difficile infection remains a challenge to SCCC with 30 cases against a trajectory maximum of 22 for the end of August 2013. A detailed report on the analysis of cases Clostridium difficile within Southampton City CCG has demonstrated that there is no specific link between the cases reported in the first 5 months of this year. An awareness raising campaign is being planned in conjunction with the medicines management team.
15. MRSA Bacteraemia – During September a MRSA case was identified at UHSFT. This has subsequently been confirmed as a contaminant i.e. the patient did not have the infection in their blood stream but on taking the blood sample MRSA probably from the patient's skin found its way into the sample. This usually indicates poor blood collection technique and UHSFT have taken immediate action to retrain the staff involved in this situation.
16. Patient-Led Assessment of Care Environment or PLACE – Patient led assessments of the care environment are a self-assessment of a range of non-clinical services which contribute to the environment in which healthcare is delivered in both the NHS and independent/private sector in England. The PLACE programme aims to promote the following values and principles
  - ❖ Putting patients first
  - ❖ Actively encouraging feedback from the public, patients and staff to help improve services
  - ❖ Striving to be the basics of quality of care right
  - ❖ A commitment to ensure that services are provided in a clean and safe environment that is fit for purpose
17. These assessments were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments which had been undertaken since 2000. The Key findings from the 2013 assessments were:
  - ❖ 1,358 assessments were completed
  - ❖ National average score for cleanliness was 95.74%
  - ❖ National average score for food and hydration was 84.98%
  - ❖ National average score for privacy dignity and wellbeing was 88.87%
  - ❖ National average score for condition appearance and maintenance was 88.75%

18. Local providers overall scores are in the table below:

PLACE 2013 Scores	UHSFT	Solent	SHFT	STC
Cleanliness	97.30%	93.83%	98.66%	*100%
Food and Hydration	88.72%	*96.29%	84.56%	*93.91%
Privacy, dignity and wellbeing	90.68%	*93.84%	90.91%	91.05%
Condition appearance and maintenance	*94.16%	92.20%	90.24%	*96.25%

	Lowest quartile
	Below average but in interquartile range
	Above average but in interquartile range
	* % Highest Quartile

19. Eliminating mixed sex accommodation – UHFT have had 5 further breaches during September, with 2 Southampton City CCG patients affected. The Associate Director of Quality has been in discussion with UHSFT about these breaches and also concerns about the number of clinical justified breaches in assessment areas. UHSFT have agreed 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 to work together to improve this situation.

20. Nursing homes – there continue to be concerns about a number of homes , including some of those with the highest number of beds. This situation coming into the winter is undoubtedly placing additional pressure on the system, both in terms of the ability for patients from hospital and community settings to be placed in nursing homes when needed and the additional support needed from SCC and SCCCG staff in monitoring and supporting these homes to drive up the quality of care provision. It should be noted that 4 of the homes with issues are owned by a national company and work is underway with the regional management team to improve standards of care and management in these homes.

21, A number of actions are currently underway to endeavour to resolve the situation facing this sector, 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. This work forms part of the new Integrated Commissioning Unit and to support this activity SCCCG Quality team is already working with SCC to enhance this process with registered nurses participating in the assurance monitoring visits.
- The Continuing Healthcare team within SCCCG 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. Systems are also being put in place to strengthen contractual processes and link quality requirements to SCCCG priorities for health. This work will be continued and built on further within the new integrated commissioning unit to reduce duplication and set shared standards across both SCCCG and SCC contracts.

- A scheme is in development to provide nursing home registered managers with leadership training. Much of the training that has been provided focuses on particular clinical skills e.g. pressure ulcer prevention, catheter care and managerial tasks, but does not appear to have focused on the managers of these homes as clinical leaders. Using expertise from Health Education Wessex a leadership programme is being developed which will be completed by 31st March 2013 with a focus on developing the leadership skills of the registered managers.
- 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
- Learning from good performing homes, a piece of work is being undertaken with one of the nursing homes with sustained good performance to determine what can be learned and where possible transferred to other settings
- Additional resources have been secured for the winter period to support those homes suspended from placements. This support is aimed at advising the registered managers to assist them in regaining placement status in their homes
- A number of homes have commented on the challenges of recruiting registered nurses in Southampton however at this time it is not clear that the main homes with this challenge have proactive recruitment campaigns underway in the city and surrounding area. Support is being provided via the contract meetings including the potential development of holding a city-wide recruitment fair for this sector.
- SCC and SCCCG 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.

22. 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. Many concerns related to the upkeep of the homes and a lack of investment, but included some concerns about staffing levels. G&A Homes own three Southampton residential care homes and a further home in Eastleigh.

23. We are working with G&A Homes and local staff to resolve the outstanding quality issues – requiring improvement plans, regular meetings with the registered managers and on-going reviews of quality standards

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

24. Total savings of £1,495k have been delivered at month 5. The QIPP non-elective admissions projects are currently delivering savings but winter pressures may cause significant pressure towards achieving the year-end savings for the CCG.

### **Property/Other**

25. None

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

- 26 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
- 27 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:**

- 28 None

## **POLICY FRAMEWORK IMPLICATIONS**

- 29 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

WARDS/COMMUNITIES AFFECTED:	All
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**SUPPORTING DOCUMENTATION**

**Appendices**

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

**Documents In Members' Rooms**

1.	None
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**Equality Impact Assessment**

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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