



# Southampton Health and Care Partnership Board

Thursday, 16<sup>th</sup>  
February, 2023  
at 9.30 am

Council Chamber, Civic  
Centre, Southampton

Please send apologies to: Angela Murrell –  
[angela.murrell@nhs.net](mailto:angela.murrell@nhs.net)

## THIS MEETING IS OPEN TO THE PUBLIC

### AGENDA

- 1 WELCOME AND APOLOGIES
- 2 DECLARATIONS OF INTEREST

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship

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**3 MINUTES OF THE PREVIOUS MEETING/ ACTION TRACKER (Pages 1 - 4)**

Lead	Item For: Discussion Decision Information	Attachment
Chair	Decision	Attached

**4 HEALTH & CARE QUALITY REPORT (Pages 5 - 22)**

Lead	Item For: Discussion Decision Information	Attachment
Matthew Richardson	Discussion	Attached

**5 BETTER CARE FUND PERFORMANCE UPDATE QTR 3 (Pages 23 - 38)**

Lead	Item For: Discussion Decision Information	Attachment
Moraig Forrest-Charde	Discussion	Attached.

8<sup>th</sup> February 2023

Director of Legal and Governance



### Meeting Minutes

#### Southampton Health & Care Partnership Board– Public

The meeting was held on Thursday 15<sup>th</sup> December 2022, 09:30 - 11:00  
Council Chamber, Civic Centre Southampton

<b>Present:</b>	<b>INITIAL</b>	<b>TITLE</b>	<b>ORG</b>
Councillor Lorna Fielker	Cllr Fielker	Cabinet Member – Health and Adults and Leisure	SCC
James House	JH	Managing Director (Southampton)	ICB
Debbie Chase	DChas	Director of Public Health	Public Health
Vernon Nosal	VN	Director of Operations, Adult Social Care / DASS	SCC
 <b>In attendance:</b>			
Terry Clark	TC	Director of Commissioning Health and Care	ICB/SCC
Donna Chapman	DC	Deputy Director Integrated Commissioning Unit	ICB/SCC
Keith Petty	KP	Senior Finance Business Partner	SCC
Kay Rothwell	KR	Deputy Director of Finance Southampton & Portsmouth	ICB
Angela Murrell (minutes)	AM	PA (Southampton Place)	ICB
 <b>Apologies:</b>			
Rob Henderson	RH	Executive Director Wellbeing (Children & Learning)	SCC
Claire Heather	CH	Senior Democratic Support Officer	SCC
Dr Sarah Young	SY	Clinical Director	ICB
Councillor Satvir Kaur	Cllr Kaur	Leader	SCC
Councillor Daniel Paffey	Cllr Paffey		SCC

		<b>Action:</b>
<b>1.</b>	<b>Welcome and Apologies</b>	
	Members were welcomed to the meeting. Apologies were noted and accepted	
<b>2.</b>	<b>Declarations of Interest</b>	

	<p><b>A conflict of interest occurs where an individual’s ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship</b></p> <p>No declarations were made above those already on the Conflict-of-Interest register.</p>	
3.	<p><b>Health &amp; Care Strategy Annual Update</b></p>	
	<p>DC attended the meeting to present the Health &amp; Care Strategy presentation highlighting the following key points: -</p> <p><b>Start Well</b></p> <ul style="list-style-type: none"> <li>• Expansion of mental health support teams in schools</li> <li>• Children’s Hospital at Home Service goes live</li> <li>• Teenage conception decreased overall at a faster rate than nationally.</li> <li>• Hospital admissions for mental health conditions is reducing</li> </ul> <p><b>Live Well</b></p> <ul style="list-style-type: none"> <li>• Lung health checks fully implemented</li> <li>• Launching a newly developed integrated diabetes service June 2022</li> <li>• A lot of work around adults with learning disabilities is taking place</li> <li>• Additional funding for rough sleepers</li> <li>• A new service for suicide and bereavement support has been established.</li> </ul> <p><b>Age well</b></p> <ul style="list-style-type: none"> <li>• Carers strategy has been launched</li> <li>• Developments at Potters Court have increased extra care provision</li> <li>• Re modelled the discharge process</li> <li>• Set up a virtual ward service</li> <li>• One team and integrated care teams</li> </ul> <p>DC commented that teenage pregnancy has seen a reduction and is moving in the right direction. Smoking has also seen a reduction particularly during pregnancy.</p> <p>DC reported some areas with challenges are: -</p> <ul style="list-style-type: none"> <li>• Obesity in Children – remains higher than the national average</li> <li>• Smoking</li> <li>• Premature deaths, higher than the England average.</li> </ul> <p>Cllr Fielker thanked DC for the presentation. Cllr Fielker raised if the term “lifestyle choices” should be amended to a different phrase. Dchas commented that it was an excellent presentation, and that it is very aligned to the Health &amp; Wellbeing Strategy. TC commented that we are now being able to start to see the linkage of</p>	

	<p>all the work across the whole system JH stated that it should be recognised all the work that is being done and progressing against the backdrop of covid and still being able to deliver on actions.</p> <p>The Board noted the Health &amp; Care Strategy.</p>	
<b>4.</b>	<b>Update From the Children &amp; Young Person Strategic Delivery Group</b>	
	<p>DC presented the Update from the Children &amp; Young Person Strategic Delivery Group and highlighted the following points</p> <ul style="list-style-type: none"> <li>• The Children’s &amp; Young Person strategy was launched in April 2022.</li> <li>• There is a strong alignment with Start Well</li> <li>• 5 key areas of focus, child friendly, improving mental health and wellbeing for children and young people, education inclusion, supporting families, and improving outcome for vulnerable young people.</li> <li>• Governance arrangements have been reviewed, and a children &amp; young people strategic partnership board meeting has been setup, which has broad membership, to include representation from young people, parent carers and the voluntary sector.</li> </ul> <p>Cllr Fielker raised how are the young people representation being engaged into this to ensure it is meaningful</p> <p>DC explained that it is still work in progress, to ensure we have good attendance and representation, and have linked with the Parent Carer’s forum in Southampton.</p> <p>The Board noted the report.</p>	
<b>5.</b>	<b>Date of Next Meeting</b>	
	19 <sup>th</sup> January 2023 – 09:30-11:30 - Briefing	

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<b>DECISION-MAKER:</b>	Southampton Health and Care Partnership Board		
<b>SUBJECT:</b>	Health and Care Quality		
<b>DATE OF DECISION:</b>	16 February 2023		
<b>REPORT OF:</b>	Deputy Director of Quality & Nursing (Southampton)		
<b><u>CONTACT DETAILS</u></b>			
<b>AUTHOR:</b>	<b>Name:</b>	Matthew Richardson	Tel:
	<b>E-mail:</b>	matthew.richardson2@nhs.net	
<b>Director</b>	<b>Name:</b>	Terry Clark	Tel:
	<b>E-mail:</b>	terry.clark@nhs.net	

<b>STATEMENT OF CONFIDENTIALITY</b>	
NOT APPLICABLE	
<b>BRIEF SUMMARY</b>	
<p>The purpose of this report is to provide a high level overview of health and care quality in Southampton for services commissioned or overseen through the integrated commissioning unit. The Integrated Commissioning Unit is a joint commissioning team for Southampton City Council and NHS Hampshire and Isle of Wight Integrated Care Board (Southampton area).</p>	
<b>RECOMMENDATIONS:</b>	
	(i) NIL: for Information
	(ii)
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	NOT APPLICABLE
2.	NOT APPLICABLE
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
	NOT APPLICABLE
<b>DETAIL (Including consultation carried out)</b>	
	NOT APPLICABLE
<b>RESOURCE IMPLICATIONS</b>	
<b>Capital/Revenue</b> NOT APPLICABLE	
<b>Property/Other</b> NOT APPLICABLE	
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
	NOT APPLICABLE
<b><u>Other Legal Implications:</u></b>	
	NONE

<b>CONFLICT OF INTEREST IMPLICATIONS</b>	
	NONE
<b>RISK MANAGEMENT IMPLICATIONS</b>	
	There are no risks associated with any requested decisions in this paper. Risks to health and care quality are detailed on slides 8 and 13 of the report
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
	NOT APPLICABLE

<b>KEY DECISION?</b>	Yes
<b>WARDS/COMMUNITIES AFFECTED:</b>	NOT APPLICABLE
<u>SUPPORTING DOCUMENTATION</u>	
<b>Appendices</b>	
1.	Slides 14-16 – ICU Quality Directorate structure and services

**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: NOT APPLICABLE**

<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.	
2.	

# Southampton Health & Care

## February 2023

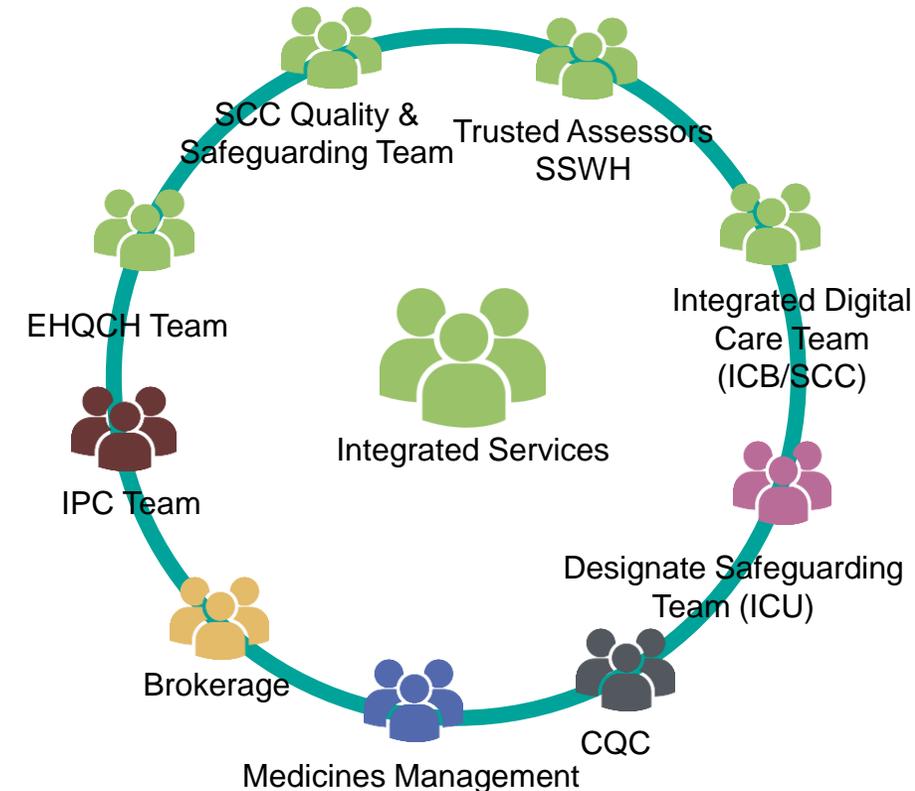


# Integrated Health and Care Commissioned Services (Integrated Commissioning Unit)



- The Integrated Commissioning Unit is a joint commissioning team for Southampton City Council and NHS Hampshire and Isle of Wight Integrated Care Board (Southampton area)
- The Integrated Commissioning Unit aims to deliver efficiencies across departments and ensure quality services for people in Southampton by putting the residents at the centre, designing services around them, joining up the delivery of services and adopting a strategic approach to the wider determinants of health and wellbeing
- The ICU brings together health and care (external to SCC) quality into one model with the ability to deploy NHS and Local Authority resource quickly to support relevant sectors
- Utilises collective expertise with ability to pull in wider system
- The team comprises the following elements to provide a multi-disciplinary approach to quality assurance and safeguarding in provider services:
  - **Quality and Safeguarding in Provider Services Team** – remit to quality assure and improve all social care providers across Southampton City to maintain a high quality and safe service
  - **Enhanced Care Home Quality Team** – remit to provide clinical education, training, signposting, advice and guidance to care homes, nursing homes and extra care/supported living
  - **Digital Care Team** - remit to support social care providers to enhance digital skills and adopt technology that improves care (or acts as an enabler to accessing other services/projects)
  - **Trusted Assessor**- remit to provide independent assessments to facilitate high quality, safe, speedy and effective discharges from hospital to care home. Based at the hospital with other clinicians but independent of them
  - **Infection Prevention, Clinical Quality, Designate Safeguarding** and the **Medicines Management** team provide expert support as required

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# Care (nursing, residential, home care)

- Social care providers in Southampton continue to be resilient, despite the ongoing pressures around post-pandemic operation, cost of living and inflation
- The Care Quality Commission (CQC) continues to undertake risk-based focused inspections based on a new Direct Monitoring Approach (DMA) involving routine assessments by telephone, risk profile and local intelligence with the option of carrying out a comprehensive inspection as necessary
- This has created pressure on local quality ratings with a number of Southampton providers dropping from Good to Requires Improvement. This pressure is mirrored regionally and nationally
- No Southampton providers are rated as Inadequate
- Decreases in ratings are typically being seen under safe and well-led domains – often these represent pandemic legacy pressures on staff / training / leadership capacity
- Themes:
  - Recruitment checks – requirement to obtain references for all previous employment – the ICU are working with CQC and the Home Office around education for providers on safer recruitment
  - Disclosure and Barring Service (DBS) checks not being renewed on a regular basis (there is no nationally defined renewal frequency)
  - Staff training not always being in date – draft exploration of a health and care training portal for Southampton to quality assure training and access
  - Risk management around medications
- The ICU Quality Directorate meet with CQC monthly to discuss key issues and CQC attend the weekly internal Quality and Safeguarding provider oversight meetings to ensure effective information flow
- The Quality and safeguarding Team continue to work with all providers where CQC have raised concerns – both before and following ratings. The remit of the ICU is to support providers and general market management/resilience but it is unable to undertake the improvements on behalf of independent providers
- The Quality and Safeguarding teams continue to work with providers with proactive audits (remote and on-site) and training / spreading good practice.



9 Nursing Homes  
78% rated Good or above by CQC ↓



25 Older Adults Residential Homes  
84% rated Good or above by CQC ↔



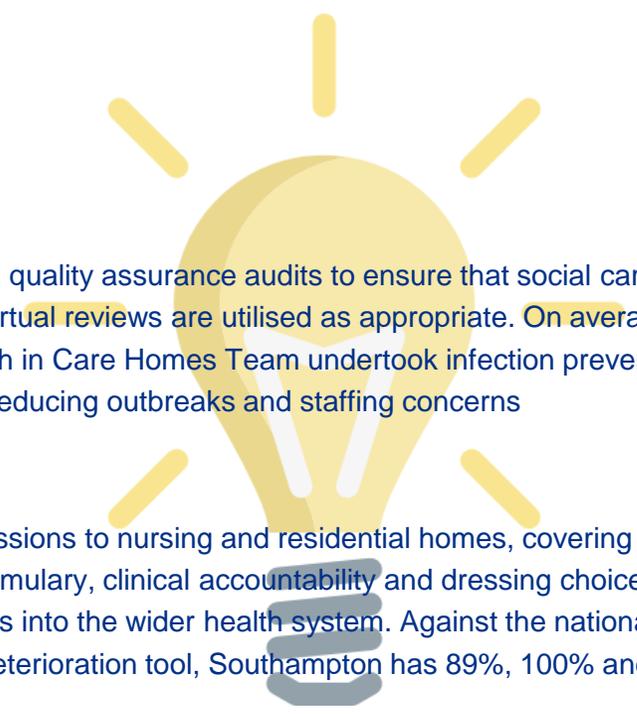
23 Mental Health / Learning Disability providers  
91% rated Good or above by CQC ↓



50+ Home Care providers  
92% rated Good or above by CQC ↔



# Improvement



## Assurance and quality improvement visits

- The Quality and Safeguarding team continue to provide quality assurance audits to ensure that social care commissioned services are regularly monitored and evaluated. Face-to-face visits, both announced and unannounced and virtual reviews are utilised as appropriate. On average, 30-40 face to face and 40 virtual assessments take place each quarter. Before Christmas the IPC and Enhanced Health in Care Homes Team undertook infection prevention, workforce and business continuing visits to many providers to assess winter preparedness which were successful in reducing outbreaks and staffing concerns

## Enhanced Health in Care Homes

- The team provide around 30-40 face to face training sessions to nursing and residential homes, covering recognising physical deterioration, care planning, pressure ulcer categorisation and prevention, React to Red, wound formulary, clinical accountability and dressing choice and Waterlow. The team are rolling out the digital version of RESTORE2, a deterioration tool for social care that links into the wider health system. Against the national ambition of having at least 80% of all appropriate non-acute settings across health and social care by March 2024 using a deterioration tool, Southampton has 89%, 100% and 29% of nursing, residential and learning disability establishments compliant (77% aggregated)

## Health and Care Portal

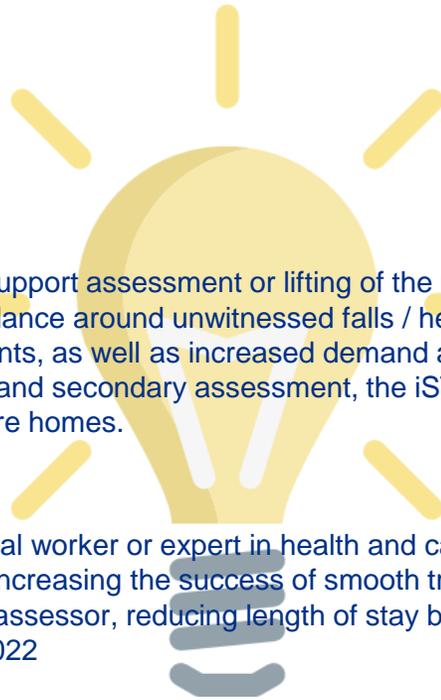
- Scoping work has commenced to assess the feasibility of a joint health and care learning and development portal for social care providers, bringing together the expertise of the wider health system with care resources and using some of the specialist clinical teams in the ICU (e.g. Infection prevention, safeguarding, Enhanced Health Nurses) to quality assure provider training. The ambition is to provide a single point of access to high quality training for the market as part of the duty for market development. Scoping of the current health offer and skills gap has been completed

## PAMMS

- ICU and Quality and safeguarding Team are working to implement PAMMS (Provider Assessment and Market Management Solution) with the Home Care framework. PAMMS is an online assessment tool which can be used either as a direct audit tool by commissioners or as a self-assessment tool by providers which can be linked to the brokerage function. The tool will help assess the quality of care delivered by providers of adult social care services and is in use in the South West and East of England, which provides a standardised approach to quality and a useful comparison on market management. The team are currently scoping and training on the system prior to roll out



# Improvement



## Falls

- Non-injurious falls in care homes often result in a 999 call to support assessment or lifting of the resident. Frequently the barrier is training, access to specialist lifting equipment e.g. Mangar lifts, Raizer chairs, environment and national guidance around unwitnessed falls / head injury whilst receiving an anticoagulant (NICE update expected march 2023). This can lead to long lies and additional harm to residents, as well as increased demand across the emergency pathway. The Enhanced Health in Care Homes Team are co-designing a train the trainer package covering primary and secondary assessment, the iSTUMBLE falls assessment, lifting equipment and post falls safety huddles for learning to decrease the number of see and treat events in care homes.

## Trusted Assessor

- The Trusted Assessor (ICB employed registered nurse or social worker or expert in health and care) works between care homes and hospital to assess and match potential residents to specific homes – reducing assessment time and increasing the success of smooth transfers of care. The project has a high uptake from care homes. The Trusted Assessor is saving an average of 60 bed days per month per assessor, reducing length of stay by 1-2 days per person. Due to the success of the scheme an additional assessor has been recruited and commenced in November 2022

## Insulin Project

- The Enhanced health in Care Homes Team is working with Solent NHS Trust to implement insulin administration as a delegated role in care homes. Currently, Solent Community Nurses spend 50 hours a week administering insulin – many in residential homes and home care packages. This may limit clients to once a day insulin at varying times, leading to poorer control and experience, as well as reducing the amount of resource available to people in Southampton. A collaborative project between the ICB, Solent and Primary Care has created a protocol, training and RASCI tool for delegated tasks with a pilot being initiated in care homes who have expressed an interest. *If successful, the project could be rolled out into Home Care providers.*

## Virtual Transfer of Care

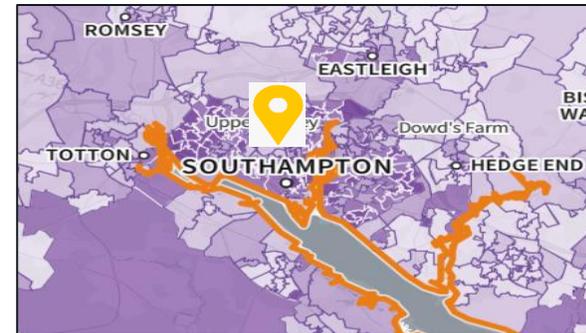
- The quality directorate put in a successful bid for demand and capacity funding to initiate a VTOC (Virtual Transfer of Care) project using the iPads Southampton gave to homes during COVID-19. The project allows care home managers to meet potential residents whilst they are still in hospital to assess their needs and suitability. This (with the Trusted Assessor role) improves communication, speeds up the acceptance of residents, reduces costs (travel and parking) and carbon footprint and improves quality by allowing the resident to meet key people before transfer.



# COVID-19 and Influenza Vaccination (care workers)

- COVID-19 vaccination now comprises:
  - First, second, booster and second booster doses + seasonal booster for health and care workers
- **Care workers**
- Uptake of the first, second and booster doses of the COVID-19 vaccine in care workers in Southampton has been extremely successful
- Uptake of the COVID-19 seasonal booster vaccination amongst care workers across Hampshire and Isle of Wight is 45.9% with variation of 36.9-55.6%
- Southampton uptake is 38% (Foundry) (range 35-51% by Primary Care Network, Southampton)
- Factors influencing uptake include vaccine fatigue, legacy from the mandatory vaccination of care workers in 2021/2022 and higher rates of natural immunity through infection. This has also impacted on influenza vaccination rates. Similar patterns have been noted in health workers
- **Care Home Residents**
- 90+% of residents have received the full course of COVID-19 vaccination with 89% having received the autumn booster (average 90% across HIOW). 72% have received the annual influenza vaccination (average 75% across HIOW)
- **Ongoing access**
- HIOW are providing 44 sites where Covid Vaccinations will be undertaken from January to March 2023
- All sites are approved to deliver vaccinations for all age groups
- All clinics at the active sites will be available to book via the national booking service –NBS
- Roving /pop-up services that are suitable for general access will also be accessible through NBS with three planned for Southampton: St Mary’s Fire Station, Bevois Valley and Homeless shelters

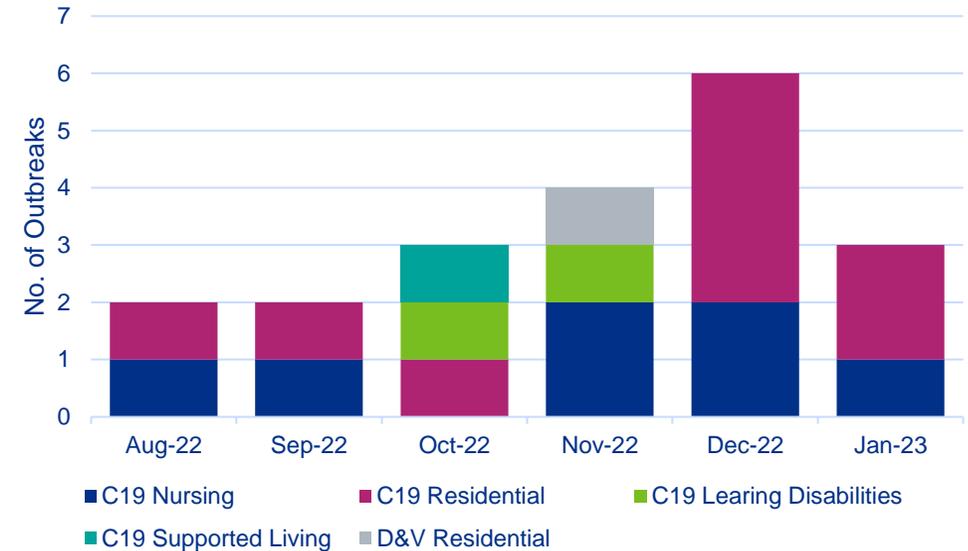
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# Infection Prevention & Control

- The ICB employs 1.8 WTE specialist infection prevention nurses to support Southampton Place
- These specialists work across health and care settings, including as part of the Health Protection Team in Southampton City Council
- The team supports surveillance, quality improvement, training and assurance across health and care settings
- Before Christmas the IPC and Enhanced Health in Care Homes team undertook infection prevention, workforce and business continuing visits to many providers to assess winter preparedness which were successful in reducing outbreaks
- The IPC team run regular webinars for care providers on IPC, latest COVID-19, influenza and gastrointestinal illness, as well as practical Personal Protective Equipment drills
- Southampton saw a peak in COVID-19 declared outbreaks in social care between November and December 2022<sup>^</sup>. This was mirrored in other parts of Hampshire and the Isle of Wight
- Southampton had no reported Influenza outbreaks<sup>^</sup> which contrasted with other areas in Hampshire and the Isle of Wight which saw significant activity
- *\*The team also assessed and advised on 23 potential outbreaks in Southampton which is critical to maintaining capacity within the care system*
- *^not all providers (particularly Learning Disabilities may report outbreaks to the IPC team*

Southampton Care Outbreaks



# Risks

Title	Risk	• Example Actions
<b>Financial sustainability and viability</b>	<p>There is a risk that some homes may become financially unsustainable as a result of any combination of:</p> <ul style="list-style-type: none"> <li>• Void bed levels being unsustainable as demand reduces;</li> <li>• The number of new private clients being lower than planned for, reducing income levels;</li> <li>• Increased costs of PPE, equipment, staffing not covered by fees and charges</li> <li>• Homes unable to recruit, retain or supply enough staff to manage with outbreaks, staff isolation and sickness.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to develop the understanding of risks for all homes so that proper management of risk can take place.</li> <li>• Monitoring of void levels overall and by individual home to identify specific risks and mitigations.</li> <li>• Contingency funding in place in case of provider failure</li> <li>• Care home needs assessment underway to identify long term needs</li> <li>• Support to homes to develop clinical skills to diversify client group</li> </ul>
<b>Workforce</b>	<p>There is a risk that care providers (homes and home care) may not be able to sustain high quality care due to workforce recruitment and retention pressures (burn out post pandemic and competition from other sectors e.g. hospitality), additional winter period demands or changes to market management / funding</p>	<ul style="list-style-type: none"> <li>• Counselling support available and will continue to be promoted</li> <li>• Liaise with Skills for Care to provide support tools</li> <li>• Support recruitment campaigns for homes</li> <li>• Recruitment tools and campaign developed in Southampton, including overseas recruitment</li> <li>• Develop the workforce support strategy together with providers and Hampshire Care Association</li> </ul>
<b>CQC standards</b>	<p>There is a risk that providers may not be able to meet and sustain CQC standards due to the demand and capacity of registered managers and other workforce, which may result in vulnerable people not receiving optimal care</p>	<ul style="list-style-type: none"> <li>• Return to face to face assurance visits and support</li> <li>• Continue to provide support and advice via Quality and Safeguarding, Enhanced care in care homes teams and infection prevention and control lead</li> <li>• Link with CQC re intelligence and information sharing</li> <li>• Provider fortnightly sessions via Teams</li> </ul>
<b>Complex Care Discharges</b>	<p>There is a risk that the demand for care home places for individuals with complex needs being discharged from hospital is greater than the available supply</p>	<ul style="list-style-type: none"> <li>• Continue to increase the commissioned D2A bed capacity throughout the Winter period</li> <li>• Continue to maintain/develop relationships with homes to support timely move-on from D2A beds commissioned</li> <li>• Health education gap analysis completed</li> <li>• Exploration of the health and care learning portal to upskill people</li> <li>• Work with mental health providers to support challenging behaviour and mental health in placements</li> </ul>
<b>Vaccination</b>	<p>There is a risk that insufficient numbers of care workers will be vaccinated against preventable disease e.g. COVID-19 / Influenza) due to vaccine fatigue and previous experience of mandatory vaccination which may lead to unnecessary exposure of vulnerable people to illness.</p>	<ul style="list-style-type: none"> <li>• Continue to promote vaccine uptake to staff</li> <li>• Support homes to prepare for implementation of policy from 11th November</li> <li>• Identify and work with homes which have lower vaccination rates to increase uptake and contingency plan.</li> </ul>



# Health

- The wider ICU Clinical Quality Team continues to support and monitor health providers utilising the internal governance and assurance functions of those providers which has proved to be a more collaborative approach
- The Southampton and Southwest Hampshire local Quality Committee, made up of health, social and voluntary sector providers continues to develop and mature
- The health system continues to be under sustained and exceptional pressure (akin to permanent high winter demand) due to a combination of activity across the urgent and emergency care pathways (Group A Streptococcus, Influenza A), workforce (COVID-19 isolation, other absence, competing demand for social care workforce from hospitality sector), planned care (restoration of elective care services and waiting list initiatives) and flow (access to Home Care / onwards care). System partners are working together to increase flow and capacity
- South Central Ambulance Service continue to be provided with support by the Integrated Care System. An overall improvement plan for SCAS is monitored internally by executives and non-executives and externally by the Oversight and Scrutiny Committee and Tripartite meeting. All the ‘must do’ and immediate actions highlighted in the Section 29a have been completed. The focus is now on embedding, sustaining and moving forwards in the improvement workstreams
- Industrial action by the Royal College of Nursing, GMB union and Chartered Society of Physiotherapy occurred in January. Extensive planning and contingency to maintain safety was put in place by both employers, workers and the unions. Further industrial action is expected in Southampton in February.

	University Hospital Southampton	Solent NHS Trust (Community Services)	Southern health NHS Foundation Trust (mental health services)	Practice Plus Group Urgent Treatment Centre	Spire Healthcare	Countess Mountbatten Hospice	South Central Ambulance Service
CQC rating	Good	Good	Requires Improvement	Good	Good	Good	Inadequate



# Primary Medical Services

- All 26 General Practices (GP's) in Southampton are rated as Good by the Care Quality Commission

Primary Medical Services General Practice	Outstanding	Good	Requires Improvement	Inadequate	Not rated
Southampton	0	25	0	0	1

- Primary Care services saw a significant increase in activity as a result of Group A Streptococcus infection concerns (sore throats, scarlet fever, invasive GAS) over the December/January period
- Primary Care offered 777 thousand (K) appointments in December 2022, of which 493K were face to face (compared with 690K in December 2021). Appointments were impacted by the bank holidays in December (November 2022 was 902K compared with 847K in same period the previous year)\*
- A new Acute Respiratory Hub (ARI) was commissioned (go live 4 January) to support winter activity in Southampton operating out of St Peters surgery. Southampton will have arrangements in place to deliver this service until 31 March 2023 and is hoped to deliver up to 2500 additional appointments across the city.
- \*data is only available at a H10W level currently and not specific to Southampton*
- Oversight of Dentistry quality continues to sit with NHS England. Of those dentists in Southampton that have been inspected by CQC, none have any enforcement action or improvement required. However, a significant proportion of dentists have not been inspected by CQC since 2013/2015.

Primary Medical Services Dentists	No action	Improvement Required	Enforcement Action	Not rated
Southampton	20	0	0	4



# General Practice Patient Survey 2022

- Fieldwork for the 2022 GPPS took place 10 January to 11 April 2022
- Based on 16,600 HIOW responses (36% response rate) (population 1.9 million so survey based on <1% of population)
- In HIOW, 73% of respondents were under the age of 64 years, with 26% aged 65 years plus
- Breakdown is provided via Primary Care Network level for Southampton for some responses - Response rate in HIOW one of the best in SE Region
- Significant drop in overall experience between 2021 and 2022 from 83% to 72% (mirrors the national picture): Nationally, the proportion of patients reporting a good overall experience decreased to its lowest level for five years (72.4%) –a 10.6 percentage point decrease compared with the 2021 survey (83.0%). Variation in Southampton is 53-88%
- Four of the six Southampton PCN's were below the national average for patient satisfaction
- Main area of concern is Access
- Significant drops in ease of getting through on phone (14 percentage points) – same as national picture
- Online utilisation similar of better than national picture (online booking, prescriptions, medical records, consultations): Compared with 2021 (55%) a greater proportion of patients are accessing practice websites -(61% 2022)
- However, still 39% of people not using any online methods
- Website satisfaction – down six percentage points – may indicate people are trying to use websites more for digital access and finding them difficult to navigate
- Choice of appointment (place, time, type, HCP) lower than national average (55%v59%). PCN Southampton variation was large around satisfaction 39% lowest to 75% highest. However, satisfaction with the appointment offered is the same as national average
- HIOW offering above national average face to face appointments
- Satisfaction with how much time HCP's provide, listening, treating with care and concern and recognising mental health needs and involving patients in decisions all dropped by 5-6 % points (similar to national average) – perhaps indicating the increased pressure on practitioners
- However, confidence and trust remains relatively stable and slightly above national average (ICS 94%)



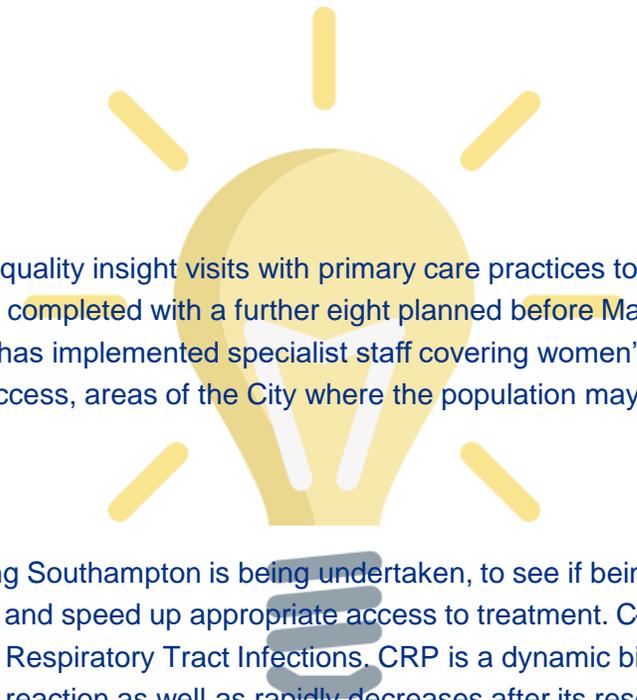
# Improvement

## Supportive Insight Visits

- Southampton Primary Care team have restarted onsite quality insight visits with primary care practices to promote the sharing of good practice and to support preparation for Care Quality Commission visits. Three visits have been completed with a further eight planned before March 2023. Part of this work seeks to identify and spread innovation and best practice. For example, one Primary Care Network has implemented specialist staff covering women’s health and a specialist respiratory hub to manage chronic respiratory disease. In an effort to reduce health inequalities and access, areas of the City where the population may find it hard to travel to traditional hubs on the West can now access these services locally in the East

## Point of Care Testing

- A trial using point of care testing in a primary care setting Southampton is being undertaken, to see if being able to provide a blood test via a finger prick in the practice to identify bacterial infection can optimise antibiotic usage and speed up appropriate access to treatment. C-reactive protein (CRP) point-of-care testing (POCT) is a promising tool to decrease the uncertainty regarding suspected Lower Respiratory Tract Infections. CRP is a dynamic biomarker of the presence and severity of inflammation. CRP increases within four to six hours after the onset of an inflammatory reaction as well as rapidly decreases after its resolution. CRP POCT alongside the clinical signs and symptoms may provide primary care with valuable information to enable targeted and prompt treatment of infection



# Risks

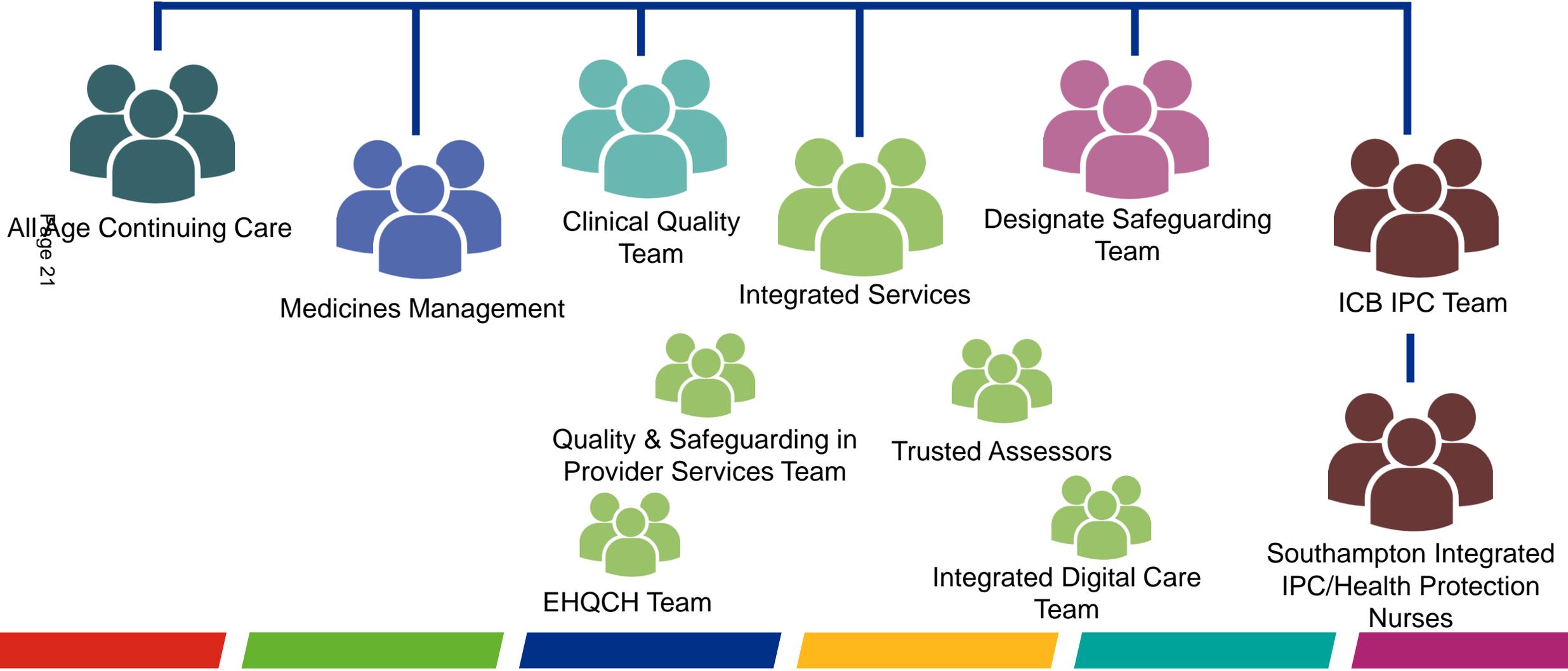
Title	Risk	• Example Actions
<b>Urgent and Emergency Care</b>	There is a risk that activity in urgent and emergency care pathway (Primary Care, NHS111, Out of Hours, SCAS, Urgent Treatment Centres, Emergency Departments) remains high and results in difficulties and delays in access for patients and workforce fatigue / clinical risk for providers	<ul style="list-style-type: none"> <li>• Primary Care providing additional capacity through increased appointments, including face to face</li> <li>• Acute respiratory hubs implemented</li> <li>• SPCL providing GP triage into the Emergency Department</li> <li>• UTCs are offloading pressure from the Emergency Department</li> <li>• Alternative pathways to urgent care being developed</li> <li>• Primary Care stocktake on same day access</li> </ul>
<b>Workforce</b>	There is a risk that health providers may not be able to sustain high quality care due to workforce recruitment and retention pressures (burn out post pandemic, competition, lack of workforce supply) and additional winter period demands	<ul style="list-style-type: none"> <li>• Workforce strategies being developed across the ICB</li> <li>• Providers are collaborating around supply of workforce</li> <li>• Increased investment into social care to reduce medically optimised for discharge patients and workforce demand</li> </ul>
<b>Post pandemic mental health</b>	There is a risk that there is a sustained increased incidence of mental health disorders arising from the pandemic and built up demand, across community and acute mental health teams and children and adolescent mental health services, resulting in long waits and decreased access	<ul style="list-style-type: none"> <li>• Mental health pathway review is progressing</li> <li>• ICB has made additional investment into mental health services over the past years</li> <li>• Services like IAPT are available to manage demand</li> <li>• Work with education around mental health in schools to manage demand early</li> <li>• Provider collaboratives around mental health functioning.</li> </ul>



Page 20 **Reading Room**  
**ICU Quality Directorate structure and provider management**



# Integrated health and care quality



# Southampton



<b>Briefing</b>	<b>Cabinet Member for Health and Adult Social Care and Southampton Health &amp; Care Partnership Board</b>		
<b>SUBJECT:</b>	<b>Quarter 3 Better Care Fund Update.</b>		
<b>DATE OF BRIEFING:</b>	<b>16/2/2023</b>		
<b>REPORT OF:</b>	<b>Director of Commissioning – Integrated Health &amp; Care</b>		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>	
Not applicable	
<b>BRIEF SUMMARY</b>	
This report provides a review of performance for Quarter three 2022/23 against Southampton's Better Care programme and pooled fund.	
<b>RECOMMENDATIONS:</b>	
(i)	The Southampton Health & Care Partnership Board note the content of this report.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	The Southampton Health & Care Partnership Board (SHCPB) is responsible for oversight of the Better Care pooled fund. This responsibility has been delegated to SHCPB from the Health and Wellbeing Board (HWBB).
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
3.	Not Applicable
<b>DETAIL (Including consultation carried out)</b>	
4.	<p><b>Background</b></p> <p>The Better Care Plan (BCF) for Southampton has its basis in our 5 year Health and Care Strategy (2020 – 2025). This strategy was formed through a partnership of health, care and community and voluntary sector representation and based on the Joint Strategic Needs Assessment (JSNA).</p> <p>The Southampton 5 year health and care strategy (2020 – 2025) provides strategic direction for all system partners with the priorities listed below generated by all those partners. These priorities are distributed across the four programme areas of Start Well, Live Well, Age Well and Die Well. The BCF priorities, as a subset of the overall health and care strategy delivery, are informed by this priority setting process. The BCF priorities in relation to the 5 year health and care strategy and BCF policy and planning requirements are as</p>

follows -

- **Priority 1: Delivering on Avoidable Admissions/enable people to stay well, safe and independent at home for longer** - Strong focus on prevention, admission avoidance through our urgent Response Service, proactive care at home (reducing preventable admission to long term care), carers services and Enhanced Health in Care Homes (EHCH) arrangements.
- **Priority 2: Further developing the discharge model to promote right care in the right place at the right time:** including Recovery and Assessment and Home First as a feature of the BCF plan.
  - Hospital Discharge process and out of hospital capacity
  - A flexible and broad offer of recovery and assessment, promoting a home first approach
  - Particular focus on discharge capacity for those with the most complex needs
- **Priority 3: Increase the number of people who see benefit from Rehabilitation and Reablement**, meaning a continued focus on reducing dependency on longer term care provision.
- **Priority 4: Implement new models of care (within Adults and Children's)** which better support the delivery of integrated proactive care and support in our communities.
- **Priority 5: Effective utilisation of the Disability Facilities Grant** – promoting independence and personalised care/strength-based approaches.

The ICU manages (on behalf of the Southampton Health & Care Partnership Board/ HWBB) one of the largest Better Care pooled funds in the country. Mandated level for 2022/2023 of £22.892m and a total pooled fund of £143.564m, £91.259m from the ICB and £52.303m from SCC. In Q3, and for Q4, the addition of the Adult Social Care Discharge Fund was made, which equates to £924k through the Local Authority route and £????k through the ICB route.

Southampton's Better Care Fund pooled fund is made up of the following schemes:

1. Supporting Carers
2. Integrated Locality Working
3. Integrated Rehabilitation and Reablement and Hospital Discharge
4. Aids to Independence
5. Prevention and Early Intervention
6. Learning Disability Integration
7. Promoting uptake of Direct Payments
8. Transforming Long Term Care
9. Integrated provision for children with special educational needs and disability (SEND)
10. Integrated health and social care provision for children with complex behavioural & emotional needs

5.	<p><b>Performance at Quarter 1&amp;2 2022/2023 –</b></p> <p>The performance in Q3 is in keeping with the plan set out for 2022/2023. The presentation included as appendix 1 provides the detail of scheme highlights, risks, performance against national metrics and finally financial position.</p>
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
7.	<p>The overall pooled fund for 2022/2023 is £143.564m, £91.259m from the CCG and £52.303m from SCC. Further split is as follows –</p> <ul style="list-style-type: none"> <li>• DFG £2.513m</li> <li>• iBCF – £10.390m</li> <li>• ICB minimum contribution - £22.892m</li> <li>• ICB additional contribution (non mandated) – £68.367m</li> <li>• SCC additional contribution (non mandated) - £39.400m</li> </ul> <p>In addition, the pooled fund is required to include all elements of the Adult Social Care Discharge Fund which was released in Q3. The LA portion of which is £924k and the ICB portion is £1,830k. This is in addition to the overall pooled fund details noted above.</p> <p>Details of financial performance as per Q3 is available in the report attached.</p>
<b><u>Property/Other</u></b>	
8.	Not applicable
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
9.	Not Applicable – briefing only.
<b><u>Other Legal Implications:</u></b>	
10.	Not Applicable.
<b>CONFLICT OF INTEREST IMPLICATIONS</b>	
11.	Not Applicable.
<b>RISK MANAGEMENT IMPLICATIONS</b>	
12.	<p>The risks noted in this briefing are as follows –</p> <ul style="list-style-type: none"> <li>• Projected overspend in two schemes within the BCF – LD Integrated Commissioning (which relates to increased costs in care packages and placements) and the Joint Equipment Service. The former is a known risk caused by change in caseload as a result of people who transition from children’s to adult services and those being discharged from specialist inpatient care. In terms of children in transition to adult services, there is a Preparation for Adulthood work programme which will improve earlier transition planning with a view to better forecasting and potentially reducing costs in future. The Joint Equipment Service overspend is related to an increase in complexity which has been impacted by the change in hospital discharge policy. Both areas are being closely monitored with further analysis underway to inform any mitigation that can be put in place, including securing additional funding from the national hospital discharge fund.</li> </ul>

	<ul style="list-style-type: none"> <li>Capacity in the home care sector to meet the rise in the number of people with greater levels of complexity being discharged from hospital at a time when the sector is already under severe pressure in relation to its workforce. This is being mitigated to some extent through the workforce development project/role and the sustainability project with Hampshire Care Association mentioned above as well as additional funding and targeted work with providers who have capacity; however it remains a key risk to truly achieving a Home First discharge model.</li> <li>Lack of financial certainty and funding shortfall regarding hospital discharge capacity.</li> <li>Meeting the requirements of the Carers Strategies, including the rising demand for assessment and support for newly identified carers. Consideration of this is included within the new procurement approach for the support service, however the risk remains that demand may outstrip capacity for assessments.</li> </ul>
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
13.	Plans for 2022/2023 were submitted on 26/09/2022 and sign off has now been received from the national BCF Team. A year end return is expected, the national team have also indicated that policy and planning guidance from April 2023 is expected to be for a full two-year period i.e. 2023 – 2025.

<b>KEY DECISION?</b>	<b>No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	<b>All</b>
<u>SUPPORTING DOCUMENTATION</u>	
<b>Appendices</b>	
1.	Better Care Fund Performance update – Q3.
2.	

#### Documents In Members' Rooms

1.	
<b>Equality Impact Assessment</b>	
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>	<b>No</b>
<b>Privacy Impact Assessment</b>	
<b>Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.</b>	<b>No</b>
<b>Other Background Documents</b>	
<b>Other Background documents available for inspection at:</b>	
<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.		
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# **Better Care Fund Performance Update Q3 2022/2023**

## **Southampton Health & Care Partnership Board December 2022**

# Contents

- Summary of priorities for 2022/2023
- Financial performance
- Metrics – performance
- Scheme highlights
- Risks

# Priorities for 2022/2023 BCF plan

The BCF priorities below support the delivery of the 5 year health and care strategy and ensure compliance with the BCF policy and planning requirements –

- **Priority 1: Delivering on Avoidable Admissions/enable people to stay well, safe and independent at home for longer** - Strong focus on prevention, admission avoidance through our urgent Response Service, proactive care at home (reducing preventable admission to long term care), carers services and Enhanced Health in Care Homes (EHCH) arrangements.
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# Financial performance

	Mandated level	ICB contribution	SCC contribution (inc DFG)	Total
Plan – 2022/2023	£22.892m	£91.259m	£52,303m	£143,564m
Position after Q3	£22.892m	£91,020m	£53,736m	£144,706m

## Variation from plan –

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Additional contributions in excess the total figure are -

- Adult Social Care Discharge Fund = £924k
- Community Discharge Grant – Learning Disability Clients = £131k
- DFG previous years carry forward - £5,580k of which £2,954k allocated to date
- ICB – reduction of £289k
  - Adult Social Care Discharge Grant = £1,830k
  - Primarily related to budgetary corrections linked to the change in organisation from the 1<sup>st</sup> of July 2022
  - JES cost pressure of £105k – related to rise in the complexity of client group.
- SCC – increase of £1,433k
  - Increase of approximately £1,464k on care package costs for clients living with a learning disability. Including clients whose provisions not on Care Director and clients for whom there are back dated payment requirements.
  - Increase of approximately £422k related to agency costs within the Hospital Discharge Team, with £349 of this off set by the ASC Discharge Fund.
  - Joint Equipment Service cost pressure of £106k – related to rise in the complexity of client group
  - Reduction in predicted spend within Children’s Resource Service of approximately £330k – recruitment plans progressing well likely to see this figure reduced a little by year end.

# Metrics position at Q3

- The metrics monitored through the BCF are as follows –
  - Avoidable Admissions – Indirectly standardised rate of admission per 100,000. The performance noted below indicates the rate for Southampton is below that of the plan i.e. fewer people than projected have required admission for ambulatory care sensitive admissions. Contributing to this good position will be Urgent Response Service, One Team and wider prevention and early intervention work.
    - Q2 plan 233 per 100k – **185.3**
    - **Q3 plan 260 per 100k – 217.8**
  - Discharge to usual place of residence – percentage of people, resident in the HWB, who are discharge from acute hospital to their normal place of residence. This is an important measure which reflects joint working between local partners with the level of achievement in Q3 above/better than plan. The work of the discharge team, SPOA and brokerage service contribute significantly to this delivery.
    - Q2 plan 96.6% - **94.8%**
    - **Q3 plan 95% - 95.4%**

# Metrics continued

- Residential admissions – long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population. Performance in Q2 and Q3 below indicates a better than plan position, a position which is challenging given there is a greater number of highly complex individuals requiring longer term adult social care support. The work of our rehab and reablement service, the SPOA and social work teams significantly contribute to this performance.
  - 2022/2023 plan 206 per 100k
    - Q2 actual 97.1 per 100k
    - Q3 actual 141.3 per 100k**
- Reablement – proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
  - 2022/2023 plan 76.8% - **Data will not be available until April 2023 as this information is collected between January and March 2023.**

# Scheme Highlights

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Plan agreed and implemented for ASCDF

Prevention and Early intervention engagement gets underway

Progressing the next phase of Carer Strategies implementation

Continue to implement the Southampton Health and Care Strategy for people with Learning Disabilities Transformation Programme

Continued role our of One team – Proactive Case Management, four practices go live

Successful recruitment to the service for children with complex behavioural and emotional needs

Progress on implementation of the recommendations from the DFG review

## Scheme highlights – Right Care in the right place/Hospital Discharge

Improving operational processes  
– particularly for inpatient  
settings and DC

Home First – developing the  
home care market, enhancing  
therapy, and working with VCSE

Making the most of short term  
beds – improving assessment  
and flow, enhancing therapy and  
refining & recommissioning the  
beds

Improving support to care homes  
– Training and development  
offer, anticipatory care planning,  
improving communication  
between homes and services and  
increasing the prevalence of  
telecare/medicine

# Risks

- Projected overspend within BCF schemes – in particular
  - Learning Disability Integrated Commissioning – transformation programme seeks to promote financial stability and forecasting
    - Increased cost of care packages
    - Further work on promoting service and financial planning for Children transitioning into adult care provision as part of Preparing for Adulthood transformation programme
  - Joint Equipment Service – working through opportunities to manage this risk area.
    - Increase in complexity evidenced in the risk in mean number of pieces of equipment per person.
    - Increase in number of people remaining at home following rehabilitation/reablement
- Capacity in the Home Care Market
  - Challenges to meet the rise in complexity of people requiring care either on discharge or following a crisis which was managed in the community.
  - Significant workforce pressures remain – programme of work underway to support the sector in managing this challenge.
- Financial certainty and funding shortfall
  - This risk was noted at the beginning of the year as a result of the hospital discharge fund ceasing on the 31<sup>st</sup> of March 2022. This risk has in part been managed with addition of the Adult Social Care Discharge Fund
- Meeting the key requirements of the carers strategies
  - Work is underway with the existing providers along with planning for future service provision to meet mitigate this risk, significant development and procurement work required to meet the key requirements.

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