Achieving Transformation Change

88.1%
Target ≥ 93%
— **% Care leavers in suitable accommodation**

63
Target ≤ 69
— **Number of Permanent admissions to residential & nursing homes (65+)**

5.2%
Target ≤ 4.4%
— **Number of Delayed Transfers of Care (DTOC) days**

7,039
Target ≤ 6,745
— **Number of Non-Elective Admissions**

120
Target ≤ 96
— **Number of Injuries due to falls in people (aged 65+)**

Quality

85%
Target ≥ 80%
— **% Continuing Healthcare Assessments completed ≤28 days**

80%
Target ≥ 85%
— **% Continuing Healthcare Assessments taking place in community**

89%
Target ≥ 90%
— **% of placements that are sourced through the Care Placement Team**

4.1%
Target ≥ 4.1%
— **% people with common mental health conditions accessing IAPT (local reporting)**

49.6%
Target ≥ 50%
— **% of people who complete IAPT moving to recovery (local reporting)**

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

Better Care: stock take of clusters being progressed; integration of 0-19 now established and developing; exploring the feasibility of integrating health and social care teams at scale operating in localities (SCC, Solent and Southern Health).   Home IV commenced. URS to increase capacity to manage packages of care for patients with "low level health needs" as well as expanding the supply of reablement care packages.

High Intensity users – pilots underway with Two Saints and with Community Navigators . SCAS Demand Management Practitioner role evidencing after initial year a reduction in use of urgent care services for those being supported (high intensity users).

Mental health and wellbeing: Coproduction of peer support model underway . CCG confirmed additional IAPT investment to focus on people with Long term conditions, commencing with diabetes. Work commenced on refreshing CAMHS local Transformation Plan – being developed via newly formed CYP Emotional & Mental Health Partnership Forum

SEN strategic review: completed across Portsmouth and Southampton - focus on reducing pressure on high needs budget, developing inclusive practice and identifying provision required within the city to prevent children going out of area.

Procurement – autism support service contract awarded and the Counselling tender awarded to No Limits. Regional Children's residential procurement is complete with contracts formed and ready to send to Providers.

Home care Tender is now in the evaluation phase, there are a significant number of bids submitted. Implementation plan draft completed with specific elements being progress with the relevant services e.g. Placement Service and Adult Social Care. No significant timescale delays noted at this time.

Living Well Service mobilisation commenced - increase in the number and range of activities offered out of the current day care settings.

b. Quality

Overall position for quality is positive. Main areas of risk to the work plan are antimicrobial prescribing, antidepressant prescribing and establishing monitoring systems for quality of Childrens social care commissioned services. This is due to delays in recruiting to the social worker post that is required to fulfil this role. Following further discussions with the Director for Childrens Social Care funding for this post has not been agreed and other options will be pursued during the autumn.

Good work continues across a range of other aspects of team activity including moving continuing healthcare assessments out of the acute hospital setting with 80-85% of assessments now being completed in the community. All health providers have in place systems to monitor and review deaths in line with national requirements and the quality team have noted health providers continue to demonstrate an open and learning culture, and are attending a range of provider meetings where this is apparent.

Workforce - ongoing concerns in relation to the recruitment and retention of staff.

Target 60% for LD health checks in 2017-18 was achieved

3. Key Performance Indicators

a. Achieving Transformation Change

	RAG Summary		Period	Indicator	Target	Actual	Variance Compared to	
	Last Yr	Target					Last Yr	Target
			M3	DTOC - Delayed Transfer of Care (DTOC) rate	4.4	5.2	-0.9	0.8
Green	4	3	M3	NEL Admissions - Number of non-elective admissions	6,745	7,039	-345	294
Amber	4	2	M3	Falls - Number of falls related admissions aged 65+	256	297	16	41
Red	0	3	M4	Care Leavers - % in contact and suitable accommodation	93	88.1	0.1	-4.9
n/a	2	1	M3	LARC - % of women who take up LARC within Sexual Health Service	35.0	43.0	0.0	8.0
			M3	CAMHS - % of routine referrals receive contact within 16 weeks	95	45	n/a	-50.0
			M3	CAMHS - % of urgent referrals receive contact within 1 week	95	100	n/a	5.0
			M3	Alcohol - % of all clients completing and not re-presenting	-	26.0	-0.9	n/a
			M3	Permanent admissions to residential homes aged 65+	69	63	-5	-6

Summary

Delayed Transfers of Care: M3 YTD is 0.9 percentage points (18%) above the target but is 0.8 percentage points (15%) better compared to the previous year
We continue to implement a range of options designed to reduce the level of DToC which, as highlighted, has substantially reduced. The key issues that remain are:
• That there is an increasing level of complexity and an aging population therefore patients that are delayed are likely to be the most complex group
• There are particular difficulties in sourcing very complex packages of care e.g. 4 x daily double ups and time specific care which is becoming increasingly challenging. The sourcing of less complex care packages remains on the whole relatively positive.
• The actual numbers of discharges a week remain high and on a number of weeks have been above target which would indicate that the overall demand has increased.

Falls - M3 YTD is 16% above the target and 6% above the the previous year. Work is ongoing to improve this including work with UHS & Solent to further integrate Fracture Liaison Service with Community Independence Team. Public Health Improvement fellow to commence work in September to increase efficiency in pathway, model for future of falls exercise is being developed. Clinical Coding Audit scope defined and agreed to identify reasons for variation in clinical codes compared to other local hospitals. Raizer Chairs have been deployed to care homes- evaluation data being collected and exploring with the public health team how we promote Living Well in Later Life messages/campaign

CAMHS Access: Demand is currently high and complexity increasing for the service. Vacancies are being recruited to within the service, the early intervention team is now at staffing establishment and will relieve pressure on the core CAMHS team and the service will be further developing the SPA at the end of 18/19 with additional investment. These actions will contribute towards improving access.

b. Quality

	RAG Summary		Period	Indicator	Target	Actual	Variance Compared to	
	Last Yr	Target					Last Yr	Target
			M4	Care Placement Service - >90% placements sourced via team	90	84.1	4.4	-5.9
Green	7	5	M4	Average days from referral received to placement start date (Home Care)	10	10.5	-2.9	0.5
Amber	2	4	M4	Average days from referral received to placement start date (Res/ Nursing)	10	7.5	1.2	-2.5
Red	1	0	M4	% of Continuing Healthcare Assessments completed in 28 days	80	85	-6	5
n/a			M4	% of Continuing Healthcare Assessments taking place within the community	85	80	66	-5
			M4	Healthcare Associated Infections: MRSA	0	0	0	0
			M4	Healthcare Associated Infections: Cdiff	15	11	-3	-4
			Q1	IAPT - % people with common mental health conditions accessing IAPT	4	4.1	0	0.1
			Q1	IAPT - % of people who complete IAPT moving to recovery	50	49.6	-0.1	-0.4

Summary

% of placements that are sourced through the CPS Team - The percentage of placements sourced through the service continues to rise however some practitioners continue to source support themselves. Where this applied to a whole team we are working with them to build confidence in the service and increase the percentage of support they source through us. Through intervention requests we also monitor individual practitioners who regularly source support independently. This list is shared with adult social care management when appropriate.

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

Project / Programme	Description of Risk/Issue	Rank	Owner	Proposed Mitigation / Resolution
Delayed transfers of care	Increasing complexity of clients will increase DTOC resulting in failure of plans, BCF targets and QIPP savings and this could compromise quality of care and outcomes for clients	V High	DC	Whole System Discharge action plan being overseen by Integration Board and A&E Delivery Board. Focus for 2018/19 is on Pathway 3 discharges (the most complex), making sure that the pathway is as effective and responsive as it can be (learning from the Pathway 3 D2A pilot), continued work with the care sector (including work between UHS and care homes to improve quality of discharge and relationships), and 7 day discharge. Numbers of DTOC have particularly risen in Q1 of 18/19 - data anaylsis is showing this to be a sharp increase in demand and complexity (the actual number of complex discharges taking place continue to be above target). Demand for home care packages is particularly high. Additional capacity has been purchased from the Dom Care Framework retainer over the Summer and work is underway to consider what more can be done to increase supply working with both the Framework providers and the city's own inhouse Urgent Response Service.
Make Care Safer - Workforce	There are significant concerns across the City in relation to the recruitment and retention of qualified healthcare staff such as registered nurses, specialist practitioners including mental health staff and non-registered support staff. Recent issues have included the temporary closure of some adult MH beds at Antelope House, single handed services in Solent, general practitioners, general practice nursing and home care providers	V High	CA	All Health providers required to produce monthly safer staffing data which is monitored viaContract Quality Review Meetings (CQRM) and Quality Managers (nursing focused). Continue to follow up with providers to ensure reporting is wider than nurses Monthly workforce data from CSU Updates included in CQRM and Contract Review Meeting (CRM) specifically for adult MH in relation to Antelope House. SHFT have an action plan in place. Skill mix at Antelope House under review as part of follow up from incidents at the end of 2017 Exception reporting is in place in all CQRMs where staffing concerns may be impacting on the quality of care Monitoring wider staffing concerns/intelligence e.g. Solent staff issues in Portsmouth Nursing Homes and Home Care supported via leadership training and peer support network which promotes access to training and wider support Better Care workforce event held in Southampton and participation in wider STP workforce events
Make Care Safer	Sustainability of high quality services in the City via Southern Health Foundation Trust (SHFT)	High	CA	East CMHT have now moved into Bitterne Park. SHFT has started recruitment to reduce caseload sizes on the east of the city. Exec meetings re Antelope House continue with CCG representatives in attendance to support driving through changes and seeking assurance CQC are currently completing latest inspection of SHFT NHS I Quality Oversight Committee to meet twice more, July and when CQC report is published and then SHFT will move to standard monitoring rather than enhanced as has been in place since Mazars / CQC inspection (2016) Assuranceof governance within SHFT was agreed by the Quality & Oversight Committee and supported by CCG's. This was shared with the CCG Clinical Governance Committee in July 2018.

KEY: SR - Stephanie Ramsey, DC - Donna Chapman, CB - Carole Binns, CA - Carol Alstrom, CP - Chris Pelletier

Project / Programme	Description of Risk/Issue	Rank	Owner	Proposed Mitigation / Resolution
Risk of achieving savings in both CCG and SCC	The savings targets are being pursued at a time of increasing demand. The number of savings projects proceeding at the same time is challenging in relation to capacity within both operational and ICU resources. Specific risks are: • Savings are achieved but increasing pressures off-sets some gains • Capacity in the operational teams to undertake reviews and other work associated with changes to support plans • Capacity in provider market to respond to new ways of working/increased capacity • Increase in Provider costs due to implementation of national living wage, sleep-in regulations, pension changes and meeting the needs of increasing complex clients	High	CP	Continue to work with information teams to ensure benefit tracking is in place to clearly identify savings achieved as distinct from rising need Project management approach and weekly monitoring of ICU work programme to identify any slippage early and take remedial action Prioritise staff resource to high impact areas
Reliance on temporary staff in the Placement Service	Operation of the Placement Service is currently reliant on a high proportion of temporary staff due to the number of pilots which have been run by the service (expansion of service offer to children and families, invoice query resolution, direct payment administration) for which the business case has been proven but for which recurrent funding has not yet been agreed. As a result, the service is experiencing exceptionally high levels of staff turnover and service quality/ levels have been significantly compromised.	High	SR	SR/CP to engage with relevant Service Directors to secure recurrent funding and /or confirm termination of associated work streams.

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