

Southampton City Better Care Partnership Agreement 2018/19

Scheme Highlight Reports – Quarter 2

Name of Scheme:	Carers Support Services
Lead Commissioner:	Sandy Jerrim/ Kirsten Killander

Progress this Quarter	
Highlights/Achievements:	<ul style="list-style-type: none"> The contract for both young and adult carers is progressing well and provides a seamless pathway when young carers transition into adult support services. Carer Aware E-learning course written and available online. Promotion of the E-learning will coincide with the promotion of Carers Right day and a forthcoming Carer event. Version 8 of the on-line tool is now being used by Carers in Southampton.
Pressures/Blocks: (including cost pressures	<ul style="list-style-type: none"> “All pay” have charged carers a fee to withdraw money when it was agreed SCC would pay these fees. It has been agreed to refund carers but progress remains slow and awaiting confirmation of refunds. There is a risk of future carers not using “All Pay” if the situation is not resolved soon.
Risks: What Mitigation is in place?	<ol style="list-style-type: none"> The delayed refund of charges to carers may result in carers not using the “All Pay” option when taking a direct payment. Mitigation: ICU is monitoring progress. Despite trying to resolve issues with Version 8 of the online tool, it continues to present problems which is now presenting reputational risks to the agency undertaking the assessments, which in turn presents risks to SCC. Mitigation: Meeting with Carers in Southampton and ongoing work with provider of Version 8.

Looking Ahead	
Priorities for next Quarter:	<ul style="list-style-type: none"> Memorandum of Understanding (MoU) between Adult Social care (ASC) and Children’s Services to be signed and whole family approach to be embedded in working practice. Emergency plan document to be refined and a procedure to be established so that they are accessible to ASC/Children’s Services when appropriate/needed. A Task and Finish group will oversee the work. A technology event to be arranged for September with carers the target audience to inform them of appropriate telehealth and telecare applications that can support them in their caring role and give them more independence.
Any issues for escalation to Joint Commissioning Board:	None this Quarter.

Name of Scheme:	Cluster Working
Lead Commissioner:	Adrian Littlemore

Progress this Quarter	
Highlights/Achievements:	<ul style="list-style-type: none"> Local Solutions Groups have been established in every cluster area with a major theme being the development of Social Prescribing. A workshop involving voluntary, faith groups and integrated cluster teams has taken place, with a further session planned. Community Wellbeing Team has worked with primary care and other providers to coordinate the administration of flu vaccines to all housebound patients. Planned reductions for inappropriate permanent admissions of older people into residential care are being achieved. Health & Wellbeing profiles have been developed to help cluster teams and local solutions groups prioritise service development. Adult Social Care has been aligned to clusters
Pressures/Blocks: (including cost pressures)	<ul style="list-style-type: none"> Adult Social Care - £48k adverse due to additional cost of Locums who are covering vacant posts, which are yet to be filled.
Risks:	<ul style="list-style-type: none"> Variation in how risk stratification and virtual wards are operated across clusters Lack of resources and capacity to undertake valuation of specific service improvements, changes in practice, hinders the ability to spread best practice. Opportunities for co-location and rationalisation of estate limiting opportunities for integrated working at a practical level Lack of integrated care record.
What Mitigation is in place?	<ul style="list-style-type: none"> Review stratification processes and how virtual wards operate across clusters and share/embed best practice - underway Work with Academic Health Science Network and CLARHC to engage in evaluation of initiatives, work with STP to share best practice initiatives. Development of multi-agency estates plan which includes primary care - underway Work to promote the use and development of CHIE (Hampshire Health Record).

Looking Ahead	
Priorities for next Quarter:	<ul style="list-style-type: none"> Review of Virtual Wards and improve Continuing Healthcare coordination Aligning community nursing development with GP Local Incentive Scheme initiatives <ul style="list-style-type: none"> Cluster 1 Holistic Housebound Cluster 2 Frailty and Polypharmacy Cluster 3 Frailty Cluster 4 Frail/Fallers/Housebound

	<p>Cluster 5 Social Prescribing/Co-morbid LTCs Case Management Cluster 6 Care Home Connect/High Intensity Users/Social Prescribing</p> <ul style="list-style-type: none"> • Work with community nursing to develop a new model for wound care • Work with Solent and other community providers in developing a Single Point of Access • Work up outline specification for an integrated locality based health and social care service incorporating Community Nursing, the Community Independence Service, Older Person's Mental Health teams and Social Care teams
<p>Any issues for escalation to Joint Commissioning Board:</p>	<p>None this quarter</p>

Name of Scheme:	Integrated Rehabilitation and Reablement (comprising Urgent Response Service, Community Independence Teams and supported discharge)
Lead Commissioner:	Jamie Schofield

Progress this Quarter	
Highlights/Achievements:	<ul style="list-style-type: none"> • The service received an “Outstanding” CQC rating during Quarter 2 which is particularly impressive as they are currently supporting a number of schemes mainly designed to support the development of Hospital Discharge Pathway 2 (supported). The key schemes that it is working on include: <ul style="list-style-type: none"> ○ Undertaking activity previously commissioned under Lot 5 of the Homecare Framework ○ The development of a Home IV Service ○ The development of a “turn-around” frailty service out of Emergency Department ○ The development of a bridging service for discharge patients with “low level health needs” ○ Investment into increasing the overall reablement capacity
Pressures/Blocks: (including cost pressures)	<ul style="list-style-type: none"> • The key pressure is related to “patient flow” and the numbers of “extensions” held within the service due to difficulties in sourcing home care packages to support people to move on from the service. • The overall complexity of patients leaving hospital has increased which does place extra pressure on the resources in terms of the size of the reablement care packages (reduced capacity), increased likelihood of “move on” care being required and pressures on the Community Independence teams to support increased complexity from a therapy perspective. • As highlighted above the service is involved in a range of schemes therefore recruitment is a constant challenge for the service. • The Home IV Scheme has been a particular challenge in terms of the identification of suitable patients within UHS.
How are these being addressed?	<ul style="list-style-type: none"> • A new homecare framework has been developed; one of the aims of which is to improve patient flow through an increased targeted offer. • The highlighted schemes reflect the need for increased flexibility and capacity to manage higher levels of complexity. The Urgent Response Service (URS) and Community Independence teams seek to mobilise resources across a range of functions as required. • The service has an established rolling recruitment programme in place designed to respond to the increased demand. • URS are actively working with UHS Clinicians to raise the profile of the Home IV activity.

Name of Scheme:	Promoting Care Technology
Lead Commissioner:	Sandy Jerrim/Lee Tillyer

Progress this Quarter	
Highlights/Achievements:	<p>Total referral numbers for Q2 (332) are an overall improvement on Q1 (281). An average of 110 per month in this Quarter compared to 94 per month in Q1.</p> <p>Overall quarterly conversion rate in Q2 holding at 60%.</p> <p><i>Support to existing initiatives and new developments:</i></p> <ul style="list-style-type: none"> • We are supporting business case development for vital signs monitoring in care homes. • We are helping to develop a digital app that will allow better coordination of client's care resources (Care Team). • New initiatives include developing an activity monitoring system for use in assessment of high cost supported living clients and scoping potential uses for video conferencing in clinical pathways. • Referral route has been opened up to SCC Lifeskills team and Homegroup to allow for more LD clients to be referred for Connected Care assessment. <p><i>Evidence from analysis and benefits tracking:</i></p> <ul style="list-style-type: none"> • SCC Benefits tracking process has been established and reporting mechanisms are being developed. • Health system benefits still tracked on a project by project or pathway basis. <p><i>Procurement of a new service model (health technology):</i></p> <ul style="list-style-type: none"> • Extensive work on the capabilities required of a Health technology offer are being worked up alongside PA consulting. Proposal for delivery will be delivered in the coming quarter. <p><i>Communications:</i></p> <ul style="list-style-type: none"> • Communications plan and associated support from internal/external communications in place within SCC with some activity already underway. Full roll out awaiting appointment within SCC communications team. • Health trusts and other providers engaged in workshops as part of the health technology offer development.
Pressures/Blocks: (including cost pressures) How are these being addressed?	<ul style="list-style-type: none"> • Currently a lack of clarity on the status of vital signs monitoring within the care home sector. Paper to be taken to CCG Senior Management Team to allow for decision to be taken on the future development.
Risks:	<ul style="list-style-type: none"> • Adult Social Care unable to achieve 140 referrals per month – Referral numbers and conversions are fairly stable and rising steadily. Communications plan for continued engagement with staff

<p>What Mitigation is in place?</p>	<p>in place awaiting resources to become available within SCC Communications team.</p> <ul style="list-style-type: none"> • Uncertainty about future health technology direction. We are currently working through potential options with PA Consulting with proposal publishing due for November 18. • New initiatives fail to roll out at a level that will affect a measurable change. There is a challenge in adequately resourcing new initiatives and establishing required culture change, often leading to initiatives petering out or failing to scale up as envisioned. We are attempting to develop robust business cases for each technology and seek appropriate organisational support to move forward with projects. We will also need to establish an ongoing organisational and system-wide commitment to supporting the embedding of health technology through the development of the health technology service capabilities.
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<p>Looking Ahead</p>	
<p>Priorities for next Quarter:</p>	<ul style="list-style-type: none"> • Finalising commissioning journey for health technology service development, building on stakeholder engagement and capabilities mapping. • Establishing commitment to vital signs monitoring in care homes at SMT. • Beginning sensor package development project with Barter 4 Things. • Culture change work to continue and expanded to include health. • Supporting development of video conferencing in clinical pathways. • Supporting new referral pathways as they bed in.
<p>Any issues for escalation to Joint Commissioning Board:</p>	<p>None this quarter</p>

Name of Scheme:	Prevention and Early Intervention – Community Development and Navigation
Lead Commissioner:	Moraig Forrest-Charde

Progress this Quarter	
Highlights/Achievements:	<ul style="list-style-type: none"> • Integrated approach – following completion of the design process for both Community Development Infrastructure Support and Community Navigation a proposal to integrate these two models was presented to Joint Commissioning Board in September 2018. The board provided authorisation to progress with one final engagement exercise with the plan to return a fully formed proposal to JCB in November. • JCB also agreed the funding envelope which is available for this piece of work, noting that a shortfall in funding of £61k was resolved by the CCG.
Pressures/Blocks: (including cost pressures)	<ul style="list-style-type: none"> • Approach with the market for what is a complex area. There are a number of ways in which this could be progressed, should authorisation to proceed be given. In particular any procurement exercise will need to be simple, clear and have sufficient time allowed for the market to work together.
Risks: What Mitigation is in place?	<ul style="list-style-type: none"> • There is a risk that the potential for key players who currently deliver small elements of the model may not succeed during any bidding process and as such have an impact on their sustainability. This is being addressed by ensuring a sufficient period during the bidding process to allow the necessary negotiations to occur. In addition the council will continue to hold a grants responsibility for Community Development delivery areas which will give some providers an additional opportunity. • There is risk that the period of procurement/implementation necessitates a significant extension to the current grant offer provided for the elements in scope for this development. This will affect both CCG and SCC grant provision and clear communication is required to mitigate this risk.

Looking Ahead	
Priorities for next Quarter:	<ul style="list-style-type: none"> • Complete engagement exercise and present final proposal to Joint Commissioning Board in November. • Implementation/procurement supporting documentation to be drafted following this meeting and presented to ICU MT in December.
Any issues for escalation to Joint Commissioning Board:	This item is on the forward plan for the November meeting of the Joint Commissioning Board.

Name of Scheme:	Learning Disabilities Integration
Lead Commissioner:	Vicky Thew (Integrated manager)

Progress this Quarter	
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Highlights/Achievements:	<p>Amongst the other key tasks in the projects there were three significant issues identified as blocks when the project commenced, these issues have all successfully been resolved with a successful outcome;</p> <ul style="list-style-type: none"> • I.T systems – staff from the three partner organisations are able to access each I.T system from both locations. • Location/Base – whilst the optimum goal is a single location/base there is not currently a feasible option for a single site. Two locations have been sourced and are close to being ready for the team to relocate. • Administrative support – all partners have agreed to contribute administrative support to the team. This has either been allocated or is in the recruitment pipeline. <p>Integrated Service Manager commenced in post part time September 2018, full time from November 2018.</p>
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Pressures/Blocks: (including cost pressures)	<ul style="list-style-type: none"> • SCC Adult Social care (ASC) staffing: there has been a fairly high turnover of staff in the ASC team with vacancies currently. Whilst the team has successfully recruited to most of the vacancies (and continues to recruit) a significant proportion of the team are ASYE (in their assessed and supported in employment first year); whilst this brings energy and enthusiasm to the team it is acknowledged that this puts the more experienced members of the team under additional pressure through inducting new starters and supporting the ASYE programme. Whilst this is positive investment in the staff team the impact of turnover, vacancies, new and newly qualified starters and capacity of the team has impacted on the SCC savings targets. • CHC Staffing: The LD CHC team have been carrying a staff vacancy. A restructure of the LD CHC team has been agreed and is being recruited to. The skill mix of the team and training needs are being identified so that an action plan can be implemented to maximise the team's effectiveness within the Integrated LD Team.
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Risks:	Savings target for SCC team at risk due to staff turnover.
What Mitigation is in place?	Options on approaching the reviews are going to be appraised.

Looking Ahead	
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Priorities for next Quarter:	<ul style="list-style-type: none"> • Recruitment of staff to vacancies. • Commence programme of reviews for SCC LD ASC clients; aim to
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	achieve targeted savings. <ul style="list-style-type: none">• Continue to progress with Integration of the learning disability teams.
Any issues for escalation to Joint Commissioning Board:	None this quarter.

Name of Scheme:	Transforming long term care
Lead Commissioner:	Matthew Waters
Progress this Quarter	
Highlights/Achievements:	<ul style="list-style-type: none"> • A number of agreements have been reached with homes to reduce access fees for some clients, in line with a strategy agreed by the JCB. Work is continuing to add to these and to enter into long-term arrangements to secure cost reductions for many new care placements. • Tender for future home care services has been completed, including the care delivery in housing with care schemes. • Encouraging care homes to increase complexity of care by identifying current capabilities, and the training and skills development required to meet future needs. • Planning permission granted for a new 44-bed nursing home in Rownhams. SCC is looking into options to contract for capital investment in the home. This would be repaid at a commercial rate – and the home could offer bed spaces at a reduced rate as part of the repayment.
Pressures/Blocks: (including cost pressures)	Training for care homes to develop necessary skills – homes are often at different levels of competence so agreeing and arranging training for staff can be expensive, as the capacity required to make cost-effective is not always achievable.
How are these being addressed?	We are utilising funding through the iBCF to look at more training to increase skills in homes for the future.
Risks:	The arrangement with the home in Rownhams will be a complex agreement, and must include securing the full return of resources. The timescales for agreement are very tight, as work is due to commence shortly.
What Mitigation is in place?	The council’s solicitors are advising on the best route to secure the return of the investment.
Looking Ahead	
Priorities for next Quarter:	<ul style="list-style-type: none"> • Continuing work with homes to identify capacity for the council to access, and to secure longer term arrangements. • Continuing to identify training requirements in homes to increase complexity levels. • Land options work reported initial findings for future developments of housing with care, and now moving to stages of refinement.
Any issues for escalation to Joint Commissioning Board:	None this quarter.

Name of Scheme:	Jigsaw (Integrated Children’s SEN and disability team)
Lead Commissioner:	Donna Chapman

Progress this Quarter	
Highlights/Achievements:	<ul style="list-style-type: none"> • 24 Hour decision making for contacts stands at 90% • Health Waiting lists stands at 100% allocated and seen within 8 weeks. • Nursing Assessments completed in 8 weeks stands at 100% • The waiting list for OT is now down to 24 from 40 at its recent peak • Additional funding from DFG secured for additional OT hours to tackle the backlog / waiting list, and strengthen the resource in the longer-term. • Over half of all the first Virtual Duty Cases have been subject to full reassessment, short breaks review and are in a regular cycle of 3 monthly visiting, 6 monthly Child in Need (CiN) planning and annual reassessment. • In spite of the pressure on the LD Nursing resource, through the use of reviews of previous interventions by community workers with parents and students on placement, all nursing assessments have been allocated and completed within timescales. • Positive feedback received in relation to the improvements in the quality of the statutory assessments completed within the team. • Three service-wide whole day compulsory training courses on Disability Awareness, Statutory Duties and responsibilities towards Children with Disabilities have been held for wider children’s social work teams. Excellent feedback has been given. There has been good take up from the MASH and Assessment Service. A further 3 dates are being identified and offered. • Significant improvement to the Short Breaks auditing and returns, confirming Jigsaw is going in the right direction in accordance with the improvement planning.
Pressures/Blocks: (including cost pressures)	<ul style="list-style-type: none"> • There continues to be difficulty in recruiting to posts. In particular, the expansion of the social work establishment has proved difficult to resource. The team is at capacity in terms of inexperience, and will take significant investment and support from management, in order to ensure that workers are supported, developed and upskilled to ensure a responsive, high quality, timely delivery of social work assessments, interventions, internal service requests and discharges. • There has been high turnover of established social work staff, most of which is situational – people having been in post for a while and needing a change. • Capacity within Management to provide case supervision at the required levels for social care is tight – partly owing to 0.4 Assistant Team Manager vacancy and partly because of the level of

	<p>inexperience within the team, requiring more than that which would reasonably be expected if the caseholders had more experience and were able to be more self-determining.</p> <ul style="list-style-type: none"> • There is pressure within the short breaks budget aligned to the increased complexity and severity of disability that is being responded to, and the costs of provision. • Reporting issues in both health and social care parts of the service and interoperability of systems. This is requiring managers to maintain their own spreadsheets for analysis. Further work by data team and also Paris Team to ensure accurate system-driven reporting for key areas is underway. • Issues with business support – no Solent Business Support since 1/11/2017. SCC Business Support continues to change, causing issues in terms of capacity and delegation of further responsibilities to the BSOs. This has been escalated.
Risks:	Introduction of the new eligibility criteria for Disabled Children is likely to result in an increased caseload by approximately 30 children, placing further pressure on ability to allocate and meet timescales.

Looking Ahead	
Priorities for next Quarter:	<ul style="list-style-type: none"> • Supporting and developing staff as individuals and as a team, to equip them to be competent, effective, timely and compliant. • Recruitment of staff to vacancies to ensure the breadth of knowledge required within the team and increased capacity to manage the demands for social care, OT and Solent Health Offer. • Designation of one social worker to take the lead for Transitional Cases, to ensure that all children have had a transitional assessment and are referred in a timely manner / supported through transition. • Review of the Pathways to ensure that these continue to be effective and in light of the new disciplines starting in Jigsaw. Completion of Psychology / Mental Health Pathway, Transitional Pathway. • Building the back office for System One to obtain accurate data. • Building the back office for Health and Occupational Therapy in relation to Care Works to ensure that this is fit for purpose and can also be used for accurate data reporting and analysis. • Maintain and strengthen the Virtual Duty System to include the remaining cases for which there is no need for active social work involvement and cases remain open because they are receiving Short Breaks funding from S. 17. • Continuation of the broader Improvement Planning process at a manageable rate.
Any issues for escalation to Joint Commissioning Board:	None this quarter

Name of Scheme:	BRS (Building Resilience Service)
Lead Commissioner:	Phil Lovegrove

Progress this Quarter	
Highlights/Achievements:	<ul style="list-style-type: none"> • The BRS commissioning review has been completed and the recommendations were accepted by the Multiagency Children’s Board. Since this time the management team have been auditing caseloads and planning for transitioning to a new service specification, ready for go live in December. • Preparation for the new service specification has enabled the BRS to begin to consider appropriate referrals at this stage, ensuring that the most complex cases are accepted and prioritised. As a result the service has in the past month been able to step in and respond swiftly – without a waiting period, ensuring that an intensive package of care for the child is coordinated, assessment and intervention provided with a view to maintaining the child in the home and not in an inappropriate UHS bed or residential placement. • 100% of closures (based on those with scores recorded) had an improvement within their Children’s Global Assessment Scale (CGAS) – the average improvement was 13.3 points (max score is 100)
Pressures/Blocks: (including cost pressures)	Internally there is a staffing pressure with health staff and BRS are under capacity with Clinical Psychology (Band 7) due to maternity leave.
How are these being addressed?	BRS are planning to recruit to 1.6 RMN band 6 posts and staffing for clinical Psychology is being reviewed to maximise capacity.
Risks:	Potential Impact on CAMHS and Social Care from the redesign of BRS – hence the need to undertake a caseload audit.

Looking Ahead	
Priorities for next Quarter:	<p>Caseload audits to assess the number of cases who should be managed within CAMHS and/or Social Care according to BRS criteria.</p> <p>Development of BRS model and new service specification</p>
Any issues for escalation to Joint Commissioning Board:	None this quarter