

DECISION-MAKER:	Joint Commissioning Board		
SUBJECT:	Quality Update		
DATE OF DECISION:	17 th December		
REPORT OF:	Director of Quality and Integration		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY	
Not applicable	
BRIEF SUMMARY	
<p>This paper provides an update on quality in health and care services in Southampton and is seeking the re-approval of the Joint Commissioning Board for the ongoing use of the Provider Failure and Provider Exit Procedure. This procedure has been developed in line with nationally recognised guidance to support this type of event, and involves both health and social care teams to respond, particularly in the case of a large provider e.g. a care home with nursing or a home care provider who provides home care to a large number of health and social care funded service users. This procedure has been updated since the last presentation in 2018</p>	
RECOMMENDATIONS:	
1.	(i) Note the quality report
	(ii) Approve the Provider Failure and Provider Exit Procedure
REASONS FOR REPORT RECOMMENDATIONS	
2.	<p>The quality report is an update for Joint Commissioning Board on quality concerns and good practice in the City and is intended as an information only item to provide assurance to the Board</p> <p>The Provider Failure and Provider Exit Procedure has been developed by the Integrated Commissioning Unit Quality Team following national best practice and local experience of provider failure or exit. This means that the procedure has been tested to ensure it is applicable to care homes and home care providers, for both provider failure (a situation where the quality or business provided breaks down) and provider exit (a situation where a decision has been made for a provider to exit the local market). It has also been updated taking into consideration the impact of the Covid-19 pandemic, and cross border working agreements.</p>
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
3.	The quality report is an update for Joint Commissioning Board on quality concerns and good practice in the City and is intended as an information only item to provide assurance to the Board
DETAIL (Including consultation carried out)	
4.	<p>Quality Report</p> <p>This short update provides an overview of the current good practice and challenges for quality of services that are commissioned by the Integrated Commissioning Unit (ICU) between Southampton City Council and NHS Southampton City Clinical Commissioning Group.</p>

5. Good Practice

Currently across Southampton social care providers in the care home and home care market are considered overall to be providing good care. The ratings profile below has only had one change since October 2019 as one residential care home has moved from inadequate to requires improvement. CQC are currently only completing inspections when there is a significant risk situation in a provider. CQC are now using their Transitional Regulatory Approach, this focuses on safety, how effectively a service is led and how easily people can access the service. It includes:

- a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), so the CQC can continually monitor risk in a service
- using technology and our local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where the CQC have concerns

After reviewing information that the CQC have about a service, they will have a conversation with the provider either online or by telephone. This is not an inspection and they do not rate services following a call. This call helps the CQC to decide whether they need to take further regulatory action at this time, for example an inspection.

The current profile of CQC ratings across Southampton is

	<i>Outstanding</i>	<i>Good</i>	<i>Requires Improvement</i>	<i>Inadequate</i>	<i>Not yet rated</i>
Nursing Homes	0	9	0	0	0
Residential Homes	1	41	8 (7)	0	4
Home care providers	2	42 (36)	5	0	2

Note - Figures in () indicate position at last report

A small number of providers continue to be monitored by the ICU Quality Team to ensure that care standards are meeting the Care Quality Commission (CQC) and locally expected requirements. This has become more challenging to do during the Covid-19 emergency and visits have only taken place in very exceptional circumstances. A system of virtual quality reviews has been developed and these are enabling the team to monitor and support services. When needed risk assessed face to face visits are taking place with appropriate personal protective equipment and social distancing. Alongside this our normal intelligence gathering processes continue.

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

Training in the use of Personal Protective Equipment and NEWS2 (RESTORE2), an assessment of vital signs for residents, has continued to be rolled out. There are only 4 further care homes left in the City to complete their NEWS2 training now and plans are in

	place for this to be completed.
7	<p>The wider ICU Quality Team supporting health providers has continued to monitor, review and support providers through the pandemic. The approach has changed to involving ourselves much more in provider meetings rather than expecting providers to attend meetings with us. This has proved extremely successful and provider engagement remains good. A learning and sharing forum meets regularly including Hampshire and the Isle of Wight health providers and this has proved extremely valuable sharing learning over a larger network than normal.</p> <p>The team has also been actively involved in the restoration and recovery work for NHS Services, with the main areas of focus being quality impact assessments and identification of harm or potential harm due to delays to treatment times, to date no instances of significant harm have been identified. At the start of the Covid-19 emergency period, Continuing Healthcare Assessments were halted and a temporary hospital discharge process was put in place. This saw the NHS taking on funding for all patients with complex needs. That process has been reviewed and a new system came into effect on 1st September 2020 which reduces the funding period by the NHS to 6 weeks. Since 1st September CCG and Council colleagues have been working together to proactively clear this backlog and so far good progress is being made.</p>
8	The Provider Failure and Provider Exit procedure has been developed by the Integrated Commissioning Unit Quality Team with involvement from Commissioning Managers, Placement Service and Adult Social Care Safeguarding experts.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
9	There are no specific resource implications of this paper. The provider failure and provider exit procedure requires Council and CCG staff to undertake additional roles similar to those of managing a significant incident or emergency planning type situation.
<u>Property/Other</u>	
10	None noted
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
11	The Council has a statutory power and responsibility to safeguard individuals receiving services within the Southampton City boundary
<u>Other Legal Implications:</u>	
12	None noted
CONFLICT OF INTEREST IMPLICATIONS	
13	No conflicts of interest are noted
RISK MANAGEMENT IMPLICATIONS	
14	The Council has a responsibility as a commissioner of services to ensure the quality of those services meets an acceptable standard. In addition the Council has a statutory responsibility under the Care Act to ensure mechanisms are in place to safeguard adults, who may be vulnerable, and are receiving care within the City boundary.
14	<p>Areas of Concern</p> <p>The main areas of concern at this time relate to the impact of COVID-19 on care homes and home care providers, and the restoration and recovery of NHS services.</p>

	<p>For care homes and home care providers the risk of staff being infected with Covid-19 remains very real. Testing is improving and has allowed the identification of staff who are infected. The main risk is that a large group of staff in one care home or home care provider are infected at the same time and are required to quarantine. Plans are in place to support a care home in this situation through mutual aid and bank / agency staff from partners across the Southampton system. This has happened recently for one home care provider; however this was successfully managed using support from the home care provider retainer contract.</p> <p>For NHS services restoration and recovery work is underway and locally good progress is being made. The quality team are part of the restoration and recovery work streams and are working with providers to identify risks and where patients may have come to harm. At this time no significant instances of harm have been highlighted in Southampton.</p>
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POLICY FRAMEWORK IMPLICATIONS

15	The information contained within this report are in accordance with the Councils Policy Framework plans
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KEY DECISION?	N/A
WARDS/COMMUNITIES AFFECTED:	N/A
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Provider Failure and Provider Exit Procedures

Documents In Members' Rooms

1.	Not applicable
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Equality Impact Assessment

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

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

Other Background documents available for inspection at:

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