1. Integrated Commissioning Unit (ICU) Summary Performance Report — October 2018/19

Achieving Transformation Change

↑	86.7% Target ≥ 93%	% Care leavers in suitable accommodation
↓	113 Target ≤ 114	Number of Permanent admissions to residential & nursing homes (65+)
↑	5.7% Target ≤ 4.4%	Number of Delayed Transfers of Care (DTOC) days
↑	11,735 Target ≤ 11,305	Number of Non-Elective Admissions
↓	481 Target ≤ 415	Number of Injuries due to falls in people (aged 65+)

Quality

↓	80% Target ≥ 80%	% Continuing Healthcare Assessments completed ≤28 days
↑	83% Target ≥ 85%	% Continuing Healthcare Assessments taking place in community
↑	84.1% Target ≥ 90%	% of placements that are sourced through the Care Placement Team
↑	8.4% Target ≥ 8.3%	% people with common mental health conditions accessing IAPT (YTD - local reporting)
↓	51.7% 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

Supporting timely discharge and out of hospital model (Better Care): embedding Pathways 1 and 2, so that the Integrated Discharge Bureau (IDB) can focus solely on Pathway 3. Implementation plan for this being developed jointly with Hampshire . Home IV commenced early July but there continues to be a very low pick up on this scheme. Clusters implementing priorities they have identified, OD plan for cluster leadership in development. 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). 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. Project board formed (led by UHS in conjunction with the new charity and commissioners) to take the hospice to independence over the next 3 years. Discussions with NHS Solent to progress the Hospice at Home service are underway.

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 . Additional IAPT investment to focus on people with Long term conditions, commencing with diabetes. CAMHS local Transformation Plan about to be finalised. BRS Review has been completed and recommendations accepted to re-focus BRS to most vulnerable young people (not Looked After Children only).

LD integration (SCC, CCG and Southern) developing. Supported living schemes have continued to progress. The LD Market Position Statement published. The life skills team are now fully staffed (7 staff) and have taken on 143 referrals with 89 people being supported during September. Transforming Care workforce strategy and action plan is in development with Southampton hosting a post to take this forward over the next year.

b. Procurement & Performance

Autism support service contract awarded to Autism Hampshire and the Counselling tender awarded to No Limits. Regional Children's residential procurement is complete and Framework coordination has commenced.

Home Care Tender now complete and framework providers notified. Mobilisation plan in place and being implemented Living Well Service mobilisation commenced - increase in the number and range of activities offered out of the current day care settings.

Delayed Transfers of Care (DToC) remains off target, although better compared to the previous year. Issues with sourcing complex packages of care. Actual numbers of discharges remains above target

Number of Falls Related Admissions in those over 65 above target. Public Health fellow has commenced to research reasons

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

c. 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 Children's social care commissioned services.

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 for monitoring , investigating and learning from deaths. Recently published report into deaths at Gosport War Memorial Hospital will need to be considered and any actions that may impact on Southampton reviewed

Care UK Southampton NHS Treatment Centre and South Central Ambulance Service have recently undergone CQC inspections, the results are awaited. Solent NHS Trust is being inspected during October and November and UHSFT is currently submitting their provider information return indicating that an inspection will take place in the next few months. Southern Health CQC

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

85% of nursing & residential homes in the city are rated good or outstanding

3. Key Performance Indicators

a. Achieving Transformation Change

	RAG Summary	
	Target	Last Yr
Green	2	4
Amber	2	2
Red	4	1
n/a	1	2

Period	Indicator	Actual	Target	Variance Compared to Target	Variance Compared to Last Yr
M5	Delayed Transfers of Care (DTOC) rate	5.7	4.4	1.3	-0.4
M5	Number of Non-Elective Admissions	11,735	11,305	430	-407
M5	Number of Falls Related Admissions aged 65+	481	415	66	25
M6	Care leavers - % in contact and suitable accommodation	86.7	93	-6.3	3.6
M5	LARC - % of women who take up LARC within Sexual Health service	46.7	35.0	11.7	3.7
M5	CAMHS - % of routine referrals receive contact within 16 week	46	95	-49.0	-
M5	CAMHS - % of urgent referrals receive contact within 1 weeks	85	95	-10.0	-
M5	Alcohol - % of all clients completing and not re-presenting	24.3	0.0	-	-2.9
M5	Permanent admissions to residential homes aged 65+	113	114	-1	5

Summary

DTOC Rate - M5 YTD is 1.3 percentage points (30%) off target but is 0.4 percentage points (7%) 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 Rate - M5 YTD is 16% off the target and is 5% above 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 16wk access - Performance has improved for 3 consecutive months from 33% in May to 63% in August but the YTD position is <50%. Demand remains high and complexity increasing for the service. Vacancies are being recruited to within the service and the service is in the process of recruiting additional temporary staff to help clear the backlog. The SPA will also be further developed at the end of 18/19 with additional investment. These actions will contribute towards improving access..

b. Quality

	RAG Summary	
	Target	Last Yr
Green	5	4
Amber	1	3
Red	3	2
n/a		

Period	Indicator	Actual	Target	Variance Compared to Target	Variance Compared to Last Yr
M6	Care Placement - ≥90% placements are sourced via Team	80.8	90	-9.2	-2.2
M6	Avg days from referral received to placement start date (Home Care)	18.3	10	8.3	-0.8
M6	Avg days from referral received to placement start date (Res/Nursing)	6.9	10	-3.1	1.5
M5	≥80% of CHC assessments completed within 28 days	80	80	0	-5
M5	≥85% of CHC assessments taking place in an out of a hospital setting	83	85	-2	55
M5	Zero cases of Healthcare Associated Infections: MRSA	2	0	2	2
M5	<45 cases of Healthcare Associated Infections: Cdiff	16	22	-6	-6
Q2	IAPT - % of people with common mental health conditions accessing IAPT	8.38	8.25	0.1	0.32
Q2	IAPT - % of people who complete IAPT moving to recovery	51.7	50	1.7	-0.3

Summary

Care Placement - ≥90% placements are sourced via 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.

Care Placement - Avg waiting time (days) Home Care -There is a small number of packages that have taken significantly longer to source each month which has made the overall sourcing time longer. The reasons for increased difficulty in sourcing include people with low level health needs as part of their overall care requirement and time specific calls. Market capacity during August was especially low which is why the wait time increased so dramatically.

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	Numbers of DTOC have particularly risen in Q1 - Q2 of 18/19 compared to Q3 and Q4 of 17/18, although Q1-2 is significantly improved from same period last year (20% reduction). Main challenges this year to date: o increasing levels of complexity amongst patients being discharged. There has been a strong push within the hospital to discharge patients earlier with higher levels of need which are more difficult to meet. o workforce capacity in the domiciliary care market particularly to support higher levels of need e.g. requiring calls at specific times or double up calls 3 or 4 times a day. To address this pressure, additional investment was made in the Home Care retainer over the Summer holidays and further investment is being made this winter. o nursing home capacity to take more complex clients (the Integrated Commissioning Unit is working with a number of providers to increase capacity for dementia clients, including investment of capital, although this is reliant on building work and so benefits will not be seen until next year) o increased requirement for housing adaptations and equipment to enable people to return home, which is resulting in increased spend on the Joint Equipment Service budget (£170k cost pressure forecast for this year). o increased delays related to public funding decisions as increasing complexity is driving more bespoke requests which do not necessarily meet continuing health care criteria. Whilst these requests have been addressed on a case by case basis, there may be some merit in considering a pooled budget, perhaps linked to the pooled budget proposed for Discharge to Assess Pathway 3 placements. o people with low level health needs which are not specialist but require care staff to administer basic clinical tasks e.g. PEG feeds, collar care, eye drops. Finding home care providers able to take on such clients has proven a challenge. In response, the ICU is working with a small number of providers on the framework to enable them to access training to undertake this work. The ICU is also working with Solent to commission URS to provide low level health care on an interim basis. Presentation going to System Chiefs on 26 October will recommend the following commitments at an organisational level: Commissioners (CCG and SCC): • Commission a pathway for people with low level health needs to leave hospital in a timely way and be supported at home. • Continuously review demand and capacity to target additional resource in the right place and work with Care Homes and Home Care providers towards making 7 day discharge a reality. UHS and Southern Health: • Improve the quality of discharge processes with a particular focus on timely provision of transport, medications, equipment, patient records and 7 day working. • Ensure that all staff receive regular updates on the Complex Discharge Policy and that this is evidenced through practice, with a particular focus on having early conversations with patients about their discharge arrangements. Solent: • Continue to develop the Urgent Response Service to respond to need by supporting people with increased levels of acuity in the community. • Strengthen the palliative care support worker offer to enable more people to die at home as opposed to in hospital or a care home. Southampton City Council: • To ensure robust provision to prevent delay for pathway 3 and ensure statutory responsibility under safeguarding and mental capacity are adhered to. • Continue to support 7 day working across the system to help maintain timely patient flow. • To support community hospitals and Urgent response to prevent delays and maintain flow.
Make Care Safer	Sustainability of high quality Mental Health services in the City via Southern Health Foundation Trust (SHFT) and Solent NHS Trust	High	CA	East Community Mental Health Team (CMHT) have now moved into Bitterne Park. SHFT has started recruitment to reduce caseload sizes on the east of the city. Exec meetings re Serious Incidents at Antelope House continue with CCG representatives in attendance to support driving through changes and seeking assurance CQC have completed latest inspection of SHFT - there were some areas of improvement NHS I Quality Oversight Committee has now caesed and SHFT have moved back to standrd monitoring rather than enhanced as has been in place since Mazars / CQC inspection (2016) Assurance of SHFT governance processes was agreed by the Quality & Oversight Committee and supported by CCG's. Review of CAMHS underway plus detailed health needs assessment to inform local transformation plan. CAMHS early intervention team now at staffing establishment.

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
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 produce monthly safer staffing data monitored via CQRMs and Quality Managers. Nursing Homes and Home Care providers supported via leadership training and peer support network. Continue to follow up with providers to ensure reporting is wider than nurses. Better Care workforce event held in Southampton and workforce development sub group for Better Care now is established. Participation in wider STP workforce events The appointment of a Learning Disability Workforce lead for STP into the ICU to facilitate work across the whole system
Looked After Children	As Responsible Commissioner NHS Southampton City CCG commissions Solent NHS Trust to coordinate statutory health assessments for looked after children (LAC) placed out of area (OOA) . Due to the demand placed upon LAC services nationally, these children and young people are either not receiving a statutory health assessment or it is severely delayed. This can impact upon the health and wellbeing of the LAC particularly where there are additional vulnerabilities such as mental health issues.	High	KE	Dedicated Solent LAC Health Team staff working with Out Of Area health providers to progress health assessment timescales. Robust Solent LAC OOA process in place. Close oversight on OOA by the Designated Nurse. Monitoring via CRM / CQRM / Corporate Parenting. NHSE and Designated Nurse for LAC Regional group undertaking focused work to montitor and identify strategic options. CCG Childrens commissioning support to OOA children requiring CAMHS / therapeutic intervention
Wheel Chair Service	Waiting lists - financial, clinical and reputational risk. Risk of long waiting lists - leading to individuals at risk of harm in delay in service and reputation	Moderate	DC	This remains an area of focus. Following evidence of improvement in Q1 (18 week RTT for children) and assurance from Millbrook that this would be sustained, Q2 performance has been very disappointing with only 22% children seen meeting the 18 week standard. This has been raised as an issue with WHCCG who are the coordinating commissioner for the contract and telecom arranged for 29 Oct to agree next steps. Actions that Millbrook are taking to improve performance include: - Increased operating hours of the customer service team (8-8) to improve appointment booking - Piloting additional evening and Saturday morning clinics commencing this month - Utilising equipment reps and additional clinic resource to improve & increase handover in clinic numbers - Collaboratively reviewed the service's eligibility criteria the aim to implement in November 2018. - Undertaken a review of school clinic provision which has included engagement with children, parents, schools and school therapists. Recommendations arising from this review are due to be implemented November 2018. - Developed offer to referring community therapists for wheelchair assessment & prescriber training to increase the number of direct issue chairs and reduce unnecessary assessments for our service users. - Developing a full long term demand / waiting list reduction plan Work continues to put in place 2 year contract with Millbrook whilst service is retendered for new contract from April 2021. Performance management is being strengthened in this new contract by: (1) Reviewing our current KPIs to (a) allow the full review of the patient pathway to improve understanding and identify improvement areas in a more responsive manner, and (b) set clear and achievable targets to enable commissioners to accurately hold the provider to account for any performance issues. (2) Amending the current activity plan to focus upon the expected output based on clear & transparent monthly budget arrangements (3) Setting clear liability arrangements for any backlog at the end of the contract, and expectations surrounding the handover of equipment to any new provider. These arrangements will also further incentivise the provider to reduce the waiting list over the course of the contract.

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