

Achieving Transformation Change

	95% Target ≥ 92%	% CAMHS routine assessments within 12 weeks
	122 Target ≤ 132	Number of Permanent admissions to residential & nursing homes (65+)
	44 Target ≤ 27	Average Daily Delayed Transfers of Care (DTOC) beds
	15,841 Target ≤ 15,204	Number of Non-Elective Admissions
	1,051 Prev 12 mths = 952	Falls (65+) & Frailty (75+) Short Stay Admissions <24hr

Quality

	62% Target ≥ 80%	% Full Continuing Healthcare Assessments completed ≤28 days
	93% Target ≥ 85%	% Continuing Healthcare Assessments taking place in community
	93% Target ≥ 90%	% of placements that are sourced through the Care Placement Team
	10.4% Target ≥ 10.1%	% people with common mental health conditions accessing IAPT (YTD - local reporting)
	31.9% Prev 12 mths = 25.8%	Alcohol - % of clients completing treatment and not re-presenting

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

High Intensity Users – working with West Hants CCG. Medically unexplained symptoms service went live in September, including telephone coaching. Mainstreaming of pathway 3 - to commission 4 (rather than 3) nursing home beds by November 2020 and 6 spot purchased beds.

Roll out of SoLinked (community solutions) including development of Southampton fund. Consultation underway on deregistration of 3 Dimensions residential homes, will impact 17 clients (estimated saving £150k). Eat Well procurement now completed and new contract in place. Enhanced Alcohol Care team at UHS

Development of Sufficiency strategy with children's services. CAMHS Local Transformation Plan refreshed. MH Support Teams in Schools commencing Jan 2020 to support schools in managing MH/emotional/behavioural difficulties. Work commenced to develop a more integrated model of pre-school provision for children with complex disabilities.

Delayed transfers of care remain high despite significant growth in the market (e.g. home care hours per week have moved from Sept 18 22,326 /Oct 18 22,598 to Sept 19 22,834/Oct 19 23,094 and waits for home care have almost halved over the same period). Audit on data to be undertaken.

b. Procurement & Market Management

Number of procurements in train including:

- Joint Equipment Store (max £11,260k for Southampton City) - procuring for both PCC and SCC, currently at evaluation stage. Award stage planned for December 2019 and service due to commence 01.07.20.
- Direct payment support (£512k)
- Play and Youth - commencement January 2020. (£914k)
- Southampton Peer support services (£480k) – commence April 2020
- ADHD diagnosis and support service to commence Nov 19
- Wheelchairs procurement – joint across all CCG's in Hampshire and Isle of Wight
- New falls exercise service goes live in October.
- Home care framework call off– additional hours using winter pressures
- Reopening Children's residential framework and working with consortium on reopening Independent Fostering Agency framework

c. Quality

A new metric requiring the CCG to complete Learning Disabilities Mortality Review (LeDeR) reviews within 6 months has been added, this has been back dated to September 2018.

Wheelchairs – not meeting waiting times targets. Challenge being clinical resource to undertake triage, assessment and handover. Active management of the contract.

Focus of Antidepressant work for 19/20 is improving the management of depression in the over 65yrs.

Monitoring the quality of care for patients in the Emergency Department, Cancer pathways and ophthalmology services at UHSFT continues, some improvements in waiting times have been noted but this remains an area of concern for the quality team.

Workforce concerns continue at Antelope House, contingency plans are in place to support the section 136 suite.

More than 95% of care home beds in Southampton are rated good by CQC

3. Key Performance Indicators

a. Integrated Care (Better Care)

	RAG Summary		Period	Indicator	Actual	Previous Year			Target		
	Last Yr	Target				18/19	+ / -	%	Target	+ / -	%
Green	7	5	M5	Average Daily DTOC beds	44	45	0	0%	27	18	66%
Amber	3	1	M6	Average Daily DTOC beds rate (per 100,000)	22	22	0	0%	13	9	66%
Red	2	5	M1-6	Total Non-Elective Admissions	15,841	14,786	1055	7%	15,204	637	4%
n/a	6	7	M1-6	NEL Admissions (under 18s) - UHS only	1,592	1,564	28	2%			
			M1-6	NEL Admissions (18 - 64 yrs old) - UHS only	6,692	6,810	-118	-2%			
			M1-6	NEL Admissions (65+ yrs old) - UHS only	5,644	5,110	534	10%			
			M8	Long Stay Admissions - Number of Patients 21+ days	66				77	-11	-14%
			M8	Long Stay Admissions - Number of Patients 50+ days	12						
			M8	Long Stay Admissions - Number of Patients 100+ days	2						
			M1-6	Permanent admissions to residential homes aged 65+	122	153	-31	-20%	132	-10	-8%
			Q2	% of People with Learning Disabilities receiving a Physical Health Check	23	23	0	-1%	28	-5	-18%
			Q2	Childrens Wheelchairs - 92% seen within 18 weeks by Q4	38	22	16	70%	63	-26	-40%
			M7	CAMHS - 92% of routine assessments within 12 weeks (YTD)	95				92	3	3%
			Q2	60% of people with an SMI receiving a full annual physical check	18				32	-14	-43%
			M7	% of people experiencing psychosis will be treated within 2 weeks of referral	80	100	-20	-20%	57	23	39%
			M6	% of adults open to LD social care team who have had a Care Act assessment/review in the past 12 mths.	32	29	3	9%			
			M6	Number of new Enhanced Health in Care Homes	18				18	0	0%
			M6	% of clients in rehab/reablement who do not need ongoing care	50	49	1	1%			

Summary

DTOC - main issues affecting performance are:

- Overall increased complexity of patients: Actions to resolve include Bespoke work is carried out to support complexity and secure complex care, community OT in-reach to hospital to joint assess patients and greater consideration of how equipment and care technology could support people in the community to reduce levels of dependencies
- Discharge and community provision: trusted assessors are ongoing training to support Pathway 1, more investment in pathway 2 to increase reablement and invested in home care to increase capacity
- Hospital processes: UHS is developing an action plan to create greater consistency in hospital and CCG quality team are working with UHS to develop reporting to encourage greater transparency
- Community resource pre admissions - commissioners are working with Providers to become more preventative, community clusters are working with voluntary sector to develop 'social prescribing'

% with LD receiving a Physical Health Check - the annual target is 75% and the majority of checks are usually carried out in Q4 (>40% of checks carried out last year)

NEL Admissions -Unprecedented demand is continuing into 2019. Commissioners and UHS are currently investigating the causes of the increased activity, with a view to developing actions and mitigations. There is no one area or issue that is driving the increases. Investigation will continue through the Finance and Information Group, which reports to the UHS Performance Board. Additional activity is being experienced across a number of systems and indeed nationally. Over 65 year old admissions are particularly high - there is some concern that new SDEC pathways are resulting in more people now being coded as inpatient admissions

SMI full annual physical check - this is going to be an extremely challenging indicator to hit and partly reliant on practices signing up to the enhanced service, a number declined this year. We will be reviewing the offer to practices as well as exploring development of new HCA role to engage those not attending annual health check with possible point of care testing kits.

Wheelchairs - Performance management of the current contract was strengthened in April 2019 through revised 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. This has provided commissioners with a better understanding of where the challenges are within the service - the greatest challenge being clinical resource to undertake triage, assessment and handover. Commissioners, including quality representatives formally meet with the provider on a monthly basis to review performance and the quality scorecard. Commissioners also receive individualised updates for all long waiters and will scrutinise the list and identify areas for challenge at CRM. Outside of the contractual process, commissioners have also instigated meetings between Millbrook, SHFT and Solent to provide an opportunity to raise any patients of concern and agree action.

b. Prevention and Early Intervention

	RAG Summary		Period	Indicator	Actual	Previous Year			Target		
	Last Yr	Target				18/19	+ / -	%	Target	+ / -	%
Green	4	4	M1-7	Falls (65+) & Frailty (75+) Short Stay Admissions (over 65s) <24hr	1051	952	99	10%			
Amber	2	0	Q2	IAPT - % with common mental health conditions accessing IAPT	10.4	8.4	2.01	24%	10.1	0.3	3%
Red	3	0	Q2	IAPT - % who complete IAPT moving to recovery	50	52	-2	-3%	50	0	0%
n/a	0	5	M7	% LARC (all 4 methods) at Integrated Sexual Health Service (YTD)	44	35	10	28%	35	9	27%
			M7	% of HIV tests completed as part of an STI screen (YTD)	85	79	6	7%	75	10	13%
			Q2	% of pregnant women who cease smoking time of delivery (YTD)	18.3	18.7	0	-2%			
			M7	Alcohol - % of all clients completing and not re-presenting	31.9	25.8	6	24%			
			M7	Opiates - % of all clients completing and not re-presenting	3.7	6.7	-3	-45%			
			M7	Non-opiates - % of all clients completing and not re-presenting	27.4	30.5	-3	-10%			

Summary

Falls – awaiting confirmation of a new QIPP Target to also include frailty. Work is ongoing to improve this including work with UHS & Solent to further integrate Fracture Liaison Service with Community Independence Team. Opportunities have been identified to increase efficiency in pathway and a business case for investment has been approved to take forward service development in the following areas.

- Pilot commenced on 1 May offering a 6 month Community Alarm (Gold) and Telecare service to patients with a falls risk and socially isolated. Approx 40 referrals by July
- To improve the identification and management of patients who have a falls risk, 3 practices have piloted the Keele University Tool with aim to roll out to city in Autumn
- Additional Investment into Community Independence Team (5WTE) to reduce waiting times to meet service specification targets
- Procurement of new exercise provider. Saints Foundation to commence new contract from 1st October
- Development of providing Community Transport (SCiA) from ED, discharging to care of charity with follow up visits from Homecoming Service (Commnicare) to commence in Sep
- URS clinician in SCAS call desk to support call handlers in diverting to more appropriate community pathways that avoid hospital conveyance - went live beginning August

Substance Misuse -The new Substance Use Disorder Service contracts commenced on 1st of July 2019. This data reports the proportion of all people in treatment, who successfully completed treatment and did not re-present within 6 months. The figures presented in this table evidence activity from our previous contracts / system i.e. Successful completions that took place between the beginning of April 2018 until the end of March 2019 and Re-presentations up to the end of September 2019.

It is positive to note the improvement in performance for people with a primary alcohol use disorder, particularly, as this improvement has been made in line with a significant (87%) increase in the number of people with an alcohol concern accessing treatment and support over the same period. Commissioners are aware of the poorer performance for other cohorts and have been working jointly with the provider, an improvement plan is in place and this work is being overseen by Commissioners and CGL Directors. CGL are working on their improvement plans and delivering the service during a time of change. The service is working towards an improvement trajectory that will take some time to see performance fully recover to historical levels and matching our LA comparator performance levels.

c. Commissioning Safe & High Quality Services

	RAG Summary		Period	Indicator	Actual	Previous Year			Target		
	Last Yr	Target				18/19	+ / -	%	Target	+ / -	%
Green	3	2	M7	≥85% of CHC assessments taking place in an out of a hospital setting	93	85	8	9%	85	8	9%
Amber	0	0	M7	≥80% of Full CHC assessments completed within 28 days	55	85	-30	-35%	80	-25	-31%
Red	2	2	M1-8	<44 cases of Healthcare Associated Infections (Community): Cdiff (cumulative)	16	21	-5	-24%	18	-2	-11%
n/a	0	0	M1-8	Zero cases of Healthcare Associated Infections (community): MRSA (cumulative)	1	2	-1	0%	0	1	0%
			M7	% of Providers with a CQC Rating of good or above published in month (cumulative)	68	80	-11	-14%			

Summary

CHC Assessments within 28 days - To some extent the reduction in CHC reviews being reported in the data is a result of the change in our reporting system at the start of the 2019/20 year as we moved from CONI/QA+ to CHS/Care Track. The move to a new system has caused some data quality issues which we think has initially resulted in an under-reporting of our actual review activity but is also picking up some flaws in the previous system's data accuracy. The CHC team are working to ensure we have an accurate picture of the CHC reviews currently overdue and the review schedule for the patients that have been reviewed and will be working to ensure we have an action plan for any backlog to ensure we are back on track for achieving our 80% reviews due and completed target.

Care Home Beds - More than 95% of care home beds in Southampton are rated good by CQC

d. Managing and Developing the Market

	RAG Summary		Period	Indicator	Actual	Previous Year			Target		
	Target	Last Yr				18/19	+ / -	%	Target	+ / -	%
Green	5	5	Q1	≥90% contract reviews on schedule	95	92	3	3%	90	5	6%
Amber	0	0	M7	Care Placement - ≥90% placements are sourced via Team	93	81	12	15%	90	3	3%
Red	1	0	M7	Avg days from referral received to placement start date (Home Care)	9	20	-11	-57%	14	-6	-39%
n/a	0	1	M7	Avg days from referral received to placement start date (Res/Nursing)	8	5	3	46%	14	-6	-44%
			M7	Total number of home care hours purchased per week	23,094	22,598	496	2%			
			M7	% Home Care clients using a non framework provider	19	22	-3	-14%	20	-1	-4%

Summary

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	<p>DTOC remains a high priority and is closely monitored.</p> <p>Main challenges remain:</p> <ul style="list-style-type: none"> 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. o nursing home capacity to take more complex clients 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 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. <p>DTOC Peer Review organised by LGA took place on 30 April and has identified the following key actions which have been implemented:</p> <ul style="list-style-type: none"> - Strengthening senior oversight and leadership by ensuring that there is a regular focus on DTOC performance at the monthly Better Care Steering Board meetings - there are now weekly Exec calls in place as well - Strengthening reporting processes and accountability so that on any one day performance can be tracked against each of the 3 discharge pathways ("simple" which is the responsibility of the hospital; "supported" which is the responsibility of Rehab and Reablement and "enhanced/complex" which is the responsibility of the IDB) - Organisation of a system wide workshop for 21 June with Hampshire colleagues to take a fresh look at the 8 High Impact Change Model for improving discharge and flow and identify key improvement areas for focus - following this a revised action plan is now in place <p>Recent actions include:</p> <ul style="list-style-type: none"> - further extension of the dom care retainer with a specific focus on facilitating timely discharge and working with URS to reduce extensions and thereby free up capacity in reablement - Roll out of low level health needs care (with the exception of diabetic care) which will start from Sept - plans to recruit an OT to review double up care with a view to freeing up capacity - budget issued to IDB to provide dedicated transport and other support to facilitate discharge e.g. deep cleans, handyman

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Make Care Safer	There is a risk that the sustainability of high quality Mental Health services in the City via Southern Health Foundation Trust (SHFT) and Solent NHS Trust will not be maintained	High	CA	<p>CAMHS waiting times for first contact showing improvement, in July only one child waiting past 12 weeks.</p> <p>Southern Health have significant workforce challenges which is impacting on bed availability and opening of the Crisis lounge and S136 suites. Detailed recruitment and retention plan being implemented. Higher use of bank and agency staff who do not have direct access to recording systems - new leadership team are addressing this. Serious incident on Saxon Ward. External thematic review of whole of Antelope House</p> <p>Transfer of Eastleigh Southern Parish patients from the East Community Mental Health Team taken forward. Evidence that caseloads are now starting to reduce.</p> <p>Autism Services waiting list improvement now slowing due to increased referrals; further investigation underway</p> <p>The risk in relation to staffing continues at Antelope House, impacting on bed availability and opening of Crisis Lounge, and recent leadership changes have led to a further period of instability. Higher use of bank and agency staff, improvement in direct access to recording systems. Older Persons Mental Health service has recruitment challenges which may impact on bed capacity</p> <p>SHFT Contract Review meeting in July 2019 changed to a focused meeting on Antelope House staffing concerns, to review again and ascertain the impact of actions being taken. Specific Workforce Clinical Quality Review Meeting (CQRM) was held with SHFT in September 2019. Overall assurance was provided around the strategic activity being undertaken across the Trust.</p> <p>Serious incident on Saxon Ward, external thematic review ongoing. Southern have CQC unannounced visit in November</p> <p>Solent NHS Trust CAMHS have recruitment challenges.</p> <p>Most providers have elements of challenge with recruitment of specialist roles. Retention and recruitment plans are being implemented and monitored for impact</p>

Project / Programme	Description of Risk/Issue	Rank	Owner	Proposed Mitigation / Resolution
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	V High	DC	<p>This remains a key area of concern. Over the course of this year, referrals have remained higher than expected and we have seen an increase in the proportion of medium level need referrals and a corresponding reduction in low level need, signifying that complexity is increasing. Average waiting times remain high - 30 weeks for adults and 21 weeks for children. Whilst this is not acceptable, it should be noted that this is a national issue primarily linked to challenges around recruitment and retention of clinical staff within wheelchair services.</p> <p>Actions that Millbrook are taking to improve performance include:</p> <ul style="list-style-type: none"> - Increased operating hours of the customer service team (8-8) to improve appointment booking - enhancing availability of standard stock within the depot - Utilising equipment reps and additional clinic resource to improve & increase handover in clinic numbers - Collaboratively reviewed the service's eligibility criteria with clarified criteria went live in December 2018 - Undertaken a review of school clinic provision which has included engagement with children, parents, schools and school therapists. Recommendations arising from this review have been implemented and the first school clinic was held on 22nd January. - Wheelchair assessment & prescriber training for community therapists to increase the number of direct issue chairs and reduce unnecessary assessments for service users. Both Southern and Solent have taken up this offer and training took place in May. However uptake has been low owing to the low numbers of lower complexity patients that the community therapists see. We are therefore exploring the potential to train community therapists to directly prescribe equipment for patients with medium level complexity. - Children's waiting list initiative which commenced in March 2019 - however the service has struggled to recruit additional capacity to this resource because of the national shortage of wheelchair therapists and so impact has been limited. <p>Performance management of the current contract was strengthened in April 2019 through revised 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. This has provided commissioners with a better understanding of where the challenges are within the service - the greatest challenge being clinical resource to undertake triage, assessment and handover. Commissioners, including quality representatives formally meet with the provider on a monthly basis to review performance and the quality scorecard. Commissioners also receive individualised updates for all long waiters and will scrutinise the list and identify areas for challenge at CRM. Outside of the contractual process, commissioners have also instigated meetings between Millbrook, SHFT and Solent to provide an opportunity to raise any patients of concern and agree action.</p> <p>In response to the workforce challenges, Millbrook are undertaking the following:</p> <ul style="list-style-type: none"> - introducing a new staffing model - exploring whether therapy support can be brought in from other contracts - approaching suppliers for additional capacity - targeting locums outside the area with an agreed pay package to cover travel and accommodation costs - recruiting into apprenticeships - improved recruitment system

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Dom Care	Risk that dom care market is unable to keep pace with increasing demand resulting from growing complexity (e.g. more QDS double up clients) and strategic drive to keep people independent. Risk of provider exits from the market adding to challenge around capacity. This is key system enabler and where there are sustainability, capacity and quality issues this impacts on patient choice, quality of care to clients, DTOC, use of residential care and ability to support other priority work areas such as the expansion of extra care housing	Moderate	CB	<p>Action plan developed to address both short-term and long-term requirements has been implemented and has resulted in improvement. The new framework has increased capacity and additional hours are purchased from a 'retainer service' which provides rapid access and responds to peak need.</p> <p>The potential for short-term exits is a constant risk but the process for dealing with this is now well established and we also continue to see strong interest from new providers in entering the care market in Southampton, either through joining the framework or acting as a spot provider.</p> <p>The new framework allows an annual re-opening to encourage new entrants to the market and ensure any potential loss in capacity is mitigated. Whilst there remains high risk due to this market fragility and increasing complexity/demand, this is well managed through the action plan which is updated as the situation changes. The establishment of 'lead provider' roles across the 5 areas in the city and provides a platform for further developmental work and sustainability in the city. These lead organisations are in strong position with both capacity and recruitment and are able to take on additional packages of care, reflected in the placements waiting list numbers being lower.</p> <p>However, we are mindful that although we are in a stronger position we need to be always alert to seasonal peaks and trends.</p>