

Southampton Health & Care

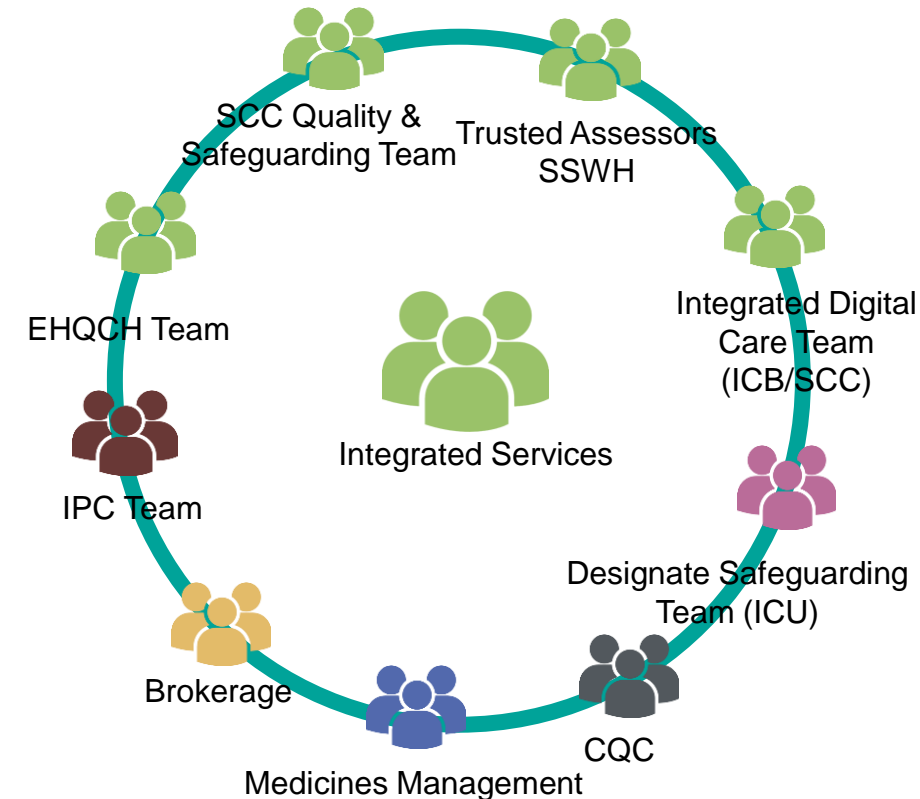
February 2023



Integrated Health and Care Commissioned Services (Integrated Commissioning Unit)



- The Integrated Commissioning Unit is a joint commissioning team for Southampton City Council and NHS Hampshire and Isle of Wight Integrated Care Board (Southampton area)
- The Integrated Commissioning Unit aims to deliver efficiencies across departments and ensure quality services for people in Southampton by putting the residents at the centre, designing services around them, joining up the delivery of services and adopting a strategic approach to the wider determinants of health and wellbeing
- The ICU brings together health and care (external to SCC) quality into one model with the ability to deploy NHS and Local Authority resource quickly to support relevant sectors
- Utilises collective expertise with ability to pull in wider system
- The team comprises the following elements to provide a multi-disciplinary approach to quality assurance and safeguarding in provider services:
- **Quality and Safeguarding in Provider Services Team** – remit to quality assure and improve all social care providers across Southampton City to maintain a high quality and safe service
- **Enhanced Care Home Quality Team** – remit to provide clinical education, training, signposting, advice and guidance to care homes, nursing homes and extra care/supported living
- **Digital Care Team** - remit to support social care providers to enhance digital skills and adopt technology that improves care (or acts as an enabler to accessing other services/projects)
- **Trusted Assessor**- remit to provide independent assessments to facilitate high quality, safe, speedy and effective discharges from hospital to care home. Based at the hospital with other clinicians but independent of them
- **Infection Prevention, Clinical Quality, Designate Safeguarding** and the **Medicines Management** team provide expert support as required



Care (nursing, residential, home care)

- Social care providers in Southampton continue to be resilient, despite the ongoing pressures around post-pandemic operation, cost of living and inflation
- The Care Quality Commission (CQC) continues to undertake risk-based focused inspections based on a new Direct Monitoring Approach (DMA) involving routine assessments by telephone, risk profile and local intelligence with the option of carrying out a comprehensive inspection as necessary
- This has created pressure on local quality ratings with a number of Southampton providers dropping from Good to Requires Improvement. This pressure is mirrored regionally and nationally
- No Southampton providers are rated as Inadequate
- Decreases in ratings are typically being seen under safe and well-led domains – often these represent pandemic legacy pressures on staff / training / leadership capacity
- Themes:
 - Recruitment checks – requirement to obtain references for all previous employment – the ICU are working with CQC and the Home Office around education for providers on safer recruitment
 - Disclosure and Barring Service (DBS) checks not being renewed on a regular basis (there is no nationally defined renewal frequency)
 - Staff training not always being in date – draft exploration of a health and care training portal for Southampton to quality assure training and access
 - Risk management around medications
- The ICU Quality Directorate meet with CQC monthly to discuss key issues and CQC attend the weekly internal Quality and Safeguarding provider oversight meetings to ensure effective information flow
- The Quality and safeguarding Team continue to work with all providers where CQC have raised concerns – both before and following ratings. The remit of the ICU is to support providers and general market management/resilience but it is unable to undertake the improvements on behalf of independent providers
- The Quality and Safeguarding teams continue to work with providers with proactive audits (remote and on-site) and training / spreading good practice.



9 Nursing Homes
78% rated Good or above by CQC ↓



25 Older Adults Residential Homes
84% rated Good or above by CQC ↔



23 Mental Health / Learning Disability providers
91% rated Good or above by CQC ↓



50+ Home Care providers
92% rated Good or above by CQC ↔

Improvement



Assurance and quality improvement visits

- The Quality and Safeguarding team continue to provide quality assurance audits to ensure that social care commissioned services are regularly monitored and evaluated. Face-to-face visits, both announced and unannounced and virtual reviews are utilised as appropriate. On average, 30-40 face to face and 40 virtual assessments take place each quarter. Before Christmas the IPC and Enhanced Health in Care Homes Team undertook infection prevention, workforce and business continuing visits to many providers to assess winter preparedness which were successful in reducing outbreaks and staffing concerns

Enhanced Health in Care Homes

- The team provide around 30-40 face to face training sessions to nursing and residential homes, covering recognising physical deterioration, care planning, pressure ulcer categorisation and prevention, React to Red, wound formulary, clinical accountability and dressing choice and Waterlow. The team are rolling out the digital version of RESTORE2, a deterioration tool for social care that links into the wider health system. Against the national ambition of having at least 80% of all appropriate non-acute settings across health and social care by March 2024 using a deterioration tool, Southampton has 89%, 100% and 29% of nursing, residential and learning disability establishments compliant (77% aggregated)

Health and Care Portal

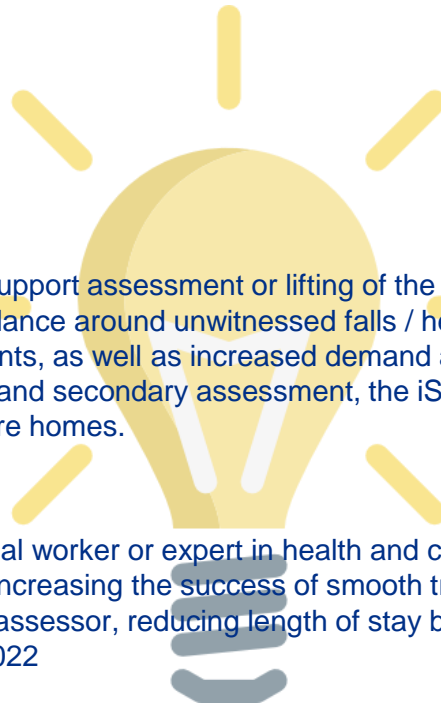
- Scoping work has commenced to assess the feasibility of a joint health and care learning and development portal for social care providers, bringing together the expertise of the wider health system with care resources and using some of the specialist clinical teams in the ICU (e.g. Infection prevention, safeguarding, Enhanced Health Nurses) to quality assure provider training. The ambition is to provide a single point of access to high quality training for the market as part of the duty for market development. Scoping of the current health offer and skills gap has been completed

PAMMS

- ICU and Quality and safeguarding Team are working to implement PAMMS (Provider Assessment and Market Management Solution) with the Home Care framework. PAMMS is an online assessment tool which can be used either as a direct audit tool by commissioners or as a self-assessment tool by providers which can be linked to the brokerage function. The tool will help assess the quality of care delivered by providers of adult social care services and is in use in the South West and East of England, which provides a standardised approach to quality and a useful comparison on market management. The team are currently scoping and training on the system prior to roll out



Improvement



Falls

- Non-injurious falls in care homes often result in a 999 call to support assessment or lifting of the resident. Frequently the barrier is training, access to specialist lifting equipment e.g. Mangar lifts, Raizer chairs, environment and national guidance around unwitnessed falls / head injury whilst receiving an anticoagulant (NICE update expected march 2023). This can lead to long lies and additional harm to residents, as well as increased demand across the emergency pathway. The Enhanced Health in Care Homes Team are co-designing a train the trainer package covering primary and secondary assessment, the iSTUMBLE falls assessment, lifting equipment and post falls safety huddles for learning to decrease the number of see and treat events in care homes.

Trusted Assessor

- The Trusted Assessor (ICB employed registered nurse or social worker or expert in health and care) works between care homes and hospital to assess and match potential residents to specific homes – reducing assessment time and increasing the success of smooth transfers of care. The project has a high uptake from care homes. The Trusted Assessor is saving an average of 60 bed days per month per assessor, reducing length of stay by 1-2 days per person. Due to the success of the scheme an additional assessor has been recruited and commenced in November 2022

Insulin Project

- The Enhanced health in Care Homes Team is working with Solent NHS Trust to implement insulin administration as a delegated role in care homes. Currently, Solent Community Nurses spend 50 hours a week administering insulin – many in residential homes and home care packages. This may limit clients to once a day insulin at varying times, leading to poorer control and experience, as well as reducing the amount of resource available to people in Southampton. A collaborative project between the ICB, Solent and Primary Care has created a protocol, training and RASCI tool for delegated tasks with a pilot being initiated in care homes who have expressed an interest. *If successful, the project could be rolled out into Home Care providers.*

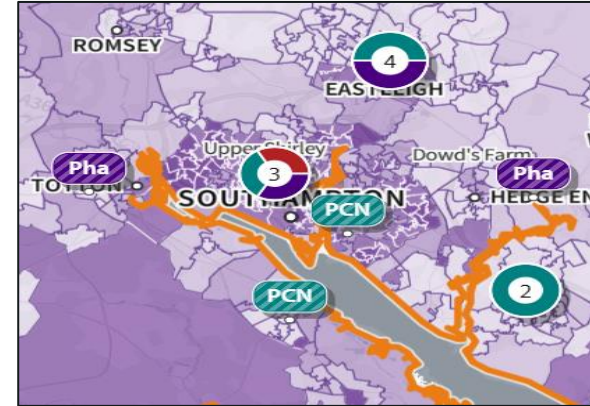
Virtual Transfer of Care

- The quality directorate put in a successful bid for demand and capacity funding to initiate a VTOC (Virtual Transfer of Care) project using the iPads Southampton gave to homes during COVID-19. The project allows care home managers to meet potential residents whilst they are still in hospital to assess their needs and suitability. This (with the Trusted Assessor role) improves communication, speeds up the acceptance of residents, reduces costs (travel and parking) and carbon footprint and improves quality by allowing the resident to meet key people before transfer.



COVID-19 and Influenza Vaccination (care workers)

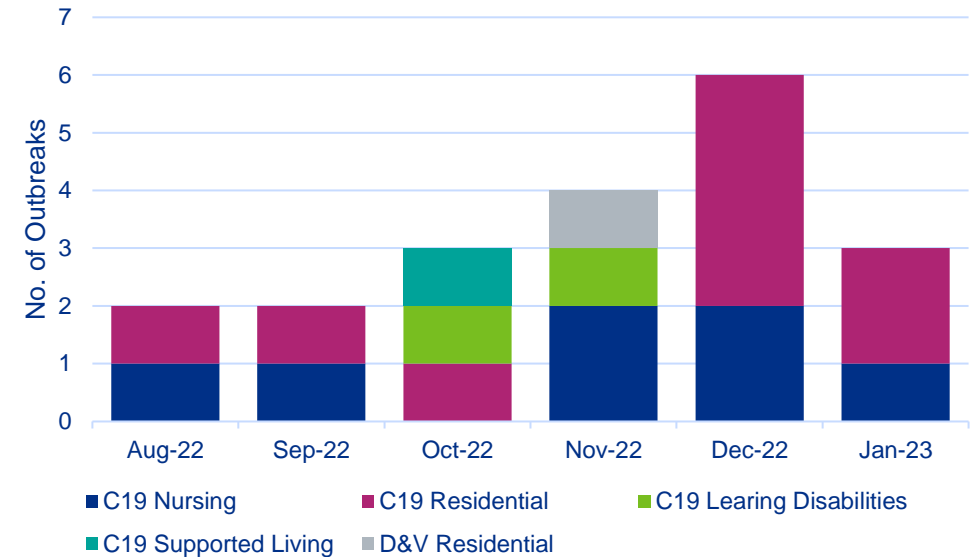
- COVID-19 vaccination now comprises:
 - First, second, booster and second booster doses + seasonal booster for health and care workers
- **Care workers**
- Uptake of the first, second and booster doses of the COVID-19 vaccine in care workers in Southampton has been extremely successful
- Uptake of the COVID-19 seasonal booster vaccination amongst care workers across Hampshire and Isle of Wight is 45.9% with variation of 36.9-55.6%
- Southampton uptake is 38% (Foundry) (range 35-51% by Primary Care Network, Southampton)
- Factors influencing uptake include vaccine fatigue, legacy from the mandatory vaccination of care workers in 2021/2022 and higher rates of natural immunity through infection. This has also impacted on influenza vaccination rates. Similar patterns have been noted in health workers
- **Care Home Residents**
- 90+% of residents have received the full course of COVID-19 vaccination with 89% having received the autumn booster (average 90% across HIOW). 72% have received the annual influenza vaccination (average 75% across HIOW)
- **Ongoing access**
- HIOW are providing 44 sites where Covid Vaccinations will be undertaken from January to March 2023
- All sites are approved to deliver vaccinations for all age groups
- All clinics at the active sites will be available to book via the national booking service –NBS
- Roving /pop-up services that are suitable for general access will also be accessible through NBS with three planned for Southampton: St Mary's Fire Station, Bevois Valley and Homeless shelters



Infection Prevention & Control

- The ICB employs 1.8 WTE specialist infection prevention nurses to support Southampton Place
- These specialists work across health and care settings, including as part of the Health Protection Team in Southampton City Council
- The team supports surveillance, quality improvement, training and assurance across health and care settings
- Before Christmas the IPC and Enhanced Health in Care Homes team undertook infection prevention, workforce and business continuing visits to many providers to assess winter preparedness which were successful in reducing outbreaks
- The IPC team run regular webinars for care providers on IPC, latest COVID-19, influenza and gastrointestinal illness, as well as practical Personal Protective Equipment drills
- Southampton saw a peak in COVID-19 declared outbreaks in social care between November and December 2022[^]. This was mirrored in other parts of Hampshire and the Isle of Wight
- Southampton had no reported Influenza outbreaks[^] which contrasted with other areas in Hampshire and the Isle of Wight which saw significant activity
- **The team also assessed and advised on 23 potential outbreaks in Southampton which is critical to maintaining capacity within the care system*
- *[^]not all providers (particularly Learning Disabilities may report outbreaks to the IPC team*

Southampton Care Outbreaks



Risks

Title	Risk	• Example Actions
Financial sustainability and viability	<p>There is a risk that some homes may become financially unsustainable as a result of any combination of:</p> <ul style="list-style-type: none"> • Void bed levels being unsustainable as demand reduces; • The number of new private clients being lower than planned for, reducing income levels; • Increased costs of PPE, equipment, staffing not covered by fees and charges • Homes unable to recruit, retain or supply enough staff to manage with outbreaks, staff isolation and sickness. 	<ul style="list-style-type: none"> • Continue to develop the understanding of risks for all homes so that proper management of risk can take place. • Monitoring of void levels overall and by individual home to identify specific risks and mitigations. • Contingency funding in place in case of provider failure • Care home needs assessment underway to identify long term needs • Support to homes to develop clinical skills to diversify client group
Workforce	<p>There is a risk that care providers (homes and home care) may not be able to sustain high quality care due to workforce recruitment and retention pressures (burn out post pandemic and competition from other sectors e.g. hospitality), additional winter period demands or changes to market management / funding</p>	<ul style="list-style-type: none"> • Counselling support available and will continue to be promoted • Liaise with Skills for Care to provide support tools • Support recruitment campaigns for homes • Recruitment tools and campaign developed in Southampton, including overseas recruitment • Develop the workforce support strategy together with providers and Hampshire Care Association
CQC standards	<p>There is a risk that providers may not be able to meet and sustain CQC standards due to the demand and capacity of registered managers and other workforce, which may result in vulnerable people not receiving optimal care</p>	<ul style="list-style-type: none"> • Return to face to face assurance visits and support • Continue to provide support and advice via Quality and Safeguarding, Enhanced care in care homes teams and infection prevention and control lead • Link with CQC re intelligence and information sharing • Provider fortnightly sessions via Teams
Complex Care Discharges	<p>There is a risk that the demand for care home places for individuals with complex needs being discharged from hospital is greater than the available supply</p>	<ul style="list-style-type: none"> • Continue to increase the commissioned D2A bed capacity throughout the Winter period • Continue to maintain/develop relationships with homes to support timely move-on from D2A beds commissioned • Health education gap analysis completed • Exploration of the health and care learning portal to upskill people • Work with mental health providers to support challenging behaviour and mental health in placements
Vaccination	<p>There is a risk that insufficient numbers of care workers will be vaccinated against preventable disease e.g. COVID-19 / Influenza) due to vaccine fatigue and previous experience of mandatory vaccination which may lead to unnecessary exposure of vulnerable people to illness.</p>	<ul style="list-style-type: none"> • Continue to promote vaccine uptake to staff • Support homes to prepare for implementation of policy from 11th November • Identify and work with homes which have lower vaccination rates to increase uptake and contingency plan.

Health

- The wider ICU Clinical Quality Team continues to support and monitor health providers utilising the internal governance and assurance functions of those providers which has proved to be a more collaborative approach
- The Southampton and Southwest Hampshire local Quality Committee, made up of health, social and voluntary sector providers continues to develop and mature
- The health system continues to be under sustained and exceptional pressure (akin to permanent high winter demand) due to a combination of activity across the urgent and emergency care pathways (Group A Streptococcus, Influenza A), workforce (COVID-19 isolation, other absence, competing demand for social care workforce from hospitality sector), planned care (restoration of elective care services and waiting list initiatives) and flow (access to Home Care / onwards care). System partners are working together to increase flow and capacity
- South Central Ambulance Service continue to be provided with support by the Integrated Care System. An overall improvement plan for SCAS is monitored internally by executives and non-executives and externally by the Oversight and Scrutiny Committee and Tripartite meeting. All the ‘must do’ and immediate actions highlighted in the Section 29a have been completed. The focus is now on embedding, sustaining and moving forwards in the improvement workstreams
- Industrial action by the Royal College of Nursing, GMB union and Chartered Society of Physiotherapy occurred in January. Extensive planning and contingency to maintain safety was put in place by both employers, workers and the unions. Further industrial action is expected in Southampton in February.

	University Hospital Southampton	Solent NHS Trust (Community Services)	Southern health NHS Foundation Trust (mental health services)	Practice Plus Group Urgent Treatment Centre	Spire Healthcare	Countess Mountbatten Hospice	South Central Ambulance Service
CQC rating	Good	Good	Requires Improvement	Good	Good	Good	Inadequate



Primary Medical Services

- All 26 General Practices (GP's) in Southampton are rated as Good by the Care Quality Commission

Primary Medical Services General Practice	Outstanding	Good	Requires Improvement	Inadequate	Not rated
Southampton	0	25	0	0	1

- Primary Care services saw a significant increase in activity as a result of Group A Streptococcus infection concerns (sore throats, scarlet fever, invasive GAS) over the December/January period
- Primary Care offered 777 thousand (K) appointments in December 2022, of which 493K were face to face (compared with 690K in December 2021). Appointments were impacted by the bank holidays in December (November 2023 was 902K compared with 847K in same period the previous year)*
- A new Acute Respiratory Hub (ARI) was commissioned (go live 4 January) to support winter activity in Southampton operating out of St Peters surgery. Southampton will have arrangements in place to deliver this service until 31 March 2023 and is hoped to deliver up to 2500 additional appointments across the city.
- *data is only available at a HIOW level currently and not specific to Southampton*
- Oversight of Dentistry quality continues to sit with NHS England. Of those dentists in Southampton that have been inspected by CQC, none have any enforcement action or improvement required. However, a significant proportion of dentists have not been inspected by CQC since 2013/2015.

Primary Medical Services Dentists	No action	Improvement Required	Enforcement Action	Not rated
Southampton	20	0	0	4



General Practice Patient Survey 2022

- Fieldwork for the 2022 GPPS took place 10 January to 11 April 2022
- Based on 16,600 HIOW responses (36% response rate) (population 1.9 million so survey based on <1% of population)
- In HIOW, 73% of respondents were under the age of 64 years, with 26% aged 65 years plus
- Breakdown is provided via Primary Care Network level for Southampton for some responses - Response rate in HIOW one of the best in SE Region
- Significant drop in overall experience between 2021 and 2022 from 83% to 72% (mirrors the national picture): Nationally, the proportion of patients reporting a good overall experience decreased to its lowest level for five years (72.4%) –a 10.6 percentage point decrease compared with the 2021 survey (83.0%). Variation in Southampton is 53-88%
- Four of the six Southampton PCN's were below the national average for patient satisfaction
- Main area of concern is Access
- Significant drops in ease of getting through on phone (14 percentage points) – same as national picture
- Online utilisation similar of better than national picture (online booking, prescriptions, medical records, consultations): Compared with 2021 (55%) a greater proportion of patients are accessing practice websites -(61% 2022)
- However, still 39% of people not using any online methods
- Website satisfaction – down six percentage points – may indicate people are trying to use websites more for digital access and finding them difficult to navigate
- Choice of appointment (place, time, type, HCP) lower than national average (55%v59%). PCN Southampton variation was large around satisfaction 39% lowest to 75% highest. However, satisfaction with the appointment offered is the same as national average
- HIOW offering above national average face to face appointments
- Satisfaction with how much time HCP's provide, listening, treating with care and concern and recognising mental health needs and involving patients in decisions all dropped by 5-6 % points (similar to national average) – perhaps indicating the increased pressure on practitioners
- However, confidence and trust remains relatively stable and slightly above national average (ICS 94%)



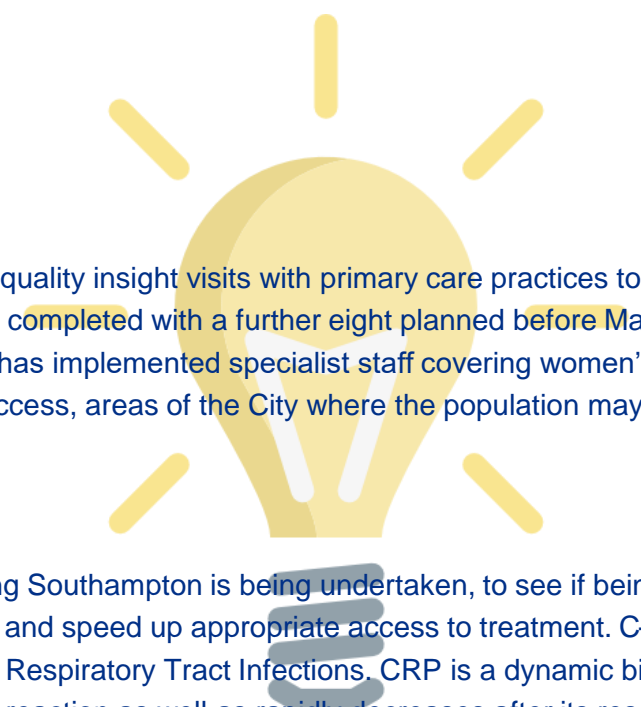
Improvement

Supportive Insight Visits

- Southampton Primary Care team have restarted onsite quality insight visits with primary care practices to promote the sharing of good practice and to support preparation for Care Quality Commission visits. Three visits have been completed with a further eight planned before March 2023. Part of this work seeks to identify and spread innovation and best practice. For example, one Primary Care Network has implemented specialist staff covering women’s health and a specialist respiratory hub to manage chronic respiratory disease. In an effort to reduce health inequalities and access, areas of the City where the population may find it hard to travel to traditional hubs on the West can now access these services locally in the East

Point of Care Testing

- A trial using point of care testing in a primary care setting Southampton is being undertaken, to see if being able to provide a blood test via a finger prick in the practice to identify bacterial infection can optimise antibiotic usage and speed up appropriate access to treatment. C-reactive protein (CRP) point-of-care testing (POCT) is a promising tool to decrease the uncertainty regarding suspected Lower Respiratory Tract Infections. CRP is a dynamic biomarker of the presence and severity of inflammation. CRP increases within four to six hours after the onset of an inflammatory reaction as well as rapidly decreases after its resolution CRP POCT alongside the clinical signs and symptoms may provide primary care with valuable information to enable targeted and prompt treatment of infection



Risks

Title	Risk	• Example Actions
Urgent and Emergency Care	There is a risk that activity in urgent and emergency care pathway (Primary Care, NHS111, Out of Hours, SCAS, Urgent Treatment Centres, Emergency Departments) remains high and results in difficulties and delays in access for patients and workforce fatigue / clinical risk for providers	<ul style="list-style-type: none"> • Primary Care providing additional capacity through increased appointments, including face to face • Acute respiratory hubs implemented • SPCL providing GP triage into the Emergency Department • UTCs are offloading pressure from the Emergency Department • Alternative pathways to urgent care being developed • Primary Care stocktake on same day access
Workforce	There is a risk that health providers may not be able to sustain high quality care due to workforce recruitment and retention pressures (burn out post pandemic, competition, lack of workforce supply) and additional winter period demands	<ul style="list-style-type: none"> • Workforce strategies being developed across the ICB • Providers are collaborating around supply of workforce • Increased investment into social care to reduce medically optimised for discharge patients and workforce demand
Post pandemic mental health	There is a risk that there is a sustained increased incidence of mental health disorders arising from the pandemic and built up demand, across community and acute mental health teams and children and adolescent mental health services, resulting in long waits and decreased access	<ul style="list-style-type: none"> • Mental health pathway review is progressing • ICB has made additional investment into mental health services over the past years • Services like IAPT are available to manage demand • Work with education around mental health in schools to manage demand early • Provider collaboratives around mental health functioning.

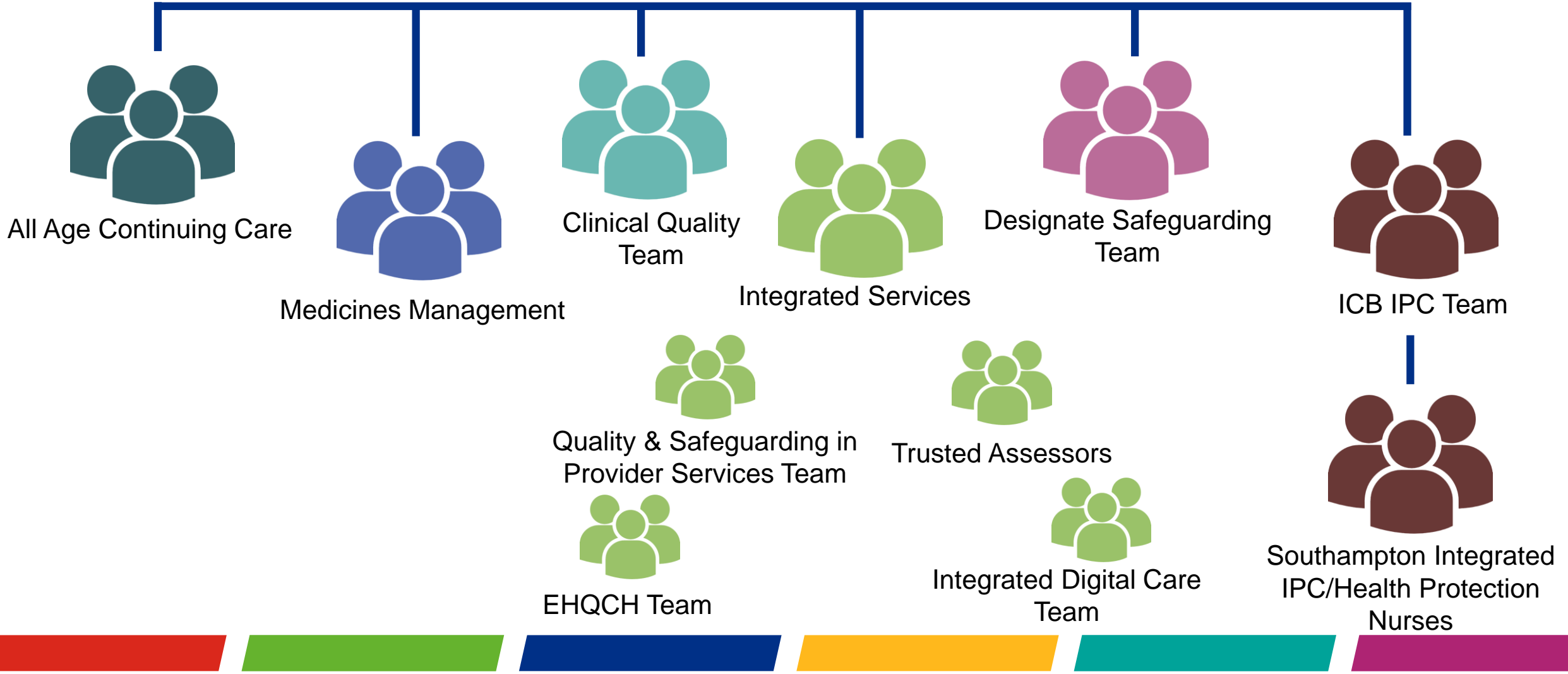


Reading Room

ICU Quality Directorate structure and provider management



Integrated health and care quality



All Age Continuing Care

Medicines Management

Clinical Quality Team

Integrated Services

Designate Safeguarding Team

ICB IPC Team

Quality & Safeguarding in Provider Services Team

EHQCH Team

Trusted Assessors

Integrated Digital Care Team

Southampton Integrated IPC/Health Protection Nurses

Southampton

