

## Report to Health Scrutiny Committee

### Update on Adult Integrated Care Programme

#### 1. Summary

This report provides an update to the Health Scrutiny Committee of the Adult Integrated Care programme, focussing on the Assistive Technology workstream, programme timescales and programme evaluation. It also provides an update on the Better Care Fund.

#### 2. Recommendation

The Health Scrutiny Committee is asked to note the contents of this report.

#### 3. Background

There have been previous updates provided to the Health Scrutiny Committee on the work of the Adult Integrated Care programme:-

- ➔ January 2015 – an overview of the programme evaluation;
- ➔ June 2015 – presentation of 2 Ada videos and programme progress.

Health Scrutiny Committee asked for a further update on Telecare and Telehealth, programme delivery timescales and comparative survey data relating to citizens and staff. Health Scrutiny Committee has also asked for information on the Better Care Fund so an update has been incorporated into this report.

An overview of the Adult Integrated Care / Better Care Fund Governance is set out at **Appendix C**.

#### 4. Assistive Technology Workstream

The Assistive Technology workstream aims to increase the use of Telecare and Telehealth across social care and health as well as moving to create an integrated Assistive Technology Service. A Strategic Vision has been signed off by the Health and Well-being Board Commissioning Executive Group. The Assistive Technology (AT) Vision being *“to maximise the use of AT across social care and health to promote and maintain independence and health, to enable citizens to self-care where possible or to support citizens where needed. The Vision is to create an integrated AT Service which encourages joined up equipment solutions dependent on a citizens needs and circumstances”*.

**Telecare** – there are 6230 active Telecare users, 4930 of whom are aged 65+. A Telecare package could be as simple as a care alarm and keysafe or a more complex one involving bed and door sensors, a medication dispenser and even a GPS locating device. Alerts are usually monitored through Nottingham City Homes although some packages are stand-alone where the alerts are managed locally.

**Telehealth** – there are 230 active users, 185 of whom are aged 65+. Telehealth involves the patient having a device which can monitor vital signs as well as the patient being able to give information about their condition. This is monitored by Nottingham City Homes who will alert the patients clinicians if vital signs or other information is of a concern.

The targets for AT roll out is for 10,000 citizens to be supported by 2018 – of which 8,000 citizens will be using Telecare and 2,000 using Telehealth.

Plans are underway to integrate the Telecare and Telehealth Services into a single Assistive Technology Service from April 2016.

An **evaluation** of the AT workstream has been underway since April 2014 and due to complete its work by March 2016. As well as collecting staff, user and carer information via questionnaires, interviews and surveys there is a cost effectiveness study underway which will look at hospital admissions, social care and GP services before and after being supported by AT. A summary of the interim evaluation findings are as follows:

#### User views

From the 162 questionnaires returned and 11 in-depth interviews 95% of users agree that they feel safer and more independent at home, 57% of users feel that their family need to help less and the main motivations for using the equipment were to prevent accidents or problems, in response to an accident and to reduce carer burden.

#### Carer views

From the 69 questionnaires and 4 interviews 58% of carer reported that they found caring stressful but that 75% of carers report that they now feel less stressed than before.

*A fresh round of user / carer questionnaires and interviews are underway.*

#### Staff views

From the 158 staff responses in 2015 there was a 17% increase in staff feeling that AT fitted into social care and health priorities (compared to 2014), an additional 14% appreciated the quality of the service whilst an extra 13% felt that AT had an impact on service user outcomes. The survey also showed that there had been an increase in staff referring for Telecare and Telehealth by 9%.

## 5. Programme delivery timescales

There has been significant progress already with integration of social care and health delivery – creation of neighbourhood Care Delivery Groups, creation of Care Coordinator and link social care roles, establishing GP practice based Multi-Disciplinary Teams to manage highest risk patients, a review of specialist services to consider which ones could fit into neighbourhood working, as well as moves to fully integrate specific services.

The aim is to conclude the Integrated Care programme in 2016 with commissioning managers being responsible for further development of initiatives. The current programme delivery timescales are as follows:-

#### Reablement and Urgent Care

Plans to fully integrate these services have been approved with a Joint Venture being created as the delivery organisation. Service specifications have been drawn up with planning underway to have fully integrated services operating from January 2016.

#### Integrated Access Point

The joint Venture will also support an integrated access point. This will be based on a citizens needs to navigate them through services so they don't have to differentiate between health and social care. This will be operational from April 2016.

#### Self-Care

A pilot will be underway in Bulwell from October 2015 with the intention to deliver citywide from October 2016. Within the self-care pilot services will include:-

- ➔ Social prescribing – GP's / nurses identifying a citizens broader needs and completing a social prescription for a Care Coordinator to action;
- ➔ Community Navigators – volunteers to help citizens access support services they need;
- ➔ Click Nottingham – community pioneers who help connect citizens to social support;
- ➔ Rally Round – an app which coordinates who is doing what to help someone;
- ➔ Web-based directory of services – providing advice and information;
- ➔ Self-care hubs – housing the directory of services and placed in key locations for those who do not have access to their own IT.

#### 7 day services

Many services are reviewing their provision and considering how 7 day working can be introduced as they are re-commissioned. There will therefore be a gradual migration towards 7 day working rather than having achieved this by a fixed date. A report was presented to Health and Well-being Board Commissioning Sub-committee in September covering some initial proposals including piloting Community Matron 7 day working in 2 CDG areas, consideration of the need for a 24 hour urgent care service (already operating 7 days) and scoping the potential for 7 day working within social care hospital discharge and rapid response.

#### Care Delivery Groups

Further work is underway with Care Delivery Groups. This includes use of performance data to better coordinate care of those with highest non-elective and A&E admissions, further development of risk stratification tool to incorporate social care data to guide care coordination, understanding differential performance between CDG's with a view to rolling out good practice

and improving service across the City and further development of core elements of integrated needs assessment.

## 6. Service user and staff survey data

Evaluation of the Adult Integrated Care programme is on-going and includes seeking the views of service users and staff through questionnaires and interviews. These are carried out at intervals in order to gauge any changes in views as the programme evolves and delivers.

### Service users

An initial set of questionnaires were received from 213 responders between November 2014 and February 2015. The responses became the benchmark. A further set of 254 questionnaires were received between June and August 2015 to provide the first comparison to the benchmark. The questions asked were on a range of areas such as quality of life, experience of health and social care services, planning your care and managing your care. The questionnaires were issued to service users by service providers, randomly selected with regard to social care service users.

The overwhelming majority of respondents receiving services from Nottingham CityCare Partnership and Nottingham City Council remain satisfied with the care they have received from the baseline survey to follow on. In particular, over 90% of service users believe they are treated with dignity and respect, and over three-quarters believe the people providing their care understand their needs and their condition. This correlates with 83% of all respondents agreeing that they would recommend the service to friends or family.

It was apparent across both surveys that while some of the qualitative comments made by respondents highlight possible areas for improvement or variability in the quality of services, most respondents' comments focused on positive aspects of their service experience.

### Staff

Staff working in social care and health were asked to complete surveys answering questions on a number of topics relating to integrated working. 158 staff responded to the survey in 2015 and the responses compared to those given to the same set of questions in 2014. Questions asked included those on sharing of information, working arrangements, what's working well, challenges and citizen experience.

The outcome of the staff survey were:-

- ◆ Respondents were more confident than last year about the types of information that can be shared with practitioners from other agencies;
- ◆ A greater proportion of respondents to the 2015 survey reported having enough information about other services to carry out their role effectively, and that they know how to contact others who can also provide support;

- ◆ Respondents continue to feel their teams work well together. A number of respondents emphasised improved communication across teams. The MDT meetings and monthly meetings were highlighted as helping to build relationships;
- ◆ In general, respondents reported improved citizen experience compared to 12 months ago. However, although responses to the 2015 survey were generally more positive than to the 2014 survey, there are still reports that citizens have to repeat themselves when coming into contact with different services;
- ◆ Staff who report receiving training regarding Connecting Care have a better understanding of how their role contributes to the CDG, with just over half of all respondents (58%) agreeing that they had a full understanding overall.

## 7. Better Care Fund

Nottingham City's Better care Fund plan was approved in October 2014 and detailed planning for successful implementation has taken place since this date. **The Plan was rated in the top three nationally and was one of only seven plans approved without the need for any further support.**

A Section 75 pooled budget agreement was approved by both Nottingham City Council and Nottingham City CCG. This includes the governance arrangements for monitoring and reporting on performance and finance as well as the management of risks. The pooled budget is for £25.5m including the £23.1m stipulated nationally.

An overview of the BCF schemes in Nottingham is provided in the table attached as **Appendix A**.

Better Care Fund performance is measured through a set of four nationally developed metrics and two locally developed metrics. These performance metrics assess reductions in non-elective admissions to hospital, reductions in delayed transfers of care, reductions in permanent residential admissions, increased effectiveness of reablement (national metrics) and improvement in citizen outcomes and an increased uptake of assistive technology (local metrics). A summary of these performance metrics as at September 2015 are set out as **Appendix B**.

Locally a Better Care Fund indicator report has been developed to provide information on performance to date to the Health and Wellbeing Board Sub-Committee on a bi-monthly basis. A BCF Performance and Finance Sub-group meets monthly to consider up to date performance and any recommendation that may be required to the Commissioning Sub-committee. Logic modelling is underway to better understand how activity funded through the BCF supports expected outcomes. A report will be produced to monitor the impact of individual BCF schemes through the BCF Performance and Finance Sub-group and inform future BCF planning.

The pay for performance element of the plan relates to the target for a reduction in non-elective activity only. On submission Nottingham City's plan stated a planned reduction of 3.5% based on national guidance at that time. In early 2015 NHS England indicated that local areas could revisit

their non- elective admissions plan through 15/16 operational planning to take into account actual performance in the year to date (particularly through winter), likely outturn for 14/15 full year, and progress with contract negotiations with providers. The Health and Wellbeing Board approved a reduction in the target to 1.6% to reflect the expected impact of the BCF schemes. Current understanding of the guidance indicates that performance will be measured against the 3.5% target for Q4 of 2014/15 and 1.6% for Q1-3 of 15-16, data submitted in July return to confirm our data sets and targets confirms this.

Nottingham achieved 60% of its pay for performance target as measured against Quarter 4 13/14 baseline data and 100% of the revised target as measured against Quarter 1 14/15 baseline data. This is illustrated in the following chart:-

Payment for performance Summary

<b>BCF Period</b>	<b>Measurement Period</b>	<b>NEL Target</b>	<b>Value of Pay for Performance</b>	<b>Achieved</b>	<b>Shortfall</b>
			<b>£000</b>	<b>£000</b>	<b>£000</b>
Qtr 4	January to March 2015	-3.5%	361	208	(153)
Qtr 1	April to June 2015	-1.6%	184	184	0
Qtr 2	July to September 2015	-1.6%	180		
Qtr 3	October to December 2015	-1.6%	180		
<b>Total</b>			<b>905</b>	<b>392</b>	<b>(153)</b>

NB. Agreement secured with HWB that from Q1 the pay for performance target was reduced from 3.5% to 1.6% in line with the latest NHS England planning guidance.

Work has just commenced to develop the 16/17 BCF Plan with consideration to be given to alterations to schemes to better integrate care and whether to expend the BCF by pooling further funding.

Dave Miles  
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 Nottingham City Council / NHS Nottingham City CCG  
 13/10/15

**Nottingham City Better Care Fund schemes 2015/16**

<u>Scheme</u>	<u>Description</u>	<u>Strategic Objective</u>	<u>Delivering Organisations</u>	<u>Budget</u>
Access and Navigation	Community Triage Hub Care Coordinators Nottingham health and Care Point	The strategic objective of this scheme is to maximise the number of citizens being directed to the right services at the right time to meet their needs. This is through a single front door accessed irrespective as to whether the citizens needs are health or social care, whether a professional or citizen is making the referral / enquiry and whether the referral / enquiry is urgent or non-urgent.	CCG City Council CityCare Partnership	£1,490,000
Assistive Technology	Telecare Telehealth Dispersed Alarms	The strategic objective of this scheme is to maximise the use of Assistive Technology across social care and health to promote and maintain independence and health; to enable citizens to self-care where possible or to support citizens where needed. The Vision is to create an integrated Assistive Technology Service which encourages joined up equipment solutions dependent on a citizen's needs.	CCG City Council CityCare Partnership City Homes	£1,185,000
Carers	Carers Counselling Service Carers respite Service Community Rehabilitation Day Centre Timeout Dementia Support Service Primary Care Support Workers	This scheme will support our vision 'to improve the experience of and access to health and social care services' through the delivery of a range of integrated and comprehensive Carers services that meet the needs of carers resident in the City in accordance with the requirements of the Care Act. The provision will enable carers to continue to provide	CCG City Council Carers Federation Crossroads Care Time Out Alzheimers Society NCHA Headway	£1,352,000

	Carers Respite Headway Young Carers Carers Hub Carers Support	support for as long as is practical/desirable thus reducing the need for more intensive forms of provision, including admission to residential care and hospital, enable transfer of care of citizens into a community setting as soon as they are medically stable and improve citizen experience of care.		
Coordinated Care	Resettlement Service CDG social care link workers In reach discharge coordinators Responding to demographic pressures Hospital Discharge Team additional posts 7 day working	The strategic objective is to provide a new model of care with an emphasis on joined up care and proactive support. The objectives of the scheme are: <ul style="list-style-type: none"> <li>• Develop a process to identify individuals who will benefit from earlier intervention as well as those requiring support from health and social care services, building on risk stratification, risk registers and data held by relevant agencies.</li> <li>• Develop training/education plans to ensure the workforce is able to deliver the new model effectively.</li> <li>• Develop operational processes including care planning and case coordination to ensure effective management of individual's needs.</li> <li>• Expand multi- disciplinary working to include a system of regular case reviews.</li> <li>• Agree pathways and processes to ensure community resources and health promotion services are utilised effectively</li> <li>• Ensure that citizens continue to be able to access quality social care</li> </ul>	CCG City Council CityCare Partnership NCHA	£8,381,000









		provision and that there is an increased emphasis on prevention and early identification.		
Capital (Disabled Facilities Grant)	Disabled Facilities Grant Building Community Capacity	This scheme will support our vision 'to improve the experience of and access to health and social care services' by enabling citizens to receive care in their home or community . It will be utilised for preventative capital schemes including Disabled Facilities Grant and capital costs of assistive technology to promote continuation of residence in an independent setting resulting in a reduction in residential and nursing admissions and reduction in non-elective hospital admissions.	City Council	£1,876,000
Independence Pathway	Health Reablement Urgent Care NEHCS Reablement Enablement Gateway Access and Rapid Response Health Reablement posts In reach discharge Community Beds	The strategic objective of this scheme is to ensure that citizens are able to access the most appropriate short-term enablement, reablement and crisis support at the right time to remain as independent as possible in the community and to support timely discharge from acute care when medically stable  The aim is to ensure that pathways into provision are simplified and that service is based on need as opposed to eligibility in order to facilitate prevention and escalation of need. Earlier identification of needs and access to a self-care pathway will ensure self-management and reduced dependence on health and social care services.	CCG City Council CityCare Partnership	£11,462,000
Programme Management	Programme Management posts	To provide leadership and coordination of the transformation activity across health and social care,	CCG City Council	£160,000

		including project management for specific work areas e.g. assistive technology.		
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## Better Care Fund Performance Report –September 2015

### Better Care Fund Metrics Dashboard Q2 2015/16

		NHS Nottingham City CCG			Meets target	Within 0.1% - 5% of target	>5% from target						
		Better Care Fund Metrics Dashboard										Version at	30-Sep-15
	Indicator	2015/16 Target	2015/16 Year to Date Target	2015/16 year to Date Actual	Year to date Performance	Month of Activity	Month Target	Month Actual	Month Performance	What trend is best	Month on Month trend		
Summary	1 Residential Admissions	221	92	100	8	Aug-15	18	16	-2	Lower			
	2 Reablement - still at home 91 days after	66.7%	66.7%	57.8%	-8.9%	Aug-15	66.7%	58.0%	-8.7%	Higher			
	3 Delayed Transfers of Care	9,314	3,177	3,576	399	Jul-15	761	1,236	475	Lower			
	4a Non Elective Admissions to Hospital (G&A) - Payment for Performance	29,465	10,077	9,995	-82	Jul-15	2,484	2,582	98	Lower			
	4b Non Elective Admissions to Hospital (G&A) - local target	28,562	9,776	9,995	219	Jul-15	2,450	2,582	132	Lower			
	5 Proportion of 65yrs + Population Supported by Assistive Technology	6,000	5,300	5,351	51	Aug-15	100	151	51	Higher			
	6 Improvement in Citizen Health & Social Care Outcomes	83%	83%	79%	-4.0%	Aug-15	83%	79%	-4.0%	Higher	