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NOTTINGHAM CITY COUNCIL HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

Date: Tuesday, 8 September 2015

Time: 2.00 pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham,

NG2 3NG

Committee members are requested to attend the above meeting to transact the following business

Acting Corporate Director for Resources

Governance Officer: Phil Wye Direct Dial: 0115 8764637

<u>AGEN</u>	IDA	<u>Pages</u>
1	APOLOGIES FOR ABSENCE	
2	DECLARATIONS OF INTEREST	
3	MINUTES OF THE LAST MEETING Minutes of the last meeting held on 14 July 2015 (for confirmation)	3 - 8
4	PROPOSALS FOR THE DEVELOPMENT OF SEVEN DAY COMMUNITY HEALTH & SOCIAL CARE SERVICES Report of the Director of Primary Care Development and Service Integration	9 - 18
5	BETTER CARE FUND - PERFORMANCE REPORT Report of the Director of Primary Care Development and Service Integration	19 - 46

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT www.nottinghamcity.gov.uk. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE

MINUTES of the meeting held at LH 2.32 - Loxley House, Station Street, Nottingham, NG2 3NG on 14 July 2015 from 15.02 - 15.52

Membership

<u>Present</u> <u>Absent</u>

Candida Brudenell Alison Michalska (NCC)

Councillor Alex Norris Katy Ball (NCC)

Dr Ian Trimble (CCG)

Maria Principe (CCG)

Martin Gawith (Healthwatch)

Colin Monckton (NCC)

Alison Challenger (NCC)

Lucy Davidson (CCG)

Colleagues, partners and others in attendance:

Nicky Dawson - Priority Families Programme Co-ordinator, Nottingham City

Council

Christine Oliver - Head of Service, Finance and Commissioning, Nottingham

City Crime & Drugs Partnership

Darren Revill - Finance Analyst, Nottingham City Council

Michelle Forbes - Business Support Officer, Nottingham City Council - Strategic Commissioning Manager, Nottingham City

Council

1 APOLOGIES FOR ABSENCE

Katy Ball (Nottingham City Council)
Colin Monckton (Nottingham City Council)
Jo Williams (Clinical Commissioning Group)

2 <u>DECLARATIONS OF INTEREST</u>

None

3 NOMINATION OF CHAIR FOR FIRST MEETING

RESOLVED to

- 1) appoint Candida Brudenell, Nottingham City Council's Strategic Director for Early Intervention, as Chair for the meeting.
- 2) note that the Chair will rotate between Candida Brudenell and Maria Principe, Director of Primary Care and Service Integration (Clinical Commissioning Group) on a meeting by meeting basis in accordance with the Terms of Reference for the Sub-Committee.

4 BETTER CARE FUND PERFORMANCE REPORT

Antony Dixon, Strategic Commissioning Manager, Nottingham City Council presented the joint report of the Director of Primary Care Development and Service Integration and the Director of Quality and Commissioning which provided information on the performance of the Better Care Fund (BCF) against agreed national and local metrics.

Antony highlighted the following points to the Sub-Committee:

- a) The BCF provides funding to be spent on health and care services to drive closer integration and improve outcomes. BCF performance is measured against four national metrics:
 - reductions in non-elective admissions to hospital,
 - reductions in delayed transfers of care,
 - · reductions in permanent residential admissions,
 - increased effectiveness of reablement, and two local metrics:
 - improvement in citizen outcomes,
 - increased uptake of assistive technology.
- b) There is a pay for performance element which relates only to the target for the reduction in non-elective activity and 61% of the pay for performance payment (£220,520) was achieved during quarter four. This is against a target of a 3.5% reduction which was not met but has already been revised to take into account actual performance levels. The Health and Wellbeing Board agreed a revised target of 1.6% reduction and, although discussions are still ongoing with NHS England, current understanding is that quarter one performance will be measured against the revised target. Based upon performance for the first month of quarter one, the revised target will be met.
- c) There was an over-performance against the residential admissions target with 146 permanent admissions to residential care against a target of 242. However there is concern about the data quality for this target and concern that there may have been under-reporting during 2014/15. Further analysis and revisions of business processes are underway.
- d) There was an over-performance against the assistive technology target with 4809 users against as target of 4800.
- e) The reablement target is under-performing but there are recording issues related to this target which are being addressed.
- f) The data quality issues are not unique to Nottingham.

RESOLVED to

1) note the current performance in relation to BCF metrics.

agree that future reports on BCF performance will identify highlights and lowlights but will not contain the level of detail of this report.

5 BETTER CARE FUND QUARTER 1 BUDGET MONITORING REPORT

Darren Revill, Finance Analyst, Nottingham City Council, introduced the report of the Corporate Director for Children and Adults which detailed the quarter one performance against the Better Care Fund (BCF) budget. The report highlighted:

- a) an underspend, currently forecast at £1.235m for 2015/16 against the coordinated care area of spend and attributable to the seven day working allocation. Further reports will be brought to this sub-committee to approve the services supported by this workstream.
- b) The adjustment of the budget to reflect the finalisation of contracts with service providers.
- c) The non-achievement of part of the pay for performance payment related to the non-elective admissions target.

RESOLVED to

- 1) approve the realignment of NHS Nottingham City Clinical Commissioning group (CCG) schemes to reflect 2015/16 finalised contract values.
- 2) approve the allocation of £0.176m released from the realigned budget to fund Ramsay Wait Beds to support discharges from Nottingham University Hospital in 2015/16 while further care arrangements are made.
- 3) note the projected position of the BCF Pooled budget as at Quarter 1 of 2015/16.
- 4) approve the use of underspends in 2015/16 to meet the non-achievement of the Pay for Performance element of funding within the BCF in accordance with the Section 75 Partnership Agreement.

6 SOCIAL CARE CAPITAL GRANT

Antony Dixon, Strategic Commissioning Manager, Nottingham City Council introduced the report of the Corporate Director of Children and Adults which requested approval for the use of Social Care Capital Grant (now contained within the Better Care Fund) to meet capital costs associated with work seeking to reduce non-elective acute and residential care admissions.

The report requested funding for the following purposes:

 £400,000 as a contribution to the capital costs associated with the delivery of the Integrated Community Equipment Loan Service (ICELS) as spend in this area has exceeded original estimates for 2015/16 b) £322,000 for the capped cost system and a further £141,000 for additional financial modules related to Project Evolution which supports the adult social care department's ability to cope with additional demand on services.

Antony confirmed that the funding was part of the City Council's budget so the additional funding would not affect health budgets and that the sub-committee was being asked to approve how the money was being spent.

RESOLVED to approve the allocation and spend of £863,000 of Social Care Capital grant for the purposes outlined above.

7 PRIORITY FAMILIES PROPOSAL: SMALL RESOURCE BUDGET FOR FAMILIES

Nicky Dawson, Priority Families Programme Co-ordinator, Nottingham City Council, introduced the report which requested £24,000 from the Troubled Families grant funding to be distributed amongst 16 frontline practitioners. The funding will be used by the practitioners to provide support for families they are working with to help pay for practical items that could not be budgeted from elsewhere, for example purchasing replacement birth certificates to enable apprentices to register for employment.

The funding was being allocated to the 16 practitioners rather than being managed centrally to provide a budget management development opportunity for the practitioners.

RESOLVED to

- a) approve the release of £24,000 from the troubled families grant funding for one year as a small Family Resource Budget, to be divided into 16 £1500 shares each share managed by a frontline practitioner and to be spent in support of the families they are working with.
- b) note the delegated authority from the Health and Wellbeing Board to the Priority Families Leadership group to oversee and manage the Priority Families partnership budget and to bring forward recommendations for use of programme resource and grant funding for final decisions by this subcommittee.

8 APPROVAL FOR CRIME AND DRUGS PARTNERSHIP TO TENDER DOMESTIC AND SEXUAL VIOLENCE SERVICES

Christine Oliver, Head of Service, Finance and Commissioning, Nottingham City Crime & Drugs Partnership introduced the report which sought authority to implement a more joined up approach to commissioning domestic and sexual violence services as recommended by the Safe From Harm review. Christine provided the following information to the sub-committee:

Health and Wellbeing Board Commissioning Sub Committee - 14.07.15

- a) In order to achieve a more joined up approach to commissioning it is proposed to pool the Police and Crime Commissioner (PCC), Clinical Commissioning Group (CCG) and Nottingham City Council (NCC) budgets and award all contracts relating to Domestic and Sexual Violence Services from this single budget.
- b) New five year contracts will be procured offering stability for providers.
- c) All procurement decisions will be taken in line with NCC's Financial Regulations and Contract Procedure Rules.

RESOLVED, as outlined in exempt appendices 1 and 2, to:

- 1) Agree the transfer and spend of PCC and CCG additional funding for additional projects;
- 2) Authorize the procurement of new domestic and sexual violence contracts;
- 3) Agree 5 year contracts for new domestic and sexual violence contracts;
- 4) Delegate authority to the Strategic Director for Early Intervention to sign contracts arising from the tender process, following assessment by the Joint Commissioning Group of tenders received, and in line with the Group's recommendations on the outcome of the tender process;
- 5) Approve dispensation from financial regulation 3.29 under agreed corporate contract procedure rule 5.1.2 in respect of those contracts identified in the exempt appendices.

9 <u>DATES OF FUTURE MEETINGS</u>

RESOLVED to approve the following dates of future meetings but that the time of the meeting be consulted upon and confirmed to the sub-committee:

8 September 2015, 10 November 2015, 12 January 2016, and 15 March 2016.

10 EXCLUSION OF THE PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining item in accordance with section 100a(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

11 <u>APPROVAL FOR CRIME AND DRUGS PARTNERSHIP TO TENDER</u> <u>DOMESTIC AND SEXUAL VIOLENCE SERVICES - EXEMPT APPENDIX</u>

The sub-committee noted the information in the exempt appendices.



HEALTH AND WELLBEING BOARD COMMISSIONING SUB- COMMITTEE - 8th September 2015

Title of paper:	Proposals for the devel care services	opment of seven da	ay community heal	th & social					
Director(s)/ Corporate Director(s):	Maria Principe – Directo Care Development and Integration Candida Brudenell, Dire Commissioning, NCC	Service	Wards affected:	All					
Report author(s) and contact details:	Nottingham City CCG a	Williams – Assistant Director Health and Social Care Integration, ottingham City CCG and Nottingham City Council. banne.Williams@nottinghamcity.nhs.uk							
Other colleagues who have provided input:	Charlotte Harris – Proje Nottingham City Counc Claire Kent – Commiss Integration Nottingham Dave Miles – Assistive Council	il ioning Manager – C City CCG	Community Service	s &					
Date of consultation wit (if relevant)	h Portfolio Holder(s)								
Total Value of the decis	ions	£1,149,755 Detail	ed separately belov	W.					
	· · · · · · · · · · · · · · · · · · ·								
Relevant Council Plan S									
Cutting unemployment by Cut crime and anti-social									
Ensure more school leave		further education th	an any other City						
Your neighbourhood as c		iditifer education th	arrarry other oity						
Help keep your energy bi	· · · · · · · · · · · · · · · · · · ·								
Good access to public tra									
Nottingham has a good m	•								
Nottingham is a good place		and create jobs							
Nottingham offers a wide			ng events						
Support early intervention				V					
Deliver effective, value fo	r money services to our	citizens		V					
Relevant Health and We	<u></u>	ty:							
Healthy Nottingham: Prev									
Integrated care: Supporting	<u> </u>								
Early Intervention: Improv	<u> </u>								
Changing culture and sys	tems: Priority Families								

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

The purpose of this report is to seek approval from the Health and Wellbeing Board Commissioning Sub Committee to implement a number of seven day working proposals and agree to release funding from the Better Care Fund budget for seven day services, totalling £1,149.755 in accordance with BCF planning requirements.

Each of the recommendations made to the Health-and Wellbeing Board Commissioning Sub

Committee within this report will improve the experience of access to health and social care services for citizens who are elderly or who have long term conditions. They will also increase the number of citizens remaining independent in the community, including after hospital admission with improved and seamless transfers of care by providing timely access to health and social care services within the community which promote independence.

Recommendation(s):

The Health and Wellbeing Board Commissioning Sub Committee are asked to support the following proposals and respective funding requests:-

- 1 Extension of the Community Matrons service to operate seven days per week £49,408.
- 2 Extension of the Care Homes Nursing Team service to seven days per week £170,975.
- 3 Establish the monitoring and response function of the new Integrated Assistive Technology Service to operate seven days per week £85,000.
- 4 Extend the Care Co-ordinator Service to operate seven days per week £844,372.
- The Health and Wellbeing Board Commissioning Sub Committee are asked to consider the wider use of the budget for developing seven day services to support other integration projects which promote early intervention.

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):

Not applicable.

1. REASONS FOR RECOMMENDATIONS

- 1.1 From 2015/16 the budget for developing seven day community health and social care services in Nottingham is contained within the Better Care Fund (BCF) to ensure that joint commissioning decisions are made about the use of this funding stream.
- 1.2 To manage the development of this work stream a Task and Finish group has been established with multi-partner representation from across acute, primary, community and social care. This group has reviewed the existing seven day community service provision and based on demand and evidence developed these proposals to support admission prevention and effective transfers into the community.
- 1.3 Utilisation of the funding for seven day services for the proposals identified below has a good fit with BCF objectives and metrics as they will: assist with a reduction of nonelective admissions and delayed transfers of care, and improve the experience of citizens within Nottingham.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The development of seven day services to support citizens being discharged and prevent unnecessary hospital admissions at weekends is a national condition of the BCF planning guidance. This is also a national requirement within the latest NHS England planning guidance *Everyone Counts: Planning for Patients 2014/15 to 2018/19* and— *The forward view into action*.
- 2.2 Provision of seven day services will also support the priorities outlined within the Health & Wellbeing Board Strategy 13-16:
 - Improve the experience of access to health and social care services for citizens who are elderly or who have long term conditions

 Increase the number of citizens remaining independent in the community, including after hospital admission with improved and seamless transfers of care

2.3 Proposal - Community Matrons

Expansion of the current Community Matron service across the City to provide access to Community Matrons seven days per week. Currently there is no weekend working or cover arrangements for citizens on the community Matron caseload. Recent analysis of multiple ED attendances and emergency admissions has highlighted that there is a potential need for these citizens to have a Matron available for advice, or to see & treat over the weekend. The scale of demand is not fully known, therefore the recommendation is to pilot weekend cover to understand the true need and review via the Neighbourhood Team development meetings which are held monthly.

Expected outcomes:

 Reduction in ED attendances and non-elective admissions, measured via Care Co-Ordinators monthly analysis.

Proposed implementation: From October 2015

An allocation of £49,408 will be required to fund this pilot for one year. Part year effect costs of £23, 704 would be spent within 15/16.

2.4 Proposal - Care Homes Nursing Team

This service provides specialist nursing support, treatment and access to primary and community care to citizens with complex needs in residential and nursing homes, Monday to Friday. Expansion of the core operating hours to include weekends will provide continuity of care at weekends and support implementation of the Care Homes Vanguard Programme.

Expected outcomes:

- Standardisation of care within residential homes to help achieve and maintain quality
- Reduction in unplanned admissions to acute providers from residential homes
- Improvement in the knowledge and skill base of staff in residential homes.

<u>Proposed implementation</u>: From October 2015

Based on current activity a rota of 5 nurses per day on duty is recommended. An allocation of 170,975 is required to fund this for one year. Part year effect costs of £85,487.50 would be spent within 15/16.

2.5 Proposal - Integrated Assistive Technology

The service specification for the integrated Assistive Technology service is currently in draft form and out for consultation. The intention is to establish the new service from April 2016. There are a number of elements of this service which if delivered over seven days will deliver significant benefits. Our recommendation is that eight core elements of the service are provided seven days per week, four of which will require investment. The key service areas requiring investment are summarised below. Full details are provided in Appendix A.

- Phone Advice & Support & Referral Triage £20,000
- Joint visits and assessments £15Rage 11

- Equipment installation and delivery £40,000
- Alert Monitoring £10,000

Expected Outcomes:

- Increase in weekend referral rates will support urgent referrals for supportive discharges and prevent admissions
- Increasing the standard hours where joint visit/assessment and equipment installation/delivery can be carried out will increase flexibility to support citizen needs and carer availability
- Introducing weekend alert monitoring for citizens monitored by Telehealth will enable a more comprehensive service to be offered, provide equity of care seven days a week and prevent hospital admissions at weekends.

An allocation of £85,000 will be required in 15/16.

2.6 Proposal - Care Co-ordinators

Since the introduction of the Care Co-ordinators significant amounts of clinical time have been released, monthly MDT meetings are effectively supported at each practice and care has been co-ordinated more effectively behind the scenes for citizens across Nottingham City.

This service is a central point of contact for health and social care professionals within the CDG and therefore with the expansion of seven day working this team are integral to the success of the expansion of services as well as enhancing current seven day services such as the District Nurses and Urgent Care.

The recommendation is to expand the service capacity by 16.7WTE. This will provide enough capacity within the team to work seven days per week, enable the co-ordinators to become patient facing and complete pro-active in-reach work into the acute trust to facilitate timely discharges. A specific role will also be developed to support the co-ordination of care for residents within residential and nursing care homes across the City.

Expected outcomes:

- Reduced risk of unnecessary ED attendance and acute admission/re-admission achieved by a more co-ordinated approach to citizen care
- More timely access to care achieved through improved co-ordination
- Better health and social care outcomes for citizens achieved through improved coordination between GPs, Social Care, community healthcare professionals, secondary care and the third sector.
- A more efficient workforce, reducing administrative duties for clinicians and releasing clinical time to spend on providing clinical care.

Proposed implementation – Phased to support recruitment and training.

An allocation of £422,186 will be required annually to fund this service extension.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 This paper includes the first set of recommendations from the seven day services task and finish group. These proposals have been made first based upon the service review evidence, and will support a phased implementation of seven day working. During the next six months further services developments will be considered and other options for expanding services to operate seven days per week will be proposed to the Health and Wellbeing Board Sub Committee.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

4.1 A total allocation of £2.47million was included within the Nottingham City BCF plan. The total allocation requested within this paper is £1.49 million from this existing allocation within the BCF.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

N/A.

6.	EQUALITY	IMPACT	ASSESSMENT
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Has the equality impact been assessed? Not needed (report does not contain proposals or financial decisions)	$\sqrt{}$
No	
Yes – Equality Impact Assessment attached	
Due regard should be given to the equality implications identified in the EIA.	

7. <u>LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION</u>

N/A.

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Integrated Assistive Technology Service – 7 day services







<u>Assistive Technology workstream – Adult Integrated Care</u>

Integrated Assistive Technology Service – 7 day services

Summary

This short report considers how the integrated Assistive Technology Service when established from April 2016 should be delivered within the context of 7 day services.

Service specification

The service specification for the integrated Assistive Technology Service is currently in draft form and out for consultation. The specification includes the following as hours of operation:-

"The Service will operate Monday to Sunday 8.00am until 7.00pm, with the exception of:-

- Monitoring and response which will operate on a 24/7 basis, 365 days per year.

In order to establish the right level of service to support 7 day working and the reality of service delivery the different elements of service have been considered – what level do they currently operate at and what level should they operate at.

Once the 7 day service elements have been agreed then plans can be made towards establishing these in the context of the service specification and the provider(s) delivering the Service. This will include costing up additional resources required to achieve the 7 day working.

7 day working service elements

The table overleaf has been produced to illustrate the current level of service provided across the elements of service and where they would need to change to work towards 7 day working. This includes an explanation of the benefits and potential costs.

Consultation

As part of the current consultation around the integrated Assistive Technology Service service specification the proposed 7 day working elements are also to be considered.

Comments and suggestions are required on this by the consultation end date of 25/8/15.

Dave Miles
Assistive Technology Project Manager
NHS Nottingham City CCG / Nottingham City Council
7/8/15

Service element	Current service	7 day working	<u>Benefits</u>	<u>Cost</u>
Referral	24 /7 via online referral system	24 /7 via online referral system	Referrers are able to make AT referrals anytime as long as have internet access.	Zero
Phone advice and support Referral triage	Care Bureau phone access Monday to Sunday 8am — 11pm. Support from Telecare Team Monday to Friday 8am — 5pm	Monday to Sunday 8am to 7pm	Providing access to receive advice and support from experienced advisors with access to social care and health systems should increase referral rates at weekends. This will support referrals especially urgent ones to support discharges / prevent admissions.	· ·
Joint visits / assessments	Monday to Friday 8am – 5pm	Monday to Friday 7am to 7pm Saturday and Sunday as requested and pre-arranged	Increasing the standard hours where joint visit and assessment can be carried out will increase flexibility to support patient needs / carer availability, including weekend visits / assessments.	£15,000 The existing assessment staff can stagger their hours to cover the additional weekday coverage. Would need 1 additional staff resource for weekend visits / assessments and to support advice and referral triage.
Training Promotional events	Monday to Friday 8am – 5pm	Monday to Friday 8am – 5pm Evening and weekend as	Evening and weekend training can be arranged to	Zero. Staff carrying out the

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		requested and prearranged	include staff and services	additional training can
		requested and preditanged	who don't work tradition	include this as part of their
			hours.	normal hours by operating
			110413.	TOIL.
Equipment installation /	Monday to Friday 8am –	Monday to Sunday 7am to	In order to support greater	£40,000
delivery	5pm Evening and	7pm	responsive to urgent	Additional 2 days for 2
	weekend installations can		installations especially to	installation staff resources
	be arranged as required		support hospital discharges	will be required for the
	and if urgent		routine weekend	weekend, as well as 3
	Stand-alone equipment		installations and	additional hours during the
	collected Monday to		equipment delivery needs	week.
	Friday 8am – 5pm		to be provided.	
Alert monitoring	24/7 for Telecare	24 /7 for Telecare	Introducing weekend alert	£10,000
	Monday to Friday 8am –	Monday to Sunday 8am to	monitoring for patients	Additional 2 days for 1
	5pm for Telehealth	5pm for Telehealth	monitored by Telehealth	alert monitoring staff
			will enable a more	resource will be required.
			comprehensive service to	
			be offered and will support	
			the prevention of hospital	
			admission prevention.	
Response	24 /7 for Telecare	24 /7 for Telecare	No additional resources	Zero
			required. Telehealth	
			doesn't require a response	
			service.	
Commercial service	Not currently operating	Monday to Saturday 8am to	When the service starts	Zero.
		7pm	operating it needs to be	
			offering opening hours	these opening hours need
			where citizens / carers can	to be factored into the
			purchase equipment and	· ·
			receive advice about what	delivery costs.
			equipment is suitable.	

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HEALTH AND WELLBEING BOARD COMMISSIONING SUB- COMMITTEE - 08 September 2015

Title	e of paper:	Better Care Fund – Performance report			
Dire	ctor(s)/	Maria Principe – Director of Primary Wards affected:	All		
Cor	porate Director(s):	Care Development and Service			
		Integration			
		Candida Brudenell, Director Quality and			
		Commissioning, NCC			
Rep	ort author(s) and	Jo Williams – Assistant Director Health and Social Care I	ntegra	ti	on,
con	tact details:	Nottingham City CCG and Nottingham City Council.			
		Joanne.Williams@nottinghamcity.nhs.uk			
					_
	er colleagues who	Antony Dixon – Strategic Commissioning Manager Nottin	ıgham	C	ity
have	e provided input:	Council	_		
		Charlotte Harris – Project Manager Nottingham City CCG	and		
D - 1		Nottingham City Council			
		h Portfolio Holder(s)			
(IT re	elevant)				
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	evant Council Plan S			$\overline{}$	
	ing unemployment by			_	
	crime and anti-social			_	
		ers get a job, training or further education than any other City		_	
		lean as the City Centre		_	
	keep your energy bil			4	
	d access to public tra			4	
	ingham has a good m	•		븍	
		ce to do business, invest and create jobs		4	
	· ·	range of leisure activities, parks and sporting events		4	
	port early intervention		L		
Deli	ver effective, value fo	r money services to our citizens	1	V	
Rele	evant Health and We	ellbeing Strategy Priority:			
		venting alcohol misuse		7	
	grated care: Supportir			<u> </u>	
	y Intervention: Improv	• , ,		Ť	
		tems: Priority Families		┪	
Ona	rigirig canare and eye	norma. T Harry Furnities			
Sun	mary of issues (inc	luding benefits to citizens/service users and contribution	to		
		being and reducing inequalities):			
•	J	3 1 ,			
This	paper provides info	ormation on the performance of the Better Care Fund; the	Better	. C	are
	d indicator report is				
	•				
Rec	ommendation(s):				
1	Sub-committee to a 2015.	pprove the quarterly return (Q1) submitted to NHS England o	n 28 A	νū	gust
2		current performance in relation to BCF metrics as detailed in 2	2.4		
3		The second secon			
		Page 19			

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):

1. REASONS FOR RECOMMENDATIONS

1.1 To enable Sub-committee to consider current performance of the BCF pooled budget against agreed national and local metrics on behalf of the Health and Well-being Board and consider whether any changes are required to BCF schemes as a result.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The Better Care Fund provides for £3.8 billion worth of funding nationally (23.297m Nottingham City) in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. The vision for Nottingham is to improve the experience of, and access to, health and social care services for citizens. To deliver this vision an extensive system wide programme of change is underway which aims to reshape local services to deliver joined up care. The emphasis is to be on a more generic model of care across the health and social community rather than single disease specific care pathways. Through this patients should be managed in the community more effectively and efficiently, reducing emergency admissions, re-admissions and supporting the discharge pathway.
- 2.2 Nottingham City's plan was approved In October 2014 and detailed planning for successful implementation has taken place since this date.
 - 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.
 - A better care fund indicator report has been developed to monitor performance against the national BCF metrics.
 - 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 and inform future BCF planning.
- 2.3 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). 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 (appendix A).

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 Prints 20 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.

2.4 The quarter one return (appendix A) was submitted to NHS England on 28 August 2015, it includes the following:

NHS England Requirement	Nottingham City position						
Budget arrangements – tracks whether section 75s are in place for pooling funds.	•						
National conditions – the spending round established 6 national conditions to access the fund	We are on track for all 7 national conditions as per our BCF plan.						
Non elective and payment for performance	We achieved the target in Q1 with a payment of £183,270						
Income and expenditure	Finances have been transacted as detailed in the section 75.						
Local metrics	Assistive technology target achieved in Q1 Patient experience is a monitored on a 6 monthly basis and is due to report in Q2.						
Understanding support needs	Request for support identified to deliver better care as detailed in the plan						

2.5 Summary of performance

Performance against each BCF metric is described below; where applicable performance against the annual target is described first, followed by a description of performance against the monthly target.

Q1 2015/16

Avoiding permanent residential admissions	This metric is under-performing against the year to date BCF target with 84 admissions against a planned 74. During July 28 citizens were permanently admitted into residential care, this metric under-performed against the monthly BCF target of 18 admissions. The Local Authority are working with business units to revise their reporting processes.
Increased effectiveness of reablement	This metric is under-performing against the year to date BCF target, with 57.9% of citizen's still at home 91 days after discharge against a planned 66.7%. During July 56.9% of citizens were still at home 91 days after discharge from hospital, this is under-performing against the monthly BCF target of 66.7%.
	A clinical utilisation review of both reablement services has been completed by an external organisation. The findings of the review will be presented to the Independence Pathway Implementation Group in September. We expect that this review will capture the complexity of needs the services are treating and enable us to determine if there are inefficiencies in the services and support future commissioning decisions.

Reduced delayed transfer of care (DTOC)	This metric is over-performing against the year to date BCF target with 2,340 delayed days against a planned 2,416 delayed days. During July there was 857 delayed days, this metric under-performed against the BCF monthly target of 806 delayed days. Reports at the provider level show that this increase in delayed days has been mainly at NUH.								
Increased uptake of Assistive Technology	This metric is under-performing against the year to date BCF target with 5,002 current AT users aged 65 and over, against a planned 5,200. During July 141 citizens were supported with AT, this metric over-performed against the BCF monthly target of 100 users.								
	There are 2 Telehealth projects under development which once implemented will positively increase the number of users: Four Care Homes will be monitoring their patients using a 'virtual ward round' model to gather regular vital signs in the same way as Telehealth patients already do in their own homes; Secondly, Primary Care is being encouraged to use Flo (text messaging) as a medication reminder or memory tool. We would expect to see patient uptake increase by the end of 2015 as a result of these 2 projects.								
Improvement in health and social care outcomes	The next round of surveys has been returned and are being analysed. This metric will be reported in September 2015, to fit with the quarterly reporting process.								
Reduced non- electivity activity	The general trend in admissions is still downwards compared to performance in previous years. During June there were 2,544 non-elective admissions, this was 13 admissions above the 1.6% reduction target. However, overperformance during April means that the end of Quarter 1 position is positive and the pay for performance target has been met. This means that the full amount can be released into the pooled fund, the performance this quarter and associated payment are detailed below. Payment for Performance Fund- Quarter 1 2015/16								
	Q1 15/16 Target 7593 Q1 15/16 Actual performance QTD 7413								
	Variance against quarterly target Cumulative number of admissions reduced	-180 -303							
	Payment available during Quarter	£183,949							
	Payment achieved	£183,949							
	Payment not available £0								

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

4.1 Council and Health commissioners have proposed a 50/50 split of the risk should the performance related element of the BCF Plan not be delivered. This totals £1,556,052 annually which will be paid proportionately on a quarterly basis dependent on the extent to which the reduction in non-elective emergency admissions to acute care is delivered. BCF planning guidance requires risk sharing arrangements for the performance related element to be detailed within the Plan.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

This report does not raise any significant legal issues

6. <u>EQUALITY IMPACT ASSESSMENT</u>

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

1

П

No

Yes - Equality Impact Assessment attached

Due regard should be given to the equality implications identified in the EIA.

7. <u>LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR</u> THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

Appendix A – Quarterly return

Appendix B - BCF Dashboard

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Health and Wellbeing Board paper 'Better Care Fund Update' October 2014.

Appendix A – Quarterly Return Q1 15/16



FINAL BCF Quarterly Data Collection Templ

Appendix B - BCF Dashboard



Better Care Fund Indicators v4.3 Augus



Page 2

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board:	Nottingham												
	Baseline Plan Actual				Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline] Maximum Quarterly Payment			Performance against baseline		Suggested Quarterly Payment			
D. REVALIDATED: HWB version of plans to be used for future monitoring.	Q4 13/14 Q1 14/15 Q2 14/15 Q3 14/15 Q4 14/15 7,359 7,716 7,574 7,537 7,117		% ch [neg indi is la	nange gative values Absolute cate the plan reduction in non rger than the elective Performance performance Fund Available Cate 10.0% 607 £904,430					Q2 15/16 Q3 15/16		Q2 15/16 Q3 15/16	Total Total Performance Performance and Q4 Pay ringfenced funds locally £904,430 £6,191,000	
hich data source are you using in section D? (MAR, SUS, Other)	MAR If other please specify												
Cost per non-elective activity	£1,490												
	Total Payment Made Q4 14/15 Q1 15/16 Q2 15/16 Q3 15/16												
Quarterly payment taken from above Actual payment locally agreed	£210,090 £451,470 £210,090 £183,270												
If the actual payment locally agreed is different from the quarterly payment taken from please explain in the comments box (max 750 characters)		erformance within each new quarter is											
	Total Payment Made Q4 14/15 Q1 15/16 Q2 15/16 Q3 15/16												
Actual amount of locally agreed unreleased funds	£150,490 -£268,200 £150,490 £0												
Confirmation of what if any unreleased funds were used for (please use drop down to se	Q4 14/15 Q1 15/16 Q2 15/16 Q3 15/16 lect): acute care not applicable												

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

Better Care Fund Indicator Report

August 2015

V4.3





Data Sources

Activity is monitored using a number of data tools and sources:

Residential Admissions – Local Authority Reporting Systems

Reablement Metrics – Local Authority Reporting Systems

layed Transfers of Care – NHS England monthly DTOC Reports

Non Elective Admissions to Hospital

- Monthly Activity Recording (MAR) published by HSCIC
- Secondary User Service (SUS) held in local data warehouse
- Fast Track Reporting early reporting feed received from NUH

Admission Reduction Programme

Nottingham CityCare Monthly Performance Report

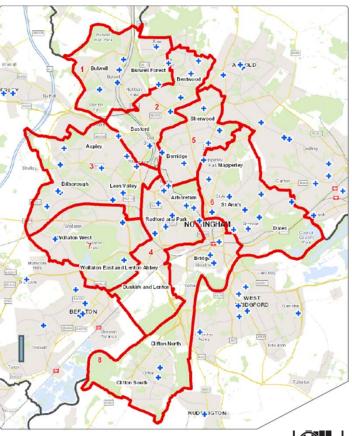
Assistive Technology

AT project statistics

Patient/Service User Improvement Metric

Patient Surveys

Care Delivery Groups

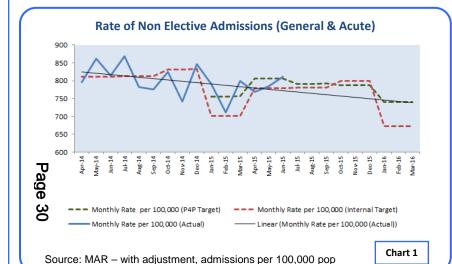


Dashboard



Quarter 1 Payment for Performance target has been met.

Non Elective Admissions - MAR



Non Elective Admissions (General & Acute) local target performance

Month	Target (local)	Actual	Variation	Var at Quarter
Jan-15	701	789	88	
Feb-15	701	713	12	
Mar-15	701	796	95	195
Apr-15	778	767	-12	
May-15	778	783	5	
Jun-15	778	811	33	26

Source: MAR-with adjustment, admissions per 100,000 pop

Table 2

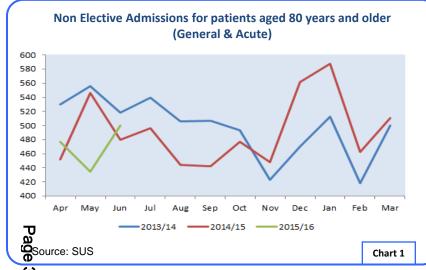
Non Elective Admissions (General & Acute) P4P performance Quarterly Performance Payment for Performance Fund Q1 2015-16 Q1 15/16 Target 7593 Q1 15/16 Actual Performance 7413 Variance against target -180 Admissions reduced absolute -303i Payment achieved £183,949 % Payment Achieved 100% Payment available during Quarter £183,949 Payment not available Table 1 Source: MAR

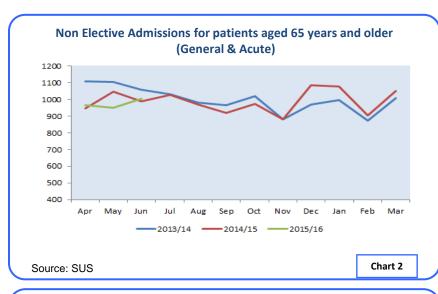
Chart 1 - admissions against target based on MAR with adjustment for other CCGs activity counted within the Nottingham City target. This chart includes both the revised target and the internal target. The general trend in admissions is downwards but June performance was above the P4P target and the internal target.

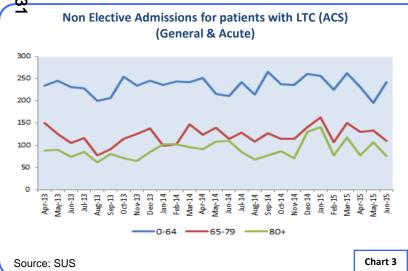
Table 1 shows Q1 payment for performance based on April and June. P4P for Q1 appears to have been met, however this is due to good performance in April and May offsetting the June figure. 180 admissions below target for the quarter based on admission rates.

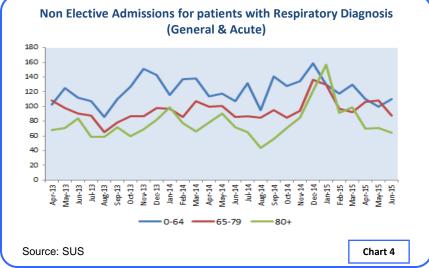
Table 2 shows figures for monthly performance against the internal target based on admissions per 100,000 population.

Non Elective Admissions - SUS

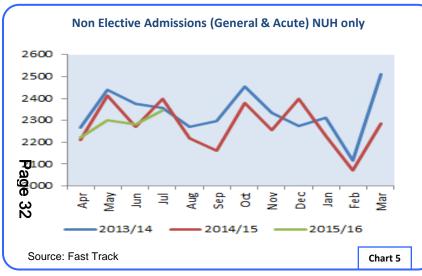


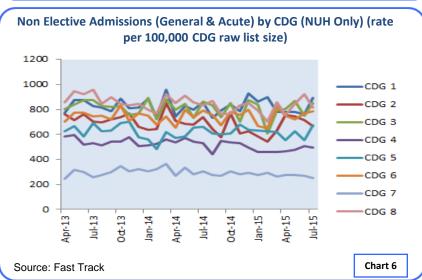






Non Elective Admissions – Fast Track





Non Elective Admissions - SUS

SUS is the detailed information that is published nationally allowing break down by diagnosis, procedure and HRG for All Providers.

Chart 1 Non Elective Admissions for patients aged 80 years and older. Admissions for June 2015 were higher than those seen April and May this year.

Chart 2 Non Elective Admissions for patients aged 65 years and older. Admissions for June 2015 were in line with those numbers seen in previous years.

Chart 3 Non Elective Admissions to NUH with LTC based on Ambulatory Care Sensitive (ACS) definitions. June 2015 is similar to the previous 2 months of the year.

Chart 4 Non Elective Admissions to NUH with a Respiratory primary diagnosis

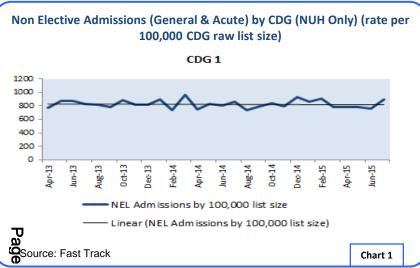
Non Elective Admissions – Fast Track

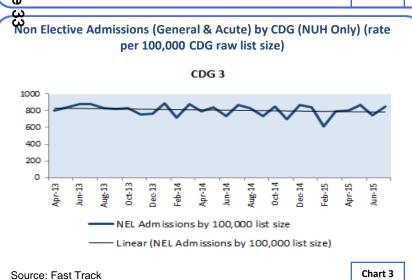
Early sight of data for NUH without details of diagnosis and responsible commissioner.

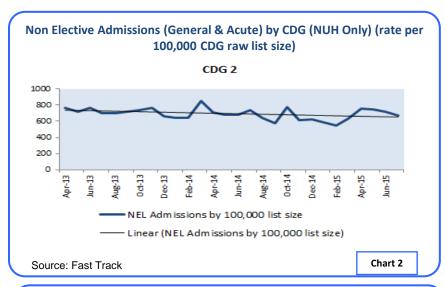
Chart 5 Non Elective admissions for June 2015 appear to be similar to the levels seen in both previous years, however the trend for the 2015/16 to date is upwards.

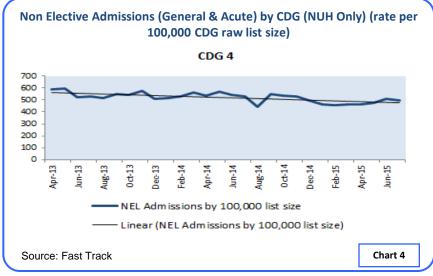
Chart 6 Non Elective Admissions by CDG as a proportion of constituent CDG Practice List sizes per 100,000.

Non Elective Admissions – Fast Track



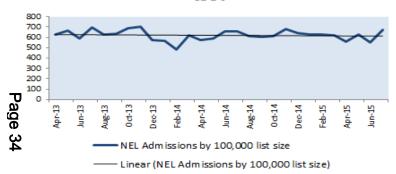




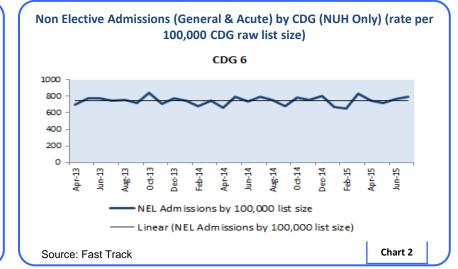


Non Elective Admissions – Fast Track

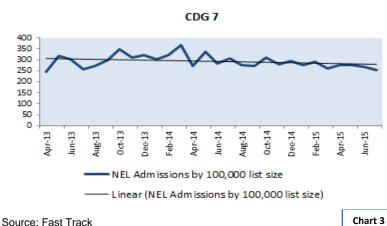


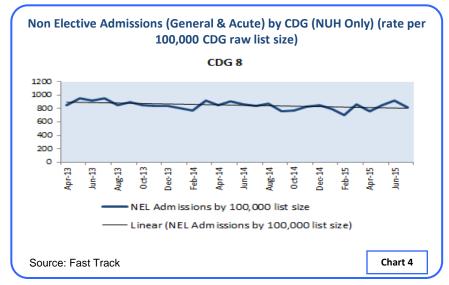


Source: Fast Track Chart 1









Non Elective Admissions (General & Acute) by CDG percentage change - 6 month rolling average

Month	CDG 1	CDG 2	CDG 3	CDG 4	CDG 5	CDG 6	CDG 7	CDG 8
Oct-13	2.5%	-0.4%	0.5%	-1.0%	2.2%	3.2%	6.9%	0.1%
Nov-13	-1.0%	1.3%	-1.6%	-0.4%	1.4%	-1.0%	0.2%	-1.9%
Dec-13	-0.9%	-2.1%	-2.1%	-0.2%	0.4%	0.4%	1.7%	-1.3%
Jan-14	1.5%	-1.3%	0.6%	-0.3%	-2.9%	0.5%	3.3%	-2.8%
Feb-14	-1.2%	-1.1%	-1.7%	0.6%	-3.7%	-1.2%	3.1%	-1.6%
Mar-14	4.6%	3.8%	2.1%	0.7%	0.8%	1.2%	4.0%	0.8%
Apr-14	-1.3%	0.5%	0.4%	-0.1%	-2.1%	-3.4%	-3.1%	0.5%
May-14	2.0%	-0.7%	2.8%	0.1%	-1.9%	2.5%	2.7%	1.8%
Jun-14	1.4%	1.4%	0.5%	1.2%	3.1%	-0.1%	-0.6%	0.8%
Jul-14	1.0%	3.4%	0.7%	0.7%	3.5%	1.6%	1.5%	1.2%
Aug-14	1.5%	1.2%	3.3%	-2.5%	4.5%	2.5%	-1.1%	2.5%
Sep-14	-2.2%	-6.0%	-2.3%	0.4%	-0.2%	-0.9%	-3.5%	-2.9%
Oct-14	2.4%	2.5%	1.9%	0.8%	1.3%	3.5%	2.9%	-1.5%
Nov-14	-0.5%	-0.4%	-2.1%	-0.5%	2.6%	-0.4%	-2.5%	-1.3%
Dec-14	3.1%	0.1%	4.1%	-0.8%	-0.3%	1.7%	0.9%	0.0%
Jan-15	0.7%	-2.4%	0.6%	-1.6%	-0.6%	-2.3%	-1.2%	-0.7%
Feb-15	3.8%	-1.4%	-3.4%	1.1%	0.5%	-2.0%	1.3%	-3.2%
Mar-15	0.2%	3.0%	3.5%	-2.8%	0.6%	4.4%	-0.3%	2.5%
Apr-15	-0.7%	0.7%	1.2%	-2.3%	-1.3%	0.3%	-1.6%	0.4%
May-15	0.3%	3.8%	5.4%	-1.8%	-1.1%	0.1%	0.0%	1.0%
Jun-15	-3.1%	2.9%	-0.9%	0.6%	-2.1%	0.3%	-1.3%	2.2%
Jul-15	1.0%	2.8%	2.0%	1.3%	1.8%	3.5%	-1.4%	1.4%

average percentage change over 6 month rolling period

< or = 0% between 0% and 3% >3%

Table 1 Source: Fast Track

Table 1 – Shows the rolling average percentage change in Non Elective admissions by CDG per 100,000 population of list size, based on rolling 6 month periods.

Page 35

Non Elective Admissions (General & Acute) by CDG actual admissions - 6 month rolling average

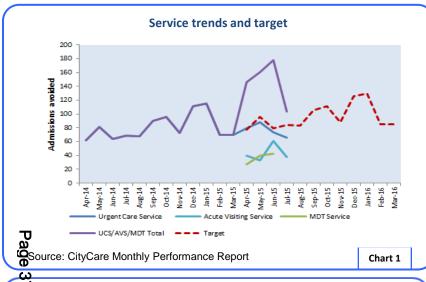
Month	CDG 1	CDG 2	CDG 3	CDG 4	CDG 5	CDG 6	CDG 7	CDG 8
Oct-13	843	722	844	542	649	767	299	903
Nov-13	833	731	831	538	655	756	298	885
Dec-13	823	714	813	536	653	755	301	872
Jan-14	833	704	816	534	632	756	309	846
Feb-14	820	695	798	536	608	743	317	832
Mar-14	849	717	807	539	607	747	328	835
Apr-14	825	713	802	537	587	718	315	836
May-14	829	699	816	536	567	732	320	848
Jun-14	827	701	811	542	581	727	314	851
Jul-14	821	717	806	545	597	734	314	857
Aug-14	822	717	825	531	617	747	306	874
Sep-14	794	671	802	529	614	736	290	848
Oct-14	810	681	811	529	621	757	296	834
Nov-14	803	669	788	522	636	750	287	821
Dec-14	824	660	810	514	633	761	289	820
Jan-15	825	635	806	502	628	739	284	812
Feb-15	853	618	769	505	631	721	287	785
Mar-15	850	627	778	490	634	747	285	801
Apr-15	840	624	770	478	625	741	280	799
May-15	839	646	798	469	616	735	279	801
Jun-15	811	662	777	472	602	730	275	813
Jul-15	816	675	780	478	609	750	271	817
		•	•					

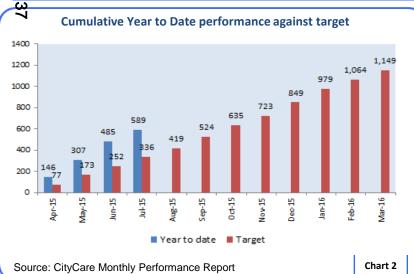
< or = 0%
between 0% and 3%
>3%

Table 2 Source: Fast Track

Table 2 – Shows the rolling average of Non Elective admissions by CDG per 100,000 population of list size, based on rolling 6 month periods. Formatting is based on the % change in the previous slide.

Admission Reduction Programmes – CityCare QIPP





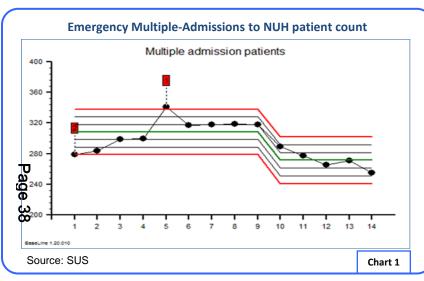
3 Services are now in place within the Nottingham CityCare contract to deliver QIPP savings as reductions in hospital admissions.

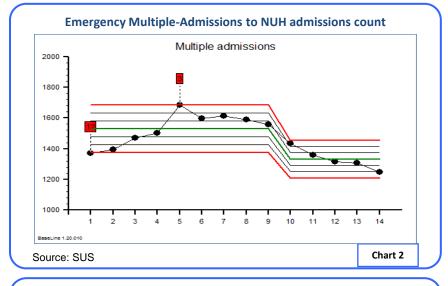
The Urgent Care Service has been operating for a year, the QIPP target for 2015-16 is based on achieving the 2014/15 performance plus 5 extra admission reductions a month.

The Acute Visiting Service and the Multi Disciplinary Team services have only been in place since April 2015. The targets for these services are 5 admissions reductions for each service per month.

Overall, for the combined 3 services, the reductions in admissions are on target, this is partly due to the AVS and MDT services not having a baseline and delivering over and above the 5 admission reductions per month. The Urgent Care Service is not delivering it's individual target at present. In time a more robust baseline will be established and it is possible that the target will become more difficult to achieve.

Emergency Multiple Admissions to NUH - SUS





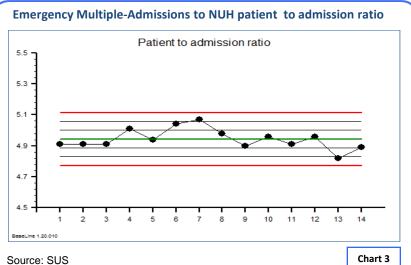
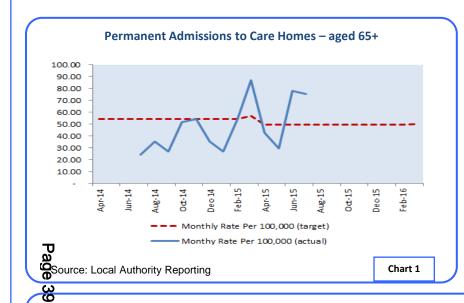


Chart 1 – shows a reduction in the number of distinct patients who have had multiple emergency admissions (4 or greater in a 6 month period) at NUH by month.

Chart 2 – shows the reduction in the activity relating to the multiple admissions patients by month.

Chart 3 – shows the ratio of admissions to distinct patients by month, a slight fall but within the limits of normal variation.

Residential Admissions



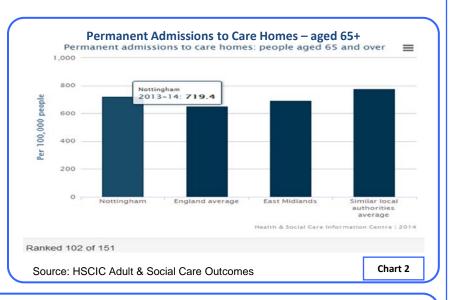


Chart 1 – After good performance in the first 2 months of the year, June and July have seen residential admissions above the target. This is a similar pattern to that seen with Hospital Emergency Admissions.

Chart 2 – shows final data for Nottingham City in 2013/14 with a ranking of 102 of 151. The ranking in 2012/13 was 150 of 150. From HSCIC

Reablement



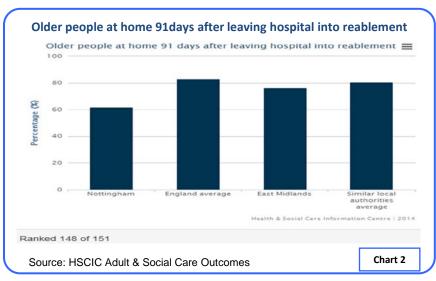
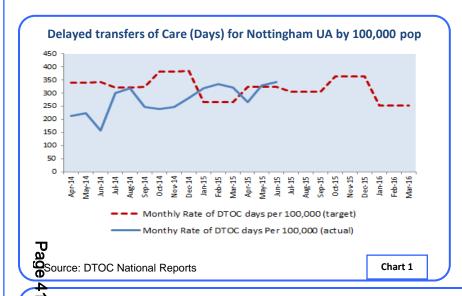


Chart 1 - Shows monthly trend of reablement metric, proportion of actual number of older people at home after 91 days against discharge for the identified population. This is based on combined figures from the Local Authority and City Care. The City Care figures are currently based on both step-up and step-down services. They are working to split this to be able to just show the step-down service as the metric should just related to those patients discharged from Hospital. City Care attempt to contact all users of the reablement service 91 days after discharge, those users who are not contactable are excluded from the denominator. July 2015 performance is below target.

Chart 2 - shows final data for Nottingham City in 2013/14, with a ranking of 148 of 151. The ranking in 2012/13 was 150 of 150.

From HSCIC

Delayed Transfers of Care (DTOC)



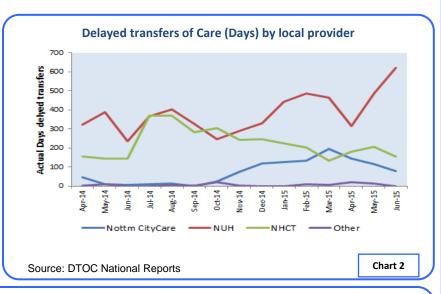
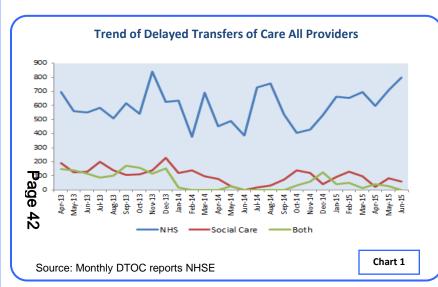


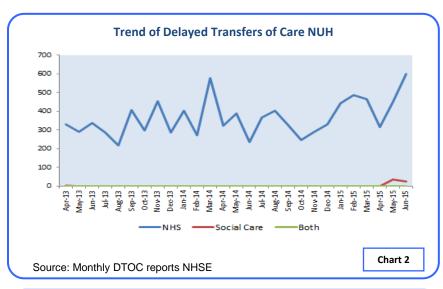
Chart 1 - Delayed Transfers of Care for Nottingham Unitary Authority based on the National DTOC reports, by 100,000 population aged 18 years and over. Year to date position is on target but due to the low numbers in April but May was very close to target and June was above target.

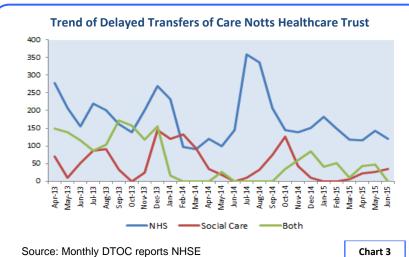
Chart 2 - Trend in Delayed Transfers of Care by local providers for Nottingham Unitary Authority. Levels at NUH fell in April 2015 but May was back to a more normal level, Jun was the highest level seen within the monitoring period. DTOC levels at NHCT and CityCare remain similar to the previous months.

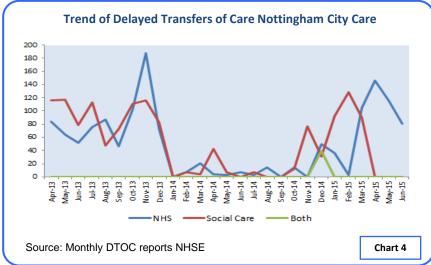
Nottingham City Care have changed there reporting methodology from October 2014 which is likely to be behind the increase seen in chart 2

Delayed Transfers of Care

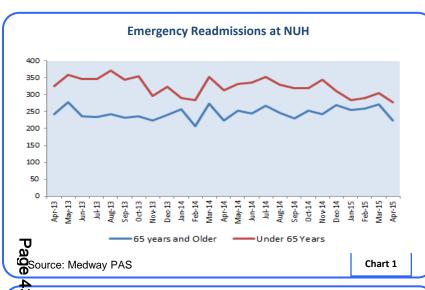


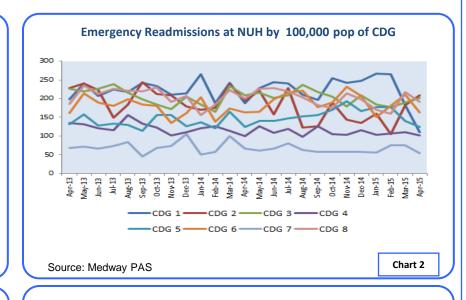


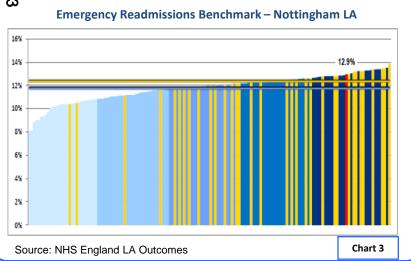




Emergency Readmissions at NUH







Data in charts 1 and 2 is from an initial dataset supplied by NUH which is subject to further quality checks. It only relates to patients where the original admission was at NUH, i.e. it would exclude a patient seen at the Treatment Centre in the first instance who was subsequently admitted to NUH for further treatment in an emergency.

In chart 3 Nottingham LA is the red bar, the peer group is shown within the yellow bars for 2010/11.

Uptake of Assistive Technology

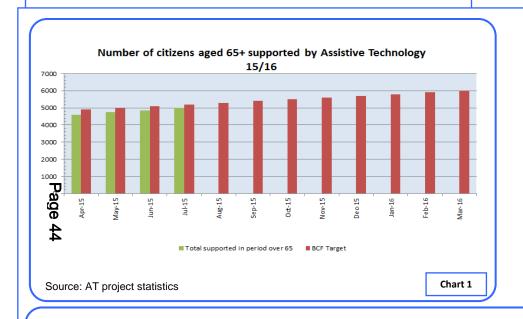


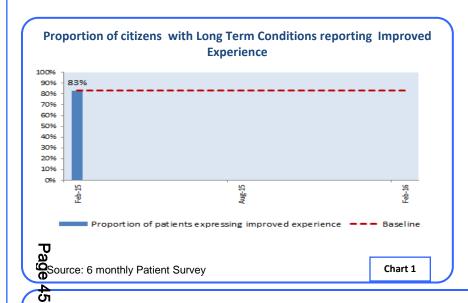
Chart 1 Shows the number of citizens aged 65 and older supported by Assistive Technology during each month in 2015/16 against the BCF target.

The 3.8% gap between target and actual performance in 2015/16 to date is thought to be partly due to some seasonal change in AT referral patterns, with the summer months seeing referrals drop off a little because of holidays.

Over the last 3 months there has also been an acceptance that suitability of patients is key to resolving problems in the monitoring process. Re-educating clinicians on how they approach Telehealth monitoring has led them to review the patients currently using the service and has led to some patients being discharged, where the service is not seen as beneficial. Uptake is now beginning to increase again.

Over the coming months there a 2 Telehealth related projects that will have a positive effect on the figures. Four Care Homes will monitor their patients on a virtual ward round to gather vital signs. Primary Care is being encouraged to use "Flo" text messaging as a medication reminder or memory tool.

Patient / Service User Experience Metric



Commentary

The patient survey shows 83% of those citizens with long term conditions taking part in the survey reported an improved experience. This will form the metric baseline and will be updated on a 6 monthly basis.

The survey that has resulted in this baseline has covered a period of time when initiatives were already in place and as such it is expected that this baseline already picks up some level of improvement in patient experience.

The next survey results are not expected until late August 2015.

