

Report to Health Scrutiny Committee

Update on Adult Integrated Care Programme

1. Summary

This report provides the Health Scrutiny Committee a further update on progress with the adult integrated care programme and an impact assessment of assistive technology.

2. Recommendation

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;
- ➔ October 2015 - focussing on the Assistive Technology workstream, programme timescales and programme evaluation, also provides an update on the Better Care Fund.

Health Scrutiny Committee has asked for a further update on the adult integrated care programme as well as an equality impact assessment of Assistive Technology.

4. Adult Integrated Care update

The Adult Integrated Care programme was initiated in 2012 as an ambitious programme of work to develop and secure integration of social care and health services for the benefit of citizens in Nottingham. The programme formally came to an end on 31/3/16 having delivered on a range of improvements in the social care and health system.

4.1 Highlights of the programme

The following are main deliverables through the programme:-

- ✓ The formation of eight Care Delivery Groups set up across the city that have brought together groups of GP practices, multi-disciplinary teams and social care link workers.
- ✓ New Care Co-ordinator roles supporting the Care Delivery Groups. These non-clinical roles have helped staff navigate health and social care community services, co-ordinating appropriate support for patients and reducing the administrative burden for clinicians.
- ✓ Multi-disciplinary meetings that are now taking place in GP practices, ensuring the appropriate level of intervention to support management in the community.

- ✓ Information sharing agreements that have been put in place to support joined-up working across health and social care.
- ✓ Plans that are in place to integrate the reablement and urgent care teams across health and social care, helping more people retain their independence at home.
- ✓ The continued expansion of the telecare and telehealth systems – with plans to introduce them further into care homes.
- ✓ The launch of a range of self-care initiatives in Bulwell including a web-based directory of services and ‘social prescribing’ with plans to roll out the work across the city.
- ✓ Progress towards simpler access and navigation through services via integration of the Nottingham Health and Care Point.
- ✓ The integration of former specialist services, such as falls and bone health, into neighbourhood teams.
- ✓ Improvements in the patient / citizen experience – as measured by the independent evaluation.
- ✓ A Joint Executive Group, with senior level representation from the CCG, City Council and CityCare, has been established to oversee new ways of delivering services.

4.2 Case study of success

The following case illustrates integrated care in action:-

In 2014, Nottingham City Council’s social care reablement service developed a successful ‘transfer to assess’ model in collaboration with the hospital discharge team and Nottingham University Hospital’s care co-ordination team. Colleagues from social care reablement screened appropriate citizens enabling discharge home within 24 hours of being medically stable to transfer, which is often before their predicted date of discharge. The pilot was so successful that the model became business as usual after several months and has enabled the safe discharge of approximately 30 per cent of citizens referred to the hospital discharge team without the need for a social care assessment first. Approximately half of all citizens accessing social care reablement are discharged after their service without long-term needs for social care services. The remaining citizens have an assessment of their long-term needs at the right time in their recovery and rehabilitation.

4.3 Integrated care evaluation

An external evaluation of the Adult Integrated Care programme was commissioned from an organisation called OPM for the period September 2013 until March 2016. The evaluation was to explore the following areas:-

- ➔ Cultural change and workforce development
- ➔ Citizen experience
- ➔ Health and social care outcomes
- ➔ Formative learning regarding what works
- ➔ Economic assessment

Overall the evaluation noted the pace of change within Nottingham City; structural, process and organisational changes have been implemented swiftly following appropriate consideration and planning, and there is evidence of strong forward planning taking place, coupled with an appetite to learn from others and share good practice. The ambition and progress made is reflected in the city's selection as a Pioneer site, and more recently as a Vanguard site.

It is also important to note the achievement of objectives and delivery milestones, with all but one of the objectives identified for year one of the programme being achieved, and progress being sustained since then. In addition, it is vital to reflect on the scale of the programme; the Integrated Care Programme in Nottingham City is hugely ambitious in scale and scope; inevitably, implementation is being undertaken in a staged approach.

In terms of the key areas the main conclusions and reflections are as follows:-

4.3.1 Workforce development and cultural change

- Extensive workforce development has taken place through the programme.
- New roles have been developed (to great acclaim generally), others have been revised or re-focused to take a more holistic perspective or to work more closely alongside others from different teams and service areas.
- The workforce has been re-configured to operate on a CDG basis, providing a localised focus to information sharing, networking and performance management, and information sharing systems have been put in place to facilitate this.
- Staff have received training in order to better enable them to work in an integrated way; indeed, survey findings indicate that the training has proved highly effective in raising awareness around information sharing and the vision for the programme overall, as well as people's own roles within it.

As evidence from the wider work around integrated care from across England indicates, the more complex and large-scale the ambition, scale and scope of the integration, the more challenging it will be to effectively communicate messages across the workforce, mirroring the experience in Nottingham City.

4.3.2 Citizen experience

- Overall, the majority of respondents receiving services from CityCare and NCC remain satisfied with the care they have received from the baseline survey to 2016. Some service specific examples of excellent care and positive experiences were identified, and the majority of citizens would recommend the service to others.
- The BCF metric has shown variable performance with regards to citizen experience; this is indicative of the high baseline performance, with significant improvements against this indicator being unlikely against such a high starting position.
- Citizen experience continues to be influenced by individual practitioner's approaches to engaging with those they are caring for.

4.3.3 New care pathways and health and social care outcomes

- It is a source of frustration for some partners that the integration of specialist services stalled; in order to deliver a truly integrated service, it seems logical that specialist services must form part of the overall vision and plan, even if specific elements of service resourcing and delivery cannot be fully integrated or re-scoped. Despite this barrier, there are examples of new care pathways being put into place, with promising expectations for the future.
- It remains difficult to identify discernible, system-wide improvements in health and social care outcomes. However, that is not to say that improvements are not occurring; the time-lag in generating performance data nationally, and delays in realising impacts as a result of process changes is a recognised challenge nationally regarding integrated care.

4.3.4 Formative learning

- The partners involved in the programme have been keen to learn from new approaches, with the piloting of new posts and ways of working, before rolling out on a wider scale. This is to be praised; significant formative learning has been generated as a result, with the governance arrangements for the programme ensuring lessons are explored and acted on at Board level.
- Many of the barriers and challenges to the Integrated Care Programme in Nottingham City are as you would expect from any major change and transformation programme. However, the partnership nature of the endeavour has compounded this, making it even more important that this process of reflective learning was in place.

4.3.5 Economic assessment

The results of the economic assessment have yet to be validated and signed off by the BCF Integrated Care Board.

4.4 Integrated care next steps

As stated above the Adult Integrated Care programme has now concluded but that doesn't mean work to improve social care and health working for the benefit of citizens ceases.

Nottingham City is seen as a pioneer in its plans to integrate services which has been officially recognised by NHS England to include Nottingham in its Integrated Pioneer Programme. Information on the Integrated Pioneers can be found on the NHS England website - <https://www.england.nhs.uk/pioneers/> and in the Pioneer 2nd Annual Report there are case examples from various areas including Nottingham - <http://bit.ly/1UPnaH3>

Attention is now turning to the next steps and looking at the learning that can be gained from the NHS England Five Year Forward View and how other health and social care communities have taken forward their integrated care work. There are various new care models which could be adopted for example a Multi-specialty Community Provider (MCP) model which permits groups of GP's to combine with nurses and other community health services, hospital specialists, mental health services and social care to create integrated out-of-hospital care. A Nottingham City – Integrated Care Plan 2016 – 2020 is being developed which will shape the way integrated care in Nottingham progresses.

5 Assistive Technology equipment impact assessment

As part of any new service development impact assessments are completed to consider how the new service will impact on its users. When the CCG established a new Telehealth Service in May 2014 an impact assessment was completed. The NCC Telecare Service will have completed impact assessments previously following the service being set up in 2007.

Proposals have been developed to integrate the NCC Telecare Service with the CCG Telehealth Service into a single Assistive Technology Service. This is being put before the Health and Wellbeing Board Commissioning Sub-Committee in May 2016 for approval. Included with the Health and Wellbeing Board Report was a copy of a completed impact assessment. A copy of that impact assessment is attached to this report – **Appendix 1**.

This impact assessment was completed using an integrated impact assessment tool developed by the CCG which considers equality impact as well as privacy and quality. The equality impact assessment of the proposed integrated Service highlighted that there were few identified areas where there would potentially not be equal access to the service. The exceptions being those who were at an economic disadvantage or long term unemployed because of the weekly service fee levied by the monitoring centre and those without a fixed home because the equipment is largely home based. Following Health and Wellbeing Board approval for the integrated Service to be established a fuller equality impact assessment will be completed. This will in more detail and for example consider how people with communication issues can be supported by the service i.e. deaf users or those with English not as a first language.

Dave Miles

Assistive Technology Specialist

Nottingham City Council / NHS Nottingham City CCG

1/9/16

Service Impact Assessment Screening Tool

1. Title and description of activity
<p>Integrated Assistive Technology Service</p> <p>Provision of a range of equipment and service to promote health, independence and safety for social care citizens and health patients. This integrates services previously provided by the Telecare Service (NCC) and the Telehealth Service (CCG).</p>
2. Assessment Lead
Dave Miles, Assistive Technology Project Manager, NHS Nottingham City CCG
3. Start Date
November 2015

4. Use of research and other evidence screening questions	y, n or n/a	Comments, including details of any positive impacts identified
<p>Has a review of the latest evidence been undertaken including research, evaluation and clinical audit evidence?</p> <p>How has this informed the development of the new or changed activity?</p>	<p>Y</p>	<p>The latest NHS England AT plans are for the creation of Technology Enabled Care Services http://bit.ly/tecs-strategy. The integrated AT Service would be the Nottingham version of a Technology Enabled Care Service.</p>

5. Details of supporting evidence

The creation of an integrated Assistive Technology (AT) service is a long standing aim of the AT workstream. There is an on-going evaluation of the Assistive Technology workstream. 55% of staff responding to a 2015 survey were aware of the plans to create an integrated service. An increasing number of staff (compared to a 2014 survey) felt AT to “fit in with wider strategic priorities”, was “value for money”, was a “quality” service with “appropriateness of interventions”.

There are few, if any, integrated AT Services in the country and there has been no evidence presented about how such a service should operate.



Integrated Assistive
Technology Service -

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
6.1 Discrimination, harassment and victimisation Could the stated aims of the activity discriminate against people who share one or more of the following protected characteristics as defined in the Equality Act 2010:		
<ul style="list-style-type: none"> Age 	N	Although predominantly an older person service age is not a barrier and the service also aims to support specific cohorts including disabled young people.
<ul style="list-style-type: none"> Disability 	N	The Service is aimed as supporting people with a disability/long-term condition to help keep them safe and keep or increase independence.
<ul style="list-style-type: none"> Gender reassignment 	N	No evidence identified of any negative impact.

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
<ul style="list-style-type: none"> Marriage and civil partnership 	N	There is no negative impact and the service would positively benefit people living alone or not in a relationship.
<ul style="list-style-type: none"> Pregnancy and maternity 	N	No evidence identified of any negative impact.
<ul style="list-style-type: none"> Race 	N	No evidence identified of any negative impact. Not having English as a first or spoken language should not restrict use of the service because of the use of translations and / or services where appropriate.
<ul style="list-style-type: none"> Religion or belief 	N	No evidence identified of any negative impact.
<ul style="list-style-type: none"> Sex 	N	No evidence identified of any negative impact.
<ul style="list-style-type: none"> Sexual orientation 	N	No evidence identified of any negative impact.

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
<p>Could the activity discriminate against other groups of people who may, as a result of such factors as resident status, socio-economic and other issues, experience disadvantage and barriers when trying to access or work in NHS services? The Inclusion Health and other disadvantaged groups include:</p>		
<ul style="list-style-type: none"> • Carers 	N	<p>The Service can have a positive impact on carers. In the AT evaluation – 75% of carers responding to a survey report that they now feel a bit less or much less stressed than before.</p>
<ul style="list-style-type: none"> • People experiencing economic and social deprivation 	Y	<p>There is a small charge with some equipment being linked to a 24/7 monitoring service. However, for many users this is a free service. This is through funding provided to the Service to enable the service charge to be waived to the user – this is a means tested process.</p>
<ul style="list-style-type: none"> • Vulnerable migrants 	N	<p>No evidence identified of any negative impact. (Potentially some people in this category maybe in temporary accommodation so below could apply).</p>

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
<ul style="list-style-type: none"> Homeless people 	Y	<p>Most of the equipment is aimed at supporting the user in their own home, so homeless people with no fixed address would be disadvantaged / excluded from accessing the service. However, some of the equipment / service is not home related. For example the SMS medication / appointment reminder element.</p>
<ul style="list-style-type: none"> People who misuse drugs and alcohol 	N	<p>The service has been working with Last Orders to consider how use of the SMS messaging service could support people manage their alcohol consumption, maintain drinks diaries, motivate to stick to agreed dry days.</p>
<ul style="list-style-type: none"> People who are long-term unemployed 	Y	<p>There is a small charge with some equipment being linked to a 24/7 monitoring service. However, for many users this is a free service. This is through funding provided to the Service to enable the service charge to be waived to the user – this is a means tested process.</p>
<ul style="list-style-type: none"> Sex workers 	N	<p>No evidence identified of any negative impact.</p>

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
<ul style="list-style-type: none"> Gypsies and travellers 	Y	Most of the equipment is aimed at supporting the user in their own home, so people with no fixed address would be disadvantaged / excluded from accessing the service. However, some of the equipment / service is not home related. For example the SMS medication / appointment reminder element.
<ul style="list-style-type: none"> People who have limited family or social networks 	N	The monitoring centre operates a response service aimed at supporting people who have no or little family responders.
<ul style="list-style-type: none"> People who are geographically isolated 	N	The service can have a positive impact as it is delivered in people's own homes.
<p>Could the activity have any other adverse impact on the needs, experiences or attitudes of individuals in any one or more of the above groups?</p>	N	
<p>Could the activity impact adversely on the CCG's duty to:</p>		
<ul style="list-style-type: none"> eliminate discrimination 	N	
<ul style="list-style-type: none"> eliminate harassment 	N	
<ul style="list-style-type: none"> eliminate victimisation? 	N	

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
<p>6.2 Equality of opportunity</p> <p>Could the activity impact adversely on the CCG's duty to advance equality of opportunity between people who share a <i>relevant*</i> protected characteristic and those who don't?</p> <p><i>*Marriage & civil partnership is not a relevant characteristic</i></p>	N	
<p>Could any aspects of the activity, including how it is delivered or accessed, have an adverse impact on reducing health inequalities?</p>	N	The Service will have a positive impact on activity to reduce health inequalities by supporting patients with long term conditions to manage their condition and reduce hospital admissions, etc.
<p>6.3 Fostering good relations</p> <p>Could the activity impact adversely on the CCG's duty to foster good relations between people who share a <i>relevant*</i> protected characteristic and those who don't?</p> <p><i>*Marriage & civil partnership is not a relevant characteristic</i></p>	N	
<p>6.4 Human rights</p> <p>Could the activity impact adversely on the CCG's duty under the Human Rights Act 1998 to put into practice the human rights principles of fairness, respect, equality, dignity and autonomy?</p>	N	

7. Quality impact screening questions	y, n, n/a	Comments, including details of any positive impacts identified
<p>7.1 Duty to improve quality</p> <p>Could the activity impact adversely on any of the following:</p>		
<ul style="list-style-type: none"> delivering the rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, as identified in the NHS Constitution 	N	There is no considered adverse impact.

7. Quality impact screening questions	y, n, n/a	Comments, including details of any positive impacts identified
<ul style="list-style-type: none"> • strategic partnerships 	N	The integrated AT Service has come through the Adult Integrated Care programme which is a strategic partnership between NCC, CCG and NCCP.
<ul style="list-style-type: none"> • safeguarding children or adults 	N	There is no considered adverse impact.
<ul style="list-style-type: none"> • clinical leadership and engagement? 	N	The aim is to increase clinical engagement in order to further develop the Service. Previous clinical engagement was carried out in order to establish the current Telehealth Service.
<p>7.2 Patient experience</p> <p>Could the activity impact adversely on any of the following:</p>		
<ul style="list-style-type: none"> • patients' satisfaction with services 	N	<p>In the AT evaluation citizens gave the following responses:-</p> <p>“96% of users strongly agree or agree that they feel safer at home with the equipment”; and</p> <p>“94% of users strongly agree or agree that they feel more independent because of the equipment”.</p>

7. Quality impact screening questions	y, n, n/a	Comments, including details of any positive impacts identified
<ul style="list-style-type: none"> patient choice 	N	The Service will provide a range of equipment so patients have a choice of which best suits them. Patients also have the option not to use the equipment.
<ul style="list-style-type: none"> access 	N	There is no considered adverse impact.
<ul style="list-style-type: none"> personalised and compassionate care? 	N	There is no considered adverse impact.
Has patient engagement taken place?	Y	Presentations have been made to the NCCP Patient Engagement Group previously. Although focussed on the new Telehealth Service the aim to create an integrated Service was mentioned.
<p>7.3 Patient safety</p> <p>Could the activity impact adversely on systems in place for treating and caring for people in a safe environment and protecting them from avoidable harm – e.g. infection prevention and control, falls, pressure ulcers?</p>	N	The AT Service will follow strict infection control policies for the management and recycling of equipment. Patients using Telehealth are issued with a leaflet advising how the equipment should be cleaned. Some of the equipment can prevent falls, or alert to when a fall has happened.
<p>7.4 Clinical outcomes/effectiveness</p> <p>Could the activity impact adversely on:</p>		

7. Quality impact screening questions	y, n, n/a	Comments, including details of any positive impacts identified
<ul style="list-style-type: none"> providing the best possible clinical and cost-effective care for patients 	N	The use of Telehealth can maintain the clinical support for patients in a cost effective manner. For example cutting down on nurse visits for the collection of vital signs information, and avoiding hospital admissions or reducing length of stay by picking up on exacerbations early.
<ul style="list-style-type: none"> evidence-based practice (eg NICE), 	N/A	
<ul style="list-style-type: none"> ensuring compliance with quality standards? 	N	The use of AT does not reduce the quality of social care or health provision for citizens / patients. Clear quality standards have been established for the equipment management and alert monitoring service elements.
Are clinical outcomes measures clearly identified?	Y	Clinicians using the Service should set out clear outcomes with the management of the patient care. The Service is carrying out an evaluation to evidence whether use of Telehealth has reduced hospital admissions for patients.

7. Quality impact screening questions	y, n, n/a	Comments, including details of any positive impacts identified
Are KPIs focused on outcomes rather than processes?	Y	The service specification sets out that evaluation should be carried out to evidence that referral outcomes have been achieved as well as reducing the cost of health and social care provision.
7.5 Prevention Could the activity impact adversely on:		
<ul style="list-style-type: none"> • the promotion of self-care 	N	The use of equipment will enable many citizens to self-care and self-manage their condition.
<ul style="list-style-type: none"> • reducing health inequalities? 	N	The Service can help reduce health inequalities.
7.6 Integration and improvements Could the activity impact adversely on existing pathways that have led to improvements in care integration and/or resource efficiencies?	N	This is care integration and should help to bring some efficiencies to the delivery of AT.

8. Privacy impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
<p>8.1 Identity</p> <p>Does the project involve the collection, recording, storing or transferring of personal confidential data?</p>	Y	<p>When a referral to the AT Service is made it is done through a secure on-line referral system.</p> <p>With Telehealth there is the transfer of a patients vital signs and other condition relevant information from the home device onto the secure cloud base server.</p>
<p>Will the project involve the collection of new information about individuals?</p>	N	<p>Patients will be providing vital signs and condition specific information as they should already be doing for their clinician.</p>
<p>Will the project compel individuals to provide information about themselves?</p>	N	<p>Upon sign up for the Service citizens / patients will be asked to consent to provide information and for that information to be viewed by professionals involved in their management.</p>
<p>8.2 Multiple organisations</p> <p>Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?</p>	N	<p>Nottingham City Homes will provide the alert monitoring service for citizens / patients which has been the case for the past 18 months.</p>
<p>8.3 Data handling</p> <p>Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?</p>	N	<p>All information is used for its current and stated purpose.</p>

8. Privacy impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
Does the project involve using new technology which might be perceived as being privacy intruding for example biometrics or facial recognition?	Y	<p>The elements of the Service which could be construed as privacy intruding are:-</p> <ul style="list-style-type: none"> → use of locating devices; → use of activity monitoring; → use of video consultations. <p>Citizens / patients being considered for these service elements are asked to sign a separate consent form.</p>
Will the project result in you making decisions or taking action against individuals in ways which could have a significant impact on them?	N	All decisions taken by the service should be supportive to the Citizen / patient.
Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example health records, criminal records, or other information that people are likely to consider as private?	N	The potential to views health or social care records for evaluation purposes would be covered through separate consent arrangements which would clearly set out what information was being viewed and why.

8. Privacy impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
Will the project require you to contact individuals in ways which they may find intrusive?	N	There will be no cold calling of citizens / patients. Health or social care professionals should discuss with the person about the Service and how it will help them. Once a referral is received from that professional Nottingham City Homes will then contact that person to arrangement equipment installation / delivery.

9. Any further comments, including risks that may need to be addressed immediately
None

Please forward the completed Screening Tool and supporting information to the Assessment Reviewers: paul.gardner@nottinghamcity.nhs.uk, linda.shipman@nottinghamcity.nhs.uk and trish.gamble@nottinghamcity.nhs.uk for review.