

Portsmouth Better Care 2016/17 Narrative

Final Submission 3 May 2016

1. Introduction

This paper provides a more detailed narrative to support the Portsmouth City Better Care plan Template for 2016/17. This document serves as an addendum to the CCG's 16/17 Operating Plan and the original 5 year Better Care plan, submitted in September 2014; which outlined in detail the strategic vision and case for change underpinning the Portsmouth Better Care fund.

2. Strategic Context

The Government's £3.8bn Better Care Fund (BCF) was announced in 2013 and Portsmouth's programme officially got underway in April 2014, with 4 key work streams designed to integrate health and social care services to deliver personalised care of individuals that promotes independence. Better Care in Portsmouth has been communicated to key stakeholders (including service users and carers) and has been promoted to the wider public through events and media coverage.

In 2015, building on the work done by Better Care, the five organisations responsible for health and social care in Portsmouth have now formally agreed an ambitious five-year plan, known as the blueprint, to achieve integrated health and social care services. The Health and Care Portsmouth (HCP) transformation programme is being established to deliver the blueprint.

Better Care has been an important foundation of the new HCP transformation programme and should be seen as a smaller forerunner to the new programme, which takes the work of Better Care and moves it forward on a new and very ambitious scale with an aim to fully integrate health and social care services in the City. HCP will also encompass other projects in the future, including the Multi-Agency Teams work around health and social care services for children as well as integrated services for people with mental health conditions and learning disabilities. The Better Care projects will be encompassed into the HCP programme.

3. The local vision for health and social care services

The Portsmouth Blueprint is underpinned by a vision for the transformation of health and social care in the City, a series of key commitments to Portsmouth, and a set of desired outcomes for the city and its population. The strategy is based on joining up (integrating) services around the care of the person. Our aim is to create a single health and care system for the City – this includes delivery of services but also planning, commissioning and managing these services. In order to deliver our strategy and to improve the quality of services, meet rising demands and costs and ensure safe services at all times we will need to achieve at least £40m of efficiencies across health and social care by 2019; this figure is likely to rise as national and local spending reviews and settlements are confirmed. The HCP transformation programme will enable the robust partnership, programme management and governance approach through which a sustainable health and care system can be achieved

Our approach is squarely in line with the NHS Five Year Forward View, the conclusions of the Barker Commission, and the recommendations of the latest King's Fund report on health and social care integration. It is also in line with the outline proposals for health and care integration included in the Hampshire and Isle of Wight prospectus for Devolution, submitted to HM Treasury in September 2015.

3.1 *Our Vision:*

Our vision is for everyone in Portsmouth to be enabled to live healthy, safe and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting. We will do things because they matter to local people, we know that they work and we know that they will make a measurable difference to their lives.

Primary and community care is at the core of our strategy. We recognise and value the contribution made by GPs and all primary care professionals to health & care in Portsmouth and understand they are highly valued by people. GPs and pharmacists are the main point of contact for the majority of people and their skills are essential for all aspects of health care, including health education and health promotion.

We will commission a sustainable health and social care system that achieves a shift in focus from acute care to community and primary care, early intervention, prevention and maximizes the contribution of the voluntary, community and independent sector.

3.2 *The functions we aim to change for Portsmouth are set out below.*



3.3 *How We Will Organise Health & Care Provision:*

Over the next five years, we propose to change the way we offer services across the whole spectrum of health and care. Fig. 4 gives an overview of how the main health & care services could be organised in Portsmouth by 2020. To achieve this will mean bringing together some existing services,

providing other services at scale, embracing technology, ensuring that people only go to hospital to receive care that can only be done in a hospital setting and that social care needs are met in the community wherever possible.

3.4 How We Will Establish a City Approach to Strategic Planning, Prioritisation and Commissioning:

Establishing a single health & care service for Portsmouth will require a joined up approach to planning, prioritisation and commissioning across the current public sector organisations. We will establish a single approach to strategic planning and commissioning for Portsmouth, bringing together functions and expertise from NHS Portsmouth CCG and Portsmouth City Council into a single service. We will develop the role of the Portsmouth Health and Wellbeing Board to act as the single statutory Board for setting strategy, decision making, allocating resource and prioritisation for health and care in Portsmouth.

We will bring together how we use the information and expertise we have available to us currently – such as planning, commissioning and contracting services within the public sector but also the City's Joint Strategic Needs Assessment (JSNA), our Public Health capability and our developing approach to outcomes-based and population-based contracting.

3.5 Our Key Commitments to Portsmouth:

To ensure our solution is of a scale of ambition sufficient to meet the challenges facing the City, we propose to the Portsmouth Health & Wellbeing Board that:

- We will build our health and social care service on the foundation of primary and community care, recognising that people have consistently told us they value primary care as generalists and preferred point of care co-ordination; we will improve access to primary care services when people require it on an urgent basis.
- We underpin this with a programme of work that aims to empower the individual to maintain good health and prevent ill health, strengthening assets in the community, building resilience and social capital.
- We bring together important functions that allow our organisations to deliver more effective community based front-line services and preventative strategies; this includes functions such as HR, Estates, IT and other technical support services.
- We establish a new constitutional way of working to enable statutory functions of public bodies in the City to act as one. This would include establishing a single commissioning function at the level of the current Health & Wellbeing Board with delegated authority for the totality of health (NHS) and social care budgets.
- We establish a single or lead provider for the delivery of health and social care services for the City. This would involve looking at organisational options for bringing together health and social care services into a single organisation, under single leadership with staff co-located. The scope of this would include mental health, well-being and community teams, children's teams, substance misuse services and learning disabilities. In time, it could also include other services currently residing in the acute health sector or in primary care.
- We simplify the current configuration of urgent and emergency care and out of hours services, ensuring access to appropriate services 7 days per week and making what is offered out of hours

and weekends consistent with the service offered in-hours on weekdays so that people have clear choices regardless of the day or time.

- We focus on building capacity and resources within defined localities within the City to enable them to commission and deliver services at a locality level within a framework set by the city-wide Health & Wellbeing Board.

3.6 *Outcomes:*

Portsmouth's Health & Wellbeing Board sets the strategic outcomes for Portsmouth's health and care; these incorporate not just the findings from our ongoing Joint Strategic Needs Assessment (JSNA) but also considers feedback from people in the City, users of our services and their representatives as well as national and local evidence, modelling and planning from its constituent health and care partners.

For the People of Portsmouth

Within 5 years Portsmouth people will:

- be able to access effective services to meet their goals to manage their own health and stay well and independent;
- be able to plan ahead and keep control during times of crisis in their health and care;
- spend less time in hospital and institutional care;
- access responsive services which help them to maintain their independence;
- have access to the right information and support about services available;
- have access to simple, effective services when they have an urgent health, care or welfare need;
- have a strong voice about how services are designed and delivered;
- feel confident that their care is coordinated and that they only have to tell their story once;
- benefit from the use of technology to help them stay well and independent.

For the City

The outcomes for Portsmouth we are specifically aiming to improve are:

- A radically improved offer of early intervention and preventative health and social care services that allow individuals to have more choice and control over their own lives
- A healthy and sustainable environment, which supports wellbeing and in which people can live healthier lives - improved housing, warmth, transport and green space, better access to employment, healthier food and drink and clean air
- Support for wellbeing - both physical and mental wellbeing - that is holistic, integrated and promotes positive behaviour change, drawing on strengthened community assets and giving greater control to individuals over day to day life (including over care and support provided and the way it is provided).
- All children have the best start in life and parents are supported to keep their children healthy; families are supported to build positive relationships and provide safe and nurturing parenting
- A reduction in the number of children requiring a statutory safeguarding response
- Strong multi-agency safeguarding partnerships that provide timely and effective prevention of, and response to, abuse and neglect
- A reduction in children's absence from school

- Communities are able to support the needs of our most vulnerable those with learning difficulties, with enduring mental health or physical health problems including hearing or visual loss or problematic addictions
- Older people are well engaged and supported in the community to prevent isolation
- Improvement in the support to carers, including better access to information and advice
- An increased proportion of older people remaining at home 91 days after a discharge from hospital
- Further reductions in delays to transfers of care from the acute setting to the community, with improved quality of the discharge process
- People with complex needs who need to go into hospital are known to community locality teams and are safely and actively managed back into their home
- A further reduction in acute bed days for older people who need to go into hospital
- More people able to die in their preferred place of death

4. An evidence base supporting the case for change

The case for change that underpins the Better Care programme was set out clearly in the September 2014 submission. Throughout 2015/16 Better Care has provided health and care partners in Portsmouth the opportunity to take tangible steps towards a truly integrated health and social care service - one that ensures the needs of the patient drive the service rather than the service dictating to the patient. However, given the scale of the challenges, in particular the financial challenges facing the system; it soon became clear that we needed to fundamentally change the way we commission and provide services to make sure they are sustainable for the future, beyond the scope of the Better Care Programme. This builds upon the foundations and learning from Better Care.

Prompted from discussions about Better Care; Leaders from health and care partners in Portsmouth held a series of meetings over the summer of 2015 to discuss a collective response to the challenges facing health and care in the City over the coming years.

This group, known as the Portsmouth Health & Care Executive (PHCE), consisted of representatives from the following City partners:

- NHS Portsmouth Clinical Commissioning Group (Chief Clinical Officer and Chief Operating Officer)
- Portsmouth City Council (CEO, Deputy CEO and Executives from Public Health, Adult Social Care, Children's Services, Integrated Commissioning)
- Solent NHS Trust (CEO and Chief Operating Officer)
- Portsmouth Hospitals NHS Trust (Executive Director for Strategy)
- Portsmouth Primary Care Alliance (Executive Directors)

Based on these discussions, the PHCE developed a strategic blueprint for how health and care could look in the City by the end of the next 5 years 'A Proposal for Portsmouth: A Blueprint for Health and Care in Portsmouth' (September 2015). The Blueprint is underpinned by the JSNA and clearly sets out the case for the transformation of the Health and Care system in Portsmouth. This was presented to the Portsmouth Health & Wellbeing Board at its meeting in public on 16th September and to The CCG Governing Board on 23rd September. The blueprint has subsequently been endorsed

by boards of Portsmouth Hospitals NHS Trust, Solent NHS Trust and the Cabinet of Portsmouth City Council. Delivery of the Blueprint will be through the Health and Care Portsmouth (HCP) Transformation Programme, which will encompass the work of Better Care.

The Better Care Plan will be an integral part of the drive to more integrated working and a single approach to commissioning across the CCG and City Council that will underpin the HCP. Delivery of the Better Care plan for 2016/17 will be in line with the policy framework and will continue to transform front line health and care services for adults with long term conditions through an integrated approach to service delivery to reduce unnecessary hospital and long term care admissions and facilitating early discharge.

4.1 Key successes and challenges facing Better Care in 2015/16 and impact for 20 16/17

The Better Care programme made a positive start in terms of delivery and also achieved agreement on the Section 75 and pooled fund arrangements by March 2015. Progress for 2015/16 started well also, with key projects such as the Living Well Service, Integrated Personal Commissioning and the Acute Visiting Service being mobilised or well underway. Reviews undertaken as part of the reablement and community bed work-streams have been completed and recommendations from both reports have suggested significant changes into the way both services are commissioned and delivered in future, with planned implementation over the coming months. However, some key schemes, namely the prevention scheme and integrated localities scheme experienced some challenging delays due to IT and estates related issues. In addition to this, capacity shortages in key services throughout 2015/16 led to a decision to delay the co-location of the teams. Therefore a number of key milestones have been significantly delayed. Evaluation of the plans through the year and as part of the overall assessment and evaluation process of Better Care in quarter 3 has confirmed the need to continue with these key schemes into 2016/17. Milestones have been re-evaluated and delivery and project management arrangements strengthened to better support front line staff through the changes and enable partners to better hold each other to account.

4.2 Impact on financial savings and non-elective admission reductions

A key aim of the Better Care Plan has been to reduce non elective (NEL) emergency admissions to acute hospital, and to generate savings that support Portsmouth CCG's QIPP plan savings and which can be reinvested back into the system. The 2014/15 NEL activity target was achieved against the baseline and similarly the financial savings target was also met. However, a more challenging position was experienced in 2015/16. Whilst the quarterly submissions to NHS England showed the Better care plan was continuing to achieve against the baseline, this was due to the requirement for CCGs to increase NEL activity subsequent to BCF submissions in 2014. This figure therefore belied a worsening position in this area, with growth in emergency admissions and the Portsmouth Hospitals NHS Trust (PHT) contract in this area over performing against plan.

This growth in emergency admissions, alongside the financial and staffing challenges being experienced by providers of health and care services has proved increasingly difficult for the system to manage the demands of the urgent care system. Portsmouth Hospitals NHS Trust failed to achieve the 4 hour emergency department wait target throughout 2015/16 and the previously good DTOC position has also deteriorated, with an 87% increase in DTOC days delayed, against the planned position, being experienced in 2015/16.

The challenging financial position across the system continues, with significant savings requirements for 2016/17. All of this has and will continue to impact on the Better Care Programme in some way and has led to the wider transformation programme, HCP, being established in order to provide a

more focused and far reaching transformation programme to improve outcomes and deliver a more sustainable health and care system. The challenging financial position across the Portsmouth health and care system continues, with significant savings requirements for 2016/17. The CCG planning assumption is therefore that the Better Care plan will continue to contribute to QIPP savings. Whilst the detail of savings plans for each of the projects is being developed; broadly the assumption is that there will be a similar savings expectation, on delivery of the plan, of 3% reduction in NEL admissions of the original plan.

5. A co-ordinated and integrated plan of action for Better Care, as part of the Health and Care Portsmouth Transformation Programme.

A robust approach to shared programme management, budget management and governance arrangements have supported delivery of Better Care from the outset. This approach will continue and for 2016/17 BCF will be steady state in terms of the delivery programme, milestones and reporting and governance arrangements. These will change and converge as we move forward with the blueprint delivery through the Health and Care Portsmouth transformation programme to deliver the wider integration agenda.

5.1 2016/17 Funding Plan

The S75 agreement and pooled fund arrangements will remain the same for 16/17 (with any in year changes being as part of the HCP commissioning work stream). The Better Care pooled fund has increased slightly to £16.7 million in light of inflationary increases in NHS contracts and change to Local Authority grants from Central Government. The Social Care Capital Grant of £496,000 in 1015/16 has stopped and the Disability Facilities Grant increased from £748,000 in 2015/16 to £1.4 million for 2016/17.

The pooled fund continues to support the four key schemes which underpin the Portsmouth Better Care Plan. These are:

- **Integrated locality team working.** Key projects include; development of a single team approach across health and social care across the three localities within the City, the Acute Visiting Service, Portsmouth Living Well Scheme.
- **Community Rehabilitation and re-ablement.** This includes the DTOC plan for Portsmouth through strengthening up stream reablement services across health and social care; including voluntary sector provision, the work to create a single access and triage point for reablement and bed services in the City; ongoing review and changes to bedded services. This scheme also covers support to care homes in the City. The agreed Delayed Transfer of Care Improvement Plan and projects to support Discharge to Assess as business as usual are also included within this scheme.
- **Prevention and Early Intervention.** This includes; continued delivery of the Integrated Well-being Service, and a number of community based early intervention schemes such as falls prevention, reducing social isolation and supporting self-care for people with long term conditions.
- **Carers and Disability Facilities Grant.** This scheme focuses specifically on the effective use of funding of these grant funded schemes and that delivery is supports the overarching aims of the Better Care plan and is in line with the other schemes.

5.2 Governance and programme delivery arrangements

A formal risk sharing arrangement between the CCG and Portsmouth City Council(PCC) was not agreed as part of the S75, and continues not to be felt necessary due to the nature of the pooled

fund arrangements which have not changed for this year. Transparency and agreement over the elements of the fund, as outlined in the schedule, is provided through the Better Care Partnership Management Group(PMG). The PMG is also responsible for overseeing the performance of fund and managing investment and disinvestment decisions in relation to the fund and allows discussion between NHS Portsmouth CCG and Portsmouth City Council about management either organisation's financial risk in relation to any non-delivery of schemes.

The PMG has been supported by the HASP Board, which oversees detailed delivery of the Better Care Programme. In light of the new joint role between the CCG and PCC for Adult Services, the membership of both groups is being reviewed in 2016/17 and it is likely that the delivery element of the HASP Board will come under the remit of the 'new models of care' work stream as part of the HCP Transformation Programme. This change will likely happen during the course of 2016/17.

5.3 2016/17 Better Care Delivery Milestones

The high level delivery milestones for 2016/17 are set out below:

Scheme	By end Quarter 1	By end Quarter 2	By end Quarter 3	By end Quarter 4
Scheme 1. Integrated locality team working	<p>Co-location of the three locality health and care community teams under single line management.</p> <p>Roll-out of GP led virtual ward and single list approach across the City</p> <p>Review and evaluation of year one of Living Well and Acute Visiting service projects</p>	<p>Mobilisation of integrated locality working approach and start of implementation of the organisational development approach which will underpin the new way of working</p> <p>Piloting of single care planning approach as developed through IPC. Ongoing developments to pilot services prior to mainstream commissioning and procurement decisions</p>	Single assessment and referral pathways developed	Integrated locality working model rolled out
Scheme 2 - Community Rehabilitation and Reablement (including	Full mobilisation of new discharge to assess pathways and implementation of single team	new VCS discharge support services operational	Service review of home to assess services and 'Front end' reablement service	Monitor and evaluate Reablement outcome measures used throughout 2016-2017

Scheme	By end Quarter 1	By end Quarter 2	By end Quarter 3	By end Quarter 4
DTOC plan)	<p>approach to discharge.</p> <p>Mobilisation of new 'front end' re-ablement pilot as part of the integrated localities.</p> <p>Implementation of new reablement outcome measures</p>			<p>Implement Single point of Access service</p> <p>Start of domiciliary care contracts</p>
Scheme 3 - Prevention and Early Intervention	<p>Redesign phase of the ASC intervention programme to enable more effective support packages to be delivered earlier</p> <p>New social isolation and other early intervention services developed and co-produced</p>	<p>Roll-in phase of the ASC intervention programme</p> <p>Tender process for new social isolation services underway</p>	<p>Roll-in phase of the ASC intervention programme</p> <p>Completion of tender process</p>	<p>New ways of working as developed through the ASC intervention programme fully operationalised</p> <p>Mobilisation of new service models complete</p>
Scheme 4 - DFG and carers	<p>Review effectiveness of DFG spend with housing colleagues. Agree funding plan for 16/17</p> <p>Ongoing implementation of carers strategy</p>	<p>Implementation of agreed DFG plan with housing colleagues</p> <p>Ongoing implementation of carers strategy</p>	<p>Monitoring and review of DFG plan by PMG</p> <p>Ongoing implementation of carers strategy</p>	<p>Ongoing implementation of carers strategy</p>

5.4 Risk management

The Better Care Partnership Management Group oversees the high level risks detailed in the risk log. The risks associated to specific schemes are managed through individual project groups and then escalated to the BCF delivery Board (HaSP) on a monthly basis.

6. Delivery of the Better Care national conditions

The table below sets out the plans for delivery of the national conditions in 2016/17.

National Conditions	How these are being met
Maintain the provision of social care services	<p>Agreement of this has been a driving ethos of the Better Care approach through focus on new ways of working, closer integration of services, demand management and provision of more innovative early intervention and prevention schemes</p> <p>Total Investment of X into social care services over and above the national minimum requirement to support the care act of £513,000. For 16/17 this will focus on the following key areas:</p> <ul style="list-style-type: none"> - Support for carers - Early intervention and prevention - Front end re-ablement services - Transformation of domiciliary care services
Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	<p>This continues to be a priority within the Better Care plan for 16/17, with investment in a wide range of services including: the acute visiting service; a primary care led service; continued investment into community health services such as bed based services, therapy services and community nursing; services to prevent social isolation and care co-ordination provided by the voluntary sector. As well as increased investment in services to support discharge to assess as part of the reablement and DTOC delivery plan to strengthen and increase capacity within the domiciliary care market and discharge to assess beds.</p>
7 day services	<p>7 day working to support unnecessary non-elective admissions and support timely discharge has been in place for a few years with key intermediate care services operating over 7 days including: Portsmouth Rehab and Re-ablement Service and hospital discharge teams are operational into the evening and at weekends.</p> <p>Over the course of 15/16 access to additional services 7 days a week has been established or improved. This includes; access to community beds, availability of domiciliary care and nursing home assessment and 24 hour care in the home packages.</p> <p>Over the course of 16/17 we will further develop these</p>

National Conditions	How these are being met
	services in line with the acute contract delivery requirements to secure the 2020 recommendations. In addition the development of the community hub model will strengthen and improve primary care provision in the evenings and at weekends
Better data sharing	A shared electronic care record and information sharing based on consent, in line with Caldicott principles, is at the heart of our approach. A Portsmouth Informatics Strategy and Informatics Group has been established. As well as an information governance and sharing forum. Key achievements in 15/16 have been to secure a single clinical system across primary care and the community and mental health trust. The vast majority of GP practices are now on this system, with the few remaining due to migrate early in 16/17. Over the coming months we will be working with practices and the community and mental health trust to maximise the benefits of this shared care approach. In addition Portsmouth City Council is also working with the system supplier to review the system capability for social care services with a view to procuring within 16/17.
A joint approach to assessments and care planning	The integrated continuing health care team has been in place for a number of years and ensure that this approach is already taking place where funding is used to support all CHC clients or jointly funded packages a lead professional is identified. This approach will be strengthened and fully operationalised for all adults requiring health and social care assessment within 2016/17 to achieve the aim of single assessment and single care plan. This will be achieved through the IPC demonstrator work-stream and the integrated locality model that underpins the Better Care plan.

7. Stakeholder engagement

Effective engagement and communication has been a key aim of the Portsmouth Better Care plan since its inception, and this has been supported with a dedicated post to develop and deliver the supporting Better Care communications and engagement plan; ensuring engagement with a wide range of stakeholders including front line staff, users and carers and wider public. Key elements of this have included: Better Care Stakeholder Reference Group; website; regular newsletters; engagement events and an approach to co-production with user led groups which will soon go out to tender. In addition to this detailed communications plans have been developed to support each scheme and project. We are mindful of the need to ensure consistency in messaging as we move forward into the Health and Care Portsmouth Transformation Programme and are keen to ensure that there is no confusion or perception that this duplicates or replaces Better Care. A communication transition plan has been developed to support this process. For 2016/17, key focus will be on ensuring co-production into the redesign process and supporting staff at all levels through

the change process; through development of an organisational development programme to support the communications plan.

8. Performance Management of National Metrics

National Metric	Performance in 15/16	Intended impact in 16/17
NEL admissions	<p>The 15/16 Better Care plan was predicated on achieving 3% reduction in NEL admissions in order to support the CCG's QIPP planning and to enable investment into community services. Subsequently the CCG was required by NHSE to adjust the NEL position plans against the baseline, allowing for growth in the position.</p> <p>The final position for 15/16 NELs is looking likely to be less than planned.</p>	<p>The CCG operating plan reflects a 2.1% growth in NEL admissions in 16/17, over 15/16 outturn.</p> <p>The 2.1% growth is post-QIPP. The QIPP plans for NEL admissions for 16/17, of which better care is a part, set out to deliver a 3.1% reduction in NEL admissions in 16/17.</p>
Admissions to residential homes and care homes	<p>The Better Care plan forecast a steady state position in admissions to residential and care homes for 15/16 due to population growth and previous trends. The annual rate expected was 718.6 admissions per 100,000 population.</p> <p>The actual position for 15/16 was a greater reduction in admissions than expected and a forecast year end annual rate position of 685.2 per 100,000 based on current figures and admission numbers</p>	<p>We have seen significant reductions in this area in recent years and so are looking to maintain our current position so we are not anticipating any further change in this position for 16/17 and therefore predicting a 0% reduction. The implementation of the discharge to assess (home as being the destination of choice) only those people identified with no reablement potential will be admitted to residential and nursing homes in the future, this should help us maintain the recent reductions we have seen.</p>
Effectiveness of reablement	<p>The 2015/16 Better Care plan forecast a 22% increase on 13/14 baseline and 14/15 forecast plans. Thereby forecasting that 85% of people would remain at home 91 days after hospital discharge into rehabilitation and reablement services.</p> <p>The forecast year end position for 15/16 is 81% which has been based on actuals for quarter one and quarter two and in addition forecast for the remainder of the year (based on historic data from 2014-2015)</p>	<p>We anticipate achieving 85% in 2016/17.</p> <p>The increase will be attributed to a number of factors including, more people accessing reablement services, a clear discharge to assess pathway, 'home 1st', increase capacity in domiciliary care packages. Live in Care and increase in PRRT capacity.</p>
DTOC	<p>Portsmouth achieved low levels of DTOCs in 13/14 and 14/15. Therefore the plan</p>	<p>For 2016/17 we are expecting to see a 1% reduction on the</p>

National Metric	Performance in 15/16	Intended impact in 16/17
	<p data-bbox="472 239 1000 304">forecast a steady state position for 15/16 with no further reductions expected.</p> <p data-bbox="472 344 1000 508">As described above, the DTOC position has deteriorated with 87% increase in days delayed from the forecast position. Most notably the increased delays have been experienced in the non-acute delays</p>	<p data-bbox="1019 239 1406 508">current position based on the actuals from 2015-2016 and factoring in population increase. This will ensure we continue to maintain the current position of i the national DTOC targets despite additional capacity pressures.</p>