Leicestershire County Council

CABINET - 20 JULY 2021

SHARED CARE RECORD

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

PART A

Purpose of the Report

1. The purpose of this paper is to inform the Cabinet on progress to deliver integrated health and care services through the development of a Shared Care Record (SCR) across Health and Care in Leicester, Leicestershire and Rutland (LLR) and to seek approval of a local Charter for collaboration which is appended to this report.

Recommendations

2. It is recommended:

    a) That the development of a Shared Care Record between health and adult social care services be supported;

    b) That the rationale for the development of a local Charter to formalise local stakeholder commitment and the core principles of the Charter as set out in the report and Appendix be supported subject to c) and d) below;

    c) That it be noted that the Charter as currently drafted does potentially provide for an unquantifiable commitment to resources which requires clarification;

    d) That the Director of Adults and Communities and Director of Corporate Resources, following consultation with their respective Cabinet Lead Members be authorised to

        (i)   agree with Integrated Care System partners such changes to the local Charter as are necessary to limit any unquantified risk to the Council's resources;

        (ii) sign the local Charter on behalf of the Council subject to any changes referred to in (i) above.

        (iii) determine appropriate officer representation on the Yorkshire and Humber Care Record Delivery Board as detailed in paragraph 40 of the report.

Reasons for Recommendation

3. The establishment of a Shared Care Record (SCR) will form an integral part of the medium- term objectives of the Integrated Care System (ICS). It will enable care and clinical staff access to real time health and care information across care providers and between different operational systems.

4. The informal Charter, appended to this report, seeks to commit the ICS to prioritising the ongoing development of the SCR, and as such requires support from a range of stakeholders. These include the County Council, Leicester City Council, and Rutland Council.

5. As it stands, the Charter potentially provides for an unquantifiable commitment of resources. It is not expected that there will be a direct call upon any single organisation to find money from existing allocations. However, it is recommended that this commitment is clarified and a suitable form of words agreed to limit the financial and strategic risk to the Council, or an alternative way of articulating support that limits financial risk is found.

Timetable for Decisions (including Scrutiny)

6. Subject to the Cabinet's support for the Charter, work will continue on the development of the SCR in partnership with NHS stakeholders and leads through the overall governance of the developing ICS, taking into account the information governance requirements of the Council and respective partners.

Policy Framework and Previous Decisions

7. In November 2020, National Health Service England Improvement (NHSEI) published 'Integrating Care: Next steps to building strong and effective integrated care system across England'. It described the core purpose of an ICS as being to:

    *   Improve outcomes in population health and healthcare.
    *   Tackle inequalities in outcomes, experience and access.
    *   Enhance productivity and value for money.
    *   Help the NHS support broader social and economic development.

8. In November 2020 the Department of Health and Social Care stated that all ICS footprints will have a SCR in place; in March 2021 the Secretary of State stated publicly that all local systems will have in place a basic SCR solution by September 2021. This has been reaffirmed by the recently published draft policy paper Data Saves Lives: reshaping health and social care with data.

9. In February 2021, NHSEI made recommendations to Government to establish ICSs on a statutory basis and these proposals were adopted in the White Paper Integration and innovation: working together to improve health and social care for all. Legislation will be presented to Parliament shortly.

10. After considering a range of options LLR are working with Yorkshire and Humber Care Record (YHCR) which has developed and implemented a solution that can be adapted and implemented across LLR.

11. In June 2021 the Government launched a draft strategy, Data Saves Lives: reshaping health and social care with data. The aims of the strategy are to understand how data is used, to make data sharing the norm across health, adult social care and public health and to build the technical, legal and regulatory frameworks to make that possible. The intention is to enact the strategy within the Health and Care Bill due later this year.

Resource Implications

12. Implementation of the SCR with YHCR is expected to cost circa £5.7 million across LLR over a seven year period. The Year 1 figure (2021/22) is £2.081m with a remaining £3.662m over the remaining six years (approximately £610,000 a year). It is likely that the 2021/22 figure will be supported by a £2.081m capital bid to NHSX[1], which will pay for the implementation phase with Leicestershire Partnership NHS Trust hosting the money and the capital charges being a cost to the ICS.

13. There is confidence that monies will be available from a recent announcement from NHSX that a Unified Technology Fund will be available to the ICS to invest in seven key priorities, one of which is SCRs. This will be announced shortly. The total national fund is likely to be £520 million and at present it is unknown what a local allocation will be.

14. A £1.5m budgetary revenue figure has been set aside by the Clinical Commissioning Groups for this LLR project as a contingency figure in case there is no funding from NHSX in 2021/22.

15. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the contents of this report.

Circulation under the Local Issues Alert Procedure

16. None.

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[1] NHSX is a United Kingdom Government unit with responsibility for setting national policy and developing best practice for National Health Service technology, digital and data, including data sharing and transparency.

PART B

Background

17.   A SCR is a secure system that will bring together designated information about individuals who have used LLR services provided by their GP, local hospital, community healthcare, adult social care services or mental health team.

18.   It will provide clinical and care staff directly involved in an individual's care access to the most up to date information about them. It does this by sharing appropriate information from the various health and social care systems holding that information. Records are kept strictly confidential and can only be accessed by the appropriate clinical and care staff within current legal and regulatory frameworks.

19.   There are a range of benefits in the establishment of an SCR, the main one being that practitioners will have a single point of information about a person without having to sign onto multiple organisational systems. This will lead to more streamlined work processes, less bureaucracy, and more joined up care.

20.   The Adults and Communities Department currently operates a number of integrated services and care pathways with partners that use different IT systems to host care records and case management systems. Staff working in Integrated teams struggle to access each other's systems and at best rely on multi-disciplinary team (MDT) members to pull information together in one summary record which can become quickly out of date.

21.   Home First and Discharge to Assess pathways require current and up to date information on patients' needs to ensure timely discharge and effective progression to optimise people's recovery and long-term return to independence through community health and social care support. Multi-agency input and access to accurate case management recording is needed to enable teams to communicate more effectively and to progress case management in a timely manner.

22.   Continuing Healthcare, Transforming Care and Mental Health teams across Health, Social Care and Housing are working together to ensure best recovery and settings of care for individuals with complex health and care needs. Members of the MDT will assess independently based on the records and information that they hold but do not have access always to the interventions and activity of all organisations involved which could help to shape a more effective support plan going forward.

23.   As the Council progresses integrated approaches to health and care the need to share and have access to the correct and timely information will be key to the success of shared care and joint interventions to support individuals effectively.

24.   The LLR Information Management and Technology Strategy Board agreed to pursue the acquisition of an existing solution to meet the NHSX target of "a basic minimum viable SCR solution [to be] in place by September 2021, focused on the integration of NHS Trusts and GPs and for use in provision of direct care". The YHCR exemplar proposed a shared ownership model whereby LLR can both implement the YHCR

SCR solution and join a collaborative partnership to drive the use and improvement of the technical solution and the related best practice methods.

Partnership and Charter

25. The project forms a key part of the ICS activity. Support is required at a system level to be funded from ICS Transformation or NHSX Digital Transformation funds.

24. The main stakeholders of the project are LLR Clinical Commissioning Groups, Leicestershire Partnership NHS Trust (LPT), University Hospitals Leicestershire (UHL), Derbyshire Health United, the County Council, Leicester City Council and Rutland Council.

26. To manage this implementation there will be a core team with organisational representation from across primary care, secondary care, mental health, and social care to help progress this programme of work. There will also be a small number of organisational project teams.

27. Officers from the County Council have been engaged with the development of the project by representation at a variety of strategic and technical boards representing adult social care. Corporate IT colleagues are sighted on the work and it is anticipated that this will be incorporated into future work plans.

28. More formal stakeholder commitment to engage in the project, is now being sought. To facilitate this a brief local Charter has been drafted for sign off by the stakeholders. UHL and LPT have already indicated their sign-up to the Charter (the Appendix to this report).

29. This local Charter outlines a minimal set of core principles as follows:

    a) That LLR ICS is prepared to support the business case and bid made to NHSX to secure Year 1 and potentially Year 2 funding for this programme of work and make reasonable endeavours to ensure success of this bid, should LLR be required to provide additional commitment support for review purposes.

    b) That within the bounds of legal compliance, appropriate information governance and security, patient/citizen and clinical/practitioner safety, organisations will commit to sharing the necessary information required to ensure that patient/citizen and clinical/practitioner benefits of a LLR SCR are maximised.

    c) That without full financial support from NHSX in initial years and on a revenue basis, the running costs of the LLR SCR will have all organisations support as an ICS funded system priority.

    d) That each organisation (direct or by agreed representation) is prepared to contribute into any governance arrangements constituted in order to deliver the programme successfully.

e) That each organisation within the ICS, subject to discussion and agreement with the programme, will commit resources and prioritise (paid for by the programme where necessary or otherwise) to help deliver the programme successfully.

30. For the reasons outlined in this report the Cabinet is asked to note the good intention in developing the Charter and support the core principles of the Charter. However, Principles c) and e) above, do potentially provide for an unquantifiable commitment to resources which may lead to either financial risk, misinterpretation or discord between the Council and the ICS partnership. It is recommended therefore that the Council should signal its intention to support the development of a SCR whilst seeking to clarify the commitment required to sign up to the Charter.

Conclusion

31. The SCR represents a key deliverable on ICSs across the country and it is important that the County Council remains a committed stakeholder in order to represent the interests of adult social care as part of the SCR.

32. However, the Council cannot make an open-ended commitment to provide resources which have not yet been quantified and which could present risk to the Authority's Medium Term Financial Strategy position. As such it is recommended that the Cabinet agrees to support the Charter in principle, and ask the Director of Adults and Communities, and Director of Corporate Resources to agree a suitable form of words with partners which limits the financial and strategic risk to the Council.

Equality and Human Rights Implications

33. An Equality and Human Rights Impact screening assessment will be undertaken in the early stages of the project.

Environmental Implications

34. There will be additional ICT infrastructure required to support the SCR but this will not be hosted by the County Council. There is a good probability that with the drive to share increasing amounts of information with Health partners, the introduction of a SCR will prevent or reduce the need for further ICT infrastructure being required in order to facilitate shared access to individual systems. The balance of these two factors is expected to have an overall positive impact on the environment.

35. The introduction of SCR is not expected to have a negative impact on climate change as in additional business travel and general pollution and will not increase the overall use of IT systems but is expected to reduce the need to use multiple different systems.

36. The wider use of electronic data should reduce the need for paper-based information and associated environmental impacts of delivering that information.

Partnership Working and Associated Issues

37. This project will form part of the work of the ICS of which the County Council is a key contributing stakeholder, alongside the other authorities that make up the LLR system. The key role of the contributing councils in this project would be to represent the interests of social care as part of the shared health and care record.

38. It is proposed that a group is formed in LLR to monitor and endorse the use of the SCR. Members of this group will then represent LLR within the wider partnership governance. Personnel forming the project teams during implementation will be well-placed to continue their roles in this manner.

Risk Assessment

39. Key risks would be managed through the ICS governance arrangements. Initial risks and mitigating actions are set out below.

40. The complexity of the work may affect the timescales that will be set out for the delivery of the project. Robust governance arrangements are being set up which include the appointment of a project manager to work with all of the participating stakeholders. Key accountability for the YHCR is held by the YHCR Delivery Board. In joining, LLR would have equal representation on this Board. The YHCR partnership is in the process of drafting a Memorandum of Understanding to ensure that all new and existing partners have clear visibility on the partnership terms and the expectations of its members.

41. The project involves the use and access to sensitive clinical and social care information. Appropriate information governance will be set in place as part of the overall governance of the project which will include the utilisation of any existing and required information sharing agreements and be reviewed.

42. The financing and resourcing of the work will be overseen by the governance arrangements which are currently in place. It is not anticipated that in cash terms this will have a direct call upon any single organisation to find money from existing allocations. However, the Charter document as it is currently drafted is ambiguous as to the commitment sought.

Background Papers

NHSEI published Integrating care: Next steps to building strong and effective integrated care system across England - https://bit.ly/3y8J1jk

Data Saves Lives: reshaping health and social care with data - https://bit.ly/3y1ZdDd

White Paper Integration and innovation: working together to improve health and social care for all. Legislation - https://bit.ly/3dqVbfJ

Appendix

A Charter for Collaborative Success

Leicester, Leicestershire and Rutland Shared Care Record

A Charter for Collaborative Success

Within Leicester, Leicestershire and Rutland (LLR) across health and care we will be creating an ICS level information sharing environment. This will help our health and care services continually improve the treatments we use, ensure that care is tailored to the needs of each individual and can empower people to look after themselves better to make informed choices about their own health and care.

Each ICS in England will look to build on local patient / citizen record keeping solutions already in place to create a more joined up and holistic health and care information capability. The requirement will be for all of our NHS and Social Care organisations to contribute to this ambition in LLR.

To manage this implementation there will need to be a small core team with organisational representation from across primary, secondary, mental health, social care etc. to help progress this programme of work. There will also be organisational project teams. The timescale for having a solution in place is the end of September 2021. This is a ministerial policy statement.

Working together cohesively across the ICS will be a critical to the success of this project and the first real exercise of the LLR ICS working together on a key enabling project which will support future service transformation.

This 'charter' sets out a minimal set of core principles that as an executive leader in one of our collective organisations, we are asking you to underwrite to help ensure a successful bid. These principles are:

1. That LLR ICS is prepared to support the business case and bid made to NHSX to secure year 1 and potentially year 2 funding for this programme of work and make reasonable endeavours to ensure success of this bid, should LLR be required to provide additional commitment support for review purposes.

2. That within the bounds of legal compliance, appropriate information governance and security, patient / citizen and clinical / practitioner safety, your organisation will commit to sharing the necessary information required to ensure that patient / citizen and clinical/practitioner benefits of a LLR Shared Care Record are maximised.

3. That without full financial support from NHSX in initial years and on a revenue basis, the running costs of the LLR Shared Care Record will have your organisations support as an ICS funded system priority.

4. That your organisation (direct or by agreed representation) is prepared to contribute into any governance arrangements constituted in order to deliver the programme successfully.

5. That your organisation within the ICS, subject to discussion and agreement with the programme will commit resources and prioritise (paid for by the programme where necessary or otherwise) to help deliver the programme successfully.

Name …………………………………………   Signature …………………………………………...

Position …………………………………………...   Date …………………………………