

Programme Initiation Document – Health and Social Care Data Integration

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1. Purpose of Document

- 1.1 To define the scope and objectives of the Health & Social Care Data Integration programme, and present the governance framework within which the programme will be delivered.

2. Background

- 2.1 A programme has been established to develop integrated health and social care as a result of national drivers for change which can be summarised as follows:

- The current government has committed to deliver integrated health and social care supported by the Care Bill 2013, which states that integration should be fully in place by 2018.
- The government believes that integrated care can deliver efficiency savings in health and social care (by reducing reliance on acute and residential care in favour of prevention and early intervention) as well as improved experiences for people. The health and social care system will become unsustainable without genuine transformation to integrate.

- 2.2 There are also a number of local drivers reflected in the strategy agreed with Clinical Commissioning Groups, public health and other partners, evaluation of a number of integrated care pilots, particularly HomeFirst, and other evidence of the benefits of co-ordinated care. There is increased demand on health and social care services arising from the population living

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- longer with increasingly complex or multiple physical and mental health conditions.
- 2.3 In relation to information sharing, the programme will support the Caldicott 2 principles through which we have a duty to ensure that data is shared between professionals across all health and social care systems.
- 2.4 A joint integration programme has therefore been established across Health and Social care.
- 2.5 “Information Technology and Data” is one of the work streams within the overall integration programme, which will focus on developing a joint solution for the sharing and use of data and intelligence.
- 2.6 A workshop was held on 4th February 2014 and chaired by Stuart Campbell, Assistant Director for Performance and Procurement at HCC. This was attended by a range of HCC and Health colleagues to begin to scope the work required for the programme.

3. Programme Vision and Objectives

- 3.1 The overall vision for the Health and Social Care Integration Programme is as follows:

“To wrap care around people, rather than specialist treatments being provided independently of one another. By placing the person at the centre of care, it is hoped to provide a better service and also reduce costly stays in hospital that are not always beneficial to people.”

The vast amount of data collected and stored across health and social care systems needs to be used more intelligently, systematically and transparently. Developing joined-up information systems will support more effective, integrated health care. This programme will be a key enabler and important forerunner to the success of any Health and Social Care Integration Programme, and will look to build on existing areas of good practice in both Health and Adult Social Care.

3.2 Objectives

The key objectives of the programme are as follows:

- Information Sharing

To ensure effective sharing of information across health and social care to facilitate the provision of fully integrated care.

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- Information Technology and Systems

To ensure flexibility and pragmatism in the provision of IT solutions across health and social care, which will support the integrated delivery of services.

This programme will support Hertfordshire's aim to create a jointly commissioned pool of community health, public health and social care services for older people that can be transformed and, where appropriate, integrated to:

- Deliver better care for patients and service users
- Reduce reliance and spend on acute services
- Meet national conditions and delivery against metrics
- Release efficiency savings for HCC and both CCGs to help deliver against financial targets.

It was agreed at the initial scoping workshop to consider the objectives for this programme using the following four themes:

- (i) **Joint Commissioning** – identify where Health, Public Health and Social Care are commissioning jointly and where their commissioning decisions can be better informed by the use of effective joint intelligence.
- (ii) Ensure effective and timely sharing of **performance data** on key operational areas across Health and Social Care to improve practice.
- (iii) Ensure **practitioners** have access to patient and service user case systems and related information to enable more effective operational activity, including improved and speedier client outcomes.
- (iv) Improved **integration of IT systems** and solutions to facilitate achievement of the above objectives, including ICT infrastructure.

It will also be important to optimise infrastructure across the organisations to develop a more uniform and real-time management information proposition that is acceptable to all agencies involved.

4. Programme Roles and Responsibilities

- 4.1 **Steering Group** (Health and Wellbeing Board) – the role of the steering group is to oversee and champion the programme and the key objectives and benefits to be delivered by the programme. The group will receive programme updates and make key strategic decisions that will impact both health and social care systems when requested. It will also be the

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escalation point for significant risks and issues that threaten the successful delivery of the programme objectives.

4.2 Programme Board – this will be formed by the group of colleagues from HCC and Health who attended the initial scoping workshop. It will be chaired by the Programme Sponsor and is responsible for:

- Making key decisions to assist towards the achievement of the programme vision
- High level monitoring of programme progress against plan
- Definition of acceptable risk and the overview of the management of risks and issues
- Define and oversee the realisation of programme benefits and change resulting from the programme
- Recognise the need to ensure compliance with HCC Strategy and Policy
- Monitor progress against objectives and benefit realisation
- Ensuring adequate resources are available for successful delivery of benefits
- Assist with change management within the business and champion implementation as necessary

4.3 The Programme Board will meet once per month to monitor programme and work stream progress.

Role	Name	Key Responsibilities
Escalation Point for significant risks/issues threatening progress of the programme	Health & Wellbeing Board	<ul style="list-style-type: none"> • Approve actions required to mitigate risks/issues. • Make and advise on strategic decisions affecting both health and social care systems and technology
Programme Sponsor	Stuart Campbell	<ul style="list-style-type: none"> • Facilitate progress of the programme • Chair Programme Board meetings
Programme Board	Stuart Campbell (HCC) David Evans (HVCCG and HCC) Chris Badger(ENCCG and HCC) Jamie Sutterby (HCC)	<ul style="list-style-type: none"> • High level monitoring of progress against programme plan • Review and resolve issues and risks escalated by the

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Role	Name	Key Responsibilities
	Jenny Holland (HCC) Ian Goodall (HVCCG) Trudi Mount (Commissioning Support Unit) David Hodson (ENCCG) Dave Mansfield (HCC) Providers to be invited for discussion of specific projects.	programme manager <ul style="list-style-type: none"> • Sign off key deliverables
Programme Manager	Jenny Holland	<ul style="list-style-type: none"> • Produce a Programme Initiation Document for sign-off by Programme Board • Prepare programme plans, manage and monitor delivery against those plans • Prepare and manage the risks log • Prepare and manage the issues log • Report to Programme Sponsor regularly, escalating issues for resolution as necessary.
Work Stream Leads	<p>Systems and Technology: HCC: Dave Mansfield NHS: TBC</p> <p>Information Sharing: HCC: David Evans NHS: Ian Goodall (HVCCG)</p> <p>Intelligence: HCC: Chris Badger NHS: David Hodson (ENCCG)</p>	<ul style="list-style-type: none"> • Manage and co-ordinate the delivery of agreed projects. • Agree appropriate leads for each project. • Provide regular updates to the Programme Manager for inclusion in Highlight Reports.

5. Benefits

The benefits the programme will look to deliver are as follows:

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5.1 Local Authority and Health Partners

- Joint commissioning decisions are better informed through the use of effective joint intelligence, including changing demographic pressures.
- Quicker and more transparent sharing of performance data across whole patient pathways to target improved practice and monitor success of initiatives
- Support the development of advanced evaluation methodologies including matched cohort analysis which will provide greater insight into the impact of our services and pilots.
- Improved integration of IT systems, solutions and processes to ensure such systems become less of a blockage to achieving our wider aims.

5.2 Services

- Improved practitioner access to care / health systems and related information to enable more effective operational activity and better/quicker client outcomes.
- Enabling front-line practitioners to access real-time data, thus allowing improved decisions and better services in Hertfordshire.
- To remove barriers to partnership working through common access to patient/client information, within the context of agreed data sharing protocols.

5.3 Users and the Wider Community

- Reduction in the frequency of service users being asked to provide the same or similar information to different practitioners in order to access services
- The services are better-informed about service user and community needs and can target services more effectively.
- Provision of an accessible, personalized care record for individuals which outlines not only their service/medical history, but their own wishes and preferences. This can then be shared easily between practitioners involved in the delivery of that person's care.

6. High Level Programme Plan

Phase	Description and Key Milestones	Start Date	End Date	Status
1	Programme Preparation	March 2014	TBC	In Progress
	<ul style="list-style-type: none"> • Define Programme scope and objectives • Define work packages 	7 March	28 March	

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	<ul style="list-style-type: none"> and resources required Develop programme plan 			
2	Work Package Delivery (each to be supported by a number of projects with agreed leads)	TBC	TBC	Not Started
	<ul style="list-style-type: none"> Systems and Technology Information Sharing Intelligence 	TBC	TBC	
3	Programme Close			Not Started
	<ul style="list-style-type: none"> Programme Review Lessons Learned 			

7. Key Programme Risks

The following risks have been identified at the start of the programme, and it is proposed to add these to the Risk Log:

- That work stream leads and project managers will not have capacity to deliver the project work required given other work pressures.
- Insufficient investment and/or funding to support decisions.
- That there will be a lack of clarity/agreement between partners in relation to Information Sharing, which will hinder progress.
- That there will be resistance to providing access to systems and integration of data from operational teams and managers, both in HCC and Health.
- That there are differences between all the different organisations in relation to requirements and priorities.

8. Programme Plan

8.1 The Programme Manager will produce a programme plan to be signed off by the Programme Board. This will outline the overall timescale and the dates for delivery of key milestones within the programme, against which progress will be monitored. This will be maintained and updated by the Programme Manager.

9. Programme Status Reports

9.1. The Programme Manager will ensure the provision of updated programme status reports monthly to the sponsor and board.

10 Risk/Issue Logs

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- 10.1 The Programme Manager will establish and maintain a risk log and issues log categorising risks and issues as “Green”, “Amber” or “Red” depending on their likelihood of impacting delivery of the programme in terms of time and/or budget. High level risks and issues will be reported to the Programme Board along with mitigating factors.

11. Communication and Stakeholders

- 11.1 Communications relating to this programme will be managed within the context of the wider integration programme and its communications strategy and schedule.
- 11.2 Members of the Programme Board and workstream leads are expected to own and champion the programme and its objectives with wider stakeholders and interest groups.
- 11.3 An Equality Impact Assessment will be undertaken as a part of the programme.

12. Finance

- 12.1 The government has agreed that £3.8 bn of NHS funding is to be pooled between the NHS and social care create the Better Care Fund which will come into effect in 2015/16. The aims of the fund are to:
- Drive closer integration and improve outcomes for patients and service users,
 - Support the aim of proving people with the right care, in the right place, at the right time, including through a significant expansion of care in community care settings
 - Protect social care services

At a local level, it is intended that £240m will be pooled between HCC and the CCGs.

Any investment decisions will need to be agreed jointly and involve all organisations.