Health and Wellbeing Board Hertfordshire



HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD TUESDAY 9 DECEMBER 2014 AT 10.00 a.m.

Health and Social Care Data Integration Programme

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1.0 Purpose of report

1.1 To provide an update on progress for the joint Health and Social Care Data Integration Programme.

2.0 Summary

- 2.1 The current Government has committed to deliver integrated health and social care which is supported by the Care Bill 2013. This states that integration should be fully in place by 2018. In addition to the Care Bill, the Government has created the Better Care Fund to pool funding between social care and health to aid the implementation of integrated care. A condition of the BCF is for greater sharing of information across health and social care partners.
- 2.2 IT and information sharing remain significant barriers to integrated working, both nationally and locally. Effective IT and information sharing will help facilitate better commissioning, enhanced performance reporting and most importantly improved services for clients and patients. The second Caldicott Review on Information Governance (Caldicott 2) introduced a new duty to share information about patients and service users to support the delivery of services to them.
- 2.3 Following HWB's approval of the Project Initiation Document at its June meeting a Programme Board, chaired by Stuart Campbell, Assistant Director, Improvement and Technology, has been established with cross-agency representation from the following:
 - Hertfordshire Community Trust
 - Hertfordshire Partnership Foundation Trust

- Public Health
- Herts Valleys CCG
- East and North Herts CCG
- Health & Community Services, including the Integrated Care Programme team.
- GPs

There has not been consistent representation from the Acute Trusts at Programme Board, although both are involved in the work stream activities covered in Section 3 below.

Programme Board meetings every 6-8 weeks through which it receives work stream updates and agrees strategic direction of the wider data integration programme.

2.4 Better Care Fund

A revised Better Care Fund submission was completed in mid-September, which reported on the progress made as a result of the establishment of the Programme Board, the high levels of NHS number capture and the positive progress on developing and improving information sharing.

2.5 Key Programme Objectives and Work Streams

2.5.1 The three work streams are now well-established and are making good progress. Each work stream has a health and social care lead.

2.5.2 Work stream 1 – Systems, Technology and Estates

- Identified "quick wins" to enable multi-organisational working, including Homefirst and the Integrated Discharge Team, for which a project has been established to deliver these priorities within a single, co-ordinated approach.
- Agreement with Herts Valleys CCG to evolve their technology group into a Countywide group to lead on this work stream
- Technology identified that will allow sharing of calendars between Health and Social Care.

2.5.3 Work stream 2 – Information Sharing

- The organisational-level Information Sharing Protocol has now been signed by all partners and agencies.
- We have submitted evidence and published our NHS IG Toolkit assessment at meeting level 2. This is the minimum level required for HCC to have a secure N3 connection.
- Cross-agency data sharing protocols and patient information have been collated.

- Focus groups are being established alongside Healthwatch with patients/service users and GPs, using HPFT's materials as a basis for this work.
- Obtaining information on other authorities' approach to information sharing, including those with electronic patient records.

2.5.4 Work stream 3 – Intelligence

- Work has focused on the requirement for a shared intelligence system which will meet the needs of health and social care by integrating data to be accessible to a range of health and social care professionals as well as commissioners. An options report was approved by Programme Board in October. Such a system must be able to carry out the following functions:
- Commissioning Intelligence
- Evaluation and Performance Monitoring
- Identification of New Clients
- Contract Monitoring and Analytics

The Local Authority and CCGs have worked closely with MedeAnalytics to develop a lawful data flow process for linking data across health and social care. This process, proposed by Hertfordshire, is based on pseudonymisation at source principles which means any confidential data is encrypted before it leaves the data owners' systems. This innovative approach is a solution to the national Information Governance issues which have preventing the sharing of data and use of risk stratification. MedeAnalytics have taken the process to the Confidentiality Advisory Group (CAG) who have approved the approach.

3.0 Recommendation

- 3.1 That the Board:
 - (i) Commit member organisations' ongoing support for the principles behind health and social care integration.
 - (ii) Notes progress made on the programme to date.
 - (iii) Action any risks and/or issues escalated to the Board in order to resolve blockages to progress.

Report signed of	ff by	Relevant agencies have been consulted
	•	when compiling this report.
Sponsoring HWI	B Member/s	Iain MacBeath, Director of Health and
		Community Services, Hertfordshire
		County Council
Hertfordshire H	VB Strategy priorities	The programme will support the delivery
supported by thi	is report	of services linked to all nine priorities.
Needs assessment (activity taken)		
Consultation/public involvement (activity taken or planned)		
Equality and diversity implications		
Equality and diversity implications		
Equality and diversity implications will be considered as part of each project's due		
diligence process.		
5		
Acronyms or ter	ms used	
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Acronyms or ter		Group
Acronyms or ter	In full	
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