

Report

Hub Update

IJB Board Meeting

16th September 2016



1. Executive Summary

- 1.1 The purpose of this report is to update the Edinburgh Integration Joint Board, (EIJB), on progress within the Hub model, in particular the matter around Information and Communications Technology, (ICT), infrastructure and opportunities for further integration of some of the functions across Edinburgh.
- 1.2 It has come to this meeting as a current standing item.

2. Recommendations

- 2.1 To accept the report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP), is taking a whole system approach to ensure effective and more integrated approach to improve pathways for our adult population.

3. Background

- 3.1 At the Integrated Joint Board Meeting in July 2016, it was noted that there were some ICT issues that were preventing the locality Multi Agency Triage Teams, (MATTs), Hubs and Clusters from being as effective as they could be in the application of their work.
- 3.2 Another element that has become apparent over the last few months is that there are opportunities for further integration across Edinburgh, particularly out of hours, which would demonstrate a more cohesive approach and effective use of resources, to ensure a timely and appropriate response to needs.
- 3.3 The Executive Team had already recognised this as a weakness and had started preliminary work to determine how these matters could be resolved. This is culminating in a multi agency workshop being held on the 1st September 2016, to provide a focussed approach to resolving the ICT issues, and considering where the overarching opportunities may be for further integration across Edinburgh.

4. Main report

4 **ICT Infrastructure**

- 4.1 As highlighted above, it is becoming apparent that there requires to be a concerted effort made to resolve some of the key IT matters that are currently preventing the locality hub staff from being as effective as they could be. This includes;
- Reliability of systems
 - Different systems across health and social care that are currently incompatible
- 4.2 There has been some preliminary work undertaken by ICT colleagues, to capture in detail all current and potential ICT requirements for the Edinburgh Health & Social Care Partnership (EHSCP), four locality hubs. Included in this will be distinct ICT Requirements to help facilitate Multi-Agency Triage Teams (MATTs) currently being established within each hub :
- West Pilton Gardens (North West)
 - Bonnington Centre (North East)
 - Captain's Road (South East, to be confirmed) and
 - Wester Hailes Healthy Living Centre (WHHLC) (South West).
- 4.3 Requirements are broken down into three distinct groups:
- Business Requirements: what must be delivered or accomplished to provide value.
 - Functional Requirements: specifying what the solution should be functionally capable of. These elements describe the functions that the system is to execute; for example, formatting some text or creating a report. These are often referred to as capabilities.
 - Non-Functional Requirements: for example; Compliance, Standards, Security, Financial, Capacity, Life-cycle, Usability, Maintenance etc.
- 4.4 The approach that will be applied will be that the Requirements will be categorised, as follows, in terms of their "MuSCoW" priority to the service area. These classifications can, if necessary, be used to distinguish between, high priority, immediate "Phase 1" developments and potential later phases, where both funding is available and strategic imperative exists. The "MusCoW" classification is described below:

Classification Type	Description
Mu = Must Have	Requirements labelled as MUST have to be included in the current delivery time frame in order for it to be a success. If even one MUST requirement is not included, the project delivery should be considered a failure (Note: Requirements can be downgraded from MUST, by agreement with all relevant stakeholders; for example, when new requirements are deemed more important). MUST can also be considered an acronym for the Minimum Usable Subset.
S = Should Have	SHOULD requirements are also critical to the success of the project, but are not necessary for delivery in the current delivery time frame. SHOULD requirements are as important as MUST, although SHOULD requirements are often not as time-critical or have workarounds, allowing another way of satisfying the requirement, so can be held back until a future delivery time frame.
Co = Could Have	Describes a requirement which is considered desirable but not necessary. This will be included if time and resources permit. Requirements labelled as COULD are less critical and often seen as nice to have. A few easily satisfied COULD requirements in a delivery can increase customer satisfaction for little development cost.
W = Won't Have	WON'T requirements are either the least-critical, lowest-payback items, or not appropriate at that time. As a result, WON'T requirements are not planned into the schedule for the delivery time frame. WON'T requirements are either dropped or reconsidered for inclusion in later time frames. This, however, doesn't make them any less important.

4.5 The specification that will be developed using this approach will be applied against the aims of the MATTs, Hubs and Clusters, with the specific ICT aim of eventually getting to the point where there is one ICT model across the four localities:

- Prevent avoidable hospital admissions
- Increase the number of supported discharges to each locality
- Develop a coordinated, responsive model of care.

4.6 ICT colleagues across the health and social care systems have engaged with those working within and across the MATTs, Hubs and Clusters, to gain insight into the Business, Functional and Non functional Requirements indicated above. This information will be used as a foundation, to work from, on the morning of the 1st September, to deliver the more immediate aims of that session:

- To clearly identify, and resolve current issues associated with IT Infrastructure, to ensure appropriate systems/kit are operational and in place to enable people to be as productive as possible.
- To identify the shared information requirements, and that the Hubs will require to access, (TRAK; hospital and community, SWIFT, VISION, portal, e-mis, etc), and to make these available and readily accessible.

Integration Opportunities

4.7 Another element across Edinburgh that has become apparent is that there are new opportunities, with integration, to become even more joined up in the way services are provided. In this instance there have been preliminary discussions about the value for some of the City wide and out of hours functions to be considered in a more integrated way. These include:

- Social Care Direct
- Lothian Unscheduled Care Service
- Safe & Effective Flow Across Lothian - SEFAL (combined Bed Bureau and Transport Hub functions)
- Out of Hours Community Nurse Service
- Community Alarm and Technology Service (CATS)
- Connections to NHS 24, and streamlining appropriate response

4.8 As part of this discussion, and previously highlighted at the IJB , there is the opportunity to have a 'Care Direct' approach that sees a streamlined referral pathway to the MATTs, Hubs and Clusters. A workshop on the 'Care Direct' element took place on the 4th August 2016, in preparation for the wider discussion on the 1st September, with the key considerations being:

- Key points from Marna's workshop on 04.08.16
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- 4.9 This will feed well into the afternoon of the September 1st workshop, which has specific aims:
- To explore the requirements for the single point of contact for Care Direct, including what needs to be in place, from call handler expertise, phone technology etc.
 - To determine the current and future opportunities with the Care Direct single point of contact, LUCS, (Out of Hours GP), NHS24, SEFAL (Safe Effective Flow Across Lothian – which includes Bed Bureau and Transport Hub).
 - Develop the key elements of the Operating Procedures, both in hours and out of hours, to ensure effective navigation of the system, to support people in the most appropriate environment.
 - To ensure clarity on the flow of referral and expected activity through the single Point of Contact, and develop outline Standard Operating Procedure and Communication Plan for referrers

Timelines

- 4.10 From the workshop on 1st September, ICT colleagues will work with the locality, strategic and professional managers to develop a timeline and outline business case for the Business, Functional and Non Functional Requirements agreed against the “MuSCoW” criteria above, and this will be brought forward to the IJB Executive Group in the first instance for consideration.
- 4.11 Similarly an action plan from the integration opportunities session in the afternoon, will be developed and brought forward to the IJB Executive Group for initial consideration.

5. Key risks

- 5.1 Key risks of not applying a methodical approach to the ICT requirements of the MATTs, Hubs and Clusters will result in inefficient systems and ineffective working, with needs potentially not being met in a timely manner, and the localities not being able to meet the aims of the locality model:
- Prevent avoidable hospital admissions
 - Increase the number of supported discharges to each locality
 - Develop a coordinated, responsive model of care.

- 5.2 Key risks of not moving forward with opportunities for integration with Care Direct, LUCs, SEFAL and improving the response for NHS 24, are similar to those above.

6. Financial implications

- 6.1 There are no financial implications associated with this report at this stage. There will be implications associated with both the ICT and integration opportunities, and these will be worked up and presented at a future date.

7. Involving people

- 7.1 Edinburgh Partnership has engaged with, involved, and consulted with the local population, staff and other stakeholders and had in place a formal consultation process as part of developing the Strategic Plan, with the development of Locality working being a key action to deliver against the agreed priorities within the Strategic Plan.
- 7.2 Moving forward with these work streams includes partners from across the whole system, and in particular drawing on the expertise of people working in the localities and across Edinburgh wide services.

8. Impact on plans of other parties

- 8.1 The key impact of these MATT, Hub and Cluster developments is on the whole system pathway for adults, and in particular older people, which will impact partners across community social care and health care, housing, third and independent sectors, and acute care.
- 8.2 There will be an impact on both eh NHS and Council ICT plans overall, and this will be considered within the future action planning stages

Background reading/references

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Links to actions in strategic plan

1. Ensure local collaborative working arrangements across partners
2. Establish integrated Teams to support flexible working
3. Establishments of locality hubs
4. Establishment of clusters
20. improving the interface between primary and secondary care

Links to priorities in strategic plan

Priority 2 – Prevention and Early Intervention	<p>Staff will have the most up to date information through improved ICT, to be able to assess and respond to people’s needs on a preventative, responsive and person centred way, providing the right care at the right time in the right place.</p> <p>Capacity will be used to best effect with integration opportunities</p> <p>Effective use of resources will be applied by having effective access to reliable ICT and implementing further integration opportunities</p>
Priority 3 – Person Centred Care	
Priority 4- Right Care, Right Time, Right Place	
Priority 5 – Making best use of the capacity across the system	
Priority 6 – Managing our resources effectively	