<div align="center">**SLOUGH BOROUGH COUNCIL**</div>

**REPORT TO:**     Health Scrutiny Panel     **DATE**:     27th March 2017

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<div align="center">**PART I**
**FOR INFORMATION, COMMENT AND CONSIDERATION**</div>

**HEALTH AND ADULT SOCIAL CARE DIGITAL INNOVATIONS**

1.     **Purpose of Report**

This paper seeks to update the Panel on the work taking place locally to digitally transform the delivery of Health and Adult Social Care in Slough and the wider Frimley Health and Care Sustainability & Transformation Plan (STP). This report provides a summary discussion on these digital developments and the expected outcomes of this work over the next 5 years.

2.     **Recommendation(s)/Proposed Action**

The Panel is requested to note and comment on these developments and consider the implications on information governance and security, digital inclusion, collaboration and the potential for wholescale transformation and efficiency savings through the use of digital as an enabler in the delivery of more efficient public services.

3.     **The Council's Five Year Plan, JSNA and the NHS's Local Digital Road Map**

3.1     The citizen experience of digitally enabled health and social care is currently far from the digital world experienced in other aspects of our lives:

1.  Average online spending in Great Britain is in excess of £1 billion each week, an increase of almost 25% compared to a year ago.
2.  Online banking shows a huge increase in smartphone usage. In 2015 there were 11m banking app logins each day, a 50% rise on the previous year and correlating with a 32% fall in branch visits.
3.  Nationally, almost all adults aged 16 to 34 years old are classed as 'recent internet users', and usage in the 65 to 74 age group has increased by over 68% during the last five years.

(A Local Digital Roadmap for the Frimley Health and Care System, 2016-2021)

3.2     The local digital innovations will allow our citizens to take greater control of their wellbeing through self-service portals, self-care apps and real-time data and will support professionals to securely access citizen information underpinning improvements in effective case and clinical decision making.

3.3    There are currently two coordinated strategies driving the digital agenda, those being the Council's 5 year plan and the Frimley STP Local Digital Roadmap (LDR) including the connected care programme.  A key principle of our work is that organisations will invest in digital technology that supports the whole system with citizen focused agenda.

3.4    In relation to the Council's five year plan, outcome 2 "Our people will become healthier and will manage their own health, care and support needs" the following areas of priority are relevant to the digital programme:

1.  Improve citizen's wellbeing
2.  Enable our Citizens to support themselves
3.  Promote healthy life styles
4.  Build community capacity
5.  Reduce social isolation

3.5    In relation to health and care the Frimley Local Digital Road map builds on the work already taking place to transform health and care provision in the region and sets out the following five priorities over the next 5 years:

1.  Improve wellbeing of people living in the area
2.  Improve treatment planning for patients with long-term conditions
3.  Provide proactive management for people who have multiple, complex and long-term physical and mental health conditions
4.  Redesign urgent and emergency care
5.  Reduce variation and local health inequalities.

3.6    There are a number of common strategic outcomes of this work, what is clear is that there is a coherent vision for the role of technology in delivering long-term sustainable change for local health and care services, these include:

1.  Maximising our collective professional knowledge, expertise and decision making capacities
2.  System interoperability and real-time data exchange
3.  Connecting our Citizens to opportunities in the Community
4.  Increasing access to self-support services
5.  Developing whole systems data intelligence capabilities for improved analytics and real-time demand management
6.  Generating efficiencies and cashable savings, though channel shift in order to utilise our resources
7.  Reducing avoidable hospital admissions
8.  Change the focus from managing ill health towards one of prevention, early detection and self-care
9.  Support individuals being responsible for their own health and care when able

**4      Digital Channel Shift**

4.1     The maxim "digital by default" is not one that is embraced within Health & Social Care locally.  It is clear that digital interventions should be seen as an enabler.

4.2     Since the majority of Adult Services and Health contact is face to face, it is important to recognise that this form of contact will still be available for those citizens with complex needs.

4.3     Digital interventions free up valuable resource away from the lower end interventions toward those that require active face to face professional support.

**5      Digital Inclusion**

5.1     The usual route for advice and information would be online, for those service users with complex needs who will never be able to access services digitally, there will continue to be the option of accessing services on the telephone or face to face.

5.2     There is a recognition that effective communication still needs to be undertaken with Slough's Citizens on our digital developments to ensure that they are digitally included as we continue to expand our digital offers.

5.3     In this regard partners will review plans to ensure that everyone who lives or supports a Slough resident has the opportunity to go online and are supported in the development of their own capabilities to access digital services.  The model or funding of delivery in this regard has yet to be identified but is likely to focus on the use of voluntary services.

**6      Information Governance & Security**

6.1     In September 2015 the Connected Care Programme initiated an Information Governance steering group comprising of the Caldicott guardians (or delegates) from each of the organisations involved.  The purpose of this group was to ensure a strong Information Governance management framework was developed in order to demonstrate to all partner organisations that all personal confidential data will be processed, used and shared lawfully and that all data protection requirements are being effectively satisfied. The steering group is chaired by the LMC.

6.2     The steering group has developed a set of 12 key principles that all participating organisations have signed off.  These principles are evidenced by a documentation suite that that supports and ensures these principles are being adhered to.

6.3     The information sharing framework has now been signed up by every GP Practice and all secondary and social care organisations in Berkshire.

6.4    The NHS and Local Authorities are subject to a number of national compliance frameworks such as N3 and Public Service Network (PSN) ensure that security standards are adhered to.  Specifically in relation to the projects in this roadmap this work is governed by the LDR Programme Board and secondary internal NHS and Council Information Governance approval processes.

## 7    Equalities Impact Assessment

7.1    Equality Impact Assessments are undertaken as the projects are formally initiated to assess the impact of any proposals on the protected characteristics.

7.2    The project teams delivering these changes are acutely aware of the potential to exclude certain sections of the population either through poorly designed user interfaces that for example limit English not being the first language or visual impaired users.  Consequently, the projects that have been initiated have been co-designed with our Citizens or staff (as appropriate) to mitigate these risks.

## 8    Digital Innovations

8.1    The following key digital initiatives will help facilitate a fundamental change in the way in which the NHS and Council deliver public services.

| Body | Project | Summary | Status | Outcomes |
|------|---------|---------|--------|----------|
| ASC | Citizen Portal | ASC Self-service portal to deliver online carers assessments, Financial Assessments, prevention support, self-referral and channel shift contacts made to the department. | June 2017 | • Reduced delays in financial assessment completion & reduce the use of inappropriate domiciliary care<br>• Maximise staffing resource |
| ASC | Smart Working | Extension of the initial pilot of mobile working devises in the department as part of the Council's Accommodation and Smarter Working Strategies. | Live | • Reduction in travel time and expenses receipts<br>• Decrease in desk to staff ratios<br>• Reduction in the public estate |
| ASC | Place-based Service Directories | Increase the effectiveness of signposting opportunities in the community by improving the local service directory and identifying tech to mine, organise and maintain in real-time the information and advice on community assets | TBC | • Reduction in staff required to maintain this resource<br>• Increase the accuracy and availability of Info and Advice<br>• Increase Civic responsibility |
| ASC | Management Information System (MIS) | The implementation of a new reporting tool that will facilitate the use of balance scorecards for use in operational performance and to integrate datasets with commissioning partners | June 2017 | • Increase operational effectiveness<br>• Increase data quality<br>• Identify commissioning gaps<br>• Slough wide data observatory |
| ASC | ICUL | 3 year "wearables" research programme with Henley Business School to develop effective interventions in Social Care | TBC | • Increase the levels of physical activity<br>• Increase Citizen interdependencies |
| SBC | Customer Relationship | The Council is currently developing a CRM specification that support the Customer & Digital Strategy | 2018 | • Delivery of Citizen focused services |

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| | Management System | | | • Link departmental data about Citizens together<br>• Identify population and behavioural trends and link this back to continual service improvement |
| Public Health | ZTE Point of Care Testing (POCT) tablet PCs | Relevant to health, well-being and adult social care – ability to monitor Atrial Fibrillation, Blood Pressure, Oxygen Saturation, ECG and Glucose levels in the community, freeing up GP time. | Live | • Identification and management of Long Term Conditions<br>• Reduction in hospital admissions |
| Public Health | Myself care | Cloud based remote monitoring system that allows a patient to take their own Blood Pressure, Weight, Pulse, Oxygen or Diabetes reading and instantly transmit these via email to a clinician (doctor, nurse, and pharmacist) or a family member, friend or carer. | Live | • Increase patient self-care responsibility<br>• Reduction in hospital admissions |
| Public Health | One You Slough | One stop online shop for tools and personalised support to help people make lifestyle changes using insights(healthy needs to be desirable and achievable), understanding and empathy, but still sending hard hitting messages to elicit positive behavioural change around smoking, drinking, mental health, sleeping well, etc. | Live | • Upstream early intervention and health promotion to avoid or reduce Health and social care needs downstream |
| ASC/ NHS | Connected Care – Integrated Records | Connected Care is a joint health and social care programme funded currently through Better Care Fund.<br><br>The development and delivery of a role-centric, integrated record sharing portal embedded within health and social care systems. Interoperability and digital data exchange across organisational boundaries. | Live in BHFT & BFBC<br><br>SBC will be Aug 2017 | • Less time chasing information<br>• Cost – reduced duplicate tests, admissions, readmissions<br>• Clinical – greater clinical capacity, improved discharge and planning across care pathways<br>• Efficiency – reduction in adverse events and medication errors<br>• Interoperability saves lives and delivers higher level of care |

| ASC/NHS | Connected Care – Person Held Record | A person held record (PHR) for health and social care for the citizens of Berkshire containing information from health and social care providers and citizens, supporting the individual managing their care (digitally enabled self-care) and giving consent to providers of services and carers to view their record based on an agreed data set. | First quarter 2018 | • Citizen have choice and control<br>• Citizen are better able to help themselves<br>• More care at home<br>• Anticipatory care capability through monitoring technology<br>• Improvement programme integration |
|---|---|---|---|---|
| ASC/NHS | Connected Care – Systems Intelligence | Whole systems intelligence to bring together clinical outcome data providing an opportunity for supporting population health management, effective commissioning, planning, clinical surveillance and service re-design. | Third quarter 2017 | • Intelligence driven commissioning<br>• Holistic view of health and wellbeing continuum<br>• Citizen centric alignment with organisational services<br>• identify patients who are at high risk of an adverse event |

*ASC = Adult Social Care / SBC = Slough Borough Council / PH = Public Health / NHS = National Health Service

## 9    Risk Management

| Risk | Mitigation |
|---|---|
| **Managing demand** - as opposed to providing self-service digital interventions on their own may result in the opening of latent demand in the population | • Ensure that robust planning is in place to phase the implementation of various changes in the contact methods and manage any unintended consequences<br>• Ensure that face to face and phone contacts will still be available for complex cases |
| **IT infrastructure** – The Council is in the midst of a wide scale infrastructure project that creates a number of IT related staffing capacity and technical dependency issues during the same time period as this Digital transformation. | • Establish robust project and programme governance to resolve issues and as a point of escalation<br>• The Digital Transformation board has audited all Council digital projects with regards to strategic priority to ensure that project resource is allocated appropriately |
| **Digital Inclusion** - residents display different levels of willingness to engage with the digital world and the cost and access to digital solutions and data connectivity might inhibit progress | • Co-design solutions with our Citizens and staff and involve them as member of our project delivery teams<br>• Develop community based digital champions to engage and support our citizens |
| **Information Governance & Data Security** – there is a threat of fines and public criticism from data breaches | • Any projects that involve the transfer of data are subject to compliance frameworks to ensure that the correct information governance is in place.  Only when compliance has been achieved and this approved by senior NHS and Council officers will data be permitted to be sent and or accessed. |

## 10    Conclusion

10.1  There is a system consensus on the delivery of whole system digital transformation projects in Slough and the wider Frimley STP with good progress being made.

10.2  There are sufficient information governance and accreditation frameworks in place to ensure that Slough residents' data is protected in accordance with the Data Protection Act.

10.3  Digital inclusion is an area for further development to ensure that particular groups are not excluded from benefiting from current and future projects.

10.4 The citizen experience of digitally enabled health and social care is currently far from the digital world experienced in other aspects of our lives.

10.5 Digital interventions should be seen as an enabler, one size does not fit all.

10.6 Robust project and programme governance is required to mitigate risk, resource plan and escalate entrenched issues.

## 11 <u>Appendices Attached</u>

None.

## 12 <u>Background Papers</u>

None.