



Rutland
County Council



*East Leicestershire and Rutland
Clinical Commissioning Group*

Business Case

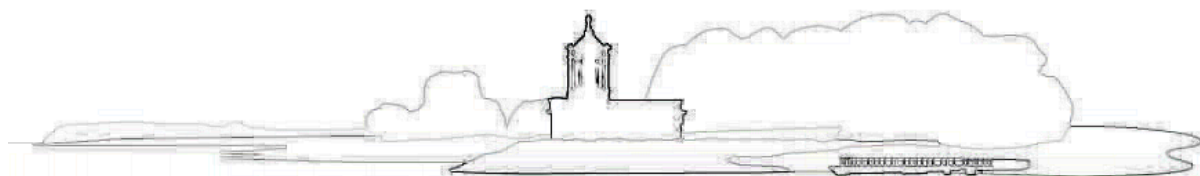
BCF Priority: Enablers

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Health lead:



DOCUMENT CONTROL
Control History

Change

Version	Change Summary	Change author	Date
0.1	First draft	Sandra Taylor	May 2016
0.2	Second draft (alignment of common sections)	Sandra Taylor	June 2016

Approval Schedule

Integration Executive: 26 May 2016

Health and Wellbeing Board: 28 June 2016

How to briefly describe this activity to a service user

A number of things can stand in the way of health and social care stakeholders working together in more integrated ways for the benefit of patients and service users. This workstrand helps to address those barriers.

This includes:

- **Staff development** eg. understanding how training and recruitment need to change so that the workforce evolves in step with the wider changes to service delivery.
- **Developing information sharing agreements** enabling health and care organisations to share information securely about service users in order to provide them with more seamless services. This must also respect the privacy and rights of individuals, who may withdraw consent for this sharing.
- **Improving case recording systems** so that information can be shared more easily and securely by colleagues with a legitimate need to share.
- **Keeping Better Care Fund stakeholders in the loop** on changes to health and care integration.
- **Health and social care working together to commission services**, rather than purchasing similar services locally from the same pool of providers, with different price structures, service levels, etc.

1 Description of Priority

1.1 Priority objectives

The main aim of this priority is to undertake some of the underpinning work which helps to accelerate health and social care integration and increase the ability for the programme to achieve its objectives more generally, including by helping to address barriers and blockers.

To do this, the Enablers workstrand must to work closely with and respond to the needs of the programme's three substantive priorities.

The main objectives, per strand of activity, are:

- **BCF programme communication:** To ensure that programme stakeholders, including the wider local workforce, are kept up to date with BCF programme aims and progress and the changes the programme is bringing about to health, care and wellbeing services locally.
- **Information Governance and information sharing:** To support stakeholders to undertake confident, lawful information sharing that supports the delivery of more integrated services, including through work on information sharing agreements and assurance frameworks.
- **IT:** To reduce the extent to which IT is a blocker, identifying IT-related blockers to integrated working and supporting Rutland participation in LLR Information Management & Technology (IM&T) projects implementing the LLR digital roadmap.
- **Analytics and monitoring:** To enable programme progress to be monitored using key impact metrics and locally defined output indicators. To use a range of data to generate insights that support the design and delivery of BCF projects. To continue to supply local data to Care & Health Trak and explore the usefulness of this system with decision-makers. To support in-house evaluation of BCF projects and schemes, as required by the national and local BCF governance structures.
- **Workforce development:** To support the identification and implementation of workforce measures that help the workforce to adapt to a changing approach to the delivery of health, care and wellbeing services, ensuring that required posts are filled and that individuals working locally in the health, care and wellbeing sector feel there is career development available to them even in a changing environment. This could include defining workforce actions through workshops, etc, supporting workforce analysis and planning, delivery of direct training programmes and leadership development.
- **Strategy:** To support development of the County's follow-on integration programme for 2017-20.
- **Integrated commissioning:** Commissioning leads to work together to identify commissioning opportunities that could be progressed in a more coordinated or joint way between BCF partners over 2016-18 and to set out a timetable for these procurements. To progress agreed procurements in new ways.
- **Programme management:** To support programme management and reporting.

1.2 Key activities, milestones (stages), deliverables

Actions, Milestones, Deliverables (X = product or deliverable)	Dependencies	Lead	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
BCF Programme approval					X										
Enablers business plan		S Taylor		X											
E1 ENABLERS															
BCF programme communication															
BCF communication plan 2016-17		S Taylor			X										
BCF communications activities	Comms plan	S Taylor													
Information governance and data sharing															
Participate in LLR Information Governance group		S Taylor													
Complete RCC IG Toolkit and understand compliance gap [complete]		S Taylor			X										
Coordinate work to address RCC IG Toolkit compliance gap & submit	Gap analysis IT, IG, ASC inputs	S Taylor													
RCC IG Toolkit compliance obtained		HSCIC					X								
Understand Information Governance gaps for integrated working including Information sharing agreements, training and fair processing adjustments	Working with 3x priorities	S Taylor						X							
Plan to address IG blockers		S Taylor						X							
Embed NHS number into social care/health interface - forms, processes, culture	With users of NHS number														
IT															
Represent Rutland in LLR IM&T activities including digital roadmap planning.	Better Care Together	J Haynes													
Contribute to LLR digital roadmap activities as required	Better Care Together	J Haynes													
Alongside the IG gap analysis, identify IT opportunities to support integration	Working with 3x priorities	S Taylor						X							
Analytics and monitoring															
Continue programme metrics reporting		JHaynes STaylor													
National BCF returns					X			X			X			X	
Support data needs of workstreams		JHaynes STaylor													
Provide agreed data to the Care & Health Trak system & encourage other partners to also do this, as applicable.	Leics BCF programme (system sponsor)	J Haynes													
Introduce Care & Health Trak locally to stakeholders who can use it to inform their decisions		J Haynes													
Review the application & usefulness of Care & Health Trak dashboards locally		JHaynes STaylor								X					
Develop a proposal to increase the learning from service user experience.									X						

Actions, Milestones, Deliverables (X = product or deliverable)	Dependencies	Lead	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Service user insight - implement the agreed approach															
Interim BCF 2016-17 evaluation		S Taylor										X			
Workforce development															
Work with each Priority to identify workforce issues and agree priorities															
Agree workforce development actions including Leadership Development, H&SC Protocol, provider training							X		X						
Coordinate Rutland participation in LLR/BCT workforce development activities	Better Care Together														
Strategy															
Interim evaluation – 2016-17 BCF programme	National timetable and guidance	S Taylor											X		
Strategy – development of the 2017-20 Rutland BCF programme	National timetable and guidance	S Taylor													
E2 INTEGRATED COMMISSIONING															
Use mapping to identify potential areas for cooperation on commissioning and confirm areas where cooperation will take place.	Partner commissioning plans	K Kibble-white					X								
Progress relevant joint or unified commissioning contracts. (May lead to new s75 agreements.)	Joint commissioning plan	K Kibble-white													
E3 PROGRAMME MANAGEMENT															
Programme management		S Taylor													

1.4 Exclusions

- Developments to IT systems not set out above, unless agreed via governance and affordable within available limits.
- Costs of obtaining NHS N3 secure gateway or equivalent access allowing access to the NHS Demographic Batch Service.
- Mainstream workforce development undertaken by each partner organisation.
- The following elements are addressed under Priority 1: Unified Prevention:
 - Local communication with the public about available services, including via the Rutland Information Service, is addressed under Priority 1: Unified Prevention.
 - The introduction of a new model to commission wellbeing services.

2 Approach

The Rutland BCF Enablers priority consists of actions that are either supporting the whole Rutland BCF programme (eg. programme management, monitoring) or activities being driven

forward to support the programme's three main priorities (eg. use of the NHS number). In some cases, local enablers actions connect out to the parallel Enablers workstreams that are part of the wider Leicestershire, Leicester and Rutland (LLR) Better Care Together (BCT) programme. None of the actions has value in isolation, and they all have a dependency on their connection to the core activities of the local BCF programme.

2.1 Operational Readiness

Some parts of the Enablers priority are continuations of work started in 2015-16, for example ongoing programme management, analytics activities that support the delivery of the overall BCF programme and projects that are underway such as securing NHS IG Toolkit compliance for Rutland County Council. In some other areas, the work to be done in 2016-17 needs to be defined or reconfirmed before it can proceed, for example, confirming where the key Information Governance compliance gaps are that could impede integrated working. In some areas, the level of integration in place in the last programming period may have meant that it was not the right time to address some of these enablers questions. Now that LiquidLogic is in place for Adult Social Care at Rutland CC, for example, the time is right for the next stage of work to fully embed the use of NHS numbers. The prospect of collocation of teams raises the importance of clear information sharing agreements.

- Better Care Fund Programme Communication: a communications plan needs to be developed for the Rutland BCF programme that is tailored to make good use of limited communications resources. It is likely that this will channel messages through to the existing communications channels used by Rutland BCF partners to keep their staff up to date, rather than placing the main emphasis on stand-alone BCF communications.
- Information Governance and information sharing: a stocktake will be done to confirm the real IG gaps that could impede closer working and affect the public's experience of more integrated services. The wider LLR group has progressed information sharing templates that, if applied locally, will allow fast progress in this area.
- Analytics: There are already effective processes in place to track most of the programme's key metrics. Further improvements would be beneficial in tracking local falls data, to supplement the formal falls target which relates to annual Public Health England figures.
- IT: Other than consolidating LiquidLogic for Adult Social Care, there are currently no independent IT actions on the Enablers agenda beyond supporting LLR BCT IM&T actions. This area may require further definition as needs arise.
- Workforce development: There is already an LLR workstream underway for workforce development, including the Health and Social Care Protocol. This workstream will
- Commissioning: Health and social care commissioning activities currently proceed largely separately. If joint or coordinated commissioning opportunities are identified, this will represent a new approach.

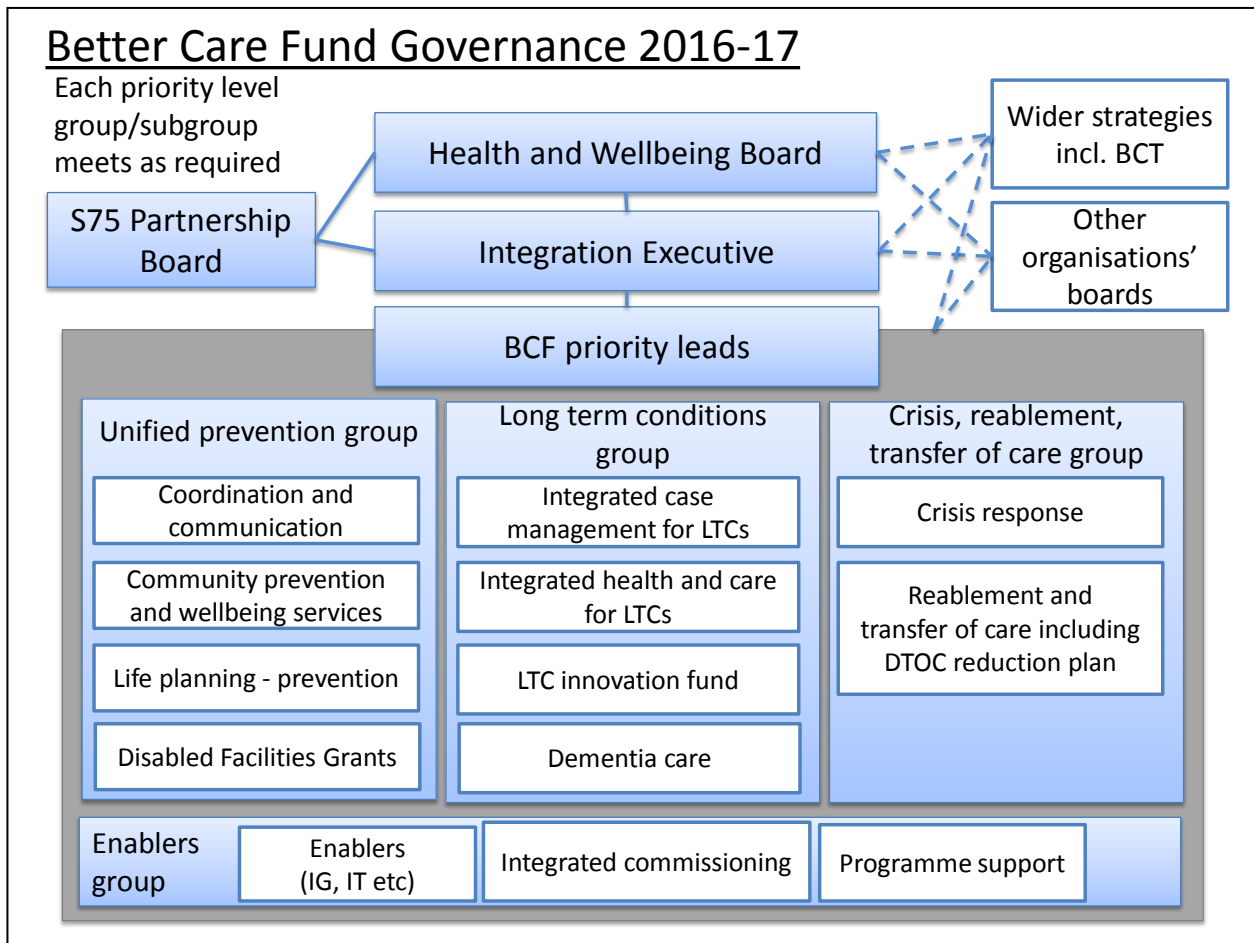
2.2 Work stream structure

The priority lead will coordinate delivery of this priority. The BCF priorities are inter-related, so a priority leads meeting has been established to ensure coordinated progress across the priorities. This will help to tailor Enablers outputs to best support the programme's main substantive change work.

Progress across all priorities will be reviewed monthly at the Integration Executive which steers the programme at the more operational level. Information will also be supplied as required to

support decision making and plan steering by the Section 75 Partnership Board (quarterly) and the Health and Wellbeing Board (quarterly as required).

Within the Council, the Enablers priority will involve its IT, Information Governance, HR and Data teams guiding or participating in activity that will support Health and Social Care integration locally. There is also a dependency across to LLR Better Care Together structures and workstrands.



2.3 Work stream contribution to key metrics

The activities in this priority will not have a direct impact on the programme’s key metrics. However, there is scope for indirect impact. For example, workforce actions could help to ensure that people have the skills to prevent falls so reduce emergency admissions. Improved sharing of information could help to speed up transfers of care.

In addition, the activities of the programme will help to feed into the quality of data that is providing the insights into how the programme is performing against the metrics.

BCF Metric	Rationale	Likely Impact (significant/ moderate/ none/ other)
Admissions to permanent residential and care homes avoided	Enablers supports the effectiveness of other measures	Potential indirect impact
People who have had reablement still at home 91 days after release from hospital	Enablers supports the effectiveness of other measures	Potential indirect impact
Emergency admissions reduced	Enablers supports the	Potential indirect

	effectiveness of other measures	impact
Delayed transfers of care avoided or reduced	Enablers supports the effectiveness of other measures	Potential indirect impact
Falls prevention	Enablers supports the effectiveness of other measures	Potential indirect impact
Service user satisfaction	There is work proposed to improve the insights gained from service users.	Potential indirect impact.

2.4 Work stream metrics recording

Under some activity headings, the work to be done will be specified in the early stages of the 2016-17 programme. This may lead to further specific metrics and targets being identified then tracked.

Information being collected	Information collected	Where information is collected / captured/ stored
NHS number in use in social care	% of social care records matched with NHS numbers	LiquidLogic
	Number of social care templates using NHS number	LiquidLogic
Information Governance	RCC IG Toolkit compliance	HSCIC website
	Information sharing agreements required, now in place	RCC info sharing agreement log
Metrics	Metrics reported on as required by the programme	BCF programme management filing.
Enablers activities confirmed during plan implementation to support priorities eg. service user feedback mechanism	As agreed per area of delivery.	Returns to priority lead.

2.5 Work stream performance reporting against metrics

Type of report being prepared	By whom	Reporting timeframes
Overall programme performance reports against key metrics	S Taylor and J Haynes	Coinciding with Integration Executives
Enablers updates	S Taylor and J Haynes	Coinciding with Integration Executives

3 Communication and Engagement

3.1 Stakeholder Analysis

This stakeholder analysis is not comprehensive but illustrates the sorts of interactions and engagement that will be needed around the Enablers activities.

Stakeholder Name	How they will impact on the priority	How they will be impacted by the priority	Communication requirements/methods
Priority and scheme leads.	Confirming what 'Enablers' activity they need to support progress in their area, what blockers they face.	The Enablers work will: provide programme management support to the Priorities, provide data to inform Priority actions, help to address blockers eg. IG issues.	Communication via the Priority leads meetings and Integration Executive.
Information Governance leads in partner organisations.	Helping shared IG solutions to be developed that mean that Rutland's sharing agreements etc are consistent with those used more broadly across LLR. This makes it faster to set up systems and easier for the workforce to comply with them.	Work here means that Rutland's partners will keep step with wider progress in IG frameworks and assurance (eg. IG Toolkit compliance). No need for special consideration of Rutland situation or approach.	Enablers Priority lead will attend the LLR IG Leads meetings.
Workforce of involved organisations	The workforce needs information about what the BCF programme and its changes mean to them. They have insights to offer about what workforce interventions would help support change locally.	The programme should help to coordinate pieces of work to improve Rutland as a place to work in health, social care and wellbeing.	BCF communications strand will be designed to reach the workforce. There may be activities that engage the workforce directly, eg. leadership development courses.
BCT IM&T group	The group is developing a digital roadmap for LLR which will help to shape eg. how the summary care record will be accessed by different health and care stakeholders. For efficiency and cost effectiveness, we need to work with this wider programme rather than develop isolated local approaches.	It is possible that Rutland could offer to be a pilot for data and IT integration actions, if relevant partners (RCC, LPT, GPs) were to agree to that sort of approach.	
Better Care Fund Regional Support Team	Setting requirements for how the programme is monitored and evaluated, which will be serviced under the	Potential to feed back local views and experiences to inform national approaches.	Good flow of comms via East Midlands teleconferences, events, BCF online community of practice,

Stakeholder Name	How they will impact on the priority	How they will be impacted by the priority	Communication requirements/methods
	Enablers heading		weekly BCF updates.
Healthwatch	Potential to help inform the approach to increasing learning from service users.	They will receive information about programme activities and performance, they may support user engagement.	Participation on the Health and Wellbeing Board and Integration Executive supports dialogue. Also ad hoc engagement around specific questions.

3.2 Scheme Reporting and Communication

Type of communication	Communication Schedule	Communication Mechanism	Initiator	Recipient
Highlight reports, including progress against milestones	Timed to coincide with Integration Executives	Integration Executive	Priority lead	H&SC Integration Manager
Scheme interim evaluation report	Q3-4	Integration Executive	Priority lead	H&SC Integration Manager
Overview, thematic or proposal papers as required	As set out in the Enablers plan, above, or as requested by Integration Executive, Partnership Board, Health and Wellbeing Board.	Relevant governance structures (Integration Executive, or Partnership Board, Health and Wellbeing Board)	Priority lead	H&SC Integration Manager
Programme level reporting including national quarterly returns	As required by the national BCF team	Templates as supplied by the national BCF team	Priority lead/ H&SC Integration Manager	BCF support team

4 Risks

3.1 Key Risks [start by seeing which of the risks in the programme apply]

Risk No.	Date Opened	Risk Owner	Risk Description	Probability (High, Med, Low)	Impact (High, Med, Low)
1	May 2016	S Taylor	Risk that the work of the Rutland BCF programme is not sufficiently visible to stakeholders and staff, reducing the potential for	Med	Med

Risk No.	Date Opened	Risk Owner	Risk Description	Probability (High, Med, Low)	Impact (High, Med, Low)
			changes to have a speedy impact and be sustained.		
2	May 2016	M Andrews (RCC Caldicott Guardian)	Risk that the RCC cannot secure NHS IG Toolkit compliance because system/assurance work does not proceed eg. due to competing pressures. Could impede health and social care integration and access to data for Public Health prevention activities.	Med	High
3	May 2016	S Taylor	Risk that health and care integration is delayed or impeded by the lack of mutual agreement on Information Governance standards - security policy, information sharing agreements, IG Toolkit compliance.	Med	Med
4	May 2016	S Taylor	Risk that information about service users is shared across organisations when service users do not realise this will happen or have refused consent. Potential Data Protection breach and loss of public trust. NB: Need clear means to manage consent consistently across health and social care.	Med/High	High
5	May 2016	J Haynes	Risk that RCC staff do not adopt the systematic use of NHS numbers as patient identifiers, eg in correspondence.	Med	Med
6	May 2016	J Haynes	Risk that new social care records are not associated with an NHS number, because there is no service usable by the Council to obtain them. [Currently, a mediated solution is in place. Watch.]	Low	Low

Risk No.	Date Opened	Risk Owner	Risk Description	Probability (High, Med, Low)	Impact (High, Med, Low)
7	May 2016	K Kibblewhite	Risk that parallel commissioning of similar services continues locally if coordinated commissioning does not progress – duplication, poor value for money. NB: A scheme has been set up to proactively address commissioning so this does not happen.	Med	Med
8	May 2016	S Taylor	Risk that formal programme metrics for falls and user satisfaction, being annual, provide too little insight into programme performance to tune actions to have the greatest impact.	Med	Low
9	May 2016	S Taylor	Risk that workforce issues impede programme progress.	High	Med

5 Costs

5.1 Priority Costs

Include all direct and indirect costs

Description	2016/7(£k)	Total (£k)
E1 Enablers – estimated allocations		£34k
BCF programme communications	£2k	
Information Governance and data sharing	£3k	
Metrics, intelligence, strategy	£17k	
Workforce development	£10k	
Other	£2k	
E2 Integrated commissioning		£0k
Direct costs	£0k	
E3 Programme management		£51k
Programme management incl on costs and overheads	£51k	

5.2 Funding

Include detail of any potential, or definite, sources of funding. Indicate whether this is likely to come from inside or outside of the BCF approved allocation for this work stream. If external, identify the proposed source.

Funding Source (External - name/Internal)	Confidence rating of funding being provided (H/M/L)	2016/17 (£)
BCF funding (<i>allocation approved by Health and Wellbeing Board</i>) :		
Enablers activities	H	£34k
Programme management	H	£51k
Total Funding		£85k

6 Exit Strategy

The work associated with this scheme is an enabler, and much of it comprises one-off costs. If the programme continues beyond March 2017, there will be a need for programme support and further enablers activity.

Once obtained, there will also be a need to submit an annual return for the NHS IG Toolkit. It is recommended that this is absorbed as a business as usual activity once the standard has been reached.