

Local Investment Programme National Event 27 April 2018

Welcome

Andy Hughes

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Care and Health Improvement Programme

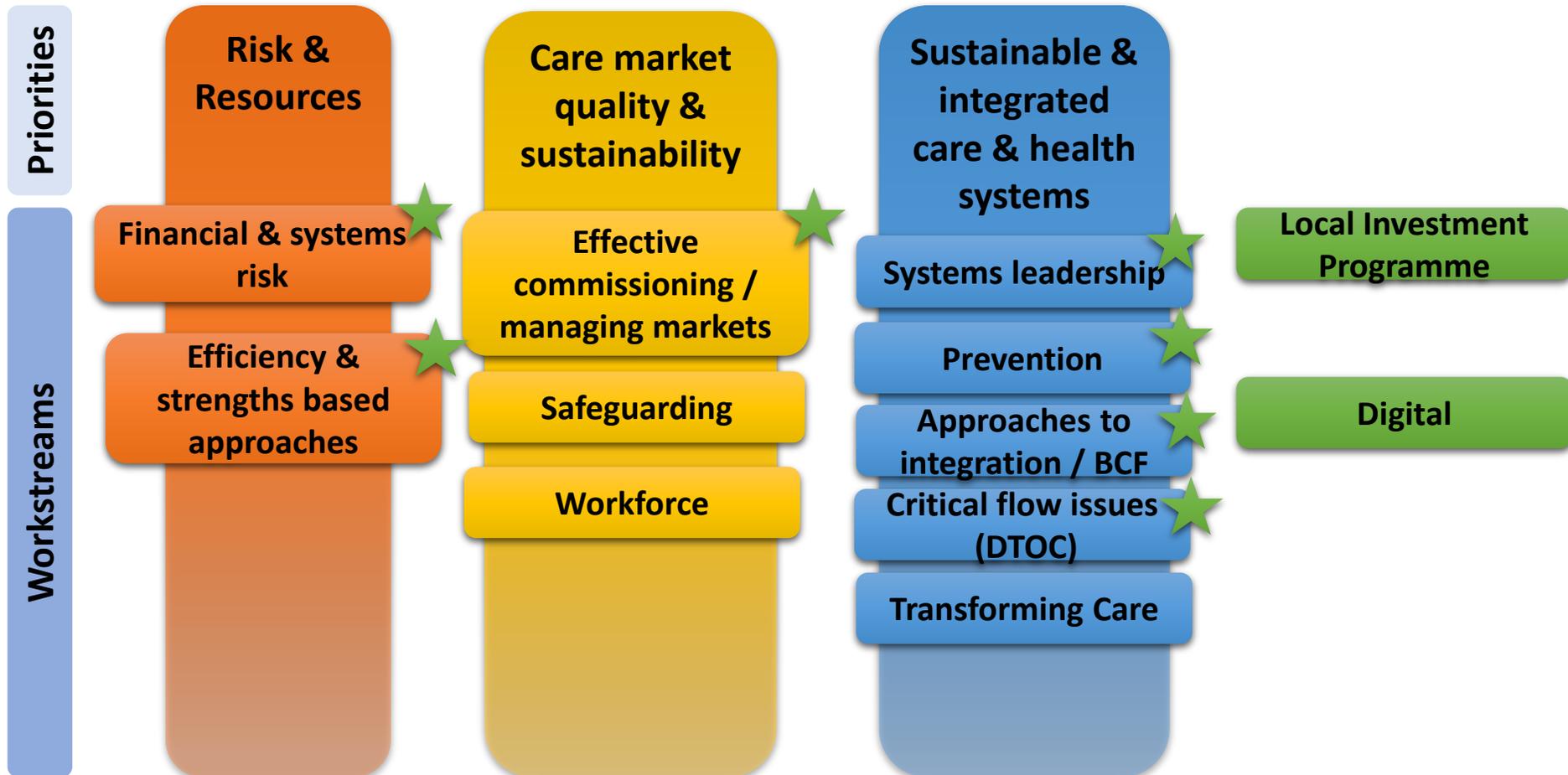
2018/19 Programme

Andrew Hughes
Head of Care & Health Improvement Programme



Sector-Led Improvement for Care and Health

Care and Health Improvement Programme Framework 2018/19



Introduction to the Day

Rob Tinlin

Event Facilitator

10.50	Department of Health and Social Care	Simone Bayes
11.00	Interim Evaluation Report	Pete Welsh
11.25	Scenario Planning 1	All
12.20	NHS Digital	James Palmer
12.30	Lunch	
13.15	Scenario Planning 2	
14.20	Round-up	Rob Tinlin



1	Stockton-on-Tees	Care plans shared with health professionals
2	Liverpool	Digital medication records in care homes
3	Nottinghamshire	Social care staff accessing health records
4	Solihull	Mobile technology for mental health professionals
5	Luton & Central Bedfordshire	NHS mail and shared care records in care homes
6	Plymouth	Supported living providers accessing care mgt info





1	Essex	Video calls to support reablement
2	Barnet	AT in supported living
3	Hampshire	Amaxon Echo
4	Bath and North-East Somerset	AT in reablement





1	Sefton and Knowsley	Electronic home care referrals
2	Wolverhampton	Shared DTOC & admission data across councils
3	Peterborough	Shared social care database across councils
4	Hackney	Aligning datasets to generate referrals for CBT





1	Bradford	Virtual assistant service to provide alternatives to traditional care
2	Leicestershire	Measuring and supporting prevention and non-medical interventions using tool
3	Norfolk	Client referral system to the voluntary sector
4	Kent	Apps for assessing impact of care navigation service
5	Harrow	Community ePurse for Personal Health Budgets



Department of Health and Social Care Introduction

Simone Bayes

Deputy Director Oversight and Social Care
Department of Health and Social Care

Ageing Society Grand Challenge

Key Findings from the Interim Evaluation Report

Pete Welsh

Head of Evaluation, OPM

Key Findings

What are the emerging key findings from the Interim Evaluation?

The first phase of the LIP evaluation collected data on and analysed the 19 projects from their start up to end March 2018.

At this early stage it was possible to develop an evaluation framework under 6 key themes

- 1. Ambition – the benefits of starting small**
- 2. Information governance, data sharing and consent**
- 3. The potential impact of General Data Protection Regulation (GDPR) on projects**
- 4. Developing with partners and coming to agreement about intellectual property (IP)**
- 5. Ethics approval**
- 6. Implementing behaviour change**

The Interim Evaluation revealed a range of challenges and enablers in relation to each theme.

1. Ambition – the benefits of starting small

The Challenge

- When developing project proposals, it is tempting to over-commit and identify the widest deployment of a project from the outset to make for a competitive bid.
- Several of the projects have made good progress by having a staged approach to developing the intervention.

The learning

- A staged approach where the scope of the project is initially limited to engage key stakeholders is necessary to demonstrate the possible outcomes and secure more buy-in.
- The early parts of a project are usually taken up with discovering where the challenges lie.
- Once these have been surfaced and addressed it gives other stakeholders confidence to engage.
- This can then be followed by a roadmap of broader engagement that leads to scale

The Challenge

- This is a particularly challenging area, where **projects that try to stratify patients run into patient identifiable data problems.** (e.g. Wolverhampton and Leicestershire)
- There is a recurring **bottleneck in approving data usage.**
- The Information Governance (IG) leads in trusts and care organisations tend to be focused on local issues. Innovative use of data then becomes subject to **resource constraints.**
- Organisations that put resources into projects that stall where there appears to be no help and the problems are difficult to uncover become **averse to innovation.**

The Learning

- NHS Digital could take this opportunity to **guide and facilitate data use.** They have a real opportunity to support innovation by having templates for stakeholder roles in common data sharing situations. For example, explaining who should take the data controller role and who could be the data processor.
- The example of how **Liverpool** have achieved their regional data sharing agreements and their roadmap to interoperability across health and social care would be a beneficial case study for other projects.
- Care system innovation projects experience **fewer barriers to data management.** While this is a benefit, it skews innovation towards these system developments at the expense of projects that consider the **patient journey.** To move to an outcomes-based approach that is patient focused there needs to be **guidance on how data can be used to achieve these benefits.**

3. Potential Impact of General Data Protection Regulation (GDPR) on Projects

The Challenge

- The EU GDPR comes into force on **25th May 2018**. It will have a great impact across any use of personal data.
- There is a lot of activity in the public and private sector in raising awareness of the impact of GDPR.
- In practice the Information Governance (IG) leads will be the front-line in handling changes and local negotiations around the new regulations.
- GDPR will have impacts in **consent, data sharing, breach notification, privacy by design and the role of Data Protection Officers (DPO.)**
- As organisations review their systems and consider the future, requirements issues around information governance are likely to slow down. **This may explain the delay in the DARS response for Leicestershire and Wolverhampton.**

The Learning

- Changes on the scale of GDPR do not occur with great frequency. However, health and social care are always operating against a background of continual change.
- This is a major contributory factor for why things always take **longer than planned** and an intervention in implementation **often looks different to what was originally planned.**
- This calls for **flexibility in approach** and an **action research** approach to intervention development that **accommodates change rather than persisting with the original proposal**. The LIP programme is a great example of this in action.

4. Developing with partners & coming to agreement about Intellectual Property

The Challenge

Intellectual property identification and management is a source of risk for many projects across the public and private sector. There are two main sources for this risk:

- a. That the innovation **breaches another entity's intellectual property** and/or
- b. That the development of the innovation **through collaboration** will result in **disagreement over intellectual property** that will stop the project.

The complexity of the second point increases as the number of stakeholders increases.

Intellectual property comes in the form of patents, registered designs, trademarks and copyright.

Currently, within the LIP programme most projects are purchasing software/services from third parties and this usually requires that the third parties **protect the purchaser against IP issues**. IP considerations are likely to arise when they **begin working on their solution**.

The Learning

As part of the document repository we will seek wording around IP development from other publicly funded innovation projects. This will help to inform the future guidance on IP development within projects.

The Challenge

- As more innovation crosses over between health and social care the **difference in the ethics approval becomes important.**
- Often the level of ethical approval required will be perceived differently by different stakeholders. For instance, a collaboration with a health provider may see the intervention as research whereas a social care provider would see it as service development or audit, which require **different levels of ethical clearance.**

The Learning

- Seek **guidance early in the project design** about the level of ethical approval required. This will be tied to whether the intervention is improving service delivery or constitutes a new way of delivering care.
- Seek **information from projects that have implemented similar interventions.**
- It is important to establish the **level of flexibility** allowed by the ethical approval obtained to change the project.

6. Implementing Behaviour Change

The Challenge

- For many projects there have **been behavioural barriers** which are limiting the project results. These include **resistance to adopt or deploy new technologies and digital literacy**
- The variation in this across projects and regions can explain why transferring interventions between contexts can yield very different results
- The area of behaviour change, relating to adoption of new ways of working, is highly studied because it is so challenging

The Learning

- As the interventions develop within their contexts one of the key factors in success becomes **engagement** with the projects by **front-line staff**
- The **role of champions** is often a key factor in motivating people to change, particularly when it comes to trusting new technology
- It can come from incentivising new behaviour
- We use the COM-B model which looks at three factors that contribute to behaviour change. These are: capability, opportunity and motivation to engage with the intervention
- By exploring the capability, opportunity and motivation for change the projects will also contribute to better understanding of how behaviour can be successfully addressed when implementing interventions

Scenario Planning 1 – Tackling the project barriers and enablers

Purpose:

- Opportunity for programme feedback
- Opportunity to share learning and experience
- Opportunity to shape phase 2 of the Evaluation
- Opportunity to influence any future iteration of the LIP

How it works:

- 2 x short scenario exercises (4 themes)

“Your project seeks to combine user data from multiple sources to provide a personalised and targeted service which will be more efficient for individuals.

It will seamlessly align access to relevant information and services across health, social care and voluntary services”

Consider:

- Who might lead? (role/ organisation/ department/ etc)
- What resources may be required (skills/ finances/ equipment/ etc)
- How might success be defined and measured?
- What potential barriers might be encountered and identify possible solutions

Making the most of your supplier partners

How do you plan to work with big suppliers

“Your procurement process is making it difficult to choose a technology supplier. You are currently working with one to deliver your project, but they are being slow to deliver updates, are causing delays and cannot incorporate all the functionalities needed”

Consider:

- Who might lead? (role/ organisation/ department/ etc)
- What resources may be required (skills/ finances/ equipment/ etc)
- How might success be defined and measured?
- What potential barriers might be encountered and identify possible solutions

NHS Digital

James Palmer

Programme Head, Social Care Programme
NHS Digital

Social Care Programme 15

- By 2020 we will have made a step change in the Adult Social Care sector's understanding and use of technology in order that people receive better and joined-up care within a safe, secure digital environment
 - This will be underpinned by interoperability between health and care IT systems, enabled by sector buy-in to advancing digital maturity through a range of small but impactful, demonstrator sites
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Opportunities for Further Adults Social Care Innovative Projects

1	Digital Social Care Demonstrators	Approximately 5 demonstrators will be funded to demonstrate the benefits of digitisation by the integration of health information into adult social care.
2	Digital Social Care Discovery	This project is to explore the opposite flow; ie sharing of information from adult social care providers with the health sector. We are seeking to work with a local area to establish one or more proof of concept initiatives in order to gain a better understanding of the ability of the care sector to exploit the benefits of the use of technology for integration.
3	Data use for social prevention and early intervention	<p>This project is to explore the use of cutting edge data analytics techniques to prevent or predict long term adults social care needs.</p> <p>We are seeking to encourage adult social care sector-led market engagement with appropriate research and/or business intelligence organisations to work in partnership on developing proof of concepts.</p>

New £1m Social Care Digital Innovation Fund for 2018/19

Competitive bidding process in two phases:

- Twelve authorities will receive £20,000 to design a digital solution to address a specific issue with their service
- Six will then be chosen to receive up to a further £80,000 to support implementation of their solution

The themes for this year are:

- Efficiency and strengths-based approaches
- Managing marketing and commission
- Sustainable and integrated social care and health systems

Current LIP LA's will not be allowed to bid as the lead organisation, but can be involved in a joint bid with another LA

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Scenario Planning 2 – Tackling the project barriers and enablers

“You have shown that your project will deliver sufficient cost savings across health and social care. There has been little take up, as patients who aren't used to technology are reluctant to do so, and frontline staff are unconvinced themselves. This is significantly halting progress.”

Consider:

- Who might lead? (role/ organisation/ department/ etc)
- What resources may be required (skills/ finances/ equipment/ etc)
- How might success be defined and measured?
- What potential barriers might be encountered and identify possible solutions

“You plan for your project to grow beyond the pilot into something self sustaining, where cost-efficiencies are used to fund the ongoing expansion of the project.”

Consider:

- Who might lead? (role/ organisation/ department/ etc)
- What resources may be required (skills/ finances/ equipment/ etc)
- How might success be defined and measured?
- What potential barriers might be encountered and identify possible solutions

Evaluation – Phase 2

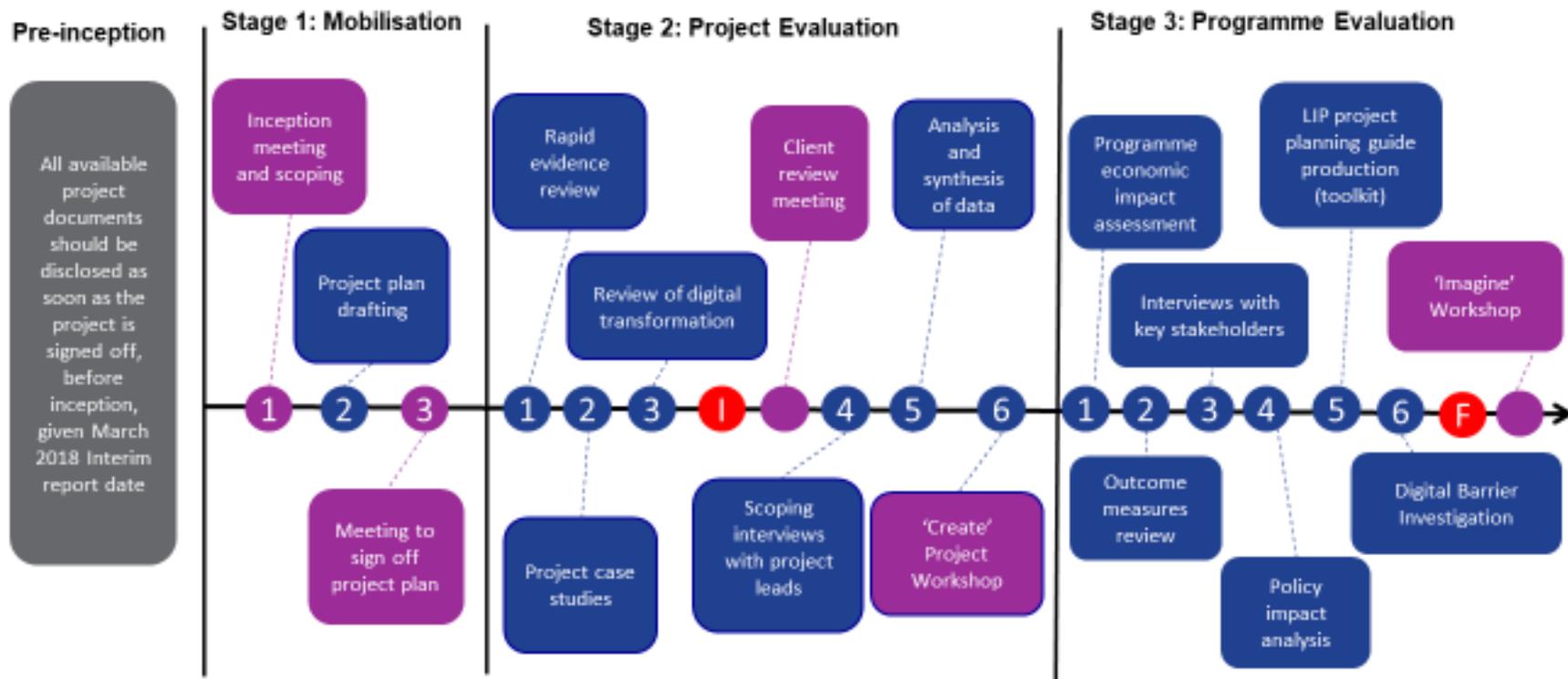
Pete Welsh

Evaluation Timeline

Option A: LGA timeline

I = Interim report delivered, March 2018

F = Final report delivered March 2019



Round-up

Rob Tinlin

Social Care Digital Innovation Programme

- What will you take away from today?
 - Released 8 May 2018
 - More information on www.local.gov.uk/scdip
 - Interim report, case studies and more
 - Complete your evaluation forms please
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