

Local Investment Programme

Nottinghamshire County Council –
**Comprehensive shared record
system for right people at right
time**

CASE STUDY

April 2018

Local Investment Programme

Local Investment Programme is overseen by the Local Government Association on behalf of the funders NHS Digital

OPM Group and the Bayswater Institute were commissioned to evaluate the Local Investment Programme producing an interim evaluation report and case studies.

Nottinghamshire County Council was one of 19 local authorities to be funded in 2017/18 under the theme – **sharing information and integrating services**

The Local Investment Programme full interim evaluation can be found at www.local.gov.uk/scdip



Synopsis

Challenge & solution

The impact

Sustainability

Lessons learned

Project Summary: Shared comprehensive record system to allow social care staff access to real-time acute, mental health, primary and community health information

Partners: Nottingham University Hospitals NHS Trust, Connected Nottinghamshire

Outcomes: Efficient use of practitioners' time to access client data

Projected Savings: 5% of social workers' time saved (£2,100 per year) and £25,272 saved in reduction in bed numbers

- Nottinghamshire County Council (NCC) rolled out the first Information sharing project with health in November 2016. This was developed with staff at Kings Mill Hospital to allow Emergency Health employed staff access to a small amount of Social Care data to support clinical decisions on hospital admission or discharge.
- The technology developed allowed for a patient's NHS number to be used to match them to records in the social care system. With consent from the patient, the following information could be shared: current care package, care provider, existing safeguard concerns, and social care reference details.
- The proof of concept project helped gather support and momentum for development of information sharing projects with health partners, supported by investment from IBCF funding in ICT resources.
- The main focus for further development has been at Kings Mill Hospital using phase 1 learning to look at how health information can be passed the other way. The first part of phase 2, being the Automation of the Assessment Notice process with system to system message transfer. Currently in the testing phase this is due to go live before the end of May.

- Alongside this work Nottinghamshire have been working closely with partners of other Health partners and trusts across Nottinghamshire through support from Connected Nottinghamshire.
- Nottingham University Hospital Trust (NUHT) is the largest acute trust locally and through close working and sharing of learning there was an opportunity to join existing their ICT system development work. Specifically their hosting of the Carecentric Community Portal
- NCC will use the LIP funding to access this portal development at NUHT to improve information sharing. The portal initially allowed access for multiple systems and sharing across the trust however has since developed to include access to information from Sherwood Forest Hospital Trust, GP data through the Medical Interoperability Gateway (MIG) and mental health data from Notts Healthcare Foundation Trust. The funding will support the first year of licencing costs allowing the authority to analyse the full scope of benefits following implementation to provide evidence for ongoing longer term investment.
- There are two phases of this project
 - The first will be to develop a Social Care view of the existing data available within the portal. This will be through a contextual link from the Mosaic Social Care system directly to the Service User Information .This is key to support usage by Social Workers; and provide Information Governance assurance that only relevant patient information is being accessed for direct care purposes.
 - The second phase will be to upload a regular dataset of Social Care data into the portal to allow health staff access to information to make clinical decisions.
- As with the work at Kings Mill Hospital, this would mean that clinical staff do not need a social worker to access Social Care records, and allows them to make informed decisions about whether a person can be supported back home or should be admitted to hospital.

The Challenge

- There are currently delays in decision making for managing people's care due to the lack of integration and delays in information sharing between health and social care.
- Patients currently have to repeat their story to health professionals where information is not shared.
- Time is wasted by multiple professionals duplicating processes and chasing information across systems
- This impacts on care pathways, length of stay, delays, staffing productivity and outcomes for people using these services.

The Solution

- Accessing a system that offers technical integration between health and social care, which will improve job satisfaction, change staff behaviours, and improve decision-making capabilities and can provide a seamless and effective response to patients and service user needs.

Impact for council and patients:

- Swifter and more informed decision-making for all staff
- Significant reduction in demand for social care staff to look people up on Mosaic for health colleagues and significant reduction in time chasing for this information.
- A higher proportion of patients supported to return home from hospitals outside of normal working hours and supported to remain living independently at home (as hospital staff will not need to take into account social workers' hours to retrieve necessary info.)

Cost savings:

- Allowing Social care staff to have immediate access to key aspects of health information about a patient would save time across all services – A report conducted in 2016/17 on the benefits of better information sharing, staff felt they consistently spent 2-3 hours per day chasing information from health. This will be assessed in full as part of benefits baselining.
- Clinical cost avoidance from bed saving worth £ 5,272 per annum, assessed at a nominal £243 per day, assuming that 1% of all enquiries result in a non-admission.

- Health Integration is a key strand of NCC's ICT Strategy and this project sits within a portfolio of other projects and work to support the STP Local Digital Roadmap.
- Much work has been done to make sure in house development works through existing ICT programmes. This will ensure that the work is scalable and that partners can participate without large cost of technical development.
- Using existing governance arrangements for project management

Anticipated lessons:

- In addition to providing learning for other local authorities and their usual health partners, this project is expected to provide valuable learning on developing Social Care views and access to information within the Carecentric Portal. Development of single sign on access and contextual links for information (a key barrier for greater usage at other Local Authorities)
- Finding a solution that secures the flow of relevant information between partner organisations and which meets data protection and information governance requirements. GDPR is being reviewed.
- Identifying key datasets and information required for health and social care decisions and possible future workflows
- Changes in workforce behaviour as staff will be required to use new systems and follow new procedures.



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The final evaluation report will be published by March 2019

