

Local Investment Programme

Stockton on Tees Borough Council – **My Voice, My Choice Personalised Care and Support Planning**

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.

Stockton-on-Tees Borough Council was one of 19 local authorities to be funded in 2017/18 under the theme – **enabling people to interact with care services through digital channels**

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: Online Care Plan tool shared with all professionals (with consent) in order that clients only have to tell their story once

Outcomes: Up-to-date care plans (My Voice, My Choice) uploaded onto partners' systems to enable better care planning and improved choices

Projected Savings: Reducing duplication of work (£144,000 per annum)

- This project wishes to give people more control to develop their own Care Plans online and share these with the relevant professionals, creating one seamless experience for clients so they only need to tell their story once.
- The LIP funding is being used to develop an open API from an online Care Planning Tool to enable the care plan to be shared with all professionals who have explicit consent, by enabling care plans to be uploaded onto partner systems. Information from the care plans will be used to review services currently being used and to determine which services should be commissioned in the future.
- Stockton-on-Tees is a pilot site for Integrated Personal Commissioning (IPC), which is a new approach to joining up health, social care and other services, allowing people to 'commission' their own care through personalised care and support planning and personal budgets.
- This project is aligned with IPC as well as their Better Care Fund plan, the Digital Transformation Work stream of their STP and BHP and their Local Digital Roadmap.
- This system will support Discharge Planning, Multi-disciplinary Service and their Single Point of Access for Health and Social Care.

The Challenge

- People currently need to repeat their story to different parties within health and social care and create multiple care plans which offers a disjointed service for individuals.
- It also created duplication of work for health and social care professionals as they create multiple care plans for one individual.

The Solution

- Commission 'Open Objects' to develop Open API
- Give people the ability to create a single online care and support plan which can be shared with relevant parties in health and social care.
- Professionals involved in delivering care will be aware of all the other services involved and care being received as part of an individual's care plan.
- This will avoid duplication of work and free capacity.
- As a result of this project, clients will only need to tell their story once.

Impact for clients:

- More personalised, joined up and targeted service.
- Less time explaining story to multiple health and social care professionals and receiving various and potentially overlapping or conflicting care plans.
- More support for self-management and peer and community support as part of ongoing care plan.

Impact for professionals:

- Access to bigger-picture view of an individual's care plan, with full understanding of where their services are required.
- Less duplication of work

Cost savings:

- Sharing information: This will mean that clients will only have to share their story once, but also that there will be less duplication of work between various health and social care professionals.
- Care planning does not need to be done by a professional (or multiple professionals), but can be update and maintained by the individual. Creating care plans can take up to two hours with an individual.
- Will lead to better early intervention and prevention which will reduce non-elective admissions to hospital.

- Unfortunately owing to the failure of the supplier to produce two key deliverables within the timescales this project has not been able to progress as planned.

Anticipated lessons:

- Determining how people feel about developing and updating their own plans.

Challenges to delivery

- The API can be developed which can allow data to be exported from the online care and support plan, but there may be challenges for partner systems to import the data. To overcome this they will identify partner organisations who are most willing to work on developing this import interface.
- Challenges in created an explicit consent model:
- Need to develop a Privacy Impact Assessment and an information sharing agreement with each organisation receiving the information.
- Need to determine whether individuals giving consent have capacity to do so.
- Information Governance (IG) and sharing of information across systems (GP, NHS etc) including permission and security.
- Receiving support from 'Connected Health Cities', as this project links with their wider IG objectives for the Great North Care Record.
- Delays in delivery from product developers 'Open Objects'.



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The final evaluation report will be published by March 2019

