Joining Up Care Programme - NHSX

Purpose of report

For direction.

Summary

This report introduces Members of the Community Wellbeing Board to the new joint programme between NHSX, the LGA and ADASS called Joining Up Care. It explains the background to the programme, and advises upon the key issues, opportunities and considerations for Members.

Recommendations

Member of the board are asked to consider and approve the following:

* 1. to approve, in principle, the co-branding and partnership between the LGA and NHSX for the JUC programme. Further information will be provided for individual elements
  2. receive JUC programme updates to the board on a regular basis ensuring the board are sighted on key programmes and progress
  3. update paper at next board which outlines the LGA plans to ensure local government views are embedded into the JUC approach and governance
  4. This work also fits under the portfolio of the LGA’s Innovation and Improvement Board (IIB). CWB take ownership of this work with IIB to receive updates for note where relevant

Action

Officers to report back to the Board in line with their decisions and recommendations.

Contact officer: Jamie Cross / Hannah Gill

Position: Programme Lead Advisor / Programme Manager

Phone no: 07856289407

Email: Jamie.cross@local.gov.uk / Hannah.gill@local.gov.uk

Joining Up Care Programme - NHSX

Background

1. NHSX were created in April 2019 to hold responsibility for setting national policy and developing best practice for National Health Service technology, digital and data, including data sharing and transparency.
2. Prior to COVID-19, we have been working relentlessly to engage with NHSX and influence their work. NHSX is a key partner and as such there has been significant time investing in nurturing this relationship.
3. The COVID pandemic has brought the need to improve digital technology across health and care services into sharp focus. Since March we have been working closely with NHSX on their offer. This soon developed into a new agenda called Joining Up Care (JUC) which incorporates existing programmes, as well as new ones due to COVID, to further move towards digitally enabled and integrated frontline health and care services.
4. In May, a joint letter from Mark Lloyd, Cllr Hudspeth and James Bullion (ADASS) was sent to Matthew Gould, the Chief Executive of NHSX to officially suggest that the LGA co-partner JUC, with the agreement to ensure resource was available from the LGA digital CHIP team. This letter was well received and secured commitment that JUC will be delivered in partnership with the LGA and the Association of Directors of Adult Social Services (ADASS).
5. JUC has the dual aim of reducing the impact of winter pressures and a second COVID wave, whilst also accelerating and reinvigorating existing pre-COVID long term priorities. Whilst the last five months has naturally seen a focus on the short-term winter and second wave aims, it will be important to keep strategic momentum for the benefits that the longer-term elements of JUC will bring.
   1. The benefits to residents of joined up care and health which is supported through better digital technology have been brought into sharper focus as a result of the pandemic, particularly with the forced lockdown which saw many face-to-face interactions stopped. More health, social care and community health is taking place in people’s homes using digital tools. In the short-term, this is reducing the risk of face-to-face infection transmission whilst maintaining social connections and whilst still meeting health and care outcomes for individuals.
   2. Society has seen the benefits of digital tools in all walks of life, with the pandemic increasingly highlighting the benefits and therefore accelerating cultural change. There is now a greater appetite for digital transformation and skills development.
6. However, this initiative, whilst welcome, is not without its challenges and it will be key that local government co-designs and delivers this work in partnership, with local political involvement and oversight. The focus nationally has typically been on the NHS and despite excellent examples of digital transformation in social care, it has not seen that same focus on investment in infrastructure and training.

Joining Up Care Overview

1. Joining Up Care is an initial three-year plan, with most objectives looking to be reached by FY2023/24, however this is a much longer-term agenda than that with many of the projects looking at developing the evidence for further change. Its three interdependent workstreams are described in the graphic below.

Improve the health and wellbeing of service users and care home residents through better connectivity and the delivery of remotehealth and care services

**Connecting care providers**

***Supporting NHS@Home***

Supporting people to stay well and to help them access and receive health and care services from home

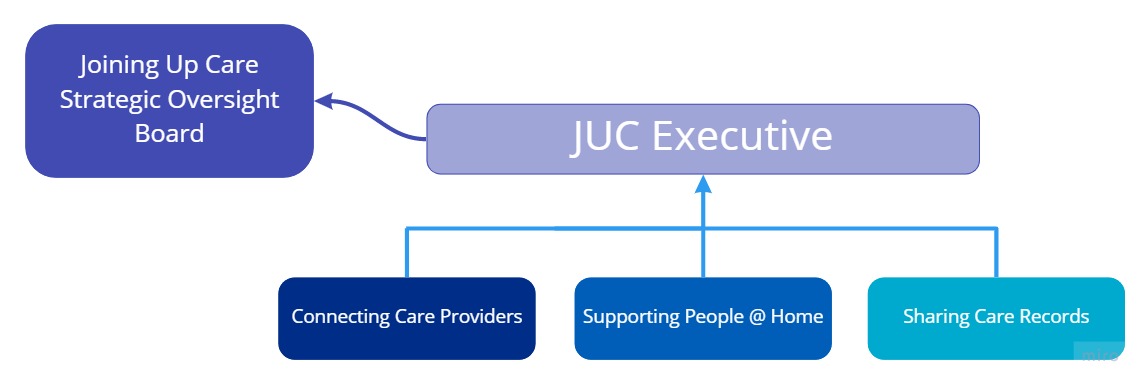
**Supporting people at home**

**Sharing care records**

Implementing records across care providers and accelerating sharing of care records and plans as needed by the health and care frontline; creating a platform for digital service models and insights that drive population health management.

These three workstreams contain several projects, full detail of all the projects can be found in **Annex A**. The workstreams are also underpinned by critical enablers such as essential culture and skills work, clarification on policy and funding, standards and guidance, and support for the development of digital transformation capabilities in culture and skills.

1. The programme is governed by an internal JUC Operational Executive, and an external JUC Strategic Oversight Board. The Digital arm of the LGA’s Care and Health Improvement Programme have been co-ordinating and engaging at a programme, workstream and project level. Ian James is the LGA’s primary strategic lead and is the deputy chair of the Joining Up Care Strategic Oversight Board (governance structure in image below). The LGA have also invested in a full-time joint programme adviser lead role at tactical level.
2. The LGA’s role in the programme is to ensure adult social care is an equitable partner to health, to build strong strategic relationships, and to engage local government and care sectors to make sure the delivery of JUC works locally.
3. It will also be vital that we embed the right people with the right strategic and front-line experiences across care and local government systematically across at the project level to properly represent local government and care at all levels of this programme.



Issues, Opportunities and Considerations

1. Whilst there is support from national politicians for this work, NHSX have not yet settled on their Joining Up Care narrative, nor do they have funding committed post March 2021. Funding post-March has been included in several Comprehensive Spending Review bids. The programme contains risks and it is critical for its success that we get this right in terms of communication and engagement with local government and social care.
2. We are therefore beginning our internal LGA engagement now to prevent the risks associated with waiting for an agreed NHSX narrative. We will begin external engagement with our local government and care provider partners following our internal engagement.
3. Although there is still work being done at a strategic level by NHSX on JUC there are several operational projects which NHSX have progressed quickly. The first major project was launched on 27th September 2020, which is the gifting of up to 11,000 iPads to care homes in need. This was to enable:
   1. Video consultations with medical and social care professionals.
   2. Use of NHS mail (secure email) and MS Teams.
   3. Access to residents’ health information.
   4. Residents to connect with loved ones remotely.
   5. 4G connectivity to care homes if required.
4. This project was a ministerial priority, directly funded by HM Treasury, and the LGA have been heavily involved in simplifying the application process for local government and care, advising on language and co-drafting outputs. Cllr Hudspeth and lead members were briefed and approved the co-branding the offer letter whilst colleagues worked quickly to help distribute it through Local Government channels and develop a press release.
5. As we are a key partner in JUC, it is critical that we support CWB members to engage in risk/opportunity management and provide oversight over key decisions. Several of the other projects in **Annex A** are progressing quickly and therefore we will increasingly be needing to update members to evolve this engagement.
6. We are exploring opportunities for how members of the CWB can be engaged in the wider governance of JUC.

1. Members of the board are asked to consider and approve the following:
   1. to approve, in principle, the co-branding and partnership between the LGA and NHSX for the JUC programme. Further information will be provided for individual elements;
   2. to receive JUC programme updates to the board on a regular basis ensuring the board are sighted on key programmes and progress;
   3. for an update paper at next board which outlines the LGA plans to ensure local government views are embedded into the JUC approach and governance; and
   4. for CWB take ownership of this work with the Innovation and Improvement Board to receive updates for note where relevant.
2. JUC will only succeed if it is truly delivered in partnership with local government and care. Engagement with members is an essential element of that and therefore the team are very keen to work quickly to ensure members have the tools they need. The team welcomes a two-way conversation and members’ experiences as community leaders and residents is crucial. A key role the LGA must hold is to speak up, influence and say when things won’t work locally.

Implications for Wales

1. No specific implications for Wales.

Financial Implications

1. Joining Up Care is primarily being funded by NHSX. c£125m has been committed to in FY 2020-21. NHSX have submitted Comprehensive Spending Review bids totalling c£940m for FY 2021-24.
2. The LGA have committed to a joint Grade 6 resource for six months, with the longer-term plan that this will be funded via NHSX or DHSC separately

Next steps

1. Members of the board are asked to consider and approve the following:
   1. to approve, in principle, the co-branding and partnership between the LGA and NHSX for the JUC programme. Further information will be provided for individual elements;
   2. to receive JUC programme updates to the board on a regular basis ensuring the board are sighted on key programmes and progress;
   3. for an update paper at next board which outlines the LGA plans to ensure local government views are embedded into the JUC approach and governance; and
   4. for CWB take ownership of this work with the Innovation and Improvement Board to receive updates for note where relevant.
2. Officers will engage with the Board in line with their decisions and recommendations.

**Annex A – Description of Projects which make up Joining Up Care**

|  |  |  |
| --- | --- | --- |
|  | **Project Title** | **Project Outcome Ambition** |
| **Connecting Care Providers** | Devices for Care Homes (short-term for winter) | Care homes will have access to tablet devices to support remote health consultations and enable contacts with friends and families. |
| Care Provider Connectivity  (strategic, longer-term) | Care homes who want to upgrade broadband/ Wi-Fi do so with co-ordinated discounted deals. |
| Care Provider IG & Cyber Compliance (strategic, longer-term) | There are increased levels of compliance with data security and IG, following simplification of guidance. |
| NHS Mail and Care365 (short-term for winter) | NHSmail / secure email in use by 80% of care homes, with increased uptake of MS teams and Microsoft Tools. |
| **Access to Information**  Carer proxy access (strategic, longer-term)  [GP Connect](https://digital.nhs.uk/services/gp-connect) and [Summary Care Record](https://digital.nhs.uk/services/summary-care-records-scr)  (short-term for winter) | Care staff have proxy access to medication re-ordering, and GP record access.  Local health and care teams have national support to establish data sharing agreements for direct care.  Care providers can access GP records (read only) for the people in their care, via the Summary Care Record mobile application and GP Connect website. |
| Virtual Clinical Support for Care Homes  (short-term for winter) | Rolled out new service model for GPs to provide virtual clinical support for care home residents. |
| Digital Social Care Records | Care providers in deprived areas will have access to reduced rates for implementation of digital care management systems.  A list of common interoperability standards for Digital Social Care Records published.  An assured list of digital care management systems suppliers will be available for care providers to use and have access to buyers guidance to support care providers’ decisions. |
| Clinical Communications  (strategic, longer-term) | Easier access to instant message platforms across health and care settings for urgent advice and guidance. |

|  |  |  |
| --- | --- | --- |
| **Supporting People at Home** | Remote monitoring  (short-term for winter) | Remote monitoring of health in homes and care settings, tested across all regions and covering people with particular long-term conditions. |
| Outpatient transformation  (medium-term) | Outpatient transformation for ophthalmology and other digital pathways implemented regionally for particular conditions. |
| Scaling Social Care Tech  (strategic, longer-term) | A national strategy for scaling the use of technology in social care.  A taxonomy to identify tech that solves particular problems.  A procurement framework that supports local authority investment in care tech.  Sharing local guidance and good practice. |
| Covid-19 symptom monitoring in care homes  (short-term for winter) | COVID-19 symptom monitoring software solutions deployed to residents via apps on care home devices within a number of homes and evaluate impact. |
| Digitally Connected Households  (strategic, longer-term) | The needs of housebound population and ways to support them digitally are understood, with local exemplars leading innovation in home settings for health and care. Plus, associated maturity model.  Digital innovations that support self-care for different health and care issues are categorised by the type of tech platform, the level of evidence of benefit to resident, and evidence of reducing health and care inequalities. |

|  |  |  |
| --- | --- | --- |
| S**haring Care Records** | Shared Care Record roll out | Each Integrated Care System area and Sustainability and Transformation Partnership area has a plan for sharing care records which is aligned with a strategy and accompanied by architecture.  Clear guidance and support for building or buying sharing solutions with associated delivery plan and support for unblocking local procurement issues. |
| Strategic use of linked health & care data | Strategic delivery plans for Shared Care Records which include how data can be used strategically for health and care outcomes, and for population health management and research. |
| Standards  (medium-term) | Mapped standards for sharing records with analysis for any changes that need to be made. |
| Simplified Information Governance  (short-term for winter) | Legislative environment reviewed with simplified information governance across health and social care. |
| Digital Community Services Interoperability | Digital transformation challenges for community services and providers, and options for solutions. |

|  |  |  |
| --- | --- | --- |
| **Enablers** | Procurement and standards | Simple selection of remote monitoring tools locally available.  Advice and guidance for digital social care records and management software for care providers.  Guidance and support for commissioners.  Frameworks to assisting in scaling for evidence-based innovations.  Suppliers vetted against required cyber security standards. |
| Policy | Funding and support to social care sector is compliant with legal functions.  Funding agreements with social care providers align with incentives around using the deployed tech, but without adding undue burden.  Data collection policy and data strategies are aligned.  Requirements options for quality and safety in social care have been explored to reflect digital maturity. |
| Sharing good practice | Clarity over the funding of local investments. A clear vision for digital maturity. |
| Digital Leadership | Digital leadership requirements are clear. Learning is designed and there is a deliver plan across care sector.  Creation of ASC digital network to engage digital audience, share best practice and implementation.  The Digital Nurse Network brings together nurses (and other practice staff like HCAs) together to learn more about the national and digital initiatives being implemented and provides support to develop their digital skills. |
|  | Skills | There’s a shared understanding of skills and digital maturity levels across the sector, following a published independent review.  The HEE digital readiness programme includes a wide-ranging social care training and skills development offer.  There’s a model for digital champions to encourage peer to peer learning.  Providers have access to a wide range of digitisation support materials, provided by sector-led Digital Social  Care website.  Continued funding committed for Digital Social Care helpline. |
|  | Career Pathways | Digital skills to be embedded professional career pathway.  Extension of National Clinical Entrepreneur Programme to include care workers. |
|  | Levers and incentives | Incentives & levers for compliance with standards are understood. |