

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 8 May 2019

Report By	Rob McCulloch-Graham, Chief Officer Health & Social Care
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STRATA PATHWAYS™ – PROPOSED EXTENSION OF THE PROJECT

Purpose of Report:	To seek approval for ICF funding to extend and expand the Strata Prototyping Project
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Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> a) Note the attached Project Evaluation Report for the Strata project (Phase 1) b) Approve the proposed extension and expansion of the Strata Prototyping Project (Phase 2) relating to the Discharge Management Process for 12 months – with an interim evaluation after 6 months c) Agree that the scope of the project be extended to include Integrated Locality Teams and, if appropriate, Hospital to Home referrals. d) Agree that the extended project be funded from ICF funding e) Agree that Strata be included in the “Discharge Programme” with four other projects (Matching Unit, Hospital to Home, Garden View and Transitional Care) and be evaluated with them in September 2019.
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Personnel:	There are no direct staffing implications relating to this report.
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Carers:	There are no direct impacts on carers arising from this report.
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Equalities:	No EQIA has been carried out. An EQIA was completed as part of the strategic planning process. EQIAs will be undertaken as appropriate for each project within the programme.
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Financial:	<p>It is proposed that the extension to the project will be funded from ICF.</p> <p>The cost of extending the pilot for 12 months is up to £185,000 – with a minimum commitment of £57,500 – based on:</p> <ul style="list-style-type: none"> • £115,000 for Strata (licences, consultancy and support) based on £1/head of population per year. Strata have agreed to include a 6 month termination clause. Therefore, the minimum commitment is for 6 months at £57,500. • A provision of up to £50,000 for integration costs – this cost is still to be determined and funding would only be drawn down after negotiations with suppliers and following a positive interim evaluation report and agreement by the IJB after 6 months • A provision of up to £20,000 for penetration testing to ensure that the data (from NHS and SBC) is securely held over the integrated systems. As with integration costs, funding will only be drawn down following a successful interim evaluation report and agreement by the IJB
Legal:	N/A
Risk Implications:	Continued buy-in from providers, service managers and staff will be critical to the project. A 6-month break clause in the contract provides an early exit point from the project if it is not delivering the expected benefits as outlined in Section 2 of the attached evaluation report.

1. Purpose

This report seeks approval for ICF funding of up to £185,000 to extend and expand the Strata Discharge Management Prototyping Project for a further 12 months – with an interim evaluation after 6 months to September 2019. An evaluation of the Strata project to date (Phase 1) is attached as Appendix 1 and a brief for the extended pilot (Phase 2) is attached at Appendix 2.

2. Background

Strata is a cloud-based solution that enables improved, more efficient automated processes which match patient's needs to resources. It can be applied across any and all health and social pathways and therefore has the potential to be a critical tool in redesigning and improving all integrated services.

A prototyping project, funded with £75,000 from ICF, was initiated in August 2018 to:

- Gain an understanding of the challenges of applying the Strata system and approach to our operational environment
- Determine whether or not there was a business-led case for committing to Strata on a permanent basis and expanding it across further H&SC pathways.

In doing this, the project set out to apply Strata to the improvement and automation of the discharge management process – specifically, to the processes of discharging the person from the hospital (Borders General Hospital and the 4 Community Hospitals) to both residential care and care at home providers.

In the project, Strata is used by Care Providers to establish a live and dynamic directory of vacancies, capacity and services that, in turn is used by Health & Social Care Teams (START team and Matching Unit) to quickly source appropriate care. This does away with inefficient processes involving multiple staff, simultaneously ringing multiple providers to try to secure a place or package for the patient. Once a place is found, Strata enables personal and medical details to be sent digitally and securely through its system, rather than by email or post, to the provider so that essential information precedes the patient to the care provider.

3. Interim Project Evaluation (Phase 1)

An interim project evaluation report is attached at Appendix 1 and is summarised here.

The project was funded with £75,000 ICF to the end of March 2019, at which point, it was intended to evaluate before deciding to commit to Strata over the long term.

Initial engagement with providers and H&SC teams began in August last year and, over the following 2 months, existing processes were mapped, redesigned and validated. Training of all Residential Care providers took place in November with the system going live from December. Care at Home providers began to be added to the system from December with training provided at their offices.

Whilst good progress has been made and many clear potential benefits have been identified (see Section 2 of the attached interim evaluation report), the implementation across 29 residential care homes and 9 care at home providers has however proved to be more complex and taken longer than originally anticipated. For a number of reasons (particularly the time taken for providers to obtain business broadband providers addresses) some providers have not been able to go live on the system as early as hoped and, at the end of February, 5 providers were still not on the system. As a result, it has not been possible to discontinue old processes and move, fully, to the Strata system and, consequently, the data from a fully implemented system is still to be gathered.

4. Proposed Extension and Expansion of the Project (phase 2)

The potential benefits of this project are significant including:

- Quicker referrals – between 1 and 2 days/referral with a corresponding benefit in easing pressure on hospital beds
- Efficiency gains in Social Worker time of approximately 22 hours/month
- Administration efficiency gains for both the partnership and providers
- Improved real time management information – including visibility of capacity across providers
- Improved data security and data quality
- Compliance with an agreed process
- A better service for the patient, their families and carers.

A project brief for an extended and expanded project is attached at Appendix 2 and proposes that:

- a. The project is extended for a further 12 months to September 2019 with an interim evaluation after 6 months to enable all providers to operate the discharge process via strata for a sustained period prior to evaluation. Previous manual processes would be discontinued and appropriate amendments made to provider contracts.
- b. The scope of the project is broadened to include referrals to providers from the Integrated Locality Teams and, if appropriate, the Hospital to Home service.
- c. Strata be included in the "Discharge Programme" of work along with four other projects (Matching Unit, Hospital to Home, Garden View and Transitional Care) and be evaluated with them in September 2019.
- d. The extended project be funded from ICF with up to £185,000 with a minimum commitment of £57,500 for the first 6 months of the extended project (the remaining funding would only be drawn down subject to a positive interim evaluation in September 2019 and clarification of the costs of a technical integration of Strata with SBC and NHS case management systems). It should be noted that the recurring cost of the system is £115,000. This includes consultancy support in the redesign of processes as well as user training and support. The recurring cost is the same whether we apply Strata to the improvement and automation of a single pathway (e.g. the discharge pathway) or multiple pathways.