

Integrated Care Fund Project Brief

2015 – 2018

Project Name	Strata – Phase 2, Extending and expanding the Discharge Management Prototyping Project.		
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1 Outline project description
Please summarise the project in no more than 250 words

This brief sets out a proposal for a second phase of the Strata project which will include:

- Extending the trial period of using Strata to improve and automate the discharges management process - from hospital to both residential and care at home providers – for a further 12 months (including an interim evaluation after 6 months).
- Widening the scope of the project to include not only the Matching Unit, START team, Care at Home and Residential Care Providers but also to Integrated Locality Teams and, if appropriate, the Hospital to Home service.
- Developing costed plans for the technical integration of Strata with systems in both NHSB and SBC
- Including the project in a wider “Discharge Management Programme” with 4 other ICF-funded projects – Garden View, Matching Unit, Hospital to Home and Transitional Care – and evaluating, jointly, by Sept 2019.
- Development of a case – as part of the above evaluation and based upon the data gathered from the extended trial period – for the continuation of the Strata project (Phase 3) beyond Sept 2019 and mainstreaming subsequent phases from April 2020.

Strata is a web-based system that enables improved, more efficient automated processes which match patient’s needs to resources. It can be applied across all health and social care pathways and therefore has the potential to be a critical tool for the Partnership in enabling the redesign and improvement of all integrated services. **In terms of this project, care providers use Strata to set up a live and dynamic directory of vacant rooms/capacity and services that enable Social Work teams to view what is currently available and place the patient, quickly, into an appropriate care setting – doing away with the inefficient process of multiple staff, simultaneously ringing multiple providers to try to secure an appropriate place for the patient. Once a place is found, Strata enables the appropriate personal and medical details to be sent digitally (instantly as opposed to the postal service) to the provider so that the necessary information precedes the patient to the care provider.**

As a web-based system, Strata stands alone from both our NHS and SBC systems and IT architecture but can be securely integrated with both to enable automation of processes and improved information sharing. It also contributes to creating and maintaining a single view of the person. The aim is to integrate Strata with MOSAIC and appropriate NHS systems (TrakCare and EMIS), speeding up the referral process, reducing paper work, significantly reducing time spent phoning-around providers to find capacity, avoiding duplication, error and the need for the patient to provide the same information multiple times.

Over winter, an initial prototyping project (Phase1) set out to apply Strata to the improvement and automation of the discharge management processes – specifically 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. An evaluation report for the project accompanies this brief.

One of the aims of Phase 1 had been to develop a case for mainstreaming the funding of Strata and developing a forward programme to apply the system to additional pathways. However, the implementation has proven to be more complex and taken longer than originally anticipated – particularly the challenges of getting all 29 Care Homes and 9 Care at Home providers up-and-running on Strata. The system had not been fully implemented in time to allow data to be gathered for a meaningful period of time – hence the proposed extension to the prototyping project to enable a meaningful evaluation of the system based on the full usage of the system.

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2	Project's strategic fit (see guidance notes section 2) <i>Which local strategic objectives and Scottish Government ICF principles will it meet?</i>
Borders IJB Strategic Plan objectives	
<ol style="list-style-type: none"> 1. Improve the health of the population and reduce the number of hospital admission – future work with Strata can address avoidance of hospital admissions. Elsewhere, Strata has worked with other H&SC partnerships on avoiding unnecessary admissions. 2. Improve the flow of patients into, through and out of hospital – The project is specifically aimed at speeding-up the discharge process out of hospital into Residential and Care at Home Providers and also the Hospital to Home service. It is anticipated that the project has the ability to speed-up the referral process by up to 2 days (equivalent to a saving of up to 2 hospital bed days per referral). 3. Improve the capacity for people to better manage their own conditions and support those who care for them – again, future projects involving Strata will improve associated processes. 	
Scottish Government ICF principles	
<ol style="list-style-type: none"> 1. Co-production – process have been reviewed and redesigned with stakeholders. 2. Sustainability – the project seeks to identify improvements and efficiency gains which will enable the service to do more with existing resources. 3. Locality – the project covers all localities and will support the work of locality teams. Data will be available at a locality as well as Borders-wide basis. 4. Leverage – the project will enable better value from existing systems in both the NHS and SBC in allowing data from both to be combined to improve the discharge process and improve management information. 5. Involvement – Providers and all stakeholders have been involved – and will continue to be involved – in the review and redesign of the discharge process. 6. Outcomes – outcomes are included in section 3 below. 	

3	Project Aims/ Achievements <i>Please give a high level description of what will success look like?</i>
<p>Strata will be used as a live and dynamic directory to manage the discharge process. All providers will have been actively using the Strata system as a directory for their services for a sustained period. They will be updating both their capacity and expertise in real time (giving information not only about current availability but also planned or expected availability). Social Work teams (Hospital START and Integrated Locality teams) and the Matching Unit will be using the system to place patients quickly and digitally into the appropriate care setting. The system will have demonstrated the following benefits:</p> <ol style="list-style-type: none"> 1. Quicker referrals (between 1 and 2 days per referral) from hospital – It is estimated that there are savings of between 1 and 2 days through removing the need to post referrals or to email waiting lists on a twice-weekly basis. Instead, information is sent and received instantly with the correct information which should reduce the need for additional assessments. 2. Contribution to Hospital Bed Day efficiencies (with other discharge-related projects) – Quicker referrals should lead to corresponding efficiencies in terms of hospital beds being freed-up. Notional savings are set out below. These costs would only be cashable if it was possible to close a number of hospital beds. From April 2018 to March 2019, 932 individuals were provided with a care package when discharged from Borders General Hospital and Community Hospitals. 658 patients were discharged to a residential care facility. Therefore in total, 1590 patients were discharged to a social care service. If we assume a conservative figure of saving just 1 day within the matching process this would equate to an annual saving of £208,290, if we assume the cost of an occupied bed day being £131. 	

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3. **Social Worker Time Efficiencies** - By avoiding the need for Social Workers having to ring round Care Homes to find places for patients, using Strata instead, it is estimated that 22 hours per month could be released. This time could be redirected to focus on more complex cases where patients that have been waiting to be discharged for longer periods of time. The potential annual value of this efficiency gain is £7,000 based on:
- a. **Time saved through**
 - viewing matched bed vacancy via Strata instead of home ring around
 - Automatic Matching
 - All information in one place
 - No need for Care Home Assessment
 - b. **Calculation based on:**
 - 30 mins per referral (current process of ring around of 50% of homes per referral with each call approx. 2.5 mins, rounded up to account for % of engaged 1st calls)
 - 10 residential care referrals per week
 - 30 mins x 10 referrals = 5 hours of SW time saved/week
 - 5 hours x 52 weeks / 12 months = Approx. 22 hours per month saved
 - SW annual salary with on-costs @ £47,000
4. **Administrative Efficiencies** – By avoiding phone calls, postage and stationery as well as admin time spent on manual processes, there are administrative savings to both the Social Care teams and the Providers. The value of these administrative efficiencies is estimated to be in the region of £27,600/year. This is based on an independent study by the NE and Cumbria Academic Health Science Network showing potential cost savings across both sender and receiver of £23/referral based on:
- £1 per referral saved in terms of paper/fax/telephone costs;
 - £13 per referral in staff time saved by sender;
 - £9 per referral in staff time saved by receiver of referral.
- This suggests there would be a saving of £14/referral for Partnership staff. Therefore, assuming 38 referrals per week in the Matching Unit this would equate to:
- Weekly saving 38 x £14 = £532.
 - Annual Saving 52 x £532 = £27,664
5. **Improved Management Information** – The management information yielded by Strata, in tandem with other IT systems such as Mosaic and CM2000, will enable a greater insight into both the flow of discharges and match both the capacity posted on Strata with provider capacity from CM2000. This will enabling improved business intelligence and contract management capability.
6. **Compliance and Data Quality** – All stakeholders will have been involved in the review and redesign of processes around which compliance will be expected and monitored. Mandatory fields will ensure that the right information is included with all digital referrals.
7. **Improved Data Security** – Referrals are currently sent to providers via post or through block-lists of patients on the waiting list via zipped files. These pre-existing processes carry known security risks which would be negated through the use of Strata. The provider sees only details of patients that relate to potential and actual referrals for their service and their vacancies – rather than everyone on the waiting list.

A Business case for the implementation of the next phases and mainstreaming of Strata will also be made based upon a sustained period of operational data from the extended trial period.

4 What areas of the Borders will the project cover

Will the project affect the whole of the Borders or a specific locality, if so please state?

The project covers all localities. Data from the system can be analysed at a locality level as well as Borders-wide.

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5	Which care groups will the project affect? (see guidance notes section 4)
All those being referred to Residential and Care at Home providers and to the Hospital to Home Service.	
6	Estimated duration of project <i>Please provide high level milestones and including planning and evaluation time</i>
<p>The project is for 12 months with an interim evaluation at 6 months (September 2019) at which point a report will be brought back to the IJB making the case for:</p> <ul style="list-style-type: none"> • Continuing for a further 6 months • Proceeding with the technical integration between Strata and SBC and NHSB case management systems • Mainstreaming of Strata from April 2020. 	
7	How much funding would the project need and how would it be spent? (see guidance notes section 5) <i>Please break down into individual costs</i>
<p>The project is seeking up to £185,000 – with a minimum commitment of £57,500 – which is broken down as follows:</p> <ul style="list-style-type: none"> • £115,000 is the standard G-Cat (Government Procurement Catalogue) framework cost for Strata. This is based on £1/head of population. Going forward, if the partnership were to renew the contract, this cost would remain constant regardless of the number of pathways and processes we use Strata for (the cost would vary only by the size of our population – upwards or downwards). The cost includes not only the licence cost of the system, but also Strata consultancy time/expertise in redesigning processes and training all appropriate staff. <p>Strata have agreed to include a 6-month termination clause, therefore the minimum commitment is for £57,500. If the outcome of the evaluation in September is not to proceed, this clause would be activated and no further costs would apply. We would then resort to the old manual processes.</p> <ul style="list-style-type: none"> • A provision of up to £50,000 to cover anticipated costs of the technical integration between Strata. These costs are still to be determined through negotiations with suppliers and will only be activated on a successful evaluation of the project in September and an associated further report to the IJB. • A provision of up to £20,000 to cover the costs of technical penetration testing – this cost is still to be determined and would only be activated as per the above integration costs. Penetration testing would be required to show that technical integrations did not compromise data security. 	
8	What would happen if ICF didn't invest in the project?
<p>If there is no further investment in the project, the Strata system will be withdrawn and the discharge management process will continue in a manual format (i.e. postal mail, telephone and emailed lists). The potential benefits and efficiencies outlined in Section 3 above will not be realised and the opportunity to extend the system to further Health & Social Care pathways will not be exploited.</p>	
9	How would the project release resources in order to sustain the project? <i>What services would longer be provided or would be provided in different ways</i>
<p>The project will release a number of significant efficiencies – in particular quicker real time referrals using a live and dynamic directory of services, the corresponding freeing-up of between 1 and 2 hospital bed days as well as efficiencies in Social Worker and administrative time through avoidance of inefficient manual</p>	

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processes – i.e. non-targeted ringing-around, emailing and posting to suppliers to source appropriate care solutions.

While these savings are quantifiable, the route to cashing them is more complex – i.e. the saving of hospital bed days are only achievable when it is possible to close a hospital bed. This project can contribute, significantly, to that outcome but cannot, on its own, achieve that. A joint evaluation of this programme with Garden View, the Matching Unit, Transitional Care Facility and Hospital to Home in a single “Discharge Programme” will report in September.

10 How would you identify/ recruit staff to support the project?

Project management and support for 12 months has been identified from within the SBC Business Change and Transformation Team and is not funded from the ICF.

11 Would the project require dedicated project support from the programme team (see guidance notes section 6)

The project team for this is already in place.

**Please return this form to the Programme Team
 Email: IntegratedCareFund@scotborders.gov.uk
 Phone: 01835 82 5080**