

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 25 September 2019

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STRATA PROJECT EVALUATION REPORT

Purpose of Report:	To seek approval for continuing the Strata project for a further 6 months.
Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> Note the attached Project Evaluation Report for the Strata project Approve the continuation of the Strata Project until the end of the financial year. Note that a further project evaluation will be produced for IJB in spring 2020, with the potential recommendation to seek funding to continue with the deployment of the Strata tool in a longer-term (multi-year) context
Personnel:	<i>There are no direct staffing implications relating to this report.</i>
Carers:	<i>There are no direct impacts on carers arising from this report.</i>
Equalities:	<i>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.</i>
Financial:	<p><i>Work has been ongoing since the last board meeting to quantify the savings associated with the introduction of Strata. The system will reduce administrative effort and inefficiencies in current processes and will make savings in two areas:</i></p> <ul style="list-style-type: none"> <i>Social Work and Administrative savings – through reduced administrative time and reduced requirement for Social Worker input into the placement process. The attached report highlights a 60% (6 day) time saving in the process of completing a Residential Care placement using Strata. Figure 3, shows a corresponding 23% (3 day) time saving in the completion of a Care at Home Placement. At present, there are 68 staff members involved in these processes of which 46% are social workers and 17% employed on an agency</i>

	<p><i>basis. The total cost of these staff is £314,366 and therefore it is reasonable to conclude that savings can be made through reduced agency, duplication, postage and telephony costs which will fund the costs of Strata.</i></p> <ul style="list-style-type: none"> • <i>Occupied Bed Day (OBD) savings – it is estimated that the deployment of this system could enable some 3,060 NHS occupied bed days to be saved. During this evaluation it has been difficult to calculate and agree the actual cost and resource savings that would be obtained from the closure of beds due to the variable release costs related to closure or one bed, one bay or an entire ward. Estimates therefore range from £131-£500 per occupied bed day*. Having said that, this indicative cost-benefit analysis has assumed the lower and more conservative number which still indicates that a full and ongoing Strata deployment could enable potential recurring annual savings in excess of £400,000.</i> <p><i>To date, the potential of the system has only been assessed against two processes – referrals to Residential Care and referrals to Care at Home providers. The system provides the opportunities to reassess all Health and Social Care processes and deliver significant, as yet unquantified, savings and efficiency gains.</i></p> <p><i>*These numbers are derived from discussions with NHS Borders and the published ISD blue book cost analysis.</i></p>
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Legal:	N/A
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Risk Implications:	<p><i>Continued buy-in from providers, service managers and staff will be critical to the project. Without a clear long-term commitment to the system – and the confidence this gives to consolidate on achievements and plan for the future – the corresponding commitment of providers is harder to secure.</i></p>
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Purpose

The attached report sets out an interim evaluation of the Strata e-referral project and seeks approval for the continuation of the project for a further 6 months until the end of the financial year when proposals will be brought forward for the next phases of the project.

Background

In May of this year, an initial evaluation report was presented to the IJB seeking ICF funding to extend and expand the project over the current financial year. The Board agreed to extend the project for 12 months but that a break clause be agreed after 6 months should it be required. A more detailed evaluation of the system and project was requested to be brought to the September IJB to consider whether the break clause should be required.

This report sets out an evaluation of the Strata project against 5 criteria:

1. Does this system fit with our Strategic ICT Context and with the requirements and direction of our Joint IT Framework *(see Section 3 of the full report)*

Strata forms a critical component of the Joint ICT framework agreed by EMT in December 2016. As part of that framework it addresses many of the key IT system related issues identified by staff and practitioners as obstacles to integrated working. It meets many identified system requirements in particular it:

- Is organisationally agnostic – i.e. it covers all partnership organisations and their staff, not just NHSB and SBC staff but also 3rd sector partners and private sector suppliers
- Manages referrals across organisational boundaries – including the transfer of patients from one care setting to another
- Matches people's needs to available resources
- Tracks people's progress through the system
- Shares information, records and data securely and ensures that information is captured once, follows the patient and is accessible to practitioners across multiple organisations
- Improves and enhances the quality and reliability of data
- Contributes to a single view of the patient
- Can be technically integrated with partner systems – particularly with TrakCare, EMIS-Web and Mosaic and contribute to a wider ICT Architecture
- Reduces duplication and the scope for error

None of the Partnership's pre-existing systems have this capability or have this functionality.

Strata was procured via G-Cat (an approved Government Procurement Catalogue) and was the only solution to meet our requirements.

2. Does the system drive operational process improvements, resource releasing savings, and other associated benefits (See Section 4 of the full report)

Focussing on referrals to Residential Care providers and Care at Home providers over the period January to July this year, the application of Strata has realised a 60% (6-day) time saving in referrals to Residential Care and a 23% (3-day) time saving in referrals to Care at Home providers. This enables savings in two key areas:

- I. Social Work Administrative Savings – reducing administrative time and beginning to remove Social Worker input into the administrative placement process. There are currently 68 staff members involved in these two process of which 46% are social workers and 17% are employed on an agency basis. Over time and through service redesign, redeployment and turnover, it is reasonable to conclude that savings can be made through reduced agency, elimination of duplication, postage and telephony costs which will fund the costs of Strata.
- II. Occupied Bed Day (OBD) Savings – it is estimated that, given the time savings identified above, that the deployment of the system could enable some 3,060 occupied hospital bed days to be saved each year. An indication of the value of this saving - based on the lowest of a range of savings (£131/OBD) - suggest potential annual savings in excess of £400,000. (This saving would be realised when hospital beds are closed due to a reduction in demand.)

Other benefits include, a reduction in the length of hospital stay reducing the risk of morbidity and mortality as a result of falls or contracting hospital acquired (HAI) or wound infections and associated risks and costs.

3. Assess the potential opportunities for future application and resultant additional system benefits (See Section 5 of the full report)

We have barely begun to scratch the surface in terms of what can be achieved with a fuller deployment of Strata. To date, the potential of the system has only been assessed against two processes – referrals to Residential Care and to Care at Home providers. The system provides opportunities to reassess all Health and Social Care processes and deliver significant, as yet unquantified, savings and efficiency gains.

Section 5 of the report identifies 4 service processes that are currently in development including:

- Encompass
- Borders Carer's Centre
- Borders Care and Repair
- Discharges from Hospital Ward to SW

A further range of services have been identified in section 5.3 of the attached report. Consideration will also be given to how Strata can support existing service redesign work including:

- Service Reviews and Outpatient Redesign Programme
- Older People's Pathway Redesign Programme
- Mental Health Transformation Programme
- Primary Care Improvement Programme

An impact analysis and baseline for each of these will be undertaken and a priority assigned. This will form the basis of a proposal that will be brought back to the IJB for the next phase of this project in March 2020.

There will be no additional Strata costs associated with applying the system to these additional processes. The cost of Strata (£115,000/year) is a fixed cost based upon £1/head of population. It will only increase (or decrease) with changes in population size – but remains fixed regardless of how many processes or pathways we apply it to. As a result, cost benefits will improve with each added efficiency we make across all our pathways.

4. Does the system provide the necessary management information required to allow us to more effectively measure compliance in process, delivery and outcomes (see Section 6 of the full report)

One of the major benefits of Strata lies in its ability to capture real time information across any referral process and provide strategic and operational information. Strata is providing us with data which is, over time, giving us a real time insight into:

- Capacity across the range of service providers
- Volumes of referrals
- The status of referrals – including completed cases, requests for further info and declinations
- Compliance and performance across stakeholders including contract management.

This information has not been available to us prior to Strata and is already enabling a better insight into the discharge management process.

5. Does the system facilitate, support and enable the range of complementary IJB funded patient transition and discharge projects (see Section 7 of the full report)

Strata is one of five IJB-funded projects relating to the improving the discharge management process (the others being the Matching Unit, Discharge to Assess, Garden View and Hospital to Home). A wider review of these projects is included elsewhere on this agenda.

The five projects need to be joined together and seen as complementary as they all interact and impact to a greater or lesser extent on each other. Strata is seen as being the key and foundational platform and the central enabler going forward to ensure maximum beneficial impact of all these projects.

Conclusions

This evaluation has shown that the Strata project:

- Is aligned with the Joint IT framework, addresses key IT issues raised by staff and practitioners, meets system requirements for an e-referrals process and addresses known data security risks.
- Delivers significant time savings in terms of referrals to residential care providers and care at home providers and enables the opportunity to make associated savings in terms of savings in administrative costs of the processes and occupied bed day savings.
- Has the potential to enable significant additional efficiency gains through extending Strata to other Health and Social Care processes – all without increasing the annual cost of Strata at £1/head of population of £115k/year.
- Provides unprecedented levels of real time management information which, in itself, provides the opportunity to help drive continuing improvements to service.
- Is the key and foundation platform and the central enabler going forward to ensure maximum benefits and efficiency gains from the other IJB-funded, discharge-related projects (Matching Unit, Transitional Care, Garden View and Hospital to Home) and other projects to deliver efficiencies, reduce occupied beds and prevention of admissions to hospital.

It is recommended that IJB approves the continuation of the Strata project until the end of the financial year. A further project evaluation will be produced for IJB in March 2020, with the potential recommendation to seek ICF funding to continue with the deployment of the Strata tool in a longer-term (multi-year) context.