Report of: Chief Information Officer

Report to: Deputy Chief Executive

Date: 3rd March 2015

Subject: Integrated Digital Care Record

Capital Scheme Number: 32268/000/000

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☒ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

The Council bid against the NHS England Integrated Digital Care Fund, on behalf of the Health and Social Care Partnership across the City, in order to accelerate the work of Leeds Care Record Project and to set the standard for Integrated Digital Care Records on behalf of the Health and Social Care Integration Pioneers. The Council received a communication and an award agreement to say that they had been successful in their bid and have been allocated £1,350K to deliver this project, match funded against funds already spent, through the Better Care Fund, on the Leeds Care Record Project.

This report seeks authority to spend the £1,350K over 2014/15 and 2015/16 financial years. This will be expenditure fully funded from the NHS England Grant.

Recommendations

1. Proceed with the delivery of the Integrated Digital Care Record programme

2. Request the Deputy Chief Executive give authority to incur expenditure of £1,350K on the development of the IDCR, £50K in 2014/15, and £1,300K in 2015/16 in line with his delegated responsibilities.

1 Purpose of this report

The purpose of this report is to seek approval to spend on the development of the Integrated Digital Care Record in Leeds the outcomes for which will be shared and used across the Health and Care Integration Pioneers.

2 Background information

The Integrated Digital Care Record is the means by which disparate health and care computer systems integrate across the system (care settings). The benefits that this has delivered to date for Leeds are:

- Joined up care by providing information at the point of care, whether in a GP surgery, Hospital Ward or receiving mental or community care which are all provided by separate organisations.

- It enables better more informed decisions, which mean safer decisions.

- It saves time in terms of queries, faxes and phone calls which has resulted in a better experience for people and more time spent on their care.

- Having all key information in one place of reference across the care system.

- Care professionals using this system have found it easy to use.

In light of this, and building upon the work undertaken to date on the Leeds Care Record, in July 2014, Leeds City Council with support from Leeds Teaching Hospitals NHS Trust, submitted a bid to NHS England's Integrated Digital Care Technology Fund. The bid looks to accelerate this development through collaboration with the Health and Care Integration Pioneers to develop an "open platform" for health and social care computing that can be taken and applied to all areas in the country to access care records.

The announcement of successful bids was originally due by October 2014 but encountered significant delays. Leeds City Council was notified of the success outcome to their bid on the 26th February 2015 and as such looks to commence with the delivery of the programme as outlined in section 3.

3 Main issues

This application is to accelerate the progress of the Leeds Integrated Digital Care Record (Leeds Care Record) and share its benefits and lessons learnt with other integration sites.

The 3 key aims are:

1. To expand the breadth, increase the functionality and accelerate the digital maturity of the Leeds Care Record in support of our health and social care Integrated Operating Model.
2. To leverage and learn from the work done on the Leeds Care Record, working towards an open reference platform for integrated digital care records.
3. To develop key outputs and products and make them available to other integrated health and social care sites including the Integration Pioneers.

To achieve objectives 1-3 above, our proposal covers the following developments:

- **Open Requirements** – to gather a rich set of information requirements through user group activities with professionals from across health and social care. Building on this initial step, requirements are to be gathered around decision support and workflow. The third element of requirements analysis is planned around Business Intelligence. As part of this, public engagement exercises to engage citizens in the move towards citizen records will be conducted.
- **Open Governance -** With the progress already made on the Leeds Care Record, and the opportunities for freedoms and flexibilities from Integration Pioneer status, in Leeds we are uniquely placed to develop and test ways to lawfully share information between organisations.
- **Open Citizen** – the open source and open standards approach will support a personal health record prototype and citizen driven health application development.
- **Open Viewer** - Refactor the Leeds Care Record viewer and make it open source with input from integration pioneer sites.
- **Open APIs** – Align our efforts on an open source integration engine and open API's from the HANDI HOPD community. Assist our suppliers to develop Open APIs for key business functionality to ensure a useful set of data flows in to an IDCR. This will include adult and children's social care systems.
- **Open Architecture** – Building on earlier work; the design and publication of open EHR archetypes with dataset definitions, and the use of the NHS Number as the primary identifier in social care records.

   With the backing of NHS England, is hoped to that as a sector we can compel Health and Care system providers to develop interfaces to these open standards which helps to move away from a "lock in" to particular and limited vendors for whole solutions. This has the potential to open up the market and lower costs.

4   Corporate Considerations

4.1 Consultation and Engagement has been carried out with the following bodies:

Health and Wellbeing Board

Leeds Informatics Board

NHS England

Health and Social Care Review

4.2 Equality and Diversity / Cohesion and Integration

The Integrated Digital Care Record enables a greater integration of diverse IT solutions that should more closely meet the personal needs of a more diverse population of people and carers.

4.3 Council Policies and City Priorities

This directly supports the delivery of Health and Wellbeing outcomes for the City and in particular, from the Council's perspective, Better Lives Through Integration.

4.4 Resources and value for money

4.4.1 **Full scheme estimate**

The anticipated cost of the project will be £1,350K.

All supplies and services for the project will be sourced in line with ICT and LCC procurement rules.

4.4.2 **Capital Funding and Cash Flow**

Authority to Spend required for this Approval £000's	TOTAL £000's	TO MARCH 2014 £000's	FORECAST				
			2014/15 £000's	2015/16 £000's	2016/17 £000's	2017/18 £000's	onwards £000's
LAND (1)	0.0						
CONSTRUCTION (3)	0.0						
FURN & EQPT (5)	0.0						
INTERNAL RESOURCES (ICT)	0.0						
OTHER COSTS (7)	1350.0		50.0	1300.0			
TOTALS	1350.0	0.0	50.0	1300.0	0.0	0.0	0.0

Total overall Funding (As per latest Capital Programme) £000's	TOTAL £000's	TO MARCH 2014 £000's	FORECAST				
			2014/15 £000's	2015/16 £000's	2016/17 £000's	2017/18 £000's	onwards £000's
NHS England (Grant Funded)	1350.0		50.0	1300.0			
NHS Better Care Fund	0.0						
Any Other Income (Specify)	0.0						
Total Funding	1350.0	0.0	50.0	1300.0	0.0	0.0	0.0
Balance / Shortfall =	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

4.4.3 **Revenue**

There will be no impact on the Council's Revenue Budget as all funding will be from external sources.

NHS England will provided a grant of £1,350K

4.5 **Legal Implications, Access to Information and Call In**

The award agreement compels the Council on behalf of the care system in Leeds to deliver against particular project milestones. Funding is provided on delivery of particular milestones that are programmed in. Failure to deliver means that funding for future stages will not be provided. The Council and Partners are not obligated to pay any allocation made back.

The item has been on the forward plan since November and has not been submitted due to the delay in approval.

4.6 **Risk Management**

The risks of not delivering this project are reputational.

5 Recommendations

5.1 Proceed with the development of Integrated Digital Care Record.

5.2 Request that the Deputy Chief Executive give authority to incur expenditure of £1,350K (all of which is fully externally funded)

6 Background Documents

None