

OFFICER DECISION RECORD

For staff restructures, please also complete an RA1 form to update the HR Portal. This is attached at Annex 2.

Decision Ref. No:
AHWB/108/2017 BCF
Allocation Health & Social
Care Integrated Digital
Care Record

Box 1

DIRECTORATE: Adults Health & Wellbeing

DATE: 23 October 2017

Contact Name: Debbie John-Lewis

Tel. No.: 737213

Subject Matter:

Better Care Funding Allocation - Health and Social Care Integrated Digital Care Record

Box 2

DECISION TAKEN:

To enter into a section 76 agreement between Doncaster MBC and Doncaster CCG to transfer funding. The funding will be transferred from Doncaster MBC to Doncaster CCG from the Better Care Fund to enable the development and Implementation of a Health and Social Care Integrated Digital Care Record in Intermediate Care – Rapid Response as a proof of concept.

Box 3

REASON FOR THE DECISION:

There is a national requirement for all Health and Social Care records to be digital, real-time and interoperable by 2020 ([Personalised Health and Social Care 2020](#)) and Doncaster's [Local Digital Roadmap](#) outlines how local health and social care partners will work together to achieve this.

"Our vision for the health and care community of Doncaster is to join up information across care pathways and settings so that health and care practitioners have easy access to all the information they need to provide high quality, safe and effective services. IT services will be interoperable to allow practitioners access to information in all care settings."

Page 5. Doncaster Local Digital Roadmap- June 2016

Joining up electronic care record systems is also a key enabler for delivery of [the Doncaster Place Plan](#) and the 'Doncaster Caring' domain of the Mayor's strategy for the Borough (Growing Together).

In Doncaster, a project to develop a proof of concept for an integrated Digital Care Record (iDCR) for health and care services is already underway. The project aims to develop a shared record for a key pathway within Intermediate Care, initially joining up client records across five existing health and social care systems, in order to serve as a proof of concept for the development of a full iDCR for Doncaster in the future.

To date, the majority of funding for the iDCR proof of concept has been provided by NHS Doncaster CCG, with a contribution from the intermediate care testing monies from the Better Care Fund (BCF). A successful procurement process was completed earlier this year and Orion Health were secured as supplier of the proof of concept solution. Deployment support has been provided by Channel 3 Consultancy and work is progressing on the various work streams (IG, technical, user engagement, communications, benefits realisation etc.).

As the project has progressed, it has become clear that several of the source systems require some additional internal work to develop their capability to provide the required feeds into the iDCR. An initial business case to fund DBTHFTs requirements has already been approved in July 2017, they are now progressing their internal work and are on track to meet deadlines. Since this time it has also emerged that the other partners (DMBC, RDaSH, FCMS and GP practices via the MIG-(medical interoperability gateway) will either need additional capacity to develop their capabilities or some additional support from their own system supplier in order to deliver required feeds in time to meet the iDCR proof of concept.

The information sharing agreements have now been developed and a communication and engagement plan is under development. A significant amount of public communication is going to be required to inform the public of their opt-out options and a process to manage opt-out requests will need to be put in place. There is also an ongoing need to engage with staff across all organisations to facilitate implementation, co-ordinate testing and training and realise benefits. It is clear that some additional expertise, capacity and resources will be required to deliver and manage these activities.

A comprehensive project plan and risk profile have been developed and these have been used to assess the impact of the above on the project trajectory. The original milestones have already moved and without additional funding these will be delayed even further, which could result in much more significant additional costs being incurred with Orion Health (the iDCR supplier), who are contracted to delivery within specific timescales, and an impact on the delivery of other transformation work streams.

The BCF business case was presented and agreed at the Health & Social Care system transformation governance group in October 2017 and the sum of £327,551.00 was allocated from the Better Care Funding to the life of the IDCR project.

The parties will enter into a section 76 agreement between Doncaster MBC and Doncaster CCG and get the funding transferred using this agreement.

The project will be split into two phases as follows:

Phase 1 - Total DCF Spend = £247,551

1. Enable partners to work with their own system suppliers to fulfil their technical and functional requirements for the iDCR, and prevent significant delay in delivering the iDCR proof of concept-

DMBC/OLM = £46,000

RDASH, = £40,375

FCMS = £21,576

Medical interoperability gateway (GPs) = £3,600

2. Communication and engagement activities = £20,000
3. Administrative opt out requests = £20,000
4. Project Management Support to cover the extended project timeline £96,000

Phase 2 - Total Spend £80,000

1. To appoint an Implementation Manager for 12 months to co-ordinate testing, training and ongoing implementation beyond the proof of concept.
2. Ensure there is a contingency fund for any further technical issues.

Box 4**OPTIONS CONSIDERED & REASONS FOR RECOMMENDED OPTION:**

If other options were considered, please specify and give reasons for recommended option

Option 1 – Do nothing – The National requirement for all Health & Social Care records to be in real time and interoperable by 2020 will not be achieved in Doncaster without a bespoke ICT solution.

Option 2 To fund from existing resources – There is insufficient financial resources available to enable the development and implementation of the iDCR.

Option 3 – to enter into a section 76 agreement to transfer funding from Doncaster MBC to Doncaster CCH from the Better Care Fund to support the development and implementation of the iDCR as a proof of concept - will provide an integrated digital record system that has been tested and evaluated; will inform the next steps in realising the 2020 requirement for interoperability across Health & Social Care in Doncaster.

Option 3 is recommended

Box 5**LEGAL IMPLICATIONS:**

Section 1 of the Localism Act 2011 provides the Council with the general power of competence which allows the Council to do anything with a person may generally do. S111 Local Government Act 1972 states that a local authority shall have power to do anything (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions.

The Health and Social Care Act 2012 places a duty on the Council through its health and wellbeing board to encourage integrated working between health and social care. The Care Act 2014 places a duty on the Council to promote integration. The Better Care Fund must be spent in accordance with the local area Better Care Fund Plan.

Section 76 of the National Health Service Act 2006 a Council may make payments to the CCG for expenditure or capital to fund certain functions. These arrangements are documented in a Section 76 agreement.

E14 of the Council financial procedure rules state that s76 National Health Service Act 2006 arrangements can be made without cabinet approval.

The development, implementation and use of the iDCR must be in accordance with the service user's rights to privacy under Article 8 of the European Convention on Human rights and in compliance with the Data Protection Act 1998 and from 25th May 2018 the EU General Data Protection Regulation. In particular the project must have a

completed Data Protection Impact Assessment with a record of the legal justification for the processing of personal data under the legislation. From 25th May 2018 the Information Commissioner must be consulted before any data processing considered to be “high risk” commences.

Name: __Rebecca Brookes_ Signature: __By email __ Date: 28/11/17__
Signature of Assistant Director of Legal and Democratic Services (or representative)

Box 6
FINANCIAL IMPLICATIONS:

This ODR is to approve the usage of the Better Care Fund to enable the development and Implementation of a Health and Social Care Integrated Digital Care Record in Intermediate Care – Rapid Response as a proof of concept. The Integrated Digital Care Record business case was presented to the regular Transformation co-ordination group in October 2017. The group approved the proposal. Funding will come from the non- recurrent element of Better Care Fund. The Business case and this ODR do not show how the £327k should be profiled over financial years however the funding is available to support this proposal. The intention will be to create a section 76 agreement between Doncaster MBC and Doncaster CCG and get the funding transferred using this agreement.

Name: Nick Cameron Signature: [redaction] Date: 3.11.17
Signature of Assistant Director of Finance & Performance
(or representative)

Box 7
HUMAN RESOURCE IMPLICATIONS:

Phase one
There are no direct HR implications to phase one.

Phase two:
If a temporary post is created a decision will need to be made to which organisation hosts it, this will then determine the recruiting process which is to be progressed.
If DMBC are responsible for this post then a further ODR will be required to establish it and the new post should be recruited to in line with DMBC's Safer Recruitment policy.

Name: Paula Monk Signature: P Monk Date: 24/10/17
Signature of Assistant Director of Human Resources and Communications (or representative)

Box 8**PROCUREMENT IMPLICATIONS:**

The use of a Section 76 (S76) to transfer Better Care Fund monies to the CCG, to further enhance the iDCR, makes this spend stream exempt from the CPR's that governs all monies spent with contractors by DMBC.

The S76 will put in place a specification that should include any expected deliverables along with a monitoring regime to ensure they are being achieved.

The whole life cost of this project should be considered and whether there will be any future cost liabilities for the DMBC.

[redaction]

Name: Holly Wilson Signature: _____ Date: 17/11/2017
Signature of Assistant Director of Finance & Performance
(or representative)

Box 9**ICT IMPLICATIONS:**

The recommended option contained within this ODR has implications on ICT. The £46,000 payment to OLM (CareFirst Service Provider) is for an API (system interface), this API will mitigate the need for intensive resource required by DMBC and the vendors to develop a series of data extracts to achieve option 3 outcomes and the deliverables contained within the Local Digital Roadmap.

The undertaking of this work presents a risk as the OLM Carefirst product is up for renewal in 2018 and considerations must be made in relation to the new Integrated People Solution for continued functionality as the API to purchase is specific to CareFirst.

Options are available to develop extracts instead of procuring the API, however this work will have more significant impact on resource and associated cost than procuring the API at this time.

In developing the proof of concept, the quality of data must be considered as it may impact on the quality of the final outcome, however the proof of concept will help in identifying to what extent this is an issue for the development of an action plan to resolve.

A pre-requisite of this deliverable is that DMBC will require N3 network connectivity, which DMBC does not currently have. To mitigate this risk, the Council will work in partnership with RDASH and utilise their connection for the purpose of developing this prototype/proof of concept.

[redaction]

Name: Dan Parry Signature: _____ Date: 30.10.17
Signature of Assistant Director of Customer Services and ICT
(or representative)

Box 10
ASSET IMPLICATIONS:

There are no implications arising from the recommendations of this report that impact on the use of DMBC assets.

Name: David Stimpson, Property Manager

[redaction] ^ ^

Signature: **Date:** 23 October 2017
Property Manager – on behalf of Assistant Director of Trading Services and Assets

Box 11
RISK IMPLICATIONS:
To be completed by the report author

1. Doncaster will not have an interoperable system across Health & Social Care by 2020 if additional funding is not secured for the iDCR proof of concept.
2. Without the evidence base from the iDCR proof of concept there will be no sound evidence to support future funding bids to enable the expansion of the system beyond the Rapid Response service.

(Explain the impact of not taking this decision and in the case of capital schemes, any risks associated with the delivery of the project)

Box 12
EQUALITY IMPLICATIONS:
To be completed by the report author

There are no Equalities Implications in this Officer Decision.

Name: Debbie John-Lewis **Signature:** by email_ **Date:** 23rd October 2017
(Report author)

Box 13
CONSULTATION

Officers

(In addition to Finance, Legal and Human Resource implications and Procurement implications where necessary, please list below any other teams consulted on this decision, together with their comments)

Members

Under the Scheme of delegation, officers are responsible for day to day operational matters as well as implementing decisions that have been taken by Council, Cabinet, Committee or individual Cabinet members. Further consultation with Members is not ordinarily required. However, where an ODR relates to a matter which has significant policy, service or operational implications or is known to be politically sensitive, the officer shall first consult with the appropriate Cabinet Member before exercising the delegated powers. In appropriate cases, officers will also need to consult with the Chair of Council, Committee Chairs or the Chair of an Overview and Scrutiny Panel as required. Officers shall also ensure that local Members are kept informed of matters affecting their Wards.

Please list any comments from Members below:

Box 14
INFORMATION NOT FOR PUBLICATION:

In accordance with the Freedom of Information Act 2000, it is in the Public's interests for this decision to be published in full, redacting only the signatures.

Name: Gillian Parker Signature: by email Date: 24/11/2017
Signature of FOI Lead Officer for service area where ODR originates

Box 15

Signed: _____ **Date:** _30/11/2017_
Director of People Damian Allen

Signed: _____ **Date:** _____
**Additional Signature of Chief Financial Officer or nominated
representative for Capital decisions (if required)**

Signed: _____ **Date:** _____
**Signature of Mayor or relevant Cabinet Member consulted on the above
decision (if required).**

- This decision can be implemented immediately unless it relates to a Capital Scheme that requires the approval of Cabinet. All Cabinet decisions are subject to call in.
- A record of this decision should be kept by the relevant Director's PA for accountability and published on the Council's website.
- A copy of this decision should be sent to the originating Directorate's FOI Lead Officer to consider 'information not for publication' prior to being published on the Council's website.
- A PDF copy of the signed decision record should be e-mailed to the LA Democratic Services mailbox