

## Record of operational decision

<b>Decision title:</b>	Purchase of the 'Hospital2Home' system, which will support the 'Discharge to Assess' process in Herefordshire.
<b>Date of decision:</b>	19/03/2021
<b>Decision maker:</b>	Assistant Director, All Ages Commissioning, Adults and Communities Directorate
<b>Authority for delegated decision:</b>	Chief Executive Scheme of Delegation dated 29 September 2020, SA02 Adult social care operation and policy provision of assessment and care management; approved mental health practitioners; deprivation of liberty functions; strategic and operational safeguarding adults policies and procedures; prevention and support services (including welfare rights, occupational therapy, financial assessments, direct payments, telecare, rapid response registered service).
<b>Ward:</b>	Countywide
<b>Consultation:</b>	Internal consultation has been undertaken, including between the Director of Adults and Communities and the local NHS provider, Wye Valley Trust.
<b>Decision made:</b>	<p>To purchase the 'Hospital2Home' system to support and manage the Discharge to Assess process in Herefordshire. The system is provided by Tech in Care Ltd.</p> <p>The cost of purchasing the system:  Year 1: £24,582.00 (to include set up costs).  Year 2: £19,666.00  Year 3: £19,666.00  Costs for year 4 and beyond have not yet been determined.</p> <p>Timescales for implementation are to be confirmed.</p>
<b>Reasons for decision:</b>	<p>An open call was put out to all English councils and Adult Social Care (ASC) solution providers/developers in April 2020 as to what the biggest challenges in ASC were and how digital could assist:</p> <ul style="list-style-type: none"> <li>• 50+ responses from local authorities</li> <li>• 200+ responses from solution providers/developers</li> </ul> <p>The provider Maldaba, supported by CC2i, were appointed as the preferred supplier for D2A software platforms by the Local Government Association (LGA).</p> <p>Discharge to Assess was submitted by numerous councils as a challenge where digital could help - seen as a priority for all local authorities. The process therefore began of aligning the proposed project with technical providers, and in ensuring the project had achievable outcomes in light of funding and timescales. A project to develop a new system to manage the Discharge to Assess process began in July 2020 and has been managed by the public sector co-funding platform 'Co-fund &amp; Collaborate to Innovate' (known as 'CC2i'). The project was co-funded by the five councils involved, of which Herefordshire was one, and match-funded by NHS Digital. The system has been developed by the software developer 'Maldaba'.</p> <p>The key requirements identified were as follows:</p> <ul style="list-style-type: none"> <li>• One version of the truth</li> <li>• Real-time data</li> <li>• A responsive system</li> </ul>

- Ability to understand available capacity and manage demand

All the involved councils have invested in the process, providing funding as well as staff resource to ensure the development of a successful solution to meet the minimum requirements. A roadmap and further developments have been captured throughout the process.

The project to support the development of the Discharge to Assess system is due to end on 31<sup>st</sup> March 2021. The software provider has developed the 'Hospital2Home' system which is available to implement as a live system from 1<sup>st</sup> April 2021.

Discharge to Assess (D2A) is a dedicated process, encompassing a range of pathways, for people admitted to a ward in an acute hospital who require additional care following hospital discharge. The D2A process profile and the requirement to safely move people along the pathway as quickly as possible (and so reduce delays) has raised significantly due to COVID-19. Most stakeholders cannot currently access the same IT systems as one another. Currently, many regions are using spreadsheets, emails and phone calls (or paper-written notes) to communicate between the different stakeholders in the D2A process. Whilst Herefordshire does not have high numbers of delayed transfers of care, as a result of work which has been previously undertaken to improve processes, we do share the experiences of other Local Authorities that information is shared in a variety of formats, listed above.

Stakeholders include (but are not limited to): local authorities, acute hospital, community NHS Trusts, CCGs, transport providers, formal care providers and family.

There is a need for a system to provide a "single version of the truth" regarding a person's journey along the D2A process. This is to improve/maintain high quality care, provide a clear line accountability, reduce miscommunications, alleviate work for frontline staff, provide oversight for managers and commissioners, and to facilitate the reduction of "blockages" along the pathway.

The project aim is to provide a supplier agnostic, cloud based case management system which allows users (with appropriate permissions) to capture, update, track and report on information about a person's journey through the Discharge to Assess process. The system should facilitate more efficient communication, collaboration and data sharing between the different organisations involved in the D2A process, whilst enabling effective hand offs between the various touch points in the D2A process. At this stage, the system will be simple and will capture the minimum information required to facilitate the process and improve upon the current labour-intensive process which relies on emails, phone calls and spreadsheets. The system will provide a single, generic pathway management capability that will be used by all stakeholders and partners, despite differences in their D2A implementations. Future versions of the system are anticipated to further improve on this, and additional requirements are captured within a future development roadmap.

The system needs to enable users to create, manage, view, update and complete the D2A process for the four pathways: Pathway 1; Pathway 2;

	<p>Pathway 3; End of Life. Note that people on the Pathway 0 pathway who do not need additional care post-discharge will not be added to this system.</p> <p>Users will be able to create new discharge cases, adding the essential person information required for the pathway, and attaching files in the system in order to share more detailed clinical/pathway decision/assessment information where appropriate.</p>
<p><b>Highlight any associated risks/finance/legal/equality considerations:</b></p>	<ul style="list-style-type: none"> <li>• Introduction of an additional system to a process which is already managed across two systems. However, the introduction of an additional system is only to replace manual systems already in place. The management of an additional system will be as time consuming, or less time consuming than current processes, but will reduce the current risks associated with manual systems. Input into Hospital2Home is deliberately minimal to ensure accurate and efficient data entry.</li> <li>• Initial implementation may result in additional time needed to complete processes, but as the system is more widely rolled out and becomes more familiar, the introduction of Hospital2Home should result in time saving and more efficient processes.</li> <li>• Up take by staff, particularly on the Hospital Wards. Engagement and cooperation of partners will be required to ensure a smooth implementation across all identified organisations. Consideration should be given to a gradual change in process for Ward staff to ensure 'buy-in'.</li> <li>• Additional work may be identified as the system is implemented and embedded. Any features identified will need to be put forward for the roadmap, but may not be implemented by the software provider.</li> </ul>
<p><b>Details of any alternative options considered and rejected:</b></p>	<p>Option 1 – do not implement Hospital2Home: By doing this, manual processes including use of spreadsheets, would continue, presenting all of the risks and challenges already identified.</p> <p>Option 2 - Consider other system options: Conversations have been held to establish whether this could be managed using existing systems. Servelec have supplied a paper which outlines a development proposal to manage D2A on the Mosaic system (currently used by ASC in Herefordshire). This is in the early stages, and is currently in pilot phase with another Local Authority, therefore this solution is not expected to come to fruition in the near future, and would be at an additional cost, which is not known at this stage. In its current form, Mosaic in Herefordshire cannot manage live reporting without having a significant impact on system performance, and as such, live reporting is kept to a minimum and it is unlikely that the real time reporting needed to replace existing tracker spreadsheets would be available from Mosaic.</p>
<p><b>Details of any declarations of interest made:</b></p>	<p>None.</p>

Signed: Paul Smith Date: 07/06/2021