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2. Project contact details

2.1 Lead authority name

Stockport Metropolitan Borough Council

2.2 Details of the person leading this application

Craig Hughes

Role

Head of Data

Email address

craig.hughes@stockport.gov.uk

Phone number

2.3 Details of a senior stakeholder from lead authority

Role

Email address

2.4 Details of a Section 151 Officer from lead authority

Role

Email address

2.5 List your project partners and provide a single point of contact for each organisation.

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Project partner organisation	Name of single point of contact	Role of single point of contact	Email address of single point of contact	Phone number of single point of contact
Manchester City Council				
Oldham MBC				
Stockport Foundation Trust (NHS)				

3. Your project proposal

3.1 Project title

Exploring a digital solution to improve hospital discharge, specifically social care discharge to assess pathways

3.2 Project description

Stockport's Intermediate Care system identified a number of challenges in delivering its Discharge to Assess model, as an integrated partnership with a joined up and co-ordinated system approach.

A potential solution to tackle all of these challenges and to transform how we work together for customers as a partnership, is to develop a digital Customer Journey Management System that can be accessed and utilised to record each part of the journey and share every step that is taken to move an individual through the pathways with the best support to achieve their desired outcome.

3.3 How much funding are you applying for?

82000

4. Project assessment

4.1 Describe the problem that your discovery project seeks to investigate.

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The users of the D2A pathways are individuals who have been admitted to hospital and are ready to be discharged home. These amount to approx. 55,000 per year.

Specific problems include:

- Inability to share capacity and demand data across the partnership.
- Data availability and quality that supports planning and decision making.
- Manual processes create a risk around data accuracy, and the inability to compare like for like and track individuals through the system.
- Multiple hand-offs with duplication of work.
- Temporary use of in-house developed digital tools to resolve individual problems, is creating repetitive processes and impacting on workforce capacity.
- An inability to trigger alerts where blockages to flow are occurring, or where people are 'stuck' in the system.
- Different parts of the system have got information on an individuals' journey, but as a complete system, we do not know where an individual is or how long he has been there.

Customers and all the partners would benefit:

- Capacity and demand data would be available to view at an operational and strategic level.
- We would know where an individual is, how long he has been there, and if he is 'stuck' in the system.
- Development of in-house tools to manage patient flow would not be needed. This would address the data quality challenges.
- Instant access to data would allow the planning of journeys, capacity, and support decision making.
- Less assessments, manual processes and emails freeing up capacity within the workforce
- Visibility of who is ready to be discharged to a pathway would be available.
- An improved customer experience due to less administrative interventions.
- Bed based and domiciliary providers could easily demonstrate D2A vacant capacity through this system.

This is a local, regional and national challenge, and is reflected in the latest government focus around discharge and ambulance turnaround, we believe would be a potential scalable solution.

4.2 Describe the outcomes and outputs you aim to achieve by the end of the project.

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There are clearly opportunities for Stockport to transform its Intermediate Care offer into a sustainable, collaborative future proof model that keeps the individual at the heart of everything we do. A digital solution would help us achieve our ambitions to become more joined up and co-ordinated in delivering the D2A model and would be part of our strategic plans to improve the overall experience for the individuals who use our services and for a better working experience of our workforce. Developing our services to improve the way in which we work together, how we communicate and pass information to each other, and how we record and report data from the systems we use, will help us to drive forward change and deliver on the One Stockport Borough Plan.

All the following steps would be co-produced and include all local system partners as well as including project partners.

1. A Report detailing a more in-depth understanding of what the challenges are and the the impact they have. This will define the problems in more detail, identify how each of the problems impact on the individual and the wider system, and be prioritised.
2. A co-produced list of options of how we can mitigate the challenges, highlighting any perceived showstoppers.
3. A written service specification for a digital solution highlighting priority phasing for short, medium and long term implementation plans.

A compiled list of digital 'off the shelf' and 'bespoke' solutions.

4.3 Tell us how your project will make local government services safer, more resilient and/or cheaper to run in the context of the problem area.

This project would aim to make local government and health services safer, more resilient and more efficient to run with better outcomes and experiences for the population of Stockport. By being able to use the system capacity more effectively the investment would also support:

1. That People are Happier and Healthier and Inequalities are reduced - Home First approach to discharge. By ensuring people are independent for as long as possible, adding years to life and life to years
2. There are safe, high quality services which make best use of the Stockport pound – By ensuring process and care delivery is proportionate to need and standardised to the highest levels possible and puts the person at the centre of decision making
3. Everyone takes responsibility for their health with the right support – By providing responsive and flexible care as close to home as possible. Promoting and maintaining the independence of people in Stockport post an acute episode

Local social and economic development is supported – By, where possible using local providers (care homes, GPs and domiciliary care agencies) and other community assets and services to deliver a quality provision for the Stockport population

4.4 Tell us about your project stakeholders and how you plan to engage them.

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Adult Social Care – Reablement, Active Recovery, Night Assessment Team, Night Sitting Team, Brokerage, Commissioning, ARCH, Neighbourhoods

NHS Foundation Trust – D2A Hub, ITT Active Recovery, Crisis Response Team

Bed Based Providers

Age UK

Home Care Providers

Pennine Care

Mastercall out of Hours Providers

Primary Care GPs

Healthwatch

This project would aim to involve all the stakeholders in the double diamond methodology; including the discovery and define phase, the develop (ideation) phase and the delivery phase. Progress, learnings and product development will be shared within highlight reports and through a communication plan that would be developed as part of this project.

We would keep stakeholders informed of key milestones and outcomes throughout the project.

Channels of engagement are already set up within the system to keep people informed, and this includes online briefings, team meetings, leadership meetings, provider communication, cluster meetings, and an array of other channels.

4.5 Tell us about any local government sector engagement you've carried out or intend to carry out.

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Since March 2020, we have been working as a partnership to fully embed the changes described by the National Hospital Discharge policy. A rapid programme of co-production was launched and we worked to fully implement Discharge to Assess (D2A). The pandemic and this programme of work identified that there were a number of challenges being faced by our Intermediate Care teams. It was therefore identified that a full review of all Intermediate Care services was required.

The review has been conducted and describes the emerging findings.

In June 2022 further collaboration took place between the partners with a programme of work focusing intermediate care and Stockport Council led 3 transformation workstreams; Pathway 1 Capacity and Demand, Pathway 2 Capacity and Demand, and D2A Process. Stakeholders across the partnership have been engaged in defining both Pathway 1 and 2 processes and undertook a series of deep dives into the challenges of the processes.

The partnership has engaged extensively in defining the As Is Position for intermediate care, and this project would take that a step further to drill down into the challenges and pain points to understand the root cause and impact of those on the system and the individual.

We would be keen to engage project partners to corroborate the As Is Position and to co-produce solutions for the future.

4.6 How will the project budget be used?

Item (e.g backfill staff time, buy in user researcher, software, hardware and others)	Time/quantity	Total cost/value £	Where will the funding come from? (e.g Local Digital funding or a particular project partner)
Lead Business Analyst (health & social care focus)	60 days	45000	DLUHC LDF
Project Manager	80 days	16500	Stockport Council
Junior Business Analyst	60 days	9600	Stockport Council
Business Intelligence analyst - Health (extend contract of existing temporary analyst)	40 days	22000	DLUHC LDF
Business Intelligence analyst - Social Care	40 days	7000	Stockport Council
Business Intelligence Manager	15 days	3300	Stockport FT / Council
Social worker back-fill (agency support)	10 days	4500	DLUHC LDF
Discharge team back-fill (agency support)	10 days	4500	DLUHC LDF
Care home manager back-fill (agency support)	10 days	6000	DLUHC LDF
IT systems support (feasibility assessment support)	5 days	1100	Stockport Council
Information governance support (feasibility assessment support)	5 days	1100	Stockport Council / FT
Comms, engagement & admin support	20 days	3200	All partners

4.7 Tell us about your delivery plan.

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1. Deep dive report. It would include desktop research from the Intermediate Care Review and Intermediate Care Workstream outcomes, collaboration deep diving the challenges identified, work with project organisation to corroborate and enhance report findings, consultation with services users
2. List of Options – It would include workshops with all the key stakeholders to undertake ideation of solutions that would tackle the challenges identified within the deep dive report, project organisations would also be involved, and service users would be engaged in to check and challenge the list of options relevant to them.
3. Service specification. This specification would be written to describe the requirements of a digital solution which would deliver the list of options. This specification would categorise those short, medium and long terms goals for the solution and would also identify the "must have, should have, could have" items. This specification would be checked and challenged by all interested parties prior to sign off.
4. Research digital solutions. Contact would be made with digital providers to establish which provider could meet the service specification and to what level/how the specification could be met. A list of potential solutions would be compiled with prices, timescales, and benchmarks.

Timescale for delivery of the above is 5 months.

4.8 Describe how your project team will have the skills and time available to deliver the project in an iterative, agile and user-centred way.

Stockport Council is part of the Stockport Locality System which has an extensive team dedicated to transformation. They use double diamond methodology for projects such as this and have extensive tools that support delivering transformation projects in a structured and organised manner.   The specific skills that will be recruited into this work will be:

- Senior Responsible Officer oversight
- Project Manager
- Business Intelligence Analyst
- IT systems expert / App developer
- Qualified Social Worker
- Care Home Manager / Systems Manager
- Qualified Clinical Lead (Discharge Nurse)

We are currently planning to deliver some further agile training to teams across the Council; and as part of that colleagues will be undertaking coaching within their programmes. We have recognised that our customer journey needs to be more user centred and this is the driving force behind some of our work. The implementation of the transfer of care hub will reduce hand-offs in the customer journey therefore improving the experience of the individuals that use our services. One of the key principles within our transformation programme is to ensure that we use human centred design when developing our pathways. We will seek opportunities to engage with patients and their families as we progress with this.

4.9 Define the governance structure of your project.

The work will form a part of the formal Urgent Care Board governance. The work will be managed, developed and directed by a task and finish group that will meet fortnightly virtually, while the work will be developed and delivered both face to face (site visits and meetings) and virtually. We can supply diagrams to show how the work will feed into the Locality Board in Stockport but also how it will feed in to the wider Greater Manchester Governance Structure.

The SRO for the programme will have full oversight of programme delivery and will feed into the Boards all progress and risks.

4.10 Outline the risks to project success.

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1. Engagement from system wide partners can be a challenge, particularly in winter months and during covid peaks when demand on health services reaches critical points. If there is more demand on the system, then less capacity is available to take part in future planning type work such as this.
2. There many not be any digital solutions currently available that can deliver what the service specification requirements are or bespoke solutions may be too costly to consider.
3. Due to legislation changes and other transformation programmes, the desire of the workforce to implement significant system changes may be low and workforce may feel too under pressure to cope.

Mitigation of these risks is based on how the partnership have worked on the intermediate care programme previously. Extensive work has taken place to understand the As Is Position, so further engagement to deep dive the challenges would be delivered in a less intensive timeframe at a suitable period.

Solutions could be delivered in various ways, and therefore one digital solution is not required. If solutions that meet the biggest impact areas could be delivered that would be a significant win for this project.

Implementation of any prototype system would be planned well and change management methodology would be at the heart of that, ensuring all impacted parties are engaged well, given the opportunity to help make decisions and truly understand the benefits of change.

4.11 Describe how project monitoring and evaluation will happen.

The project itself would be monitored through project plans, risk assessments, and highlight reports. The governance structure would monitor progress of this project.

One of the reasons for undertaking this project is to improve data availability and quality across the partnership. The partnership does have some data available which is monitored, but it is a combination of system generated data and manual entry data across the system. This results in a lack of visibility and confidence in the data. What we do have at the moment from all the work that has taken place is:

- The current No Criteria to Reside figure (daily) by pathway
- The current As Is Position for Pathway 1 and 2 of the D2A process
- Daily D2A Patient flow data that is manually entered each day
- P1 and P2 demand data at a snapshot
- Current length of stay (LoS) in each part of the services pathway (but reported in isolation) Hospital LoS, P1 LoS, P2 LoS, P3 LoS
- Number of daily discharges by pathway

4.12 Describe the benefits and savings your project is likely to deliver.

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Out of hospital

- Reduced readmission within 30 days of discharge
- Increase in the number of people discharged on P1 and P2 that return to their original place of residence
- Increase in the number of people that achieve their optimum baseline post discharge via rehabilitation or reablement support
- Increase the number of people discharge back in to their own home via P0 and P1
- Increase in P1 usage as an overall % with a reduction in P2 usage as an overall %

In Hospital

- Reduction in percentage bed occupancy
- Reduction in Average LOS
- Reduction in patients staying in hospital over 21 days
- A reduction of the NCTR list to between 50 – 70

The above outcomes will result in cashable savings of a reduced community bed base (currently 145 reduced to an anticipated 105 (approx annual saving of £2.5m per year) and also quality improvement of service user experience. There are non cashable efficiencies such as reduced duplication in assessments freeing up valuable social care and health staff time which will allow more time for service users and an improved working environment for the staff.

The are indirect benefits in terms of reduced waits in the emergency department, reduced ambulance waits and better ambulance response times in the community. More transparency across organisations, services, and individuals and the ability to have data led conversations, check and challenges and collaborative discussion about transformation and improvement priorities.

5. Agreement with DLUHC

5.1 Please confirm that you commit to delivering the project outputs listed below. Please tick the box to agree.

- I agree

5.2 Agreements with DLUHC

Please tick the box to agree.

- I agree