

**TO: DIRECTOR OF ADULT SOCIAL CARE, HEALTH AND HOUSING  
6 MAY 2016**

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**INTEROPERABILITY MEMORANDUM OF UNDERSTANDING  
Chief Officer: Adults and Joint Commissioning**

**1 PURPOSE OF REPORT**

- 1.1 To ensure that the appropriate commitment is made to partnership arrangements for the implementation of the interoperability programme.

**2 RECOMMENDATION**

- 2.1 **That the Memorandum of Understanding is approved and signed.**

**3 REASONS FOR RECOMMENDATION**

- 3.1 To assure the Programme Boards (Share Your Care in the east of Berkshire, and Connected Care in the west of Berkshire) of the commitment of the organisations to contribute to the implementation of the programme of work.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None

**5 SUPPORTING INFORMATION**

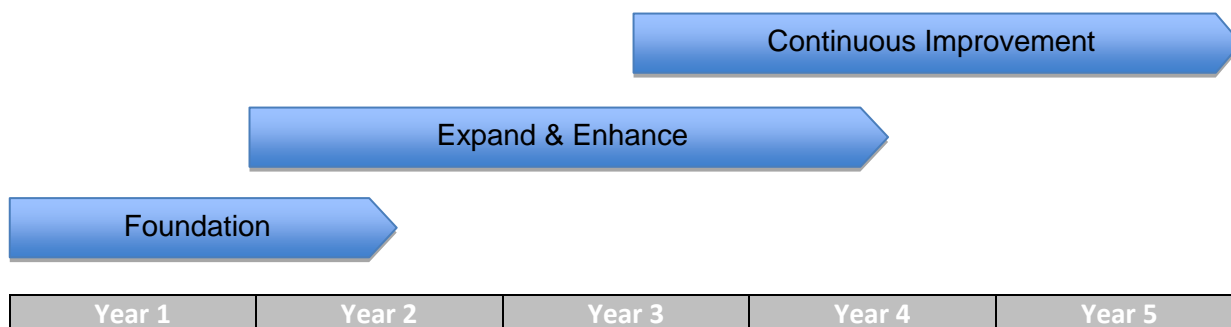
- 5.1 There is a national requirement placed upon local organisations to establish a shared health and - where appropriate - social care record for each patient registered with the NHS. At the inception of the programme of work, the requirement was for key information about a person's health and treatment to be accessible by other involved NHS or social care practitioners (subject to consent), to enable timely access to crucial information regarding the health and treatment of patients. However, since then [Personalised Health and Care 2020: Using Data and Technology to Transform Outcomes for Patients and Citizens of the NHS](#), broadens the requirement to a full shared record, to which the patient must have access if they wish.
- 5.2 The Clinical Commissioning Groups (CCGs) in the east of Berkshire established a Programme Board to oversee this work, the programme being referred to as "Share Your Care". Governance is through Better Care Fund and Health and Wellbeing Boards, whilst also following where necessary the internal governance arrangements for each organisation
- 5.3 In the west of Berkshire the equivalent programme is called "Connected Care". It quickly became evident that it would be beneficial – because of shared providers – to coordinate closely the work of the two boards, and procure one solution together. Programme management is provided by the Commissioning Support Unit (NHS), and the work of the two boards is closely coordinated.
- 5.3 There are 17 organisations involved:-

## Unrestricted

- 7 x CCGs
  - 6 x LAs
  - South Central Ambulance Service NHS Foundation Trust (SCAS)
  - Royal Berkshire NHS Foundation Trust (RBH)
  - Berkshire Healthcare NHS Foundation Trust (BHFT)
  - Frimley Health NHS Trust (FHT)
- 5.4 There has been a 3-phase approach: the first was to “link” primary care record systems, which was successfully completed in 2013/14. Phase 2 is a pilot – still ongoing - the learning from which has informed, and will continue to inform, the full business case for phase 3, system procurement and the implementation of the agreed solution, primarily. At this point, this solution will not give the full shared record as indicated in *Personalised Health and Care 2020*, which will require further work at a later stage.
- 5.5 The supplier of the solution has been selected, subject to “due diligence”, and implementation is due to commence in April 2016.
- 5.6 The programme managers have been very successful in enabling all 17 participating organisations to be involved in the Programme Boards, subgroups and the procurement process. Bracknell Forest Council involvement has been through ASCHH and DCS officers (operations, IT and information governance). Currently Information Management Group members are considering the approval of Information Governance approaches.
- 5.7 Procurement costs are being met by the through Better Care Funds from contributions from the CCGs. The required commitment from other organisations is identified in the Business Case as follows *with current position in BFC*:
- 3rd party interfacing costs (to enable context sensitive portal launching). *Capital already identified*
  - Any additional backfill costs associated with training, etc. *not anticipated as a requirement*
  - Local project management and technical resourcing. *Within existing resources*
  - Backfill costs associated with portal design, user acceptance testing, etc. *Within existing resources*
  - Any hardware or software upgrades required to run the portal (browser based). – *already planned*
  - N3 connectivity. – *already in place*
  - NHS number compliance – *project already funded through BCF*

## Unrestricted

- 5.8 Full implementation will be in three phases, described as Foundation, Expand and Enhance, and Continuous improvement. From the Full Business Case:-



“The timeline shown above is flexible, i.e. features and functionality will be deployed as and when the community is prepared. It is for this reason that the stages overlap.”

- 5.9 The Foundation stage “will provide the basic setup for full interoperability and needs to cover areas such as: data capture, consolidation and transformation (into a common format), data accuracy and completeness, presentation of information via a portal for priority information and functionality (including but not limited to, conditions, medications, allergies, care event timeline, care preferences and consent, results reporting, referrals, alerts).” (*BFCv1.5*) and will involve RBFT, BHFT, FPH, GP practices and 2 LAs. It is hoped that BFC (Adult Social Care) will be one of the LAs.
- 5.10 In order to manage the implementation in such a major programme, early functionality will focus on care for frail and elderly people, with a focus on disease areas diabetes dementia and COPD as a minimum, and through the Continuous Improvement phase, the functionality will be broadened until all patients and all disease areas are covered, This will include children, and during this phase, it is expected that LA databases for children will be connected.

## 6 **ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

- 6.1 Any legal issues have already been addressed through the drafting of the Memorandum of Understanding, and no further significant issues now arise.

### Borough Treasurer

- 6.2 There are no direct financial implications within this report for the Council.

## 7 **CONSULTATION**

### Principal Groups Consulted

- 7.1 Patient representatives have been involved throughout all processes.

### Method of Consultation

- 7.2 Board and sub-group membership

Representations Received

7.3 Views have been incorporated into the agreed approach.

Background Papers

Full Business Case v1.5

Contact for further information

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