From:	Clair Bell, Cabinet Member for Adult Social Care and Public Health
	Rebecca Spore, Director of Infrastructure
To:	Health Reform and Public Health Cabinet Committee
	6 March 2020
Subject:	Kent and Medway Care Record (KMCR) Update
Classification:	Official

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary: This report provides an update on progress towards the deployment and implementation of the Kent and Medway Care Record (KMCR)

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to: **NOTE** the contents of the report.

1.0 Introduction

1.1 The aim of the Kent and Medway Care Record (KMCR) project is to develop, procure and mobilise a single shared care record solution for deployment across the Kent and Medway STP area that will enable health and care professionals involved in an individual's care to view an electronic record of their patient / service. The record will pull data, that is currently held in numerous provider point of care systems into a single role-based access view.

1.2 The KMCR vision is that:
"Regardless of who employs them, health and care professionals are able to quickly and easily view their patient's digital records (or relevant components of them) from wherever they are, and without the need to navigate multiple systems / user interfaces, regardless of the local health or care provider who holds them."

2.0 Kent and Medway Care Record System Benefits Summary

2.1 The KMCR is a single solution that will be deployed across Kent and Medway to enable the sharing of health and social care data. The specific benefits for health and social care professionals and providers have been identified as:

- Delivery of the Kent and Medway Delivery plan for the NHS Long Term Plan including meeting the expectations of a LCHR in every area.
- Improved safeguarding: ensuring that children and vulnerable adults that are at risk are immediately known as being so, enabling care decisions to be better informed and reducing the level of risk.
- Improved quality of clinical and professional decision making, taking into account all relevant information, especially in complex cases.
- Reduced care costs through avoiding repeated tests and unnecessary treatment; more effective use of out-of-hospital care packages; reducing pressure on emergency care, shorter hospital stays through multi-agency discharge planning; more effective medication reconciliation.
- Facilitates integrated care by sharing information across the System between multiple health and social care partners and enabling new models for delivering integrated care, actively facilitating cross-organisational workflows.
- Gives patients access to their records through a patient portal.
- Provides analytic capability enabling care to be commissioned and delivered effectively and efficiently.
- Single consecutive timeline of events across all Kent and Medway providers integrated across all providers.
- Quicker communication between care organisations: less wastage of professional and clinical time identifying and contacting other professionals involved in the care of that individual.
- More efficient communication between care organisations: immediate access to key data.
- More efficient workflows: enabling visibility of workflows between care professionals.
- Access to robust care information to better plan care and the support for multi-disciplinary care plans that can be shared with all care professionals involved in the care of an individual.
- Provide an information system that is consistent with the internet; first aspiration of the long term plan, KMCR, being a web based application will be quick to log on, will be integrated (context sensitive single sign on), where possible, into providers point of care systems, be designed to be easy to use and support care professionals in the delivery of safe and effective care.
- Facilitates population health management and a reduction in health inequalities.
- Assurance that care is provided consistently, safely and in accordance with the needs and wishes of the individual.
- Provide facilities to facilitate care delivery at the most appropriate place for the individual, for example, provide information to paramedics to obviate the need for unnecessary conveyancing to A&E.

2.2 Benefits for Local Authorities in particular relate to improved access to client information in the delivery of the relevant Council services and more efficient business processes. Other areas which have adopted the KMCR have sighted improved staff productivity and client outcomes as a result of redesigning care pathways and information flows between agencies.

Specific areas of focus are:
- Improve efficiency of integration of adult acute and community short term pathways, such as discharge and step up/down
- Improve local care planning and operational delivery particularly through MDTs
- Improve social workflows and safeguarding
- Enable the integrated work of children's front door and specialist services, including maternity and health visiting

2.3   There is a statutory 'duty to share' information for direct care. This is set out in s251B of the Health and Social Care Act 2012 (as cited by the Health and Social Care (Safety and Quality) Act s3). This places an obligation on all health and social care organisations to provide access to the health and social care records they hold to their employees and other providers working with the patients / service users. Although the statute does not explicitly refer to a shared care record, it is implied, and it is hard to conceive that any other solution could meet these requirements for the system as a whole. The KMCR will be a key tool to effectively discharge these responsibilities.

2.4   The KMCR also provides analytic capability and further options for the integration of data through the Kent and Medway Integrated Data Set.

3.0   Implementation

3.1   The KMCR has been procured using the NHSE Health Systems and Support Framework. It is part of the NHSE Local Health and Care Record (LHCR) programme. The national programme consists of three waves: wave 1 includes six exemplars; wave 2 are fast followers, and wave 3, the rest. The KMCR is in wave 3 but is likely to deliver before some of the exemplars. A competitive procurement using the NHS Health Systems Support Framework has resulted in the appointment of a preferred bidder, Graphnet.

3.2   Detailed implementation project plans are now being agreed ahead of contract award. Joint commissioners of KMCR are the Kent and Medway CCGs (shortly to become a single CCG), the two LAs and Kent Community Health NHS Foundation Trust (KCHFT).

3.3   The seven-year contract will be managed by KCHFT on behalf of the joint commissioners and will have an option to extend an additional three years. KMCR implementation project management support is being separately tendered and is underway.

3.4   A Collaboration Agreement will sit under the Call-Off contracts and provide partnership governance between the joint commissioners who will form a Collaboration Board. An implementation Programme Board will manage risks and issues during deployment phases 1-3.

3.5   KCHFT will provide a KMCR contract management board, which will oversee operations, with sub-groups including clinical and professional curation, service management, risk management and citizen engagement. Technical sub-groups

include both technical and data and analytics representation.

3.6　NHS Providers will be mandated to use the KMCR through their provider contracts with the CCG. PCN agreements are expected to provide appropriate governance clauses for primary care use of the KMCR.

3.7　Organisations providing feeds to, or consuming services from the KMCR are responsible for their own costs of implementation of the KMCR, and for 1st line support to users.

3.8　KCCs financial contribution is set at £50K per annum, excluding the internal costs of technological and organisational implementation and associated business change.

3.9　NHS Providers and LAs are currently completing technical and organisational readiness assessments and initiating internal projects to support implementation. Mobilisation is currently expected to commence in April this year. KCC is scheduled to connect live feeds from KCC's adults and children's systems is due between April and May this year and is in phase 1 of the deployment.

3.10　The system operates according to a role-based access control policy which will be developed as part of the implementation, Graphnet have installed its systems in a number of areas and have mapping of roles to access groups, and the minimum expectation is that these will be implemented and users mapped to appropriate access groups.

4.0　Conclusion

4.1　The KMCR has a number of potential benefits across the system and for KCC as outlined in the paper. KCC is in the first wave of implementation and the detailed plans are currently being developed to support the implementation of the KMCR.

5.0　Recommendation

The Health Reform and Public Health Cabinet Committee is asked to: **<u>NOTE</u>** the contents of the report.

6.0　Contact Details

Report Authors:
Name: Alan Day
Technology Commissioning and Strategy
Contact: 03000 410492 / alan.day@kent.gov.uk

Relevant Director
Name: Rebecca Spore
Director of Infrastructure
Contact: 03000 416716 / rebecca.spore@kent.gov.uk