Project Closure Report

Health & Social Care
CONNECT

The streamlined point of access for adult community health and social care services in East Sussex.

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1 Project Closure Report Purpose

The Project Closure Report is the final document produced for the Project and is used by Joint Commissioners and Provider's Senior Management to assess the success of developing and implementing the Project, identify best practice for future projects, resolve all open issues, and formally close the project.

This Project Closure Report is created to accomplish the following:

- Review and validate the milestones, performance, quality and success of the Project
- Ensure the Provider is able to continue to deliver HSCC after the Project is closed
- Confirm outstanding issues, risks and recommendations to address them
- Outline any tasks and activities required to close the Project
- Identify Project highlights and best practice for future projects

2 Project Closure Report Summary

2.1 Project Context

Health and Social Care Connect (HSCC) has been developed, commissioned and implemented as part of the Streamlining Points of Access workstream of East Sussex Better Together (ESBT) Phase 1 - Adults. ESBT's shared ambition is to develop a fully integrated health and social care system in East Sussex by 2018, ensuring every patient or service user enjoys proactive, joined up care that supports them to live as independently as possible and achieve the best possible outcomes.

In December 2015, High Weald Lewes Havens (HWLH) CCG took the decision to formally withdraw from ESBT but committed to the continued delivery of HSCC through its Connecting 4 You programme.

2.2 Project Timeline – Notable Dates

The initial visioning workshop for a streamlined point of access for adult community health and social care services took place in February 2012, but it was the ESBT programme and Better Care Fund that provided the framework and resources to take the idea forward:

- April 2014: Project Initiation Document produced and SPOA Development Group established
- June 2014: The first draft of the Service Specification produced
- August 2014: The ESBT Programme launches
- November 2014: ESBT Programme Board agrees to develop an adult SPOA to go live in April 2015 and detailed Milestone Plan produced
- March 2015: ESBT SPOA Working Group agrees to a phased approach to implementation and Business Case joint with Integrated Locality Teams (ILTs) drafted
- April 2015: Phased approach to implementation launched
- November 2015: Service Specification finalised
- September 2016: Fully Integrated service operating 8am-10pm seven days a week for the public and professionals, all activities transferred to business as usual and project closed.

2.3 Project Overview

The aim of the Project was to streamline access to adult community health and social care services across East Sussex. To do this, it was proposed that three separate existing services managing health referrals (ICAP), social care assessments (the Contact and Assessment Team) and a public adult social care helpline (Social Care Direct) would be integrated into a single service able to deal with any health or social care enquiry from any source.

Although initially due to be launched in April 2015, the ESBT SPOA Working Group agreed to a phased approach after reviewing detailed project plans and acknowledging that the scale and complexity of the Project, and subsequently the implementation timescales, were greater than first anticipated. The agreed phases were:

- Phase 1: Enhanced service for GPs (April 2015)

- Phase 2: Integrated management and frontline staffing arrangements implemented
- Phase 3: Operating model and all milestones for fully integrated service reviewed
- Phase 4: Social Care Direct (public access) reviewed and next steps agreed
- Phase 5: Integrated service operating 8am-10pm seven days a week launched for professionals
- Phase 6: Public access extended, all activities transferred to BAU and project closed (Sept 2016)

This approach allowed for an improved service to be available from the original target date of April 2015 whilst allowing adequate time to implement the overall vision of a fully integrated, extended hours service.

2.4 Project Objectives

The objective was to offer both the public and professionals a single point of access for adult health and social care enquiries, assessments, services and referrals, enabling adults in need of care and support and carers to receive faster access to the services they needed at home or closer to home and to reduce the need to go into hospital or stay in hospital longer than they needed to.

The development of HSCC formed an integral part of the ESBT 150-week plan streamlining points of access workstream which had 3 phases – Adults (i.e. HSCC), children and mental health. As the project built on existing workstreams, it was necessary to move at pace to support the broader transformation agenda.

There is already evidence of a significant year on year increase in the number of people contacting HSCC, and referrals being passed on to relevant services faster than before (see section 3.2).

2.5 Project Closure Synopsis

The scale and complexity of this project was in part due to the need to simultaneously transform existing services whilst they continued to operate and develop and implement a new operating model. A review of the degree of integration achieved by the project across a number of areas revealed that there was a great deal of consensus between providers and commissioners regarding the progress made. At project start there was no integration in the majority of activity areas, but at project closure the majority were either integrated managerially or organisationally – reflecting the scale of change achieved (see Appendix 1 for further detail).

Areas noted as requiring further development included: staff deployment and response; staff values and behaviours; links with localities; ICT; pathways, procedures and documentation.

	Status at project start – August 2014 (the beginning of ESBT programme)		Status at project closure – September 2016 (Fully integrated service goes live)	
Activity	Providers	Commissioners	Providers	Commissioners
Make up of teams/services	Level 1 - No integration	Level 2 - Virtual integration	Level 3 - Management integration	Level 4 - Organisational integration
Management	Level 2	Level 1	Level 4	Level 4
Allocation process	Level 1	Level 1	Level 3	Level 3
Training	Level 2	Level 1	Level 4	Level 4
Values/behaviours	Level 1	Level 1	Level 3	Level 3
Links to localities	Level 2	Level 1	Level 3	Level 2
ICT	Level 1	Level 1	Level 3	Level 3
Team location	Level 1	Level 1	Level 4	Level 4
Referral process	Level 3	Level 2	Level 4	Level 3
Measuring/monitoring	Level 1	Level 1	Level 4	Level 4
Pathways/procedures	Level 1	Level 1	Level 3	Level 3
Engagement	Level 1	Level 1	Level 4	Level 4
Documentation	Level 2	Level 1	Level 4	Level 2
Summary	X8 at Level 1	X11 at Level 1	-	X2 at Level 2
	X4 at Level 2	X2 at Level 2	X6 at Level 3	X5 at Level 3
	X1 at Level 3	-	X7 at Level 4	X6 at Level 4

3 Project Performance

3.1 Milestone and Deliverables Performance

The project and associated plan was broken down into 7 work streams as follows:

3.1.1 Governance

Governance arrangements were established in April 2014 to provide project oversight, leadership and control managed through a number of groups and subgroups, as detailed in section 3.4. These arrangements complied with CCG and ESCC governance requirements, which informed transition and implementation planning, and ongoing service development and assurance. A Project Initiation Document was approved in May 2014, and the Milestone Plan and Risk Log were established from November 2014. The Milestone Plan (Appendix 2) has been the key project control document, used to identify what actions needed to take place and when and, alongside the Risk Log, was used to provide assurance of delivery, escalate issues and negotiate changes as required.

Other key deliverables of the governance workstream were:

- Equalities Impact Assessment of the service and on proposed staffing changes
- Service specification
- Agreeing a phased approach to staff consultation and implementation
- Contract negotiation, agreement and monitoring
- Monthly activity and budget reports (forecast and actual)

3.1.2 Operations

Initially only health referrals management was available 8am-10pm seven days a week including Bank Holidays. A key aspect of this workstream was extending the offer to include social care assessments and public access 8am-10pm seven days a week, and enhancing the infrastructure required e.g. staffing capacity, telephony and ICT, to deliver integrated pathways efficiently across extended operating hours.

All ‘as is’ pathways into, through and out of the constituent teams to be integrated into HSCC were reviewed and the ‘to be’ pathways developed. These incorporated a greater triage and assessment function, removed unnecessary hand offs, and improved speed and consistency. All updated and new pathways have been documented and disseminated to staff and allied services and are kept under review.

Other key deliverables of the operations workstream were:

- Developing a new referral form and working toward the cessation of fax
- Developing an operations manual
- Developing the NHS Directory of Services as a standalone directory of services
- Developing a Critical Service Business Continuity Plan

A schedule of transfers to business as usual (Appendix 3) was approved by the HSCC Implementation Group on 6 January 2016 and ESBT Streamlined Point of Access Working Group on 20 January 2016. The transfers commenced 31 January 2016 and were concluded in September 2016. The purpose of these was to ensure that once transferred the activity became an operational responsibility.

3.1.3 Communications

A project Communication and Engagement Plan was produced in November 2014. It initially focused on communications during project development and implementation and was revised in May 2015 to link to service delivery. To ensure consistency of messages and the ability to exploit broader communications the Plan was aligned with ESBT communications including events and GP and ESBT newsletters. Key deliverables of the Communication and Engagement Plan were:

- Agreeing a new service name – Health and Social Care Connect
- Service statement, and guidance for referrers and receiving services including complaints
- Engagement events and workshops
- Marketing and promotional materials
- Satisfaction surveys for the public, professionals and staff
- Staff briefings, updates and newsletter articles

3.1.4 HR and Training

The integration of the roles and functions of three existing teams over extended operating hours impacted a number of staff operating under different terms and conditions and employers. The first staff and union consultation on proposals to integrate ICAP and the Contact and Assessment Team into a single integrated HSCC team was completed in July 2015 and resulted in some ESHT staff being TUPE'd over to ESCC. The second consultation on proposals to integrate Social Care Direct into HSCC concluded in September 2016.

In keeping with issues across the health and social care economy, recruiting and retaining staff for the service has been challenging. A number of initiatives were put in place to mitigate these challenges including a rolling recruitment programme, a bespoke training and development programme and new supervisory positions (the Senior Access and Assessment Officers) allowing for career progression.

Other key deliverables of the HR and training workstream were:

- Reducing running vacancy rates from 36% to 19%
- Implementing an enhanced service for GPs through increased staffing capacity
- Implementing integrated management and frontline staffing arrangements
- Training all staff in all elements of HSCC to ensure a fully integrated service offer
- Reviewing the operating model and all workstream milestones for fully integrated service
- Reviewing the impact of the Care Act on Social Care Direct Care Act and public access to HSCC

3.1.5 ICT / Telephony

A critical component of integrating the various points of access and improving the service offer was the enhancement of ICT and telephony used to receive, process, record and action contacts and referrals; increase productivity and consistency; and manage call volumes, gather data and improve customer experience. The planning, procurement and implementation of ICT and telephony has been complex and rolled out in a phased approach to meet the differing needs of each phase of the project.

Key deliverables of the ICT and telephony workstream were:

- Procuring an electronic rota system to support the expanded operating hours and staff deployment
- Installing virtual access to NHS networks (VDI) to enable staff to access NHS systems flexibly
- Securing generic NHS and local government email addresses
- Developing Liquid Logic as the primary client recording system
- Linking referral forms to NHS systems including DXS, Map of Medicine, SystmOne and e-Searcher
- Developing a Privacy Impact Assessment to inform information sharing and governance
- Developing an Information Sharing Agreement between ESCC, ESHT and SCFT
- Developing an ICT agreement with ESHT for the provision of NHS ICT support and system access

The one element of the ICT workstream not to be delivered is ROCI (Read Only Client Information) as some core developments essential to its usability going forward remain outstanding and ESBT have decided not to invest any more in the solution until those changes have been delivered. As an alternative, access to Summary Care Records is being investigated.

3.1.6 Accommodation

The Accommodation workstream was put into place to manage the co-location of the three different teams being integrated. As part of Phase 1: the enhanced service for GPs, ICAP staff and the pilot roles of Access and Assessment Coordinators (AACs) were co-located, enabling the AACs to begin to take referrals from GPs and offer a more integrated response. After some negotiation further HSCC accommodation improvements were wrapped into the ESCC agile programme, and after some delays were delivered in September 2016 ahead of the 3 October go live for the fully integrated service.

Key deliverables of the accommodation reconfigurations were:

- A fully open plan workspace with increased, flexible, workstations
- Standard workstation fit out including dual monitors and call centre phones
- Wall boards for live streaming of incoming calls and call management
- Sound booths for confidential calls or calls with those hard of hearing
- Increased number of rooms suitable for meetings and supervision

- Break out space and individual locker storage
- Effective business continuity arrangements to decamp staff to another location during major works

3.1.7 Performance Management

At the start of the project each of the three teams to be integrated had their own KPIs and performance dashboards, none of which related to the broader ESBT programme. Data on social care clients and activity was collected via ESCC systems and data on health clients and activity by ESHT systems. Over the course of the project a single set of KPIs were identified for inclusion in the service specification, and which aligned with ESBT programme objectives; data collection systems were enhanced; and dashboards were further developed and increasingly integrated as the service evolved.

Further work has been undertaken to develop a dynamic dashboard covering operational, commissioning and quality KPIs and enabling data to be viewed at countywide, CCG and locality team levels. The ESBT Programme Board also receives reports of relevant KPIs.

Key deliverables of the performance workstream were:

- Performance management measures and reporting systems established
- Performance dashboards for operations, commissioning and quality monitoring developed

3.2 Project Achievements

3.2.1 Meeting Objectives

The purpose of this project was to design and implement a new integrated community service delivery model based on research and best practice which would transform the way assessments and care are delivered. It also aimed to contribute to East Sussex's plans for transforming services to deliver a financially sustainable health and social care economy. The key elements of the new delivery model were to include:

- A new, integrated single point of access and coordination for adult community health and social care services across East Sussex;
- Easier access for professionals and the public to access information, advice and signposting to general services in the community; and
- Access to a specified range of health and social care services.

The implementation of HSCC evidences the achievement of these objectives. Analysis of the total contacts/referrals received by HSCC forecasts a continuous upward trend as the service is used by more community services to manage their referrals, including the Crisis Response Team, Frailty Service and Dementia Guide Service, and increased activity with locality teams. Up to September 2016, 8500 to 10000 contacts have been received each month, an increase of around 12% on 15/16, which was also an 8% increase on 14/15.

HSCC aimed to address issues arising from historical commissioning and provider arrangements:

- Multiple and confusing point of access for professionals, patients, clients and carers;
- Multiple assessments and care plans;
- Fragmentation of care delivery through lack of care coordination; and
- Increased costs when clients are unable to maintain their health and independence.

HSCC improves the coordination of community health and social care services, making it easier for professionals to access information, advice, navigation and signposting to a range of services. From 3 October 2016 public access to these services will also be available through HSCC across extended hours.

"Very impressed with [your] response … everything is professional, very quick, and top notch and most impressed with service". Professional service user

The HSCC service has also streamlined and transformed the coordination of care through a single assessment process where possible; enhanced triaging, assessment and coordination; and minimising inappropriate referrals through closer liaison with referrers and receiving services.

"I can't say enough good things... I subsequently have spoken to a few other people in the village and they said we are so fortunate to be in East Sussex as the service is so good". Public service user

Of the 61 milestones in the Milestone Plan only one has not been delivered (ROCI) and eight are due to be completed between October and December 2016.

3.2.2 Integration

The Integration Stocktake (Appendix 1 and section 2.5) was used to track the extent of integration achieved between project start (August 2014) and project closure (September 2016). Overall, there was a great deal of consensus between providers and commissioners on the journey and end of project status: at project start there was no integration in the majority of activity areas, but at project closure the majority were either integrated managerially or organisationally – reflecting the scale of change achieved.

3.2.3 Performance

Performance is monitored against the service specification KPIs for operations, commissioning and quality monitoring. These measures demonstrate how HSCC contributes to the overall ESBT objectives and facilitate contract monitoring and performance improvements. Areas of notable improvement include:

- Average staff vacancy rates which have reduced from 36% in April 2015 to 19% in August 2016 against a target of less than 15%
- Percentage of Priority 2referrals triaged and referred into identified services within 2 hours which has increased from 85% to 88% from April to August 2016 against a 95% target
- Percentage of Priority 3referrals triaged and referred into identified services within 8 hours which has increased from 77% to 86% from the first reporting date of June to August 2016 against a 95% target
- Percentage of Priority 4referrals triaged and referred into identified services within 24 hours which has increased from 92% to 96% from April to August 2016, exceeding the 95% target

Areas requiring further improvement include:

- Average speed of answer which has risen to 1 minutes 42 seconds at Level 1 (where the bulk of incoming calls are received) against a target of less than 30 seconds, and the related measure of abandoned calls which increased from 12% to 24% from April to August 2016 against a target of less than 5%
- Percentage of Priority 1referrals triaged and referred into identified services within 30 minutes which has increased from 20% to 54% from April to July 2016 but is still significantly short of the 95% target.

A number of indicators were initially monitored to establish a baseline, before targets could be set. Some KPIs cannot be reported on yet e.g. equalities, preventing hospital admissions, due to the level of data currently available. The development of Liquid Logic as the primary recording system, along with data that will be collated via the new HSCC referral form should address this.

3.3 Budget Performance

HSCC is part funded via ESCC Adult Social Care core funding and Better Care Funding (BCF), the latter being designated for additional call handlers; additional qualified staff; upskilling, extended hours and 7 day working; and additional running costs such as ICT. Some of the BCF funding has also been used for one off start-up costs including accommodation upgrades, telephony changes and marketing materials. The budget has been well managed with monthly forecasts and actual spend, mapped against recruitment and activity volumes.

3.4 Project Governance and Quality Management

3.4.1 East Sussex Better Together Programme Board

The ESBT Board provided system leadership, collaboration and oversight to enable the CCGs and ESCC (the programme partners) to work together with other partners to create, agree and deliver the project as part of its programme as detailed in a five year strategy and to enable comprehensive stakeholder engagement in the co-design of plans, which are robust, evidence based and able to deliver on a sustainable basis. Membership of the Board consists of senior offices from ESBT, ESCC and the CCGs, as well as the Chief Executive, ESHT and Service Director, SPFT. The Group is led by the Chief Officer for H&R and EHS CCGs, and ESCC Director of Adult Social Care & Health.

3.4.2 East Sussex Better Together Streamlined Points of Access Working Group

The purpose of the ESBT SPOA Working Group was to develop, implement, commission and performance manage the ESBT Streamlining Points of Access workstream of which 'adult services' was phase 1 (remaining phases are children's and mental health services). The responsibilities of the group were to establish the project scope and structure as outlined in the business case, and to report on progress against the milestones to the ESBT Programme Board. The group agreed interim arrangements to mitigate service shortfalls and monitored risks and performance throughout the project.

The Group membership consisted of strategic and operational directors and managers representing ESBT, ESCC, CCGs and ESHT, chaired by Dr Rob McNeilly, GP and Governing Body Member, H&R CCG. The Group worked closely with the Integrated Locality Teams and Urgent Care ESBT Working Groups in recognition of the interdependencies between their workstreams.

3.4.3 Connecting 4 You Programme Board

The Connecting 4 You (C4You) health and social care transformation programme is being developed in partnership between East Sussex County Council and NHS High Weald Lewes Havens (HWLH) Clinical Commissioning Group. C4You is being developed in order to address the specific population needs, geographical challenges and arrangement of services in a way that recognises the patient flows of the HWLH area.

The C4You Programme Board has been meeting since April 2016. Its membership features the CCG and the Council, Sussex Community Foundation Trust, Sussex Partnership NHS Foundation Trust, and Healthwatch East Sussex. The programme involves voluntary and community sector organisations, and other NHS acute and community trusts that operate in the HWLH patch. The C4You Programme Board will do two things.

- Develop a transformation programme to meet the specific needs of the HWLH population
- Develop system leadership, allowing leaders across the HWLH health economy to jointly oversee and influence how health and social care is developed and delivered

C4You is based upon the premise that strategic decisions about planning and investment will be made at the level most appropriate to that activity and as locally as possible, given the need for delivery to be at practicable and viable scale. With this in mind, the work on Health and Social Care Connect (HSCC) has been conducted over the pan-East Sussex footprint, with the involvement of HWLH commissioning staff and Programme Management Office on behalf of the C4You Programme Board, to ensure that HSCC develops in coordination with the emergent HWLH Communities of Practice, and with ongoing work on the re-procurement of the NHS111 service.

3.4.4 HSCC Implementation Group

The HSCC Implementation Group was responsible for finalising and implementing the service specification, and monitoring and reporting progress and performance against the 5 phases. It also maintained an effective communications and engagement strategy to promote key messages to customers and partner organisations. The Group was chaired by the Joint Commissioning Manager. Membership consisted of the Head of Service, Operations Manager, Practice Managers, ESHT and SCFT and the SPOA Project Manager.

The Implementation Group evolved from the SPOA Development Group, supported by three task and finish groups (HR, ICT/telephony, and Accommodation). Issues that could not be resolved by the Implementation Group were escalated to the Operational and Programme Leads or ESBT SPOA Working Group as appropriate.

3.4.5 HSCC Operational Management Group

The Operational Management Group manages the day-to day operations of HSCC to facilitate effective delivery of the service specification and related legal agreements. It is responsible for the completion of project tasks and managing transfers to business as usual, in line with project closure arrangements. Membership consists of the Head of Service, Operations Manager, Practice Managers, and representatives from ESHT and SCFT, and SPOA Project Manager with reference to the Strategic Commissioner and SPOA Project Manager as appropriate.

The key objective of the Group is to oversee operational management, ensuring consistent service delivery and supervision of risks and inter-dependencies. Members will advise on policy, service development and contractual matters, including preparation of an annual Service Plan and Budget.

3.4.6 Future Governance Arrangements

The ESBT SPOA Working Group agreed at its meeting in July 2016 that:

- The ESBT SPOA Working Group would be disbanded in October 2016 once it had received and signed off the Project Closure Report, after which HSCC will be a standing agenda item for the first part of the ESBT Integrated Locality Teams Working Group meetings.
- The HSCC Implementation Group would be disbanded in July 2016, after which the HSCC Operational Management Group would take operational oversight of HSCC going forward.

3.5 Inter-dependencies with other ESBT programme workstreams

From the outset and as other initiatives and opportunities have arisen, inter-dependencies with the following have been managed and all cases are ongoing:

- Other parts of the ESBT SPOA workstream namely Children's and Mental Health access points
- Integrated Locality Teams and Communities of Practice
- Crisis Response Service
- Redesign of urgent care pathways
- Urgent Out of Hours access points (Emergency Duty Service, Integrated Night Service and IC24)
- The re-procurement of 111 and development of local clinical hubs
- Self-care and self-management

3.6 Contribution of the Project to the ESBT and Connecting 4 You Programmes

HSCC was envisaged to support all elements of the ESBT 6 (+2) box model, with particular impact on proactive care, crisis intervention, discharge to assess and maintaining independence. This would contribute to improvements in quality, outcomes and overall financial sustainability in East Sussex by supporting the delivery of care in community and home-based settings avoiding where possible unnecessary hospital admissions and delayed discharges.

In its draft Connecting 4 You 2016-17 HWLH CCG Operational Plan HSCC is referenced against QIPP savings targets, simplifying access to the [health and social care] system, and managing referrals into Communities of Practice (multi-disciplinary teams providing a range of community health services). As this plan is still in draft form it is too early to evaluate the extent to which HSCC has contributed to its objectives, outcomes or performance measures.

3.7 Outstanding Activities

3.7.1 Operational developments

The integration stocktake (Appendix 1) identified the following outstanding areas of development to maximise productivity and consistency of service and an increase focus on customer care and continuous improvement: Staff deployment and response, and values and behaviour.

Further engagement with receiving services is required before the new HSCC referral form can be finalised and launched alongside guidance and communication. A decision also needs to be made on the timescale for actively discouraging referrers from using the BICA and fax.

The Service Plan needs to be produced as a core document to guide service delivery and support performance monitoring.

Each transfer into BAU will be reviewed as part of the annual review and closed once the commissioner has assurance that the activity has been fully and effectively embedded into day to day operations.

3.7.2 Communications and engagement

More in depth service user feedback is needed to assess achievement of outcomes including the experience of out of county referrers compared to those of in-county referrers. This will take the form of: satisfaction surveys (for the public, professionals and staff); mystery shopping; engagement events with

receiving services; and attendance at GP Locality meetings and, where relevant, engagement events organised by ESBT and Connecting 4 You.

3.7.3 Links and pathways with Integrated Locality Teams and Communities of Practice

HSCC should continue to work closely with emerging ILTs and COP via membership of team meetings, attendance at engagement events and any specific activities to design and agree referral pathways, protocols and procedures.

3.7.4 ICT developments

The development of Liquid Logic as the primary recording system for HSCC needs to be completed to reduce manual inputting time. This will also be mitigated with the introduction of the new referral form and enhancing the recording and reporting capability of Liquid Logic as the main patient/client system which will move ownership of data to the Local Authority and enable better tracking of activity, pathways and outcomes.

Investigations into patient records should be undertaken, notably how health and social care records can be integrated or inter-operable.

The development of the NHS Directory of Services as a standalone directory for HSCC needs to be completed alongside training staff in its use and ensuring receiving services update their entries whenever there are any changes.

HSCC should investigate the use of SHREWD to support early response to system pressures, notably in the management of intermediate care bed capacity and, potentially, urgent care services.

3.7.5 Governance

The nursing agreement between ESCC and ESHT needs to be finalised and signed off, although the content and finances have been agreed.

3.7.6 Summary of outstanding activities

Outstanding activity	Timescale
Staff deployment and response	Following completion of the planned time and motion study in November 2016
Staff values and behaviours	This is ongoing and is supported by staff training notably in customer care and an increased emphasis being placed on continuous improvement
Engagement with receiving services before finalising the new HSCC referral form	Current and to be completed by 7 November 2016, the scheduled date for the form to be signed off
Produce the Service Plan	This is being drafted for consideration at the HSCC Operational Management Group on 28 October 2016
Review and closure of each transfer into BAU	As part of the annual review in March 2017
In depth service user feedback including satisfaction surveys; mystery shopping; engagement events; GP Locality meetings and ESBT and Connecting for You events	Surveys for professionals, the public and staff have been designed and will run bi-annually in November and May, commencing in 2016. Mystery shopping is scheduled for March 17. Attendance at meetings and events ongoing.
Continue to work closely with emerging ILTs and COP	Ongoing via membership of relevant team meetings
Develop Liquid Logic as the primary recording system for HSCC	In progress and scheduled to be completed by November 2016
Obtaining access to patient records	Current and to be completed by December 2016
Develop the NHS Directory of Services as a standalone directory for HSCC	Current and to be completed by December 2016
Investigate the use of SHREWD to support early response to system pressures	Current and to be completed by December 2016
Finalise and sign off the nursing agreement	In progress and due for completion by end of November

4 Project Closure Tasks

4.1 Post Implementation Review

The project was reviewed at a project closure session held on 13 September with representation from HSCC, its delivery partners (ESHT and SCFT), and commissioners (ESBT and Connecting for You). The half day event was structured around the specially designed 'integration stocktake' (see Appendix 1) which enabled providers and commissioners to undertake assessments of the progress made from project start in August 2016 to project closure in September 2016.

Key achievements, lessons learnt and recommendations were noted and all the findings have been fed into the Project Closure Report.

4.2 Knowledge Transfer

This report, lessons learnt and project assets will be made available for other project's use via the Project Place portal.

4.3 Risk Management

The first Project Risk Log was created in January 2015 following a standard ESBT template. It was reviewed, updated and reported to the ESBT SPOA Working Group and HSCC Implementation Group on a monthly basis. Risks rated over 12 were reported to the Programme Board, although these were rare.

Relevant risks within the Project Risk Log have been transferred to the Operational Risk and Issues Log via transfers to business as usual, and reviews and updates are now embedded into day to day operational management and overseen by the HSCC Operational Management Group.

4.4 Issue Management

An Operational Issues Log was created in June 2016 following the format of the Risk Log but assessing the impact of known events on business continuity, continuity of care, patient safety and quality standards. The Issues Log is a distinct worksheet in the Operational Risk Log and reviews and updates are embedded into day to day operational management and overseen by the HSCC Operational Management Group.

4.5 Lessons Learned

4.5.1 What Went Well

- The implementation of the model as envisioned, designed in a way that works now but can develop as the service expands and further clarity is provided about the role of localities and 111 clinical assessment and triage.
- The ability of the project to adapt to change in order to deliver outcomes, including implementing a phased approach which recognises the required time to implement major change whilst maintaining service continuity.
- Strong provider relationships and partnership working ensured change – the participating partners were not 'organisationally precious': seamless care was a clear shared aim, securing agreement to single line management despite the mechanics to achieve this being complicated, and a willingness to continue to deliver the service before formal contractual arrangements were signed off.
- Infrastructure and system improvements including extensive ICT and telephony developments, a total reconfiguration of accommodation, project documentation and 'assets' to transfer into business as usual.
- Staff development including a month on month reduction in vacancy rates, building teams to deliver the service, a staff training programme for the whole service and related competencies not just for individuals, a notable growth in staff knowledge across health and social care, increased collaboration and information exchange between staff.
- The co-design of the new referral form, increased engagement with GPs and receiving services and fully branded marketing materials.
- Governance, clinical leadership, risk management and assurance, and project management documentation (which was commended during an independent audit).

4.5.2 What Did Not Go Well

The project has highlighted difficulties associated with integrating areas of work which operate under individually established teams, or lack formal processes. The lack of preparedness of the constituent teams for change and lack of change management capacity resulted in delays in project implementation, service development and performance improvement.

If a more comprehensive review of current practice, standards, systems and change management capacity had been undertaken ahead of project start, the integration process could have progressed further, although the overall project was unlikely to have been completed much quicker due to the scale and complexity of change required and other limitations, notably the minimum timescale for staff and union consultations, procurement timescales and governance processes.

No.	Lesson Description	Suggested future action
1	Resource mapping wasn't completed from the outset to recognise change management capacity	A readiness review should be undertaken prior to any change programme to identify, plan for and resource the changes required and the capacity to manage them
2	Underestimated the time needed to effect change management – thought SPOA would be a quick win	Need to set out expectations at the start and manage change. Be open to flexing timescales in light of evidence
3	Organisational development needs to be at the forefront of change management	Any readiness review should include an organisational development assessment to identify improvements required to meet a baseline level of quality and provision for a new service
4	Underestimated the challenge of change management whilst still delivering a service	Recognise the value of having a project management support working across commissioning and operations to support and embed change
5	Underestimated the challenge of delivering change during major transformations ESHT/SCFT and ESBT/C4Y	Any readiness review should include a review of inter-dependencies including any concurrent change programmes
6	The project had clear outcomes but did not clearly communicate the phases to achieve these	Need to articulate from the outset what is meant by integration and phases to monitor progress and provide assurance
7	Transfer of knowledge/skills takes time; challenge of joining up health and social care training	Training needs analysis should be completed early on
8	System requirements were not properly scoped – wasted time and effort	Any readiness review should include a review of system requirements
9	Telephony delayed due to lack of provider availability and change management capacity	Any readiness review should include a review of change management capacity
10	Positive relationships with wider ASC and NHS teams is critical to success	Engage all stakeholders early on and maintain clear lines of communication and engagement
11	Timely communication of service changes to inform but not raise expectations beyond what the service could deliver at any particular stage	A comprehensive and scheduled communications activity plan inter-linked to key delivery stages

4.6 Project Closure Recommendations

a. To formally close the project at the 19 October 2016 ESBT SPOA Working Group

b. To deliver the outstanding actions set out in section 3.7 through HSCC business as usual processes

c. To share the report with the ESBT Programme Board

d. To disseminate lessons learnt to the commissioners and project managers of all other ESBT workstreams and projects

5 Project Closure Report Approvals

Status	Programme Role	Name	Date
Approved By	(Clinical Lead and Working Group Chair)	Dr Rob McNeilly	19 October 2016
Approved By	(Programme Director)	Paula Gorvett	19 October 2016
Approved By	(Lead Joint Commissioner)	Sarah Crouch	19 October 2016
Approved By	(Lead Provider)	Mark Stainton	19 October 2016
Prepared By	(Project Manager)	Lisa Schrevel	19 October 2016

Final Closure Date: 19 October 2016

Appendix 1: HSCC Integration Stocktake completed

												Status at start: August 14		Status at end: Sept 2016	
	No Integration with individual team/service delivery			**Virtual integration Teams/services**			**Management integration with collaborative teams/services**			**Organisational Integration Fully integrated Teams/Services**						
1	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-assessment**	**Other's assessment**	**HSCC self-assessment**	**Other's assessment**
Make up of teams/services	Distinctly separate health and social care teams/services based on traditional professional and organisational identities			Separate health and social care teams/services based on professional and organisational identity but with some joint working arrangements evident			Multi-professional and organisational teams underpinned by formal governance arrangements			Multi-professional and organisational teams hosted or employed by one organisation						
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**2**	**3**	**8**	**9**
2	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-assessment**	**Other's assessment**	**HSCC self-assessment**	**Other's assessment**
Management	Separate management arrangements based on professional and organisational identities			Separate management arrangements based on organisational boundaries but virtual management meeting exist to support joint working			Joint management arrangements across organisational boundaries			Single management arrangements						
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**3**	**1**	**10**	**9**
3	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-assessment**	**Other's assessment**	**HSCC self-assessment**	**Other's assessment**
Allocation process	Enquiries allocated to staff based on whether they are within a health or social care focused team			Enquiries allocated to staff who are trained to deal with either a health or social care enquiry			Enquiries allocated to staff who are trained to deal with health and social care enquiries			Enquiries allocated to a fully integrated staff team trained to provide integrated responses to any enquiry						
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**1**	**0**	**8**	**7**
4	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-**	**Other's**	**HSCC self-**	**Other's**

												Status at start: August 14		Status at end: Sept 2016	
Training	Separate arrangements for identifying and arranging training and staff development for health related functions and social care related functions			Some jointly identified training and development needs with shadowing and joint visits between health and social care staff/services			Joint training and development including formal and informal learning opportunities			Integrated training needs analysis and development opportunities developed and delivered			**assessment**	**assessment**	**assessment**	**assessment**
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**4**	**0**	**9**	**9**
5	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-assessment**	**Other's assessment**	**HSCC self-assessment**	**Other's assessment**
Staff values and behaviours	Values and behaviours are focused on separate service areas and customers i.e. health or social care, and there are separate team meetings			Values and behaviours are focused on separate service areas and customers i.e. health or social care, but there are some joint team meetings			Values and behaviours are focused on all service areas and customers i.e. health and social care, there are joint team meetings and joint standards are emerging			Values and behaviours are consistent across all service areas and customers and staff identify as being part of a single integrated service with a diverse customer base						
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**1**	**1**	**7**	**8**
6	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-assessment**	**Other's assessment**	**HSCC self-assessment**	**Other's assessment**
Geographical coverage/Links to Localities	The countywide service has no links to locality teams, duty systems and MDT working			The countywide service links to locality teams, duty systems and MDT working informally based on organic rather than planned development			Defined links and pathways with locality teams, duty systems and MDT working but different access or services provided based on deployment of staff rather than analysis of demand or supply in localities			Defined links/pathways with locality teams, duty systems and MDT working with HSCC staff deployment mapped against demand and with the ability to commission services where gaps in localities are identified						
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**5**	**2**	**6**	**5**
7	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-**	**Other's**	**HSCC self-**	**Other's**

												Status at start: August 14		Status at end: Sept 2016	
ICT	Separate IT and telephony systems with no matching or sharing of information			Separate IT and telephony systems but some data shared on an ad hoc basis			Separate IT and telephony systems but regular sharing and matching of data underpinned by an Information Sharing Agreement between key delivery partners			Inter-operable IT systems and single telephony system with regular sharing and matching of data underpinned by an Information Sharing Agreement between key delivery partners			**assessment**	**assessment**	**assessment**	**assessment**
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**2**	**1**	**8**	**8**
8	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-assessment**	**Other's assessment**	**HSCC self-assessment**	**Other's assessment**
Team Location	Health and social care teams/services in separate premises			Separate premises but some arrangements to work in each other's premises			Co-located in same premises but not necessarily based on integrated working			Co-located and accommodation designed around integrated working arrangements						
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**2**	**1**	**11**	**9**
9	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-assessment**	**Other's assessment**	**HSCC self-assessment**	**Other's assessment**
Referral process	Separate referral form/process for health or social care			SPOA but separate referral form/process required for health and social care			SPOA with streamlined referral form/process for health, social care and multiple services but with different forms/processes for some services			SPOA with single access and referral form/process for health, social care and multiple services integrated with referrers and receiving services across the system						
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**7**	**4**	**9**	**8**
10	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-assessment**	**Other's assessment**	**HSCC self-assessment**	**Other's assessment**
Measuring and monitoring	KPIs and performance reporting is separate for health and social care activity and reviewed in isolation to each other			KPIs and performance reporting is separate for health and social care activity but areas of interface are discussed			KPIs and performance reporting for health and social care activity is combined on a single dashboard			KPIs and performance reporting for health and social care activity is combined on a single dashboard with analysis across the integrated						

												Status at start: August 14		Status at end: Sept 2016	
									service based on activity and outcomes						
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**2**	**1**	**11**	**10**
11	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-assessment**	**Other's assessment**	**HSCC self-assessment**	**Other's assessment**
Pathways and procedures	Separate pathways and procedures for health and social care activities			Some joint pathways and procedures exist across HSCC			Health and social care pathways / procedures are aligned and support multi-disciplinary ways of working			Unified pathways and procedures guide practice						
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**1**	**1**	**8**	**6**
12	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-assessment**	**Other's assessment**	**HSCC self-assessment**	**Other's assessment**
Engagement with clients and carers	Separate communication and engagement methods for health and social care clients.			Separate communication and engagement methods but systems are in place to collate all views			Applies a single approach to communicating and engaging with health and social care clients			Applies a single approach to communicating and engaging with health and social care clients provides joined up feedback across health and social care system						
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**1**	**1**	**8**	**6**
13	**Level 1**			**Level 2**			**Level 3**			**Level 4**			**HSCC self-assessment**	**Other's assessment**	**HSCC self-assessment**	**Other's assessment**
Documentation	Separate documentation for health and social care that is not accessible, brought together or shared between service areas			Separate documentation for health and social care that is accessible, brought together or shared with other service areas			Some joint documentation particularly around referral and care planning			Single documentation for all service areas including referral, assessment and care planning accessible to other services and the wider system						
Score	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**3**	**0**	**10**	**4**

Appendix 2: HSCC Milestone Plan

Task/milestone delivered	MTH/YEAR	
On track to deliver task / milestone by target date	GREEN	
Not on track to deliver task / milestone by target date	AMBER	
Unlikely or unable to deliver task / milestone by target date	RED	
Milestones	**Workstream**	**Status at 30/9/16**
HSCC Governance arrangements established	Governance	**Apr-14**
PID and project plan developed – adults	Governance	**May-14**
Produce and implement Milestone Plan and Action Plans	Governance	**Nov-14**
Establish Risks and Issues log	Governance	**Nov-14**
Stakeholder mapping and communications plan completed	Communications	**Nov-14**
Equalities Impact Assessment completed and signed off and transferred to BAU	Governance	**Mar-15**
Complete improvements to current (as is) pathways and protocols in SCD, CAT, ICAP, NST Duty	Operations	**Mar-15**
Activate new telephone scripts for phase 1 service to reflect introduction of GP line	ICT/Telephony	**Apr-15**
Telephony and call management system in place for phase 1	ICT/Telephony	**Apr-15**
Phase 1 - implement enhanced service for GPs through increased staffing capacity	HR/Training	**Apr-15**
Performance management measures and reporting systems established	Performance	**Jun-15**
ICT and telephone requirements for HSCC identified	ICT/Telephony	**Jun-15**
Phase 2 - Implement integrated management and frontline staffing arrangements	HR/Training	**Sep-15**
Amend proformas/templates - letterhead, email signatures, referral forms	Operations	**Oct-15**
Phase 3 - Review operating model and all workstream milestones for fully integrated service	HR/Training	**Dec-15**
Update all standard letters etc. generated via CF, LL,S1 with details of HSCC	Operations	**Dec-15**
Liquid Logic used for social care clients	ICT/Telephony	**Dec-15**
Integrate business continuity plans to ensure business continuity	Operations	**Dec-15**
Access to NHS networks available to HSCC staff and managers	ICT/Telephony	**Dec-15**
Telephony and call management system in place for phase 2 (initial operating model)	ICT/Telephony	**Dec-15**
Email addresses including secure inward and outward	ICT/Telephony	**Dec-15**
Privacy Impact Analysis completed and signed off and transferred to BAU	Governance	**Jan-16**
Information Sharing agreements, protocols and mechanisms developed and signed off	ICT/Telephony	**Jan-16**

Review and update where necessary service information for all services referred via integrated frontline	Operations	**Jan-16**
Phase 4 - Complete review of Social Care Direct Care Act impacts and agree next steps	HR/Training	**Mar-16**
Review and update current pathways and protocols (SCD, CAT, HSCC, NST Duty) for HSCC Phase 2	Operations	**Mar-16**
Review and update HSCC pathways and protocols for HSCC Phase 5	Operations	**Mar-16**
Sign off of specification for HSCC Project 1 - adults	Governance	**Mar-16**
Contract negotiation and agreement	Governance	**Mar-16**
All staffing capacity in place - rolling programme of recruitment implemented	HR/Training	**Mar-16**
Rota software procured and available	ICT/Telephony	**Mar-16**
Revised management and staffing structure agreed for fully aligned service	HR/Training	**Mar-16**
SystmOne (or suitable electronic system) used by HSCC for managing health referrals	ICT/Telephony	**Mar-16**
Telephony and call management system in place for phase 5 (excluding SCD)	ICT/Telephony	**Apr-16**
Phase 5 - Fully integrated service operating 8-10 seven days a week	Operations	**Apr-16**
HSCC operational risk log developed in place of project risk log	Governance	**Apr-16**
HSCC communications plan developed and implemented in place of project communications plan	Communications	**Apr-16**
Monitor contract via agreed contract monitoring arrangements	Governance	**Apr-16**
Produce monthly activity and finance forecasts and actuals to support contract monitoring	Governance	**Jun-16**
Performance dashboards for operations, commissioning and quality monitoring developed	Performance	**Jun-16**
HSCC operational governance arrangements established in place of project governance	Governance	**Jun-16**
Revised pathways, protocols and procedures agreed for fully aligned service	Operations	**Jul-16**
Confirm contact, assessment and referral pathways through ILATs	Operations	**Jul-16**
Identify, agree, procure and implement integrated ICT requirements, including access to NHS networks/systems etc.	ICT/Telephony	**Jul-16**
Complete SCD staff consultation on HSCC extended hours operating model	HR/Training	**Sep-16**
All 'SCD' staff trained in all elements of HSCC to ensure a fully integrated service offer	HR/Training	**Sep-16**
Adequate accommodation and workstations identified and delivered	Accommodation	**Sep-16**
Integrated telephony and call management designed, procured and implemented	ICT/Telephony	**Sep-16**
Public access to HSCC extended to evenings, weekends and Bank Holidays	Operations	**Sep-16**
All activities transferred to BAU, reviewed and closed	Operations	**Sep-16**
Effective engagement, involvement and communications throughout the project (inc. complaints handling)	Communications	**Ongoing**
Project Closure report produced	Governance	**Oct-16**

MOU/agreement between NHS and social care (if required)	Governance	**Oct-16**
Test and implement inter-operability of LAS with SystmOne	ICT/Telephony	**Oct-16**
HSCC service plan developed in place of project milestone plan	Operations	**Oct-16**
LAS go live as primary system for all HSCC activity	ICT/Telephony	**Oct-16**
Review role of additional staff in relation to contribution to work of locality teams	Operations	**Nov-16**
Develop, test and implement single access and referral form	Operations	**Nov-16**
Directories of Services in place and operational	Operations	**Nov-16**
Switch off fax referrals for professionals	ICT/Telephony	**Dec-16**
ROCI available to HSCC staff	ICT/Telephony	**Oct-15**

Appendix 3: Schedule of transfers to business as usual (BAU)

Activity	Transfer start	Transfer end
Equality Impact Assessment reviews and updates	February 16	April 16
Rota systems in use	February 16	April 16
Adequate accommodation and workstations delivered	February 16	April 16
Improved pathways in; through; out of HSCC (Inc. nursing)	February 16	April 16
Business continuity plan (reviews/updates)	February 16	April 16
Telephony/call management in place phase 5 (Inc. SCD)	February 16	April 16
Complaints handling and reporting	February 16	April 16
Privacy Impact Analysis reviews and updates	February 16	April 16
Email addresses including secure inward and outward	February 16	April 16
Information Sharing Agreement, protocols and mechanisms	February 16	April 16
Service Agreement – contract monitoring	March 16	April 16
ICT/telephony requirements identified (Phase 5 workshop)	March 16	April 16
Establish risk and issues log (for service)	February 16	June 16
Produce and implement (service) plan	February 16	June 16
Stakeholder mapping and communications plan (for service)	February 16	June 16
All additional capacity in place (recruitment/workforce)	February 16	June 16
Access to NHS networks for HSCC staff and managers (VDI)	February 16	June 16
Performance measures (KPIs) and reporting systems	February 16	June 16
Staff training and development programme	February 16	June 16
Service Agreement negotiation (budget/funding)	March 16	June 16
Service agreement - nursing	March 16	June 16
NHS Directory of Services in place and operational	March 16	June 16
Effective engagement, involvement and communications	March 16	June 16
HSCC governance arrangements (post 01/04/16)	April 16	June 16
Phase 4 - Complete review of Social Care Direct	April 16	July 16
Phase 5 - Fully integrated service (Inc. capacity review)	April 16	July 16
Confirm pathways, processes and protocols AACs (ILTs)	July 16	July 16
Adequate business support within HSCC management	July 16	July 16
SystmOne available to all staff	July 16	July 16
Proactive engagement with GPs in localities post 1/4/16	July 16	July 16

Appendix 4: HSCC Assets

The following have been developed and/or procured as part of the Project and are now owned by HSCC's lead provider, East Sussex County Council:

1. **Key documents**
   - Service Plan
   - Critical Service Plan for business continuity
   - Operations Manual including pathways, protocols and procedures, user guides
   - HSCC Referral Form (replacing the BICA)
   - Guidance for referrers and receiving services
   - Information Sharing Agreement
   - Privacy Impact Analysis
   - Equality Impact Analysis
   - Risk and Issues Log
   - Budget and Activity forecast
   - Communications Plan
   - Complaints Guidance
   - Performance Dashboard
   - ICT Agreement with ESHT

2. **HR and training**
   - Training and Development Plan
   - Job Descriptions and Person Specifications
   - Staffing Structure

3. **ICT and Telephony**
   - Fully integrated IPCC call management system with reporting capability
   - Wall boards displaying incoming calls and live call data
   - Call centre phones and dual headsets
   - Dual monitors
   - VDI access to NHS networks
   - Secure local government GCXS emails
   - Rota software

4. **Accommodation**
   - Agile workspace with 89 workstations
   - Sound proof booths

5. **Marketing and Communications**
   - Updated web pages
   - HSCC branding
   - Marketing materials including pop up displays, leaflets and posters
   - Bi-annual survey for the public, professionals and HSCC staff

In addition, HSCC has access to the following assets owned by other organisations to enable service delivery:

6. NHS Directory of Services as a standalone directory (NHS England)
7. NHS desktop computers (ESHT)
8. NHS networked photocopier (ESHT)
9. B drive secure storage (ESHT and SCFT)
10. NHS email addresses – individual and group (ESHT)

11. Access to e-Searcher hospital patient database and SystmOne community patient records (ESHT)
12. ISAD performance database (ESHT)