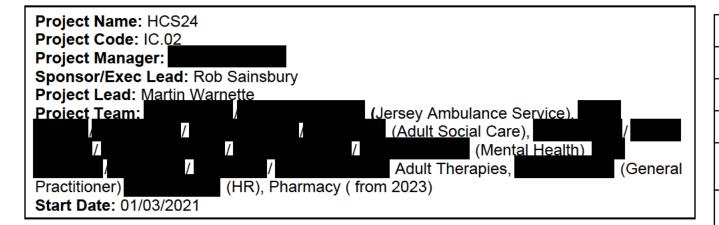
# **A3 Project Scoping Document**





## **Brief Description of project:**

To deliver a high-functioning, multi-professional clinical community care hub that operates 24 hours a day, 7 days a week to enable the delivery of home-based care, crisis response and reablement. To lower avoidable inpatient admissions and promote independence at home, using multiple provider services.

### **Project Objectives: (SMART goals)**

- To put into practise a multi-provider, community care team that operates 24 hours a day, 7 days a week as identified within the JCM, by the end of 2022.
- To address estates, IT, pathway development and the co-location of multiple provider services (internal and external)
- Through the project team, the relevant skills are identified to carry out the project which will
  reduce the duplication of work and achieve a single point of referral for multiple provider
  services.
- To have an essential HCS24 team in place prior to the operation of the new Telecare & Teleguidance service (IC.01). Future service providers to participate in the risk stratification of service users.
- A phased approach to introduce multi-provider co-ordination of services commencing with Telecare/Teleguidance 2021/2 and SPOR 2021.

#### In scope:

- Identify services required and potential partner organisations and undertake commissioning, recruitment, training etc.
- Pathway development
- Identify location of HCS24 hub
- Co-location of staff and service representatives
- IT / Digital requirements
- Extend services to include pharmacy with potential of extended hours

#### Out of scope:

 Services not identified as part of the intermediate care strategy included within the JCM

Milestones:	Owner	Start Date	End Date
Estates	MW	Oct 2020	May 2021
Services identified	MW	Oct 2020	May 2021
IT & Digital requirements	МС	June 2021	July 2021
Pathway development	MW	May/June 21	September 2021
Services contracted	JP	May/June 21	October 2021
Co-location of representatives	MW	July 21	October 2021
Orientation and team building	MW	October 2021	October 2021
Go Live of HCS24	MW	October 2021	October 2021

# Dependencies:

- Stakeholder engagement
- Establishment of a temporary location (estates)
- Pathways development and agreement
- Staff redeployment and recruitment
- Commissioning workload

## **Key Stakeholders:**

- CLS
- Jersey Ambulance Service
- Red Cross
- Intermediate Care
- General Practitioner
- Mental Health
- Social Care
- Commissioning
- M&D

### **Technical or Digital Requirements:**

- HCS24 hub digital requirements
  - Multiple telephone access
  - Office equipment
- Telephone number

# **A3 Project Scoping Document**



#### **Finance Assessment**

# **Estimated Cost (for the minimum viable service):**

(Example: £50k implementation, £25k residual cost pa, £20k savings pa)

You must have consulted your finance business partner and demonstrated evidence of this as part of your review.

• Service costings included within business case. To be updated as project progresses.

#### Identified funding streams:

(Describe potential sources of funding for the Activity), e.g. repurposing of existing funds, donations, new funding needed etc.

• Finance has been allocated through the JCM from PWC confirmation of costs.

#### **Resource Requirements:**

(Consider too, impact on current / planned projects and whether you will require resource from them).

- Environment to situate the hub
- Office Equipment
- Project Management

## Informatics/HR/Finance Request(s):

Informatics – Following identification of service provision and finalisation of pathways, discuss with informatics how the metrics can be collected and analysed to ensure a robust, adaptable and high-quality service.

 $\mbox{HR}-\mbox{Following}$  identification of service provision and potential representatives, undertake analysis to determine whether consultation on staff moves, recruitment or redeployment is required and impacts on HR

Finance – Scoping of service requirements need to be undertaken to understand potential project costs. Finance has been allocated through the JCM from PWC confirmation of costs. Business case to be submitted for draw down of funds following an example template.

# Key risks:

- Telecare. Teleguidance project over-runs leading to late implementation of Telecare/Teleguidance
- Lack of stakeholder engagement
  - Lack of uptake of representatives within HCS24
- Unable to agree on Pathways and SPOR
- Poor communication of HCS24 with the business, service delivery representatives and the community
- Covid-19 business recovery

## **Key Issues:**

- Multiple services due for contract renewal, resulting in time pressures
- Re-design of service provision, of which current providers may not wish to participate in new model

# **Evidence of project completion**

(Consider measurement of outcomes too).

- Suitable environment found for placing services within
- Smooth integration of IT services
- Seamless transfer of patients between service providers
- Virtual ward
- Co-located services
- SPOR
- Silo working discontinued
- Increase in customer satisfaction and patient experience
- Collaborated and co-operated risk stratification