Fit for the Future
Working together to keep people well

Report to STP Board: 22 January 2019

Agenda item:	4.1
Title:	Digital
Lead:	Jag Ahluwalia, Digital Enabling Group Chair (presented by Catherine Pollard, Executive Programme Director, System Delivery Unit)
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Report purpose *(Please mark one in bold)*			
APPROVAL	DECISION	ASSURE	**INFORM**

Link to STP Priorities *(Please mark all applicable in bold)*			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	**WE'RE ONLY SUSTAINABLE TOGETHER**	SUPPORTED DELIVERY

Committees/groups where this has been presented to before *(including date)*

Circulated to Digital Enabling Group – 14 January

Purpose of the paper

Digital technology is a key enabler of the changes required to make the NHS sustainable in the long term and to support the greater integration of care, including across health and social care. The Sustainability and Transformation Partnership (STP) has established a Digital Enabling Group to oversee the System Digital Strategy and any bids for digital funding.

The purpose of this paper is to update the STP Board on the next steps for the Digital Strategy and propose next steps to develop an integrated local health and care record (LHCR). It also updates the STP Board on the Cambridgeshire and Peterborough Health System Led Investment (HSLI) in provider digitisation applications, which are required to establish the basics ahead of more ambitious work on creating integrated care records.

The STP Board is invited to:

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- Note the update on implementing the Digital Strategy.
- Note Stephen Posey as the new CEO sponsor of the DEG.
- Note the update on Local Health Care Record (LHCR) and outlined next steps.
- Note the update on the Cambridgeshire and Peterborough HSLI in provider digitisation and also recognise the risk around drawing down the funds.

1. INTRODUCTION / BACKGROUND

The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) endorsed the Digital Strategy for the System in September 2018. Our digital vision has five themes:

- Empower patients – Using apps, wearables, smart homes, etc., so our community is confident in managing their own health and feel independent, in control and connected with their healthcare providers;
- Support and empowering staff – Developing our staff's digital skills, providing decision support and releasing more time for care, for example through the use of virtual assistants and robotics;
- Integrate services – Creating systematic, seamless and high-quality care using standardised records, ready access to necessary information, and close to real time flows of information across clinical pathways;
- Manage the system effectively – Aligning digital strategies to create system convergence and interoperability, create a common approach to information governance, data definitions and standards and procurement; and
- Create the future – In collaboration with patients and industry, supporting innovation, research and service development by creating rich, integrated information resources and analytics, by using machine learning and AI and by continually looking ahead to see what emerging technologies can be used in healthcare.

As set out in the recently published NHS Long Term Plan, the need for an integrated health and care record is compelling – and is a key component of delivering our own Digital Strategy. Current arrangements do not work well for patients, taxpayers or health and care professionals. Neither health and care professionals, nor patients, have access to all the information they need at the point of care.

In addition, we have already notified the STP Board that funding has been secured nationally for a Health System Led Investment (HSLI) programme, with Cambridgeshire and Peterborough being provisionally allocated the sum of £5.9m over the next three years (2018/19 –2020/21). On the 5 October 2018 we submitted our initial HSLI bids, which were presented and endorsed at the Health and Care Executive held on the 20 September 2018 and shared with the STP Board for information on 27 September 2018. These applications are required to establish the basics ahead of more ambitious work on creating integrated care records.

2. BODY OF REPORT

Digital Strategy next steps

The Digital Enabling Group has been building momentum and are currently establishing task and finish groups to drive forward the five digital priorities:

- Empower patients.
- Support and empowering staff.
- Integrate services.
- Manage the system effectively.
- Create the future.

Each group will be led by a work stream lead and have clear objectives and deliverables to ensure there is focus following the festive period. The DEG agreed to include the integrated care record

implementation as part of the five workstreams. The key actions for those workstreams will be signed off at the January DEG.

One further emerging piece of work is Population Health Management and how we can build an integrated dataset to allow strategic commissioning and population level analysis. The Health & Social Care Analytics Community will be reviewing this piece of work in January and identifying what steps we can take to get this in place to support future planning.

With the Digital profile increasing due to its key role in system transformation the HCE endorsed Stephen Posey as the CEO sponsor for the Digital Enabling Group.

The STP Digital Strategy identified three key posts to support its implementation; CCIO, CIO and IG Lead. The SDU are pulling together draft job descriptions for these roles and discussing the financing of them with the Financial Performance and Planning Group (FPPG).

Integrated Care Record and Local Health Care Record (LHCR)

Work with stakeholders across the System has identified the need for an integrated care record and the ability for clinicians to access a complete patient record is key to delivering better services. The areas of focus outlined in our Digital Strategy all relate to the delivery of an integrated care record across the system and how it can help us empower our patients and staff. Furthermore, establishing integrated care records is now a national directive, as set out in the recent Digital Strategy by the Secretary of State for health and care and the NHS Long Term Plan. System partners are even more committed to achieving this objective as early as possible and are part of the Eastern Region LHCR programme. As part of this we are working with neighbouring STP areas (Norfolk, Suffolk, Essex, Hertfordshire & Bedfordshire) to identify a workplan to ensure that as a System wherever possible we do activities once e.g. information standards and definitions as well as information governance frameworks.

The Eastern region applied but was not selected for Wave One or Two LHCR funding primarily because there is no existing shared care record to build upon. While integrating health and care records has been identified as a top priority for the System, our approach has not yet been defined, potential options have not been evaluated. There is currently no ‘road map’ to get there and we risk lagging behind our regional neighbour STPs.

On 4 January, the System’s Digital Enabling Group (DEG) held a workshop (facilitated by CUHP and Eastern AHSN) and to identify potential solutions to create an integrated care record and consider the potential approach to evaluation and selection. Taking a pragmatic approach, our key challenge was to define the minimum viable scope, that will enable us to achieve a functional integrated care record that will mitigate the most significant risks of information availability at the point of care, that can be implemented quickly and at (relatively) low cost.

Our premise is that a simple integrated care record, available at the point of care that includes: demographic details (including NHS number), next of kin, contact details, NHS touch-points (including future planned appointments), medication, contraindications, test results and care plans; would mitigate the bulk of the risks associated with lack of relevant information at the point of care. The care record would, at a minimum, contain health and care data from community, mental health, primary care, secondary care, social care, ambulance, military, prison, hospice, 111 and private provider data.

At workshops run by Eastern AHSN in recent months, attendees were unable to come up with a scenario where this information would fail to mitigate the bulk of the risk. The overwhelming consensus has been that this would be a good place to start

There are several additional functions that we would ideally like to build in such as, population health management, risk stratification; commissioning insight, additional data sources, external interfaces, research capability etc. however these will all extend the scope, and therefore time and cost of delivery. Whilst it may not be possible to deliver these functions from the outset, it was agreed that our solution should ideally be built in such a way that these additional (modular) functions can be added later.

The high-level options, and associated key features are set out as options A-C below:

	Refresh freq	APIs (Bi-directional)	Scalable (modular)	Direct Care	Commissioning	Pop Health	Research	Implementation Cost (estimate)	Time to Implement (estimate)
A. 'Simple' DWH – Minimum Datasets (MDS), copied & transferred, then refreshed/replaced. *e.g. Eclipse (Norfolk Care Record)*	variable	✗ (✗)	✗	✓	Limited Potential			<£1M	6-12 months
B. Minimalist approach - Local data tables refreshed daily with API to Integrated Care Record. Latest available data called on demand. *e.g. Lincolnshire Care Portal*	Daily	✓ (Add later)	✓	✓	Not initially, but potential to scale			£2.5M to £3M	12-24 months
C. Health Information Exchange (HIE) Essentially, our LHCRE proposal. Includes extensive data fields/granularity, persisted data, and multiple 'micro-services' (uses) pop health, and research capable. *e.g. S&NEE Strategic Information Exchange*	Real-time	✓ (✓)	✓	✓	✓	✓	✓	c. £15-20M	3-5 years

Having considered three options, the DEG's recommendation is to pursue option B - developing minimalist approach LHCR for direct care initially, in a way that will be both interoperable with other LHCRs, and capable of being scaled to include additional modular functionality later.

The STP Board is therefore asked to note the following recommended next steps:

- An audit to determine source systems, fields, format, likely data quality/availability issues and refresh mechanism for all data items required to support a MDS care record (February 2019);
- Refinement of the LHCR solution evaluation and selection criteria, considering the requirements in more detail, and the stakeholder groups to evaluate each element. Evaluation criteria will be informed by learning and procurement specifications developed elsewhere;
- A stakeholder evaluation in February and March 2019, with the aim of developing a procurement specification by 30 April 2019;
- Considering if and how and when we could arrange a supplier 'show & tell' day, for stakeholders to learn more about potential solutions – without compromising any future procurement;
- Identifying, at the earliest appropriate opportunity, the LHCR lead/host organisation will help governance and project management arrangements. Looking ahead to the hosting of a shared care record, this will need to be an NHS provider (not commissioner). DEG will consider and recommend the lead provider organisation at its next meeting on 29 Jan; and

- Considering potential funding in parallel. Eastern AHSN are prepared to offer some funding to help get the project off the ground, but to be viable, further system investment will be required. To provide a high-level estimate, if Eastern AHSN can contribute £200k and £1.25M can be raised by System partners, then match-funding from 'wave 3' LHCR investment could take us to the £2.5M-£3M estimate required to deliver Option B.

With a clear plan, project resource and an (NHS England approved) procurement specification in place, we should be reasonably positioned to seek NHS England wave 3 LHCR investment as that becomes available in the second half of 2019/20. However, the above next steps and time-line are contingent on identifying suitable resourcing. This resourcing request will be considered alongside others, including for the North and South Provider Alliances' work on Integrated Neighbourhoods, by a newly established Task & Finish Group on aligning System resources. The DEG will consider resourcing and funding options when they meet on 29 January 2019.

Update on HSLI bids

We have now received national SRO sign off for the following bids:

- Replacement of the Patient Administration System (PAS) and Emergency Department (ED) system along with the deployment of the 'in-house' clinical portal (eTrack) to Hinchingbrooke and electronic letters (NWA1);
- Expansion of the radio-frequency identification (RFID) tracking system to enable better tracking and tracing of high value equipment, medical devices and implantable devices at Royal Papworth (RPH2);
- Development of a Trust data warehouse to enable CPFT to structure changes in information management across community services, mental health services and universal children's services (CPFT1); and
- A re-procurement of the Electronic Patient Record (EPR) which will improve interoperability within CPFT and the System (CPFT4).

Lead providers, with the support of the SDU, are now completing Value Analysis Templates and summaries to be submitted to the regional review panel alongside business cases and funding agreements.

All four bids are being reviewed in January 2019 as part of a table top exercise at NHSE. This introduces a risk in terms of drawing down the funds. If we have any issues at that stage, we will have a limited time to resubmit and then draw down the funds. This exercise also coincides with the business contracting point of the year, which can be busy, and so lead providers will need to ensure they are able to devote the necessary time to this.

We are currently awaiting further details on the next phase of the HSLI process which will inform us of submission dates for the 2019/20 bids, however we envision this will be in March 2019.

3. RECOMMENDATIONS

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10 January 2019