Fit for the Future
Working together to keep people well

Report to STP Board: 19 September 2019

Agenda item:	5.		
Title:	Digital		
Lead:	Stephen Posey, Chief Executive, Royal Papworth NHS Foundation Trust		
Author:	Catherine Pollard, STP Director of Digital & Innovation		
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)*			
N/A			

Purpose of the paper

This report updates the Sustainability and Transformation Partnership (STP) Board on the approach to implementing the System's digital strategy, including securing local resources and national funding, as well as developing the digital and innovation component of our response to the Long Term Plan.

It asks the STP Board to note that the Health and Care Executive (HCE) endorsed the Digital Enabling Group's (DEG) recommendation regarding how best to proceed with the development of a Cambridgeshire & Peterborough integrated care record, given an evolving national context.

The STP Board are invited to:

The STP Board are asked to **note:**

- The Digital Enabling Group has developed a Delivery Plan, which sets out working arrangements for implementing the System's digital strategy and priorities identified by the Analytics Community to support population health management;
- Our System is supporting the regional LHCR as a key part of our System-led approach to developing a local health and care record, while ensuring we invest in and progress locally at pace preparatory efforts (e.g., around data standards and specification designs) and offer, where possible, to be the test case for new capabilities, where this makes sense;
- The System is developing a comprehensive digital response to the Long Term Plan, which will include an expression of interest to be a research and innovation exemplar STP;
- Given uncertainty around national funding, System partners are being asked to identify for digital spend to feed into our Medium Term Financial Plan, but also be ready to respond rapidly and tactically as / when any time-limited funding opportunities arise; and
- That the Financial Planning & Performance Group (FPPG) have been delegated approval of requests to secure System funding (from existing System pots) for a risk stratification / patient segmentation algorithm for primary care; and our contribution to the East Accord.

1. INTRODUCTION / BACKGROUND

The Implementation Framework for the NHS Long Term Plan builds on the Secretary of State's Tech Vision and the Long Term Plan, setting out a number of wide-ranging requirements for digital and innovation, which we must respond to. These requirements relate to the following themes:

- Creating a Longitudinal Health and Care Record (LHCR) bringing about digital interoperability across NHS (and local authority) Systems and personal health records for patients and service users;
- Supporting the development of a digital first model of Primary Care, including making available asynchronous and video consultations; online booking of appointments, repeat prescriptions and access to results; and an evidence-based symptom checker;
- Supporting the 30% reduction in face to face outpatients, through shifting some appointments onto video-based platforms, and making results available to patients online;
- Enabling Integrated Care System's to have Population Health Management capability;
- Enabling NHS providers to be more digitally mature, which in our system will require addressing the historic disparity in digital investment across our providers; and
- Creating an environment that fosters the adoption and spread of innovative tools by patients, staff and carers to enable integrated care, and greater participation in research.

In addition, there are a number of specific requirements that relate to making available digital tools for specific cohorts of patients including within the following pathways: learning disabilities, maternity, diabetes, cancer and community-based urgent care.

These themes are well reflected in the System's current digital strategy (approved by the STP Board in November 2018), with the addition of a foundational theme covering provider digitisation (including outpatients). On this basis, the Digital Enabling Group (DEG) is proceeding to plan implementation of the System's digital strategy and maintain that the local health and (social) care record remains the System's number one priority.

2. BODY OF REPORT

Digital Delivery Plan

The Digital Delivery Plan sets out system wide working arrangements to implement our digital strategy, taking into account the requirements set out in the Long Term Plan. The Delivery Plan was approved by the Digital Enabling Group on 16 August with agreement to:

- Add a sixth theme to the Digital Strategy to reflect the need for a foundation in provider digitisation, as emerged from our HSLI prospectus, and to contribute to the East of England workstream on digital savings (led by Norfolk & Waveney STP);
- Supplement two existing working groups, the (Health) Analytics Community for building population health management capability, the IG Group, with three further working groups:

  o A 'design authority' to develop the integrated care record, and feed into the East Accord LHCR design authority;
  o An innovation group to create the right environment within the System to foster digital innovation and support a small number of prioritised transformation projects (this workstream involves Cambridge University Health Partners (CUHP), Eastern Academic Health Science Network (AHSN) and the Applied Research Collaborative (ARC)); and
  o A provider digitisation group, which enables the sharing of lessons across providers and undertake one or two projects of shared interest e.g., Robotic Process Automation, digital outpatients.

Initial deliverables for the next six months have been developed, and the next step is to map the time-lines and inter-dependencies between the workstreams and to establish the three new working groups, led by and involving a wider range of System partners' staff – including greater clinical, patient/service user, local authority and academic involvement.

The Analytics Community, one of the working groups already in place, presented to the DEG their proposed priority deliverables for developing population health management capability. The priorities are largely tactical and relate to developing analytical tools to inform decision-making using the data already in place, while our response to the Long Term plan will include more on how to develop the capabilities that can be exploited once the LHCR is in place. These short-term priorities are:

- Evolving the data coverage and functionality of the needs analysis tools in place, to include wider local government data (e.g., around the wider determinants);
- The continued roll out of Eclipse to support medicines optimisation in primary care, as well as pathway 'gap analysis' which flags to clinicians patients where the data suggests their care is not optimised as something is missing; and
- The development (or procurement) of a risk stratification / population segmentation capability to guide primary-care decision making at practice and/or PCN level.

It was agreed that any tool needs to be co-developed with the end user in mind. In particular the risk stratification / population segmentation algorithm needs to be assessed by a panel of primary care colleagues to verify whether they trust the insights, establish how such a tool would be incorporated into their clinical workflow and compare the functionality / interface of the options available.

Cambridgeshire & Peterborough Integrated Care Record / Regional LHCR

Developing an integrated health and care record capability for Cambridgeshire and Peterborough remains the primary focus of the DEG. At the meetings of 16 August and 12 September, the DEG considered options for how to proceed in light of the changing national context. The recommendation is that we should support the regional LHCR as a key part of our System-led approach to developing a local health and care record. However, given the need to increase the pace of establishing our own local health and care record, we must ensure we progress locally all relevant preparatory efforts (e.g., around data standards and specification designs) and offer, where it makes sense, to be the test case for new capabilities on behalf of the region. In support DEG approved, in principle, a set of design assumptions, that align to nationally specified fundamental standards and their guidance around NHS architecture. The also DEG considered but felt it a dilution of effort to offer to be the test site for a personal health record, particularly as it remains unclear how these will interface with social care data systems, the NHS App and the patient portals offered by System partner's own IT systems.

As a next step towards developing the System's own view of the what our staff and patients of an integrated care record (which will feed into the East Accord's work), we will be hosting a clinically led Digital Design Workshop for system stakeholders. This will be an all-day event for clinicians, operations teams and managers to discuss the specification and requirements needed. It will enable us to; (1) develop use cases; and (2) explore tactical priorities for digital and innovation beyond the care record, including how best to address the culture, skills and digital inclusion barriers to adoption. The event is being planned for the 11 October.

Momentum is also increasing for an East region Longitudinal Health and Care Record (LHCR), under the banner of the "East Accord" – which covers the six STPs in the region. At the 27 August East Accord LHCR Programme Board a Collaboration pact was approved. The pact sets out what we would like to achieve from working together as a region (and what we want to avoid); an initial operating model; draft governance; and values / behaviors. It was supported by the DEG subject to the following points about how we take the programme forwards:

- There is a need for greater specificity regarding the intended scope / capabilities for the LHCR, and which of these would be best developed once across the region vs at STP level;
- The LHCR design must work for both health and social care, being designed with the end user in mind from the outset; and
- Enabling local STPs to take forward the development of components, having reached a pragmatic view quickly of what's broadly right, which could then be refined over time.

Although there is no visibility of when wave 3 LHCR funding will become available (and this is now unlikely to be much before April 2020), there is a desire to maintain this momentum. As such each STP has been asked for a small cash (£30-40k) and in-kind contribution (0.6 wte at band 8) to progress the design and engagement around the LHCR in 2019/20. We are working on identifying this resource but are generally supportive – as there is likely to be work undertaken by the East Accord which we can use / build from in developing our local integrated care (e.g., work around technical and data standard and information governance). Funding for our local integrated care record will require local investment beyond the money set aside for wave three LHCRs – in the order of £2 to £3 million over the next 2 to 3 years. This is being built into our digital investments and savings component of the System's Medium Term Financial Plan.

Digital response to the Long Term Plan

In parallel, work is underway to consider how best to respond to the large and wide-ranging number of digital requirements set out in the Long Term Plan implementation framework. Our approach to date has been to focus on primarily digital requirements (as opposed to areas where digital might be a minor enabler to a clinical transformation e.g., cancer early diagnosis) and are additive to things already in System partners' plans. The main areas of focus for our narrative chapter and investment & savings case are therefore:

i. Provider digitisation
ii. Local Health and Care Record and digital interoperability
iii. Primary Care digitisation
iv. Digital outpatients
v. Population Health Management
vi. Innovation in patient, staff and carer held tools to enable integrated care

System partners have been contributing time and background materials which are currently being collated, and the draft business case and narrative chapter are both with DEG members for review currently. There is more to do, particularly to integrate the councils' digital transformation plans where this makes sense, but the level of engagement to date has been very positive and the time-lines are currently on track.

Digital Funding

To date the System has received funding for digital through three main national routes:

- Health System Led Investment (HSLI) – for provider digitisation;
- Longitudinal Health & Care Record (LHCR) – allocated on a regional basis only;
- Digital Exemplar – for those certain Trusts – in our case CUHFT (Global Digital Exemplar – Epic) and RPH (Lorenzo Digital Exemplar); and
- Primary care digital funding – for national must dos e.g., the roll out of Wi-Fi in general practice.

In addition, the wider System receives funding via the Applied Research Centre and Digital Innovation Hub, as well as the funding we can access via the Eastern AHSN.

For 2019/20 and beyond there remains some uncertainty regarding the value and routes to access for national digital funding.

Only carried forward HSLI funding for 2018/19 has been awarded thus far. CPFT has been successful in securing funding (£460k) for their Mental Health electronic patient record (EPR) re-procurement, which was a 2018/19 HSLI bid that was deferred. Details for 2019/20 HSLI funding have not yet been published by NHSX/E/I, although in the absence of guidance regarding project eligibility and funding availability, the System will need to refresh its HSLI prioritisation in light of the capital constraints and System partners' own digital investment plans evolving. This creates the opportunity to potentially secure some of the funding contribution required for our local health and care record.

The Digital Exemplar money has all been allocated, underpinned by detailed and partner Board approved programmes of work. However, we understand there may be future digital exemplars or fast followers identified, either for a specific vendor, or as "best in suite" – both NWAngliaFT and CPFT have indicated interest in understanding more about this potential opportunity.

Some primary care digitisation funding has already been allocated to CCGs, but more funding is forthcoming to fund the national must dos set out in the new GP contract and GP IT Operating Framework. Whether the funding allocated to the CCG will be enough to cover the costs of new and existing must dos is unclear. There is also the opportunity for Cambridgeshire & Peterborough STP to become a digital first primary care exemplar, as there is already pilot work being planned relating to using online primary care tools as part of our redesign of the urgent care pathway.

Further there are certain national subsidies for System partners willing to test specific digital tools – for example we are already the test site for the digital maternity programme and the Diabetes HeLP programme. Some of the subsidized digital tools that System partners have expressed interest in are:

- Video consultations for outpatients;
- Digital correspondence platform; and
- Bringing together the Directory of Services with our local platform for digital primary care.

Finally, there is potential for STPs / ICSs to express interest in becoming a Research & Innovation exemplar as part of their Long Term Plan response – something that our response will include. The System, benefited by the biomedical campus, proximity to tech and science parks, and close links with universities, has a long history of generating game-changing ideas for advancing medicine. We are therefore well placed to be selected as a Research & Innovation exemplar.

While there is much uncertainty around national funding for digital, System partners are being asked to identify for digital spend as part of developing our response to the digital asks in the Long Term Plan, and the underpinning Medium Term Financial Plan. We have been guided by our regulators to set out all that we would wish to deliver digitally, setting out that this is contingent on securing funding. However, we must also ready ourselves to respond rapidly and tactically as / when any time-limited funding opportunities arise.

Local Digital Resourcing

To implement the System's digital strategy requires dedicated project management, system leadership and financial resources (capital and revenue). Recruitment of project resources, co-funded with the AHSN, and a clinical lead has been successful, and in place from September until 31 March 2020.

The next steps for resourcing include FPPG to consider and approve proposals regarding:

- The resource ask of the East Accord; and
- The proposal to spend up to £350k of System funds (secured for primary care dashboard development in 2017/18) on tools that enable a pragmatic step towards population health management capability, as prioritised by the Analytics Community.

3. RECOMMENDATIONS

The STP Board are asked to **note:**

- The Digital Enabling Group has developed a Delivery Plan, which sets out working arrangements for implementing the System's digital strategy and priorities identified by the Analytics Community to support population health management;
- Our System is supporting the regional LHCR as a key part of our System-led approach to developing a local health and care record, while ensuring we invest in and progress locally at pace preparatory efforts (e.g., around data standards and specification designs) and offer, where possible, to be the test case for new capabilities, where this makes sense;
- The System is developing a comprehensive digital response to the Long Term Plan, which will include an expression of interest to be a research and innovation exemplar STP;
- Given uncertainty around national funding, System partners are being asked to identify for digital spend to feed into our Medium Term Financial Plan, but also be ready to respond rapidly and tactically as / when any time-limited funding opportunities arise; and
- That the Financial Planning & Performance Group (FPPG) have been delegated approval of requests to secure System funding (from existing System pots) for a risk stratification / patient segmentation algorithm for primary care; and our contribution to the East Accord.

September 2019