

# Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group Governing Body Meeting

**Date:** Tuesday 3<sup>rd</sup> April 2018

**Time:** 1.30pm

**Location:** Vassall Centre, Gill Avenue, Downend, BS16 2QQ

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## **Agenda item: 7.5**

### **Report title: STP Digital Overview**

**Report Author:** Deborah El-sayed, Director of Transformation

**Report Sponsor:** Deborah El-sayed, Director of Transformation

#### **1. Purpose**

To update the BNSSG Governing Body on the development of the digital delivery plan for Bristol, North Somerset and South Gloucester.

The paper highlights the balance between national public commitments we are required to deliver, local aspirations and opportunities to support and enable the transformation of our health and care system.

Our ambition is to become the most digitally advanced health and care system, optimising the benefits that this provides to our population and the efficiency and improvement it can deliver for our system.

## 2. Recommendations

The Board is asked to consider, discuss and endorse the proposed approach for the STP wide Digital delivery plan and ensure they are content that it reflects the approach and can be supported by governing body members. In particular approval is sought on

- Section 4.1 – Recommendations on Connecting Care
- Section 5.2- Mandatory requirements to the Local Health and Care Records Exemplar

## 3. Background

### 3.1 National Digital Deliverables

The national strategy for digital delivery for the NHS is set out in Chapter 10 of the NHS Five Year Forward View Next steps document (March 2017). Along with the DH paperless Health and Care 2020, the GP Forward View and the Mental Health Forward view there is a considerable series of objectives that the CCG and local organisations are required to deliver.

Consolidating the digital objectives at a high level gives us the following list:

#### A: Universal application across all aspects of health and care

- Make patients' medical information available to right clinicians wherever they are

#### B: Unplanned/ Urgent and Integrated care

- Make it easier for patients to access urgent care online: October 2018
- Enable NHS 111 to resolve more problems without telling them to go to A&E or their GP: essential functionality includes access to records, direct booking and electronic booking capabilities and specific developments to support Mental Health Crisis
- Ensure ambulance services and UTCs have the ability to book and transfer care

#### C: General Practice

- Enable GPs to seek advice and guidance from a hospital without the patient needing an outpatient appointment.
- Increase the use of apps to help people manage their own health.
- Practices to have more online support for self care and self management services such as the use of apps
- Delivering Systems that enable Online GP consultations
- Public Wi-Fi will be available in GP Practices from Jan 2017

- ETTF Investment to accelerate better use of technology in General Practice agreed BNSSG schemes include:
  - Shared Telephony Solution
  - Care records sharing
  - Electronic Palliative Care Co-ordination Systems ( EPaCCs)
- IT interoperability across Primary Care and community services

**D: Planned (Elective) care**

- Paper Switch off for first outpatient appointments by October 2018
- Simplify and improve the online appointment booking process for hospitals

**E: Child Health**

- From April 2017 online ‘red books’ will be available
- To ensure that localities are using a Child Health information system, which meets a minimum standard of supporting screening, immunisations and the children’s and maternity MDS by April 2015

Our current performance against the nationally tracked set agendas are set out below.

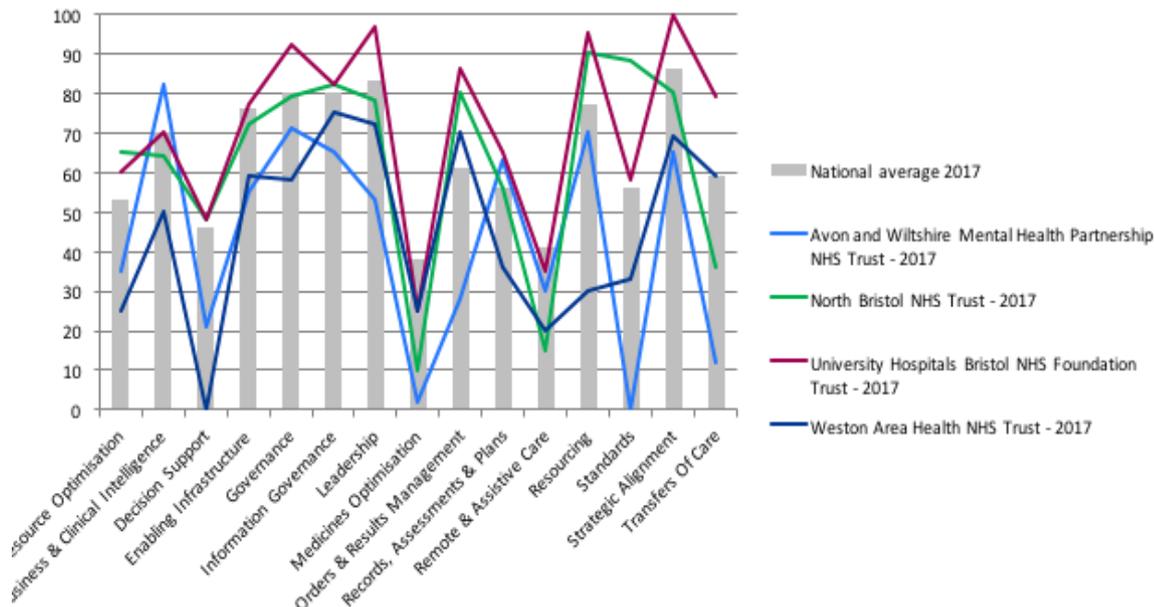
Fig 1: Current Performance as at March 2018

Prog	Metrics	Perf	Prog	Metrics	Perf
EPS	GPs live Dispensing/Non Dispensing %	80/9	CPIS	IAs live	1of 3
	EPS Utilisation %	59		Care sites live %	6
	eRD Utilisation %	20	Cyber	Outstanding advisories	15
SCR AI	GP practices live with AI %	100	Wi-Fi	Practices enabled %	Contracted Supplier
			POL	% Patients Registered	20%
eRS	Provider (Acute)/Commissioner utilization %	58/72		% GPs with over 20% registered	42%
	PSO plans in place	3/3			

Local Digital Maturity for the BNSSG are as set out in Paperless 2020 is tracked through delivery in our providers around a range of digital enablers that will support the trajectory to paper free services. The categories are assessed via Local Digital Roadmaps, the graph below shows the position as at the end of 2017.



Fig 2: Local Digital Roadmaps



### 3.2 The BNSSG Overarching Digital Strategy.

As set out in the STP Digital Strategy document ‘Bridging the Gap’ (October 2017) the following were agreed as the key strategic themes

People are at the centre of our services

- We need to use digital and technology to connect care - people, information, and pathways
- Service delivery should have digital designed at its core, not as an ‘add on’
- Information driven intelligence should be available to, and work for, the whole system
- Our workforce will have access to reliable, effective and efficient technology
- Our workforce should be supported to have essential digital skills to make best use of that technology

At the STP sponsoring Board on 30th November 2017 the strategy was agreed in principle, with a caveat that the approach needed to drive toward ‘greater practical application and plans that have clear and measureable benefits’.

## 4. Optional headings/discussion of issues

### 4.1 Delivering a Digital BNSSG

Over the last few months the key objectives and proposals of the strategy have been considered and translated into an approach for delivery. This includes four key areas that as guiding digital principles will help us to ensure we have factored in citizens, our staff, connecting up our services and considered how we will make sure we have the data that will inform the future and help us to understand impacts/ benefits of digital and wider transformation.

It is suggested that we use the same approach across our clinical programmes and rather than having a series of separate and potentially disconnected digital plans these are purposefully embedded into our clinical programmes making sure we are using technology to enable the right change in our services and link the measurement of benefits into the wider change programmes.

Fig 3: Guiding Digital Principles



These guiding principles also align with the national approach and so should also enable us to align with the national objectives and public commitments.

It is critical that we have a unified plan that brings together our ambitions, directly supports and enables the transformation of our services and ensures that we are enabling our population to benefit from the commitments made by wider NHS and Government Policy

In attempting to develop plans that reflect the objectives of the clinical work-streams four areas have been of specific focus during Q4 2017/18. The table below shows some of the current proposals for the key projects and elements where specific and planning has started. The next core task is to develop these into robust detailed cross system plans.

An Accelerated Collaboration Event is being held on 23rd March 2018 with over 100 people registered. Attendees include managers and clinicians from across the system as well as technology and digital suppliers. The event is intended to bring

this range of expertise together to ensure that plans are more likely to be realistic and owned by stakeholders in the STP system.

Figure 4: Candidate STP programmes

	Supporting our population	Supporting our clinicians	Connecting our services	Data to inform the future
 Maternity	<ul style="list-style-type: none"> <li>E'Yellow book</li> <li>Digital Px exemptions</li> </ul>	<ul style="list-style-type: none"> <li>Access to shared records - Connecting Care</li> <li>Developing User Experience - Connecting Care</li> </ul>	<ul style="list-style-type: none"> <li>Shared booking</li> <li>Shared workflow</li> </ul>	<ul style="list-style-type: none"> <li>Convergence, Alignment, single sign on</li> <li>Data Platform : LHCRE : Pop Health, Capacity and Demand, Risk Strat,</li> <li>AI predictive analytics</li> </ul>
 Mental Health	<ul style="list-style-type: none"> <li>IAPT</li> <li>Social Px</li> <li>Person facing digital records</li> </ul>	<ul style="list-style-type: none"> <li>Enabling advice and guidance- Planned Elective</li> <li>Developing a digital workforce</li> </ul>	<ul style="list-style-type: none"> <li>Referral Interface</li> <li>Link to maternity for perinatal</li> </ul>	
 UEC	<ul style="list-style-type: none"> <li>111 Online</li> <li>E'prescribing for UEC</li> </ul>		<ul style="list-style-type: none"> <li>Link IUC CAS to community / MH and acute services</li> </ul>	
 Integrated Care	<ul style="list-style-type: none"> <li>Public Wi-fi</li> </ul>		<ul style="list-style-type: none"> <li>Patient flow systems</li> <li>Developing algorithms for optimised care</li> </ul>	

## 4.2 Connecting Care

The connecting care programme has been running since 2014 and provides the BNSSG system with significant benefits -ensuring that clinical staff have access to the shared care records they need to deliver care. Whilst this project is not universally supported by the system it is suggested that given the significant building block it provides, we must not lose the momentum that has been created. There is however room for improvement and there are a series key objectives that need to be a focus of the connecting care work going forward.

At January 2018 the Connecting Care Partnership Programme Board it was agreed we needed to take stock of the impending contract end date and ensure we took this as an opportunity to jointly consider our future direction and the technology that underpins the Connecting Care programme.

The 'Connecting Care Partnership Future Strategy Meeting' was held on February 23rd 2018. The meeting was chaired by Deborah El-Sayed and was attended by a range of the partnership member organisations

### 4.2.1 Key Recommendations

The recommendations that were discussed and agreed were as follows –

- The Connecting Care programme must continue.
- A re-procurement exercise at this stage was not likely to deliver benefit and therefore should not be explored further.
- During this time we will follow the Technical Strategy outlined, moving towards an interoperability ‘platform’ (rather than a single-supplier based portal) in addition to the following objectives:
  - How we consider user experience and bring the data around the clinician so it can that can be accessed seamlessly through the native technology system they use for the majority of their work
  - How we link the connecting care shared records with other systems such as Patient Held Records
  - Continue with ensuring all data is available to all care settings: e.g. mental health crisis records are due to flow in the near future ePaCCs has recently gone live
  - Consider how the connecting care shared care record becomes more than just the existing portal and links to other approaches to deliver access to key information. E.g. how we link with EMIS for community data, how we consider read write access and how we might work differently for different types of data e.g. like PACS images.

#### 4.2.2 Implications of the recommendations:

- The member organisations will need to commit to financially and operationally supporting the work of this programme.
- To make the financial commitments easier to agree. A greater focus on benefits and how the work supports key STP clinical and transformation programmes is required. This will be added as a dedicated work-stream to the overall STP Digital Programme. The ‘Accelerated Collaboration’ STP on 23rd March will help to start that process of the understanding the clinical / operational capabilities and define the key priorities
- The Group agreed that the Technical Strategy agreed by in the Connect Care board in 2017 is still current but will need to be updated to reflect the overarching digital approach for the STP. Therefore there was an action agreed to carry out some due diligence on the current Connecting care contract, in advance of any extension period being agreed. This decision would need to be returned to the STP sponsor board and organisational boards before the contract is extended.

This also needs to be considered in the context of the Local Health Care Record Exemplar Programme (LHCRE)

## 5. Local Health Care Records Exemplars

Local Health and Care Record Exemplars (LHCRE) is a new initiative from NHS England to support and drive forward the critical component part that data and sharing of data plays in delivering a modern and safe NHS. BNSSG along with other partners in the South West have been one of areas in the South Region who have been invited to apply for this status. The guidance was received on 21<sup>st</sup> March 2018 along with our invitation to make an application.

### 5.1 Overview of the LCHRE

*The LCHRE will demonstrate how information can be shared safely and securely, and for what purposes, across venues of care within localities at scale. They will demonstrate practical approaches to continuous patient and professional engagement and show how appropriate and compliant information sharing directly improves the quality and efficiency of care while reducing health care inequalities. They will also provide the blueprints for the extension of local health and care records into new localities.*

*The primary focus of Local Health and Care Record Exemplars will be on improving and coordinating individual care. Building on this, local communities will be able to utilise this information to support local health and care planning and management as well as to better understand the health and care needs of their local population.*

*Each Local Health and Care Record Exemplar will receive targeted investment to deliver truly integrated health and care services in their area. National capital funding of up to £7.5m will be made available for each of the localities for 2018/2019 and 2019/2020. This funding will be released through milestone payments based on progress. It must be supported by matched local investment comprising of a combination of direct expenditure and release of clinical and other expert leaders to support the programme; all revenue is expected to be funded locally and must be included in local financial plans.*

There are only 5 or 6 health economies who will be awarded this status and the related investment. Given our track record of connecting care BNSSG are deemed to be one of the NHS forerunners in this area therefore it is proposed that we establish an element of the digital programme to focus on this work. The WEASHN are already supporting and convening key stakeholders across the

system. The initial whole system meeting was held on 21<sup>st</sup> Jan 2018 with all system partners agreeing it would be something they would support and want to commit to. Monthly calls having been held whilst we were awaiting the outcome to hear if we were to be invited to bid. The AHSN remain keen to continue to support the development of the bid which is due by 25<sup>th</sup> April 2018.

In order to ensure that we are compliant the following mandatory requirements need to be agreed across the STP

## **5.2 Mandatory requirements to be agreed prior to application**

As well as responding to the assessment questions, there are several mandatory requirements which any successful submission must agree to, namely:

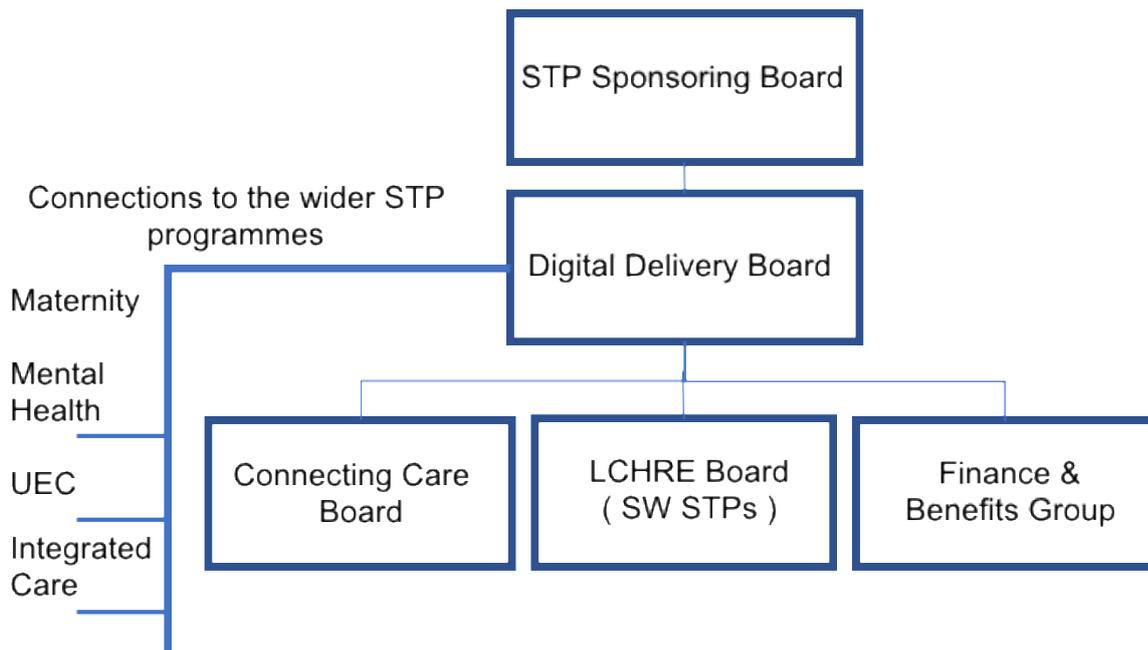
- *There is one named lead statutory NHS organisation who will be accountable for the management of national funds for and on behalf of the locality partners: Given the arrangements for Connecting Care It is proposed that this is retained by BNSSG CCG*
- *There is a clear governance arrangement which is integrated with any local STP/ICS development and transformation programmes and demonstrates engagement of statutory NHS and local government partners: See section on 6 below on Governance*
- *That there is clear involvement of patients and public representatives in local governance arrangements and evidence of their active role in the co-design of local solutions This will be undertaken jointly the the CCG PPI team and the AHSN*
- *To accept a member of the national Local Health and Care Records team as a member of your local project governance body*
- *To commit a member of your local project governance body to participate as your project representative on the national co-ordinating group: Proposed Exec lead is Deborah El-Sayed: Director of Transformation BSGGC CCGs*
- *To ensure a coherent and collaborative design approach, Local Health and Care Record Exemplars will be required to participate as part of a common*

*design authority in the co-development of key standards and common services*

- *To adopt, implement and adhere to the information governance framework being developed nationally and also the National Data Guardian data security standards*
- *To adopt and implement the cyber security standard for Local Health and Care Record Exemplars*
- *That the locality is committed to the implementation of nationally agreed standards, integration with national services and use of common capabilities such as de-identification components.*
- *To utilise common procurement frameworks such as the forthcoming Health Systems Support Framework which will make specific provision for third parties with the type of technical integration and population health management capabilities needed and provide support to sites to access these capabilities.*
- *A commitment to undertaking local evaluation for publication, and to participate in a national evaluation process.*
- *A commitment to sharing the lessons learnt with both NHS and Local Government organisations and contribute to a national blueprint for other Local Health and Care Records programmes*
- *To demonstrate return on investment to evidence value for money for the taxpayer.*

## **6. Governance for the STP Digital Delivery Programme**

To reflect the discussions with the connecting care board and other colleagues the following governance is proposed in order to align and bring together the activity and focus across the system.



The draft governance structure outlined above reflects the broader need to monitor and drive the wider digital agenda across the STP ensuring that we are able to work together to deliver national mandates as well as the key digital enablers for our clinical programmes. The Digital Delivery Board will report directly to the Sponsoring Board and will include CIOs / CCIOs and nominated representative from the Sponsoring Board. To cover the connection with the Clinical Work-streams Chairs or delegated deputies will be DDB members to reflect the importance of delivering digital enablers.

It is proposed that the finance and benefits group replaces the Connecting Care DoFs group and covers a broader remit, this group will help to ensure that we have a benefits focused approach to any system wide digital and technology investments.

If the Governing body are content with the approach more detailed ToRs can be developed.

## 7. Financial/resource implications

The success of the LHCRE bid comes with an allocation of upto £7.5m if successful. All other elements reference are within existing resource allocations.

## 8. Legal implications

The LHCRE would need to adhere to GDPR regulations which become mandatory from May 2018

## 9. Risk implications

There are no significant risk related to this paper.

## 10. Implications for health inequalities

The use of smart phones and digital technologies has been shown in many areas to support better connections to areas of current health inequalities e.g. the homeless population. There are no plan to replace services with digital only and therefore it is not expected that there will be detrimental to other groups who do access or use digital services.

## 11. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

In general the use of digital approaches will ensure better support for some specific groups such as deaf community and provides the opportunity for language support to be built in

## 12. Consultation and Communication including Public Involvement

Will be included as part of the work reference in this paper

## 10. Appendices N/A