Agenda Item No: 8

SUSTAINABLE TRANSFORMATION PARTNERSHIP (STP) DIGITAL PLANS

To:	**Health Committee**
Meeting Date:	**23 January 2020**
From:	**Cambridgeshire & Peterborough STP**
Purpose:	**This report provides an update to the Health Committee on the Cambridgeshire and Peterborough STP digital and innovation enabling work. It sets out the progress being made and direction of travel over the next 5 years.**
Recommendation:	**The Committee is asked to note this report, which updates the Committee on:** • **the main components of the STP's digital plans for the next five years;** • **our approach to implementing an integrated health and (social) care record; and** • **the main risks to delivery.**

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1. BACKGROUND

1.1 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); this means bringing about digital connectivity 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 video and telephone 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 and/or telephone 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.

1.2 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.

1.3 These themes were generally well reflected in the System's digital strategy (considered by the Health Committee in December 2018), however, to meet the requirements of the Long Term Plan, we have added a foundational theme covering provider digitisation (including digital outpatients and care home digitisation) and strengthened the narrative around digital innovation. With the support of the STP Board, the Digital Enabling Group (DEG) is now proceeding to plan implementation, concentrating, in particular, on a local health and (social) care record as our number one priority.

1.4 This report updates the Committee on the main components of our digital plans for the next five years, with more detail on our approach to implementing an integrated health and (social) care record, while also highlighting the main risks to delivery.

2. MAIN ISSUES

2.1 The STP response to the Long Term plan sets out an aspiration to "*foster person-centred health and well-being by accelerating the adoption of digital health".* This will make the most of our proximity to internationally recognised technology and biomedical research sectors, enabling us to make a gear shift in transformation to support our return to financial sustainability while improving patient outcomes and addressing significant health inequalities.

2.2 Developed with systemwide partner contributions and learning from the Cambridge University Hospital's eHospital roll out and relocation of Royal Papworth, our digital

priorities for the next five years have been designed to overcome key barriers:

- Culture & skills: our staff and patients must go hand-in-hand on this journey with us – merely making technology available is not sufficient for successful adoption and spread. We must be mindful of the need to be digitally inclusive, addressing basic issues around access to digital tools and language barriers for our patients, as well as potential skills gaps and capacity (time) deficits for our staff. The way to mitigate this will be to co-create solutions with staff and patients, starting with their articulation of the problems they face and how they see digital as overcoming these (or not).
- Finances: we are one of the most financially challenged System in the country and have been reliant on national funding for cash to invest in necessary technologies. Looking ahead to the next five years, our financial challenges are even greater, with no spare cash to invest of our own, due to the need to reduce our deficit. In light of this, we do not have the luxury to experiment with what might work and require high levels of proof of cash releasing benefits, which may not always be available. The only way we can address this will be to secure alternative funding sources, including from industry, as well as all available public funds (NHS and other) and develop an approach to rapidly and iteratively, through filtering and testing digital solutions see what works.
- Capacity: our digital teams, our suppliers, and our staff are all dealing with competing priorities. We must, therefore, prioritise our local efforts and join up our asks of external suppliers, to maximise the chances of delivery on time and to budget.
- Risk appetite: the NHS is traditionally risk averse, often with good reason. However, to incorporate digital and innovation more readily, we will have to take a more nuanced approach to how we balance risk of failure with our need to transform.

2.3 Over the next five years, we have identified six solutions and two enablers which we will work together as a System to implement:

- Provider digitisation: ensuring all of our providers (including care homes) are fully digitised, with automated non-clinical support services freeing up staff time;
- Creating an integrated care record to flow communications between staff and patients;
- Supporting the transformation of outpatient pathways across primary and secondary care using digital platforms;
- Supporting the development of integrated neighbourhoods, starting with digital first primary care and then through giving patients with long-term conditions or mental health needs access to digital tools that promote their independence and well-being;
- Creating a virtual centre of excellence for population health management to drive actionable insight and enable research; and
- Creating an eco-system of entrepreneurs who promote the sustainable adoption and spread of a world-leading catalogue of innovation for the benefit of local people.

This would be enabled by a strong emphasis on data security and inclusive, systemwide digital leadership. To make our ambitions concrete, we have developed 11 commitments (see appendix 1).

By 21 March 2024, the majority of patients with long term health conditions, including cancer, mental health or care needs will have access to digital tools in their homes and / or in their hands. For patients and their families this should enable them to feel they have access to information and support, tailored to their condition and home context, with vital sign and mobility information being monitored remotely (should they choose) to generate

early alerts to carers and/or healthcare professionals (as per agreed protocols), the ability to contact their care team online, by text or by phone (and vice versa), and creatively designed information / apps that provides education, motivational support and reminders for their health and care.

Our first long-term condition pathway to be redesigned will be for patients with type 2 diabetes, those who are overweight and/or have high blood pressure. This year long transformation will involve working with at least 5 integrated neighbourhoods, including their staff and patients, to build a digital first pathway for diabetes, using the best of what's already available, securing new solutions where they are not and integrating this into existing workflows and ways of using technology in daily lives. This links closely with the Councils' recommissioning of Lifestyles services and the digital offer that will encompass.

2.4 Digital is only useful to the extent it makes our staff or patients' lives easier. We want technology to be a tool and not a frustration for them, as is still too often the case. We anticipate that the digital priorities set out above will benefit:

- Staff, primarily by: increasing patient-facing time, reducing workload and stress, enabling more informed decisions, reducing unnecessary prescribing, making communication easier, giving confidence in managing risk, providing more flexible working patterns, enabling them to work to the best of their competencies, feel more confident in using data and enabling proactive intervention.
- Patients, primarily by: reducing travel to clinics and hospitals, not having to tell their story over and over again, being managed at home with remote monitoring, experiencing fewer medication / allergy / coordination errors, enabling speedier access to clinical opinions and diagnoses, and being proactively supported with risk factors.
- Citizens, primarily by: accessing information and tools to make healthy choices and maintain health behaviours with peer support, experience personalised treatments and targeted interventions that address health inequalities.

2.5 The System faces significant financial challenges, and our digital programme supports our Integrated Care System (ICS) financial plan through reducing wasted time, communication gaps, giving tools for managing risk thereby, we expect to see additional reductions in unplanned care, as well as increased staff productivity and retention. The main potential for short-term savings is associated with enabling sizeable reductions in outpatients – although this depends on more than digital solutions. Remaining solutions will be critical to maintain urgent care flow, implementing integrated neighbourhoods, radically redesigning cardiovascular, diabetes and respiratory pathways, bringing forward cancer diagnoses, giving children and young people the best start in life and improving outcomes for people with mental health issues.

2.6 The phasing of our digital priorities is based on an understanding of the constraints we face – primarily funding, getting the technical basics in place, public trust, workforce skills and digital literacy. This means that we will start with making the most of what's already in place and aim to see the pace of change accelerate as early changes release time and build a wider pool of digitally skilled staff to deliver the changes. Given the variability in local provider digitisation, including across primary care, our priority to date has been getting the basics in place. Building on this, we will focus on completing this work – implementing an integrated care record in particular – and making the most of the capabilities we already have in place, while in parallel, we will increasingly adopt an ambitious transformation

agenda. To be inclusive, leaving no one behind, digital innovation will be co-designed with and around end users, and, while never the only choice available for patients, digital tools will increasingly be preferred and expected.

2.7 We have started to make progress working in partnership across the NHS and local authorities to establish an integrated health and care record within our STP, which can connect to the East Region's Longitudinal Health & Care Record (LHCR), covering 8 million population. When implemented, it will enable frontline staff to have read and write access to a person's complete health and care record (current and historic), available to them in real-time through their organisation's electronic health and care records system. Our local health and care record will also securely flow information between staff and patients and map each patient's journey over time.

2.8 We anticipate that the integrated care record will enable both our staff and patients to take different decisions about their health and care. To understand how this might work in practice, and generate a clearer understanding of the potential benefits, we held a Clinical Design Event on 11 October. The event was well attended (54 members of clinical and operational staff, from all partners, including the councils' public health, digital and social care teams plus Healthwatch) and involved five presentations from other STPs, and generated real enthusiasm. The main deliverables over the next six months include: launching a soft market testing exercise to gather views from industry on options for developing the integrated care record; finalising our technical requirements and developing a business case. The current timeline would see a business case ready for approval in early 2020 and build commencing from late Spring 2020.

3. RISKS

3.1 Given the scale of digital transformation ambition, there are a number of significant risks to delivery: alignment of priorities; capability; funding; transformation resources.

3.2 Alignment: To bring our digital leaders together, we have a Digital Enabling Group (DEG) made up of key representatives of all of our System partners, including a GP clinical lead for Digital and Innovation. To drive progress, there are five subgroups, which create multi-professional teams, including clinical, operational, financial, digital input, together with patients.

3.3 Capability: in support of this ambitious digital programme, we need digitally capable leaders. This will require Board development and ongoing digital leadership at the most senior level. The system's digital agenda will need to be championed by Board-level leaders experienced in digital transformation, which may entail some new and potentially joint appointments. But the digital capability building extends far beyond Boards. We need to support our digital leaders, wider staff and patients, all the time promoting an inclusive approach to technology:

- Digital colleagues will be supported through the national Digital Academy and making available new training that offers recognised qualifications;
- We will attract scarce talented technologists and data scientists by working with industry and academic partners to develop desirable career paths that enable rotation through operational, research and commercial environments;
- We will support all staff and patients to innovate and make the most of technology,

through creating networks of champions, digital-skills building with an appraisal and passporting programme – with particular early support offered to Primary Care Networks;
- We will make the most of the flexibility that digital platforms offer to staff working patterns, new models of integrated neighbourhood based care, and matching staffing demand, by exploring and developing new e-rostering tools that enable this;
- To promote digital inclusion, we will not only co-design new digital tools and platforms with patients around their user needs but encourage wider participation in this co-design process. We will develop a grass roots marketing campaign, enabling them to contribute to a local conversation around digital and innovation, and raise awareness of existing digital tools, including, in particular, the NHS app.

We know there is a breadth of enthusiasm for and comfort with digital tools among both staff and patients, some are digital natives (and know nothing else), whereas others are digitally naïve and/or wary, and others are still assimilating new technology gradually. Our approaches will therefore need to be tailored and focus on making tools useful day to day.

3.4 Funding: to deliver the digital must do's set out in our response to the Long Term Plan requires significant funding, both capital and revenue. This is recognised by NHSX[1], and our regional Digital Director is well briefed on the System's overall financial context and that we will, therefore, be reliant on national (or other external) funding for digital transformation. On this basis, the following principles have been developed for the treatment of digital investments (and savings) with regards to the Medium Term Financial Plan (MTFP):

- External funding sources will be needed for many of these initiatives and first port of call;
- We will be imaginative in how we fund projects – for example, looking to package what we want to do to meet qualifying criteria (e.g., exploring whether our medium-term population health plans be funded using Artificial Intelligence (AI) money);
- We will build on our current projects to ensure we are making best use of our local expertise;
- Where possible match funding will be completed through contributions in kind such as clinical time;
- We will ensure appropriate levels of digital requirements are included in the overheads for transformation bids;
- We will frontload investment into projects that release staff time / enable productivity gains and national must do's (e.g., primary care, outpatients, the integrated care record / LHCR), which may free up resource for future years.

To support the local Integrated Care Record, we have realigned provider digitisation funding for 2020/21 – totally approximately £2.4 million. This is not all the funding required, but is a considerable contribution – potentially representing 50-60% of the anticipated costs.

3.5 Mobile and broadband infrastructure: in order for staff to work remotely and patient held tools to be able to transmit information, there needs to be consistent and comprehensive coverage of 4G and/or broadband. There are some parts of the county, for example

[1] NHSX, established on 1 July 2019, brings teams from the Department of Health and Social Care, NHS England and NHS Improvement together into one unit to drive digital transformation and lead policy, implementation and change.

Gamlingay, where there is insufficient connectivity for staff to work remotely. One mitigation is for general practices to give all community-based staff permission to use practice WiFI, but this is not always in place.

3.6 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 Eastern Academic Health Science Network (EAHSN), and a clinical lead has been successful, and in place from September until 31 March 2020, with provisions being formalised for resourcing through March 2021. An EAHSN funded innovation post is also in the pipeline for appointment. Ongoing programme and project management resources for the medium term is subject to live discussions.

Appendix one: Proposed Cambridgeshire and Peterborough STP Digital Commitments

i. All NHS providers at HIMSS[2] 5 or equivalent by 31 March 2023.

ii. Compared to now, 10% time given back to impacted staff groups from automating non-clinical support processes by 31 March 2024.

iii. Staff able to read and write, with appropriate permissions, into an interoperable digital health and care record by 31 March 2021 (timing subject to national specifications being finalised, and national funding).

iv. At least 90% patients are able to access their full personal health and care record, with at least 30% of the 12yrs + population registered to use the NHS app by 31 March 2024 (or have declined to use it).

v. At least 30% face to face outpatients redesigned through adopting digital channels by 31 March 2022.

vi. At least 95% eligible population able to access online and telephone primary care consultations by 31 March 2020, guided by an evidence-based symptom checker, and with this platform used as a triage option for all A&E walk-ins and in urgent care centres.

vii. 50% patients with long term health conditions, mental health or care needs with digital tools in their homes and/or in their hands, by 31 March 2024.

viii. Establish a virtual centre of excellence for population health management by 2022, to draw together applied research and operational improvement lenses, enabling the spread of knowledge and expertise;

ix. As an innovation exemplar, we will establish innovation fellowships for home-grown researchers and entrepreneurs, virtual innovation laboratories for the systematic selection, testing and spread of innovations.

x. Citizens and patients will trust us to keep their data secure and share only with their permission, with all System partners attaining Cyber Essentials Plus certification by [2021], through increasingly working together to share best practice;

xi. The STP Board, NHS partner boards and our Health & Well-being Boards will undertake bespoke development to become digitally capable leaders, creating a culture of innovation and continuous learning.

[2] The Healthcare Information and Management Systems Society, who's electronic Medical Record Adoption Model is the most widely used assessment of digital excellence in healthcare internationally. The model goes from Stage 0 to Stage 7 and describes the adoption and use of electronic health records by hospitals. Level 7 includes no use of paper charts and computerized provider order entry and clinical decision support systems are used in over 90% of the hospital. HIMSS Level 7 remains an uncommon achievement.