



SHAPING OUR FUTURE

Cornwall and the Isles of Scilly
Health and Social Care Partnership

SoF Digital Programme Briefing

Transformation Board

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8th October 2018

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System Digital Work Programme: Key Priorities



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- Finalisation of system digital strategy;
- Establish sufficient and skilled capacity to support both system digital strategy programme delivery and significant business as usual service demands;
- Determination of appropriate future service provision model for NHS IT services linked to SoF enabling services project and potential for alignment with Council IT services/enabling services solution;
- Progress funding opportunity bids and business case production for system digital initiatives through Health System Led Investment (HSLI) programme;
- Development of System Digital Strategy & Delivery Group reporting to Digital Transformation Board to oversee programme;
- Support regional digital initiatives e.g. development of the Local Health Care Record Exemplar (LHCRE) programme;
- Derive key learning points from STP's that are further along the digital maturity curve including alignment with Devon STP where mutually reinforcing

Draft CloS Digital Strategy - Overview



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- The draft strategy describes a path, a continuous process of transformation, that aims to address some of the key issues facing the Cornwall and Isles of Scilly health and social care system;
- The digital strategy is centred on the citizen;
- Ultimately all digital projects must be considered from the perspective of people as patients/service users, citizens or members of our workforce;
- Service redesign should be ambitious and not constrained by existing digital technologies;
- Projects should be approached as cultural change initiatives and resourced appropriately – the end of the project is not when the system goes live but when the service and new processes are fully embedded into routine practice and benefits are realised;
- Maintaining the innovation pipeline will create opportunities, assist in the resolution of some of the key issues being addressed by the STP currently, and attract further inward investment.



Digital Strategy - Context

- National guidance such as the 'Five Year Forward View' from NHS England, October 2014, and 'Personalised Health and Care 2020 -- using Data and Technology to Transform Outcomes for Patients and Citizens' from the National Information Board provide the context for transformation of healthcare delivery;
- These national frameworks, combined with local understanding of the potential for digital technology to transform service delivery and how dependent delivery of the overarching STP objectives is on new service models, make the clinical case for improved adoption of technology clear;
- The fundamental aims are that for the residents of Cornwall and the Isles of Scilly and any transient visitors to the area:
 - Timely access will be provided to the most appropriate service to meet their needs
 - Clinical decisions will be made based on the most comprehensive set of information regarding that patient as possible;
 - All care will be well coordinated and documented;
 - Workforce capacity will be released
- Essentially treating '*the right patient, in the right place, in the right way, at the right time*'.



Digital Strategy In Brief

The Right Patient

- Digital technology has a key role to play in the prevention programme with potential to expand and accelerate impacts e.g. Use of digital media platforms to provide information resources to promote healthy lifestyle choices & promote and signpost information and advice available in the community and across the voluntary sector;
- At the point citizens become patients then correctly identifying and uniquely individuals is fundamental (e.g. establishing an system level master patient index).

The Right Place

- Digital dexterity of staff in the community is often not at the same level as within the GP domain and connectivity in rural areas is not consistent enough to support routine remote working. Once reliable, secure mobile access to data networks is in place, new methods of health and social care delivery are made possible.



Digital Strategy – In Brief

The Right Way

- The efficacy of clinical/professional decisions is dependent on the availability of relevant information, often summarised in the '2 am test', of a patient presenting to the clinician in the night without any additional contextual information. *Defining what is the 'right care' for a patient is not simple however, particularly if outcomes in terms of patient satisfaction are considered;*
- In common with many other STP's, the establishment of a shared care record is considered a necessary tool to address this issue. In the simplest form, this is a portal which displays data held in existing repositories (GP records, PAS, ED system, social care systems).

The Right Time

- It is known that timely interventions result in improved outcomes and reduced cost of service. Digital tools are available to extract linked datasets from Primary, Secondary and Social care sources, match the records and deduce the performance of the health system for given cohorts of patients.

8 Core Principles for STP Digital Prioritisation



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- Modular, incremental development based on common standards and platforms.
- Empower all staff to ‘think digitally’, both in terms of their own digital skills and also when redesigning new service improvements – increasing ‘digital dexterity’ over time;
- Building capacity and capability of the digital workforce and related support services;
- Records are owned by the citizen – increasing access to records;
- Embracing potentially disruptive technologies such as machine learning/AI where these can safely support decision making at the point of service/care delivery;
- Ensure the outcomes from planned digital developments are clearly mapped to health system performance measures (e.g. A&E waiting times). Similarly, measuring success of delivered projects through tracking of digital KPI’s will help inform planning of the future digital programme;
- Clearly differentiate between incremental improvements to be addressed by single organisations and transformational projects at STP- level;
- Ensuring that digital strategy and business/service and clinical development strategies are fully aligned and interdependent – both inform each other.



Building Digital Capability...

Six Digital Capabilities in Support of Shaping Our Future

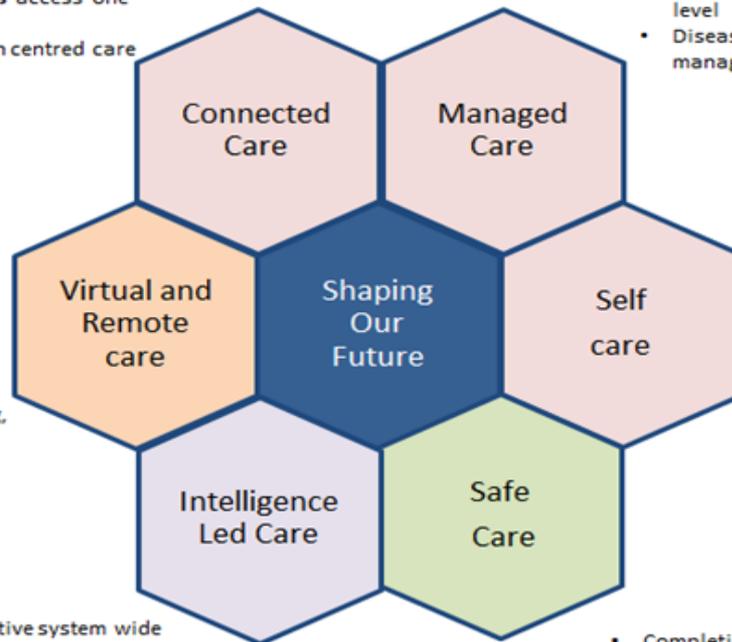
- Single Integrated Digital Care Record available at point of care across all health and social care organisations in Cornwall & IOS
- Patients tell story once
- Care professionals access one record
- Supporting citizen centred care

- Embedded system wide care pathways and care plans including end of life plans
- Support for new models of care at both a locality and whole system level
- Disease based registries and care management approach



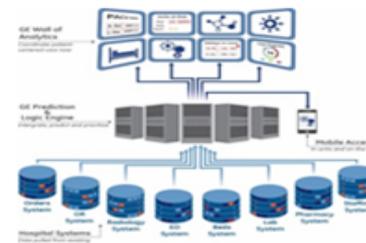
- Digital platform to support citizens in own home, care homes and localities
- Integration with home monitoring and 'Internet of Things'
- Virtual clinics, telehealth, telecare, remote monitoring, hospital at home
- Skype for patients and care professionals

- Supporting self care and citizen engagement at scale through digital channels and individual goal setting
- Citizen Access to and ability to add to care record
- Encouraging healthier lifestyle through gamification, AI and Health Bots
- Integration with Apps at lifestyle / disease / condition level



- Real time, predictive system wide analytics to support command centre approach at system, locality, provider and individual citizen level
- Support to risk stratification and population management
- Support to current and future state modelling at system, care pathway and provider level

- Completion of digital journey for all provider organisations
- Embedded best practice pathways and clinical decision support at process (e.g. medication) and overall care
- Tracking and tracing of people, processes, equipment and consumables in line with scan4safety



Digital Strategy – Core Project Priorities (1)



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- The digital programme will be subject to on-going prioritisation, however it is possible to identify key projects aligning to digital strategy and core principles:
- A cornerstone project, and one which is consistently scored highly in any prioritisation process, is the **shared care record**, or portal. The aim for this is to:
 - Create a single place for health and social care staff to access a summary of the current and previous health and care of a patient, including diagnoses, medication, pathology results, timelines of appointments, and clinical correspondence;
 - Allow staff to see which other professionals are involved in the patient's care;
 - Provide an environment in which staff can easily alert all associated professionals to changes in a patient's circumstances;
 - Via a patient view, allow patients and their carers/relatives to read and contribute to their own records, enabling patients on elective pathways to minimise delays in handovers between providers.
- To facilitate the shared care record, the current trend for neighbouring GP Practices towards convergence onto **common GP systems** should be considered and as a minimum assuring interoperability standards are met. Learning from Somerset, Dorset and Bristol shows the value of this convergence and the cost and time saving to the system and the benefits to patients through the efficient data sharing that this enables;
- To deploy there would be a need to develop the underlying infrastructure e.g. **Master Patient Index, technical infrastructure and satellite communications.**

Digital Strategy – Core Project Priorities (2)



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- **machine learning algorithms and artificial intelligence** have the greatest potential to drive a step-change in care delivery and assessment of patients, and targeting of resources to those in greatest need. (the pilots in Somerset for AI in Primary Care could be extended to Cornwall, to provide a full evaluation of their efficacy;
- The use of such tools is not constrained to Primary Care – other applications include (but are not limited to) analysis of Length of Stay for inpatients, risk assessments **for??** paramedics, frailty assessments and interventions, risk of falls, anticipating future demand for services and matching to staff rostering, and population health analysis. All of these have huge potential to improve service delivery;
- In addition to the joining of information at the individual **patient** level (through shared care records and genomics data), another dimension is the joining of information at a population level. **Development of linked data sets** has begun and there is much more work to be done in this area, particular when spanning across organisations and sectors. The aim is to be able to:
 - Accurately model where services are best located, and this feeds into the evolving estates strategy;
 - Identify those in greatest need of services, and design capability around these populations;
 - Respond to demographic changes over time with adaptive service design.

Digital Strategy – Getting the Basics Right – Some Considerations



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- Establishing solid foundations is essential and getting the basics right first is critical
- Alongside the new developments described above, investment is required in:
 - Network infrastructure;
 - Rationalisation of systems – a reduction in the number and variance of systems will release benefits for the whole health economy;
 - Alignment of IT support – consolidating support requirements for health and social care optimising in-house capacity whilst using specialist external support where appropriate and required ;
 - Ensuring core Patient Administration System (PAS) functionality is in place which is an important element of the strategic plans for the STP, as there may be dependencies on this for real-time bed management tracking, workflow, and clinical correspondence.
 - Similarly electronic rostering of staff in all providers, matching actual and predicted demand (determined through modelling of trends) facilitates optimum matching of staff to patient demand. This applies to Primary, Secondary and Social Care equally.



New National Funding Streams

- A number of current and potential funding streams;
- The key initial funding stream is Health System Led Investment (HSLI)
- In addition the potential to access Local Health & Care Exemplar Site Fund (LHCRE) is under consideration;
- Other funding streams – EPMA, EU grants
- SoF has established STP Digital sub group “Digital Provider Stakeholder Group” to review all the programmes of work, and align these to not only the funding streams, but also the criteria and strategy of achieving a digital shared care record solution;
- Initial guidance from NHS Digital sets out that their expectation is that we should be looking to invest and spend any funding we might receive through these routes to the ultimate aim of achieving a shared care record solution for Cornwall – and then linking this to a potential wider South West Solution;

Health System Led Investment (Announced 10/8/18)



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- Secretary of State announcement of £412.5m for Health System Led Investment (HSLI) provides an opportunity to accelerate the adoption of digital technology across the NHS;
- For CloS funding is up to £4.234 million over the next three years. 18/19 £1m, 19/20 £1m & 20/21 £2.1 m (a mix of capital and revenue);
- National investment will need to be matched locally (in kind);
- In the 'prospectus' there are six priority areas identified that health systems are expected to focus upon, that dovetail with the national strategy;
 - Deploying EPR solutions
 - Extending system capacity management to improve hospital flow
 - Improving system wide staff rostering
 - Improving the completeness of information available in non-acute settings
 - Improving ambulance and non-acute access to clinical information and support
 - Sharing health and care information
- In practice, individual projects may be focused on a Provider or at an ICS / STP level, or may be pan-ICS / STP;
- Individual projects may focus on infrastructure if they enable clinicians to work in a new way or support the priorities detailed above (particularly for year one);
- The funding is not a replacement for ongoing local capital investment in maintaining basic infrastructure.



Health System Led Investment (2)

- A focus on standardising IT solutions across health systems to simplify data sharing, ease staff movement between providers and reduce the total cost of ownership;
- Organisations in the STP or ICS are required to work together as a healthcare system, to agree the local investment priorities within this framework, which may be spread across all six priorities or focused on fewer, and coordinate successful implementation;
- The STP/ICS team will work with the regional NHSE IT team to agree the proposed approach is within the spirit of the national strategy;
- This is not a competitive bidding process, we have an allocation, NHSD need to agree that our local plans are robust, strategically aligned and deliverable to release resource;
- The 'prospectus and template' provide more detail of what needs to happen and which involves the following key steps:
 - Develop an Investment Proposal describing the portfolio of projects for CloS STP;
 - Submit final Investment Proposal to NHS England by 5th October 2018;
 - Complete funding and award agreements and locally approve formal business cases;
 - Funding in 18/19 must be spent in year (£1m) and is not transferable across years);
 - De-minimus governance arrangements are expected to be in place within the STP.

Local Health & Care Exemplar Site Fund (LHCRE)



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- During the early part of this year, an application was submitted to NHS Digital to apply for funding under the Local Health & Care Exemplar Sites fund (LHCRE);
- Through a co-ordinated and joined up approach across the South West of the Country, incorporating 6 STP areas, a population of 4.2m and over 50 individual organisations, LHCRE aims to provide and link up IT solutions that will give health & care professionals a single view of a patient record.
- Cornwall formed the application along with Devon, Somerset, Bristol and Gloucester.
- Initially whilst well received the bid was unsuccessful as part of the wave one applications, however NHS Digital are reconsidering the SW LHCRE bid as part of a wave two implementation;
- If successful the funding will (more than likely) be spent on linking existing Shared Care Record solutions such as Connecting Care (Bristol), JUI (Gloucester) and SDeR.(Somerset);
- This approach will ultimately benefit Cornwall as it will set out the “Blue Print” on how to achieve this, and also provide funding for us to link a future Cornish solution to the overarching South West integrated solution;
- A proposal & plan for 2018 / 2019 for NHSE is due at the end of September.

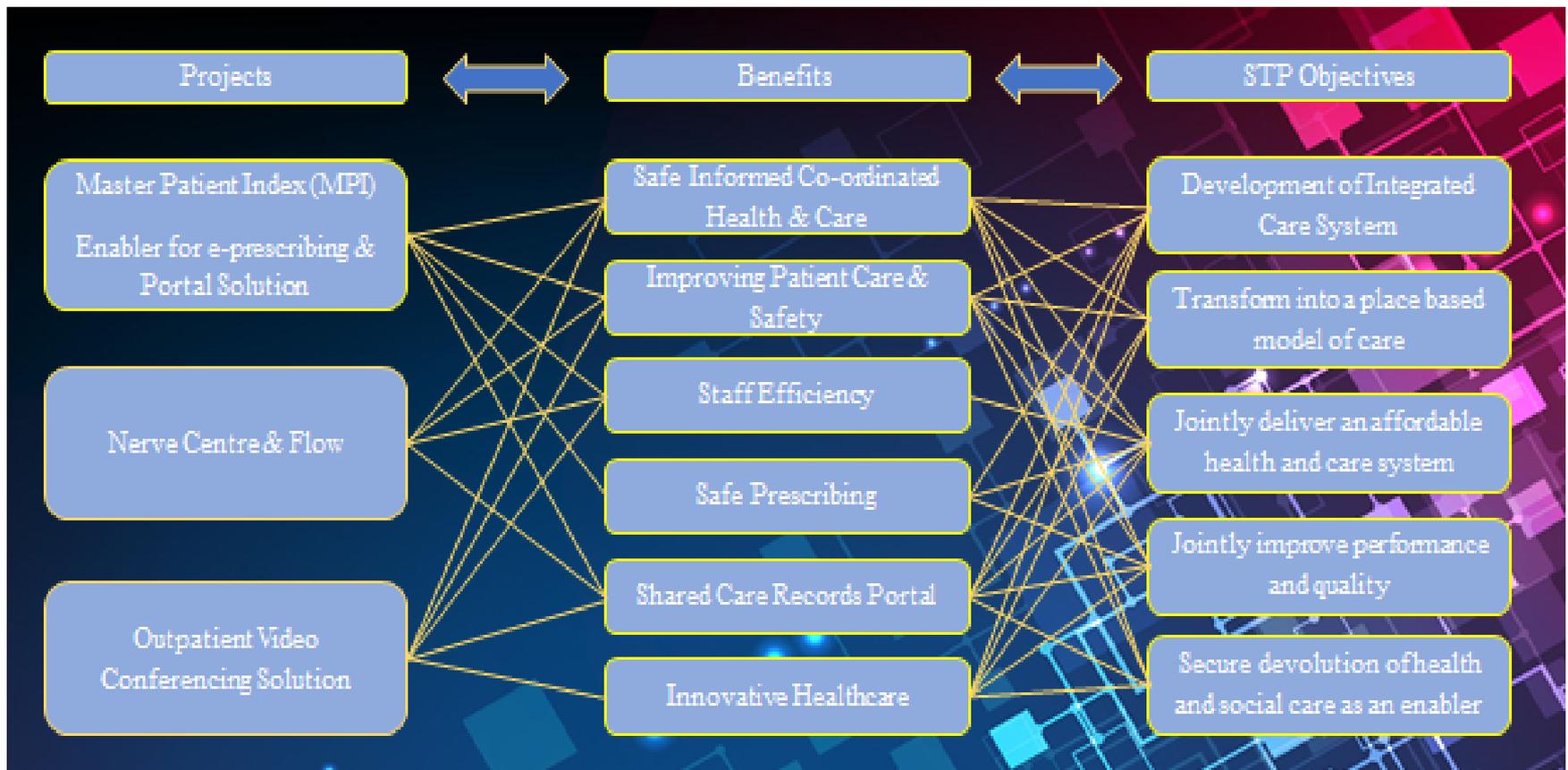
Health System Led Investment Proposals Linked to System Objectives



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Health System Led Investment in Provider Digitisation Investment Proposal (18/19 – 20/21)

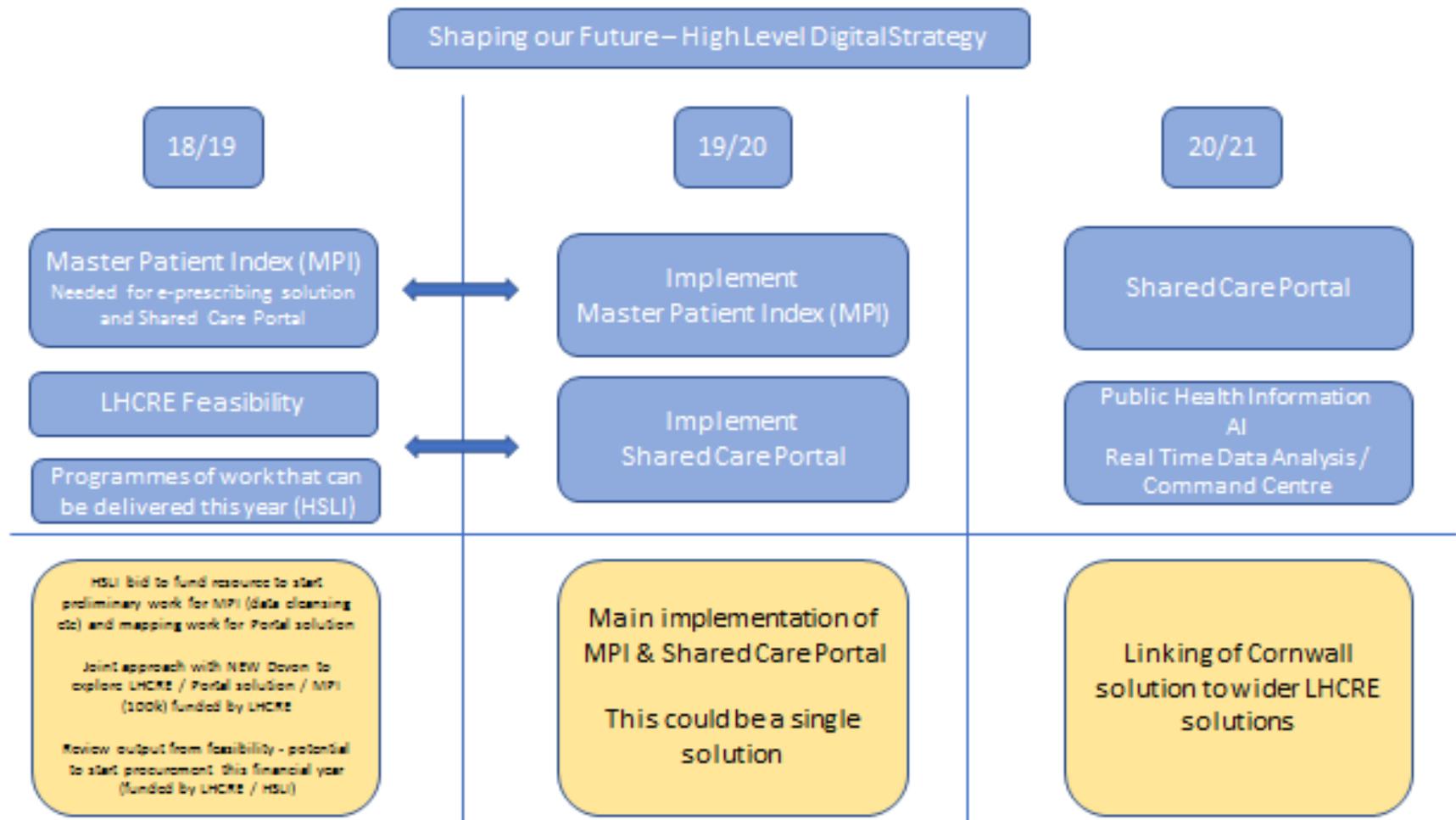


Health System Led Investment 3 Year 'Plan on a Page'



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Next Steps

Next Steps

- HSLI Bid document completed and submitted by 5/10;
- A host organisation(s) must be identified with appropriate organisational governance arrangements to be adhered to including procurement process;
- Determination of procurement route including potential to 'piggy back' on other systems proven solutions to support processes;
- Business cases will need to be developed beyond 5/10 outline submission date;
- Identification of physical capacity beyond September to develop and deliver the programme - resource is potentially available through the HSLI?.

LHCRE Initiative

- Requirements to support the LHCRE infrastructure and governance groups (including Executive representative);
- Requires a joint approach with Devon STP including procurement options and opportunities which NHSE/D are encouraging with initial option appraisal in 2018-19

Other Matters (Next Steps)

- Develop system operational digital group (emerging from stakeholder group);
- Ensure enabling services review is cognisant of digital agenda;
- Progress next steps for digital capacity with Chief Officers;