



HEALTH & WELLBEING BOARD

Subject Heading:

Local Digital Roadmap

Board Lead:

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Barking & Dagenham, Havering and
Redbridge CCGs

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Following the publication of the Five Year Forward View and Personalised Health and Care 2020, local health and care economies have a requirement to develop and publish their Local Digital Roadmap (LDR). The three-step process began in September 2015 with the organisation of local commissioners, providers and social care partners into LDR footprints. The second step was for NHS providers within LDR footprints to complete a Digital Maturity Self-assessment. Following initial submission of the LDR to NHSE in June 2016, the LDRs have undergone a review and are expected to be submitted for national publication by the end of October 2016.

The LDR is expected to include a five year vision for digitally enabled transformation, a capability deployment schedule, delivery plan and information sharing approach. Progress in delivering the commitments and aspirations in LDRs will become embedded in commissioner and provider

assurance, assessment and inspection regimes going forward. The strategy will be refreshed annually and bids, or business cases, from BHR as a system will be placed against these capabilities, making the roadmap the gateway to funding for the next five years.

RECOMMENDATIONS

The Board is asked to note the progress of the development of the digital roadmap

REPORT DETAIL

1.0 Purpose of the Report

- 1.1 The report seeks to update the Health and Wellbeing Board on the progress of the Local Digital Roadmap development.

2.0 Introduction

- 2.1 Following the publication of the Five Year Forward View and Personalised Health and Care 2020, local health and care economies have a requirement to develop and publish their Local Digital Roadmap (LDR) which sets out the technological capabilities that will be implemented over the next five years. 10 of these capabilities will be the minimum standard (known as Universal Capabilities, Appendix 1), as mandated by NHS England, while capabilities outside of these will be classed as progressive or transformational. The strategy will be refreshed annually and bids, or business cases, from BHR as a system will be placed against these capabilities, making the roadmap the gateway to funding. £4.2bn funding had been identified for technology over the next five years, broken down as follows:

- £1.8bn paper free at the point of contact
- £1bn infrastructure
- £750m transforming out of hospital services, including primary care, medicines and social care
- £400m enable NHS to become digital, e.g. nhs.uk, wifi, telehealth, apps
- £250m outcomes and research

Since the publication of the LDR guidance, CCGs have been informed that the £4.2bn (to be spent nationally) has been reduced, though the new figure has yet to be announced.

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2.2 It is expected that the roadmap for each footprint will be aligned to that locality's Sustainability and Transformation Plan (STP), which will feature 'digital' as a key theme. The Outer North East London footprint includes the following organisations and is aligned to the STP for North East London (which includes Waltham Forest and East London, and City and Hackney).

- Redbridge CCG
- Barking and Dagenham CCG
- Havering CCG
- Barking, Havering, Redbridge University Hospitals NHS Trust
- North East London NHS Foundation Trust
- Partnership of East London Co-operative
- London Borough of Havering
- London Borough of Barking and Dagenham
- London Borough of Redbridge

2.3 CCGs have been tasked with leading the development of the LDR but engagement from partner organisation has been crucial in successfully delivering a local Digital Roadmap that incorporates the ambition and vision of the system, as well as at an organisational level.

3.0 Developing the LDR

3.1 In December 2015, Integrated Care Coalition (ICC) members from each organisation were asked to nominate a representative to work with the CCGs on the LDR. An LDR Working Group was established shortly after, through which initial engagement began. Members of this group identified leads within their organisations that would be able to provide clear business requirements that would form the basis of the five year strategy.

3.2 The result of individual meetings, workshops and organisational strategies is over 150 user stories and a catalogue of over 280 specific requirements. The CCG was asked by the Accountable Care Organisation (ACO) Executive Committee to identify the priorities for delivery, in line with the STP and ACO's vision for health and social care. A workshop was subsequently held, with representatives from each of the eight organisations, along with Healthwatch, patients and patient representatives to prioritise the requirements for the LDR and agree a vision for a digitally enabled transformation. The following capability groups were prioritised and ratified by the ACO Executive Committee on 25 April 2016:

- IG for direct patient care
- Records, assessments and plans
- Asset and resource optimisation
- Business Intelligence, decision support & population health management

Requirements and capabilities were refined and reconciled with the technical design and Universal Capabilities (Appendix 2), and a timeline for delivery was drafted. The draft Capability Deployment Plan (Appendix 3) was agreed with the LDR group and individual organisations in early June 2016.

- 3.3 During the April workshop, a Vision seen below, was identified which is currently being reviewed by BHRUT communications and engagement team, as per request from the ACO Executive. This vision is intended to sit above the individual organisations visions; to act as a unified vision for integration and interoperability.

“We will bring citizens, health and care professionals and commissioners into the 21st century with exceptional digital experiences wherever they interact, using technology to improve outcomes and lives. Accurate, real-time data will be used throughout our system to support well informed decisions. We will co-ordinate and focus resources and skills on fewer projects to deliver the best possible value.”

- 3.4 Additionally a set of unifying principles has been engaged upon which builds from national and regional guidance and local strategies. These principles are intended to guide the development of future infrastructure, systems and applications to ensure that they work across the BHR system, whilst also ensuring that the users of the systems, in particular service users and care professionals, gain the benefits of them. These principles are shown in figure 1 below.

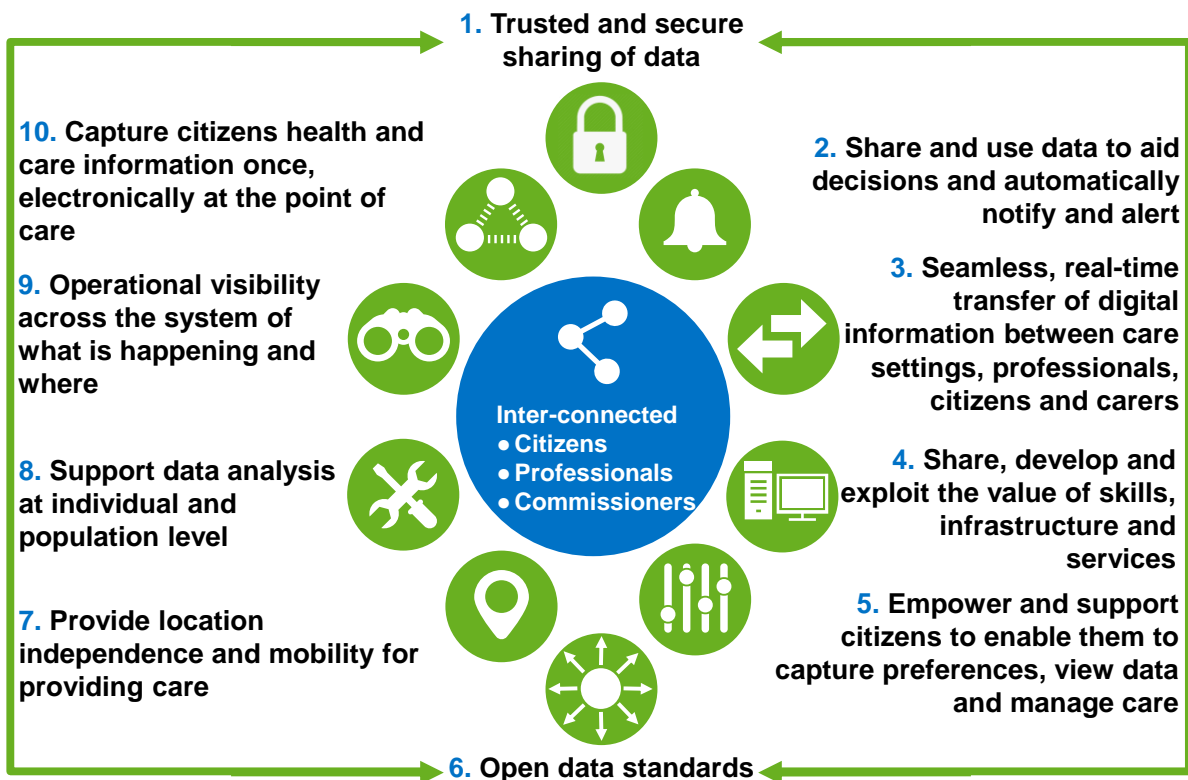


Figure 1 - Principles for development of integrated and interoperable systems across Barking and Dagenham, Havering and Redbridge.

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4.0 Delivering a digital platform for BHR

4.1 BHR have a strong track record in the delivery of innovative and forward-thinking technology that supports the NHS future priorities and directly aligns to patient and user outcomes. The LDR builds on our substantial existing developments and learning of delivering complex technology solutions across BHR, including:

- The development of an operational solution for sharing the full GP record with our Urgent Care Hubs, including the ability to read and write to the record, which is currently fully functional and being deployed.
- The development of a full, real time shared care plan (for Integrated Care and end of life patients) that is visible to health and social care professionals.
- The London NHS 111 Patient Relationship Manager pilot which uses the telephone number to retrieve crisis information, care plans and Special Patient Notes and enables sharing of this key information with LAS.

4.2 In designing a solution for integrated and/or interoperable systems across the system, it was crucial to establish common values and use the design principles to guide the process. BHR organisations are at different stages of digital maturity, have different system architectures, and systems have historically been disparate with limited ability to communicate or exchange information. Based on the requirements and priorities across the system, three options for delivery were identified.

- Connecting systems using point-to-point integration engines
- Connecting systems via a hub
- Using open source development tools to define and create regional shared services

Clearly, any option would need to have the ability to interoperate with the pan-London solution as delivered by the Healthy London Partnership. Technical leads from each of the organisations will need to collectively agree on an approach for delivery.

5.0 Risks

5.1 There are a number of risks to the delivery and sign off of the LDR. These are shown below.

Ref.	Risk	Mitigation
R001	There is a risk that leads/representatives are not available on time and to the levels planned	We will plan the leads availability and ensure that their priorities are set and maintained.

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Ref.	Risk	Mitigation
R002	There is a risk that the information needed for the LDR is not available on time	We will support and work closely with partner organisations to ensure their products are appropriate to the needs of LDR development.

Appendices:

1. List of Universal Capabilities
2. ACO priorities and LDR capabilities
3. Capability Deployment Plan

APPENDIX 1 – UNIVERSAL CAPABILITIES

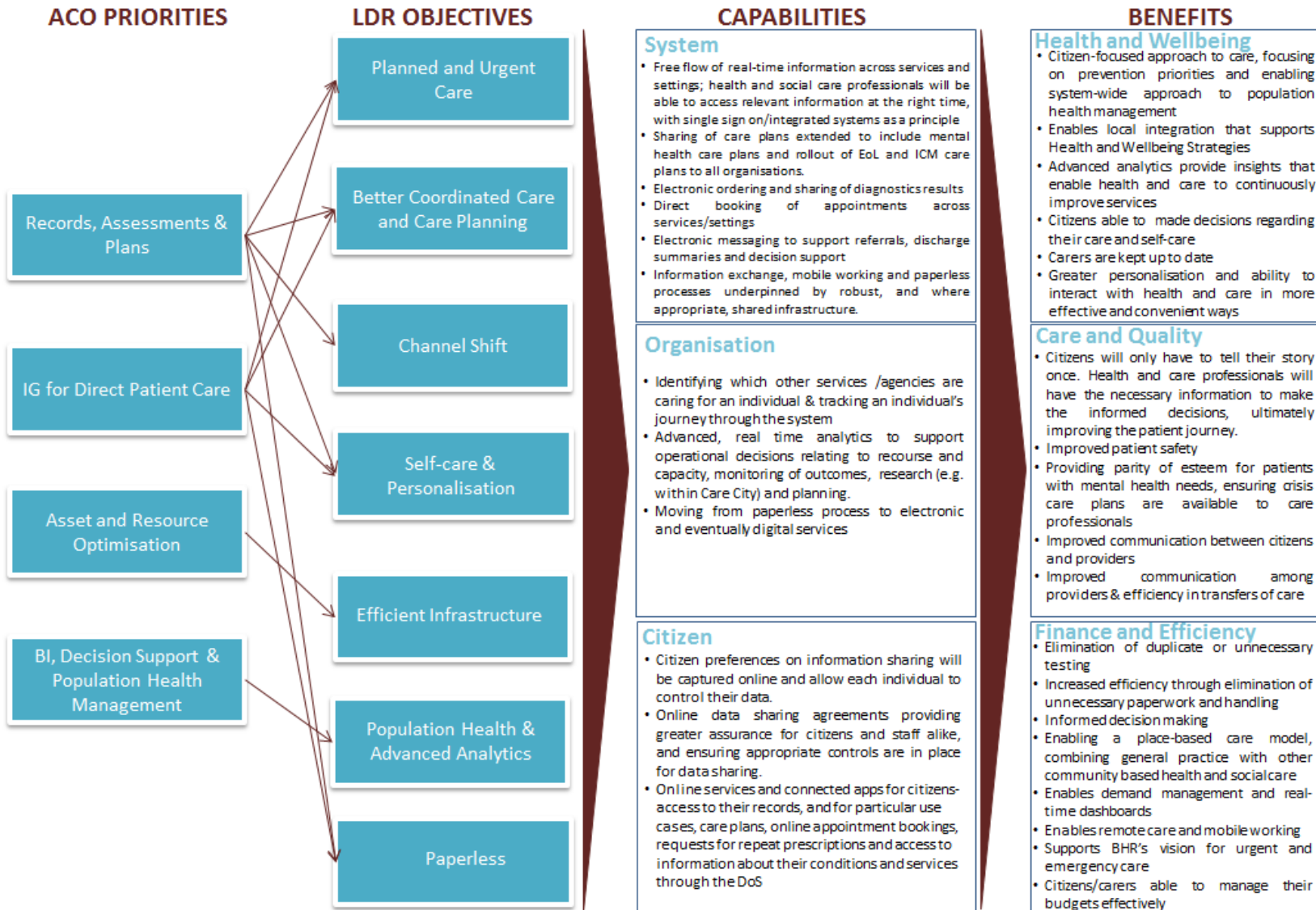
Universal Capability	Capability Group	Aims (in terms of take-up and optimisation) [and specific 16/17 targets where applicable]
Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions	Records, assessments and plans	Information accessed for every patient presenting in an A&E, ambulance or 111 setting where this information may inform clinical decisions (including for out-of-area patients) Information accessed in community pharmacy and acute pharmacy where it could inform clinical decisions
Clinicians in U&EC settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)	Records, assessments and plans	Information available for all patients identified by GPs as most likely to present, subject to patient consent, encompassing reason for medication, significant medical history, anticipatory care information and immunisations Information accessed for every applicable patient presenting in an A&E, ambulance or 111 setting (including for out-of-area patients)
Patients can access their GP record	Records, assessments and plans	Access to detailed coded GP records actively offered to patients who would benefit the most and where it supports their active management of a long term or complex condition Patients who request it are given access to their detailed coded GP record
GPs can refer electronically to secondary care	Transfers of care	Every referral created and transferred electronically Every patient presented with information to support their choice of provider Every initial outpatient appointment booked for a date and time of the patient's choosing (subject to availability) [By Sep 17 – 80% of elective referrals made electronically]
GPs receive timely electronic discharge summaries from secondary care	Transfers of care	All discharge summaries sent electronically from all acute providers to the GP within 24 hours All discharge summaries shared in the form of structured electronic documents All discharge documentation aligned with Academy of Medical Royal Colleges headings
Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care	Transfers of care	All Care Act 2014 compliant Assessment, Discharge and associated Withdrawal Notices sent electronically from the acute provider to local authority social care within the timescales specified in the Act

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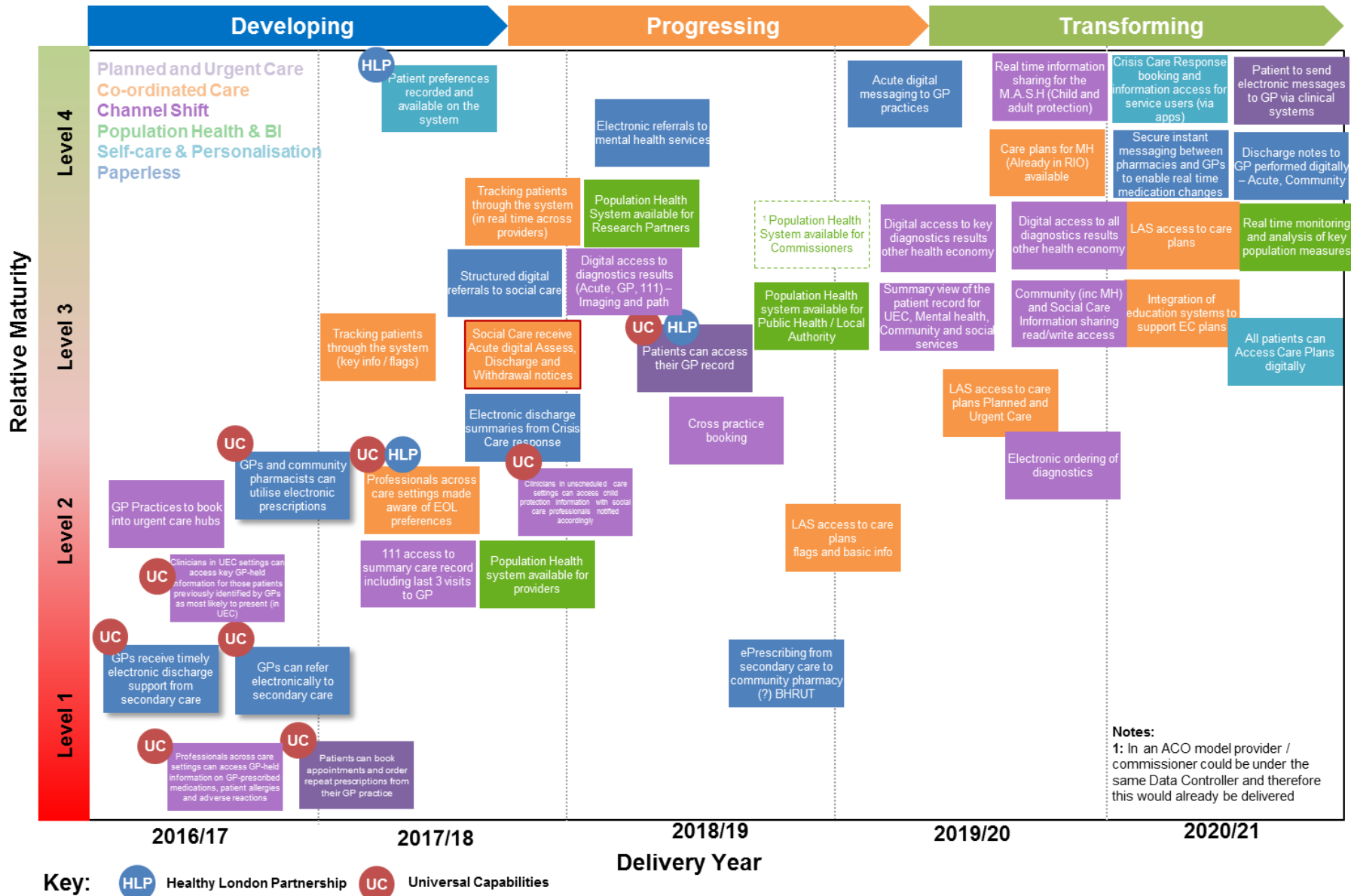
Universal Capability	Capability Group	Aims (in terms of take-up and optimisation) [and specific 16/17 targets where applicable]
Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly	Decision support	<p>Child protection information checked for every child or pregnant mother presenting in an unscheduled care setting with a potential indicator of the child being at risk (including for out-of-area children)</p> <p>Indication of child protection plan, looked after child or unborn child protection plan (where they exist) flagged to clinician, along with social care contact details</p> <p>The social worker of a child on a child protection plan, looked after or on an unborn child protection plan receives a notification when that child presents at an unscheduled care setting and the clinician accesses the child protection alert in their record</p>
Professionals across care settings made aware of end-of-life preference information	Decision support	<p>All patients at end-of-life able to express (and change) their preferences to their GP and know that this will be available to those involved in their care</p> <p>All professionals from local providers involved in end-of-life care of patients (who are under the direct care of a GP) access recorded preference information where end-of-life status is flagged, known or suspected</p>
GPs and community pharmacists can utilise electronic prescriptions	Medicines management and optimisation	<p>All permitted prescriptions electronic</p> <p>All prescriptions electronic for patients with and without nominations - for the latter, the majority of tokens electronic</p> <p>Repeat dispensing done electronically for all appropriate patients</p> <p>[By end 16/17 – 80% of repeat prescriptions to be transmitted electronically]</p>
Patients can book appointments and order repeat prescriptions from their GP practice	Remote Care	<p>[By end 16/17 – 10% of patients registered for one or more online services (repeat prescriptions, appointment booking or access to record)]</p> <p>All patients registered for online services use them above alternative channels</p>



APPENDIX 2 – LDR OBJECTIVES & CAPABILITIES MAPPED TO ACO PRIORITIES



APPENDIX 3 –CAPABILITY DEPLOYMENT PLAN





Havering
LONDON BOROUGH

BACKGROUND PAPERS

1. Barking and Dagenham, Havering and Redbridge Local Digital Roadmap 2016/17 – 2020/21 (June 2016 submission)