

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 DECEMBER AT 10:00 AM**

**HEALTH AND SOCIAL CARE DIGITAL INTEGRATION AND LOCAL
DIGITAL ROADMAP (LDR)**

Report of:

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Presenter: Stuart Campbell
Lead Officer: Jamie Sutterby

1. Purpose of report

- 1.1 To provide members with an overview of digital integration in Hertfordshire (and West Essex)
- 1.2 To update members on the Local Digital Roadmap (LDR)

2. Summary

2.1 Herts Digital Integration and STP-wide systems interoperability

2.11 The Health and Social Care Data Integration (HSCDI) has been in existence for just under two years. During this time, there has been good progress, namely:

- Data sharing agreements - *the development and adoption of a countywide, cross-partner data sharing agreement (paving the way for projects requiring the legal sharing of data).*
- Linked data sets – *cross-partner, countywide aggregated data collation with linking functionality through NHS number. This is pre-eminent technology in Health and Social Care and enables, for example, risk stratification against population demographics and conditions.*
- Technological support of pilot activity – *providing technological enablement to localised integration initiatives (for example getting appropriate IT into HomeFirst initiative from both Health and Social Care perspective).*

2.12 In April 2016, the group identified four strategic work streams of activity to focus on:

- **WS1: System interoperability**
Interoperability in action enables cross-system connectivity to allow social workers and health clinicians a view of current (appropriate) patient information (e.g. social care package, recent hospital visits, GP visits, test results).
This has been shown to improve patient experience (telling 'one story'), expedite patient flow, reduce unnecessary paperwork, save time on unnecessary cross-partner communication, promote paperless working, encourages 'joined up' delivery of care
- **WS2: Live Urgent Care Dashboards**
Dashboards (local and STP-wide) showing critical, real-time data relating to capacity and patient flow can be linked to surge and escalation plans (managed by SRGs). This would enable early warning of issues and breaches: system redirections can happen quickly and contingency plans can be triggered (e.g. A&E 4-hour breach, ambulance redirections, care home bed availability, care package availability, DTOC blockages)
- **WS3: Shared Intelligence**
Utilising assembled cross-partner teams, technological developments and the procurement of specialist tools means extending and refining the progress made with aggregated data sets.
Using linked, aggregated data enables deep-dive analysis of patient chronology, risk stratification (of demographics and condition) and trend examination
- **WS4: Technology and Infrastructure**
Mapping existing and then procuring and provisioning the hardware and architecture to make joined up health and social care a reality. The assembled group present technological proposals to improve use and offer cost saving initiatives

2.13 To support and coordinate this new programme of activity, a programme manager was recruited using BCF funding (see point 4.01). The core board narrowed its membership to enable a more focussed approach to programme development and decision-making. In addition, a board representative has been selected to lead each work stream of activity.

2.14 The work streams have assembled groups of representatives from all partner organisations to meet and lead on development within their remit. The output of these groups in the first stage will be business case proposals for consideration and greater opportunities to share thoughts and resources. Any 'quick wins' will be identified and taken to the Board for action accordingly. An example of this is an agreed wi-fi standard to enable staff from all organisations to work from any site.

- 2.15 The programme has forged a link with the county- (STP-) wide Information Governance group to work collaboratively on breaking down barriers to effective digital integration.
- 2.16 Within the system interoperability work stream, an allocation of £50k has been made available from partner contributions in order to comprehensively scope the landscape. This will enable a targeted and fit for purpose business case to be presented that reflects and compliments existing digital maturity and needs.
- 2.17 In line with the [as defined] STP boundary, all programme activity is engaged with West Essex and the focus is evolving to ensure ambitions of all partners are properly aligned.
- 2.18 The timescale for production of a business case is approximately six months. The timescale for implementation is much harder to define at present as it depends on which proposal is taken forwards. The likelihood is that – dependent on complexity – this could take between 8 months and two years.

2.2 Local Digital Roadmap

- 2.21 The Sustainability and Transformation Plan for Hertfordshire and West Essex (the “STP”) is now in its final draft stages, for submission to NHS England. The digital aspirations of this plan are contained in a closely-aligned document: the Local Digital Roadmap (LDR).
- 2.22 The LDR represents the digital requirements in order to achieve the ambitions set out in the STP. The Herts Digital Integrated Care Programme Board is responsible for overseeing the delivery and implementation of this vision as an enabler of STP activity.
- 2.23 The LDR represents a number of considerable digital challenges across the STP – challenges which, if unmet, will have significant impact on the successful delivery of transformational change across the footprint.
- 2.24 The resourcing implications of delivering digital integration are likely to be profoundly transformational and capital-intensive. Business cases will need to be explicit about change timescales, costs, benefits and risks. These will need strict and effective management and governance.
- 2.25 Some of the significant challenges (or barriers) to completing this programme of work are:
- Funding – substantial capital funding will be required. This may come through grants (e.g. NHSE) or through “investment to save” rationale in strong business cases. Likely investment levels required have been aligned in both the LDR and STP.

- Appetite – many partners have localised priorities and issues that need attention. Senior officers will need to lead and champion the transformation to ensure their organisations maintain a strategic focus on STP/LDR activity.
- Commitment – the programme will require sizeable resourcing – mostly staff resources which will likely need to be found from existing structures.
- Data sharing – anxiety around sharing (or not sharing) data will need to be addressed on an STP level and agreement reached on a “level playing field” so that data sharing / protection is consistent and proportionate within the law and best practise. We have established an Information Governance group across all partners to deliver this work.
- Maturity – partners across the county are at very different levels of technological maturity. Solutions must be targeted to meet all levels of maturity to ensure parity across the board; expanding on exemplars where appropriate

2.26 The governance structure pertaining to the LDR is as follows. It is expected that Katie Fisher will replace Stuart Campbell as chair of the HDICP at our December meeting...

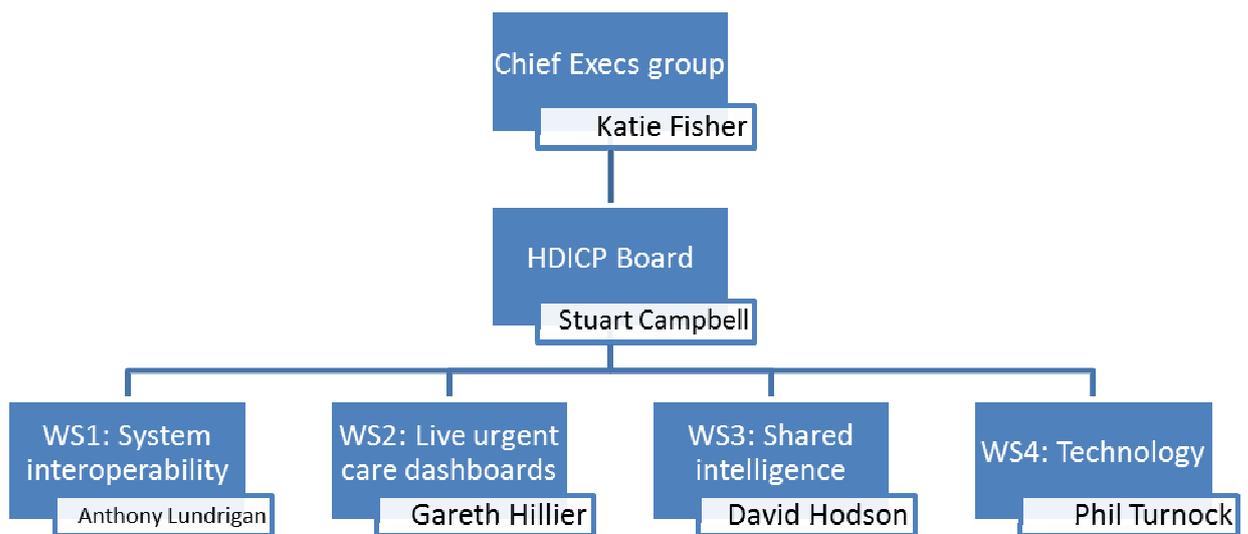


Fig 1. Governance structure showing HDICP Board and lead officers (Chairs)

3. Recommendation

3.1 The report is for information and noting

4. Background

- 4.1 A condition of the Better Care Fund is “Better data sharing between health and social care, based on the NHS number” and this programme aligns closely to this ambition

Report signed off by	<i>Eg Exec/Board of CCG, Local Authority Board meeting etc</i>
Sponsoring HWB Member/s	<i>Identify Board member(s)</i>
Hertfordshire HWB Strategy priorities supported by this report	<i>Identify which priority/ies: Eg Starting Well</i>
Needs assessment <i>(activity taken)</i>	
Consultation/public involvement <i>(activity taken or planned)</i>	
Equality and diversity implications	
Acronyms or terms used eg:	
Initials	In full
<i>STP</i>	<i>Sustainability and Transformation Plan</i>
<i>LDR</i>	<i>Local Digital Roadmap</i>
<i>HDICP</i>	<i>Herts Digital Integrated Care Programme (Board)</i>
<i>BCF</i>	<i>Better Care Fund</i>
<i>NHSE</i>	<i>NHS England</i>