

Local Digital Roadmap

Report of Mike Brierley, Director of Corporate Programmes, Operations and Delivery, North Durham Clinical Commissioning Group, and Joseph Chandy, Director of Primary Care, Partnerships and Engagement, North Durham and Durham Dales, Easington and Sedgfield Clinical Commissioning Groups

Purpose of the Report

- 1 The purpose of the report is to inform the Health and Wellbeing Board of the development of the County Durham and Darlington (CDD) Local Digital Roadmap.

Background

- 2 The Five Year Forward View makes a commitment that, by 2020, there would be “fully interoperable electronic health records so that patient’s records are paperless”. This was supported by a Government commitment in Personalised Health and Care 2020 that “all patient and care records will be digital, interoperable and real-time by 2020”.
- 3 Digital technology has a significant role to play in sustainability and transformation. This includes delivering primary care at scale, securing seven day services, supporting new care models and transforming care in line with key clinical priorities. Local health and care systems are developing Sustainability and Transformation Plans (STPs) and the best plans will harness the opportunities that digital technology offers.
- 4 In September 2015, a three-step process began to allow local health and care systems to produce Local Digital Roadmaps (LDRs) by 30 June 2016, setting out how they will achieve the ambition of ‘paper-free at the point of care’ by 2020. The first step was 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 against a set of 10 national universal capabilities for digital enablement. Both of these steps have now been completed and each LDR footprint has developed its own Local Digital Roadmap. A copy of the County Durham and Darlington Local Digital Roadmap is available upon request.
- 5 LDRs have been reviewed during July 2016 within the broader context of STPs. A signed off LDR will be a condition for accessing investment for technology enabled transformation.

- 6 The population covered by the CDD footprint is around 620,000. The CCD LDR falls within the South Sustainability and Transformation Plan (STP) covering Durham, Darlington and Tees.

Progress to date

- 7 Operating Paper-free at the Point of Care is about ensuring health and care professionals have access to digital information that is more comprehensive, more timely and better quality, both within and across care settings. It's scope is defined by the following seven capability groups:
- Records, assessments and plans
 - Transfers of care
 - Orders and results management
 - Medicines management and optimisation
 - Decision support
 - Remote care
 - Asset and resource optimisation
- 8 The CDD LDR has had significant input from all partners covered by the footprint. Key partners include Durham and Darlington Local Authorities, three CCGs, County Durham and Darlington NHS Foundation Trust (CDDFT) and the Tees, Esk, and Wear Valley (TEWV) NHS Foundation Trust.
- 9 The CDD LDR also links with the development of the Great North Care record and the Connected Health Cities initiative.
- 10 All the NHS providers have completed a **Digital Maturity Self-assessment against the universal capabilities**. The output from this assessment was then brought into a recent workshop to formulate the digital roadmap for CDD. This roadmap details how County Durham and Darlington will implement specific initiatives to deliver against the capability groups between now and 2020. National funding may be made available to support the delivery of the roadmap.

- 11 A set of strategic priorities have been agreed that link to the capability groups set out in the LDR guidance.

<p>Develop an Integrated health care record</p>	<ul style="list-style-type: none"> • An integrated health and care record for all GP-registered citizens in CDD, including care history, current medications, appointments and care plans
<p>Access to data at the point of care to inform decision making</p>	<ul style="list-style-type: none"> • Real-time data analytics to inform clinical decisions / patient choice at the point of care for identified cohorts (to be agreed, e.g. diabetes, frail & elderly, mental health) • Web-based access to these records available to all relevant care providers who have been given consent by the citizen
<p>Ensure the technology enables the provision of care in the most appropriate place for the citizen/service user</p>	<ul style="list-style-type: none"> • Citizens have option to self-manage their care plans online, e.g. appointments, update details, log symptoms / observations of own health, etc. • All relevant care providers who have been given consent by the citizen have access to a care plan to ensure joined up working between care providers for the patient's benefit
<p>Developing and promoting digital literacy of service users to maximise the benefits of digital and technology</p>	<ul style="list-style-type: none"> • An ability to quickly capture and deploy clinical intelligence • Solutions designed and delivered with user input to maximise uptake • Training, education and communications programme across CDD to build knowledge and drive usage
<p>Establishing a platform to manage population health</p>	<ul style="list-style-type: none"> • CDD wide population health analytics capability established and made available to all commissioners of health and care services in CDD, including CCGs, Local Authorities, NHSE, and other national bodies, e.g. PHE, HEE, HSCIC, and clinical surveillance and research organisations (e.g. AHSN)

Governance and Implementation

- 12 One of the core strengths as a Local Health Economy is the communication and collaboration of the organisations to move forward in an agreed direction. Significant investment and time will need to be made in establishing the governance to oversee the development and delivery of the CDD roadmap and it has been agreed to form a new County Durham and Darlington digital steering group to take forward the programme of work. This steering group will need to link with the STP wide development and the Great North Care record programme.
- 13 It is vital that we capture the local needs and views of our patients and citizens to influence our decisions and plans and that there is a great degree of clinical involvement in the designs and implementations of the various initiatives described within the roadmap. There will be a requirement to have a series of stakeholder engagement workshops with the aim of understand the local challenges, priorities and preferences around accessing health and social care services and perspectives on prevention and self-care. The plans in the digital roadmap are not set in stone and will need to be adapted to the feedback received by the population we serve and further clinical input.

Recommendations

14 The Health and Wellbeing Board is recommended to:

- Note this report for information
- Note the requirement to form a County Durham and Darlington Digital Steering Group

Contact: Mike Brierley, Director of Corporate Programmes, Operations and Delivery, NHS North Durham CCG

Tel: 0191 374 4175

Appendix 1: Implications

Finance – Potential Financial implication for future investment in Digital initiatives

Staffing – None

Risk – Low

Equality and Diversity / Public Sector Equality Duty – None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation - None

Procurement - None

Disability Issues – None

Legal Implications - None