



Pi Care and Health

Health and Care Informatics -

Making Progress on integration and
Personalised Health and Care 2020

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Health and Care Informatics – An update

PI National User Group Meeting

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1. Setting the Context

 2. National Activity: National Information Board & Personalised Health and Care 2020
 - 2a. Local Digital Roadmaps (and the interface with STPs)

 - 2b. Information Sharing – Caldicott Consultation

 3. Questions and Discussion
-

Why transformation is critical...

1. Five Year Forward View

- Published in October 2014;
- New care models programme key to delivery – work on information and technology taking place across new care models;
- Five new care models alongside Integrated Personal Commissioning and Integrated Care Pioneers;

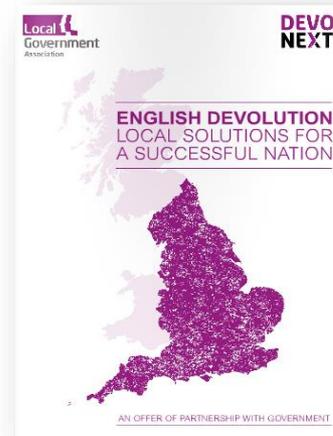


2. Sustainability and Transformation Plans

- All areas in the process of developing STPs;
- LGA emphasising Local Authority and Political engagement, the need to take a system wide perspective and the need for meaningful engagement with citizens and the public;
- Local Digital Roadmaps – technology enabler to STPs;

3. English Devolution

- Devolving decision making and funding to local areas – a local approach to agreement which can also support the integration of health and care;
- Greater Manchester now “live” and further devolution bids including aspects of health and care;



What this is enabling...

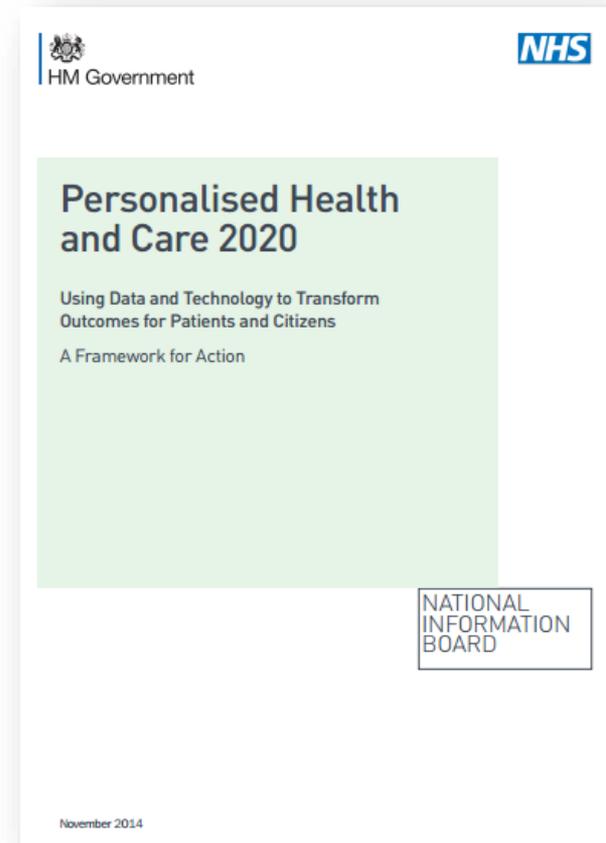
- **More holistic approach to care through working between health, social care and community workers** including through multi-disciplinary care teams;
- Greater focus on prevention through **helping people to look after themselves better at home** and support provided in the community;
- More **proactive identification of people** who may require extra care and support to prevent escalation of need;
- **Commissioning care in an integrated way including shifting funding flows** to support integrated delivery;

Technology and information is a critical enabler



National Activity: Personalised Health & Care 2020

- Publication in November 2014 of a document called Personalised Health and Care 2020;
- Sets out ambition for the use of information and technology in health and social care;
- Covers a range of areas from transparency to public trust to information sharing;
- Includes commitments including “that by 2020 all care records (across health and social care) will be digital, real time and interoperable (i.e. integrated information)”;
- Implementation overseen by the National Information Board;



National Information Board



- **National Information Board** – one of the Five Year Forward View Boards and oversees delivery of Personalised Health and Care 2020;
- Chaired by NHS England – brings together organisations and senior representatives from across health and social care;
- Secretary of State for Health announced **£4.2bn** to deliver the proposals set out in Personalised Health and Care 2020 at the last Spending Review;
- Consists of 10 domains (above) and 33 programmes – incl. relevance for Local Gov.

Linking Programmes to Outcomes

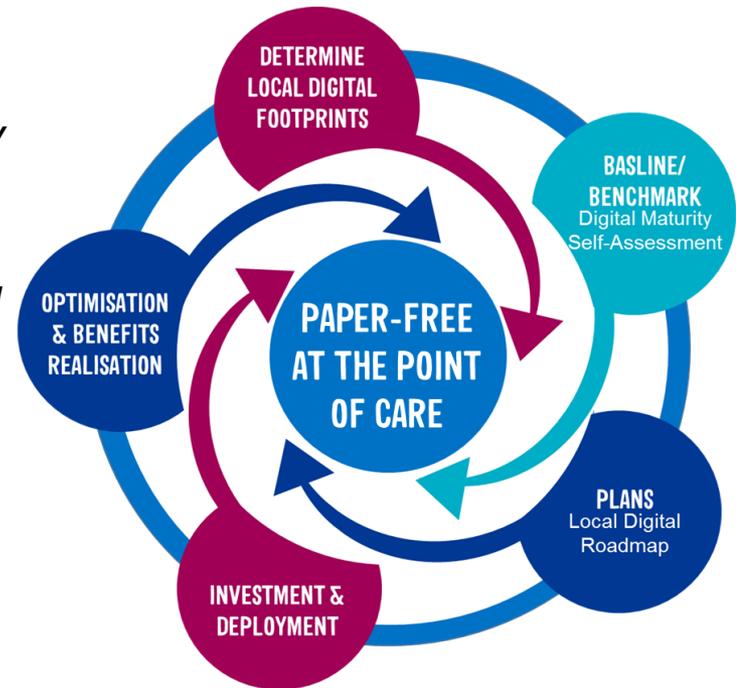
A Self Care and Prevention	1 Citizen Identity 2 NHS.UK 3 Health Apps Assessment & Uptake (inc wearables) 4 Widening Digital Participation
B Urgent and Emergency Care	5 Clinical Triage Platform 6 Patient Relationship Management 7 Access to Service Information 8 Out of Hospital Care
C Transforming General Practice	9 General Practice Operational Systems and Services 10 Adopting Existing Technologies in General Practice 11 Technology for General Practice Transformation 12 GP Data for Secondary Uses
D Integrated Care	13 Integrated Care – Business Change 14 Integrated Care – Interoperability and Architecture 15 Social Care Integration 16 Personal Health Record
E Digital Medicines	17 Digitising Community Pharmacy 18 Pharmacy Supply Chain and Secondary Uses 19 Integrating Pharmacy Across Care Settings
F Elective Care	20 Digital Referrals
G Paper Free at Point of Care	21 Driving Digital Maturity 22 Digital Child Health 23 Digital Diagnostics 24 Workforce and Professional Capabilities
H Data Outcomes for Research and Oversight	25 National Data Services Development 26 Data Content (inc. GP data, PLICS and PCOMS) 27 Innovative uses of Data
I Infrastructure	28 Digital Interoperability Platform and Spine 29 NHSmail2 30 HSCN 31 WiFi
J Public Trust and Security	32 Cyber-Security 33 National Opt-Out Model



Domain G: Paper-Free at the Point of Care

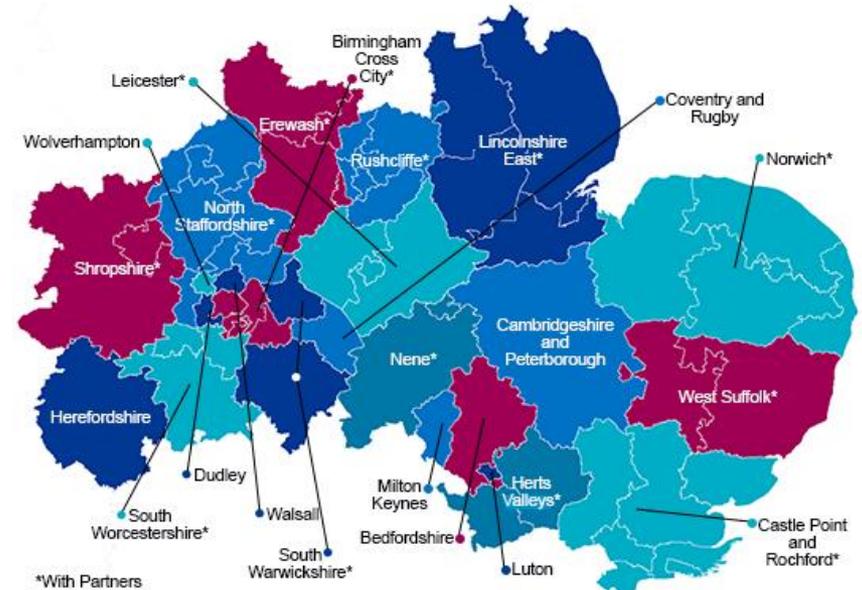


- One of the programmes is **‘Paper-Free at the Point of Care’** which in reality means:
- *Supporting the delivery of integrated care by providing joined up information;*
- *Supporting effective transfers of care e.g. discharge, admission or referral using digital and technology;*
- *Using remote, mobile and assistive technology to help in the provision and delivery of care;*
- NHS England led – we have been influencing;
- **£1.3bn to be allocated to local areas from 17/18;**



Domain G: Paper-Free at the Point of Care

- NHS England asked local areas (via CCGs) to complete LDR by end of June '16;
- Included completion of a digital maturity self-assessment (LGA developed for social care);
- These roadmaps sit underneath umbrella STPs (digital / technology enabler);
- Footprints are different – 44 STPs vs 85 LDR footprints;
- “Investment ready roadmaps” will be one part of the process for accessing funding from 17/18;
- One aspect of being investment ready includes engagement with LAs and with Health and Wellbeing Boards;



Domain G: Paper-Free at the Point of Care

What has been the experience?

- Most local areas we have spoken to have found that the LDR has supported local alignment and local discussions;
- Degree to which CCGs have engaged with LAs (or vice versa) has been mixed – some excellent examples of engagement;
- Very short timescales which put pressure on local organisations;
- Local areas emphasised alignment with STPs although in some localities footprints differ;
- Emphasis on plans in the use of information sharing for direct care through shared records and shared infrastructure;
- Emphasis on plans in terms of business intelligence (shared data for commissioning);
- Some focus on prevention in STPs but very little focus in LDRs on technology to support people at home;
- Local areas asked to further refine and develop plans through the Autumn;

Domain J: Public Trust and Security

- In early July, two reports were published:
- **A review of Data Security, Consent and Opt-Outs** relevant for the whole health and care system produced by the National Data Guardian:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535024/data-security-review.PDF
- **Safe Data, Safe Care** which is the review by Care Quality Commission into data security in the NHS (*this review does not cover social care specifically*):
<https://www.cqc.org.uk/sites/default/files/20160701%20Data%20security%20review%20FINAL%20for%20web.pdf>
- **At the same time Department of Health launched a consultation to the NDG review which closed on the 7th September.**



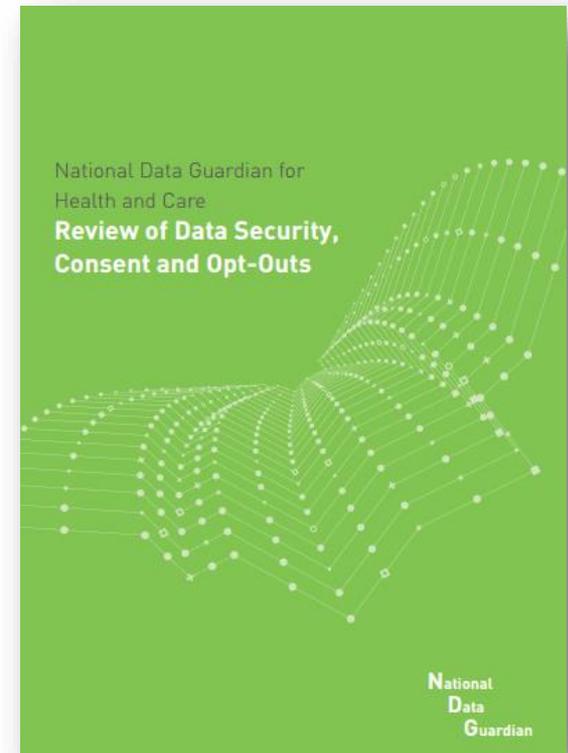
National Data Guardian Review: Data Security

What the review outlines:

- Review proposes a set of 10 data security standards set under 3 themes: People, Process and Technology.
- A strong emphasis on leadership and culture;

Also includes recommendations that:

- *All health and social care organisations should provide evidence that action is being taken to improve cyber security (e.g. through Cyber Essentials scheme).*
- *Local Government should include a requirement in contracts with the independent and voluntary sectors to ensure the data security standards are met. Where a provide does not meet these standards over a reasonable time period, the contract should not be extended;*



National Data Guardian Review: Data Sharing

What the review outlines:

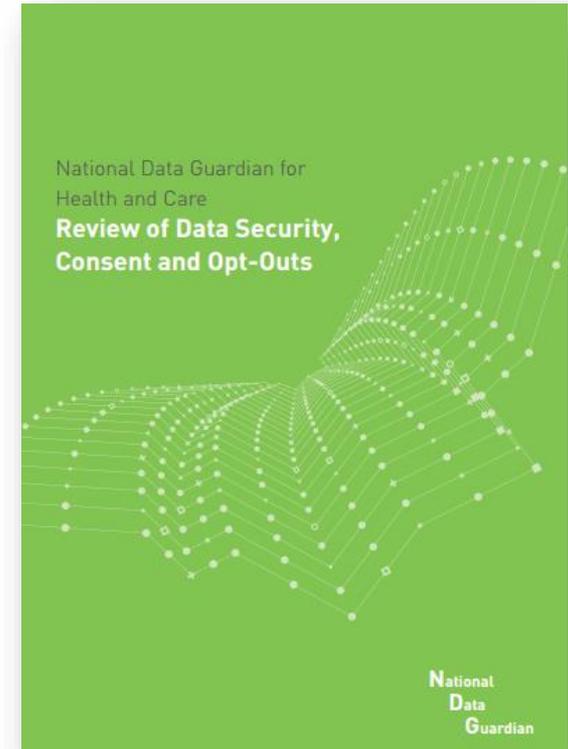
- Highlights the importance of public trust and the need for clarity and clearer communications to the public;
- Proposes a national consent / opt-out model (opt out applies to confidential data shared for the purposes beyond direct care);

Direct Care:

- Encourages information sharing - 'the duty to share is as important as the duty to protect confidentiality'. But based on the **principle of 'no surprises'**;

Purposes beyond Direct Care:

- Review heard that high quality, linked data was needed for the purposes beyond direct care – but that the majority of purposes do not need personal confidential information;
- Review proposes that personal confidential data should be passed to HSCIC (NHS Digital), as the statutory safe haven for health and social care to de-identify or anonymise it and share it with those who need it;



Our response to the review...

- **Joint response by LGA, ADASS and Society of IT Managers (Socitm);**
- We welcomed the report and the opportunity to contribute;
- **We largely agreed with the proposed data security standards** – but want to ensure there is closer alignment across Government and also a greater focus on how information follows the individual;
- **We largely agreed with the proposals around data sharing** – including the emphasis on giving people greater awareness around how their information is used and that the opt out should not apply to information which is anonymised;
- **We raised concerns around** the impact on smaller organisations (and therefore need to be proportionate), issues regarding data access for Local Authorities (particularly public health) and the need for clear messages and alignment across national organisations;

