Leeds Health and Wellbeing Board

Report author: Dylan Roberts, Chief Digital and Information Officer, Leeds City Digital Partnership

Report of: Chief Digital and Information Officer, Leeds City Digital Partnership

Report to: Leeds Health and Wellbeing Board

Date: 28th February 2019

Subject: Priority 7: Maximise the benefits from information and technology - Leeds City Digital Partnership Update

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

Leeds has the ambition to be the Best City for Health and Wellbeing where the poorest improve their health the fastest and digital is a core element in making this happen. This is reflected in our Leeds Health and Wellbeing Strategy 2016-2021 through *Priority 7: Maximise the benefits from information and technology*. Leeds recognises that a joined up approach to delivering health and care requires a joined up approach to Digital, Data and Technology from all the main health and care organisations.

Over the last two years, a collaborative way of working has been established through a Memorandums of Agreement (MoA - Appendix 1) between each organisation, committing each to work as if they were one organisation and make a contribution towards the funding of a Leeds City Digital Partnership Team (CDPT) hosted by Leeds City Council.

Delivery to date has been successful and Leeds is seen as a National Exemplar in this area.

The commitments for 2018/19 are articulated in Appendix 2. For these to be successfully delivered requires all organisations to work as one and there are challenges to this and how "place" based solutions vs organisation specific solutions are financed and sustained.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress made to date through the Leeds City Digital Partnership.
- Endorse the 2019/20 Commitments detailed in Appendix 2.
- Note the main issues described in this report and be an advocate for the Place First Digital approach.
- Endorse and advocate that all organisations adhere to the MOA and engage with the Leeds City Digital Partnership Team with regards to all IT investments and projects that relate to the Leeds Plan or integrated care.
- Endorse and if necessary provide support to the Leeds City Digital Partnership Team approach with National organisations and policy.
- Support in principle the continued use of Better Care Fund Capital, subject to its governance processes and also access other capital funds e.g. Local Authority Capital subject to business cases.
- Support activity to get more business and clinical stakeholders involved in digital, actively understand the digital opportunities for transforming health and care, help prioritise investment decisions and provide active sponsorship for the process changes required to deliver tangible health and care benefits.

1 Purpose of this Report

1.1 To provide an update on the progress Leeds City Digital Partnership, the associated programme of work and the commitments set for 2019/20, all of which underpin the delivery of the Health and Wellbeing Strategy 2016-2021. The report also describes some of the challenges that can impede progress and how they could be resolved.

2 Background information

2.1 Leeds has the ambition to be the Best City for Health and Wellbeing where the poorest improve their health the fastest and digital is a core element in making this happen. This is reflected in our Leeds Health and Wellbeing Strategy 2016-2021 through *Priority 7: Maximise the benefits from information and technology* and as an enabler of the Leeds Health and Care Plan. Leeds recognises that a joined up approach to delivering health and care requires a joined up approach to Digital, Data and Technology from all the main health and care organisations.

2.2 Over the last two years, a collaborative way of working has been established between Leeds City Council (LCC), Leeds Teaching Hospitals Trust (LTHT), Leeds Clinical Commissioning Group (LCCG), Leeds Community Healthcare (LCH) and the Leeds and York Partnership Foundation Trust (LYPFT). This included a Memorandums of Agreement (MoA) between each organisation, committing each to work as if they were one organisation and also making a contribution towards the funding of a Leeds City Digital Partnership Team (CDPT) hosted by LCC.
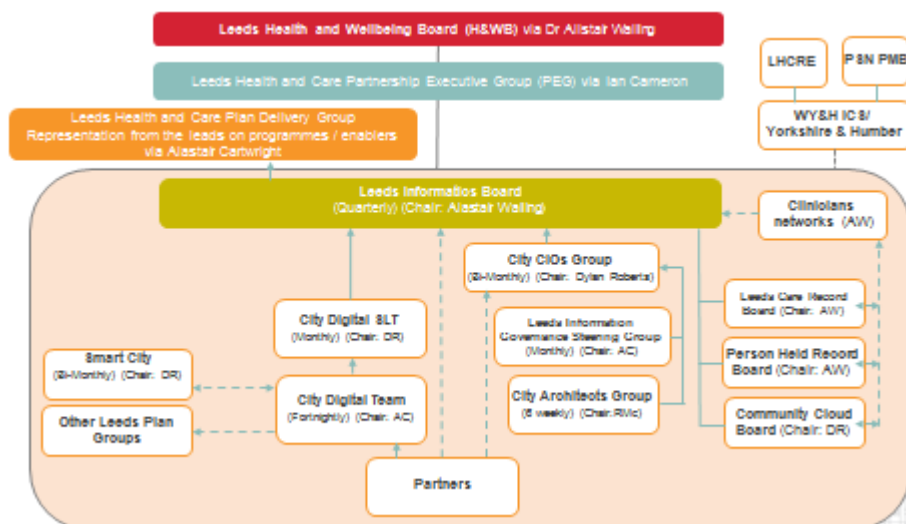
2.3 The CDPT develop strategy and deliver/commission solutions on behalf of the partners. The primary focus that all organisations have committed to is that any work that relates to integration or new models of care is the responsibility of this team to architect, commission and provide oversight of delivery. The partnership also seeks to achieve economies of scale and savings via a shared service approach although it is optional whether individual partners partake in that work.

2.4 The mission and design principles that all organisations have signed up to are:

- We put **people** at the heart of everything we do.
- We are developing a **connected digital infrastructure and tools** for the City so that professionals can seamlessly work together.
- We are creating an **accessible health and care record**, using accurate data about people to help improve their health.
- We **prioritise projects and solutions** that help the poorest improve their health the fastest.
- We work in an inclusive way with people (citizens/patients), communities, commissioners and providers to **prioritise and co-produce** what we do
- We help make sure that all IT investment or project decisions are made as if we were working **as one organisation.**

2.5 The Digital Partnership is supported by a formal memorandum with NHS Digital as an exemplar that other areas can learn from.

2.6 The governance structure supporting this is provided below:

2.7   Dylan Roberts (Chief Digital and Information Officer for Leeds City Council and the NHS Leeds CCG) is the Senior Responsible Officer for this overall programme. Clinical and Care leadership and direction is provided by the *Leeds Informatics Board* (LIB), chaired by Dr Alistair Walling (City's Chief Clinical Information Officer, and member of the Health and Wellbeing Board).

2.8   Each organisation's CIO (Chief Information Officer) meet together regularly to ensure that technical strategies are aligned. This group is advised by the City Architects Forum and the Citywide Information Governance Steering Group.

2.9   The CDPT is constructed to support the key areas outlined in the Leeds Health and Care Plan including, but not limited to: Prevention; Proactive Care & Self-Management Care; Optimising Secondary Care; Unplanned Care and Rapid Response.

2.10   Associated groups within the sphere of influence, include the Leeds Care Record Board, and at a regional level, support to the West Yorkshire and Harrogate Partnership and the delivery of the Local Health and Care Record Exemplar (LHCRE) programme across Yorkshire and Humber.

2.11   The NHS Long Term Plan (2019) has a specific chapter on 'Digitally-enabled care will go mainstream across the NHS' coupled with the policy document 'The future of healthcare: our vision for digital, data and technology in health and care' that sets out a clear direction for Digital, Technology and Data in Health and Care.

2.12   The Leeds approach exceeds some of the aspirations in these documents. In particular the place based approach is focused on enabling the needs of a person to be addressed by multiple organisations (including the third sector) acting as one. From a technology standpoint, the *open platform* approach compels all organisations to work to common open standards that will enable a new *ecosystem* (market place) of innovators to develop new solutions designed around the needs of individuals that can share information with the professional care record systems. As a result, Leeds is seen as a national exemplar in this area which is why NHS Digital partner with us on some projects so that the learning can be transferred to other places. A number of these projects and other digital innovations in Leeds will

be shown at the next Health and Wellbeing Board: Board to Board session (19 Mar) allowing HWB members and to see them first hand.

2.13 Examples of 2018/19 Delivery include:

'GovRoam' – a secure Wi-Fi roaming solution, now live across all our city's public buildings. This provides secure access for all staff, whatever organisation they belong to, who may need to collaborate, co-locate and work with colleagues from other agencies.

Federation / Shared Address Books and Contacts – working with NHS Digital, Accenture and Microsoft we have delivered a programme to federate the Council's email system with NHS Mail - used by city health partners. This connects people by giving access to a common, city-wide address book. They can also see each other's calendars for meeting scheduling and access to Instant Messaging where health partners use Skype for Business.

Shared Network / Buildings – we have embarked on a city-wide networking programme in line with our commitment to upgrade our Public Services Network (PSN) and to support Health organisations with the impending shutdown of the NHS N3 Network as they migrate to the Health and Social Care Network (HSCN). The vision of a 'one public estate' will serve shared sites / buildings and ensure that health and local government organisations can reduce multiple broadband lines and networks feeding shared sites.

'Activage' – trialling Samsung technology to help older people remain active, manage health conditions and stay socially connected. Leeds is the only site in the UK to be involved. The project uses smart watches, smart phones or tablets, with home hubs and sensors in over 300 households across Leeds who meet the required criteria. This equipment is invaluable for older people to maintain their health by receiving reminders and alerts directly to their wrist via their watch and also using an online portal to track their activity.

HELM – a 'person held record' (PHR) has been developed and is due to be piloted in Leeds in early 2019. The technology is built on an open-source platform developed in Leeds for the wider health and care sector. The PHR project is about empowering citizens, supporting more proactive care, self-management to help towards alleviating pressures at the front line. Phase one will enable people to register, verify their identity and log into their PHR. It will let people contribute and update information about themselves, for example, the "top three things to know about me". It will also integrate with the Leeds Care Record that is widely used by care professionals across the city. This is a leading edge project with which there have been delays caused by the issues noted in this report.

100% Digital Leeds – across Leeds, 90,000 adults still lack the basic digital skills they need to participate in today's world. We have created the 100% Digital Leeds movement, made up of organisations across the city who support people to get acquainted with digital technology. Part of this programme involves a popular tablet lending scheme run by Leeds Libraries Service, with 300 iPads available to borrow. This is a major digital inclusion initiative to upskill Leeds residents and links into a network of online centres and digital champions.

2.14 Notable Programmes for 2019/20

2.14.1 Over the next 12 months we will continue to develop our programme in line with our commitments (see Appendix 2). Our areas of focus will align to key outcome areas such as Prevention, Frailty, Self-Management and Proactive Care (the "Left Shift") and supporting a wider group of partners such as care home providers, hospices, the third sector and patients themselves to become more 'digital'. This will enable increased information sharing across the system, for example the sharing of eReSPECT and advanced directives using the Leeds Care Record.

2.14.2 We will make the link between health & care and housing & communities by combining digital initiatives (and funds) around our 57,000 public sector houses. We will initially direct our shared focus at three areas in need of intervention: Lincoln Green, Boggart Hill and New Wortley. This is with a view to evaluating combined approaches to delivery and then enabling us to replicate the approach in other areas. We also expect some cross over with the areas of focus for the Leeds/Optum/NHS England collaboration on Population Health Management (4 local care partnerships) we are supporting. Of equal significance are issues with people living under private sector landlords. Overall, this is a starting point that will include digital inclusion, connectivity, enabling community assets and organisations to get connected, sensors e.g. movement, damp and possibly some out-of-hospital care prototypes e.g. wounds management.

2.14.3 Another programme will involve supporting the digitisation of Care Homes across the City. This will include basic digital literacy, the sharing of bed visibility and where appropriate enable access to the Leeds Care Record.

2.14.4 Note, for the two areas above it is evident that there are multiple projects of work being run by different commissioner and provider organisations that could be pulled together for the Digital and IT aspects.

2.14.5 We will be prioritising continued funding for the development of the Leeds Care Record.

2.14.6 As a UK leader in the use of data for Population Health Management (PHM), we will enhance the way we use data to describe our 'place', both for planning and service design purposes and for feeding back 'open data' to inform our citizens about the communities they live in. We will further develop our 'neutral' health and care analytical hub and improve the way we store and link data for PHM to feed integrated analytical tools such as RAIDR (our tailored PHM dashboard). Frailty is the first population to be analysed to support new ways of commissioning.

2.14.7 We will be implementing shared service technology such as the 'Community Cloud' platform that will enable multiple organisations to store data and run IT services from a common secure technology platform. Our initial partners will be Leeds City Council, the CCG and Leeds Community Healthcare.

2.14.8 We will support the work required to make integrated services more efficient, such as through Urgent Care Treatment Centres, Clinical Advisory Services and online consultation facilities. The Leeds City Digital Partnership will also assist our providers to link services via integrated technology solutions.

2.14.9 We will work with our partners across the West Yorkshire and Harrogate Integrated Care System (ICS) and the wider Yorkshire and Humber area to ensure that the work undertaken in Leeds can be simplified, standardised and shared. This will include a significant contribution towards the Yorkshire and Humber Local Health Care Record Exemplar (LHCRE).

2.14.10 Work is also progressing around the development of Living in Leeds, a citywide project led by the University of Leeds and commissioned by the Leeds Academic Health Partnership. It will act as enabler to better understand the factors that influence health outcomes and health inequalities of people 'Living in Leeds'. By acting as the mechanism by which we inform the people in Leeds and gain their consent to use not only their health and care information, but also information on wider environment which as we know has a huge influence on health. For instance, information on air quality, access to green spaces, and quality of housing stock.

3 Main Issues

3.1 The delivery of the Leeds City Digital Partnership programmes of work and approach has been generally successful to date. However, by taking a leading edge partnership approach compared to other places, means challenges arise from existing practices and ways of working that can undermine successful delivery.

These issues are outlined below for awareness and discussion:

Place and Person First, Organisation Second – Digital Strategy

3.2 Constant changes to the configuration of the health and care system within Leeds and regionally presents challenges. The Digital Strategy and agreed design principles deliver IT platforms and open approaches that are generic and more adaptable to system changes and this is the best approach to integrating different mixes of organisations at a community and locality level (e.g. Local Care Partnerships). However to be effective, it necessitates that major organisations in Leeds adopt this approach. This is something that organisations have signed up to via the MOA and is governed through the Leeds Informatics Board and City CIO Group.

3.3 Similarly, Leeds Digital Leaders need to influence organisations outside of Leeds, especially in the West Yorkshire and Harrogate ICS region to do the same, i.e. adopt the open approach. By adopting the alternative, which is a more closed system approach (which ties organisations into vendor's systems) means that wider integration becomes more difficult and costly. This is a fundamental issue across the health and care system nationally and one which we are taking a leadership role in addressing.

3.4 Organisational commitment to the Place First principle is varied. For example, LTHT have a significant focus on being the best digital hospital and rapidly improving some of their deficiencies. This is important in itself for Leeds, however, there is a valuable opportunity to ensure that it promotes integration across the city and is shaped in line with our agreed citywide priorities delivered through the CDPT.

3.5   Information Governance (IG) remains a significant challenge. The job and focus of IG professionals is to protect their individual organisations from risk as opposed to taking the more holistic view on behalf of the citizen or on what is best for a place based approach/solution. This often causes protracted arguments and significant delays.

National Challenges

3.6   The conditions applied to new funding grants and the Digital, Data and Technology standards set by national organisations such as NHS England often oppose a place based approach that includes more than just NHS organisations (e.g. the Data Security and Protection Toolkit). Therefore on occasions, we need to decide what is best for the patient and person overall, whilst providing assurance that the way we apply Digital, Data and Technology is sound and safe. We work very closely with organisations such as NHS Digital, the Local Government Association and others in order to influence adaptations to national polices and approaches to best meet the needs of people through new models of care. This is part of the MOU with NHS Digital.

Finance

3.7   So far we have maximised the delivery of digital solutions through access to Better Care Fund capital (e.g. the Leeds Care Record development). It is proposed that this continues to be the preferred funding route. However, a sustainable funding method to address the ongoing revenue implications of shared city solutions is challenging with opportunities being explored. A resolution to this could include changes to the way we commission services and the use of Section 75 arrangements. (*Partnership agreement under section 75 of the NHS Act 2006 (DPA 1998)*)

Business and Clinical Leadership in Change

3.8   Digital, Data and Technology is the means to an end and not the end itself. It exists to enable new business processes, clinical pathways and approaches which are under the prevue of business and clinical leaders. We would like support for our ambition that business and clinical stakeholders need to be more involved in digital. Furthermore, they need to actively understand the digital opportunities for transforming health and care, help prioritise investment decisions and provide active sponsorship for the process changes required to deliver tangible health and care benefits. We plan to work with the Leeds Health and Care Academy to help achieve this ambition.

4   Health and Wellbeing Board Governance

4.1   Consultation, engagement and hearing citizen voice

4.1.1   These issues and the content of this paper have been discussed and agreed through the Leeds Informatics Board structures and at the Partnership Executive Group meeting.

4.1.2   The partners have committed to following a Human Centred Design approach to the majority of digital developments which involves citizens, professionals and technologist working together to co-produce solutions where the citizen voice is paramount.

4.1.3   Leeds is renowned for its' joined up Leeds' approach to citizen conversations about the use of data using facilitated workshops, community networks and the use of case studies showing how people can benefit from technology or information sharing. This approach has now been adopted across Yorkshire and Humber for the Local Health & Care Record Exemplar (LHCRE).

4.2   Equality and Diversity / Cohesion and Integration

4.2.1   The open approach to technology, enables solutions to be more easily personalised to the individual whilst common design principles enable integration.

4.2.2   This coupled with the Human Centred Design approach helps ensure that we supports equality, diversity and integration.

4.3   Resources and value for money

4.3.1   The place first approach and the commitment by some organisations in the system to shared services are delivering economies of scale and avoiding costs.

4.4   Legal Implications, access to information and call in

4.4.1   There are no legal, access to information or call in implications arising from this report.

4.5   Risk Management

4.5.1   The risks to delivery have been noted in the main issues section of this report and is managed through the Leeds Informatics Board with other partnership board/groups.

5   Conclusions

5.1   In order to deliver the new models of care it is necessary to take a people centred and place based approach to delivering health and wellbeing. This is where different groups of partners in different places can work as if they are one organisation supporting the needs of one person. This can only be done if all partners take a place based approach to Digital, Data and Technology as described in this paper.

6   Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress made to date through the Leeds City Digital Partnership.
- Endorse the 2019/20 Commitments detailed in Appendix 2.
- Note the main issues described in this report and be an advocate for the Place First Digital approach.

- Endorse and advocate that all organisations adhere to the MOA and engage with the Leeds City Digital Partnership Team with regards to all IT investments and projects that relate to the Leeds Plan or integrated care.
- Endorse and if necessary provide support to the Leeds City Digital Partnership Team approach with National organisations and policy.
- Support in principle the continued use of Better Care Fund Capital, subject to its governance processes and also access other capital funds e.g. Local Authority Capital subject to business cases.
- Support activity to get more business and clinical stakeholders involved in digital, actively understand the digital opportunities for transforming health and care, help prioritise investment decisions and provide active sponsorship for the process changes required to deliver tangible health and care benefits.

7   Background Documents

None.

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How does this help reduce health inequalities in Leeds?
The range of deliverables for 2018/19 highlight the range of ways the Leeds City Digital Partnership has contributed to reducing health inequalities in Leeds such as:
- helping older people remain active, manage health conditions & socially connected
- empowering citizens, supporting more proactive care, self-management
- digital inclusion

As articulated in 'Our Digital Commitments', for 2019 we will continue to prioritise projects and solutions that help the poorest improve their health the fastest.

How does this help create a high quality health and care system?
Digital innovation, technology and data is essential to delivering an effective, high-quality and efficient health and care system in Leeds to improve people's health and wellbeing and is our mission statement for 'Our Digital Commitments' for 2019.

Leeds already seen as a national exemplar in Digital sharing best practice regionally and nationally. Working together our system has been enabled to make it easier to collaborate, co-locate and work with colleague as one workforce whatever the organisation through GovRoam, Shared Address Books and Contacts, Shared Network/Buildings, etc.

How does this help to have a financially sustainable health and care system?
Leeds City Digital Partnership develop strategy and deliver/commission solutions on behalf of the partners. The primary focus that all organisations have committed to is that any work that relates to integration is the responsibility of this team to architect, commission and provide oversight of delivery. This allows the health and care system to work to economies of scale and savings via a shared service approach to contribute to a financially sustainable health and care system.

Future challenges or opportunities
Challenges and opportunities are highlighted through section three of the report and within 'Our Digital Commitments' for 2019.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	X