Title:	4. Developing and delivering a London health and care Digital and Informatics strategy and supporting governance
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Strategic Partnership Board
26 January 2018

1. Purpose

1.1. This paper describes a proposal for the development of an evolving digital and informatics strategy for London as a key enabler to new models of care across the health and care system which has been, co-produced by all key partners over a number of months and underpinned by draft governance arrangements that are intended to facilitate strategic leadership, oversight and co-ordination in relation to London level activities in digital and informatics. SPB members are invited to comment on the development the emerging proposal. .

2. Action required by Board members

2.1. The Strategic Partnership Board is asked to

   2.1.1. **Endorse** the development of a London digital and informatics strategy

   2.1.2. **Comment** on the key priority areas as set out below

   2.1.3. **Discuss** the proposed London Digital and Informatics governance and endorse its implementation from February 2018 (initially in shadow form).

   2.1.4. **Agree** that the London Digital and Informatics Board will report formally to the Strategic Partnership Board with formal relationships to the Smart London Board and the 'sub-Boards' of the SPB.

   2.1.5. **Comment** on the proposed Chair arrangements for the London Digital and Informatics Board

3. Partnership considerations

3.1. This paper is relevant for partners to consider jointly because of its focus on a joint strategy for digital and informatics across health and care. Digital and informatics are important enablers for health and care transformation and the

delivery of integrated care. As such, it is crucial that digital and informatics strategies be aligned across health and care to truly maximise the opportunities of health and care partnership working, across this agenda encompassing wider determinants of health. The proposal aims to enable health and care to engage collectively with this wider agenda recognising that this is a process, not a switch and hence a focus on human change and local ownership is key success factor.

4. Background and Context

4.1. A London Digital and Informatics strategy and governance was first proposed by the London Strategic Partnership Board at the first meeting in May 2017. The proposals presented today represent engagement over recent months with health and care leaders and wider digital partners across London.

4.2. Digital and informatics are critical enablers for integrated and accountable care. However, activities in this area are currently dispersed across the health and Local Authorities organisations locally and across a large portfolio of programmes operating at regional and national levels.

4.3. Integration and self-care is reliant on having the right level and scale of connectivity for information sharing across health and care and in the context of the wider determinants of health the opportunities for improved information flows with housing, care homes and schools for example

4.4. Data is a valuable asset. London is in need of a health and care data strategy and governance to ensure maximum benefits and safety for Londoners and health and care organisations. This will also make information governance more streamlined and easy to navigate, reducing duplication.

4.5. By health and care system leaders in London collectively providing oversight and co-ordination of the investment in technology and information, greater consistency, quality, and best value for money could be achieved for Londoners.

4.6. Consistent with the principle of subsidiarity this would aim to complement local and sub-regional data and information approaches, with aggregation where it makes sense to do so

4.7. The Smart London Board aims to work with leading experts in academia, business and entrepreneurship to harness the assets of digital economy across London's infrastructure, environment, utilities and transport systems and through intelligent use of data across the public sector reduce health inequalities and make London the best connected city in Europe and an even better place to live, work and visit. The London health and care digital and Informatics Board would aim to support the Mayor's vision for a 'Smart London' in a complementary way, by supporting connected and digitally-enabled health and social care as part of integrated health and care systems.

4.8. We recognise that transformation at this scale is hard, complex and requires considerable resource to support stretched services that, in many cases, are supporting delivery with outdated and poorly integrated systems.

4.9. The critical aim here is to foster greater integration and connectivity between local systems across London for the benefit of patients and clinical workflows and enable better decision making about investment in digital. This is distinct from the historic national programme for IT which sought to deliver one system. We recognise the value of local health and care systems and aim to increase connectivity where this can improve outcomes for the benefit of Londoners.

5. Developing a London Digital and Informatics strategy: a proposed approach

5.1. Engagement has taken place with system leaders over the summer and autumn 2017, including a workshop in October with STP leads, an away day with CCG Chairs in November, meetings with the Chief Digital Officer at GLA and London Ambulance Service, discussions with NHS Improvement, the London Chief Information Officers Council, Public Health England, academic partners, Local Authority colleagues and members of the Partnership Delivery Forum.

5.2. This rich level of engagement and dialogue has revealed consensus on five strategic priorities as key components of a future London-wide health and care digital and informatics strategy:

- **Information Exchange:** Drive maximum value from the London Health and Care Information Exchange 1to increase connectivity and transfers of care at scale across health, social care and home settings. Oversee implementation of integrated Wide Area Network (broadband) provision across health and care to support flexible, mobile working across public services in line with the *Smart London plan.*

- **Data-driven accountable care:** Develop a London Data Strategy and data service to enable access to records to support workflow, data sharing, population health analytics and business intelligence for accountable care systems. This aligns with the UK Life Sciences Industrial Strategy[2], human change and local ownership is key success factor.

- **Connecting the citizen:** Connecting citizens to online services across health, social care and community assets includes the national work on developing ID verification service [3]and widening digital participation[4]. In London this will also mean driving maximum value from London assets such as the Mental Health and Wellbeing Service, 'Good Thinking' to foster increasing opportunities for prevention, self-help and peer support and close work with Digital Health. London in accelerating adoption of technologies to support citizen participation.

- **Delivering Value:** Oversight, scrutiny and assurance of digital and informatics capital and revenue funding streams, procurements, major deployments and cyber security that relate to health and care in London. This aims to enable strategic alignment and maximise safety and value across the Capital

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1 The London Health and Care Information Exchange – a regional interoperability hub, connecting up local information exchanges and enabling safe exchange of data across organisations
2 The Life Sciences: industry strategy https://www.gov.uk/government/publications/life-sciences-industrial-strategy
3 ID Verification Service http://www.computerweekly.com/news/450431903/NHS-builds-ID-verification-platform
4 Widening Digital Participation https://www.goodthingsfoundation.org/projects/nhs-widening-digital-participation-phase2

- **Target Operating Model:** In order to deliver population health management and data sharing there is need to create a more sustainable operating approach that moves beyond a reliance on programme funding and one which reduces the risk and liabilities carried by a single CCG hosting pan-London digital health assets. Any emerging operating model would require consultation and demonstrate net benefit for London by opening up opportunities for more sustainable investment and contributions from across public sector organisations, suppliers, industry partners and academic institutions.

5.3. Whilst the above represent some of the key foundations that need to be in place it is acknowledged that the Prevention Board can bring fresh thinking especially in how data and epidemiology can be combined with digital technology and the behavioural science behind it to enable more tailored, personalised prevention and self-help.

6. Proposed governance

6.1. We propose a London Health and Care Digital and Informatics Board as a fourth 'sub-board' of the London Health and Care Strategic Partnership Board, sitting alongside the London Estates Board, London Workforce Board and London Prevention Board. This partnership Board would bring together designated representatives from each of the five London STPs and senior leaders from across NHS England (London Region), NHS Improvement (London Region), the Greater London Authority. Local Authorities, the London Ambulance Service, provider organisations and lay members. It is proposed that an independent Chair is sought and /or with the option to have co-chairs, potentially one from a Local Authority and another from a provider organisation.

6.2. The Board will have two areas of focus for each meeting: Part A will focus on progress of implementation across the capital for digital delivery already underway through mandates, cyber security, assurance of spending decisions and oversight of major health and care technology procurements and deployments. Part B will focus on the strategic priorities (as set out above) to support health and care transformation and new models of care. The Board will be underpinned by a steering group with strong clinical engagement and drawing expertise from a broader stakeholder reference group. The Technical Design Authority and Clinical Safety Committees provide formal technical and clinical assurance respectively and the Delivery Group (already in place) creates alignment across the whole portfolio of activity by tracking outcomes, benefits and return on investment.

7. Timeline

7.1. We propose establishing the Board in February 2018 to ensure a forum is established quickly in order to give immediate system-level oversight for specific areas of activity. These include:

7.1.1. Driving utility of the London Health and Care Information Exchange, which was presented at the last Strategic Partnership Board and is scheduled to go-live in February 2018

7.1.2. The review and ratification of a bid by London to NHS England to be one of the five nationally-selected sites as a 'Health and Care Record Exemplar'. Details are anticipated to be published soon with submissions expected in late February

7.1.3. The Health and Social Care Network (the broadband to replace N3) is due to go to tender early in 2018. There is potential to incorporate aspects of the Smart London plan for mobile working within this specification.

7.1.4. The implementation of online services for Urgent & Emergency and Primary Care already underway in London through national mandates

7.1.5. Cyber security and provider digital maturity funding which is due to be released from NHS England to the system in tranches both this year and in 2018/19.

Next Steps

7.2. The London Health and Care Strategic Partnership Board are asked for views regarding the establishment of the proposed London Health and Care Digital and Informatics Board and associated priorities for London. Subject to any required amends, the SPB is asked to endorse these proposals with the establishment of the Board in February 2018 pending the appointment of the Chair/co-chairs.

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