Digit@LL

Cheshire and Merseyside Digital Strategy

2018 - 2023

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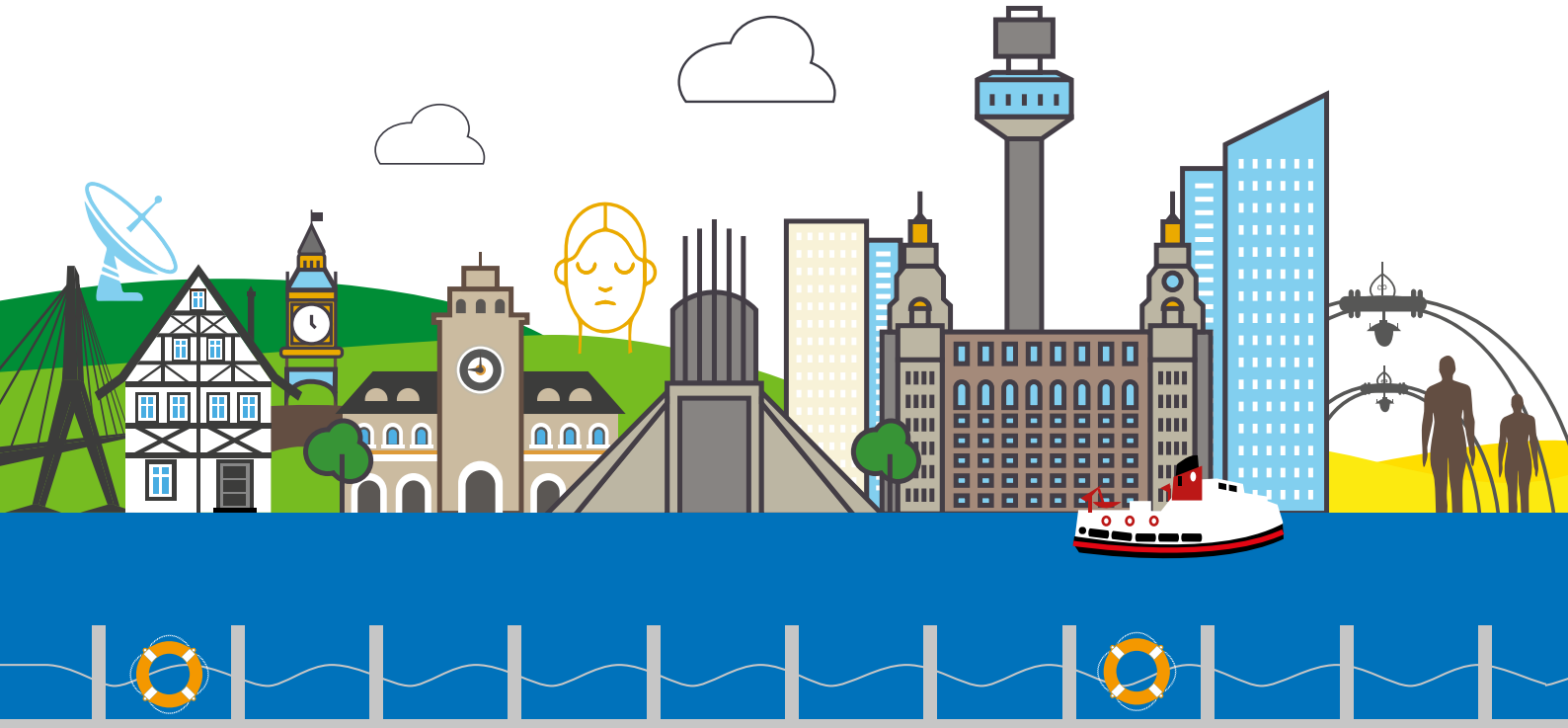


Foreword

I am delighted to welcome you to 'Digit@LL' which we are launching on such a poignant day, the 70th birthday of the NHS.

This is Cheshire and Merseyside Health and Care Partnership's digital strategy and roadmap for the next five years. It sets out a compelling direction of travel for the local population of Cheshire & Merseyside.

In common with all parts of our country, our NHS and social care services in Cheshire and Merseyside face considerable challenges and demands.

Our population is getting older, and many more people are living with a number of physical and mental health conditions. Our care services are increasingly under pressure and not always set-up to deal with the changing nature of how care needs to be delivered. We have challenges around joining up information for children receiving our services, ensuring that an individuals' journey through complex health and care throughout their whole life course is unified. And all this comes at a time when budgets are under pressure.

The Cheshire and Merseyside Health and Care Partnership is facing these challenges head on. There are many examples of great work underway across our geography. And Digit@LL is the latest example of how we are pooling our expertise and our 'can-do' attitude to continue to deliver high quality care for all.

Cheshire and Merseyside is already one of the best places in the country for the way we are harnessing technology to improve patient care. But we want to go even further.

For our frail and elderly, digital will have a critical role in supporting diverse teams of professionals to treat more patients in or closer to home, and supporting more patients to self-care.

And for the wider population, used to booking anything from holidays to hair appointments online, we want to meet their expectations of health and care services that keep pace with modern life, providing more support and care on demand and online to fit in with their increasingly busy lives.

Finally, by reducing variation and making sure all our places are making the best use of digital technology in the day to day care they deliver, we can reduce costs, improve standards and deliver the best possible care.

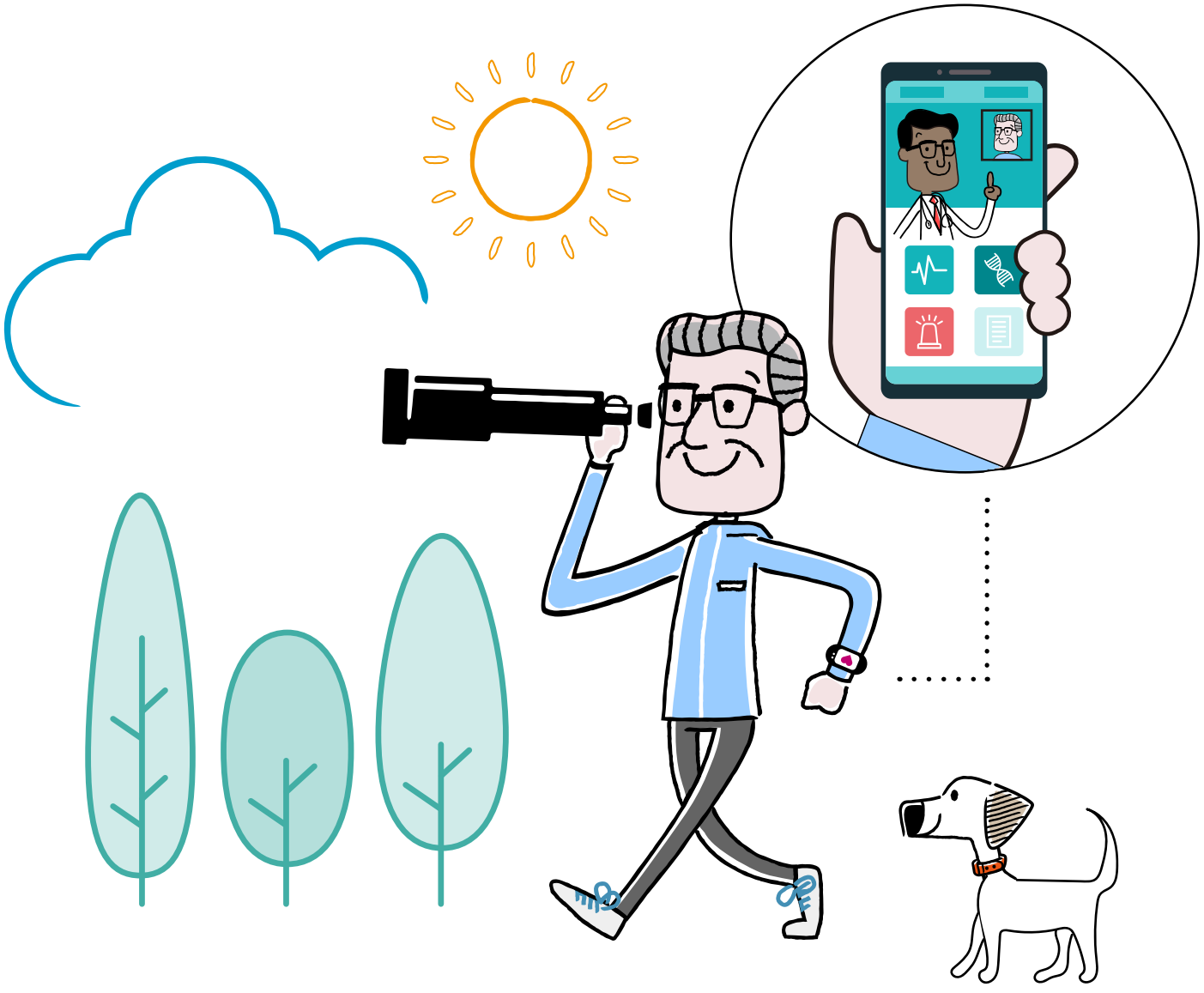
Our relationships, collaboration and achievements to date are significant and we are excited to take these to the next level over the next five years, working together to support our population to live longer, healthier lives.

Louise Shepherd CBE
Senior Responsible Officer

Digital Revolution Programme
Cheshire and Merseyside Health and Care Partnership

Building our digital future together.

1 A digital vision for Cheshire and Merseyside

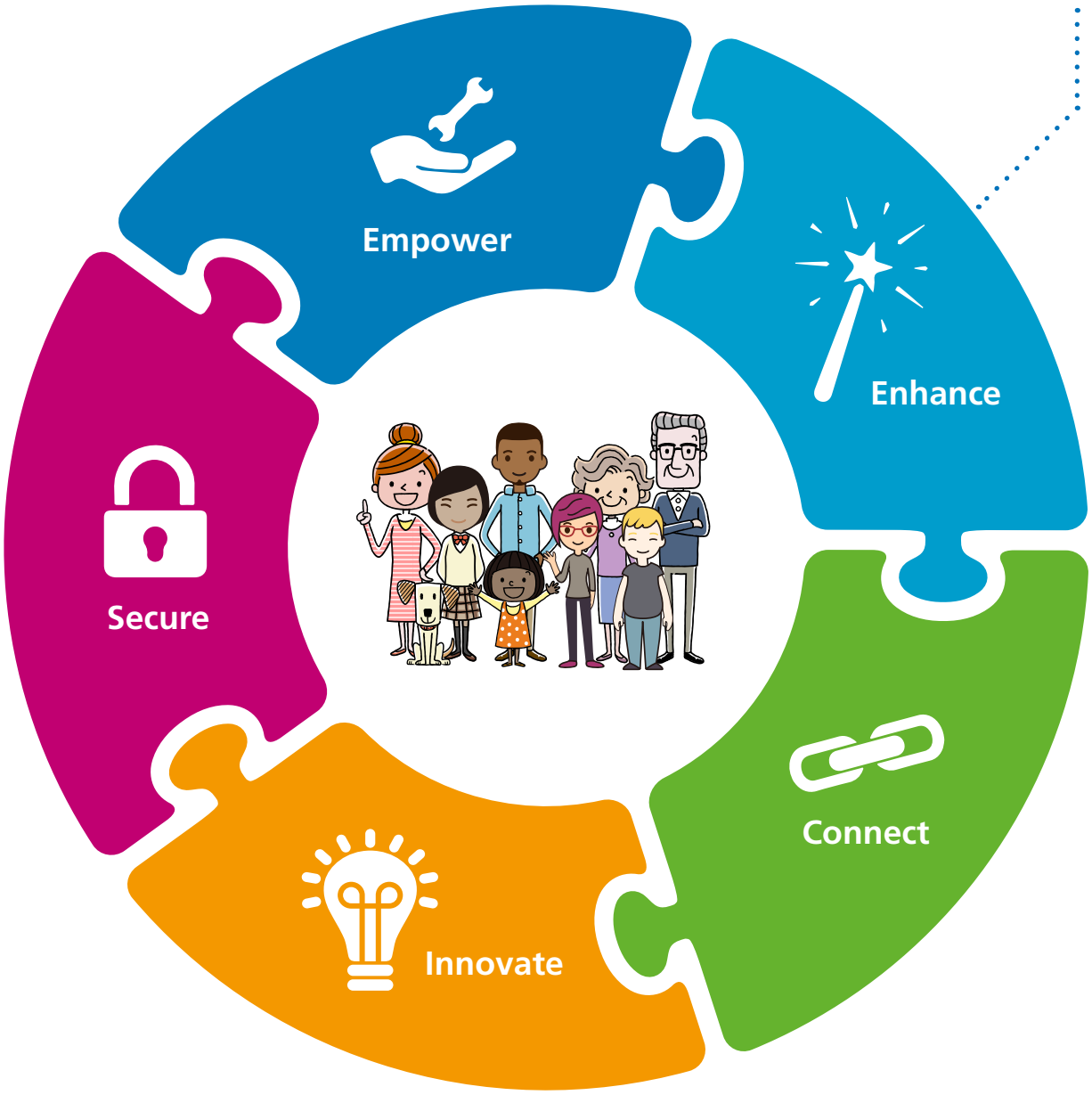


A digital vision for Cheshire and Merseyside

We will:

- empower individuals to care for themselves and take control of their own health and wellbeing.
- empower our staff to have access to high quality information, equipped with the digital resources they need to deliver safe, high quality and efficient care.
- achieve a joined-up, efficient and informed patient journey, based on secure, real-time patient data.
- make Cheshire and Merseyside the area innovators want to come to learn about digital excellence.

In order to deliver our vision, we will focus on **five key digital transformation themes**



Threaded through each transformation theme will be our 'Patient/Citizen' focus. This roadmap is here to serve them.

Our Patient/Citizen focus will ensure that we are actively thinking about what works for them, engaging people from different populations and patient groups, ensuring equality of access and collective learning of how to deliver digital services for all.

Empower

We will empower and activate our citizens to utilise digital technologies to manage their own care, take control and work in partnership in relation to their health and wellbeing. We will support early intervention and prevention through citizens access and ultimately control of their own Person Held Records and engage with health and care professionals through technology.

This will see a step change in how health and care services operate digitally and how the public interact through apps, online triage for urgent care and other digital technologies as they are developed.

This will be supported by initiatives around 'Digital Inclusion for All' such as the national Widening Digital Participation programme as well as digital skills for workforce and citizens.

Integrated Telecare, Telemonitoring and Telehealth Assistive Technologies will be deployed where appropriate in combination with preventative step up /step down App based educational tools. This supports reduced unwarranted use of health and social care resources including hospital admissions, emergency readmissions and length of stay.

Enhance

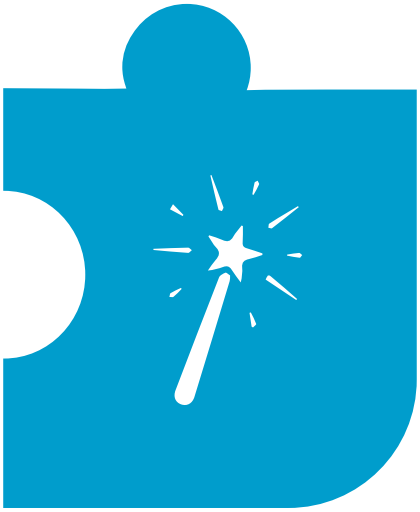
We will improve quality, safety, patient experience and outcomes through a focus on digital quality improvement. We will significantly reduce paper processes and records that cause inefficiency and delays in care.

We will establish a programme to 'get brilliant basics', with a minimum agreed level of Digital Maturity for organisations in Cheshire and Merseyside.

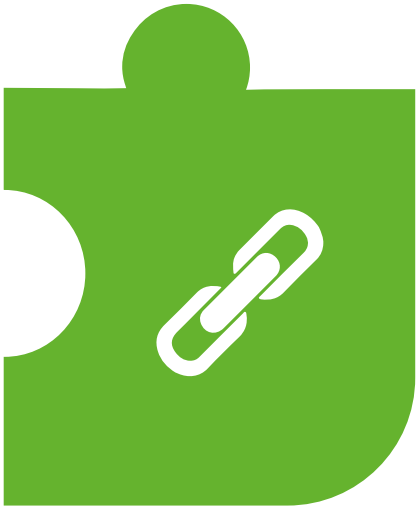
We will support organisations to achieve that minimum level through sharing of learning and best practice of local and national organisations and ensure that Global Digital Exemplar programmes and blueprints are fully exploited to ensure our whole population benefit. We will aspire for all organisations to achieve HIMSS Level 5, or equivalent, by 2023.

Our quality improvement focus will ensure that through an increase in digital maturity, from an efficiency and quality perspective, unwarranted variation will be eradicated and fragmentation & duplication reduced.

Through the introduction of enhanced diagnostic and monitoring digital tools we will enable health and care workers to develop new skills, leveraging their finite resources and experience to provide an enhanced level of care to patients and service users



Connect

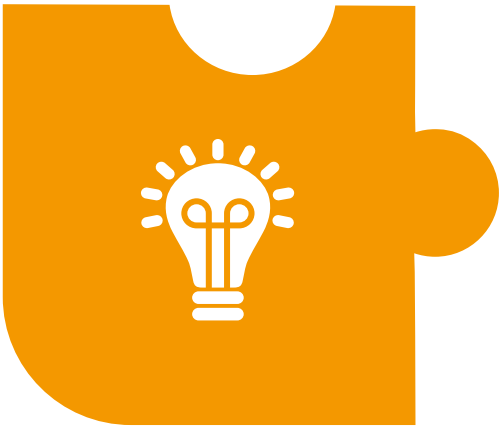


Through the Share2Care programme, we will both connect and support the integration of our local health and care organisations. We will ensure that information is available to the right people, in the right place, at the right time to deliver and drive service delivery, integration and transformation.

Every health and social care practitioner will have the ability to directly access the information they need, in near real time, wherever it is held, digitally on a 24x7 basis. Our staff will be digitally skilled with the appropriate technology and culture to enable rather than disable effective working through technology.

We will endorse a principle that where there is a plurality of shared records, organisations need to only 'connect once' to the lowest common denominator with the technology designed to facilitate interoperability across the region.

Innovate



We will strive to create a culture of constant 'innovation' and improvement with our approach to technology enabled health and care services. We have some of the most digitally mature organisations and vibrant digital sectors in the UK. A number of places have established and growing international digital reputations.

We aspire to make our 'Places' in C&M the destination for international innovators to come to learn about digital innovation in health and care services.

We will harness the relationships and local assets we have in place through our AHSN, SMEs, industry, academic partners, Connected Health Cities and the Local Enterprise Partnership working closely with our Innovation Hubs.

We will create a space to innovate through a 'Sandpit' programme for places who have digital innovation as a priority area with aspirations to test out cutting edge technologies such as digital care navigators with a 'permission to succeed and fail' ethos.

We will create an intelligence led care philosophy through both operational and system capacity and demand management approaches to population health management, commissioning, clinical surveillance and research and development.

Secure

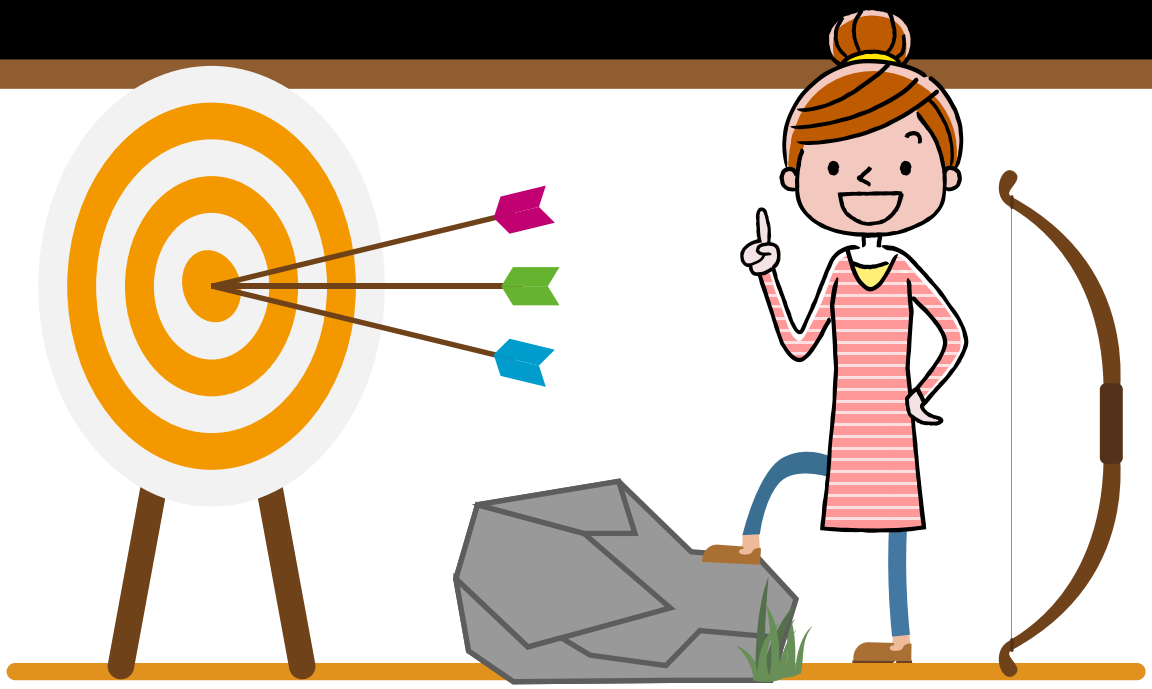
We will support all local health and care organisations to ensure that our local system operates and functions safely through a robust approach to Cyber Security. We will work collaboratively to ensure organisations and localities work together on Cyber Security issues.

We will look to build a linked system that has a high degree of resilience. We will utilise the latest NHS Digital advice and tools.

We will look to develop sustainable digital services through a shared approach to infrastructure, where clinical flows and relationships would benefit. We will rationalise infrastructure to reduce costs and ensure that it works to support patient care rather than sustain any artificial organisational boundaries.

Objectives

- ☑ **Patients/Citizens:** Actively engage and co-produce with those we are here to serve.
- ☑ **Empower:** Deliver a set of digital health tools for citizens and staff.
- ☑ **Enhance:** Support all Places to have integrated digital systems meeting a minimum agreed level of digital maturity with brilliant basics everywhere.
- ☑ **Connect:** Deliver a connected information exchange with a single Information Governance framework.
- ☑ **Innovate:** Maximise the digital assets available across C&M, fully exploit the data and intelligence available to maximise the effectiveness of our services.
- ☑ **Secure:** Support all organisations to deliver robustly managed Cyber Security services.



Our values pledge

We will champion a collaborative leadership approach through a shared set of values which are at the heart of how we deliver, develop and behave.

In many parts of our digital system, we live and breathe these values in our day-to-day work. Articulating them clearly in Digit@LL provides a re-stated commitment to continue to believe and champion them. We pledge to work for the greater good of our population with organisational sovereignty secondary to digital system change.

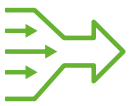
Our values

Co-design and co-produce with the person at the centre
We will work with our population and staff to ensure that the services we develop are designed around people not organisations.

Share our learning
We will share our work openly and transparently with one another and with external colleagues, creating a learning from best practice approach. We will contribute to blueprints locally and nationally. Where appropriate, we will share, co-commission or jointly procure systems.

Work in partnership
We will work together as a collaboration, build and lead our digital programmes together. Digital leaders will 'walk the walk' with their clinical colleagues and vice versa, to ensure a deep level of understanding of the impact of their work.

No 'Badges on Speedos'
We will not use our credentials or level of hierarchy to undermine the views of others. We will be respectful of all opinions and input, and work together for our population.



Simplify
We will create a great experience for staff and our population by keeping things simple and not unnecessarily overcomplicating our approaches or duplicating effort.

Open standards
Our approach is based on open standards and being vendor agnostic, with principles of working together to implement through this approach, including agreed standards

Pool efforts and assets
Working together to leverage best value, drive economies of scale, avoid duplication and unnecessary competition.

Licence to succeed, permission to fail
We will create an environment and culture where we encourage innovation and learning and accept that with innovation there can be projects which can either fly or fail, this will not stop us trying new things out.

Outcomes

Digital services for the future will feel different for our public and professionals. In order to deliver a modern health and care service, technology and digital innovations will feature in everything we do; the digital revolution will both enable and drive service transformation. We are passionate about adopting pioneering new approaches to care. We will build upon our long-standing local relationships across different settings to transform care for patients.

Population

For our population, our digital work will support us to keep people well at home. Our aim is to use technology to identify those at risk of acute illness and those who would benefit from early intervention to help reduce morbidity, mortality and cost. When our citizens are ill, and require health and care services, they will receive integrated care. No one should have to tell their story more than once, unless there is a clinical need to do so, and our population should be able to access their health and care services in the way in which they access other services in their day-to-day lives.

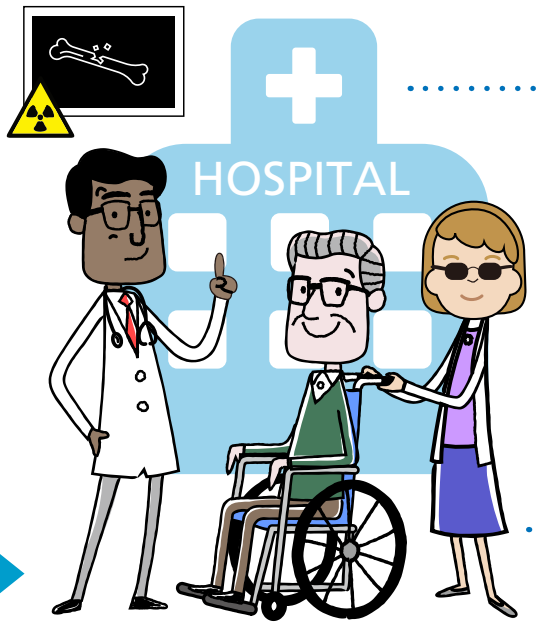
Staff

For our staff, our digital work will enable our professionals to do their jobs differently. Coming to work in Cheshire and Merseyside will feel different as we reduce the amount of paper involved in care delivery and increase the level of digital maturity and connectivity between our local organisations and places. With a focus on digitally enabled outcomes, care will be delivered through innovative technologies and processes.

We define nine Cheshire and Merseyside 'Places' later in this document. Place-based care isn't defined by existing structures and organisations but by citizens and their health concerns who can access high quality care for any health concern anywhere in the geography of our Care Partnership. Whether this is a woman on holiday in Southport who wants to get immediate advice about a pregnancy complication or a gentleman from Chester with cancer and diabetes who needs expert advice.

These new systems allow us all to act as one service – it's what the public often thought we were doing anyway!

Being able to digitally view recent letters sent between the people who are caring for my client has allowed me to process applications for benefits and care support much more efficiently. I no longer have to wait for forms and assessments by fax or post.



It just works – we have mobile access, and can truly capture and review information on the move. I am not tied to my desk and my work life balance is much improved!

It's great - everyone involved in the care of an individual can see EVERYTHING they need to make their contribution. It feels that barriers between different settings have been removed and we can focus on delivering more integrated care.

I can now see a simple list of all professionals who are involved in my patients' care, along with contact details and a summary plan. It feels much more joined up these days.

I finally have a complete picture of my patients' medical and social care records in one place. This reduces waste and duplication but also means the care they receive is safer and more effective.

2 Context

Local context

The Cheshire and Merseyside Health and Care Partnership vision is to be the reason someone gets better care today.

The Sustainability and Transformation Partnership (STP) operating under the name of 'Cheshire and Merseyside (C&M) Health and Care Partnership' is the 'System Manager' for health and care services for the C&M population of approximately 2.6 million people. Our key messages are outlined below:

Our Partnership has been created to help Cheshire and Merseyside meet the challenges it faces.

There is no new organisation doing this work. It's our public services coming together and committing to new ways of working.

Radical change is needed, both in the way services are delivered and in the way people live their lives and use these services.

NHS and social care services are under increasing pressure and, with added financial challenges, will not be able to continue to meet the growing demands placed on them.

There are major challenges ahead. People are living longer, but not always healthier lives and there are more people living with complex needs.

A lot of good work has been underway for some years. The Partnership makes sure we spread best practice so that every community benefits.

The NHS, councils and other services are coming together to plan how best to deliver care in future so that it meets the needs of local people, is high quality and affordable.

"Be the reason someone gets better care today

Cheshire & Merseyside Health & Care Partnership

Why do we need the Partnership?

There have been significant improvements in the NHS and social care over the past 15 years in Cheshire and Merseyside.

Survival from cancer and heart disease has increased, waits for some treatments are shorter and the quality of care is higher. More people are cared for in their homes and extra support has been provided to families with children. These gains have been achieved, despite global recession and austerity, thanks to efficiency improvements and the commitment of health and social care staff.

But there are major challenges ahead. 32% of the population live in the most deprived areas, with some of these people living shorter lives than in other parts of England.

We also have a higher than average number of people over 75. As the population ages, needs are changing, new treatment options are emerging and demand is rising. People are living longer, but not always healthier, lives. There are more frail elderly, more people with complex needs and more children, young people and adults with mental health challenges.

There is a rising burden of illness caused by smoking, drinking, obesity and similar public health threats. Fresh approaches are also needed to tackle mental health issues, teenage pregnancy and age related diseases like dementia and cancers.

These developments have put the NHS and social care under increasing pressure. A growing number of people with multiple problems receive care that is fragmented, confusing, or leads to wasteful duplication.

Many people are treated in hospital when their needs could be better met in primary care or the community. There is too little co-ordination between NHS services, local authority services and the voluntary sector to provide care which meets modern standards and reduces variations in quality.

We also spend millions of pounds dealing with illnesses caused by poverty, stress, air quality, debt, loneliness, smoking, drinking, unhealthy eating and physical inactivity.

The challenge is significant; if we do not start to act now to radically change the way we do things, by 2021 more people will be suffering from poor health.

And the NHS alone faces a growing financial deficit which, on present trends, will rise to £1 billion in Cheshire and Merseyside by 2020/21 if we do nothing and cannot be resolved without changing fundamentally how we work. And local authorities too are facing considerable financial challenges to maintain services.

This demonstrates why radical change is needed, both in the way services are delivered and in the way the public use them.

We know that by working more co-operatively across organisations, publicly funded and publicly run health services, together with care services can provide local people with the highest quality care whilst reducing repetition, waste and unnecessary cost.

What is the Cheshire and Merseyside Health and Care Partnership?

The Partnership was established to confront the health and care challenges in Cheshire and Merseyside of population health, the quality of care, and increasing financial pressures.

As its name suggests, the Partnership is not an organisation but a collection of all the public services that provide health and care in Cheshire and Merseyside – the NHS, GPs, local councils and the community and voluntary sector – coming together to plan how best to deliver these services in future so that they meet the needs of local people, are high quality and are affordable.

The C&M partnership comprises of the following organisations:

Clinical Commissioning Groups

- NHS Eastern Cheshire CCG
- NHS Halton CCG
- NHS Knowsley CCG
- NHS Liverpool CCG
- NHS South Sefton CCG
- NHS Southport and Formby CCG
- NHS South Cheshire CCG
- NHS St Helens CCG
- NHS Vale Royal CCG
- NHS Warrington CCG
- NHS West Cheshire CCG
- NHS Wirral CCG

The challenge is significant; if we do not start to act now to radically change the way we do things, by 2021 more people will be suffering from poor health.

Local Authorities

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Borough Council
- Liverpool City Council
- Sefton Council
- St Helens Council
- Warrington Borough Council
- Wirral Council

NHS Providers

- Aintree University Hospital NHS Foundation Trust
- Alder Hey Children's NHS Foundation Trust
- Bridgewater Community Healthcare NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Countess of Chester Hospital NHS Foundation Trust
- East Cheshire NHS Trust
- Liverpool Community Health NHS Trust
- Liverpool Heart and Chest NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- North West Ambulance Service NHS Trust
- North West Boroughs Partnership NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust
- St Helens and Knowsley Teaching Hospitals NHS Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- The Mid Cheshire Hospitals NHS Foundation Trust
- The Royal Liverpool and Broadgreen University Hospitals NHS Trust
- The Walton Centre NHS Foundation Trust
- Warrington and Halton Hospitals NHS Foundation Trust
- Wirral Community NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust

How does the Partnership work?

The work to transform health and care in Cheshire and Merseyside didn't start with the Partnership. A lot of good work has been underway for some years.

What the Partnership does in bringing together all organisations across Cheshire and Merseyside is to make sure that we can spread best practice, make sure no area is left behind and challenge one another to change the way we do things to benefit local people as much as possible.

Cheshire and Merseyside aren't obvious companions to work in Partnership together. Both areas have a distinct identity. And the Partnership recognises that. That's why much of the work that is taking place to transform health and care is in the hands of organisations and communities the nine local authority areas that make up Cheshire and Merseyside.

Each area, or place, has their own partnership of organisations responsible for developing a plan, for and with their communities, setting out how they will organise care services in future based on local needs, and how they want to improve the health of their population.

While they are coming up with their own plans, each of the nine places of Cheshire and Merseyside are also coming together as the Partnership to share ideas and learn from one another. And, just as importantly, together they are helping leading clinicians in Cheshire and Merseyside to develop services to meet the health and care challenges that are common to people living in all their areas.

Any proposals and plans developed as part of the Partnership will be based upon the needs of local patients and communities and command the support of clinicians and staff. We simply cannot transform health and care without the active engagement of the clinicians and staff who actually deliver it, nor can we develop care integrated around the needs of patients and users without understanding what our communities need.

The C&M partnership are committed to improving the health and wellbeing of the population, and creating a strong, safe and sustainable health and care system that is fit for the future.

By taking responsibility for the public money allocated annually to health and social care in our region, the partnership will deliver rapid and radical improvements over the next 3 years that result in better care, better value and better quality of services.

To deliver the C&M vision for 2020/21, we have identified three priorities (outlined below) that will create the sustainable health and care system the population of Cheshire and Merseyside requires.

01 **Delivering care more efficiently.**

02 **Improving care quality.**

03 **Improving the health and care of the population**

What will success look like?

We want Cheshire and Merseyside to become a place with a thriving economy supported by skilled and healthy people. Skilled, healthy and independent people are crucial to bring jobs, investment and therefore prosperity.

We know that people who have jobs, good housing and are connected to families and community feel, and stay, healthier.

So we need to take action not just in health and social care, but across the whole range of public services so the people here can start well, live well and age well. By 2021, we want to realise some big benefits for the people of Cheshire and Merseyside. These benefits are outlined below.

Teams of professionals working together to provide care at or close to home.

Consistently high quality and safe care for women and children.

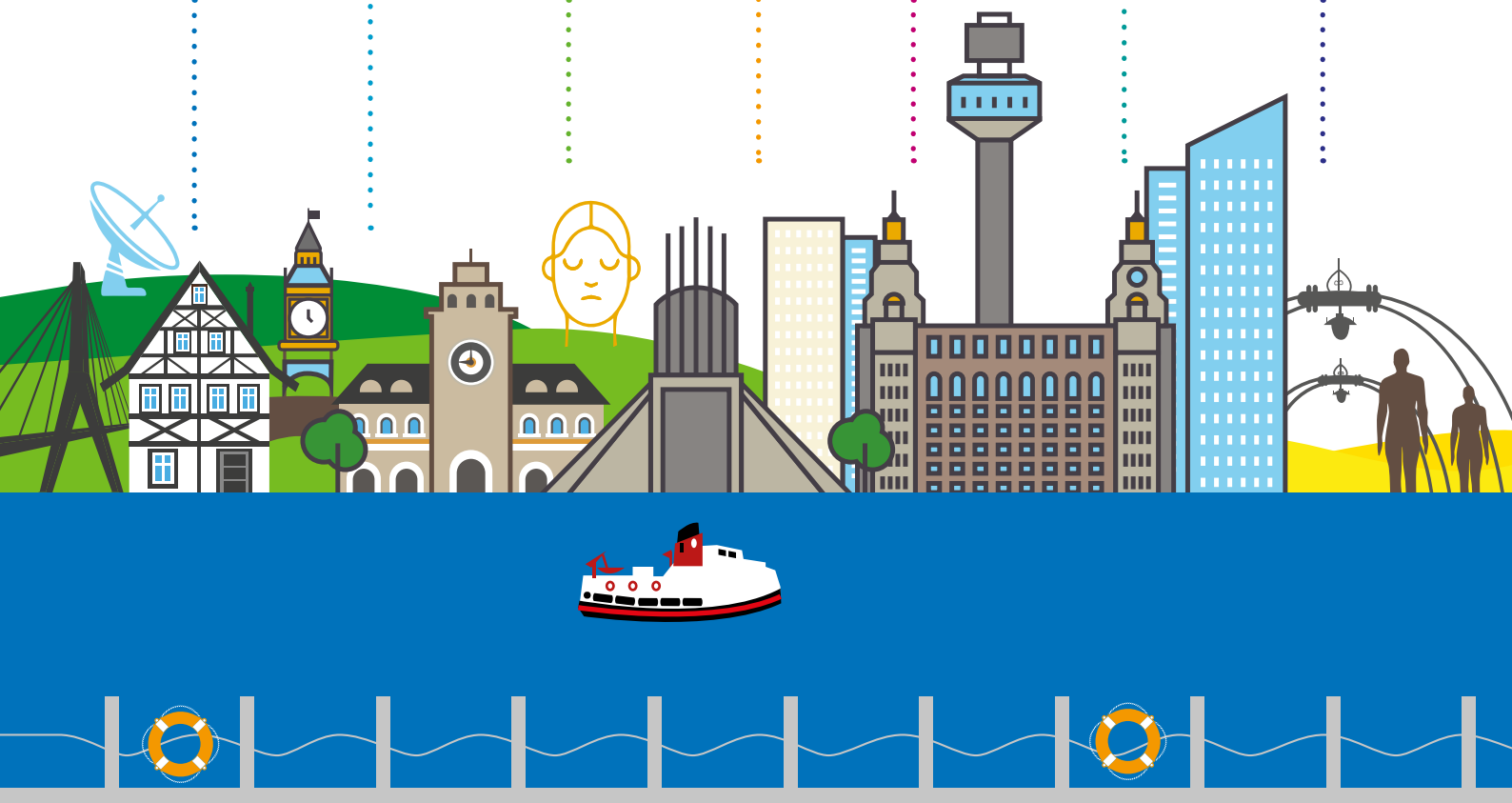
More people with learning disabilities supported to live in the community.

Fewer people dying from cancer, heart attacks and strokes.

Mental health services that are consistently high quality and funded to the national standard.

Better access to more services closer to home to reduce the need to visit A&E.

All communities supported to lead healthy lives.



Partnership delivery

In order to deliver the above, there are four sets of portfolios containing a number of programmes. We will work in collaboration with Places, Strategic and At Scale programmes to support digital developments and alignment with this LDR.

Place based care systems

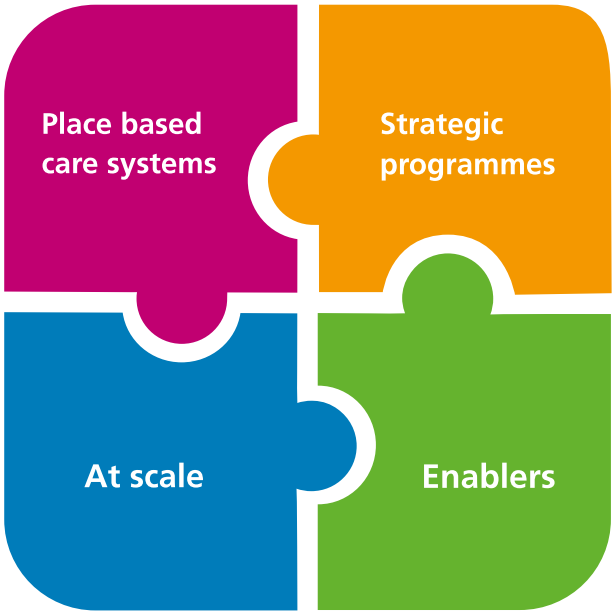
There are nine places within the Cheshire and Merseyside Partnership:

- Cheshire East
- Cheshire West
- Halton
- Knowsley
- Liverpool
- Sefton
- St Helens
- Warrington
- Wirral

Strategic programmes

There are a number of strategic programmes which identify opportunities where a system wide solution can be shared across all C&M health and care programmes:

- Acute Sustainability
- Mental Health and Learning Disabilities
- Carter at Scale
- Population health
- GP Forward View



At scale

At scale programmes work to identify the most significant common issues, the best practice examples in the patch that resolve these issues, and to roll out their solutions once across C&M:

- Urgent Care
- Womens and Childrens
- Cancer
- Right Care and Getting it Right First Time
- Neuroscience
- Cardiovascular Disease
- Diabetes
- Palliative / End of Life Care
- Learning Disabilities

Enablers

The enablers support the other programmes in the delivery of their priorities and in addition deliver some of the most significant contributions to the Partnership, including 'interoperability' that enables staff in multi-disciplinary teams to provide seamless care for patients and provide staff with the skill set fit for the next generation of care delivery:

- Estates and Infrastructure
- Financial Sustainability
- Workforce
- Digital Revolution
- Communications and Engagement

We will work in collaboration with Places, Strategic and At Scale programmes to support digital developments and alignment with this LDR.

National digital context

Nationally, there is a significant focus on digital transformation forming part of care delivery and transformation.

It is a major priority for NHS England to provide 'Better Health, Better Care, Lower Cost' as a key plan of delivery for the Five Year Forward View. Through the national digital placemat, national priorities are outlined below.

Underpinning the national placemat are five infrastructure layers:

- Patient identity
- Information governance and transparency
- Interoperability and enterprise architecture
- Person Health Record and apps
- Standards

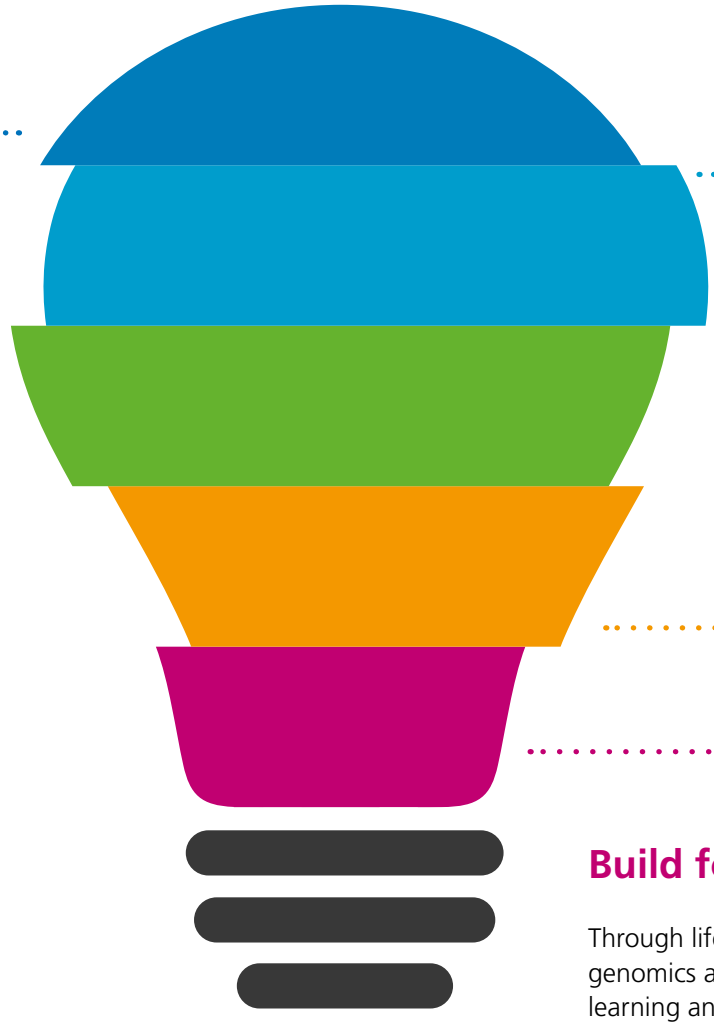
Within Cheshire and Merseyside, our local strategies and work align well to national priorities. We have many organisations and individuals involved in delivering and shaping national developments.

Enable clinicians

Through the Global Digital Exemplar and Fast Follower Programmes, Digital Academy, GP Systems of Choice, Extended Summary Care Record, e-Prescribing, decision support and integrated care plans

Empower people

Through NHS.UK, Apps Library, Developers Ecosystem, WiFi and NHS Online



Better information management

With a single source of truth, performance management, population health and analytics capability.

Integrate health and social care system

Through regional interoperability hubs, urgent and emergency care, elective care, mental health, women and children, chronic diseases and social care.

Build for the future

Through life sciences and research, genomics and precision medicine, machine learning and artificial intelligence and the bioinformatics institute

International digital maturity

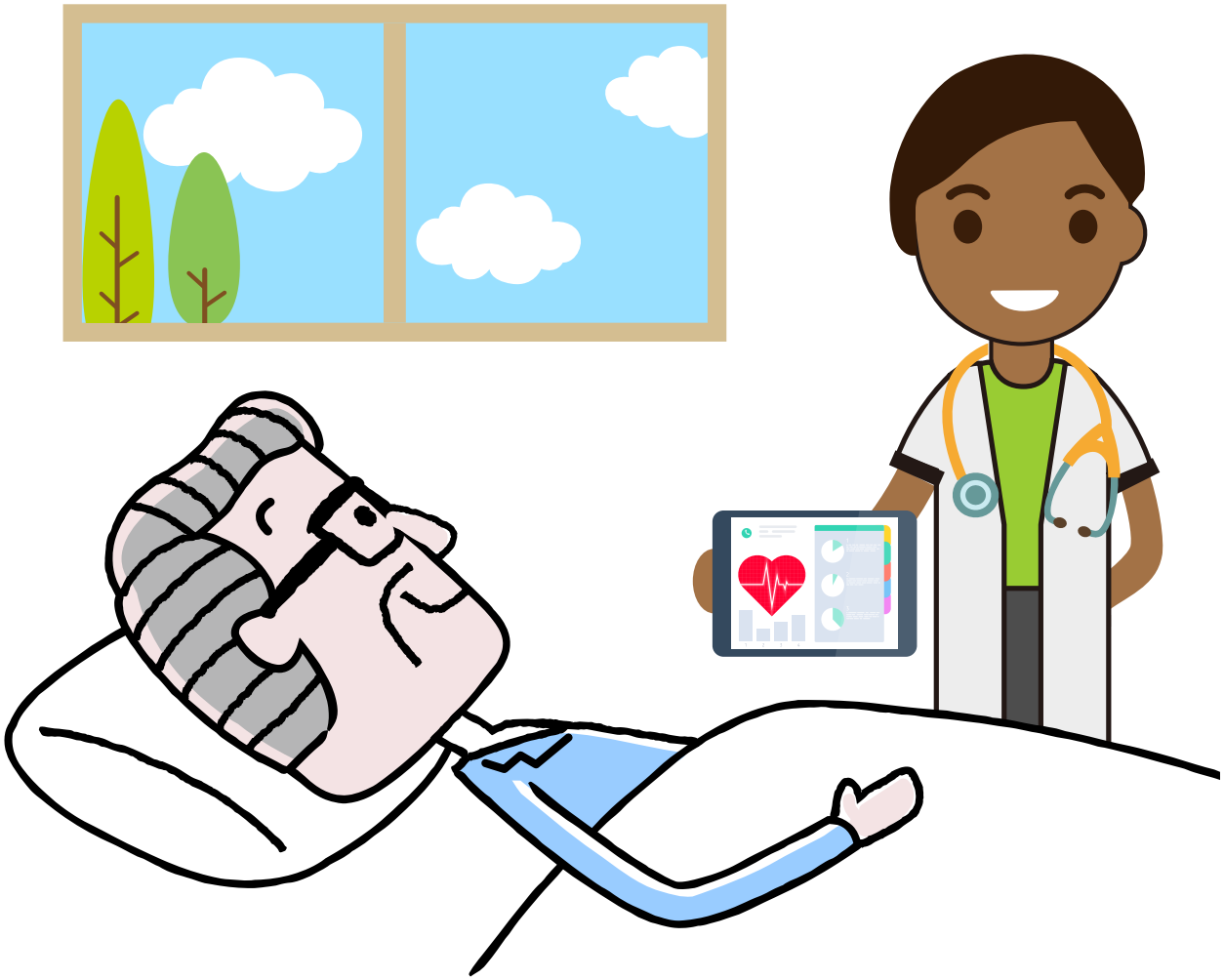
Based on the Healthcare Information and Management Systems Society (HIMSS) Europe Electronic Medical Record Adoption Model (EMRAN), an internationally recognised best in class maturity model will be utilised to measure the maturity of organisational healthcare systems in the context of the minimum level of accepted digital maturity for Cheshire and Merseyside.

HIMSS is a global, cause-based, not for profit organisation focussed on better health through information and technology. HIMSS leads efforts to optimise health engagements and care outcomes using information technology.

Where HIMSS is not applicable for certain settings of care, an equivalent model will be used. We will look to work with NHS England with regards to the GDE 'Definition of Done' model once that has matured through the GDE programme.

The EMRAN model (outlined below) will be used as a reference tool to measure organisational maturity whilst identifying opportunities to enhance technology and develop digital capability. All organisations will undertake individual assessments which will feed into a system-wide appraisal in terms of digital maturity. A robust approach, involving tracking and development, will be established.

3 Where are we now?



Great building blocks

We are building our digital future based on some great building blocks.

Over the past 5 years through the previous local systems and legacy Local Digital Roadmaps, we have an excellent track record of digital achievements, which are outlined below.

We have a wealth of digital expertise and clinical leadership to draw upon. At a local level, clinical leadership is a major strength. Our clinicians are extremely engaged and lead our digital initiatives both strategically and operationally. Our digital leaders work in partnership with our clinicians to ensure that everything we do is focussed around improving quality, safety and the experience our patients and their families have.

Local Digital Roadmaps

Local economies were required by NHS England to produce Local Digital Roadmaps (LDRs) in 2016.

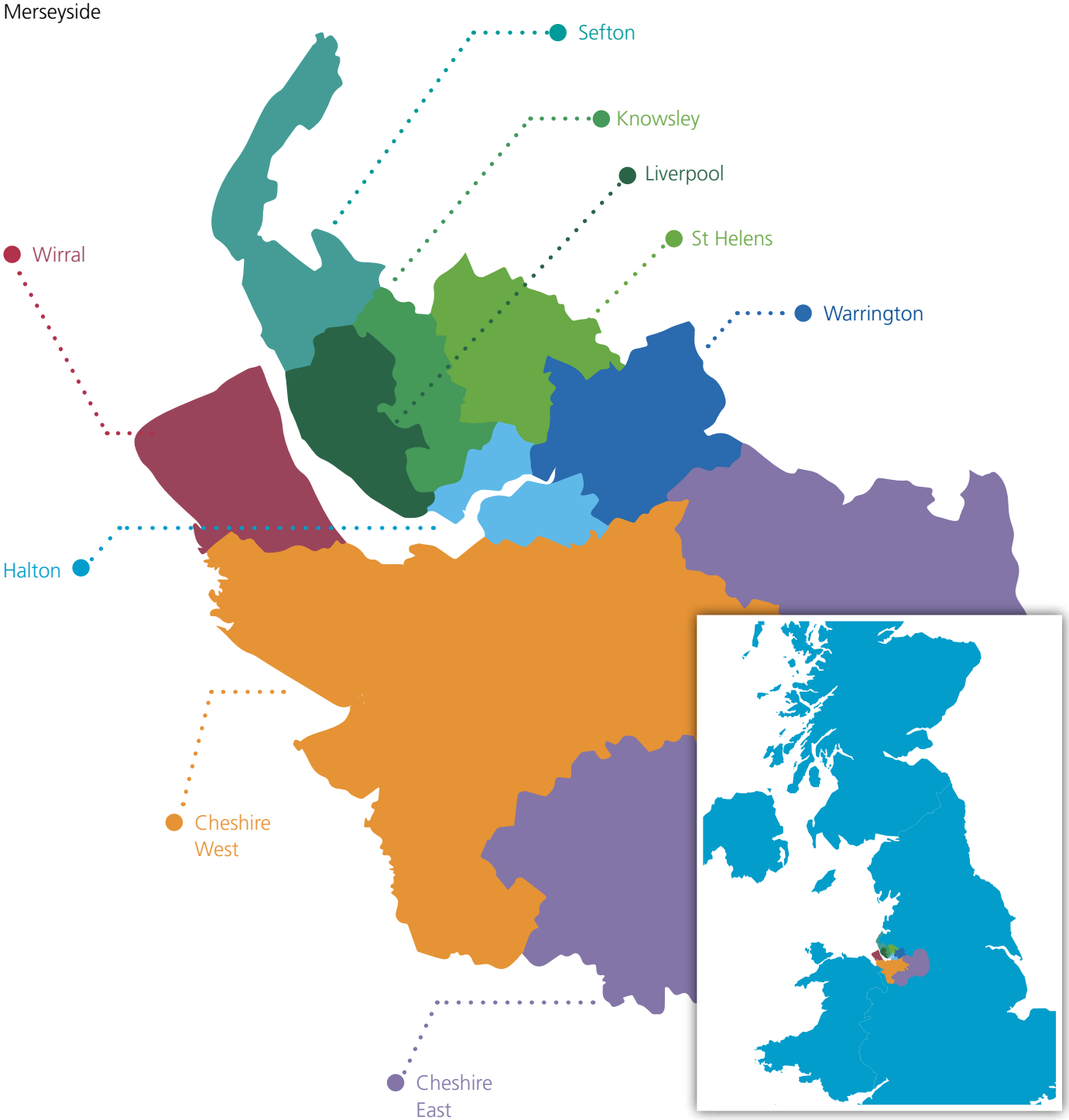
The development of the LDRs predated the formation of STPs, and therefore the geographical boundaries of LDRs and STP footprints were often not coterminous.

In C&M, we started with 4 LDRs:

- Cheshire
- Merseyside
- Warrington
- Wirral

Whilst there were separate LDRs with local based priorities articulated, there were a number of themes that were consistent including digitally empowering individuals, connecting up health and social care and exploiting the digital revolution.

Digit@LL replaces the 4 legacy Local Digital Roadmaps across C&M with an overarching roadmap, strategy and direction of travel. Some elements of delivery will be at C&M level where scale is required, and other components will be aligned to place as part of the C&M delivery model.

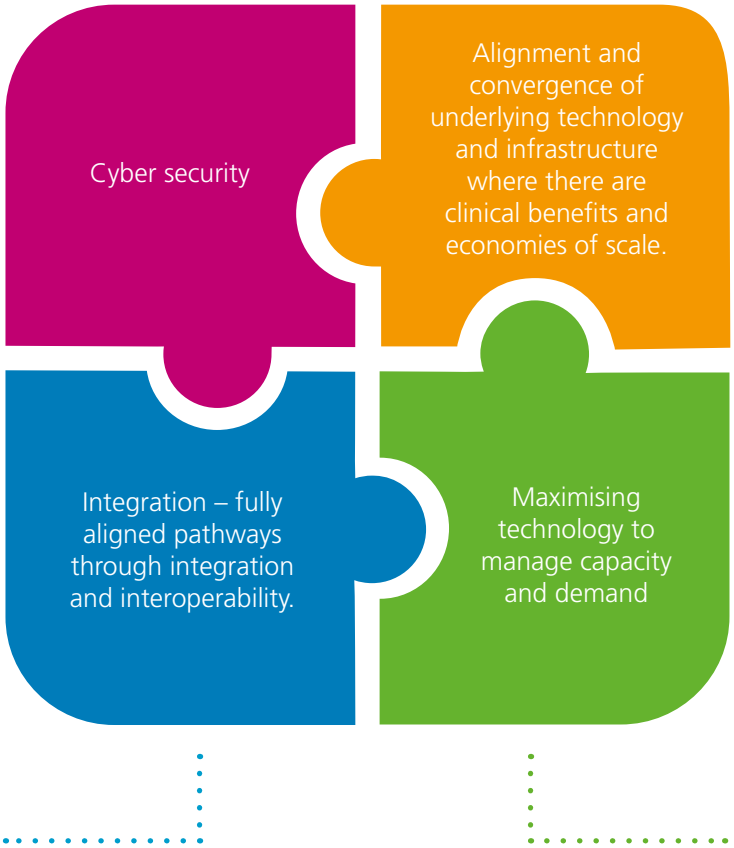


C&M Digital Revolution Programme

The C&M Digital Revolution Programme was established in April 2017.

By design, the programme had a small number of objectives and deliverables. The aim was to deliver some components pan C&M at scale, whilst local systems continued to deliver against LDR and organisational priorities. In addition, 2016/17 saw the development of the GDE programme, with eight local organisations working towards GDE/GDE Fast Follower priorities. Early priorities are outlined below.

- STP wide audit of threats, vulnerabilities and controls for both external and internal security, processes and policies to assure STP of secure delivery on digital systems and sensitive data.



- Expansion of Cheshire and Mersey PACS
- A cohesive approach to Wi-Fi across the STP
- Other "Ologies" onto PACS
- Cancer Alliance Support

- A single information sharing framework and agreement across Cheshire and Merseyside.
- A regional health information exchange to facilitate interoperability across C&M.
- A unified interoperability approach to facilitate transfers of care between providers and primary care.

- Use digital urgent care information available across Cheshire and Merseyside (such as live A&E and Walk in Centre waiting times) to assist with reducing urgent care activity, specifically A&E attendances
- A&E App
- Capacity Management System

The C&M Digital Revolution priorities were led by a Senior Responsible Officer working with nominated individuals from the constituent organisations within C&M. Relationships and progress has, in the main, been very positive with a number of key deliverables:

- Interoperability proof of concept now established.
- Joint Share2Care interoperability programme in partnership with Lancashire and South Cumbria STP.
- Local Health and Care Records Exemplar bid developed.
- PACS contract extension signed.
- Success in several funding bids including ETTF, Video Conferencing and Digital Pathology (Cancer Alliance).
- A&E App Live.
- Community of expertise in place for cyber security.

Digital Maturity

From a digital maturity perspective, there is a real range across C&M with some extremely digitally mature organisations and clinical settings.

All providers participated in a national digital maturity self assessment exercise in late 2015 to give a readiness picture nationally. This has been re-run annually, linked to the national 5YFV delivery plan.

As part of the Digital Maturity Assessment there are 15 themes which are assessed ranging from strategic alignment and leadership through to standards and optimisation of medicines.

Across Cheshire and Merseyside the highest scores received for digital maturity are Strategic Alignment, Leadership and Governance. The areas which scored lowest are Asset and Resource Optimisation, Medicines Optimisation, Remote and Assistive Care.

Across all themes a minimum of 50% trusts meet or exceed the regional average across all themes. With 10 trusts self-assessing digital maturity for Strategic Alignment as a maximum score of 100.

In terms of a high level summary:

- Broadly, primary care has high levels of digital maturity with C&M places having consolidated their GP practices onto a common clinical system.
- Community and Mental Health services have varying levels of digital maturity with various clinical systems approaches. Some places have full alignment with GP and community systems., Other areas are more reliant on an interoperable approach, particularly around Mental Health.
- There is a similar picture in terms of social care with a convergence approach in some areas and interoperability of systems based on service need in others.
- From an acute provider perspective, there is a similar picture. Some places have an EPR convergence strategy whilst in others, where there is fragmentation, this is being addressed through interoperability.

Average across Cheshire and Merseyside	%	Ranked order across C&M
Strategic alignment	91	1
Leadership	86	2
Resourcing	81	5
Governance	85	3
Information Governance	84	4
Records, assessments and plans	64	9
Orders and results management	65	8
Transfers of care	62	10
Medicines optimisation	51	14
Decision support	59	12
Remote and assistive care	41	15
Asset and resource optimisation	55	13
Business and clinical intelligence	74	7
Standards	60	11
Enabling infrastructure	79	6

DMA Theme	Number of trusts meeting regional average	Number of trusts not meeting regional average
Strategic alignment	11	9
Leadership	12	8
Resourcing	11	9
Governance	10	10
Information Governance	10	10
Records, assessments and plans	10	10
Orders and results management	11	9
Transfers of care	9	11
Medicines optimisation	10	10
Decision support	11	9
Remote and assistive care	9	11

4 How do we get there?

How are we going to get where we aspire to be?

We will deliver Digit@LL through a portfolio of outcome based transformation programmes with our Digit@LL values at the core of how we work together.

We will work in partnership with local digital and clinical leaders in health and social care.

Some components will be delivered at scale across the partnership and in partnership with other local STPs, however others will naturally sit as part of local place based delivery. Wherever delivery sits, all digital transformation wil be heading towards delivering our core themes of: Empower, Enhance, Connect, Innovate and Secure.

Our deliverables are predominantly critical interdependencies for place and/or clinical programme delivery and will require differing priorities depending on the place/programme they are linked into.

The portfolio of programme capabilities can be considered a 'Digital Offer' for places and programmes to implement and benefit from, depending upon clinical and transformation priorities. Parts of the portfolio will be recommended standards and others will include more aspirational areas for those places that are in a position to innovate at pace.

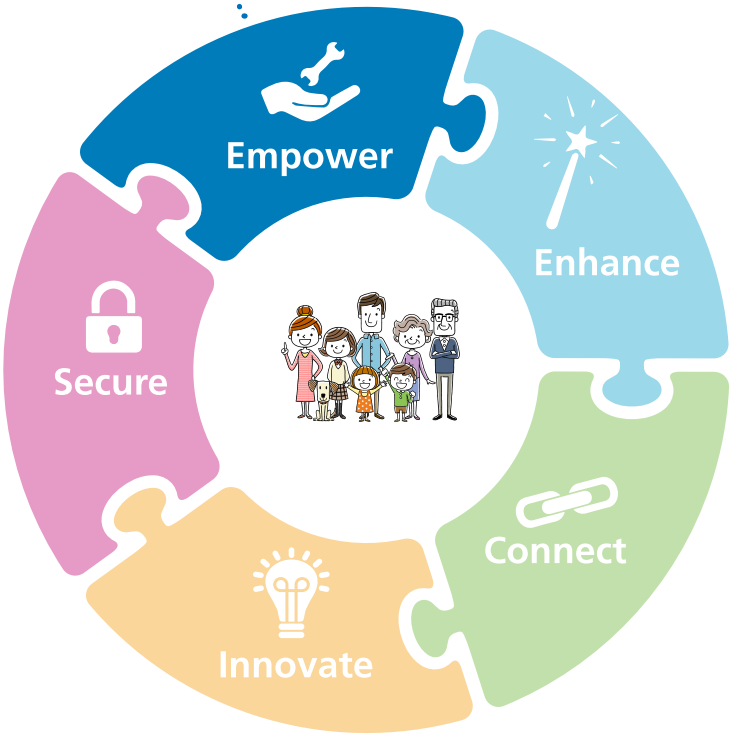
A critical relationship between digital, the places and programmes is essential to ensure sharing of best practice, harmonised working, efficiencies, and economies of scale.

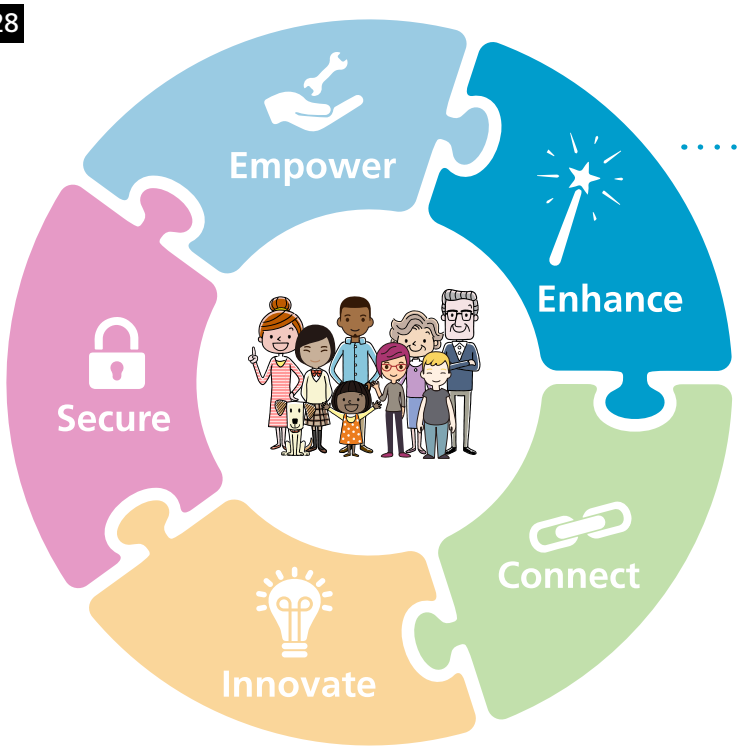
Each theme will have a Senior Responsible Officer and Clinical Lead, with key leaders across C&M at strategic and place level taking a lead on various workstreams.

Workstream	Deliverables	How	When
Empowering the person – person held records and patient online	Citizen access to records GP online services Technology on Prescription	NHS Online NHS Digital and NHS England priority programmes Local	Early progress in 2018 / 2019
Assistive technology	Telecare Telemonitoring Telehealth Assistive Technology	Opportunity to expand existing services Procurement of new services Local authority / housing association links	Early progress in 2018 / 2019
Digital inclusion	Digital skills for workforce and citizens Accessible WiFi Co-production with citizens and staff encouraging input and ideas	Widening digital participation programme NHS Digital WiFi upgrade programme	2019 / 2020
Workforce skills development	Sharing expertise, talent management, succession planning pan C&M	ISD Network Links Digital Academy	2020 / 2021

Theme 1: Empower

With regards to our Empower workstream, we will progress a number of workstreams and deliverables:

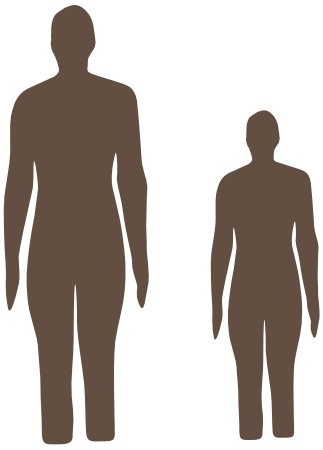




Theme 2: Enhance

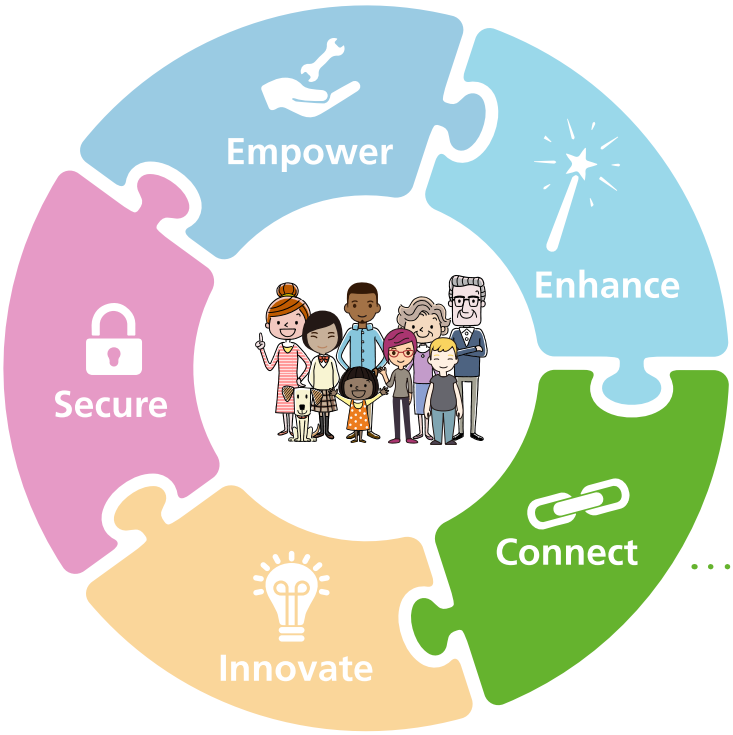
In terms of our portfolio to enhance and improve.
Our key areas of focus are:

Workstream	Deliverables	How	When
Get brilliant basics	Achievement of agreed minimum level of digital maturity HIMSS 5, or equivalent for all providers	Sharing of learning and best practice of local and national organisations GDE Blueprint adoption Digital quality improvement focus	2022 / 2023
Place based harmonisation	Local EPR and digital record developments Primary Care, Acute, Mental Health and Social Care digital enhancements Citizen signposting and training	Place based collaboration and delivery Supplier partnerships Working to open standards to ensure scaled delivery and connectivity outside of local 'places'	2022 / 2023
Operational productivity and efficiency	Shared resources Pooled assets	Carter at Scale	2022 / 2023



'Another Place' by Antony Gormley

consists of 100 cast- iron, life-size gures spread out along three kilometres of Crosby beach in Sefton. The gures - each one weighing 650 kilos - are made from casts of the artist's own body standing on the beach, all of them looking out to sea, staring at the horizon in silent expectation.

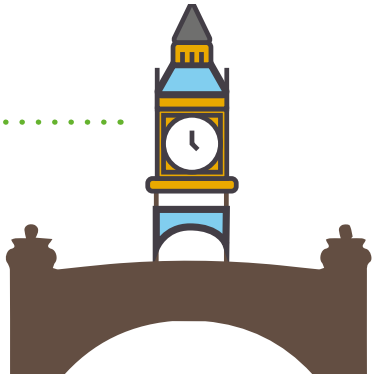


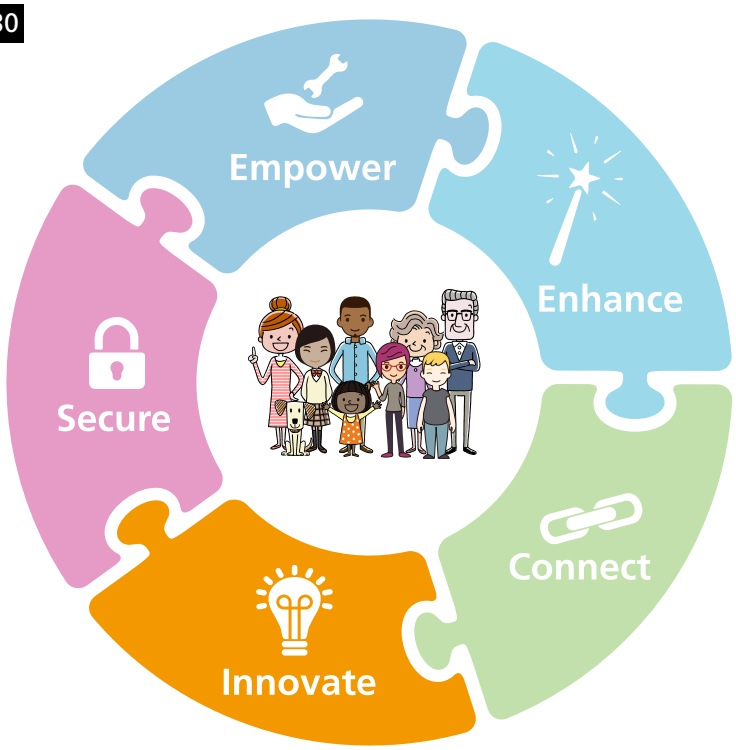
Theme 3: Connect

With regards to our Connect theme, we will deliver shared records and information at place, pan C&M and with other STPs partly through our Share2Care Programme. Given the developments with this programme of work, more detail is provided in Section 5.

Workstream	Deliverables	How	When
Share2Care	Delivery of shared records for staff and citizens Delivery of health Information Exchange Unified approach to interoperability	e-Xchange platform Shared IG agreements Scaled solution – connection with place based interoperability where that exists Open standards, vendor agnostic approach	2020 / 2021
Diagnostics transformation	Shared diagnostic information for pathology, radiology and other "ologies" (e.g. cardiology, dermatology)	Expansion of C&M PACS to all organisations Continuation of C&M shared PACS system Other "ologies" onto PACS, linked to e-Xchange Digital Pathology Programme	2019 / 2020

The Eastgate Clock
in Chester stands on the site of the original entrance to the Roman fortress of Deva Victrix. It is a prominent landmark in the city of Chester and is said to be the most photographed clock in England after Big Ben.





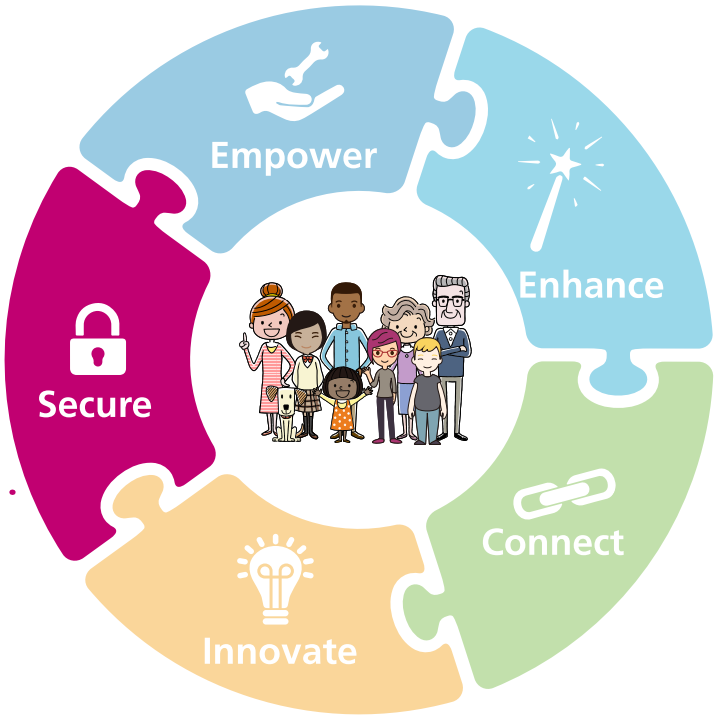
Theme 4: Innovate

From an innovation perspective, we will focus on:

Workstream	Deliverables	How	When
Making C&M the place for innovation – and new technology	Maximise and develop C&M assets Proactive communications approach LCR developments including 5G Co-ordinated and proactive approach to innovation investment	SMEs Life Sciences Accelerator Daresbury Science Park Innovation Hub GDEs	2019 / 2020
Digital sandpit	Create a sandpit environment for innovations to be tested and evaluated in a proof of concept environment	Identify C&M sandpit places and organisations	2018 / 2019
Research and Development	Research, development and science Genomics Artificial Intelligence	Work with Universities and academia Link to research departments and Liverpool Health Partners Industry partnerships	2019 / 2020
Capacity and Demand	Shared dashboards to provide a view of the operational performance and activity within Cheshire and Merseyside A stratified view of Bed Management across the partnership	Intelligence Led Care Programme Command and Control systems Predictive and Advanced analytics Connected Health Cities Data Arc Share2Care Programme	2019 / 2020

Dream

Dream is located on the prominent summit of the former Sutton Manor Colliery in St.Helens. Commissioned by ex-miners and St Helens Council, the sculpture re ects the aspirations of the local community, who, far from wanting a mining monument, sought instead a forward-looking piece that would provide a beautiful, inspiring, contemplative space for generations to come.



Theme 5: Secure

From a Secure perspective, we will progress:

Workstream	Deliverables	How	When
Cyber Standards	Achievement of minimum cyber security standards Shared measurement of cyber compliance	Cyber essentials plus National CIO Cyber Expectations	Early progress in 2018 / 2019 Completion by 2021 / 2022
Cyber Partnership	Cyber vendor management Standard policies	Cyber Programme and organisational partnerships. NHS Digital Advanced Threat Protection.	2018 / 2019

Bidston Lighthouse

The first Lighthouse on Bidston Hill inn the Wirral was built in 1771, further from the body of water it lit than any other lighthouse in the world. The present Bidston Lighthouse was built by Mersey Docks and Harbour Board in 1873. It served as Liverpool's principal lighthouse until 1913, and as an electric telegraph station until 1914. The building is Grade-II listed, privately owned and frequently opened to the public.

5 Our approach to information sharing

Our approach to information sharing

Clearly, this LDR has focus on our whole digital transformation journey and aspirations. However, at a regional perspective, one of the core priorities which our professionals continually highlight is the ability to share information at scale. Whilst there has been considerable progress in this area in C&M, it is an area for considerable strength and partnership with other STPs.

In 2018, we were invited to submit a Local Health and Care Record Exemplar Bid (LHCRE) to NHS England with our plans on interoperability and information sharing. This had been an area of priority for C&M and an area of great success in local geographies. We had a priority to commence this work at C&M level, however recognising the flow of patients with neighbouring STPs, have now commenced a number of discussions around 'connecting up' with Lancashire, Manchester and Staffordshire. We were invited by NHS England to submit a LHCRE bid in partnership with Lancashire and South Cumbria and the Share2Care Programme was born.

The development of Share2Care saw the development of a shared team, vision and many staff working together for a common goal – to support our staff to provide brilliant care for patients. This section of the LDR provides some detail on the Share2Care programme, as part of our Digit@LL theme of 'Connect'.

Share2Care

A shared health and care record is not just about data; it is a fundamental tool for those delivering safe, timely and effective care to the population we serve.

It enables our citizens to live happier, healthier lives, professionals to deliver high quality care and the creation of a platform for world leading research in bio-life sciences.

Share2Care is a collaborative programme between Cheshire and Merseyside (C&M STP) and the Lancashire & South Cumbria Sustainability and Transformation Partnerships (L&SC STP) to deliver electronic shared health and care records.

Whilst excellent progress has been made at local level, we recognise that through collaboration at scale we will be able to accelerate our efforts, building on what already exists and connecting to fill in the gaps. By harnessing the sum of our parts, we will be able to achieve a step-change in the delivery of seamless care for the 4.2 million people living in the North West Coast (NWC).

Share2Care will augment, improve, and support our transformational journey. The programme will drive adoption of digital services and make accessibility to real-time shared information the 'norm'. We will seek large-scale collaborative solutions to address system-wide challenges, including:

- Making organisational care data "boundary-less", supporting patient care regardless of setting
- Providing patients with seamless access to their care record
- Supporting complex care needs delivered across super-regional / tertiary centres
- Aggregating data at a population-level to address the wider determinants of health
- Accelerating innovation and research at scale in partnership with academic and life-science partners (Digital Innovation Hubs)

Delivery of the Share2Care programme will be through five workstreams, each with their own associated milestones operating as a complement to ongoing local delivery plans.

1. Clinical and Service Transformation

Across both STPs we have established strong clinical and operational leadership in our respective digital programmes. Share2Care will draw on this expertise and knowledge to set our objectives and priorities. The Clinical & Service Transformation workstream will harness existing forums and committees to:

- Ensure clinical /professional advocacy to the
- LHACRE programme of work
- Support new commissioning approaches
- Identify themes that cut across settings of care
- Agree and set standards around published data

2. e-Xchange

At the heart of the Share2Care Programme is 'e-Xchange'. This is our vendor agnostic data exchange, based on open international standards. e-Xchange is a health and social care record centred around the whole person, federated across the NWC. It enables individuals to access and contribute to their own record and allows care givers to co-design person-centred care plans. The features and highlights include:

- Seamless integration with organisational systems to provide a joined-up user experience.
- Access to normalised data-sets to enable enhanced risk stratification and operational planning for services across communities.
- Customisable and role-based access (for example practitioner, individual or carer) providing different default views dependent on their role.
- Specific views across health and social care providing early warnings to benefit service delivery, for example child protection and safeguarding.
- A presentation layer that provides intelligence through collective data analysis from multiple organisations.

Share2Care is a collaborative programme between Cheshire and Merseyside (C&M STP) and the Lancashire & South Cumbria Sustainability and Transformation Partnerships (L&SC STP) to deliver electronic shared health and care records.

3. We Share Because We Care

We plan to maximise current exemplar practice of public and patient engagement, with the expansion of our 'We Share Because We Care' initiative. We understand our patients and public expect their information to be shared to support their care; however, through this workstream we will extend the discourse with the public through a sophisticated multi-channel approach and engage third sector partners (e.g. Healthwatch) to talk with our public.

We will use the Innovation Agency's well established Public Involvement and Engagement Senate to involve patients and patient advocates in championing shared data through their 'Data saves lives' campaign.

Our engagement will explore how they expect their information to be used and what approaches should be taken to determine their consent preferences for research.

4. Information Governance and Consent

Our Information Governance and Consent workstream will establish:

- A single overarching Information Governance Framework and agreement for the NWC.
- A consistent, machine readable consent model via the Information Sharing Gateway.
- A set of processes and tools for patients / citizens to manage their local and national consent preferences (in conjunction with emerging national solutions).

5. Population Health and Research

We plan a specific focus on Population Health, building on many local strands of excellence. We will have a single population health approach and strategy, supporting individual care, neighbourhoods, localities, and integrated care systems.

We will build on the NWC Connected Health Cities (CHC) Programme, and include public health academics which has brought together academic institutions, industry partnerships and clinical expertise to create a scalable trusted research environment.

share2care

System support

From a Mersey Care perspective we fully support the joint bid from the two STPs for a joined up approach to the delivery of a shared care record across those footprints. We would be happy from a mental health and community services perspective to review or contribute to the bid as appropriate.
Joe Rafferty, Chief Executive, Mersey Care NHS Foundation Trust

Great news for C&M H&C Partnership and happy also to support from a Warrington and Halton Trust perspective.
Mel Pickup, Chief Executive

This has full support of The Clatterbridge Cancer Centre. It would be an enormous advantage for our clinicians and patients due to our direction of travel that is, care closer to home and integrated with health partners across C&M and beyond. It is very positive that this his bid is also across the North West joining up the good work of Lancs too.
Ann Farrar, Interim Chief Executive

The joint bid will ensure that Cheshire and Merseyside are leading the way in cross-organisational clinician data sharing, meaning our patients' pathways are managed in a consistent and coordinated manner.
Ann Marr, Chief Executive, St Helens and Knowsley Teaching Hospital

Thanks for sharing needless to say the team at the Countess will be fully supportive.
Tony Chambers, Chief Executive, Countess of Chester Hospital

We give this bid our very strongest support. It will accelerate our joint applied health research programmes across the region, for the benefit of its citizens.
Louise Kenny, EPVC, and Janet Beer, Vice Chancellor, University of Liverpool

Great news! It's also something we can use to demonstrate cross-organisational working for our response at SCIE summit re the CQC whole system response.
Dyane Aspinall, Interim Director, Adult Services and health, Liverpool City Council

You have the full support of Wirral Community NHS Foundation Trust!
Karen Howell, Chief Executive

Thank you for this. Sounds very exciting! Happy to support this if I can help in any way!
Heather Tierney-Moore, Chief Executive, Lancashire Care NHS Foundation Trust

This is great news, Liverpool Heart and Chest Hospital is fully supportive, please let me know if there is anything else we can do to support.
Jane Tomkinson, Chief Executive

Absolutely support. Great for demonstrating an ability to work across partnerships for the benefit of our population.
Jan Ledward, Chief Officer, Liverpool CCG

Both Southport and Formby and South Sefton CCGs are happy to support.
Fiona Taylor, Chief Officer

The North West Ambulance Service will fully support!
Derek Cartright, Chief Executive

This is very exciting and we will do all we can to support the bid. Whether we are successful withthe bid or not, this is something we should do anyway.
Aidan Kehoe, Chief Executive, The Royal Liverpool and Broadgreen University Hospitals

Mid Cheshire is happy to support this!
Tracy Bullock, Chief Executive

We are happy to support!
Peter Tinson, Chief Operating Officer, Flyde and Wyre CCG

Great news for C&M H&C Partnership and happy also to support from a Warrington and Halton Trust perspective.
Mel Pickup, Chief Executive

Clinical Commissioning Groups

NHS Blackpool CCG
NHS Blackburn with Darwen CCG
NHS Chorley and South Ribble CCG
NHS Eastern Cheshire CCG
NHS East Lancashire CCG
NHS Fylde and Wyre CCG
NHS Greater Preston CCG
NHS Halton CCG
NHS Knowsley CCG
NHS Liverpool CCG
NHS Morecambe Bay CCG
NHS North Cumbria CCG
NHS South Sefton CCG
NHS Southport and Formby CCG
NHS South Cheshire CCG
NHS St Helens CCG
NHS Vale Royal CCG
NHS Warrington CCG
NHS West Cheshire CCG
NHS Wirral CCG
NHS West Lancashire CCG

Local Authorities

Blackburn with Darwin
Blackpool Council
Cheshire East Council
Cheshire West and Chester Council
Cumbria County Council
Halton Borough Council
Knowsley Borough Council
Lancashire County Council
Liverpool City Council
Sefton Council
St Helens Council
Warrington Borough Council
Wirral Council

NHS Providers

Aintree University Hospital NHS Foundation Trust
Alder Hey Children's NHS Foundation Trust
Blackpool Teaching Hospitals NHS Foundation Trust
Bridgewater Community Healthcare NHS Foundation Trust
Cheshire and Wirral Partnership NHS Foundation Trust
Countess of Chester Hospital NHS Foundation Trust
Cumbria Partnership NHS Foundation Trust
East Cheshire NHS Trust
East Lancashire Hospitals NHS Trust
Lancashire Care NHS Foundation Trust
Lancashire Teaching Hospitals Foundation Trust
Liverpool Heart and Chest NHS Foundation Trust
Liverpool Women's NHS Foundation Trust
Mersey Care NHS Foundation Trust
The Mid Cheshire Hospitals NHS Foundation Trust
North West Boroughs Partnership NHS Foundation Trust
North West Ambulance Service NHS Trust
St Helens and Knowsley Teaching Hospitals NHS Trust
Southport and Ormskirk Hospital NHS Trust
The Clatterbridge Cancer Centre NHS Foundation Trust
The Royal Liverpool and Broadgreen University Hospitals NHS Trust
The Walton Centre NHS Foundation Trust
University Hospitals of Morecambe Bay NHS Foundation Trust
Warrington and Halton Hospitals NHS Foundation Trust
Wirral Community NHS

6 Readiness - leadership and governance

Leadership

Cheshire and Merseyside is recognised as a complex health and social care economy, with its plurality of organisations and stakeholders.

From a digital perspective, within local places and across the partnership, there is a long established culture of clinical and managerial partnership approach to digital leadership.

Our achievements in terms of GDEs, vanguards, national recognition and most importantly local delivery demonstrate that we are in a good position to continue to drive forward digital innovations. We welcome the challenge to work with organisations that need support in partnership with those that are seen as national exemplars to achieve our minimum acceptable levels of digital maturity.

Our ethos of to leave no one behind but not to slow down' culturally will support our ambitions to become a reality.

Our partnership approach unites all our staff from the various traditional digital fields around a focus on improving the health and wellbeing of the population we serve. The role of clinical leadership is paramount and a major strength for us.

There is also a strong consensus that transformational change is necessary across all settings of care, with organisational sovereignty secondary to digital system change. This is further strengthened by strong and innovative working relationships with local authorities around the prevention agenda and integrating of health and social care. Our digital relationships and leadership style actively encourage 'digitally disruptive' conversations and actions to drive forward change and innovation for the future.

The local commitment to resource C&M plans from within local resources is testament to the level of belief and priority of this work.

Port Sunlight
is a model village and suburb in the Wirral. It was built by Lever Brothers to accommodate workers in its soap factory and includes contains 900 Grade II listed buildings. The name is derived from Lever Brothers' most popular brand of cleaning agent, Sunlight.

The Mersey Gateway Bridge
opened on Saturday 14 October 2017 spanning the River Mersey and the Manchester Ship Canal. At the time of its development, it was the largest infrastructure project in England outside of London.

Governance

Our C&M governance arrangements are part of the C&M health and care partnership governance.

Within the C&M partnership, as an Enabling Programme, the Digital Revolution Programme reports into the STP governance arrangements via the Digital CEO SRO.

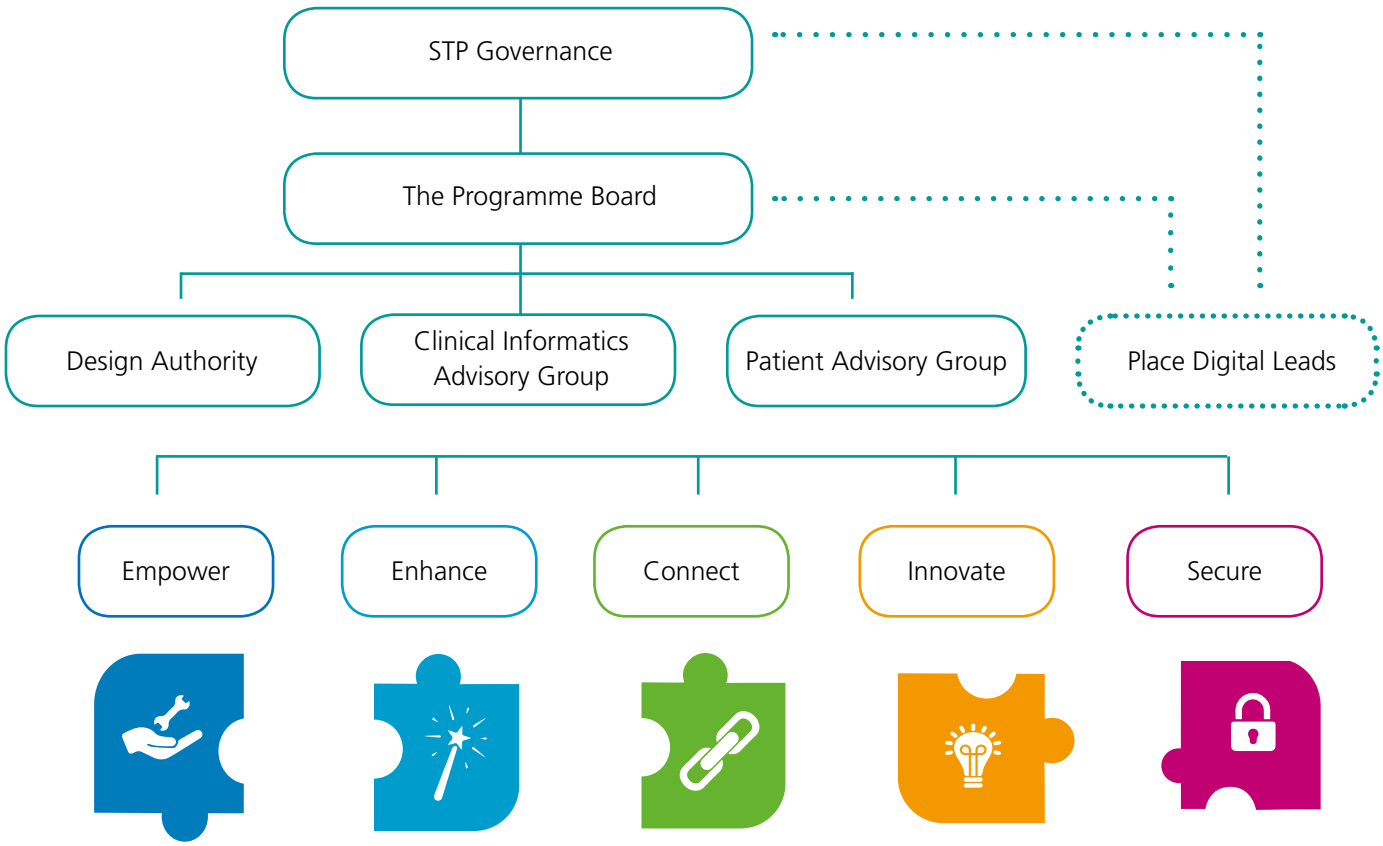
There is a Programme Board and Clinical Informatics Advisory Group in place to manage the programme. The Programme Board is responsible on behalf of the partnership to oversee delivery and co-ordination of the digital roadmap.

The CIAG is attended by both clinical and managerial digital leaders from all providers, CCGs, local authorities, Academic Health Science Network and links to academia. The group is vibrant and active and is fundamental in shaping our work.

Our governance will be strengthened with a joint leadership group to support delivery and the establishment of a design authority. In addition, each theme SRO will establish sub governance arrangements as required to ensure programme delivery, reporting into the Programme Board and up to the partnership governance. This will include key fundamentals such as Information Governance and Cyber.

We plan to establish a Digit@LL Design Authority. The design authority will receive proposals for any new investments and any bids for developments over a defined threshold. The design authority will be in place to ensure strategic fit with this LDR for any major investments and will also oversee any pooled investment proposals from external STP level funding. The design authority will provide a 'Kite Stamp' to make recommendations to the health and care partnership and to local places and organisations that demonstrates alignment to Digit@LL values and objectives.

As part of our Co-Design/Co-Produce value, we also plan to establish a Patient Advisory Group. This group will include exploration of issues such as equality of access and collaborate learning to guide our strategy, plans and implementation.



Sources of investment

There are various sources of investment for digital transformation.

These include, but are not limited to:

- Local provider/commissioner organisation funding streams
- Place based funding
- GDE and GDE Fast Follower funding
- C&M transformation funding
- National ETTF fund
- National STP Provider Digital Fund
- National Shared Record Programmes
- Other funding streams through Innovation Agency, LEP, Test Beds, Local Enterprise Partnership and Others

Currently, all external funding sources are accessed independently. There are several models in other STPs whereby national schemes are progressed jointly with success.

We seek to work in partnership with local stakeholders to take a more strategic approach to sources of investment. In learning from other STPs, a strategic financial approach supports economies of scale and delivery.

We aim that any additional funding for digital investment should be tested via the C&M digital partnership in the first instance to ensure that the principles and roadmap are supported.

We will work in close collaboration with NHS England, NHS Digital, NHS Improvement, the AHSN and other strategic agencies on ensuring co-ordination of investment schemes linked to this digital roadmap.

The major economical challenges across all public services will require an innovative approach to attract resources and funding to support the delivery of the Local Digital Roadmap. Therefore we must seek synergies with a broader range of programmes and transformation initiatives, in order to align delivery of shared outcomes and maximise funding and make efficiencies.

Collaborating across a broader programme set, we will endeavour to utilise and support the delivery of transformational change programmes through strategic alignment. Such programmes are vanguards, Connected Health Cities, 100,000 Genomes Project, Northern Health Sciences Alliance and PACS.

Theme	Funding type	Potential funding source
Empower	Known / Anticipated	Local/Place/ETTF
Enhance	Known / Target	Local/GDE/GDEFF/National Provider Digitisation/ETTF/ National EPMA
Connect	Known / Target	Local/Place/ETTF/ Provider Digitisation /LHCRE/Other
Innovate	Known / Target	Local/GDE/Place/AHSN/LEP/Industry/Test Beds
Innovate	Known / Anticipated	Local/National Cyber

7 Summary

Summary

It's an exciting time for the population of Cheshire and Merseyside and our local staff.

We have significant opportunities with the work we have in train, and the plans we have to move to a bright, digital first future.

The shape of the health and social care economy over the lifetime of the digital roadmap may change. However, the principles and values set out in our LDR will not. The transformation work through the STP builds on work undertaken by local places. This work is co-designed with front line clinicians and has an uncompromising focus on patient benefits.

Digit@LL is a cornerstone of our placed based and programme transformation work. Without high quality digital care, our system simply will not be able to operate or achieve the level of transformational change we aspire to.

Our fundamental aim is to improve the health and wellbeing of the population we serve. Working together to deliver Digit@LL gives us the opportunity to do this.

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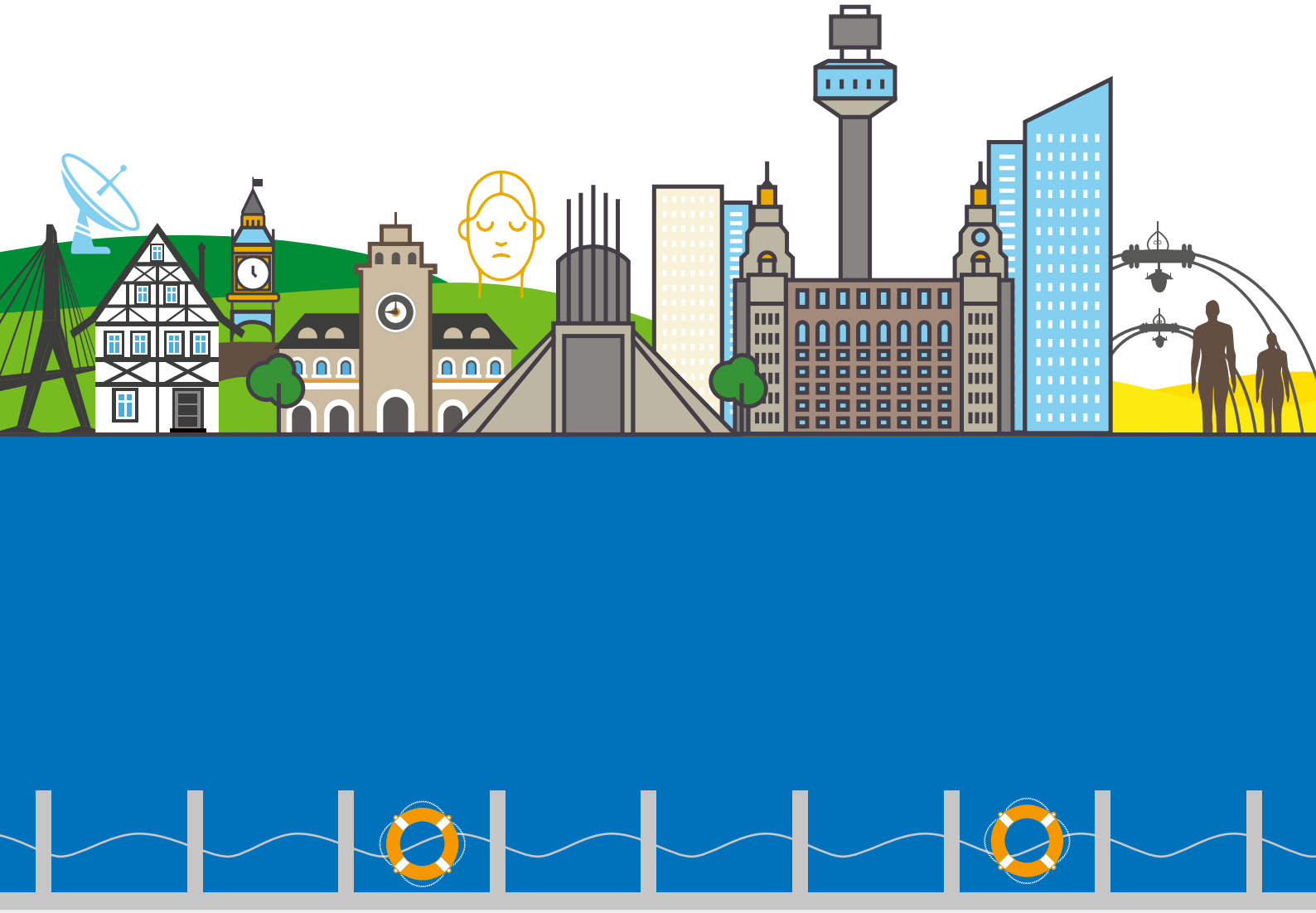
Warrington Town Hall
was commissioned in 1750 by a Warrington merchant called Thomas Patten. It has been designated by English Heritage as a Grade I listed building and the architectural historian Nikolaus Pevsner has declared it to be 'the finest house of its date' in the region.

Royal Liver Buildings
is a Grade I listed building in Liverpool, Merseyside. Built in 1911, it is located at the Pier Head and along with the neighbouring Cunard Building and Port of Liverpool Building is one of Liverpool's Three Graces, which line the city's waterfront. It is also part of Liverpool's UNESCO-designated World Heritage Maritime Mercantile City. One of the most recognisable landmarks in the city of Liverpool, the building is home to two fabled Liver Birds that watch over the city and the sea.



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