



## Lancashire and South Cumbria Joint Committee of CCGs

Thursday 5<sup>th</sup> July 2018 - 1.00pm – 3.00pm

Venue: 53 Degrees, University of Central Lancashire, Fylde Road, Preston, PR1 2TQ

### Agenda

Agenda Item	Item	Owner	Action	Format
1.	Welcome and Introductions	Phil Watson	Information	Verbal
	Apologies	Phil Watson	Information	Verbal
	Declarations of Interest	Phil Watson	Information	Verbal
2.	Minutes for ratification 7 <sup>th</sup> June 2018	Phil Watson	Approval	Paper
	Action Matrix Review	Phil Watson	Information	Paper
3.	Any Other Business Declared	Phil Watson	Information	Verbal
4.	Pathology Update	Gill Crankshaw/ Jean Wright	Noting	Presentation
5.	Preparations for Formal Consultation	Gary Raphael	Noting	Paper
6.	ICS Digital Strategy	Declan Hadley	Noting	Paper/ Presentation
8.	Any Other Business	Phil Watson	Information	Verbal
<b>Formal meeting closed – continue with Questions from the Public</b>				
9.	Questions and Answers	All	Discussion	Verbal
<b>For information only</b>				
10.	The next JCCCGS Meeting will be held on:-  Thursday 2 <sup>nd</sup> August 2018 as a Workshop followed by  Thursday 6 <sup>th</sup> September 2018 as a public meeting 1.00pm – 3.00pm Venue to be confirmed	Phil Watson	Information	Information

Apologies should be sent to Susan Hesketh [susan.hesketh1@nhs.net](mailto:susan.hesketh1@nhs.net) or dial 01253 951490

**Joint Committee of the Clinical Commissioning Groups (JCCCGs)**

Notes of the Joint Committee of the Clinical Commissioning Groups  
held on Thursday 7<sup>th</sup> June , 13:00 -16:00  
at Oswaldtwistle Mills Business Centre, Pickup Street, Oswaldtwistle, Lancashire, BB5 0EY

<b>Chair</b>	Phil Watson	Independent Chair	JCCCGs	Attended
<b>Voting Members</b>  (One vote per CCG)	Alex Gaw	Chair	Morecambe Bay CCG	Apologies
	Andrew Bennett	Chief Officer	Morecambe Bay CCG	Attended
	David Bonson	Chief Operating Officer	Blackpool CCG	Attended
	Debbie Corcoran	Lay Member for Patient and Public Involvement	Greater Preston CCG	Apologies
	Denis Gizzi	Chief Officer	Chorley South Ribble & Greater Preston CCGs	Attended
	Doug Soper	Lay Member	West Lancashire CCG	Attended
	Geoffrey O'Donoghue	Lay Member	Chorley South Ribble CCG	Apologies
	Gora Bangi	Chair	Chorley South Ribble CCG	Attended
	Graham Burgess	Chair	Blackburn with Darwen CCG	Attended
	Mark Youlton	Chief Officer	East Lancashire CCG	Attended
	Mary Dowling	Chair	Fylde and Wyre CCG	Attended
	Paul Kingan	Chief Finance Officer	West Lancashire CCG	Attended
	Peter Tinson	Chief Operating Officer	Fylde and Wyre CCG	Attended
	Penny Morris	Chief Clinical Officer	Blackburn with Darwen CCG	Attended
	Phil Huxley	Chair	East Lancashire CCG	Attended
	Roy Fisher	Chair	Blackpool CCG	Attended
	Sumantra Mukerji	Chair	Greater Preston CCG	Attended
Tony Naughton	Chief Clinical Officer	Fylde and Wyre CCG	Apologies	
<b>In Attendance</b>	Dawn Roberts	Representative	Cumbria County Council	Attended
	Harry Catherall	Chief Executive Officer	Blackburn with Darwen Council	Apologies
	Louise Taylor	Director	Lancashire County Council	Attended
	Neil Jack	Chief Executive	Blackpool Council	Apologies
	Sakthi Karunanithi	Director of Public Health	Lancashire County Council	Apologies
	Sayyed Osman	Director of Adult Services	Blackburn with Darwen Council	Attended
	Allan Oldfield	Chief Executive	Fylde Borough Council	Apologies
	Dean Langton	Representative	Pendle Borough Council	Apologies
	Gary Hall	Chief Executive Officer	Chorley Council	Apologies
	Kim Webber	Chief Executive Officer	West Lancashire Borough Council	Apologies
	Lawrence Conway	Chief Executive Officer	South Lakeland District Council	Apologies
	Amanda Doyle	ICS Lead	Healthier Lancashire & South Cumbria	Attended
	Andrew Bibby	Director of Specialised Services	NHS England	Attended
	Andy Curran	Medical Director	Healthier Lancashire & South Cumbria	Attended
	Carl Ashworth	Service Director	Healthier Lancashire & South Cumbria	Attended
	Gary Raphael	Finance Director	Healthier Lancashire & South Cumbria	Attended
	Jane Cass	Director of Operations	NHS England	Attended
	Neil Greaves	Communications & Engagement Manager	Healthier Lancashire & South Cumbria	Attended
	Sir Bill Taylor	Chair	Healthwatch Blackburn with Darwen	Apologies
	Charmaine McElroy	Business Manager to Amanda Doyle	Healthier Lancashire & South Cumbria	Attended
	Sue Hesketh	Office Co-Ordinator	Healthier Lancashire & South Cumbria	Attended
	Paul Hopley	Programme Lead for Mental Health	Healthier Lancashire & South Cumbria	Attended

		<b>ACTION</b>
<b>1</b>	<p><b>Welcome and Introductions</b></p> <p>The Chair welcomed the members of the Committee to the formal meeting. He explained the status of the meeting and that the Committee had invited members of the public to a drop-in session prior to the meeting commencing, in order to give them the opportunity to ask questions in advance and to understand some of the complicated issues to be discussed during this session. He added that there would still be an option to ask questions after the meeting had finished.</p> <p>This meeting had been given extra time as the meeting on 1<sup>st</sup> March was cancelled as it was not quorate due to the adverse weather conditions experienced on that day. There have been no further meetings of the JCCCGs due to the legal requirements of purdah, associated with Council elections, until today.</p> <p>For the benefit of the public in attendance the Chair explained that this is a meeting of the Joint Committee of CCGs of which there are eight. This Board brings together representatives of all of the eight CCGs.</p>	<b>Information</b>
<b>1.1</b>	<p><b>Apologies and Quoracy</b></p> <p>Apologies were received from members list above.</p> <p><b>RESOLVED: The Chair noted the apologies and declared the meeting quorate</b></p>	<b>Information</b>
<b>1.2</b>	<p><b>Declarations of Interest</b></p> <p>The Chair requested that the members declare any interests relating to items on the agenda. The Chair reminded those present that if, during the course of the discussion, a conflict of interest subsequently became apparent, it should be declared at that point.</p> <p><b>RESOLVED: There were no declarations of interest</b></p>	<b>Information</b>
<b>2.</b>	<p><b>Minutes from previous meetings for ratification</b></p> <p>There were two comments with regards to amendments to the minutes of the last meeting of the Joint Committee of CCGs held on the 11<sup>th</sup> January 2018</p> <p>Page 2 – Declaration of Interest In response to a query as to whether the conflict of interest declared at the January meeting was in line with the recent Conflicts of Interest Guidance, the Chair asked Sumantra Mukerji to explain it again and confirmed that as the conflict did not relate to an item on the agenda for the January meeting, it was appropriate for Dr Mukerji to remain and participate fully in the meeting in January</p> <p>Page 5 (item 4.1) is as follows <b>RESOLVED: The Joint Committee agreed to endorse the framework subject to the amendments agreed during the discussion.</b></p> <p>Following these amendments the minutes were ratified by the Board</p> <p><b>RESOLVED: The minutes were ratified.</b></p>	<b>Agreement</b>
<b>2.1</b>	<p><b>Action Matrix Review</b></p> <p>The Chair reviewed the action matrix and the following points were discussed:</p> <p><b>Mental Health</b> This is an agenda item at today's meeting and will be presented by Paul Hopley and Andrew Bennett.</p>	<b>Information</b>
<b>3</b>	<p><b>Any Other Business Declared:</b></p> <p>The Chair asked the members of the Committee if they had any other business they wished to declare for discussion at the end of the meeting.</p> <p>Neil Greaves would like to discuss with the Board the plans for the next meeting of the JCCCG in July</p> <p><b>ACTION: This was agreed and to be noted for discussion at the end of the meeting</b> The Chair added that there would also be an opportunity for the public to ask questions at the end of the formal meeting.</p>	<b>Information</b>

<p>4.</p>	<p><b>Outstanding Items from the March 2018 Joint Committee of CCGs</b></p> <p>As noted above the meeting on the 1<sup>st</sup> March was cancelled as it was not quorate due to the adverse weather conditions experienced on that day and there have been no further meetings of the JCCCGs, due to the legal requirements of purdah, until today. Items have been agreed virtually through email by the CCGs due to the inability to bring them together in one room and competing timescales for decisions. The JCCCGs was asked to formally ratify the decisions as outlined on page 3 of the paper.</p> <p><b>Resolved: The Board formally ratified the decisions as outlined on page 3 of the paper.</b></p> <p>Amanda Doyle announced that the new digital strategy had been launched earlier today at Farrington Lodge. The event had been very well attended with a lot of energy in the room. The strategy looks very good and is a positive step forwards.</p> <p>Amanda Doyle advised that following a competitive selection and interview process that the Executive Directors posts for Lancashire &amp; South Cumbria Integrated Care System had been appointed as follows:-</p> <ul style="list-style-type: none"> <li>• Gary Raphael Executive Director for Finance and Investment</li> <li>• Andrew Bennett Executive Director of Commissioning</li> <li>• Jackie Hanson Executive Director of Nursing and Care Professionals</li> <li>• Talib Yaseen Executive Director of Transformation</li> </ul> <p>Jane Cass has been aligned from NHSE as the Director of Assurance and Delivery and the ICS is currently out to advert for the post of Executive Medical Director.</p>	<p><b>For noting</b></p>
<p>5.</p>	<p><b>Commissioning Development</b></p> <p>The Chair invited Andrew Bennett to deliver this item.</p> <p>For the benefit of the public in attendance Andrew Bennett explained that commissioning, in this setting, relates to the planning and buying of services. This forum is not to discuss the provider issues but to agree a commissioning policy. The Commissioning Framework is a straight forward place-based model for commissioning.</p> <p>Following a request from the JCCCGs in January 2018, work had been completed on a more detailed and shared understanding of the neighbourhood level of commissioning, based on discussions with representatives from the Fylde Coast, Pennine Lancashire, Central Lancashire, West Lancashire and Morecambe Bay. The paper identified a shared view of the definition of a neighbourhood, the role a neighbourhood will play in a local economy (and in relation to the rest of the system) and some of the benefits a neighbourhood can deliver. The Board was asked to approve the following recommendations:-</p> <ul style="list-style-type: none"> <li>• Note the further development which has taken place on the Commissioning Development Framework and the Mental Health Commissioning Workstream since January 2018</li> <li>• Note the development work which has taken place across six commissioning workstreams in support of the development of the Lancashire and South Cumbria Integrated Care System and its Integrated Care Partnerships</li> <li>• Approve the proposals for each workstream for the continued implementation of effective commissioning arrangements at the ICS, ICP and neighbourhood levels</li> <li>• Request that the Executive lead for Commissioning for Lancashire and South Cumbria and CCG Accountable Officers continue working together on the implementation of these arrangements, highlighting any risks to the Joint Committee.</li> <li>• Request that the Executive lead for Commissioning identifies the appropriate timescales to request that Governing Bodies receive further recommendations for delegated decision-making into the Joint Committee of CCGs</li> <li>• Receive an update on the implementation process in December 2018</li> </ul> <p>A formal implementation plan had been agreed. Staff could be affected therefore there is</p>	<p><b>Approval</b></p>

	<p>a need to use a consistent set of principles in order to achieve progress. There is a need to be clear regarding what is being commissioned. The commissioning buying system has been quite fragmented and therefore we need to demonstrate we can work together. It is important that the clinical leads are comfortable that they can deliver on the agenda set out in the paper.</p> <p>Section 5 is the main body of the report which explains the current work undertaken by the various workstreams and specifically how the services will be commissioned. There have been at least 100 people involved in these discussions. This is precise as to where the commissioning should take place and what would improve as a result.</p> <p>The paper summarised the detailed work that sits behind all the workstreams. There is a lot of development yet to be done. The final section of the paper covers the governance arrangements and support structures that would allow this to be implemented along with the Clinical Commissioning Board to ensure the 'choreography' is right.</p> <p>The Board welcomed this paper and how this work has engaged our teams; however, it was suggested that this could be more ambitious with regards to the LD and Autism. Healthwatch are carrying out a piece of work around screening and this needs to be tied into this piece of work.</p> <p>The Local Authorities expressed their willingness to work with Andrew Bennett on the key joint issues affecting us as a whole system. Andrew Bennett agreed to reference the Local Authorities within the governance section.</p> <p>It was commented that there were too many transformation objectives and there was a need for some more local objectives, as there is a tendency for it to look too much like the national strategy.</p> <p>Amanda Doyle responded that there are many national priorities that have to be delivered. NHS 111 is a national 'must do' as there is evidence it reduces admissions. NHS 111 must increase the number of clinical responders to help reduce admissions. There are overlaps with Primary Care with regards to the national 'must do's', therefore there is a need to take a pragmatic approach as to how to deal with them.</p> <p><b>Resolved: The Board agreed to the recommendations listed above.</b></p>	
6.	<p><b>Special Educational Needs and Disabilities (SEND) Update</b> The Chair invited Mark Youlton to commence this item.</p> <p>Lancashire County Council Children's Services was recently subject to a review of SEND. During mid-April Lancashire County Council delivered a statement of action submitted to Ofsted and the CQC who jointly evaluated the statement and advised that it was deemed fit for purpose as had set out how the local area was going to tackle the significant areas of weakness identified in the report.</p> <p>Twelve areas were identified within five broad areas which involved all of the appropriate partners, users and carers in the system. Following the statement of action a few areas were tightened up. At the recent Partnership Board communication was brought up i.e. the use of social media and how this may need to be taken into account in our plans.</p> <p>Mark Youlton will continue to lead on this piece of work with conversations taking place with the County Council and CCGs. There will be various check points across the next few months so we need to ensure the delivery of a consistent approach.</p> <p>Mark explained that the SEND statement of action only related to services delivered by Lancashire County Council. Blackpool and Blackburn with Darwen Councils have, nevertheless, taken the opportunity to consider the issues raised in the Lancashire County Council report and have made improvements to services in the light of the findings. The Board agreed that this has been a good response to criticism of the services, however, how can the Board be assured that this does not happen again?</p> <p>Mark Youlton responded to say that constant conversations will be taking place with</p>	Information

	<p>schools, service users and carers as communication is key. There is a need for the communication to be delivered in the right way to develop trust and as a result of this make this successful. It was suggested that an interim report could be brought to this Board or a peer review in a year's time to deliver assurance.</p> <p>Mark Youlton advised that a written statement of action would be delivered to the Partnership Board which will ensure Lancashire County Council delivers the required changes.</p> <p><b>Resolved: The Board acknowledged and agreed this paper.</b></p>	
7.	<p><b>Mental Health</b> The Chair invited Paul Hopley and Andrew Bennett to commence this item.</p> <p>This paper outlined the functions which are commissioned and applied for Mental Health. This work was still very much under development. There had been good engagement with the CCGs, Providers, GPs and partners. The key achievements had been with public health, four Local Authorities and four separate mental health strategic needs assessments. This was a very positive piece of work as commissioning was fragmented with sixteen commissioners buying services and creating an inconsistency across the patch. These commissioners have been brought together and a group formed from the eight CCGs and Mental Health commissioners to work together on investment and dis-investment plans.</p> <p>The Governance structure was being finalised to align all the workstreams. There was a need to set the standards so that wherever one lives one had access to the same standard of service. The ICS would hold LDP's to account as long as they were providing services at the same level. All the Commissioners will be coming together on the 25<sup>th</sup> June to discuss the commissioning framework and work together to reduce duplication.</p> <p>The Board was asked to endorse the following recommendations:-</p> <ul style="list-style-type: none"> <li>• Note the progress to date as outlined throughout the paper</li> <li>• Approve the final planning geographies as set out in section 2.0</li> <li>• Approve the proposed governance structure and checkpoints as set out in section 8.0</li> <li>• Endorse continuation of the Mobilisation Plan</li> </ul> <p>In response to a question about clinical engagement, Paul Hopley said that the Crisis Team meets every month with the Police and A&amp;E clinicians in attendance, therefore, there is good clinical engagement.</p> <p>Paul also mentioned that the Mental Health Steering Group, Help the Aged and the SCN Digital Lead, Amanda Thornton, had been asked to come together and carry out a gap analysis on a national blue print. He emphasised that Lancashire and South Cumbria has some of the worst social demographics in the country and poorer outcomes are experienced by many of our patients. Demand was increasing and therefore these plans were crucial to our success.</p> <p>There was concern raised with regards workforce and the issue of 40% reduction due to retirement within the commissioning functions. Paul explained that there had been a spike in retirement since December 2017. This issue will form part of the discussions with the commissioners on the 25<sup>th</sup> June.</p> <p>Andrew Bennett took the opportunity to formally ask Cumbria Partnership Trust to work with Lancashire Care Trust to increase resilience and ensure mental health services are consistent in Cumbria and Lancashire and also help reduce variation across the patch.</p> <p><b>Resolved: The Board endorsed the recommendations</b></p>	For endorsement
8.	<p><b>Any Other Business</b></p> <p>Neil Greaves announced that there would be a change to the venue of the next public meeting of the Joint Committee of CCGs in July. The NHS will turn 70 on the 5<sup>th</sup> July and</p>	Information

therefore in order to celebrate this an event is being co organised with the University of Central Lancashire who will host at NHS 70 Tea Party at the University Campus, therefore as the Joint Committee of CCGs is due to take place on the same day the meeting will take place at the venue 53 Degrees. Members of the Joint Committee of CCGs are invited to come along to the celebrations with UCLAN following the meeting at 16:00.	
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**The next JCCCG Meeting will be held on:  
5<sup>th</sup> July 2018, 53 Degrees, Fylde Road, Preston, PR1 2TQ**

The Chair thanked the Committee members and members of the public for their attendance and closed the meeting prior to taking questions from members of the public.

**Topics discussed through Public Questions:**

**NHS 111 Service**

The question was raised are there financial penalties that could be implemented if agreed service levels are not met?

There are financial penalties within contracts for providers. The specifications are fairly prescribed. The details of contracts are commercially sensitive and confidential.

**Mental Health Mobilisation Plan Progress Report**

The question was raised as to how the commissioning process would affect services?

The paper outlines the process for making the commissioning process more efficient and effective. On the 25<sup>th</sup> June all the commissioners will be brought together to agree a commissioning process by 31<sup>st</sup> March 2019. The commissioning process is not designed to change services but to agree a commissioning process with regards to how services are bought and provided.



**Healthier Lancashire and South Cumbria Joint Committee of the Clinical Commissioning Groups Meeting Action Matrix**

<b>Subject</b>	<b>Owner</b>	<b>Update</b>	<b>Status</b>	<b>Complete</b>
Mental health - prevention	MH Lead/SK	It was agreed that it would be beneficial for the Committee to receive an update on the work around mental health prevention at an appropriate time in the future.	<b>Closed</b>	Completed on the 7th June



## **DIRECTIONS TO UCLAN**

### **BY RAIL**

UCLan is conveniently situated within walking distance of Preston railway station. Preston also benefits from direct rail links north and south to London and Glasgow and to Manchester Airport. For more information and a route planner go to [www.nationalrail.co.uk](http://www.nationalrail.co.uk)

### **ON FOOT FROM THE RAILWAY STATION (1/2 MILE)**

Exit from the station's main entrance, turn right and then left down Corporation Street to Ringway. Cross Ringway at the lights, turn right, then take first left down Corporation Street (shops including Aldi on your left). Straight ahead and follow signs to the University.

### **BY BUS**

Served by Preston bus station, the city and the surrounding area enjoy reliable and extensive transport links in and around Preston. The number 31 bus service runs every 15 minutes from the bus station and stops outside C&T Building, which is opposite the Students' Union/53 Degrees building. Bus routes and timetables are [available here](#).

### **ON FOOT FROM THE BUS STATION (1/2 MILE)**

The University is a 15-minute walk from Preston bus station. Head towards Lancaster Road until you arrive at the Cenotaph. Turn right downhill on Friargate. Walk through pedestrianised area down to traffic lights at Ringway. Cross Ringway and continue up Friargate. Follow signs to University.

### **BY COACH**

[National Express](#) coaches operate from Preston bus station to destinations across the UK. Low cost intercity bus travel is also available from [Megabus](#).

### **BY CAR**

The University is signposted from Junctions 29, 31 and 32 of the M6 which are the easiest approach routes.

From Preston city centre, follow the yellow AA signs to the University.

### **FROM THE NORTH OR WEST COAST**

Leave the M6 at junction 32 (M55) and take Exit 1 (A6) to Preston/Garstang. Follow the A6 to Preston and proceed through five major sets of traffic lights. Immediately after the fifth set, take the right hand lane and bear right at the next set into Moor Lane, following the signs to Liverpool. The University is signposted along this route.

### **FROM THE SOUTH OR EAST**

Motorways M6, M61 or M65. Leave the M6 at Junction 29 or M61 at Junction 9 and join the M65 towards Preston, then leave the M65 at its end (Junction 1). At the motorway terminal roundabout take second exit (All Traffic).

Follow the A6 to Preston through three roundabouts. The University is signposted along this route. You will come to a set of traffic lights with a large retail centre to the left. Go straight on at this set of traffic lights, and also at the next set you come to. You will need to move into the middle lane for the next set of traffic lights to go straight on, signposted Liverpool and Southport. Continue straight through the next set of traffic lights. Move over to the right hand lane to be ready to turn right at the next traffic lights, signposted for Blackpool and the University.

### **CAR PARKING**

A limited number of pay and display facilities are available on Harrington, Victoria 2 and Foster (evenings/weekends only) car parks (£1/hour to a max £4 for a full day ticket).

### **CAMPUS MAP**

[http://www.uclan.ac.uk/visit/assets/preston\\_city\\_campus\\_map.PDF](http://www.uclan.ac.uk/visit/assets/preston_city_campus_map.PDF)

Venue 53 is located in the orange zone

### **DIRECTIONS LINK**

Google Link: [https://www.google.co.uk/maps/dir/"UCLAN/@53.7619038,-2.778479,12z/data=!3m1!4b1!4m8!4m7!1m0!1m5!1m1!1s0x487b727a73870a81:0x50eb2e2e8bd2e0!2m2!1d-2.7084395!2d53.7619242](https://www.google.co.uk/maps/dir/)

# **Lancashire and South Cumbria Pathology Collaboration**

JCCCG Update

5th July 2018

Jean Wright

# Why are we planning to collaborate

- Sustainability - some services have vacancy rates of 33% and there is currently a difficulty in recruiting specialised and highly trained staff across all four NHS Trusts in the STP footprint
- Resilience of service - individual trusts may not be able to afford modern diagnostic technologies which are only viable at scale
- Fragmentation – as the results can't be shared leading to duplication of tests; reference ranges are different across all Trusts and CCGs
- Duplication - of testing, training, quality and administrative processes and fragmentation of procurement affecting the ability of the current services to deliver efficiencies
- National policy - for transformational change (Carter, Five Year Forward View)
- Estate - Three of the four Trusts would have to update all or part of their pathology estate in the short/medium term as current estate is poor and no longer fit for purpose

# Lancashire and South Cumbria Pathology Collaboration Strategy



## QUALITY

- Provide a high quality service to clinical colleagues in a timely manner
- Utilisation of technologies appropriate to activity
- Provide a 7 day service relevant to user requirements
- Maintain all required accreditation



## INNOVATION

- Work with clinicians to provide innovative patient pathways across primary and secondary care
- Empower patients to self-manage their conditions in partnership
- Use data management to enhance clinical pathways
- Input patient results from remote devices into patient records



## WORKFORCE & EDUCATION

- Develop academic posts with university partners
- Enhance reputation and marketing of services to aid recruitment and retention
- Develop new roles aligned to innovative practices
- Good working environment



## RESEARCH

- Be regarded as one of top 3 NHS research establishments in the North West
- Obtain Good Laboratory Practice Status
- Develop research partnerships with Universities and Allied Health Science Network
- Bid for National trials



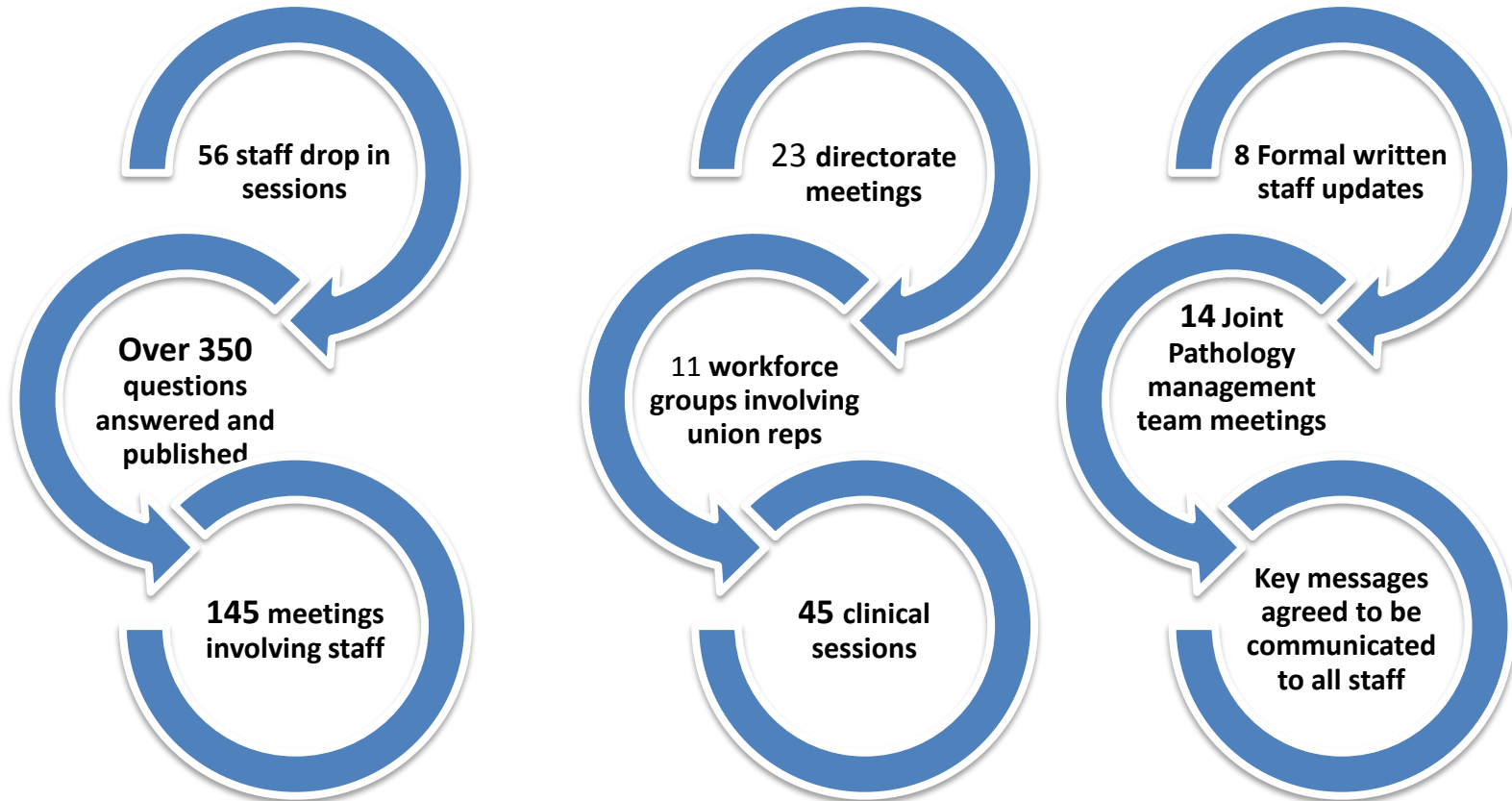
## VALUE FOR MONEY

- Deliver Procurement efficiencies from economies of scale
- Attract new income
- Achieve Carter efficiencies
- Benchmark testing by providers to ensure appropriate tests performed

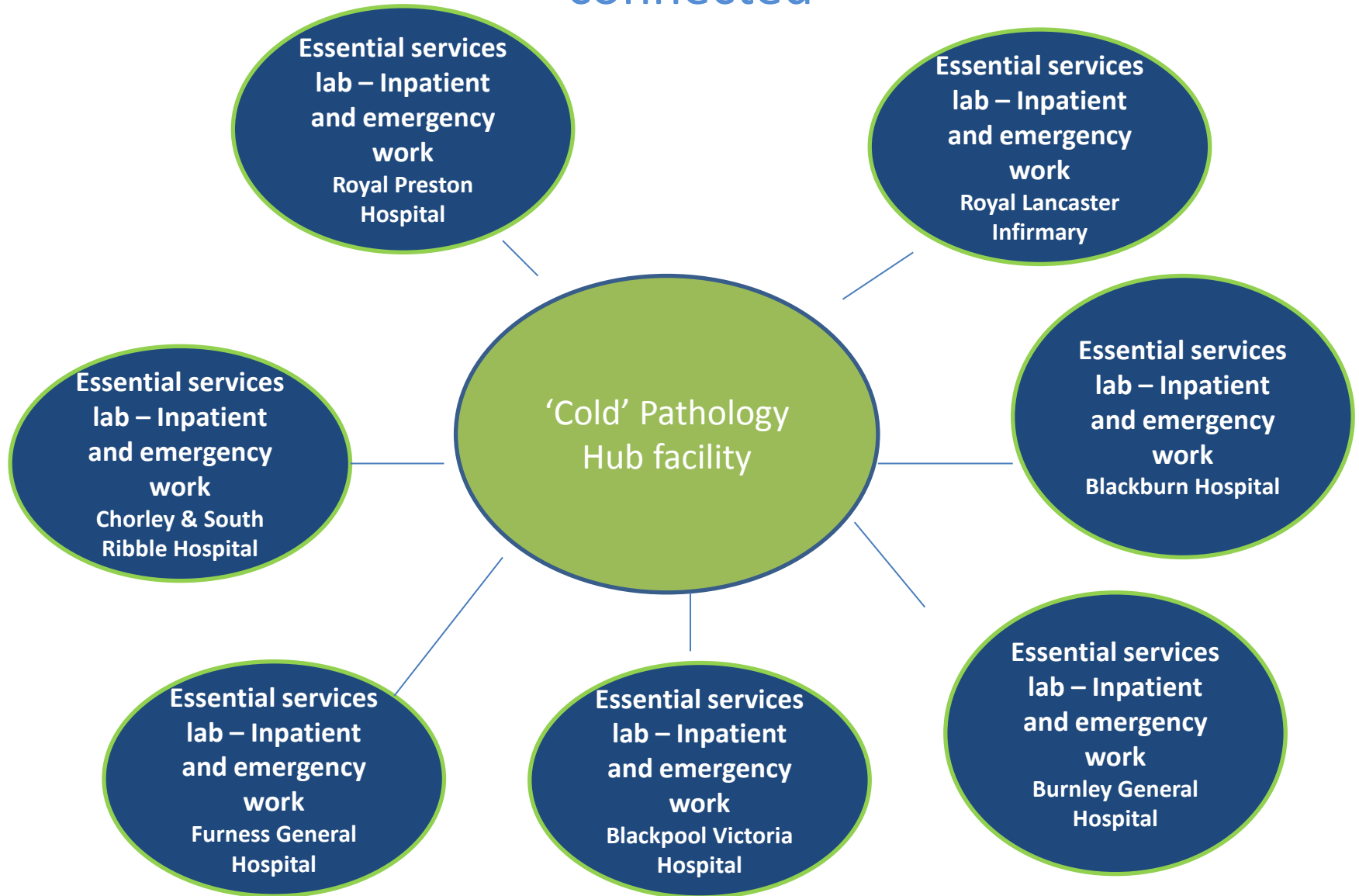
# The plan for collaboration

- The four Trusts in the STP footprint will form a partnership to deliver a single pathology service across the whole of Lancashire and South Cumbria
- IT systems and equipment are procured jointly standardising reference ranges and improving quality of service
- Economies of scale are achieved by co-locating 'cold' pathology together in one location
- The amount of estate on NHS Trusts sites required to deliver 'hot' pathology is much reduced and offers opportunities to reduce overheads or use the space for patient facing services
- As a largely non patient facing service patients will not notice any difference but will have a better quality experience (in terms of reduction in duplication of testing meaning having blood taken only once and turn round times of some tests)
- Services such as anticoagulant clinics will be provided from locality hubs in the community and some point of care testing will be available in these hubs to help in supporting patients to manage their conditions

# Engagement



# Planned Service model – Hub and Spoke – digitally connected





# Value for money - Efficiencies

- By providing 'cold ' pathology testing together in one location and achieving economies of scale by reducing overheads, this means that savings of 20% plus can be achieved - based on evidence from other collaboratives
- We have produced financial models which demonstrate that after payback on a capital development savings across 4 Trusts of **£11m per annum** can be achieved

# Current position

- A Strategic Outline Case (SOC) has been produced and the recommendations within the case have been approved by the Trust boards of:
  - Blackpool Teaching hospitals NHS Trust
  - Lancashire Teaching Hospitals NHS Trust
  - University Hospitals of Morecambe Bay
- East Lancashire Trust decided to participate in the collaboration after the SOC had been produced and hence their activity data was not included as a consequence although their Trust Board is supportive of being included in the next stage of the project they were nervous about approving all the recommendations in the SOC
- The project team is continuing with the detailed work required to produce an Outline Business Case (OBC) including East Lancashire staff and data

# Current position

- NHSE/I have approved a capital bid of £31m to build a 'cold' hub facility and new Essential Service Laboratories (ESL's) required on the Trust sites. Therefore NHSI are part of the approvals process for the business cases.
- NHSI have recently informed us that they would like the SOC to be updated to include the data from East Lancs. We are currently undertaking this exercise alongside the work on the Outline Business Case.
- The updated SOC will be completed by September.

## Conclusions - Key messages

- We are planning to develop a collaborative pathology service across Lancashire and South Cumbria. The timetable for change sees full implementation by 2021. The development of a pathology collaboration supports the priorities of the STP. The service will remain an NHS service delivered by NHS staff.
- We have involved **staff including clinicians** in meetings throughout the year to produce the plans for the service going forward, and staff update sessions for all staff are held on a monthly basis.
- As a diagnostic support service which is largely non patient facing, **patients** will not have to travel further or be affected adversely.
- The collaboration will ensure **sustainability** of the service and achieve value for money in terms of efficiencies.

**Joint Committee of CCGs**

<b>Title of Paper</b>	Preparations for formal consultation		
<b>Date of Meeting</b>	5 <sup>th</sup> July 2018	<b>Agenda Item</b>	5
<b>Lead Author</b>	Gary Raphael		
<b>Purpose of the Report</b>	To apprise the Committee on the resources and expertise procured by the shadow ICS to enable any up and coming formal consultations to be delivered to the standards required and expected by us, our partners and, most importantly, the public.		
<b>Executive Summary</b>	<p>Lancashire and South Cumbria does not currently have the capacity and expertise to be able to design and deliver a professional engagement and consultation programme sufficient to enable us to conclude formal consultation on service changes in compliance with all extant regulations, law and best practice.</p> <p>Given the urgent need to initiate the necessary work now, it has been decided to buy-in the strategic and operational assistance required to deliver the results we need, alongside the development of our in-house capabilities.</p> <p>It is important to appreciate that the current in-house service has made substantial progress, alongside organisational communications and engagement teams, in developing our capabilities. However, moving to formal consultation (for any issues that require such an approach) represents a challenge above that which can be accommodated within current staffing resources.</p> <p>This report appraises the Committee of the progress that has been made in securing the necessary expertise and resources needed to undertake formal consultations as a precursor to being able to define the strategic approach that will be developed over the next few weeks, in between Committee meetings.</p>		
<b>Recommendations</b>	The Committee is asked to <b>note</b> the report.		
<b>Equality Impact &amp; Risk Assessment Completed?</b>	Not Applicable		
<b>Patient and Public Engagement Completed?</b>	Not Applicable at this stage, but will be an essential aspect of future work undertaken.		
<b>Financial Implications?</b>	Yes. The amounts currently used to secure the capacity and expertise mentioned in this report can be accommodated within the resource assumptions/budget for the shadow ICS programme.		
<b>Risk Identified?</b>	No.		
<b>If Yes : Risk</b>			

**Preparations for formal consultation**

## **Introduction**

1. The Committee will be aware that as part of the shadow Integrated Care System (ICS) planning process, substantial resources were identified as being required to enable the formal aspects of consultation to be undertaken in line with legal, regulatory and best practice requirements.
2. Consultation is taken here to include activities in the wider sense of the word, including pre-consultation engagement and other engagement and communications activities.
3. This report apprises the Committee on the steps that have been taken to ensure that Lancashire and South Cumbria has the necessary expertise and staffing resources available to lead, coordinate and execute any legally valid consultation processes that may be required in respect of forthcoming service change proposals.

## **Current resources**

4. The Lancashire and South Cumbria programme has limited general management and administrative resources that could be diverted towards consultation activities. Communications and Engagement teams normally undertake much of the day to day activities associated with consultation processes. The current team comprises:
  - 1.0 band 8a senior manager
  - 1.6 whole time equivalent band 5 assistants
  - 0.8 whole time equivalent support from the CSU to assist with website development and engagement materials development
  - Ad hoc inputs from various communications and engagement managers in relation to specific, short term projects
5. The team has developed productive relationships with most organisational and Integrated Care Partnership (ICP) communication and engagement teams, which has enabled common issues to be tackled efficiently and effectively. However, as we move towards larger and more formal consultations, it is clear that we will need substantially more resources to be able to fulfil the necessary requirements.

## **Approach to securing the necessary expertise and capacity**

6. Budgets for clinical, enabler and corporate portfolio teams, including provision for formal engagement and consultation activities, was included in the resource assumptions for the shadow ICS's whole programme of work. Although the money planned is sufficient to enable the required consultation activities to be sufficiently staffed, it is apparent that we do not have enough time to be able to appoint to these posts and meet the urgent requirements that have become apparent in recent months.

7. It is still intended to appoint to posts to enable Lancashire and South Cumbria to be able to develop its in-house teams, but given the severe time constraints it has been decided to appoint, via the CSU, the NHS Transformation Unit to assist us in the following ways:
- Provision of advice and support to enable the need for, and strategic approach to consultation for our current service agenda to be determined
  - Determine and direct the key activities that will need to be undertaken in order to achieve the right results within the deadlines we will have
  - Assist in resourcing any shortfalls we may have in the short term, as we continue to develop our in-house capabilities
  - Assist us to develop our approach to establishing a more effective and productive relationship with the public in the longer term
8. The NHS TU has a strategic partnership with Freshwater and it is that organisation that will be providing the advice and support required by us in developing our proposals for consultation. The organisation has already started its assessment work and will be available at the Committee meeting to update on any work that may have been concluded by that time.

### **Support to the Acute and Specialised services portfolio**

9. A similar approach is also being taken to support the urgent work required with respect to the Acute and Specialised services portfolio. In order to bring proposals to fruition, sufficient to enable consultation, substantial technical work is required that must also comply with all relevant legal and regulatory requirements. The NHS TU is undertaking a readiness assessment of the portfolio's ability to meet the likely consultation agenda and a report on the criteria being used to make the assessment will be presented to the shadow ICS Board on 4<sup>th</sup> July, so that they are sighted on the detailed work programme that will have to be delivered in order to support the emerging consultation programme. The findings from the readiness assessment, which are imminent but not in time for the current round of Committee and Board meetings, will inform the resources required to enable the Acute and Specialised Services portfolio to be able to deliver the requirements in the short term, again as we seek to develop our in-house capabilities.

### **Conclusion**

10. This report and the discussion to be held at the Committee's meeting on 5<sup>th</sup> July, is intended to assure members that we now have the right level of expertise and capacity to be able to meet our duty to consult effectively with the public, as we move to develop our proposals for services change across Lancashire and South Cumbria. The shadow ICS executive team will continue to keep Committee members informed of progress over the summer period.

## **Recommendation**

11. The Committee is asked to **note** this report.

**Gary Raphael**  
**Executive Lead for Finance**  
**28th June 2018**



**Joint Committee of Clinical Commissioning Group's**

<b>Title of Paper</b>	ICS Digital Strategy		
<b>Date of Meeting</b>	5 <sup>th</sup> July 2018	<b>Agenda Item</b>	6

<b>Lead Author</b>	Declan Hadley
<b>Purpose of the Report</b>	For Information
<b>Executive Summary</b>	<p>The Digital Strategy was approved on 6<sup>th</sup> June by the ICS Board. The content has been developed in partnership with a wide range of stakeholders over several months. The approach outlined in the strategy focuses squarely at using technology to empower the people of Lancashire and South Cumbria. The shared principles and Why statements will help guide partners through the planning stage that will take place over the next three months.</p> <p>A copy of the strategy can be downloaded <a href="#">here</a>.</p> <p>A presentation of the strategy is attached</p>
<b>Recommendations</b>	Members are asked to share the strategy with their respective organisations and contribute to the development of the delivery plan
<b>Equality &amp; Risk . Completed</b>	Not Applicable
<b>Patient and Public Engagement Completed</b>	On-going
<b>Financial Implications</b>	Not Applicable
<b>Risk Identified</b>	Not Applicable
<b>If Yes : Risk</b>	Not Applicable
<b>Report Authorised by:</b>	



# Our Digital Future

[healthierlsc.co.uk/digitalfuture](http://healthierlsc.co.uk/digitalfuture)

#HLSCDigital

@HealthierLSC

# Welcome

**Declan Hadley**

Digital Lead

 @declan\_hadley

# Five inter-connected themes to improve our health and care in Lancashire and South Cumbria



# Empower the person

**We will create digital solutions with the people who will be using them**

**We will judge our progress against this digital strategy from the public's perspective**

**We will create an environment that empowers our frontline**

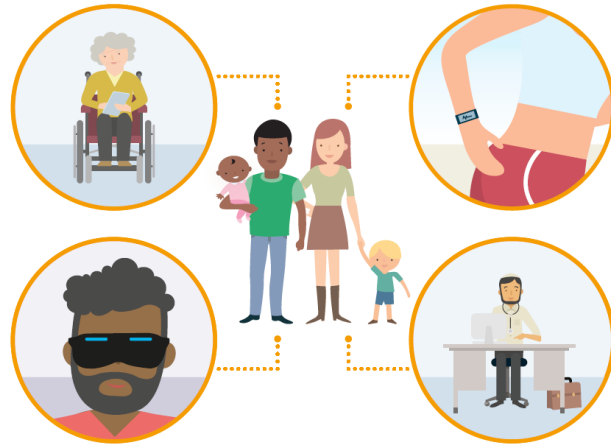
**We will use data to prevent, predict and respond to ill-health**

**We will work together to reduce complexity in order to improve quality and safety**

**We will engage with academia, industry and others to accelerate innovation**

## Why

**“The more I know about myself, my body and the consequences of the choices I make, the more confident I will be in managing my health and wellbeing”**



**I am able to access and add into my own electronic health care record, using it to manage my appointments and 'health business' online.**

**I have access to good quality information to support me in making decisions and managing my health and wellbeing.**

**When I need services and support, there are a growing range of options available for me to access them remotely from wherever I need to.**

**I can use digital tools to help me to make changes where I need to and monitor the impact of those changes on me, my family and my future.**

**I am confident that my data is stored securely and only shared when and where it is needed.**



# Support the frontline

**We will create digital solutions with the people who will be using them**

**We will judge our progress against this digital strategy from the public's perspective**

**We will create an environment that empowers our frontline**

**We will use data to prevent, predict and respond to ill-health**

**We will work together to reduce complexity in order to improve quality and safety**

**We will engage with academia, industry and others to accelerate innovation**

## Why

**“I want to be ready, able and supported to improve the person’s experience and free up my time to use my skills for the good of the people I am caring for”**



**I feel confident and enthusiastic in using new digital solutions to help empower people to manage their own health and wellbeing.**

**I can support people to manage and coordinate their own care with me and share our experiences through the care record.**

**I have been afforded the time to innovate and to develop my skills and confidence in using digital solutions.**

**I have access to information necessary to do my job and I collect and use data as a fundamental part of my role in caring for the person, family or community that I work with.**

**I can interact with others supporting those I care for, regardless of location, using a number of digital tools and methods.**

# Integrate services

We will create digital solutions with the people who will be using them

We will judge our progress against this digital strategy from the public's perspective

We will create an environment that empowers our frontline

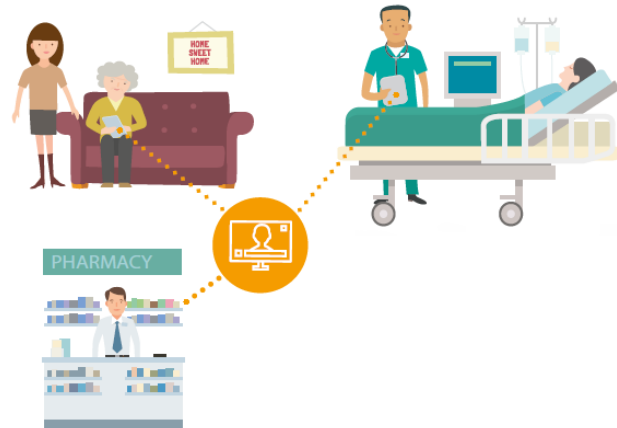
We will use data to prevent, predict and respond to ill-health

We will work together to reduce complexity in order to improve quality and safety

We will engage with academia, industry and others to accelerate innovation

## Why

**“Every time we offer care, we learn more about the person and their needs. By sharing our knowledge and experience we can make better, quicker decisions for people with similar needs and the wider communities we serve.”**



**We will adopt a unified approach, doing things at scale and building on what already works well.**

**We will share data rather than duplicating it, to support care for individuals, neighbourhoods and the whole population whilst always respecting people's right to privacy.**

**We will continue to develop our shared care record to support the delivery of safe, effective care , using data to predict and prevent disease.**

**We will access and process data as soon as it is recorded so we can manage our resources effectively and plan well for the future.**

**We will link people to information, resources and support, to facilitate choice and decision making.**



# Manage the system more effectively

We will create digital solutions with the people who will be using them

We will judge our progress against this digital strategy from the public's perspective

We will create an environment that empowers our frontline

We will use data to prevent, predict and respond to ill-health

We will work together to reduce complexity in order to improve quality and safety

We will engage with academia, industry and others to accelerate innovation

## Why

**“By working together we have an opportunity to better use resources to improve health outcomes for people in our region.”**



**We will get the basics right to ensure our systems are universally capable and secure from cyber-attack.**

**We will have a single approach to the way we govern information, always ensuring the public are aware of how we use data.**

**We will integrate our systems around the person and their specific needs, sharing the best of what works to solve day-to-day problems.**

**We will work together to reduce complexity, duplication and costs, using our collective buying power to get the best value for tax payers.**

**We will standardise and redesign our digital systems to release more time to deliver care and improve safety.**

# Create the future

We will create digital solutions with the people who will be using them

We will judge our progress against this digital strategy from the public's perspective

We will create an environment that empowers our frontline

We will use data to prevent, predict and respond to ill-health

We will work together to reduce complexity in order to improve quality and safety

We will engage with academia, industry and others to accelerate innovation

## Why

**“We will work collaboratively, constantly seeking out new technologies to improve health and care outcomes and make better use of our resources”**



**We will support people to innovate, creating space and time to tackle common problems and share good practice.**

**We will connect people to specialist resources including wider industry and academic partners to drive innovation and transformation.**

**We will consider the potential of new technologies as we plan ahead.**

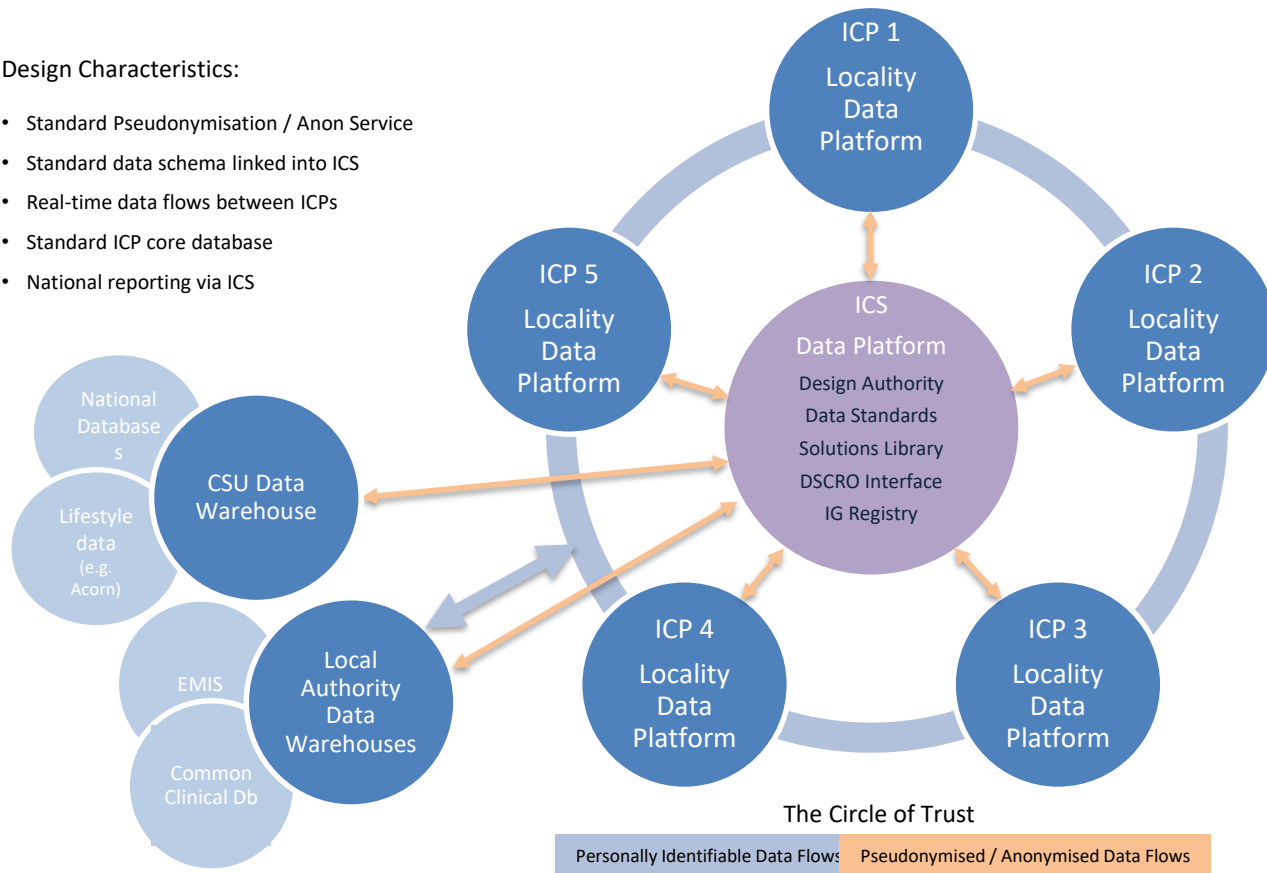
**We will build a reputation for innovation in technology to attract the workforce of the future.**

**We will use the best available data to drive continuous improvement.**

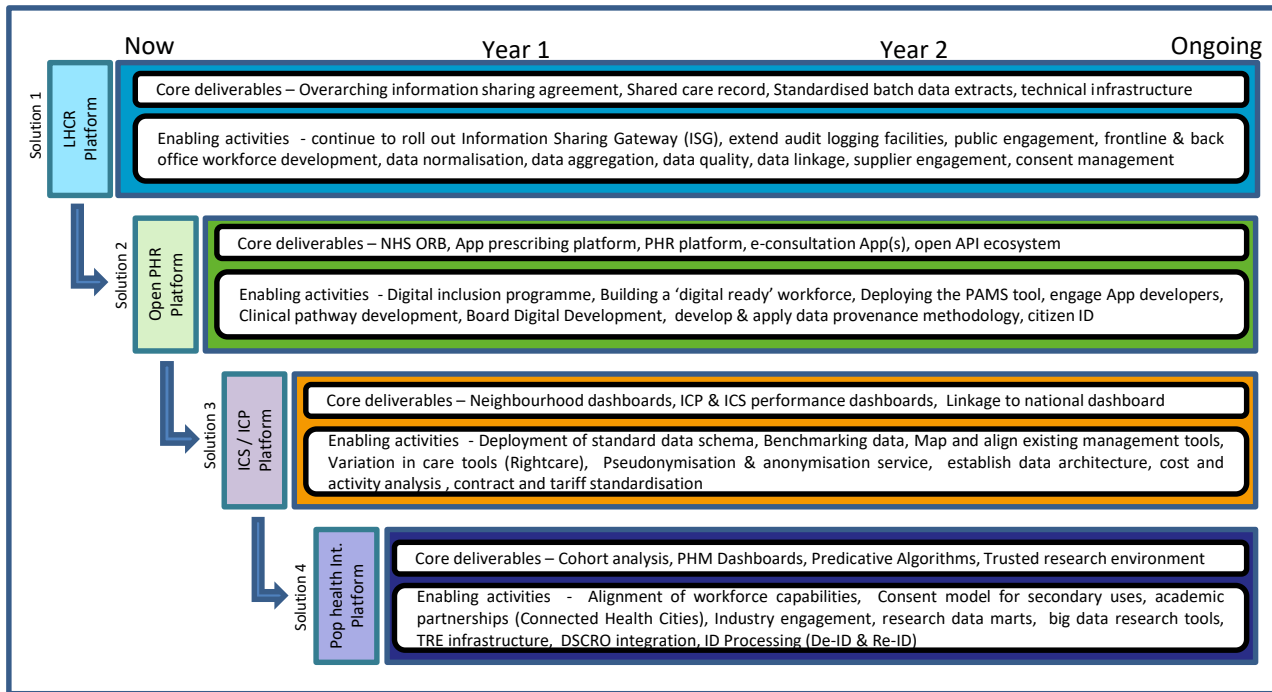


## Design Characteristics:

- Standard Pseudonymisation / Anon Service
- Standard data schema linked into ICS
- Real-time data flows between ICPs
- Standard ICP core database
- National reporting via ICS



# Proposed deployment roadmap



# Next steps...



Find out more on our website  
[healthierlsc.co.uk/digitalfuture](http://healthierlsc.co.uk/digitalfuture)

Join our NHS70 celebrations and share your story  
[nhs70.healthierlsc.co.uk](http://nhs70.healthierlsc.co.uk) #NHS70

Join in the conversation on Twitter [@HealthierLSC](https://twitter.com/HealthierLSC)

# Our Digital Future



# Foreword

The way we manage our lives is changing. **86% of households now have internet access, 82% of people go online every day and 72% of adults use a smartphone<sup>1</sup>.** It is now time to embrace this rapidly increasing digitalised world and manage our own wellbeing, health and social care needs. With two thirds of visits to the NHS Choices website being on smartphones<sup>2</sup>, there are clear indications that a majority of our public are ready to go online to understand and manage their health and care needs.

Healthier Lancashire and South Cumbria is home to a growing population of 1.7 million people<sup>3</sup>. More of us are getting older and experiencing long-term health problems. Some of this disease could be avoided or the ill-effects slowed down, if we took positive action. Using digital is one approach to help address the challenges we all face.

**Accordingly, we have refreshed our digital strategy to put patients, communities, and the public at the heart of our offer.** To demonstrate our commitment to this, we will measure our success and impact from the perspective of the person – not the organisation, technological infrastructure or the needs of health and social care systems. This serves as a significant shift in our thinking and approach.

We know digital will not work for everybody. Some people struggle with computers and not everybody has access to the internet. For those who would like to use digital but cannot, our aim will be to find ways to help them get online. As our digital offer grows we hope people will find it easier and more convenient to use online services, but technology will never replace the care and compassion that comes from our dedicated workforce.

This strategy outlines a set of shared principles aligned to five inter-connected themes. Our collective effort will be focussed towards empowering people.

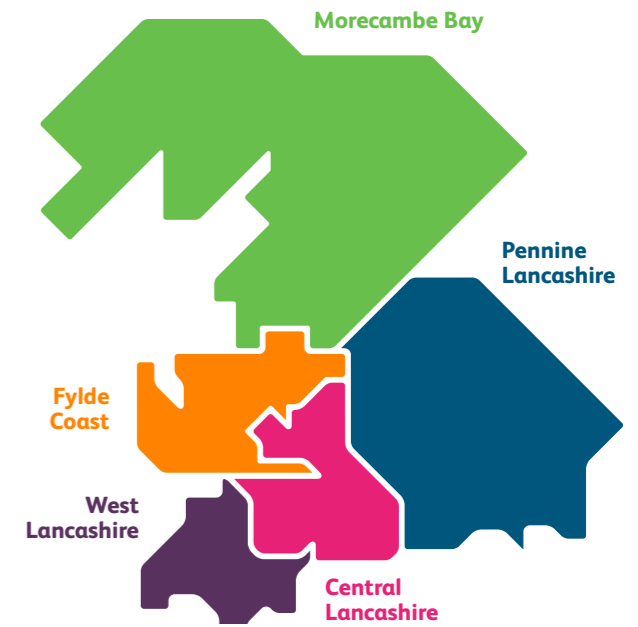


**Dr. Sakthi Karunanithi**  
MBBS MD MPH FFPH  
Chair of the  
Digital Health Board

References: 1 NHS Digital, NHS Digital Inclusion Guide – quoting from Ofcom (2016 figures). 2 NHS Digital, NHS Digital Inclusion Guide. 3 Based on the number of people registered with a GP in 2016/17, according to NHS England STP footprint analysis pack for Lancashire and South Cumbria 2017.

# Our shared principles

- We will create digital solutions with the people who will be using them
- We will judge our progress against this digital strategy from the public's perspective
- We will create an environment that empowers our frontline
- We will use data to prevent, predict and respond to ill-health
- We will work together to reduce complexity in order to improve quality and safety
- We will engage with academia, industry and others to accelerate innovation



“ Whilst we will continue to respond to the specific needs of communities, providers and commissioners alike, Healthier Lancashire and South Cumbria will take a unified approach wherever it adds value, saves time and delivers better outcomes ”

**DR AMANDA DOYLE**  
GP and Chief Officer for Healthier  
Lancashire and South Cumbria



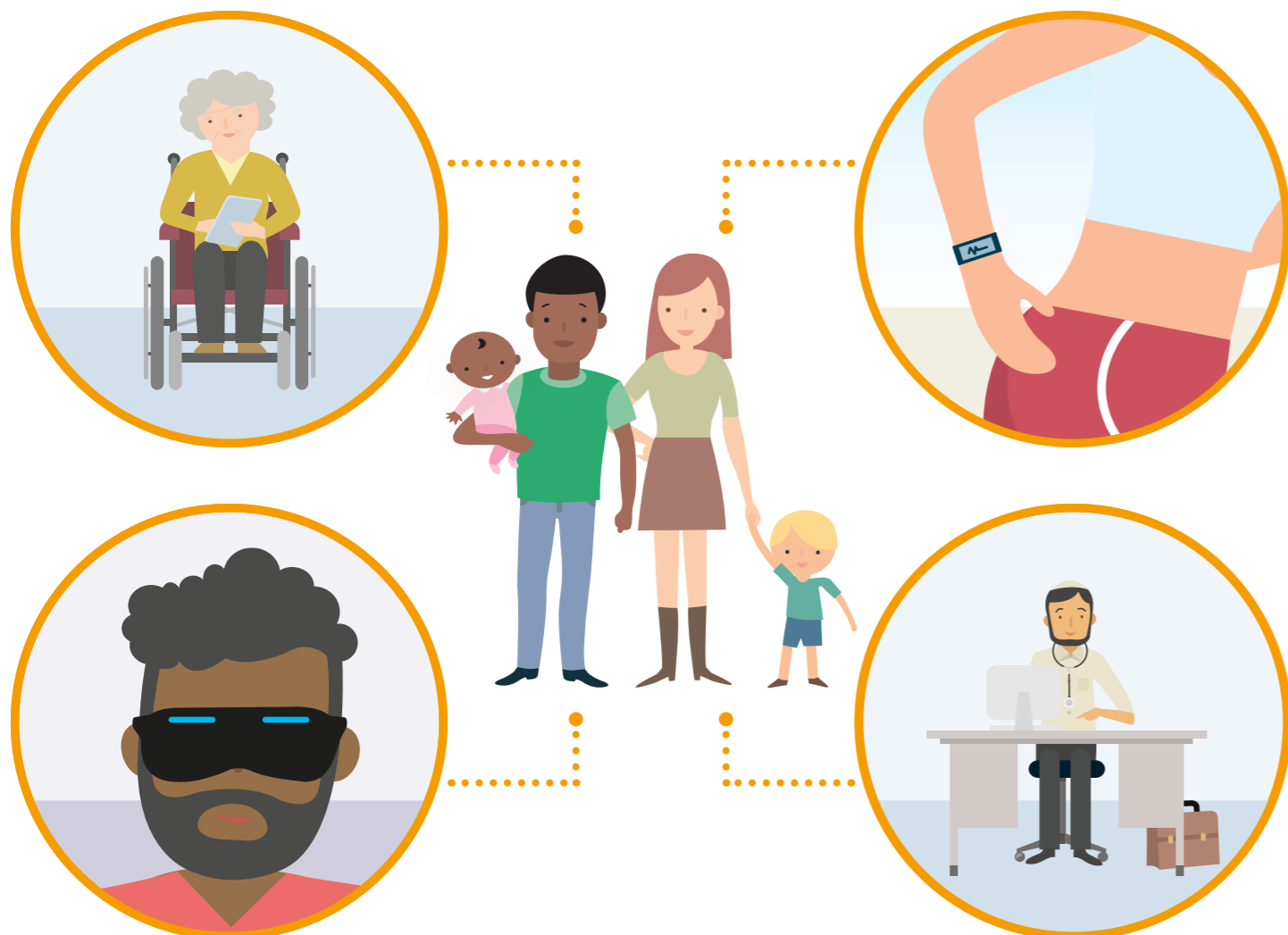
# Five inter-connected themes to improve our health and care in Lancashire and South Cumbria



# 1 Empower the person

## Why

“ The more I know about myself, my body and the consequences of the choices I make, the more confident I will be in managing my health and wellbeing ”



## What will this mean for the individual?

- I am able to access and add into my own electronic health care record, using it to manage my appointments and 'health business' online.
- I have access to good quality information to support me in making decisions and managing my health and wellbeing.
- When I need services and support, there are a growing range of options available to me to access them remotely from wherever I need to.
- I can use digital tools to help me to make changes where I need to and to monitor the impact of those changes on me, my family and my future.
- I am confident my data is stored securely and only shared when and where it is needed.

## How

People are able to use new health technology and apps to assist their own health and wellbeing.



The population of Lancashire and South Cumbria is approximately



**1.7 million** and increasing<sup>1</sup>

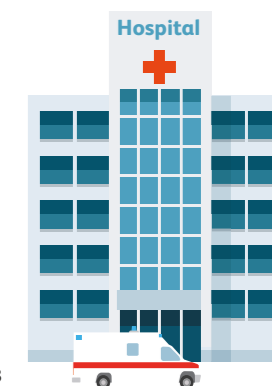
In Lancashire and South Cumbria, cardiovascular disease, heart failure, hypertension (high blood pressure), asthma, dementia and depression are



**above the national average<sup>2</sup>**

**About 1/3**

of people who go into A&E departments could have been seen by their GP or another community service<sup>3</sup>



“ We will help people take control of their health and care, providing secure online access to clinicians, personalised information, tools and advice ”

**COUNCILLOR SHAUN TAYLOR**  
Chair of Lancashire Health and Wellbeing Board

References: 1 Based on the number of people registered with a GP in 2016/17, according to NHS England, STP footprint analysis pack Lancashire and South Cumbria, Five Year Forward View 2016. 2 & 3 Information from Health and Social Care Information Centre, 2015, Quality and Outcomes Framework (QOF) 2014-15.



## 2 Support the frontline

### Why

“ I want to be ready, able and supported to improve the person’s experience and free up my time to use my skills for the good of the people I am caring for ”



### What will this mean for our staff?

- I feel confident and enthusiastic in using new digital solutions to help empower people to manage their own health and wellbeing
- I can support people to manage and coordinate their own care with me and share our experiences through the care record.
- I have been afforded the time to innovate and to develop my skills and confidence in using digital solutions.
- I have access to information necessary to do my job and I collect and use data as a fundamental part of my role in caring for the person, family or community that I work with.
- I can interact with others supporting those I care for, regardless of location, using a number of digital tools and methods.

“ Talent remains key, but digital technology will help fill the gap ”

**DR AMANDA THORNTON**  
Digital Health Clinical Lead  
Healthier Lancashire and South Cumbria

There is both a workforce and a financial gap, so something needs to change

### The cost of funding our staff has increased



since 2012 the NHS pay bill is £3.7bn larger in real terms, with 40,000 more clinical staff employed<sup>1</sup>

### We need to work on retaining our staff



as an example, the rate of nurses leaving the NHS grew from 7.1% to 8.7% between 2012 and 2017<sup>2</sup>. If we do not reduce demand, change services or increase productivity, the NHS will need **190,000 more staff by 2027**<sup>3</sup>

Across Lancashire and South Cumbria there are **41,230 people**<sup>4</sup> working in health, **46,000 people**<sup>5</sup> employed in social care and a wealth of people across the region that help support communities with health and care such as voluntary, community, faith, charity and housing organisations

### 94% of staff

have said that the potential of a digital ready workforce would make a large improvement to health and care<sup>6</sup>



**References:** \* 1 & 2 Public Health England, Facing the Facts, Shaping the Future (draft workforce strategy). 3 Health Education England. 4 WRaPT. 5 Skills for Care 2016/17. 6 Health Education England, working in partnership with NHS Digital and NHS England, commissioned Clever Together a three-week national online workshop to explore the needs and experiences of people working in the system who have digital expertise.

# 3 Integrate services

## Why

“ Every time we offer care, we learn more about the person and their needs. By sharing our knowledge and experience we can make better, quicker decisions for people with similar needs and the wider communities we serve ”



PHARMACY



“ Connecting together health and care records is key to improving the quality and safety of the care we provide ”

**DECLAN HADLEY**  
Digital Lead

Healthier Lancashire and South Cumbria



## What will this mean for our systems?

- We will adopt a unified approach, doing things at scale and building on what already works well.
- We will share data rather than duplicating it, to support care for individuals, neighbourhoods and the whole population whilst always respecting people's right to privacy.
- We will continue to develop our shared care record to support the delivery of safe, effective care, using data to predict and prevent disease.
- We will access and process data as soon as it is recorded so we can manage our resources effectively and plan well for the future.
- We will link people to information, resources and support, to facilitate choice and decision making.



There are more than **200 GP practices**<sup>1</sup>

## NHS Trusts

provide hospital, mental health, ambulance and health and wellbeing services across the region



## Clinical Commissioning Groups

along with other NHS organisations are responsible for the planning and commissioning of services such as NHS England, Health Education England and the Innovation Agency

## Councils

work with local partners and other public service providers, connecting health and care to their communities

## Communities

we will work with those who are making a difference to everything that connects health and care to communities such as voluntary, faith, education, charity and business organisations

**References:** 1 Based on the number of people registered with a GP in 2016/17, according to NHS England, STP footprint analysis pack Lancashire and South Cumbria, Five Year Forward View 2016.

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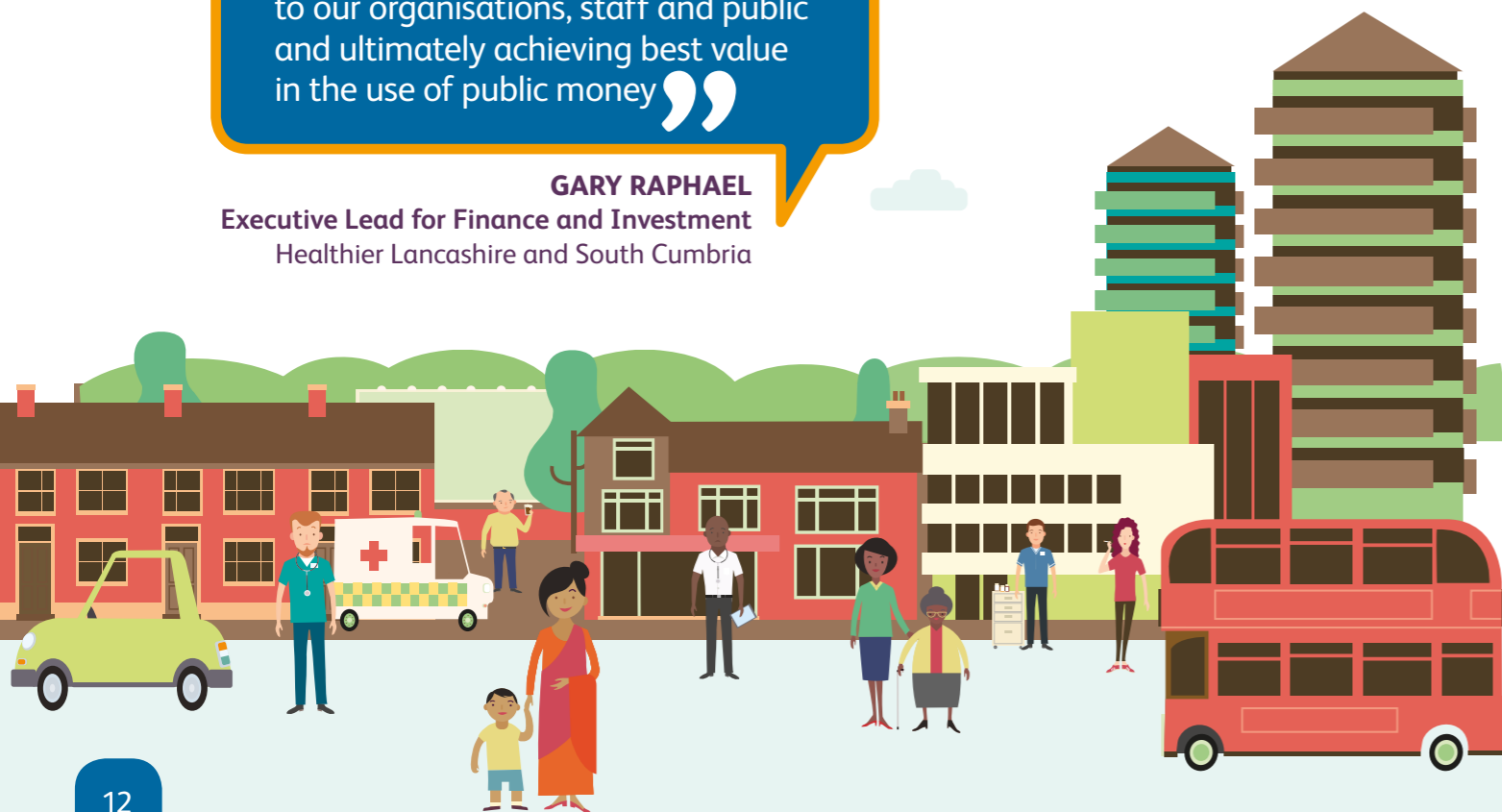
# Manage the system more effectively

## Why

“ By working together we have an opportunity to better use resources to improve health outcomes for people in our region ”

“ There are clear benefits to be derived from a more collaborative approach to delivery of the digital strategy, not least of which is a more robust and innovative offer to our organisations, staff and public and ultimately achieving best value in the use of public money ”

**GARY RAPHAEL**  
Executive Lead for Finance and Investment  
Healthier Lancashire and South Cumbria



## What will this mean for organisations?

- We will get the basics right to ensure our systems are universally capable and secure from cyber-attack.
- We will have a single approach to the way we govern information, always ensuring the public are aware of how we use data.
- We will integrate our systems around the person and their specific needs, sharing the best of what works to solve day-to-day problems.
- We will work together to reduce complexity, duplication and costs, using our collective buying power to get the best value for tax payers.
- We will standardise and redesign our digital systems to release more time to deliver care and improve safety.

## Approximately 1,200 people work in ICT services

within secondary care and Commissioning Support Unit, primary care and CCGs in Lancashire and South Cumbria<sup>1</sup>

## An estimated £57.3 million was spent on IT

in NHS Trusts across Lancashire and South Cumbria in 2016/17. This equated to an average of approximately 2% of total revenue.<sup>2</sup>

## Lancashire and South Cumbria were one of the first areas to have a single WIFI solution

available in hospitals, health centres and GP surgeries



References: 1 Workforce figures are taken from the Informatics Skills Development Network workforce survey. 2 Finance figures were provided by the NHS Trusts within Lancashire and South Cumbria

# 5 Create the future

## Why

“ We will work collaboratively, constantly seeking out new technologies to improve health and care outcomes and make better use of our resources ”



## What does this mean for our future?

- We will support people to innovate, creating space and time to tackle common problems and share good practice.
- We will connect people to specialist resources including wider industry and academic partners to drive innovation and transformation.
- We will consider the potential of new technologies as we plan ahead.
- We will build a reputation for innovation in technology to attract the workforce of the future.
- We will use the best available data to drive continuous improvement.

“ The future of Lancashire and South Cumbria is in our hands, a culture where innovation can thrive is vital ”

**DR LIZ MEAR**, Chief Executive  
The Innovation Agency  
(Academic Health Science Network for the North West Coast)

## Robots,

such as the DaVinci Xi at Lancashire Teaching Hospitals, will continue to be hugely successful in improving outcomes for treatments such as cancer leading to



## quicker recovery

Robots can provide a 3 dimensional view and the ‘wristed’ instruments allow much greater control and care of tissues, making it much easier for surgeons to access parts of the body that are difficult to reach, and undertake complex procedures using keyhole incisions rather than open surgery, reducing the risk of complications

## Genomic medicine,

sometimes also known as personalised medicine, is an emerging discipline that looks to customise a person’s medical care to their body’s unique genetic makeup. To make sure patients benefit from innovations in genomics, the Government has committed to sequencing 100,000 whole human genomes, from 70,000 patients, by the end of 2018.

## Approximately 35 percent

of healthcare organisations plan to leverage artificial intelligence within two years — and more than half intend to do so within five<sup>1</sup>.

Source: 1 Healthcare IT News and HIMSS Analytics survey from 2017

# Our next steps

The principles we have set out here represent our determination to use digital alongside traditional services for the benefit of people living in Lancashire and South Cumbria.

Our overarching ambition is to empower people, by giving them access to clear, relevant, and reliable health information. We believe that over time this will lead to better health outcomes for the whole population.

To achieve our ambition, we will develop an annual delivery plan that we will ask all our partners to sign up to. This plan will describe our collaborative programmes of work and define our investment priorities based around the five themes.

We will judge our progress year-on-year based on the principles we have set out, with a bias towards the perspectives of those people who use our services. Our annual review will reflect the pace of change in technology and be seeking to explore and exploit the constantly improving range of opportunities that digital provides.

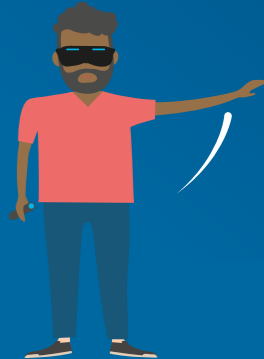
For the latest news and developments in digital health across Lancashire and South Cumbria, visit: [healthierlsc.co.uk/digitalfuture](https://healthierlsc.co.uk/digitalfuture) and follow [@healthierlsc](https://twitter.com/healthierlsc) on Twitter



## Healthier Lancashire & South Cumbria

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[healthierlsc.co.uk/digitalfuture](https://healthierlsc.co.uk/digitalfuture)

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[@HealthierLSC](https://twitter.com/HealthierLSC)





# Healthier Lancashire & South Cumbria

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[healthier.lsc@nhs.net](mailto:healthier.lsc@nhs.net)

