

# GOVERNING BODY MEETING **in Public**

## 27 April 2016

Agenda Item **3.5**

<b>Paper Title</b>	<b>Cheshire Digital Roadmap</b>
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### Purpose of paper

To provide the Governing Body with an update on the development of the Cheshire Digital Roadmap and to highlight the breadth of work currently either being led or supported by NHS Eastern Cheshire CCG.

<b>Outcome Required:</b>	Approve		Ratify		Decide		Endorse		For information	<input checked="" type="checkbox"/>
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### Recommendation(s)

**The Governing Body is asked to :**

- Note** the report on the development of the Cheshire Digital Roadmap

### Benefits / value to our population / communities

The use of digital technology is a key enabler to the Caring Together Programme and delivering the Caring Together ambitions. In line with the NHS Five Year Forward View, the increased use of digital technology is seen as a priority for improving people's experience of, and access to, care.

### Key Implications of this report

Strategic	<input checked="" type="checkbox"/>	Consultation & Engagement	
Financial		Equality	
Quality & Patient Experience	<input checked="" type="checkbox"/>	Legal / Regulatory	<input checked="" type="checkbox"/>
Staff / Workforce		Safeguarding	

### Governing Body Assurance Framework Risk Mitigation:

This paper does not relate to any risks on the Governing Body Assurance Framework.

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<b>Date of report</b>	<b>19 April 2016</b>

## Cheshire Digital Roadmap

### 1. Executive Summary

- 1.1 The Five Year Forward View<sup>1</sup> recognised the need for the NHS and social care to exploit the information revolution to meet the fundamental challenges facing us – the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap. Recognising the need for sector-wide leadership to deliver this agenda the National Information Board (NIB) has brought together organisations from across the NHS, public health, clinical science, social care, local government and representatives of the public. In November 2014, the NIB produced a document: ‘Personalised Health and Care 2020, Using Data and Technology to Transform Outcomes for Patients and Citizens - A framework for action’<sup>2</sup>. This document committed that by April 2016 (subsequently moved to June 2016):
- local health and care economies would produce detailed roadmaps highlighting how, amongst a range of digital service capabilities, they will ensure clinicians in all care settings will be operating without the need to find or complete paper records by 2018; and
  - by 2020 all patient and care records will be digital, real-time and interoperable.
- 1.2 An important element of this strategy is the production of local digital road maps, led by local commissioners in tandem with local authorities, local providers, local residents and other stakeholders. The end goal of this is the introduction of fully interoperable digital records, including primary and specialised care.
- 1.3 In addition, the local health systems are required to develop Sustainability and Transformation Plans (STP) which will incorporate the work around digital transformation. NHS England is asking every health and care system to come together to create its own ambitious local blueprint for accelerating its implementation of the Forward View. STPs will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016.
- 1.4 The Spending Review provided additional dedicated funding streams for transformational change, building up over the next five years. This protected funding is for initiatives such as the spread of new care models through and beyond the vanguards, primary care access and infrastructure, technology roll-out, and to drive clinical priorities such as diabetes prevention, learning disability, cancer and mental health. Many of these streams of transformation funding form part of the new wider national Sustainability and Transformation Fund (STF). For 2016/17 only, to enable timely allocation, the limited available additional transformation funding will continue to be run through separate processes.

<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>2</sup> [Personalised Health and Care 2020... - A Framework for Action Pub. Nov 2014](#)

- 1.5 The most compelling and credible STPs will secure the earliest additional funding from April 2017 onwards. The NHS will consider:
- the quality of plans, particularly the scale of ambition and track record of progress already made. The best plans will have a clear and powerful vision. They will create coherence across different elements, for example a prevention plan; self-care and patient empowerment; workforce; digital; new care models; and finance. They will systematically borrow good practice from other geographies, and adopt national frameworks;
  - the reach and quality of the local process, including community, voluntary sector and local authority engagement;
  - the strength and unity of local system leadership and partnerships, with clear governance structures to deliver them; and
  - level of confidence that a clear sequence of implementation actions will follow as intended, through defined governance and demonstrable capabilities.

1.6 Technology Overall 2020<sup>3</sup> goals:

<b>Goal</b>	<b>Progress in Cheshire</b>	<b>Timescale</b>
Support delivery of the National Information Board Framework 'Personalised Health and Care 2020' including local digital roadmaps, leading to measurable improvement on the new digital maturity index and achievement of an NHS which is paper-free at the point of care.	Published initial Digital Roadmap Footprint Completed Digital Maturity Questionnaire Scheduled first meeting of Roadmap partners.	2020
95 percent of GP patients to be offered e-consultation and other digital services; and 95 percent of tests to be digitally transferred between organisations.	Currently the vast majority of practices in Eastern Cheshire, South Cheshire and Vale Royal have access to the Sunquest ICE system for requesting tests and receiving test results.	2020
Minimum of 10 percent of patients' actively accessing primary care services online or through apps, and set trajectory and plan for achieving a significant increase by 2020.	EMIS web applications for GP records and appointments currently available to patients. Plan for promoting activity to be agreed.	2016/17
Ensure high quality appointment booking app with access to full medical record and agreed data sharing opt-out available from April 2016.	As above, plus for 2016 – 2018 development of Smartphone app to promote access to patient records.	2016/17

<sup>3 3</sup> [Delivering the Forward View: NHS planning guidance 2016/17 -2020/21 pub.12 / 2015](#)

Goal	Progress in Cheshire	Timescale
Robust data security standards in place and being enforced for patient confidential data.	Cheshire Shared IT Network which will be deployed in 2016/17 has a considerable additional investment in cyber security	2016/17
Make progress in delivering new consent-based data services to enable effective data sharing for commissioning and other purposes for the benefit of health and care.	Cheshire Care Record – data sharing agreements in place.	2016/17
Significant increase in patient access to and use of the electronic health record.	Plan to promote access to be agreed – will be part of the Smartphone App development.	2016/17

## 2. Digital Roadmap Footprint

- 2.1 The NIB has mandated that CCGs are best positioned to lead and coordinate the development of roadmaps. As a first step CCGs have agreed an initial organisational footprint, which includes the following CCGs: South Cheshire, West Cheshire, Vale Royal and – taking a coordinating role - Eastern Cheshire. Local providers and Councils have also agreed to be involved in the planning process.
- 2.2 Between November 2015 and January 2016, providers selected by NHS England completed a digital maturity self-assessment. This will be collated into a digital maturity index, which will provide a basis for developing strategies for identifying and filling the gaps in the use of paperless at the point of care solutions. This will also identify areas of strength amongst providers, which can be expanded and directed to meet the shortfall in other areas.
- 2.3 The four local providers selected by NHS England are:
- East Cheshire NHS Trust
  - Mid Cheshire Hospitals NHS Foundation Trust
  - Countess of Chester Hospital NHS Foundation Trust
  - Cheshire & Wirral Partnership NHS Foundation Trust
- 2.4 The next milestones in the Digital Roadmap process are:
- Consideration of the digital maturity report
  - Further guidance from NHS England (Jan 2016 – now overdue)
- Development and publication of the Local Digital Roadmap (June 2016)

## 3. Roadmap Current Work Streams

### The Forward View:

*“At times we have tried highly centralised national procurements and implementations. When they have failed due to lack of local engagement and lack of sensitivity to local circumstances, we have veered to the opposite extreme of ‘letting a thousand flowers bloom’. The result has been systems that don’t talk to each other, and a failure to harness the shared benefits that come from interoperable systems.”*

- 3.1 The Digital Roadmap and Pioneer initiatives provide an opportunity to develop technical solutions that are sensitive to local needs but at a scale that allows efficient use of resources and an accelerated programme of development towards a “digital first” future.
- 3.2 There is existing Cheshire-wide infrastructure work ongoing, which is providing a foundation to support digital integrated services and mobile working. These initiatives include:
- Cheshire Shared IT Network (MPLS) which is connecting primary care across Cheshire.
  - Cheshire Care Record – providing comprehensive access to individual records across primary, secondary, tertiary, community, third sector and social care.
  - Information Sharing Framework
  - Federated Wi-Fi programme which is expanding simple connectivity to professional ICT services across health and social care premises.
  - Active Directory restructures, to provide connectivity and improve system management and service deployment.
  - Public Sector Network (PSN) connectivity between the Health and Social Care networks, providing new opportunities for resource and data sharing.
  - Smart Health Apps (CATCH) – smartphone applications
  - Electronic Patient Record (EPR)
  - Out of Hours and End of Life EPR programmes
  - Complex Dependency Programme (CDP)
  - NHS Number normalisation – programme of work to roll out the use of NHS Numbers as the primary unique identifier, across health and social care.

#### **4. Cheshire Shared It Network**

- 4.1 The Cheshire Shared IT Network (MPLS) is a programme of work supported by the following CCGs:
- Eastern Cheshire
  - South Cheshire
  - West Cheshire
  - Vale Royal
- 4.2 The Cheshire Shared IT Network takes the existing N3 (NHS) network infrastructure and using new technology (MPLS) allows technically isolated organisations, such as practices, to connect to each other. It is a first significant step in linking primary, secondary and social care services. In the first phase all of the partnership practices will be brought together in one network and instead of working in isolation will be able

to share information and ICT resources between practices and secondary care sites. This does not provide immediate connectivity, but puts in place the foundations to allow systems to connect and data to be shared. Further phases of the programme will encompass community sites social care and other locations such as Nursing Homes, where additional access would improve services to patients and residents.

- 4.3 The network provides a platform which will support the work streams and initiatives that will bring us much closer to the 2020 goals: This includes:
- Developing efficient paper free services and connectivity between organisations
  - Improved access through universal access via Wi-Fi
  - Improved security for patient and citizen data through investment in technology and centralised management systems.
  - Enabling access to data flows across organisations
  - Enabling the purchase of ICT solutions at scale, with improved efficiencies in terms of cost, licencing, management and deployment.
  - Enabling the sharing of existing resources, which have been confined to single organisation domains.
  - The contract with the principal supplier (BT) was signed by the four CCGs in January 2016 and the programme is expected to continue into the fourth quarter of 2016 at which point all of the practices and resources identified in the first phase, will be connected to one single Cheshire IT health network. This will then provide an opportunity to deploy other federated services such as Wi-Fi, Centralised Server Management and Backup and IP Telephony (VOIP).

## 5. Cheshire Care Record

- 5.1 The Cheshire Care Record (CCR) is a summary care record project involving all GP, hospital, community, mental health and social care services provided in the county of Cheshire. The CCR is now considered to be one of the most comprehensive care records available in the UK and is an excellent demonstration of the high level of commitment to collaborative working across health and care organisations in Cheshire.
- 5.2 Cheshire East Council successfully secured NHS England Tech II funding to extend the West Cheshire Care Record to become the Cheshire Care Record in March 2015 and initially indicated that the project would complete within six months by October 2015. This was always recognised as an ambitious target and it became apparent quite quickly that the project required a more considered implementation rate. And mid-year the Project agreed a revised timeline of March 31 2016.
- 5.3 The Project committed to NHS England that it would deliver £5.3m benefits over four years (circa £1.55m of benefits per annum). This equates to circa £222k per partner per annum.

- 5.4 **Current Position.** Delivery of the Cheshire Care Record comprises two components for each partner:
- The delivery of nightly data feeds into the Cheshire Care Record to populate the summary record
  - Operational use by staff within each partner organisation to pilot access to the Cheshire Care Record and quantify benefits
- 5.4 To date the Cheshire Care Record holds a summary longitudinal GP record for West and Eastern Cheshire patients from 67 practices, plus acute data from the Countess and Eastern Cheshire, all mental health data across Cheshire, social care data for clients in Cheshire West & Chester and cancer data from Clatterbridge Hospital. As such this is probably the most comprehensive shared care record within the UK to date.
- 5.5 GP primary care data will be added from Vale Royal (10 GP practices), plus acute data from Mid Cheshire NHS Foundation Trust and cancer data from The Christie.
- 5.6 It is anticipated that the Cheshire Care Record will be fully implemented in Eastern Cheshire by the end of June 2016, supported by a pan-Cheshire communication approach.

## 6. Information Sharing Framework

- 6.1 The Cheshire Care Record programme established an information sharing framework and governance body to manage the information sharing issues and agreements between the different parties involved in supporting the care record and invested a considerable amount in finance and resources establishing a legal process.
- 6.2 The demand for information sharing and data agreements continues unabated outside of the CCR. Specialist services that require access have limited choices in terms of gaining access to data that would improve the quality of treatment and patient safety. Currently they can make a data sharing agreement with each practice, which may run into hundreds, or send out a general request for their service to be added. This is not a tenable methodology going forward, as it creates an unsustainable administrative burden on both the practice and the organisation requiring access, this in turn will lead to either no access to records or a lack of effective governance.
- 6.3 Other health areas have taken a more organised approach, for example 4iLinks Information Sharing Framework based around North Mersey, which used the collaborative approach pioneered in the CCR to establish a methodology and process for managing the sharing of information across the regions health and social care organisations.

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[http://www.ilinksinnovationsmersey.nhs.uk/media/1128/ilinks\\_informatics\\_transformation\\_strategy\\_2014\\_2017.pdf](http://www.ilinksinnovationsmersey.nhs.uk/media/1128/ilinks_informatics_transformation_strategy_2014_2017.pdf)

6.4 Using models of best practice such as iLinks there is an opportunity to take the existing cooperative information governance arrangements and expand them into a general Cheshire wide process for managing and auditing data sharing across organisations.

## 7. Federated Wi-Fi

7.1 The development of an efficient communications network is fundamental to the delivery of care in a paperless system. Currently Wi-Fi is seen as the technology of choice for providing efficient and simple to use access to digital resources and this underpins many of the current plans supporting whole system change, including “Birmingham – The Intelligent City” which features significant investment in a city wide mesh Wi-Fi system.

7.2 WiFi is a preferred solution for supporting integrated working in the short to medium term as it provides a method whereby teams from health and social care can be physically located together and access their own technical resources, without having to engage in a costly network re-engineering programme. The Stockport Together programme sees W-Fi as the foundation for bringing services together and improving on the current reality of paper, faxing, telephones and disconnected IT, resulting in lack of continuity, repeating tests and information.

7.3 In Cheshire Wi-Fi system availability is patchy across the region, some areas such as South and Vale Royal have an existing infrastructure, but Eastern Cheshire have only Wi-Fi access in their offices on the Macclesfield Hospital site and very little access in practices.

7.4 The Cheshire Federated Wi-Fi project is an informal collection of existing work streams, which by cooperation amongst commissioners, councils and providers is seeking to achieve the following mutually beneficial goals:

- Adoption of a common SSID (Unique identifier broadcast by the network for users to connect to) for health and council workers. This means that any council or health worker will be able to connect automatically to their resources at any location that is transmitting the common SSIDs.
- Connection of Wi-Fi networks to allow reciprocal connectivity between council and health. Currently Cheshire & Wirral NHS Partnership Trust and Cheshire West are trialling a connection between their Wi-Fi systems which allow each to connect securely to the other where common technical standards are already in place.
- Expansion of Wi-Fi connectivity is currently being rolled out in Eastern Cheshire to all practices and to a lesser extent elsewhere. This expansion is supported by the deployment of the Cheshire Shared IT Network which provides the connectivity between the practices and the rest of the organisations that are linked via this facility.

7.5 At present this loose connection of existing projects is driven on good will and cooperation, but requires greater coordination and focussed management to achieve consistency across the piece. The ultimate aim is for a Cheshire Public Service

employee to be able to work from any health or council building in the region and automatically log on to their own digital resources, such as shared files. This requires a single cross- organisation programme to:

- Agree common standards for ubiquitous SSIDs (Wi-Fi identifiers) and then deploy this across the estate
- Identify the gaps in Wi-Fi access and develop finance and roll out plans to fill those gaps.
- Agree future common standards for the purchasing of networking and IT equipment to leverage better and more efficient access across Cheshire.
- Develop a programme to provide Public Wi-Fi (plus Guest Wi-Fi) to support patients and citizen access to their 5care records and accredited health and social care applications and digital information services.
- Create a permanent group to manage and develop the network to achieve common goals and to horizon scan for new communication methods, as technologies such as 4G evolve and replace the need for existing fixed infrastructures.
- Engage with new partners such as Midlands and Lancashire Commissioning Support Unit with a view to using their existing expertise in this area and seek out other provider organisations to adopt these common Wi-Fi standards (e.g. Hospices, Nursing Homes, Private Hospitals and other providers operating adjacent to the current footprint).

## 8. Active Directory Restructure

- 8.1 The Active Directory service is a distributed database that stores and manages information about network resources and other application related data. This allows administrators to organise users, computers and devices into a hierarchical collection of containers. The top level container is the “forest”. Within a forest are domain containers and within domains organisational units. The relationship between these determines what can or cannot be done in a network such as delegation of authority to access or restriction to access certain resources.
- 8.2 The structure affects how services can be deployed – moving to a centralised hierarchy makes it easier to cascade changes throughout the network and roll out new services. Security can be improved as it is centralised and will benefit from more efficient investment and consistency. Resources can also be shared and it benefits mobile working across the network.
- 8.3 Currently within Health Care and with some notable exceptions, we have traditionally developed on an individual organisation basis, with domains that are not connected to an external hierarchy.
- 8.4 The deployment of the Cheshire Shared IT Infrastructure will require the redesign of the existing Active Directory structure, leading to opportunities for centralising data

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<sup>5</sup> [Personalised Health and Care 2020 Using Data and Technology to Transform Outcomes for Patients and Citizens – National Information Board - November 2014](#)

storage, moving servers out of practices to reduce the practice workload and improving security, data integrity and resilience. It is also an opportunity for other organisations that are part of the Roadmap to review their structures and consider the advantages of being part of a larger structure.

8.5 This also a propitious time to consider a restructure as there is considerable expertise available within some partner organisations, having completed similar exercises elsewhere.

8.6 The opportunity here is to take the existing work stream within the Cheshire Shared IT Network programme and expand it out to the rest of the partner organisations that are willing or able to engage.

## 9. Public Sector Network (PSN) Connectivity

9.1 One of the benefits of the Cheshire Shared IT Network programme is that it will support the Public Service Network (PSN) standard. This in theory will allow the Cheshire Shared IT Network to connect to other PSN accredited networks such as the local councils Cheshire East and Cheshire West and Chester.

9.2 The principal advantages are:

- Ability to connect the network to allow cross organisation working and access to resources
- More efficient use of resources – the Councils and the NHS often duplicate the network connections into buildings and provide duplicate resources such as printers and computers in the same location.
- Ability to share and link data resources.

9.2 NHS Eastern Cheshire CCG has bid for capital monies to support a linkage of the two networks and this will require a programme of work and organising body to ensure compliance to the PSN standards, so that other parts of the Roadmap group can be linked across Cheshire and accelerate growth and participation.

## 10. CATCH Health App and Smart Health Apps

10.1 CATCH (Common Approach To Children's health) is a Smartphone/digital device Application – that provides parents and carers of children aged 0-5 in Cheshire East with NHS-approved information to help parents know when their child needs medical attention and when self-care would be more appropriate.

10.2 This app was launched in February 2016 and its development was supported by Cheshire East Council, Eastern Cheshire and South Cheshire Clinical Commissioning Groups and NHS Choices.

10.3 **Smart Health Apps.** Recognising the success of CATCH and similar apps, local CCGs have applied for capital funding around the development of more general health directory applications for smart phones/digital devices. It is recognised that there is considerable development in this area which is expanding rapidly, but this particular category of app appears to be digitally mature, stable and provides a useful platform

upon which to deliver many of the patient and citizen ambitions outlined in the Government's <sup>6</sup>Five Year Forward View and <sup>7</sup>2020 Vision

- 10.4 The apps will give users rapid and easy access to more up-to-date local health and social care information including a directory of pharmacies, GPs, hospitals, clinics, care homes and other services. At a touch of a button users will be able to find the services that are nearest to them at any time. For example, if trying to find a late night chemist, the app will automatically sort out which are the closest and then provide the opening hours, address and contact details.
- 10.5 They can also signpost patients and citizens to other resources, such as access to their own health record or the ability to book appointments on line. These apps are also used to deliver information about waiting times at local Accident & Emergency centres and health campaigns.
- 10.6 If the bid is successful the intention is to run this as a procurement exercise across a wide footprint. Information is provided on a geo location basis, so there are considerable advantages to operating this at a Cheshire wide as opposed to a local level. Information can be maintained centrally with any changes deployed across the whole footprint, leading to a well maintained, useful and consistent service.

## 11. Complex Dependency Programme (CDP)

- 11.1 The CDP programme vision is to establish a new multi-agency approach to tackling issues of complex dependency for children, families and vulnerable adults across Warrington, Cheshire West and Chester, Halton and Cheshire East local authority areas.
- 11.2 This new development is supported by an award of £5million in December 2014 from the Department of Communities of Local government and involves local council, health and care organisations across the public sector.
- 11.3 The programme is looking to support in excess of 10,000 people – cohort drawn from:
- adults and children involved in crime or anti-social behaviour
  - children who have problems at school
  - children who need help
  - adults out of work or at risk of financial exclusion
  - individuals and families affected by domestic violence and abuse
  - individuals with a range of (non-age related) health problems
  - young people affected by homelessness/rough sleeping

## 12. NHS Number

- 12.1 Use of the NHS number: To date, the performance of providers of publically-funded care in this context has fallen short of expectations in many instances. Whilst a recent

<sup>6</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>7</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/384650/NIB\\_Report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384650/NIB_Report.pdf)

national survey has indicated that the NHS Number is now being used as a consistent unique identifier in the vast majority of settings, it is still not being adopted universally. To help respond to this challenge, the 2015/16 Planning Guidance referenced that the NHS number will be used as the primary identifier in all settings when sharing information. Commissioners have additional powers proposed through the NHS Standard Contract for 2015/16, to withhold funding from providers unless these conditions are met.

### **13. Digital Maturity**

- 13.1 The Digital Maturity Self-Assessment has been completed by four local NHS providers and this will be collated into a digital maturity index. As a first step this index will be used as the basis of a conversation to identify areas of strength and presents opportunities for shared learning and coordinated improvement plans. It has the potential to assist organisations across Cheshire, setting out on common journeys to explore whether common technical solutions or a consistent approach will pay dividends.
- 13.2 Organisations can understand and learn from those who have optimised and exploited what is often the same core technology to deliver a higher level of benefit.
- 13.3 The index should enable organisations to achieve rapid progress to the achievement of a consistent baseline of digital maturity across the footprint and allow for further cooperative planning to fill the gaps in future years.
- 13.4 It is worth noting that the results recorded in the Digital Maturity Index will also inform key lines of enquiry and the determination of overall ratings within the revised CQC inspection regime.

### **14. Conclusion and Recommendations**

- 14.1 The organisations that have agreed to be part of the Digital Roadmap across Cheshire have many of the processes and services already in place to deliver paperless at the point of care. The development of the Digital Roadmap is an opportunity to identify the areas of existing best practice across the region and roll these solutions out across all of the organisations involved, bringing the levels of digital maturity up to a new higher baseline level. This move to a new coordinated model should deliver a better service for citizens and patients and a more efficient service in terms of resources, finance, licencing, management and work flow.
- 14.2 Whilst recognising that there will be opportunities to make financial savings through more efficient use of resources, it should not be forgotten that more support will be required to maintain and deliver these new expanded services and more training will be required to support the take up and use of new technologies, including basic training on the use of technology and communications.
- 14.3 The brief outlines the good work that is already taking place across Cheshire with cooperation across the public, private and third sectors. However the overall organisation is fragmented and lacks a unified governance structure. A

recommendation was made to the Connecting Care Across Cheshire Pioneer Panel meeting in March 2016 that there be a single pan Cheshire Digital Roadmap Board to oversee all IT developments – merging the current shared record programmes. This would allow better use of resources and expertise across Cheshire.

- 14.4 The second recommendation was to consider expanding the coverage of the Cheshire Digital Roadmap Board to a Cheshire and Warrington devolution footprint or to retain the current arrangement. This would be particularly relevant if we expanded the public sector involvement to other services such as Fire and Police.

**15. Peer Group Area / Town Area Affected**

- 15.1 All of Eastern Cheshire

**16. Population affected**

- 16.1 All of Eastern Cheshire

**17. Access to further information**

- 17.1 For further information relating to this report contact:

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**18. Glossary of Terms**

CCR	Cheshire Care Record
CDP	Complex Dependency Programme
EPR	Electronic Patient Record
NIB	National Information Board
PSN	Public Service Network
STP	Sustainability and Transformation Plan
STF	Sustainability and Transformation Fund

## Governance

<b>Prior Committee Approval / Link to other Committees</b>	
The Connecting Care in Cheshire Pioneer Panel Meeting – 9 <sup>th</sup> March 2016	

<b>CCG 5 Year Strategic Plan programme of work this report links to</b> <input checked="" type="checkbox"/>			
Caring Together	<input checked="" type="checkbox"/>	Quality Improvement	<input checked="" type="checkbox"/>
Mental Health & Alcohol		Other	

<b>CCG 5 Year Strategic Plan ambitions addressed by this report</b> <input checked="" type="checkbox"/>			
Increase the number of our citizens having a positive experience of care		Increase the proportion of older people living independently at home and who feel supported to manage their condition	<input checked="" type="checkbox"/>
Reduce the inequalities in health and social care across Eastern Cheshire	<input checked="" type="checkbox"/>	Improve the health-related quality of life of our citizens with one or more long term conditions, including mental health conditions	<input checked="" type="checkbox"/>
Ensure our citizens access care to the highest standard and are protected from avoidable harm	<input checked="" type="checkbox"/>	Secure additional years of life for the citizens of Eastern Cheshire with treatable mental and physical health conditions	
Ensure that all those living in Eastern Cheshire should be supported by new, better integrated community services	<input checked="" type="checkbox"/>		

<b>CCG Operational Plan 2015/16 programme of work this report links to</b> <input checked="" type="checkbox"/>			
Integrated Care	<input checked="" type="checkbox"/>	Specialist & Direct Care	
Systems Resilience	<input checked="" type="checkbox"/>	Continuous Quality Improvement	<input checked="" type="checkbox"/>
Duty of Care			

<b>CCG Values supported by this report – please indicate</b> <input checked="" type="checkbox"/>			
Valuing People	<input checked="" type="checkbox"/>	Innovation	<input checked="" type="checkbox"/>
Working Together	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>
Investing Responsibly	<input checked="" type="checkbox"/>		

<b>NHS Constitution Values supported by this report – please indicate</b> <input checked="" type="checkbox"/>			
Working together for patients	<input checked="" type="checkbox"/>	Compassion	
Respect and dignity	<input checked="" type="checkbox"/>	Improving lives	<input checked="" type="checkbox"/>
Commitment to quality of care	<input checked="" type="checkbox"/>	Everyone counts	<input checked="" type="checkbox"/>