Will Smart
Chief Information Officer for Health & Social Care
Skipton House
80 London Road
London
SE1 6LH

19 January 2017

Dear Will

RE: Response to Interoperability request for comments

Thank you for your request to comment on the interoperability and population health document. Attached is the response from the Community Interoperability Board for your attention.
Board members were keen that I emphasise with you the role that it has in working with networks to deliver the standards required to deliver this going forward.

Should you wish we would be only too pleased to speak with you directly on any aspect.

Best Wishes

Yours Sincerely

Luke Readman
Chair C4H Community Interoperability Board
CIO Tower Hamlets, Newham & Waltham Forest CCGs
NEL STP Digital Lead

C4H CIB response to request for comments on;
'Target Architecture. Outputs from the Interoperability and population Health Summit'

Introduction

The Code 4 Health, Community Interoperability Board (CIB) was established early in 2016. This network of networks has taken on a leadership role across the service to coordinate and deliver working interoperability standards. Membership and remit is in the teller I sent to you in late October and attached as an annex. The CIB welcomes and is very supportive of the recent summit and the output produced and is keen that the service quickly move to a settled policy so that we can begin the task of implementation.

This document forms the summary response from the CIB agreed at its meeting of 16th January 2017. We are aware that there have been many overlapping requests for comment and that individual members of the CIB may well respond in addition to this either individually or as a result of their own network discussions.

The structure of this response is based around section 4 (Conclusion) of the document.

Comment on two main elements

1) **Governance** based on a set of regional self-organising communities building upon the existing planning approach with a minimum STP level footprint (including the ability to extend to a combination of STPs), where each community operates as a learning health care system for its population. This will be supported by a digital roadmap that delivers a regional platform for shared services, information sharing for both direct care and population health management based upon privacy by design. This at a scale of approximately 2 to 5 million population. Leadership is key to driving delivery of information sharing and so the STPs as self-organising communities are key in driving local implementation and delivery and having the leadership in place.

   Response
   There is broad consistent support to organising governance or the human element from all networks. There is some debate about the best population size illustrated by a general recognition that larger populations bring benefits in terms of analytical capability and the reduced opportunity for duplication, however this has to be balanced by the reality of historic alliances, geography and patient flows. These are not always aligned and the implementation phase will have to recognise this. The report is slim on any methodological evidence base as to 2-5Million population size. It has been asserted that cultural, social and leadership factors may have as much a role to play in the population sizes that exist currently than any other technical or computer science factor.

   CIB want to strengthen to a greater extent than is clear in the paper that in order to have a national approach, a series of regional arrangements that are federated across the country is proposed.

2) The target architecture based on a number of **'regional platforms'** striking the balance between a single national approach and the current generally localised approach to provide an optimal hybrid. This being at a sufficient level to provide economies of scale, mirroring the approach in self-organising units of local delivery whilst not being tightly coupled to them and so able to flex around organisational constructs. It brings together the architectural capabilities for information sharing for direct care and population health management as well as serving purposes for planning, commissioning and research - all based upon the sharing of the same structured data. It also enables the ability to move at pace" at a regional level, whilst using a set of nationally-provided capabilities, adhering to

national standards and using standardised components. This enables learning across localities and potentially promoting these datasets/regional capabilities to then become available at a national level.

Response
It may be considered that there are a number of main elements to the technical architecture, comprising information exchange at the point of care, analytical insight at individual or population level and associated feedback mechanisms. The current state of deployment of such solutions varies with, in general, some approaches to exchange in place but very few approaches to analytical insight at scale at detailed record level across sectors. The challenge then of the underpinning architecture is significant and views vary about extent, scale and ambition. This can be set out into two discussions, first is the extent to which a technical platform should be coterminous with the governance & organising principle in element 1. The second is whether existing planning groups at localities and populations less than defined in element 1 should aggregate to this level. Responses within networks vary and because by and large this is a new direction of travel there is some anxiety about any proposed changes. In addition there are a set of views which emphasise the need for varying commercial arrangements and opportunities across the nation. It has been suggested that learning through supporting a few regional exemplars of varying sizes may provide real-time feedback as to the best option.

A further theme of responses is to query the data sharing and data controller models for this work, in part as an argument for higher levels of aggregation although also for greater local ownership which are to some extent competing views. This just at the moment is to some extent further compounded by the expected outcome of the Caldecott 3 report.

The view of the CIB is that this element as set out is the right direction of travel and that it is important in policy terms that this is confirmed. The CIB expects that subsequently each area of the country through the STP planning layer will be asked to collaborate and present a response to this helpful challenge in this delivery piece of work. This will inevitably expose those areas where agreement cannot be reached. The CIB favour this self-determining approach in the first instance rather than a central imposition. We would expect that responses would also include the extent to which elements of national services through NHSD would be incorporated.

Comment on Next Steps and Considerations:

1) To engage on the proposed target architecture with the attendees of the interoperability summit and then to wider stakeholder groups.
Response
This is supported and CIB would be keen to understand what role it can play in support of this.

2) To consider the approach and guidance on supporting the self-organising groups and their scale to establish learning health and care systems.
Response
This is supported and CIB would be keen to understand what role it can play in support of this

3) To outline the leadership and delivery expectations that would need to be in place locally to ensure that this implementation can be achieved and benefits realised.
Response
Supported, expected through the Academy/BCS joint work

4) Further work in outlining the information governance implications of the target architecture, including taking account of the work to develop anonymisation guidance/standards and incorporating privacy by design in early stages.
   Response
   Might well be best to learn from existing leaders .Involve the work of the National Data Guardian as well as engagement with existing exemplars in population management work across the country.

5) To outline the local 'design guide' for regional platforms - including the key capabilities needed and which ones will be delivered nationally.
   Response
   There is some uncertainty here and perhaps the approach taken would be to consider the minimum requirements from a national view on top of the local requirements. There is potential for the national requirements to dominate which should be avoided.

6) To urgently accelerate the definition of the national standards - both in the common set of interfaces and also the national datasets required, as well as the delivery roadmap for 'do-once' national infrastructure capabilities based on open standards and open source approaches.
   Response
   This requires a clear set of requirements which have in part been set out by CIB, but perhaps more importantly the cost of this accelerated delivery needs to be funded as an overhead to the service. Is is essential to continue working with established and evolving groups, such as INTEROPen which reflect new collaborative ways of engagement with interested stakeholders in the standards piece. Similarly, there needs to be ongoing and well communicated guidance of preferred national standards, such as FHIR.

7) To investigate the optimal delivery approach for "standardised components" and also national procurement frameworks to drive consistency in the capabilities delivered and create appropriate market dynamics.
   Response
   We need to be careful not to aim for perfection and accept that we will need to have rapid adoption cycles and be prepared to stop unsuccessful work. We can make very useful learning from failure. Time taken investigating optimal delivery may well slow or prevent delivery.

8) To work with the NIB portfolio, its programmes and the EAB on the implications of the target architecture. This includes further definition of the national capabilities and also detailed architecture definition for different uses cases on sharing of citizen provided data.
   Response
   Supported

9) To outline next steps in moving towards the target architecture and the minimal viable approach needed for lower mature localities whilst taking account of market and innovation implications.
   Response
   We expect that this will emerge in the discovery phase once a call has been put out for localities to work together to make a proposal. What is needed is the specification for the call.

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10) To outline the emerging needs for evolving national functions e.g. outcomes-based re-imbursement models, risk-based approach to quality regulation and the implications on the target architecture.

Response

Local sharing and population based exemplars will support the development of these national functions which should be built on a learning approach rather than

ENDS