**NHS**

**Herefordshire and Worcestershire**
**Clinical Commissioning Group**

THE HEREFORDSHIRE

AND WORCESTERSHIRE STP

# DIGITAL STRATEGY

2019-2022

**Sections:**

**Notes and acronyms used in this document:**

- GDE – Global Digital Exemplar
- HSLI – Health System Led Investment
- PHM – population health management
- STP – Sustainability and Transformation Partner
- ICS – Integrated Care System
- WMAS – West Midlands Ambulance Service
- WVT – Wye Valley NHS Trust
- WAHT – Worcestershire Acute Hospitals Trust
- WHCT – Herefordshire and Worcestershire Health and Care Trust
- IG – Information Governance
- Longitudinal health and social care records (LHCRE)
- PCN – Primary Care Networks
- AHSN – Academic Health Science Networks
- ShCR - Shared Care Record (This is a name the ST Partners have coined to represent a digital solution that would enable an individual and care provider to have a single view and simple access to shared care information, where the appropriate level of detail and information , is available dependent, on the care setting/situation

**NB** - *Throughout this document we use the word 'care' in its holistic sense, to represent all the providers (including social, primary, secondary, mental and community care), professionals, third sector and communities themselves that are involved in maintaining the health and wellbeing of the population of Herefordshire and Worcestershire STP.

# Section 1

## Executive Summary

Welcome to our digital strategy for the Herefordshire and Worcestershire Sustainability and Transformation Partnership (HW STP). This is an essential strategy outlining how we believe digital initiatives and programmes will underpin and enable the delivery of the STP vision of true integrated care* across the two counties.

Throughout the process of writing this strategy, we have been aware of the importance of getting the language right. We have set out to reflect the ethos and philosophy of why STPs and Integrated Care Systems have been developed, that only by all partners working together with the public and carers, can we redesign and deliver integrated health and social care for the future. This is a journey and we hope the reader recognises the spirit of our approach and forgives us if the language is occasionally unintentionally wrong.

This document is a shared strategy, agreed by all partners of the HW STP and has been written so that it can be ratified by the HW STP Partnership Board. The purpose of this document is to provide guidance and a framework for the digital investments required to deliver these key priorities.

We know that if we do not grasp the opportunity that new technologies and digital tools present, we will not be able to achieve our wider vision of an empowered and independent population receiving joined-up care, provided closer to home, wrapped around the individual.

To make this happen we know we have a set of challenges around joining up information, ensuring that an individual's journey through complex health and social care is unified, at a time when budgets are under pressure.

**Our key priorities:**

- Enabling integration by sharing care and wellbeing information and intelligence
- Ensuring a 21st century digital infrastructure to enable our ambition of digitally-enabled care
- Empowering individuals and communities to live more independently
- Making possible intelligence-led and data-driven care
- Creating a learning community and culture of innovation
- Attracting inward investment and maximising untapped resource

We developed this strategy through engagement and involvement of staff, clinicians, care professionals and patient forums across the system. This has included two well-attended workshops and interviews with partners, and input from colleagues regionally and the Applied Health Sciences Network (AHSN).

Importantly, we are starting from a place where all partners recognise that we have to use the digital programme to enable us to deliver care more efficiently. We have exemplary practice and innovation in place, giving us a good foundation to further build on. This includes two Global Digital Exemplars (GDEs): Worcestershire Health and Care Trust (WHCT) and West Midlands Ambulance Service (WMAS), and a fast follower, a technology

enabled care programme within Worcestershire's Adult Social Care teams, as well as a solid digital base in primary care and local authorities.

However, we know we have a lot more to do to ensure that not only do we connect care professionals but we also place the person central to the use and benefits of this digital revolution. Compared to how technology is used by the population (such as managing home utilities, renewing car tax, driving licence or passport, taking out insurance, gaming or banking) - we believe as the health and social care sector in Herefordshire and Worcestershire we have some catching up to do.

The world is moving quickly and HW STP is determined to be part of this; the vast majority of us use smart technology on a daily basis, so many in our population are largely equipped to interact with us in this way. If we can determine how to manage our home heating or lighting remotely or input our tax information online, these types of interactions should be an everyday occurrence for health and social care services too.

We have to develop a Health and Care sector that can operate in a world where smart technologies are always on and connected, and that we use frequently in our normal life. We have to recognise and respond to the fact that the vast majority of data produced in human history has been in the last few years, and by 2025 there will be three devices for every person on the planet.

Our strategy outlines priorities to develop a digitally-enabled care sector and a digitally-empowered population. Our STP digital vision takes us beyond the three years of this strategy. We are ambitious for digital change whilst adopting a healthy level of pragmatism due to the limitations we face over finances, workforce availability and technical infrastructure. We recognise that our digital plans will also be a fundamental enabler in delivering more financially sustainable and effective services, as well as delivering quality improvements.

Our prime ambition, and an aspect that was repeatedly raised during the engagement process – is improved information sharing; ultimately delivering a Shared Care Record that enables seamless, improved care and empowered individuals across the two counties. Without this, our more ambitious plans across the STP will be difficult to deliver. The infrastructure, digital maturity and Shared Care Record will be our core focus during the first 24 months of our strategy. Whilst 'reaching for the sky,' we recognise we need to get the digital basics right, as the STP works with its communities toward a culture of self-management and care.

We have, however, an ambition to innovate and look for new solutions, we will not shy away from looking and trialling solutions that may disrupt the status quo, where we believe it could make a step change in how services or support are provided or accessed.

We believe we have good foundations to progress, and the time is now right to deliver a step change in digitally-enabled care. Globally, nationally and locally colleagues are making great strides in how technology can be used. We (as STP partners) will be working together collaboratively to be part of this journey. Our aim is to add to the health and social care sector evidence base for digital improvements, by measuring the impact we have on improving staff morale, reducing variation and costs, improving quality and experience of care, connecting teams and communities together and building service resilience.

Sarah Dugan and Simon Trickett
HW STP Leads
May 2019

# Digital strategy timeline – for each priority

Digitally the world moves at a fast pace, so there will be regular review and checks to ensure new digital innovation and developments are considered. We have taken the time to describe our vision beyond the first three years as it is important to show the extent of our ambition.

| 2019/20 | 2012/21 | 2021/22 | 2022/23 | 2023/24 |
| --- | --- | --- | --- | --- |

**1.**
Enabling integration by sharing care and wellbeing information and intelligence -accessible by care professionals, the public and their carer(s).

**2.**
A 21st century digital infrastructure and maturity; maximising the use of existing time saving technology

**3.**
Empowering individuals and communities to live independently. Digitally improved access to information, and enhanced signposting so that individuals and communities can support themselves. Supporting communities with preventative and assistive technologies (ie. telecare and telehealth), health and wellbeing connections and signposting.

**4.**
Intelligence lead and data driven care. Supporting the use of population health analytics and intelligence to improve decision making; identifying people at risk of crisis, improving care and health planning.

**5.**
Attracting inward investment and maximising internal resource to deliver digital change. eE.g building on and using existing system initiatives and developing system business cases and funding applications

**6.**
Create a learning community and culture of innovation e.g. HW Rural Digital Innovation Hub bringing together educators, technology and resources to further develop the empowerment and independence of our population and communities.

# Section 2

## A Digital Vision

**Introduction**

In 2016 Herefordshire and Worcestershire health and social care partners came together to form the two counties STP, with a vision to create a health and social care system where:

*"Local people live well in a supportive community with joined-up care, underpinned by specialist expertise and delivered in the best place by the most appropriate people".*

In 2018 the partners agreed that a core enabler to deliver this vision was to make **better use of technology, digital tools and innovations. In particular, to deliver improved integrated care, enable care closer to home and support the preventative and wellbeing programmes of the STP.**

To this end, a programme of work was started to engage and involve key leads across the two counties to develop a digital vision for the STP, and identify the key priorities for the two counties for the next three years and beyond.

During the autumn and winter of 2018/19 we held two digital summits in which nearly 200 health and social care staff (consisting of senior leaders, clinicians, front line staff and digital leads) came together to shape and inform this strategy. In addition, we have conducted interviews with partner stakeholders and sought feedback from key forums (i.e. Alliance Boards, Clinical Reference Groups and Patient Forums). The main messages include:

- We must not forget the basics. We must address the infrastructure and connectivity issues preventing the sharing of information. This will take time. In the meantime, we can adopt best use of the technology that is available now, to improve working lives, add resilience to services and build connectivity between teams.
- A single and joined-up view of an individual's care was consistently reiterated as being essential to improve quality of care, as well as an efficient work flow and empowering people with access and knowledge.
- There are many opportunities to use data to inform health and social care planning and target interventions.
- There are digital innovations being adopted locally and nationally. We should use these ideas and take the opportunity to build on this and learn from others.
- Funding and capacity to deliver any future programme will be a challenge.
- Use technology to deliver more personalised care, support self-management of long-term conditions and promote independent living.
- To maximise use of digital technology, we must simplify navigation and its use for both the public and staff.
- The way we work together will ultimately determine if we succeed (or not).
- We need to focus on the challenges we face and our requirements. We must avoid moving to expensive, off-the-shelf solutions that may not meet our needs.

In developing our strategy, we recognise we are not starting from a blank sheet of paper. Over the last five years we have been delivering the Herefordshire and Worcestershire Local

Digital Roadmap programmes, which have seen the digital maturity of organisations improve, but not to the degree we would have envisaged. We have seen the establishment of the:

- National Global Digital Exemplar initiative, which has led to WHCT and WMAS successfully joining the programme, with WVT designated a Fast Follower.
- Worcestershire County Council Adult Services Technology Enabled Lives Programme has recently been commended nationally.
- Primary Care across the two counties moving to a position where patient records for all practices are delivered through a common platform.

Nationally, the NHS Long-Term Plan states a set of digital expectations and the potential to learn from others is significant. All of this has influenced and informed our digital vision so that we collectively improve the health and social care outcomes and promote the independence of the Herefordshire and Worcestershire population and their communities.

**Our digital vision**

We aim to deliver a step change in how digital services support the delivery of integrated care and promote the health and wellbeing of our population, to ensure individuals are able to remain living independently, at home for as long as possible.



To do this we will make best use of current resources, a mixture of further local (STP) and new national funding streams to progress this work. Once we have demonstrated digital credibility, we will aim to attract investment from national bodies and industry to deliver digital change and promote economic development.

At the core of our plan is our intention to enable integration by sharing care and wellbeing information and intelligence which will be our primary priority – without this we cannot achieve our digital ambition across Herefordshire and Worcestershire. A Shared Care Record system requires a robust infrastructure. We recognise our basic infrastructure, and not exploiting currently available technology are two significant factors holding us back. This

is why our second priority is to invest both funding and staff into bringing all organisations to a level of maturity that will deliver our digital vision.

We will know we have achieved our three year vision when we can demonstrate:

**We have a Shared Care Record or system that enables:**

- the population to access targeted information that supports informed decision-making regarding their health and wellbeing
- no one is required to tell their story more than once, unless there is a clinical need to do so
- a near real-time record of an individual's care plan, including activity from health (physical and mental) and social care (vulnerable people) settings that can be accessed and input (where appropriate) by an authorised clinician/professional, and their authorised carer/family member
- our population is able to access their health and social care services online, in much the same way as they access other services in their day-to-day lives (such as banking and tax returns)
- We aim to deliver a step change in how digital services support the delivery of integrated care and promote the health and wellbeing of our population to ensure they are able to remain living independently, at home for as long as possible

**We use technology as an enabler to identify, redesign and target services at those at risk of acute illness and those who would benefit from early intervention to help reduce morbidity, mortality and cost.**

**Our professional staff are able to improve the quality of their interactions as the technology enables their role. Coming to work will feel different as data recording becomes less repetitive and more valuable.**

**We are maximising the use of digital technology widely available, such as assistive care, efficiency in workflow, resilience of services and connecting teams.**

We will know we are on target to achieve our long term vision if, at the end of this 3-year period, we have all of the above in place, and are on our way to becoming a recognised centre of excellence for innovation in rural healthcare and personalised care, harnessed through relationships with organisations such as the Academic Health Science Networks, Commissioning Support Unit (CSU), Small and Medium Enterprises (SME), Universities and the Local Economic/Enterprise Partnerships, .

**Summary**

In summary, our digital strategy key priorities will be to build upon and improve our work to deliver:

- Enabling integration by sharing care and wellbeing information and intelligence
- Ensuring a 21st Century digital infrastructure to enable our ambition of digitally-enabled care
- Empowering individuals and communities to live more independently
- Making possible intelligence-led and data-driven care
- Creating a learning community and culture of innovation
- Attracting inward investment and maximising internal resource to deliver digital change

**Darren's Story**

Darren has a 10-year old severely autistic daughter who attends a specialist school. For the last 10 years Darren has had to spend time constantly repeating his daughter's condition and learning difficulties with different care and education professionals. In addition, identifying what support is available and which services would enhance his daughter's quality of life, has been a challenge, with information and guidance being fragmented and not easily available.

Darren wants his daughter's information to be kept in one place that is accessible both to clinicians and to himself, so that he can work with his daughter's teachers and carers to develop a well-rounded Education, Health Care plan. He has been pleased that more information is becoming available electronically, but would like to see the guidance and information offered to be more tailored and personalised. Darren cannot understand why organisations such as Google and Facebook have access to so much personal information whilst the NHS and partners have such limited access to healthcare records. He has recently agreed to engage with a pilot scheme run by NHS partners and local government to develop a personalised and self-care planning app, which he hopes will improve how he can access information and services.

**We are clear about the impact we want to achieve**

**People, their Carers and Family/ Social Network**

"When I log into my record, I have access to information that is relevant to people in my situation. These range from videos to leaflets. They give me signs to look out for, so I can speak to my nurse should I notice any new symptoms. This information has stopped me from becoming unwell."

"I get notifications reminding me about appointments or tasks I need to complete at home (such as monitoring my blood pressure). These notifications give me the ability to change my appointment without any hassle. This has really helped me keep on top of things - my son gets them too which is good as he helps me with my day-to-day care."

"Finally, the NHS has caught up – I can interact with health services through my phone, tablet or computer, it's great!"

**Professional Care Teams**

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

"It's great - everyone involved in the care of an individual can see EVERYTHING. It feels that barriers between teams have been removed and we can focus on delivering more integrated care."

"It's technology I recognise! It's as easy to use as the technology I use in my everyday life, so I haven't had to spend significant amounts of time learning how to use it."

**The Community**

"My local services know the needs of the local community and are supported to keep me well at home."

"We have a say in how and when we receive care and by whom, and we are listened to. Technology that can support these decisions is tested with us and we are shown how to get the most out of it by trained staff."

"We connect with each other on Facebook, sharing our experiences, what has worked and what hasn't."

"We use technology to connect us with neighbours and friends to help us support one another and the more vulnerable in our community."

**Service Managers/Commissioners**

"We have a more equitable system with better evidenced resource allocation. This has reduced unwarranted variation. We share and learn from our success and failure collectively."

"I don't have to spend my time figuring out how to patch together systems and digital tools. We've all got access to interoperable systems that work together. I can now focus on planning for the future rather than dealing with problems from the past."

"We're collecting and using data collectively so we can really understand our population and plan services that will improve their health and wellbeing, using the latest evidence."

"We have partners who can help us innovate, from private enterprises to academic networks. Coupled with our enhanced intelligence we can be at the forefront of health and social care research."

**Measures of success**

Our digital vision's measures for success are directly supportive of the HW STP objectives:

**Prevention, self-care and promoting independence**

The population has greater access to, and are signposted to, a range of services to maximise personal independence in line with meeting the Long Term Plan milestones for use and roll-out of the NHS app and online consultations.

A Shared Care Record that enables the public to access targeted information that supports their health and wellbeing and enables informed decision-making.

**Maximise efficiency and effectiveness**

Ensure that we have a 21st Century infrastructure and our staff are able to be more productive and efficient due to the adoption of digital tools. All statutory partners will meet HIMSS Level 5.

Evidence of greater use of data and intelligence to redesign effective pathways and services.

A Shared Care Record that provides a near real-time record of the individual's care plan and activity within health (physical and mental) and/or social care setting, that can be accessed and input (where appropriate) by an authorised clinician/professional, the individual and their authorised carer/family member.

A Shared Care Record that means no one is required to tell their story more than once, unless there is a clinical need to do so.

A Shared Care Record that enables our population to access their health and social care services online in the way in which they access other services in their day-to-day lives (such as banking and tax returns).

Evidence of sharing learning and adoption of innovative practices.

**Developing out-of-hospital care**

We use technology to identify, redesign and target services at those at risk of acute illness and those who would benefit from early intervention to help reduce morbidity, mortality and cost.

Evidence that our population and communities are using technology and information to maximise their independence and manage their long-term conditions.

Wearables will monitor patients progress and alert care services to attend, to avoid re-admission and a long expensive length of stay.

**Establishing clinically and financially sustainable services**

Our professional staff are able to improve the quality of their interactions as the technology enables their role. Coming to work will feel different as data recording becomes less repetitive and more valuable.

We are maximising the use of the digital technology widely available, such as assistive care, efficiency in workflow, resilience of services and connecting teams.

Evidence that health and care planning use a data-driven approach to identify improvement and efficiency opportunities.

*Note – SMART measures to be agreed by the STP Digital Strategy Group, for each key digital programme and project.*

**Our Priorities**

**Priority 1: Enabling integration by sharing care and wellbeing information and intelligence**

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

We will agree a common set of standards and principles that will determine how we share information and develop technology designed to facilitate interoperability across the two counties and beyond. Within the lifetime of this strategy, every health and social care practitioner, the individual and their carer(s) within HW STP will have the ability to directly access the person's information as required, in near real-time, wherever it is held, digitally, on a 24/7 basis.

**Priority 2: A 21st Century digital infrastructure to enable our ambition of digitally-enabled care**

We will establish a programme to improve our infrastructure, agreeing a minimum level of digital maturity for all organisations. We will support organisations to achieve that minimum level through appropriate resourcing and sharing of learning and best practice of local and national programmes.

Our aspiration is for all organisations to achieve Healthcare Information and Management Systems Society (HIMSS) Level 5, or equivalent, by 2023. Our quality improvement methodology will focus on using the digital programme to support the reduction of unwarranted variation, fragmentation and duplication. We will work with public sector partners to ensure we have an infrastructure that can enable mobile and agile working, this will include improved connectivity between sites and teams, to enable efficient working across our largely rural landscape.

We will support all local health and social care organisations to ensure their local system operates and functions safely through a robust approach to cyber security. We will work collaboratively to ensure organisations and localities have robust, safe processes, and use data and information lawfully in the most efficient manner.

**Priority 3: Empowering individuals and communities to live independently**

By enabling people to take control of their own health and wellbeing, and the staff to manage their services more effectively.

Initially, individuals will be empowered through the use of Apps and online access. Access to health records, advice and consultations will be made easier, which will include using technology to enable online consultations and making better use of existing applications via the NHS App.

Our aspiration is to go beyond this, so that:

- People can utilise digital technologies to manage their own health and wellbeing, taking control and working in partnership with health and social care professionals
- health and social care professionals can support and target early intervention and prevention

We intend to develop programmes, building on existing initiatives that use technology to improve and support independent living and preventative care. Integrated telecare, telemedicine, telemonitoring and telehealth assistive technologies will be deployed where appropriate in combination with preventative step-up /step-down app-based educational tools.

We seek to develop ways that communities can work together to support one another and look after the most vulnerable. We will work to promote and signpost wellbeing and prevention initiatives and programmes via personalised apps and use of social networks. Working with young people and children to consider how we can use smart technologies and applications to provide easier access and greater support will also be a core aspect of our work.

**Priority 4: Intelligence-led and data-driven care**

We will create a philosophy of intelligence-led care. We will support both operational and system capacity and demand management teams in their use of population health management, commissioning, clinical surveillance and research and development.

We will make it our mission to adopt Artificial Intelligence (AI) and machine learning tools to improve diagnosis, clinical decision-making and for predicting those individuals most at risk of hospital admission. These tools will enable us to improve our efficiency, safety and quality of care. We will learn from national and international practice, whilst supporting staff and clinicians to make best use of these exciting developments.

**Priority 5: A learning community and culture of innovation**

We will create a culture and environment to test and explore adopting digital innovations from across local government and the NHS. We want to be an exemplar for digitally-enabled, integrated care with an international reputation. We already have 2 GDEs and one fast follower, as well as a commended Technology Programme within Worcestershire's Adult Social Care service, from which other partners can learn.

We want Herefordshire and Worcestershire to be recognised as a centre of excellence for innovations in rural healthcare, and we will harness relationships with organisations such as AHSN, CSU, SMEs and universities and the Local Enterprise Partnerships to create this vision.

We want to create an environment which fosters innovation. We will develop a 'rural digital innovation hub' with aspirations to introduce digital innovations adopted elsewhere, or to test cutting edge technologies, such as digital care navigation, with a 'permission to succeed and fail' ethos.

We will not be afraid to adopt good practice and learnings from within the NHS, local government and elsewhere. When appropriate and beneficial to our population, we will look to quickly adopt digital innovations and smart practice developed elsewhere. An example might be the adoption of telemedicine in stroke or dermatology, to help improve the clinical pathway and bring services and communities closer together.

**Priority 6: Attracting inward investment and maximising internal resource to deliver digital change**

We will ensure that we are clear about our priority programmes and work with national bodies to attract investment and funding to deliver our aspirations. By extolling our ambition and establishing a credibility around delivery, we want national leads to see Herefordshire and Worcestershire as a partner that will deliver a return on investment for the public.

The health partners of the STP have a desire to play a role in working with industry and the local authorities to support economic development and job creation, which will contribute to the wellbeing of local populations. The global health technology market is worth £40bn and growing. The STP believes developing and working with industry around AI/machine learning and assistive technologies could be advantageous for all.

**Our key objectives have been developed in response to feedback from partners and the public across the two counties**
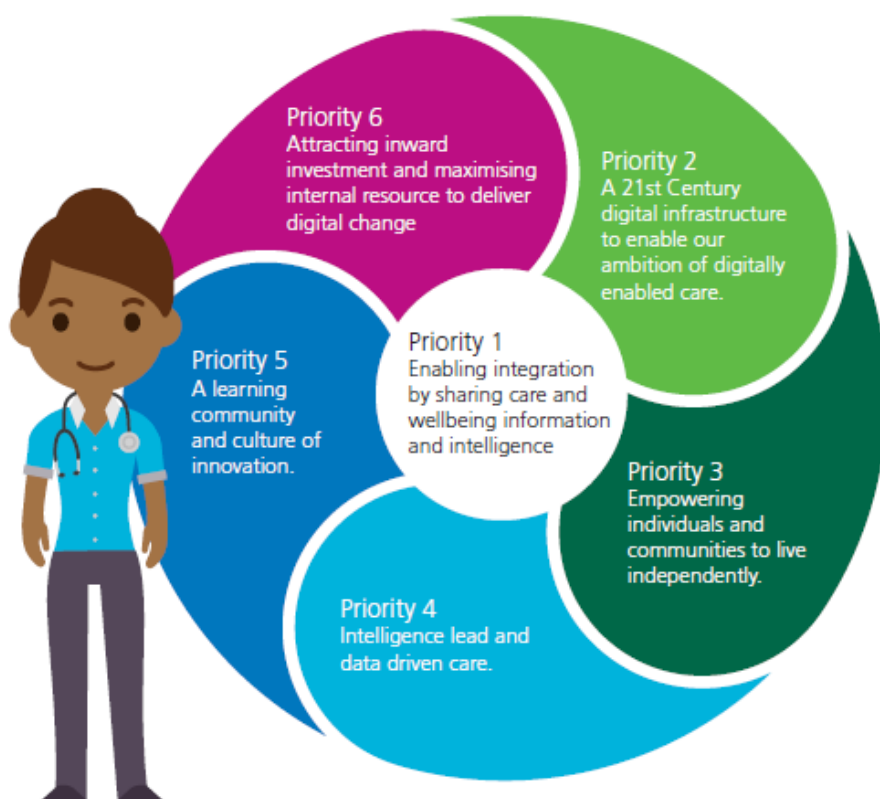
'A digital workforce' – cutting across all our priorities is the need to develop a digitally connected and enabled workforce. It is anticipated that within the next 20 years, 90% of all jobs in the NHS will require some element of digital skills. Staff will be expected to navigate a data-rich healthcare environment, including literacy on population health management and genomics. The Topol Review (2018) noted that the requirements of the workforce will change as millennials bring new expectations to the workplace, such as seeking flexible careers and a good work-life balance.

Whilst automation of some processes may lead to efficiency, we will need to be careful not to dehumanise care. We want a workforce that knows how to work with people in both the:

- delivery of care (to be more flexible, productive and agile) and also:
- design, development and evaluation of new health and care technologies

Our STP workforce and Organisational Development plan puts the development of a such a workforce at the heart of its plan. We will achieve this by embracing improvements in HR technology to ensure we attract the best people to work in our STP, develop their skills, deploy them effectively and retain their services for longer.

We recognise strong leadership will be key to delivering our aims and objectives across all organisations and at all levels. We will work with clinical and professional leaders, digital leads, senior managers, and frontline staff to ensure colleagues are involved in delivering our vision. This will also ensure that we have strong networks and relationships in place to underpin delivery.

**Our delivery values**

We will champion a collaborative leadership approach, through a shared set of values which will be at the heart of how we operate and ultimately deliver.

**We will work in partnership**

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

We will work together pooling our assets so we can leverage best value, drive economies of scale, avoid duplication and unnecessary competition.

We will work with our population and staff to firstly adopt digital tools already available. When they are not available, we will co-design and co-produce the digital tools.

Our approach is based on open standards and being vendor agnostic. We will work together to implement digital improvements using an agreed set of standards.

Using a best practice approach, we will share our work and learning openly and transparently across the STP and with external colleagues. We will contribute to blueprints both locally and nationally. Where appropriate, we will share, co-commission or jointly source systems.

**Honesty**

We will work in an open and transparent way, whereby all partners share their plans and are honest and open around the challenges they face. This will enable us to support one another in finding solutions.

**Objectivity**

We will not use our credentials or level of hierarchy to undermine the views of others. We will be respectful of all opinions and input, and work together for our population.

**Simplicity**

We will create a great experience for staff and our population by keeping things simple and avoiding being overcomplicated in our approach or duplicating effort.

**Licence to succeed, permission to fail**

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

**Evidence-based**

We will adopt an evidence-based approach to new innovations (where evidence exists), and use evaluation to measure improvement, in order to contribute further to the evidence base.

**Support our workforce**

We will support our workforce to make better use of technology and enable them to connect with each other, our communities and vulnerable people.

# Section 3

## Context: Local & National

**Developing an Integrated Care System**

The Herefordshire and Worcestershire STP Vision outlined in 2016 was to deliver a health and social care system where:

"Local people will live well in a supportive community with joined-up care, underpinned by specialist expertise and delivered in the best place by the most appropriate people."

**This vision is underpinned by four priorities:**

1. Prevention, self-care and promoting independence
2. Maximise efficiency and effectiveness
3. Developing out-of-hospital care
4. Establishing clinically and financially sustainable services

As a partnership, we aim to deliver this to a population of nearly 800,000 over a large geographical area. The challenges we face are well-rehearsed - a population that is increasing in age, and/or has long-term health issues, financial constraints, and a stretched workforce.

By April 2021, all forty-four STPs in England will have transitioned into Integrated Care Systems (ICSs). These systems will bring together health and social care organisations so that commissioners and providers make shared decisions on how to use resources, design services and improve population health.

Every ICS will be underpinned by partnerships focused on improving health and wellbeing outcomes at a county level. The delivery model will be driven by newly formed Primary Care Networks working with Community providers to deliver services at a locality level.
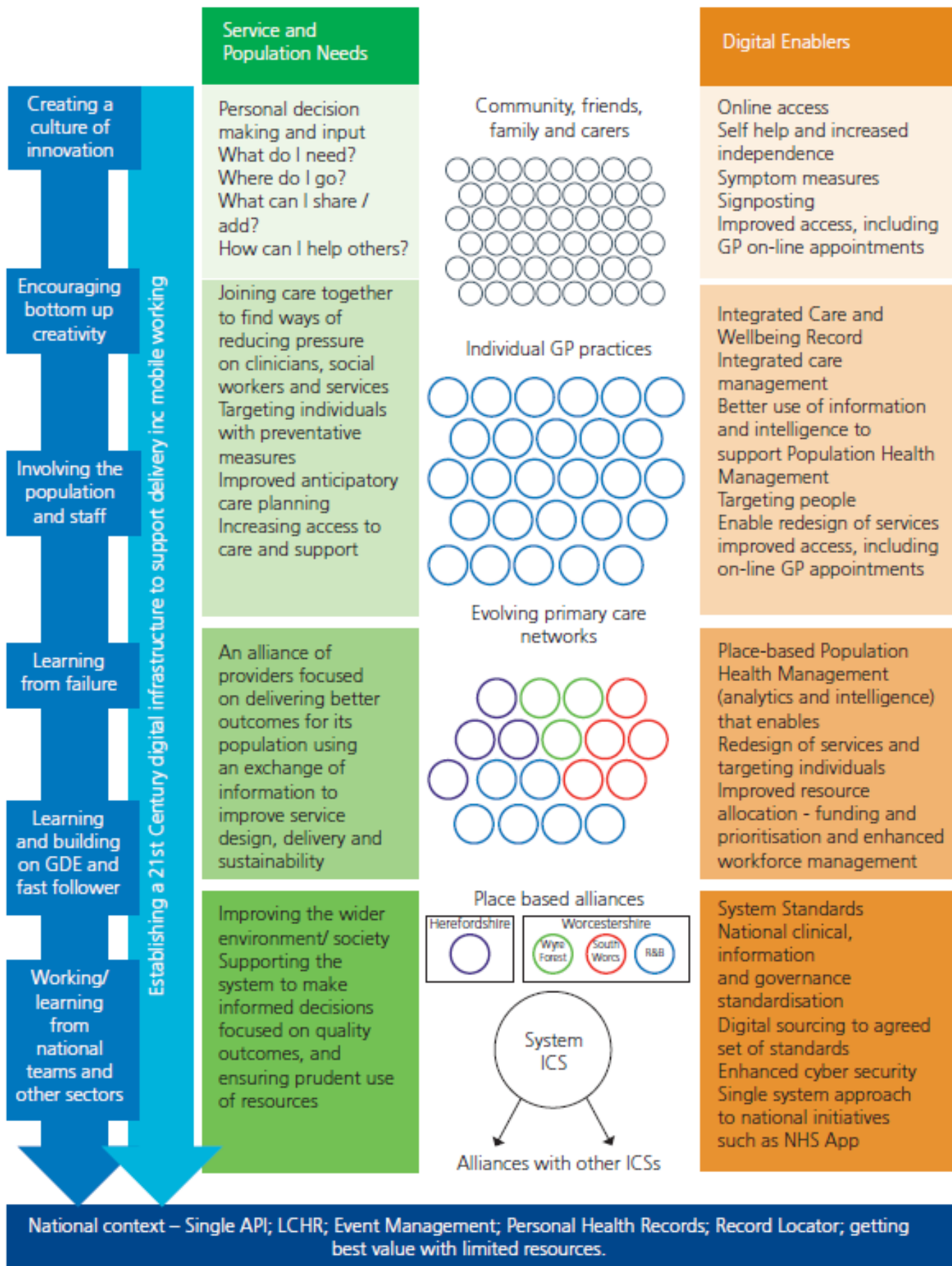
This model is in line with the integrated care structures already put in place by Herefordshire and Worcestershire STP.

Core to delivering the STP vision, will be a digital infrastructure and tools that help to join up services, make it easier for individuals, vulnerable people and carers to access these services, and the provision of population-level intelligence to help improve our populations' health through service redesign.

A digitally-enabled integrated care system will significantly improve the quality and experience of the services we provide. Without this, staff will continue to find it hard to collaborate and work in a multi-disciplinary way, services will be less resilient, the public will continue to get frustrated at the constant need to reiterate information, they will be less informed and empowered and the system will not make best use of its resources.

**All partners from across the systems are committed to delivering the digital vision, which has been endorsed by the STP Partnership Board. The STP partners include:**

- Herefordshire Council
- Herefordshire and Worcestershire NHS CCGs
- Taurus Healthcare and Worcestershire Primary Care
- Public, voluntary and community sector
- West Midlands Ambulance Service NHS Foundation Trust
- Wye Valley NHS Trust
- Worcestershire Health and Care NHS Trust
- Worcestershire Acute Hospitals NHS Trust
- Worcestershire County Council
- 2gether NHSFoundation Trust

**Service and Population Needs**

**Digital Enablers**

Establishing a 21st Century digital infrastructure to support delivery inc mobile working

| Creating a culture of innovation |
| Encouraging bottom up creativity |
| Involving the population and staff |
| Learning from failure |
| Learning and building on GDE and fast follower |
| Working/ learning from national teams and other sectors |

**Personal decision making and input**
What do I need?
Where do I go?
What can I share / add?
How can I help others?

Community, friends, family and carers

**Online access**
Self help and increased independence
Symptom measures
Signposting
Improved access, including GP on-line appointments

**Joining care together** to find ways of reducing pressure on clinicians, social workers and services
Targeting individuals with preventative measures
Improved anticipatory care planning
Increasing access to care and support

Individual GP practices

Integrated Care and Wellbeing Record
Integrated care management
Better use of information and intelligence to support Population Health Management
Targeting people
Enable redesign of services improved access, including on-line GP appointments

Evolving primary care networks

**An alliance of providers** focused on delivering better outcomes for its population using an exchange of information to improve service design, delivery and sustainability

Place-based Population Health Management (analytics and intelligence) that enables
Redesign of services and targeting individuals
Improved resource allocation - funding and prioritisation and enhanced workforce management

Place based alliances

Herefordshire — Worcestershire (Wyre Forest, South Worcs, R&B)

System ICS

Alliances with other ICSs

**Improving the wider environment/ society**
Supporting the system to make informed decisions focused on quality outcomes, and ensuring prudent use of resources

System Standards
National clinical, information and governance standardisation
Digital sourcing to agreed set of standards
Enhanced cyber security
Single system approach to national initiatives such as NHS App

National context – Single API; LCHR; Event Management; Personal Health Records; Record Locator; getting best value with limited resources.

The prominence and importance of the digital agenda has risen nationally and is seen as a key enabler in delivering transformation within health and social care.

Both local government and the NHS are embracing significant digital change. In January 2019, NHS England published its Long Term Plan (LTP). This sets out a vision for the NHS over the next ten years, supported by £20.5 billion additional investment in real terms by 2023/24, and building on the new models of care proposed and refreshed as part of the NHS Five Year Forward View, and Next Steps on the NHS Five Year Forward View, respectively.

This is alongside local government awaiting the highly-anticipated, social care green paper, whilst adult social care services continue to balance increasing demand with significant budget cuts.

Our strategy and plans need to respond to these requirements, whilst meeting the nationally determined milestones set for digital technology, which include:

- Further development of longitudinal health and social care records across five geographies by 2021 (LHCRE)
- By 2021 people will have access to their care plan via the NHS app
- 100% compliance with mandated cyber security standards
- 2022/23 every will be able to access a digital first primary care offer
- A Chief Clinical Information Officer (CCIO) or Chief Information Officer (CIO) on the board of every NHS Organisation, and
- Controls introduced to ensure all new systems purchased comply with agreed standards

The current Secretary of State for Health and Social Care has demonstrated strong support for digital transformation, focusing on the following areas:

**One record**

Securely accessed by the individual and staff according to clinical need.

**Make the right procurement choices**

Fewer big service contracts, greater use of more agile in-house teams that can be smarter at contracting and more focused on user requirements.

**Bringing new innovations to the UK**

Growing the international reputation of our world-leading science and research base.

**Backing the NHS**

Supporting anyone in the NHS developing new technology that can improve care.

A new skillset – building technical skills to help meet user needs, and creating the right culture to deliver digital transformation - working together and having a common vision.

The STP also needs a digital strategy that works with the new GP Contract. All GP practices are expected to sign up to work within Primary Care Networks (PCNs), serving populations of 30-50,000 individuals. These networks will receive support to employ pharmacists,

paramedics, physios, social prescribers and physician associates, providing primary care with a much broader range of triage and treatment options. Practices will also be expected to provide more digital access to their patients, making 25% of appointments bookable online.

**Within the next five years, the NHS Long Term Plan has stated that every individual will have the right to online digital GP consultations.**

Increasing the network of organisations and individuals who may be involved in caring for an individual in a community setting has implications for information sharing, which needs to be addressed by this strategy.

Germane to our strategy and plans will be the regional development of future LHCRE pilots. In developing our plans, we will work closely with regional colleagues to ensure there is strong alignment between our plans and those in the pipeline more widely. This will also apply to other regional and national programmes of work.



Benazir's story

Benazir works in a busy ED department as a lead consultant. She has become increasingly frustrated at the growing pressures on her department, and challenges around ensuring a smooth 'patient flow' through her hospital. Her team want to have more information to hand when patients come into A&E on potential conditions, so that they can make quicker but importantly more clinically safer diagnoses and decisions. She would also like improved real-time information on system pressures, and current patient flow through the hospital – so that patients can be moved to appropriate care settings at the right time.

To support this work, a real-time patient tracker has been developed and installed in the hospital, this has enabled the hospital to manage their capacity in real-time, including location, bed availability and discharge data. This information is displayed electronically in the ED and simultaneously within the central capacity management team room for all to see. This information is also shared with Social Care, Primary Care and Community Care colleagues so that all are notified when a patient has been admitted and discharged. Significantly, clinical colleagues can also now access Primary and Community care information in the ED, that allows all clinicians to make any clinical decisions based on a holistic view of the patient. All of this information is also helping Benazir to work with her team to inform learning, as well as improve patient flow and care.

# Section 4

## Developing Our Strategy

**Our strategy has been developed by building on existing plans and engaging and listening to partners and patient forums**

The STP Partnership Board began the process of creating an STP digital strategy in the autumn of 2018. This included engaging with all partners across the system to ensure a consensus approach. As part of this we have interviewed people from across the system:

- Patient forums and carers
- Health and social care staff including clinicians and care professionals
- CCG Alliance Boards
- Herefordshire CCG
- Hoople
- Taurus Healthcare
- Herefordshire County Council
- Wye Valley Trust
- Worcester Acute Hospitals NHS Trust
- Worcestershire Health and Care NHS Trust
- Worcestershire Primary Care and CCGs
- Worcestershire County Council
- 2gether NHS FT
- West Midlands Ambulance Service

Engagement and information gathering activities carried out to date, and the process for agreeing this strategy are described in the figure on the right.

Herefordshire and Worcestershire developed their own county-wide Local Digital Roadmaps (LDRs) in 2016, which were updated in 2018, that set out local planning for their respective areas. These have been used to understand our system's readiness to deliver our digital priorities.

During this time there has been increased digitisation across partners, this has included development of Electronic Patient Records within providers, effective use of assistive technology in adult social care and consolidation of systems. However, work to share information across systems is embryonic and co-ordination across partners is to some degree limited. The willingness and desire to change this exists, as is the interest in sharing learning and resources to excel. In producing this strategy, we have read local and national documents, met with key stakeholders and run system wide workshops. A set of common themes emerged – behaviour and change, the digital technology itself, service delivery and the population. The vision, priorities and values have been developed in response to these.

Examples of the key issues raised are shown in the following table. These ranged from broad strategic issues, such as requiring shared records, to simple requests around replacing equipment.

**Behaviour and Change**

- Recognise this requires behaviour change of both our staff and our population and is critical to our success
- Adopt a quality improvement methodology that allows Plan-Do-Study-Act (PDSA) and fail/safe cycles to be used
- Address organisational barriers between STP partners
- Address individual fears – litigation, general change, keeping safe
- Use the best of what we have, as well as learn from others
- Ensure alignment between digital and other STP programmes
- Understand what will derail the strategy and how to address this

**Digital Technology**

- The NHS and local government is behind the real world in the use of technology
- Get the basics right as well as being aspirational
- Use the technology already available
- Care plans should be digital and shared between care settings
- Capacity and capability to deliver the digital agenda is not there currently
- Require the basic equipment to do the 'job' well
- Have a single sign-on facility for software packages

**Service Delivery**

- When designing digital tools, make sure the service delivery professionals are involved in understanding the problem and then developing the solution
- Promote 'digital champions'
- Target interventions
- Don't overlook workforce training and capacity
- More efficient use of resources
- We have information we just do not use it intelligently
- Release capacity to do the 'job' well

**People and Carers**

- Give individuals (and their carer) access to their data
- Help people be independent by giving them access to validated and trusted online advice and guidance
- Provide consistent care advice to individuals, and share this with their carers' and other teams involved in their care
- When designing digital tools, make sure the public are involved in understanding the problem and then developing the solution
- Access to assistive technology to enable people to live independently for longer

**Emma's Story**

Emma lives in small rural village but cannot drive. Emma lives alone, has limited mobility, and has had a recent diagnosis of dementia. Her family, although supportive, don't live nearby. Recently, discussions have turned to Emma potentially leaving her home, where she has lived for thirty years, and moving to a care home in a larger town. Emma doesn't want to leave the village though where she has many friends and feels part of the community. She has also seen many friends who have moved to care homes lose contact with friends and their communities and has seen their lifestyle significantly altered.

Emma has now had a 'Google Alexa' installed, which she uses to help remind her of events and appointments. The local care team have installed this and both they and her family help update Alexa with reminders for Emma. Emma now wears a smart watch that is linked to a central hub and her family, that monitors her location and her key health signs which can send alerts and reminders to Emma if there are potential issues. These alerts go not only to the local care team and Emma's family, but nominated community friends in the village can be contacted via a messaging app, which can ask if any of them can visit Emma to check that all is OK. Emma has also been set up with a voice-activated video link to two of her friends in neighbouring villages, who she can no longer visit in person. Emma feared being socially isolated, but she now feels more connected, and her family are reassured around the support network in place.

# Section 5

## Delivering Our Priorities

**Priority One – Enabling integration by sharing care and wellbeing information and intelligence**

Without a doubt this was the number one priority that emerged from the local engagement with care professionals and patient forums, review of local strategies and national policy. The overwhelming view was that a Shared Care Record or system is fundamental to underpinning the delivery of integrated care across the STP.

Without it, we will not be able to:

- Make organisational care data "boundary-less", supporting individual's care regardless of setting
- Provide the public with seamless access to their care record supporting informed decision-making about their wellbeing
- Support complex care needs delivered across super-regional / tertiary centres
- Aggregate data at a population-level to address the wider determinants of health
- Accelerate innovation and research at scale in partnership with academic and life science partners

To move from our current baseline to implementation, will require hard work and a focused programme, which will include:

- Clinical and social care staff engagement, advocacy, and assurance
- Involvement of the population and community groups
- Learning from LHCR pilots, GDE initiatives and advances in assistive technology in social care
- Common approach to Information Governance and consent
- Vendor agnostic and use of open intentional standards (when appropriate)
- Population Health analytics and management
- Capacity and capability to deliver

We have already started to define and agree a common set of principles and agreed standards which will inform any future proposed solutions to deliver our intended outcomes. This programme of work cannot be delivered without significant support and resource. Initially the STP has identified funds to support this work via the Health System Lead Investment fund. In developing our plans, we will work closely with regional colleagues to learn from the experience of LHCRE pilots and other similar initiatives, to ensure we make progress quickly. To be successful will require a robust approach to programme management and governance.

Clear Information Governance and data sharing arrangements will be core to this work, and a workstream will be established to ascertain the current landscape and what is required to enable the development of future information sharing. This will build on national good practice and existing work that has already been undertaken across Herefordshire and Worcestershire, including a multi-agency information exchange gateway in Worcestershire.

**TO DO:**

- Complete implementation of HSLI funded EPR roll-outs - Autumn 2019
- Establish Shared Care Record Programme – Summer 2019
- Establish a Professional Reference Group (to include clinicians and social workers) – Winter 2019
- Agree Common Standards and Approach – Autumn 2019
- Engagement of the public to understand how and what information they want to access – Winter 2019
- Agree financial investment – Winter 2019
- STP Information Governance and Consent framework in place – Autumn 2019
- Sourcing the solution –Summer 2020
- Implementation of identified Shared Care Record solution – from Autumn 2020 onwards

**Priority Two – a 21st Century digital infrastructure to enable our ambition of digitally-enabled care**

Delivering a Shared Care Record is a complicated programme of interdependent projects across many organisations. It will require multiple approaches across different fields of specialisation, such as behaviour change, connectivity, and technical hardware and software.

To be successful we will firstly need to get the basics right. Across the two counties, our STP partner organisations are at different stages of digital maturity. To fully understand the challenge, we must identify our gaps by undertaking a system wide HIMSS assessment. We will then work together to deliver a system wide Digital Maturity that provides the infrastructure required for a Shared Care Record to become a reality.

In the meantime, we intend to fully harness technology and capability already available within and outside the NHS and local government, to enable our teams to operate more efficiently and improve the working day.

Key to this strategy will be the principles of co-operation, equity and transparency, so that no one organisation is left behind as we deliver this digital strategy. We aspire for all NHS organisations and local government within our STP, to be at HIMSS level 5 or above by 2023. This will mean that all organisations have the functionality to share information between care settings, and use of an Electronic Patient Record System will be the norm

A critical aspect of our work will be ensuring our system operates and functions safely, using a robust and lawful approach to cyber security, data and information usage.

Finally, we need to establish the infrastructure to enable staff to work flexibly across the two counties. This includes improved digital infrastructure and the opportunities 5G may present, the upskilling of staff and supporting them in the use of technology, collaboration tools and smart devices.

**TO DO:**

- HIMSS assessment of all main partners and care settings – Summer 2019
- Making a step change in our cyber security, consistent with the national plan – 2019-2021
- Agreed strategy for EPR within Worcestershire Acute Strategy – Summer 2019
- Completion of HSCN roll-out across two counties – Autumn 2019
- Options appraisal of IMT Support functions for NHS Estate – Spring 2020
- Telecommunications Infrastructure enhanced across all care settings - Summer 2020 to Summer 2022
- Cyber Essentials plus – Summer 2021
- 5G rollout and roadmap understood and opportunities for Health and Social Care identified – Summer 2022
- Wi-Fi access for all staff and the public at all touch points – by 2021
- Enhanced mobile/flexible workforce and the technology to support – by 2022

**A common framework and set of standards is required to deliver priorities one and two, these standards and principles are outlined below.**

| | Aim | Method | Technical/Operational Requirement |
|---|---|---|---|
| Interoperability | To create an ecosystem of technical capabilities across providers to share individuals' data. Build capability within and upon existing systems, avoiding rip and replace | Interoperability workstream to be established to work across providers. Gap analysis to establish maturity levels of systems within providers. Build capability of local technical resource to develop and support | Adoption of NHS technical, data, and interoperability standards. Use of InterOpen CareConnect resources and standards. CareConnect APIs, GP Connect APIs and Transfer of Care specifications. SMART on FHIR for App development. Consideration of GDS (Government Digital Service) Digital Design Principles |
| Information Governance Framework | To create the right information governance framework to allow the safe and legal sharing of data | Establish a cross-organisational IG work stream. Set up the required data sharing agreements and consent models, plus public communication and engagement. Supported by Health and Care Information exchange, similar to: www.healthylondon.org/our-work/digital/london-health-care-information-exchange/ | Compliance with DSPT, GDPR and Caldicott principles. Opt Out standards compliance. Legitimate and role-based access to data. Carry out DPIA (Data Protection Impact Assessment) where necessary |

| Use of National services and common capabilities | Ensure continued ability to plug into and use nationally created capabilities, such as PDS, NHS Spine and integrate systems, as necessary, with national systems | Gap analysis to establish maturity levels of systems | Spine compliance and compatibility. NHS number identifier compliance. Implementation of Care Record Locator. Work to NHS common capabilities developed by LHCRE programmes |
|---|---|---|---|
| Cyber Security | Ensure that we can demonstrate that data and information is secure at rest and in transit. Ensure security compliance of suppliers hosting or exchanging data | Establish set of cyber security standards to be met | Compliance with 10 data security standards. Compliance with NHSD and NSCC cyber security standards. Utilise end-to-end encryption of data in transit, for example Transport Layer Security (TLS) |
| Data and coding standards | Create a universal set of data, meta-data, coding and data quality standards | Establish set of data standards to be met. Gap analysis against the agreed standards | Universal use of Snomed CT for clinical coding. Adherence to national clinical data standards (e.g. PRSB and AoMRC). Data quality |
| Governance | Ensure robust governance model across the programme. Coordinate and manage delivery of the strategy. Ensure clinical involvement at all levels | Establishment of CCIOs and clinical reference groups. Ensure a shared vision for the Shared Care Record. Clear and agreed blueprint for the future. Build capabilities of local resource to support the programme | Appointment of CIO and CCIO by each partner organisation. Establishment of a Design Authority at STP level. STP PMO with change management/benefit management capability |

**Priority Three – empowering individuals and communities to live independently**

**Our long-term ambition is to empower and support:**

- Individuals and communities to utilise digital technologies to assess their levels of health and fitness, promote independence and manage their own care, take control of their health and wellbeing, whilst working in partnership with care providers
- Staff to have quality, near real-time data that helps improve clinical decision-making, releasing time for improved quality interactions and connectivity, supporting resilience across teams

In the short term, we want communities and individuals to use the technology to improve access to health and social care information, advice and support, as being delivered by Herefordshire and Worcestershire's Wellbeing signposting digital platform. The Long-Term Plan commits the availability of the NHS app to all, along with every person being able to access their GPs via online consultations. This type of technology can also be used to help communities support each other, via better use of social messaging and assistive technologies.

Whilst our infrastructure and Shared Care Record are being implemented, we will work with our STP partners in Public Health and local authority, and our population and community groups, to explore how technology can support increased personalisation of advice and healthcare, and greater use of telecare and assistive technologies.

Young people and children particularly use SMART technology to access services and advice, and we want to work with them to consider how we can use digital developments for positive changes and support. This will build on existing innovative developments being trialled by both local authorities and our H&CT. Information and advice provided to carers also needs to be more accessible and personalised better, on the existing advice and guidance platforms that exist in both counties. This may include partnering with other organisations, to see how technological devices and digital tools could support greater independent living, by connecting people and services remotely, and supporting greater self-care. Online platforms can also support health improvement by providing advice and support. The rise of wearable devices, linked to many health apps, demonstrates the potential of how technology can support lifestyle changes and manage long term conditions. STP partners need to consider how to build on and use this development.

Herefordshire and Worcestershire County Councils are already working in this arena, and aspire to build on this, using good practice learned from national and international experience.

Technology and digital platforms are also key in strengthening how we engage and involve people across the two counties - hearing their voice in how we can support them and their communities. This includes the development of new applications and provision of advice and guidance. Co-design and collaboration with our communities is a key element of our plan and will be central to delivering this priority.

We will work with Midlands and Lancashire CSU and the AHSN to identify current technical innovations being used elsewhere, that can be implemented across H&W STP to support our staff to, improve work flow, connect the teams together and share information. Longer

term, we need to be responding to a world where smart technologies (smartphones, laptops and wearables) are always on and always connected, and that we all use very frequently in our normal life to communicate, shop, bank, travel, get fit, learn and share our experiences – to ensure people can access health and care services and information in a similar way.

**TO DO:**

- Single GP Online consultations programme in place across Herefordshire and Worcestershire – Summer 2019
- Evaluation of Online Consultations pilots – Autumn 2019
- Delivery of LTP GP Online consultations milestones – 2020/21
- Testing and trialling NHS App – 2019
- Worcestershire and Herefordshire Wellbeing platforms enhanced 2020
- Common framework for Technology Enabled Care Services (TECS) and pilot plan – 2021
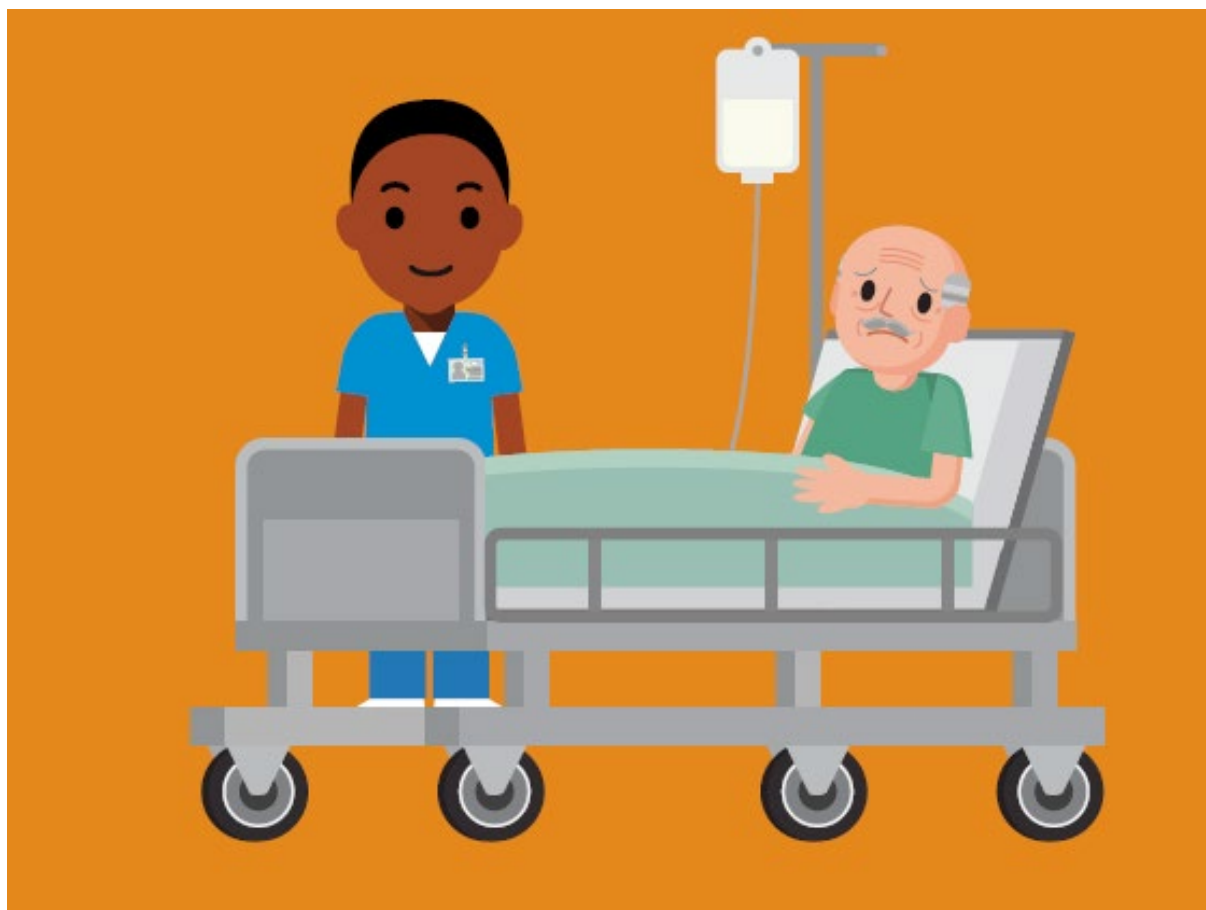


**Harold's story**

Sadly, Harold is terminally ill. Harold has been receiving treatment for heart failure at a local hospital and is now ready to be discharged. His doctor says he would benefit from the support of his local hospice after he goes home, and Harold agrees.

A nurse at the hospital messages the referral team at the hospice via a secure messaging app. Instead of having to wait for Harold's GP to send over his records – Matthew in the hospice referral team is able to look up immediately all the information held via the

Herefordshire and Worcestershire shared care record viewer. This helps the hospice to decide which of their services are most suitable for Harold.

Matthew refers Harold to the Community Nursing team and Susie, one of the nurses, arranges to visit him at home. Before the visit she looks at his medical records via the Shared Care Record, so Harold doesn't have to explain anything at all. As Susie is fully aware of Harold's diagnosis and treatment history, she can use their appointment time to talk to Harold about what is important to him, and explain how the hospice can help him live as well as possible with his condition.

**Priority Four – intelligence-led and data-driven care**

Establishing a Shared Care Record system across Herefordshire and Worcestershire, will greatly enhance how we deliver and plan health and social care services.

By bringing our collective analytical capability and capacity together, we will develop Population Health Management methodologies with the aim to improve how we allocate resources, identify those at risk of hospital admission, intervene at an earlier stage, improve our clinical surveillance and enhance our operational capacity and demand management.

Population Health Management will support all levels of the Shared Care system, including our newly formed Primary Care Networks. The analytical team will be able to work with PCNs to understand their information and analytical needs, which will support staff in delivering integrated care.

Over time, our ambition is to adopt the latest digital capabilities, such as digital twin modelling, AI and machine learning tools, to improve diagnoses and clinical decision-making, and predicting individuals at risk of hospital admission. The aim of employing these tools will be to improve the quality of care, safety and efficiency.

We will also work to equip staff to support them to navigate a data-rich healthcare environment, including literacy on population health management and genomics. We want a workforce that knows how to use data and information to design, develop and evaluate health and care technologies.

**Priority Five – creating a learning community and culture of innovation**

Once the delivery of our infrastructure and Shared Care Record are well underway, we will move quickly to more ambitious innovations – forming a 'rural digital innovation hub' which provides a creative environment to digitally innovate. We have an ambition to innovate and look for new solutions. We will not shy away from looking for and trialling solutions that may disrupt the status quo, where we could make a step change in how services or support are provided or accessed.

We want Herefordshire and Worcestershire to be recognised as an exemplar or centre of excellence for digitally enabled rural integrated care, building an international reputation. To help us do this, we will harness relationships with the West Midlands AHSN, local SMEs and Universities, West Midlands CSU and the Local Enterprise Partnerships to create this vision.

The 'rural digital innovation hub' will provide the environment to inspire colleagues across the system to explore and experiment with different ways of delivering care, using digital

technology as an enabler. This might be with technology already available and being used elsewhere, or with new innovations developed locally. We already have two GDEs and one fast follower, and advances in assistive technology in social care from which others can learn.

Through this hub, we will test cutting edge technologies, such as digital care navigators using a 'permission to succeed and fail' ethos. We will start modestly running facilitated learning events. Then, by working with the West Midlands AHSN, we will encourage start-ups and innovators to work with us in Herefordshire and Worcestershire, building the hub as we innovate. Our aim will be to share best practice and learning across the sector, using platforms such as the AHSN Meridian network.

We want to ensure we are at the forefront in adopting and testing new ways of delivering care, to support and create stronger clinical networks. This will include the development of telemedicine and telecare initiatives which will potentially bring consultant services closer to the individual's home.

**Priority Six – Attracting inward investment and maximising internal resource to deliver digital change**

One of the biggest limitations to the delivery of our programmes will be ensuring we have the resources and funding to ensure success. We know we have to demonstrate to national bodies and industry that we are an STP that is serious about our digital agenda, and we will need to demonstrate our credibility to deliver.

We will need to ensure we have a robust and proactive approach to identifying funding streams, but importantly we will act as 'one' in applying for funding to move forward. A clear pipeline of potential business cases will be developed which will be based on our digital strategy priorities and vision.

We also know that funding and support can come from sources outside the NHS. In partnership with our local authority colleagues, we will approach funding sources, such as Life Sciences and industry, as well as other Cabinet Office/Digital Government departments.

We have a desire to work with industry and local authorities to support economic development and job creation within our local community. The global health technology market is worth £40bn and growing. We believe developing and working with industry around AI/machine learning and assistive technologies could be advantageous for all, potentially contributing to the wellbeing of our population.

Additionally, we know we have to maximise the use of the resources that we have, this includes: ensuring we avoid duplication of work programmes and initiatives; building on existing programmes of work and jointly sourcing solutions to take advantage of the scale of our footprint. We cannot afford as a system to make poor use of our limited resources to deliver digital change.

**TO DO for priorities 4-6:**

- Review of BI Capabilities across H&W – 2020
- Development of PHM methodologies and application – 2020 -2022
- Support development of PHM Academy and develop PHM enabled workforce – 2019
- Understanding of IT investment against national benchmarks – 2020
- Pilots and trials of telemedicine solutions across STP, aligned to STP Clinical Strategy – 2019/20
- Establish innovation partnership with LEP, AHSN and two universities re: Digital Integrated Care – by 2022
- Capacity and capability for business case development and horizon scanning strengthened – 2019 onwards

# Section 6

## Leadership and Governance

**Governance**

As an STP and an embryonic ICS, the digital programme will sit within the system's governance framework. The STP digital group has digital leads (i.e. CIO and CCIO), as well as an organisational Executive lead for Digital Programmes, who already play a key role in determining and setting strategic direction and prioritising key workstreams and investments. Currently, two place-based groups sit below this for Herefordshire and Worcestershire, feeding into the wider H&W STP. As the digital programme of work develops in relation to the strategic priorities, workstreams and programmes will be defined. This will also include key fundamentals, such as information governance and cyber security. Our partnership governance for digital will, going forwards, be focused more on the wider H&W group, as opposed to county-based arrangements.

Our STP Digital Group will act as the STP's design authority. As a design authority it will receive proposals for new investments and bids for developments over a defined threshold. The design authority's role will be to ensure strategic fit for all major digital investments, and will oversee pooled investment proposals for external STP level funding.

The design authority will provide a 'kite mark' to make recommendations to the STP Partnership Forum/ICS Executive and to local places and organisations that demonstrate alignment to our strategic values and objectives. All organisations and partners will ensure that the 'kite mark' is acquired before making any investment decisions in relation to digital programmes and procurements.

Robust programme and project management will be key to delivery. As part of the wider STP PMO processes, we use cloud-based programme management and collaboration tools to support and monitor delivery of key workstreams. This will include monitoring against key national milestones, and delivery against cashable and non-cashable benefits identified for all projects. However, we recognise that there will need to be flexibility to ensure we do not stifle inventive trials and pilots. We will use recognised project management approaches, e.g. Agile, so that we can learn from elsewhere and ensure that we can be adaptive to the changing environment.

Evaluation and benefits management will be at the forefront of our programme approach. We recognise that we need to evaluate and assess the effectiveness of our programmes of work, and we will ensure that we are clear about the intended impact of key initiatives, be that financial, improved patient outcomes or increased productivity.

We will want all key partners to identify senior executive leads for the digital programme, in line with the LTP, which mandates the need for a CIO or CCIO on all NHS organisation boards. Herefordshire and Worcestershire CCGs are committed to identifying an Executive lead to act as the Digital System lead to drive forward delivery, across the ICS. We will continue to ensure there is a Chief Executive level sponsor and Director accountable for the programme.

**In determining priority initiatives where funding, resources and investments will be targeted, the STP Digital Board will assess all initiatives against the following criteria:**

- Contribution to delivery of STP priorities and Digital Strategy priorities
- Alignment with/contribution to LTP digital milestones is evident
- Proposal/proposed solutions meet national or regionally set digital or technical standards (i.e. FHIR) as outlined in digital strategy
- Proposal/initiative will improve digital maturity of partner/wider system against HIMSS criteria
- Benefits are clearly understood e.g. return on investment/cost effectiveness and planned impact/improved quality of care is demonstrable
- Professional/Clinical Engagement and buy-in can be clearly demonstrated for any proposal/intended solution
- Good practice, from within the STP (i.e. from GDEs and fast followers) or elsewhere, would be utilised to deliver solutions at pace
- Proposed initiative builds on a 'successful' and wider health and care system supported 'solution/initiative,' e.g. support from Clinicians and the public as well as organisational partners
- Resource and funding are already in place to deliver project

If partners cannot demonstrate the alignment of digital initiatives with the wider STP strategy and programme, these programmes will not be supported, and partner organisations will be requested not to initiate or continue with the initiative. This again will be part of the process by which, for example, a EPR system development or application development, will gain the STP 'kite mark'. NHS England/X and Digital will be notified that any projects or initiatives that do not have the 'kite mark' are not supported by STP partners and should not receive funding.



The time is now right to deliver a step change in **digitally enabled care**

**Investment and resource**

There are various sources of investment for digital transformation.

These include, but are not limited to:

- Local provider/commissioner organisation funding streams
- Place-based funding
- Health system led investment fund
- GDE and GDE Fast Follower funding
- Transformation funding
- National ETTF fund
- National Shared Care Record Programmes
- Other funding streams through LEP 'Test Beds'

The STP and its partners are working collaboratively to find ways to jointly fund this Digital Strategy. This is embryonic and the strategy will be used to coordinate investments made by individual organisations within the STP.

To move this strategy forward, we seek to work in partnership with all STP stakeholders. We recommend that a strategic approach is taken to source investment and consider workforce implications. STPs who have taken this approach have found it provides economies of scale and delivery.

We propose that all digital investments should be tested using a set of design principles (to be agreed) overseen by the H&W STP Digital Group. These design principles are to ensure the priorities of the STP Digital Strategy are adhered to.

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

New monies to finance this digital strategy (and aligned workforce development) will be limited, and we will need to ensure we maximise the benefits to our population. The STP and future ICS, must seek synergies across its broad range of programmes and transformation initiatives related to digital development. Collaborating across the system will endeavour to utilise limited skills and capacity, whilst ensuring transformational change programmes are strategically aligned.

**To ensure this alignment and to move our plans forward we intend to enhance our digital delivery capacity, and work with the STP's PMO resource to initially:**

- Coordinate and manage strategic bidding processes for digital funds
- Identify opportunities to access digital funds
- Co-ordinate and manage the development of the Shared Care Record programme
- Co-ordinate and assess digital maturity levels of different care settings
- Act as PMO for digital programmes and monitor benefits delivery for major programmes
- Work with national bodies to raise the profile of Herefordshire and Worcestershire
- Work with AHSN and other partners to facilitate learning and develop a culture of innovation
- Work closely with the Directors of Strategy to enhance analytical and intelligence capabilities, as part of PHM developments
- Work closely with the STP Workforce to ensure strategies and activities are aligned, so the workforce is ready for the digital service delivery changes

**Our first tasks in 2019/20 will be to:**
- Define priority programmes and initiatives for each work stream
- Identify leads for each work stream
- Affirm STP Digital Governance

**Amy's Story**

Amy has been diagnosed with an anxiety disorder. As a young person in her late teens, she has found expectations around schoolwork increasingly difficult. Her parents are currently separated, and Amy has had some difficulties with her peers over social media. However, she has also used social media as a key means to form a support network. Amy has been referred to the local CAHMs service, but she is very anxious about meeting professionals in person and finds the whole experience of going to clinical buildings intimidating. Amy has started to self-harm and her family is increasingly worried about her mental health.

The CAHMS service has now set Amy up on a CAHMS app that allows Amy to interact in a safe environment with Mental health professionals. The app has been developed with young people and Amy feels far more comfortable communicating online than meeting the care professional in person. Importantly, she can hide behind her online avatar and discuss her issues using the messaging function in the application. Her parents are reassured that the app is supported and run by mental health clinicians and the local Mental Health Trust. Importantly, the app has been developed in a way which focuses on the needs of the young person as well as on clinical outcomes, which enables clinicians to undertake appropriate consultation with young people. Amy has also used the app to walk through in virtual reality a visit to one of the CAHMS offices, and she now feels less anxious about visiting this location in reality.