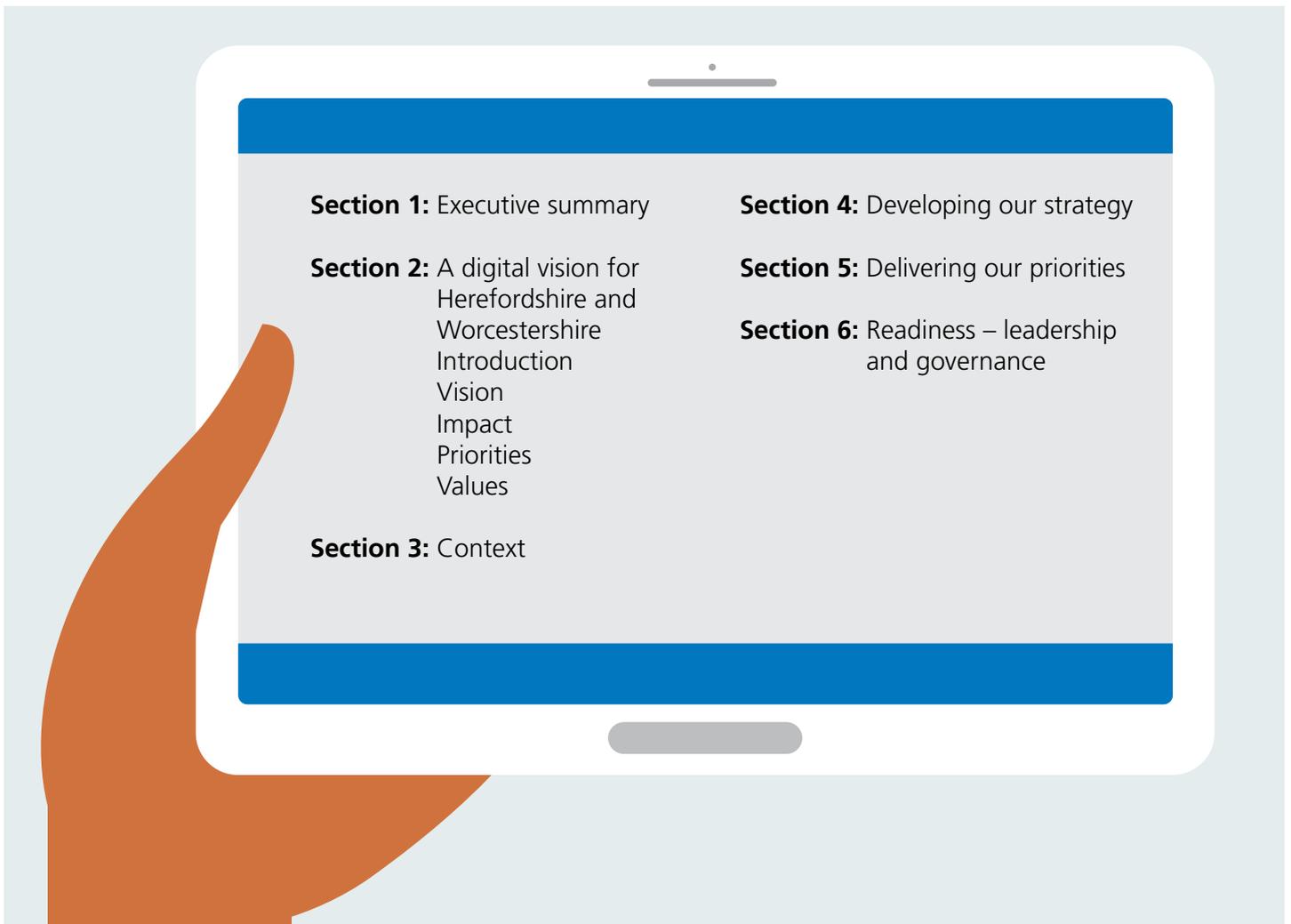


THE HEREFORDSHIRE AND WORCESTERSHIRE DIGITAL HEALTH AND CARE STRATEGY

2019-2022





Notes and acronyms – used document

AHSN – Academic Health Science Networks

GDE – Global Digital Exemplar

HSLI – Health System Lead Investment

ICS – Integrated Care System

ICWR – Integrated Care and Wellbeing records. *This is a name the STP 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).*

IG – Information Governance

LHCR – Longitudinal Health and Social Care Records

PCN – Primary Care Networks

PHM – Population Health Management

STP – Sustainability and Transformation Partnership

WAHT – Worcestershire Acute NHS Hospitals Trust

WHCT – Worcestershire Health and Care NHS Trust

WMAS – West Midlands Ambulance Trust

WVT – Wye Valley NHS TRUST,

** Note – 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 HW STP.*

Section one

EXECUTIVE SUMMARY



Foreword

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 the integrated health and social care for the future.

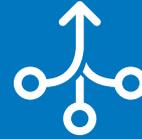
This document is a shared strategy, agreed by all partners of the HW STP and has been written so that it can be ratified by the HW STP Board. The purpose of this document is to provide guidance and a framework to the digital investments required to deliver our key priorities.

If we don't grasp the opportunity that new technologies and digital tools present, we won't be able to achieve our vision of an empowered and independent population receiving joined up care closer to home.

To make this happen, 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.

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 Academic Health Sciences Network (AHSN).

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

Importantly, we are starting from a place where all partners recognise 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 NHS Trust [WHCT] and West Midlands Ambulance Service [WMAS]) and a fast follower (Wye Valley NHS Trust), 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 we connect up care professionals and also place the person central to the use and benefit 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 the health and social care sector in Herefordshire and Worcestershire 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. Many of us are largely equipped to interact in this way. If we can determine how we manage our heating or lighting remotely or our tax information online, these types of interactions should be an everyday occurrence for health and social care services.

We have to develop a Health and Care sector that can operate in a world where smart technologies are always connected and that we use frequently. We have to recognise and respond to the fact 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 want digital change while adopting a healthy level of pragmatism due to the limitations of finances, workforce availability and technical infrastructure. We recognise that our digital plans will help to deliver more financially sustainable and effective services, as well as delivering quality improvements.

Our prime ambition, and an aspect that was repeatedly raised during engagement – is improved information sharing; ultimately delivering a Integrated Care and Wellbeing Record that provides 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 Integrated Care and Wellbeing Record will be our core focus during the first 24 months of our strategy. 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.

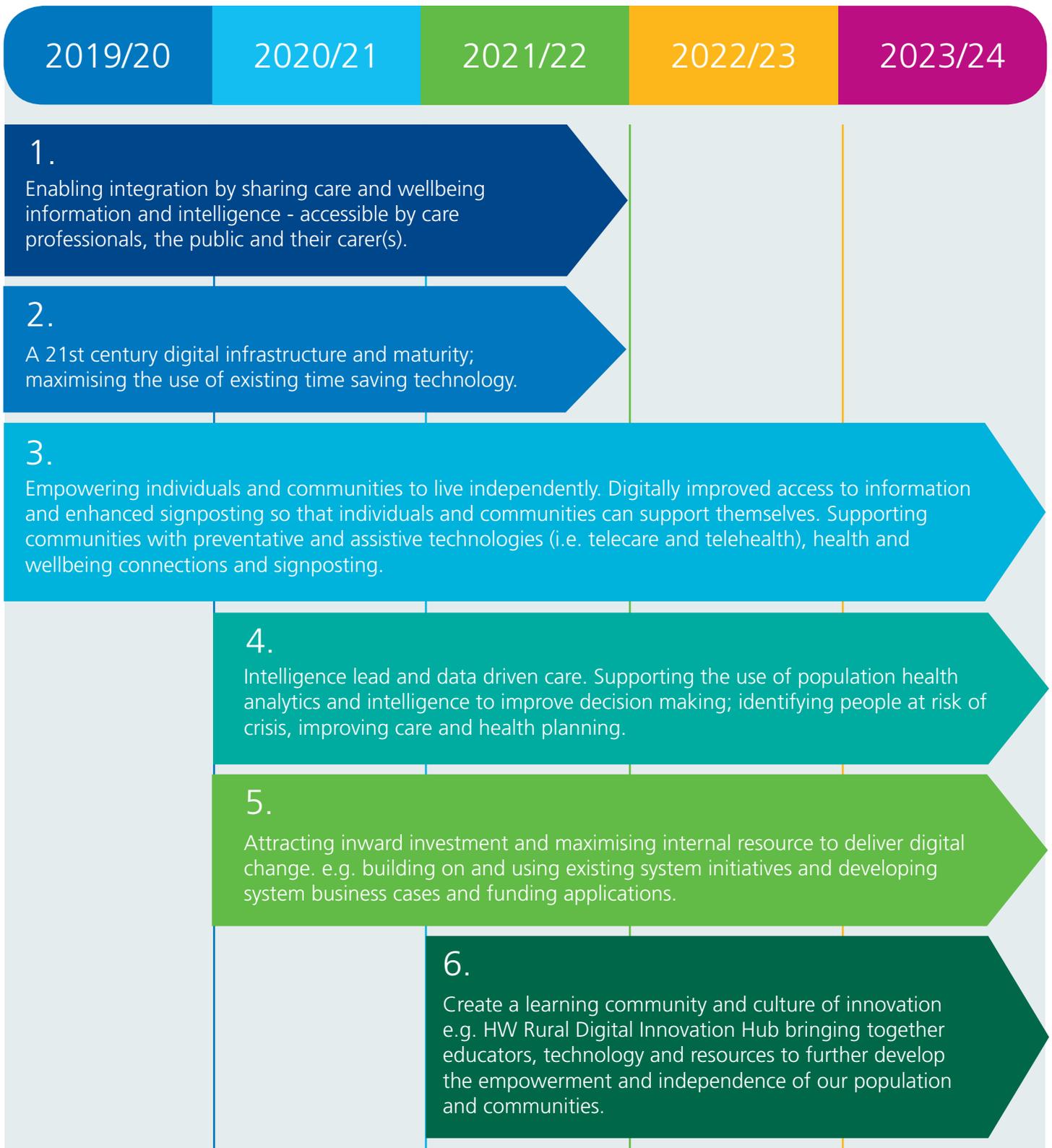
We have an ambition to innovate and look for new solutions, we will not shy away from looking and trialing solutions that may disrupt the status quo, where we believe it could make a change in how support is provided or accessed.

We have good foundations in place, and the time is right to deliver a 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 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

The digital world moves fast, so there will be regular reviews and check points to ensure new digital innovation and developments are considered. We have described our vision beyond the first three years as it is important to show the extent of our ambition.



Section two

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 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.**

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 that saw almost 200 health and social care staff (consisting of senior leaders, clinicians, front line staff and digital leads) come 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 individuals care, was consistently reiterated as being essential to improving quality of care, 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.

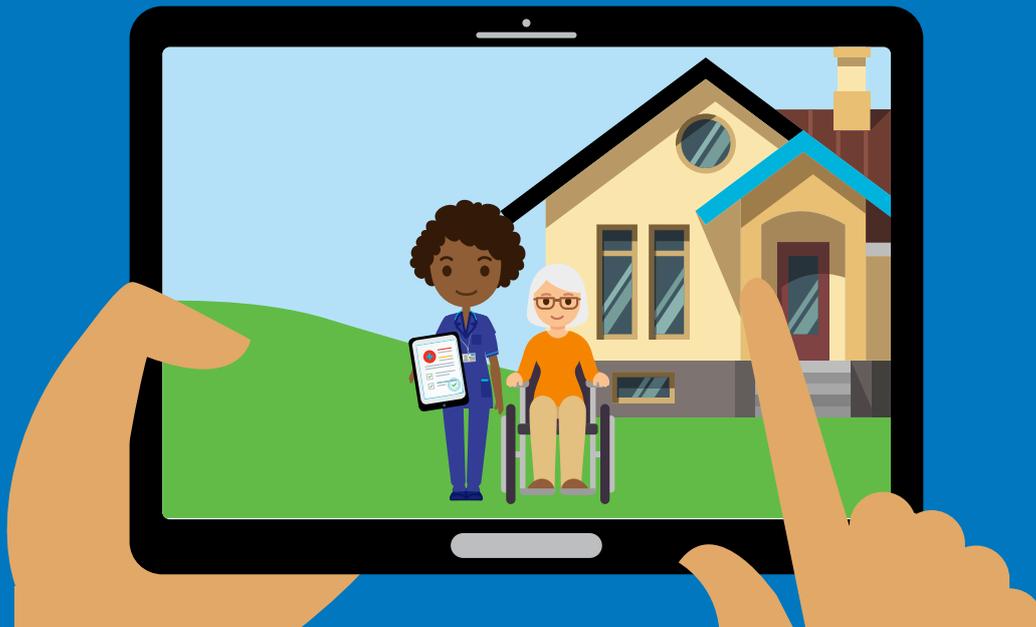
In developing our strategy we recognise we are not starting from a blank sheet of paper. Over the last five years we have been delivering the Herefordshire and Worcestershire Local Digital Roadmap programmes, which have seen the digital maturity of organisations improve, but not to the degree we would have fully intended. We have seen:

- National Global Digital Exemplar initiative, which has lead to WHCT and WMAS successfully joining the programme, with WVT designated a Fast Follower.
- Worcestershire County Council Adult Services Technology Enabled Lives Programme, recently 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 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 Herefordshire and Worcestershire population and their communities.

Our digital vision

We aim to deliver a 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.**



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.

Our intention is to allow integration by sharing care and wellbeing information and intelligence. This will be our primary priority – without this we cannot achieve our digital ambition across Herefordshire and Worcestershire. An Integrated Care and Wellbeing Record or system requires a robust infrastructure, ours at present is basic and we aren't using current technology. 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 an Integrated Care and Wellbeing 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 individuals 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); and
- promote the independence of Herefordshire and Worcestershire communities. Significantly we will be working with partners across the system and beyond to adopt, where appropriate, Global Digital Exemplar (GDE) Blueprints and examples of best practice. The approach is based on IT systems and where possible, convergence to reduce unnecessary duplication and costs.

- We use technology to identify, redesign and target services to 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 interactions. Coming to work will feel different as data recording becomes less repetitive and more valuable.
- We are maximising the use of the digital technology that is widely available, such as assistive care, efficiency in workflow, resilience of services and connecting teams.

If at the end of this three year period we have all of the above in place, we will know we're on target with our long term vision. We'll become a recognised centre of excellence for innovation in rural healthcare and the personalisation agenda harnessed through relationships with organisations such as the Academic Health Science Networks, Commissioning Support Unit (CSU), Small and Medium Enterprises (SME), Universities and the and the Local Economic/Enterprise Partnerships.

Summary

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

- Allow integration by sharing care and wellbeing information and intelligence;
- Ensuring a 21st Century infrastructure to improve 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; and
- 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. He has to spend time constantly discussing and repeating his daughters condition with different care and educational professionals. In addition, identifying what support is available that would enhance his daughter's quality of life/lifestyle has been a challenge with information and guidance not easily available.

Darren wants all his daughter's information in one place, to Clinicians and himself so that he can work with his daughter's teachers and carers to develop a well-rounded education and health care plan. He is pleased that more information will be available electronically, but would like to see the guidance and information to be more tailored and personalised. If Google and Facebook are able to do this based on certain sets of information why can't the NHS and partners? He has recently agreed to engage with a pilot that involves working with NHS partners and local government to develop a personalised care planning app and hopes that this will improve how he can access information and services.



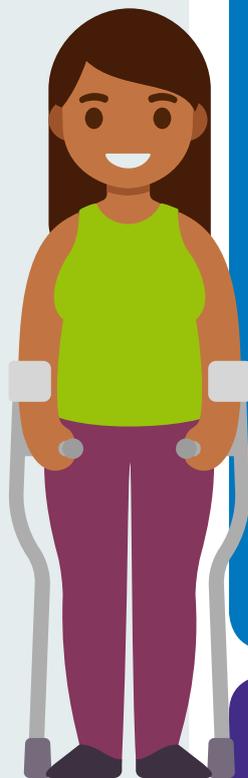
We are clear about what we want to achieve

People, their carers and family/ social network

"When I log onto 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 from 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 measures for success are directly supportive of the HW STP objectives

Prevention, self-care and promoting independence

The population has greater access to, and is signposted to, a range of services to maximise personal independence in line with meeting the LTP milestones for use and roll-out of the NHS app and on-line consultations.

The population has access to its own care information and health and care records that can be used to support self-care and healthier lifestyles.

An ICWR that enables the public to access targeted information that supports their health and wellbeing and informed decision making, and improves lifestyle for individuals and the local community.

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.

Evidence of greater use of data and intelligence to re-design effective pathways and services.

An ICWR 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 any authorised carer/family member.

An ICWR that means no-one is required to tell their story more than once, unless there is a clinical need to do so, and that enables our population to access its health and social care services online in the way in which they access other services (such as banking and tax returns).

Evidence of sharing and innovative practices.

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

Developing out-of-hospital care

We use technology to identify, redesign and target services for those at risk of acute illness and 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.

Reducing length of stay due to improved patient tracking and enabling more timely discharge.

Establishing clinically and financially sustainable services

Our professionals are able to improve their interactions as technology helps their role. Work will feel different as data recording becomes less repetitive and more valuable.

Reducing emergency admissions due to improved predictive analysis and tracking of patients.

We are maximising the use of technology 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.

Reducing unnecessary time spent travelling to appointments and clinics by patients and staff by improving remote and online consultations and visits (ADD line into priorities on this).



Our Priorities

Priority 1: Allow integration by sharing care and wellbeing information and intelligence

This is our primary priority. We will connect and support the incorporation of our local health and social care organisations. We will make sure that information is available to the right people, in the right place, at the right time to deliver and drive service delivery 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 a person's information as required, in near real-time, wherever it is held, digitally, on a 24/7 basis.

Priority 2: A 21st century setup to aid our ambition of digitally enabled care

We will establish a programme to improve our infrastructure, agreeing a minimum level of online growth 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.

We hope 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 have an infrastructure that will allow mobile and agile working. This will include improved connectivity between sites and teams to help efficient working across our largely rural landscape.

We will support all local health and social care organisations to make sure their local system operates and functions safely through a tough approach to cybersecurity. We will work collaboratively to ensure organisations and localities to have robust and safe

processes, in places and use data and information lawfully in the most efficient manner.

Priority 3: Helping individuals and communities to live independently

By aiding people to take control of their own health and wellbeing and our staff to manage their services more effectively.

Individuals will have access to health records, advice and consultations will be made easier. This will include using technology to receive consultations online and making better use of existing applications online through the NHS app.

But that's not all:

- People are able to use technology to manage their own health and wellbeing. Taking control by working in partnership with health and social care professionals.
- Health and social care professionals are able to support and target early intervention and prevention.

We intend to develop programmes by 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're looking to develop ways for communities to work together to support each other and look after the most vulnerable. We will work to promote and signpost wellbeing and prevention initiatives and programmes through 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

To support both operational and system capacity and Demand management Teams in their use of population health management, commissioning, clinical surveillance and research and development.

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

Priority 5: A learning community and culture of innovation

To create a culture and environment to test and explore digital innovations from across local government and the NHS and to locally grow our own ideas. We aim to lead the way in digitally enabled integrated care with an international reputation. We already have two 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 and work.

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

We'd like to create an environment and place to innovate. We will develop a rural digital innovation hub with aspirations to test cutting edge technologies such as digital care navigators with a permission to succeed and fail ethos.

We won't be afraid to borrow with pride, adopting good practice and learning from within (or external) to NHS and local government. When appropriate, and beneficial to our population, we will look to quickly bring in digital innovations and smart practice developed elsewhere.

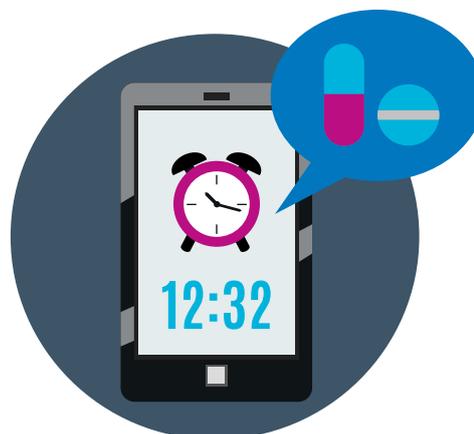
An example might be the adoption of telemedicine in stroke or dermatology, helping improve the clinical pathway, bring services and communities closer together and provide resilience to services geographically spread.

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

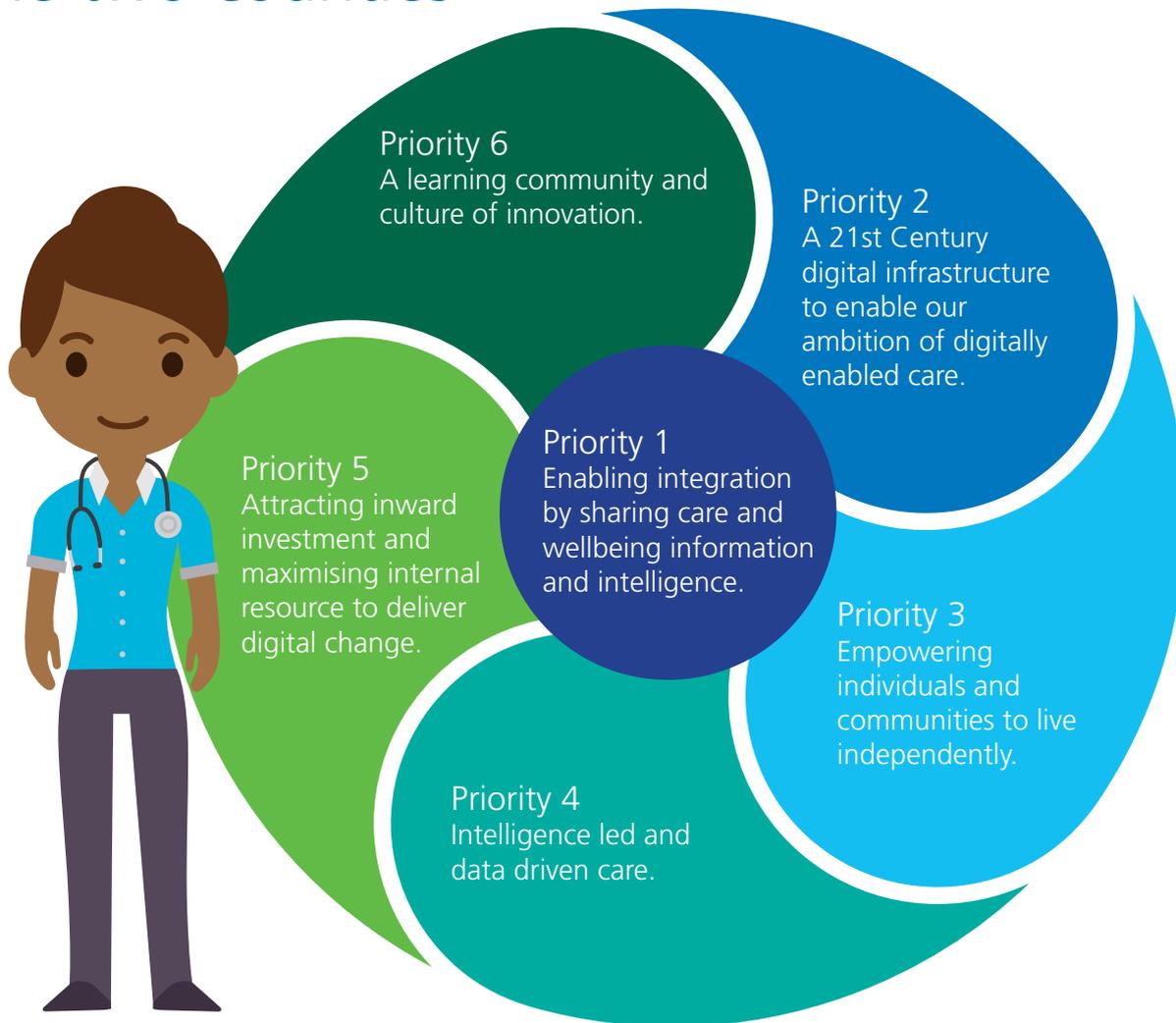
We need to be clear about our key programmes and to work with national bodies to attract investment and funding to deliver our goals. By establishing a credibility around delivery, we want national leads to see Herefordshire and Worcestershire as a partner that will deliver a return on investment for the public.

The health partners of the STP have a desire to play a role in working with industry and 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.

To make best use of resources we will make sure that we have in place clear controls to ensure technology vendors and platforms comply with national standards for the capture and storage and sharing of data, we will make use of national frameworks and licencing arrangements to deliver value for money for Herefordshire and Worcestershire residents.



Our key objectives have been developed from feedback from partners and the public across the two counties



A digital workforce is needed to develop a digitally connected 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.

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

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

Our STP workforce and Organisational Development (OD) plan puts the development of such a workforce at the heart of its plan. We shall achieve this by embracing improvements in HR technology so 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 and senior managers, as well as front-line staff to ensure colleagues are involved in delivering our vision and that we have strong networks and relationships in place.

Our delivery values

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

Work in partnership

We will collaborate to build and lead our programme. Digital leaders will walk the walk with their clinical and social care colleagues, to ensure a deep understanding of the impact of their work.

Work together to pool our assets so we can get best value, drive economies of scale, avoid duplication and unnecessary competition.

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

Our approach is based on open standards and being not tied to the products of a specific manufacturer.

We will work together to implement digital improvements using an agreed set of standards.

We will share our work and learning across the STP and external colleagues, creating learning from a best practice approach. Where appropriate, we will share, co-commission or jointly source systems.

Honesty

We will work in an open and transparent way. Partners also need to be honest and open around their challenges, so we can support each other and understand each other's plans.

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.

Simplify

We'll create a great experience for staff and population by keeping things simple and not unnecessarily overcomplicating things or duplicating effort.

Licence to succeed, permission to fail

We will create an environment and culture where we encourage innovation and learning. Projects may or may not work but this will not stop us trying new things out.

Evidence based

Where available, we will use the evidence base to evaluate and measure improvements when we try something new.

Support our workforce

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



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. To maximise efficiency and effectiveness;
3. Developing out-of-hospital care; and
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 is a population that is increasing in age and/or has long-term health issues; financial constraints and a stretched workforce.

By April 2021, all of the forty-four STPs in England will have transitioned into Integrated Care Systems (ICS). 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 local level.

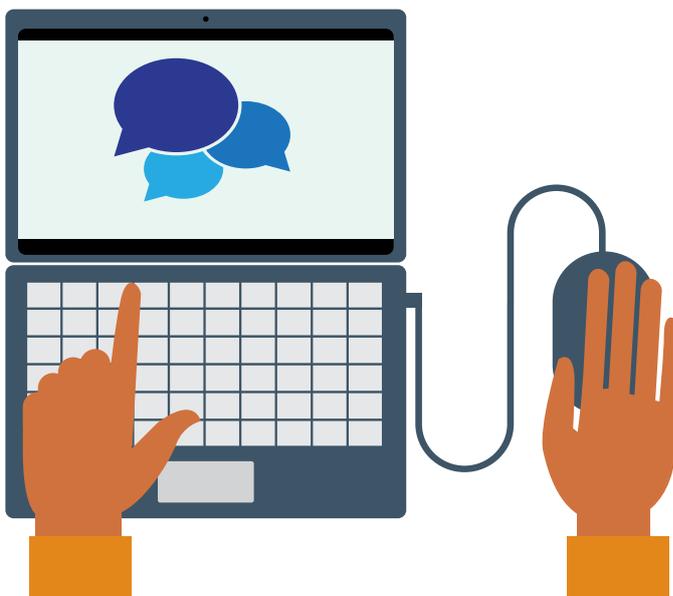
This model is in line with the integrated care structures already in place by Herefordshire and Worcestershire STP.

Key to delivering the STP vision will be a digital infrastructure 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 population's health through service redesign.

A digitally enhanced integrated care system would 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 across the system are committed to delivering the vision, which has been endorsed by the STP 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; and
- 2gether NHS Foundation Trust.





Service and Population Needs

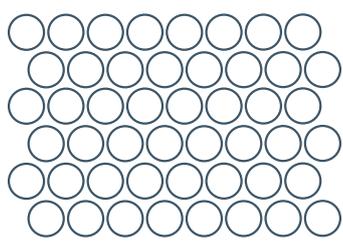
Personal decision making and input
 What do I need?
 Where do I go?
 What can I share / add?
 How can I help others?

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

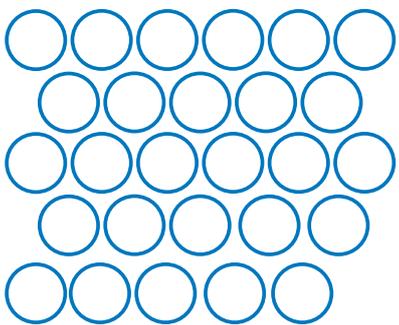
An alliance of providers focused on delivering better outcomes for its population using an exchange of information to improve service design, delivery and sustainability

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

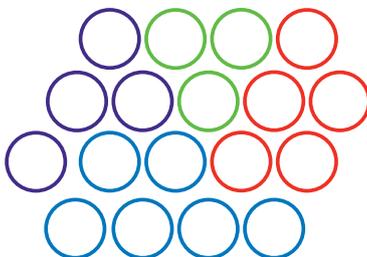
Community, friends, family and carers



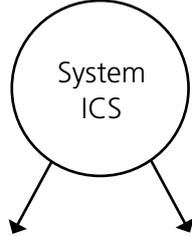
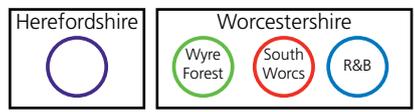
Individual GP practices



Evolving primary care networks



Place based alliances



Digital Enablers

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

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

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

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 driver 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), setting out a vision for the NHS over the next ten years, supported by £20.5 billion additional investment 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 who await the highly anticipated social care green paper while adult social care services continue to balance increasing demand with significant budget cuts.

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

- further development of longitudinal health and social care records across 5 geographies by 2021 (LHCR),
- by 2021 people will have access to their care plan through the NHS app,
- 100% compliance with mandated cyber security standards,
- 2022/23 everyone 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.

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 better 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

- Support anyone in the NHS developing new technology that can improve care;
- A new skill set – build technical skills to help meet user needs.
- Create the right culture to deliver digital transformation – work together and have 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 30,000-50,000 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 its population, making 25% of appointments bookable online.

Within the next five years, the LTP 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.

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



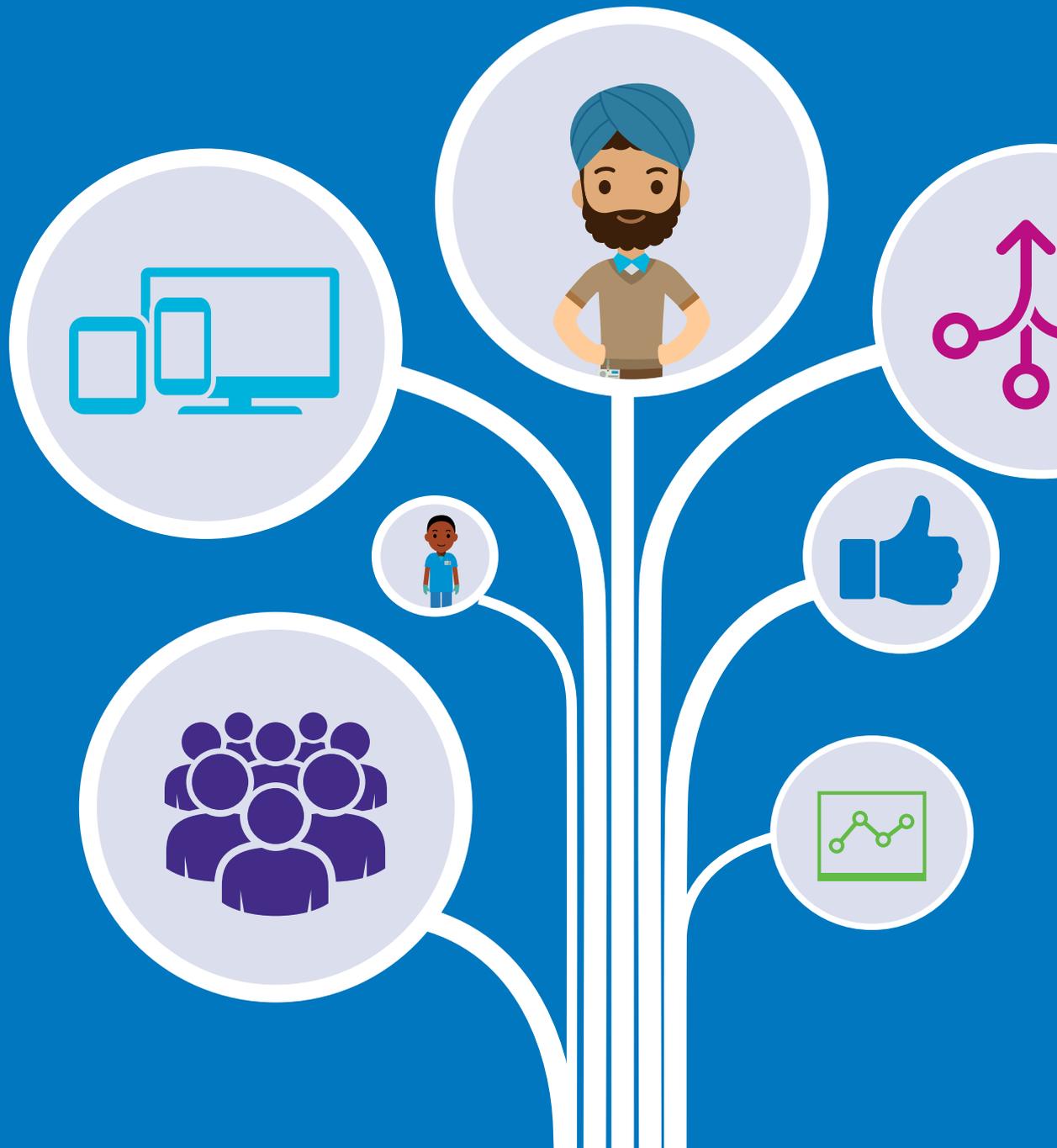
Benazir's story

Benazir works in a busy A&E department as a lead consultant. She has become ever more frustrated at the increasing pressure on her department and the challenges around ensuring a smooth patient flow through hospital. Her team want to have more information when patients come into A&E, so that they can make quicker and clinically safer diagnosis and decision. 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 was developed and installed in the hospital. This allows the hospital to manage real-time capacity including location, bed availability and discharge. This information is displayed electronically and simultaneously in A&E and within central capacity management team room for all to see. The information is also shared with Social Care, Primary Care and Community Care colleagues so all are notified when a patient has been admitted and discharged. Significantly, clinical colleagues can also access Primary and Community care information that allows all clinicians to makes any decision based on a holistic view of the patient. All of this information also helps Benazir to work with her team to inform learning as well as improving patient flow and care.

Section four

DEVELOPING OUR STRATEGY



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

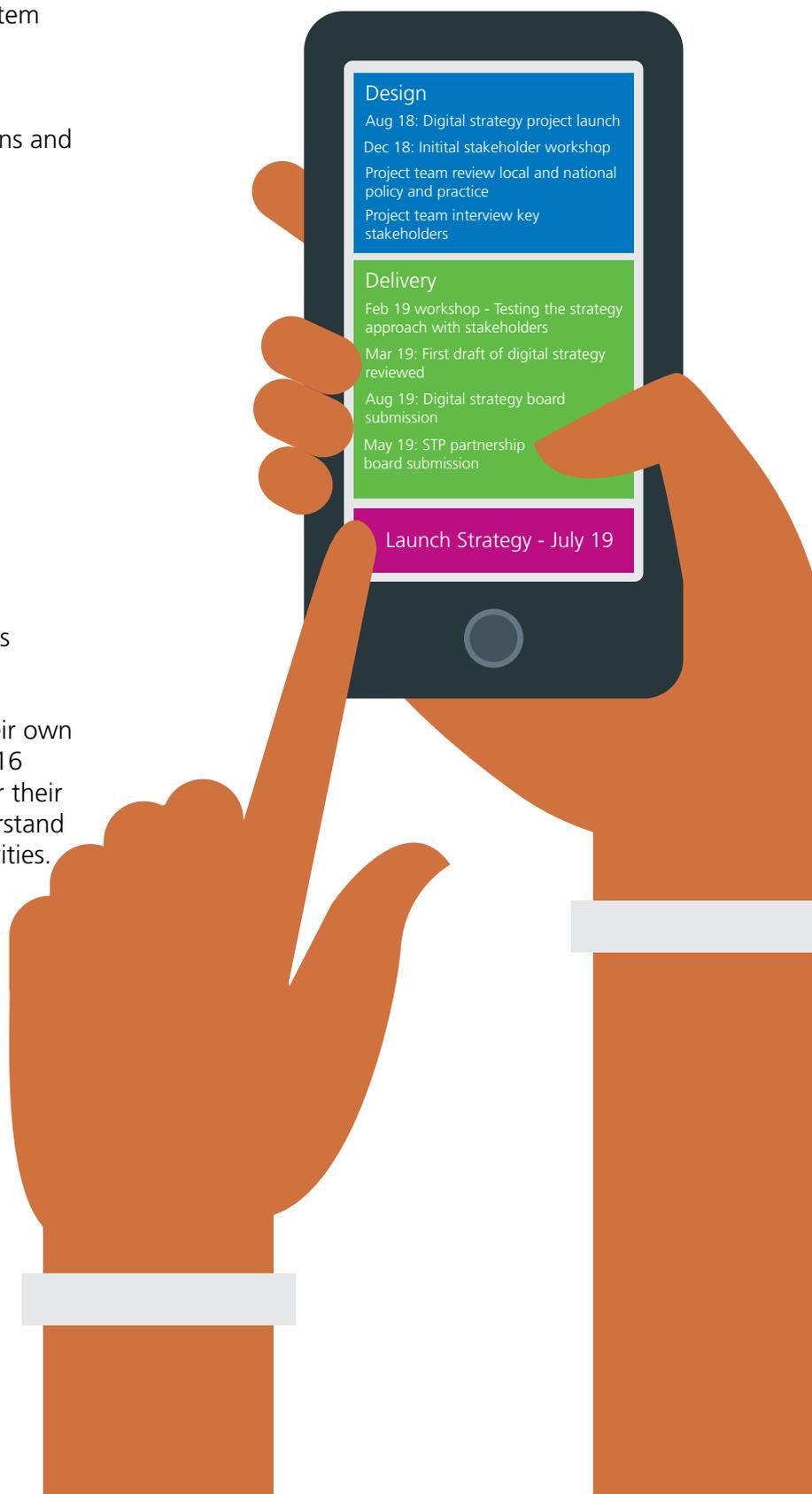
The STP Partnership Board began the process of creating an STP digital strategy in the autumn of 2018. This included engaging with all partners across the system to ensure a consensus approach. As part of this we have interviewed people from across the system including:

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

Engagement and information gathering activities carried out are described in figure on the right.

Herefordshire and Worcestershire developed their own county-wide local digital roadmaps (LDRs) in 2016 (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.



During the course of producing this strategy we read local and national documents, met with key stakeholders and run 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 to respond to these. Below are examples of the key issues raised. These range from broad strategic issues such as requiring shared records to simple requests around replacement equipment.

Behaviour and change

- This requires behaviour change of both our staff and population. It's critical to our success
- Adopt a quality improvement methodology that allows 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
- 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 use of technology
- Get the basics right as well as being aspirational
- Use technology already available
- Care plans should be digital and shared between care settings
- Capacity and capability to deliver digital agenda is not there at the moment
- Acquire 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 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 is involved in understanding the problem and then developing the solution
- Access to assistive technology to keep people independent for longer

Emma's story

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

Emma has now had an Amazon 'Alexa' device installed, which she uses to help remind her of events and appointments. The local care team installed this and they and her family help update Alexa with reminders for Emma. Emma now wears a smart watch that is linked to a central team and to her family that monitors her location. A District Nurse can monitor her key health signs which can send alerts and reminders to Emma if there are potential issues. These alerts go to a local care team and family but also to nominated community friends through a messaging app in the village to ask if anyone could check on Emma. She has also been set up with a voice activated video link to two of her friends in neighbouring villages. Emma feared being socially isolated but now she feels more connected and her family are reassured with the support network.



Section five

DELIVERING OUR PRIORITIES



Priority one – Aiding integration by sharing care and wellbeing information and intelligence

This was the number one priority that emerged from local engagement with care professionals and patient forums, review of local strategies and national policy. The overwhelming view was that an integrated care and Wellbeing Record is fundamental to the delivery of integrated care across the STP.

Without it, we will not be able to:

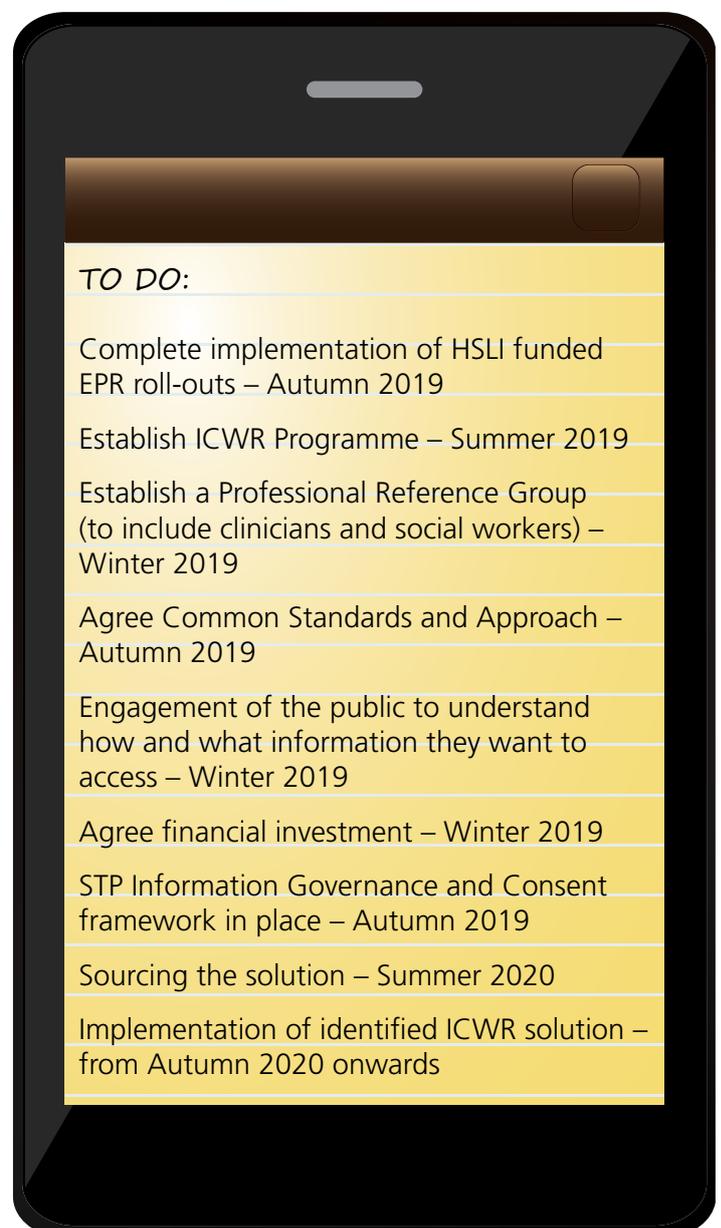
- Make organisational care data boundary-less - supporting individual's care regardless of setting,
- Provide the public with seamless access to their care record and supporting informed decision making about their wellbeing
- Support complex care needs delivered across super-regional/tertiary centres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

To move from our current starting point to execution will require hard work and a focused programme, this will include:

- Clinical and social care staff engagement, support, 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 data sharing;
- Not being tied to products of a specific manufacturer and use our planned ideals
- Population health analytics and management; and
- Capacity and capability to deliver.
- Vender agnostic approach and use open international standards

We have started to define and agree a common set of principles and standards that will create any future solutions that will deliver our outcomes. This programme of work cannot be delivered without significant support and resource. Initially the STP has identified funds to support this work through 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. Clear Information Governance and data sharing arrangements will be key to work. A workstream will be set up to determine the current landscape and what is required for the development of future information sharing. This will build on national good practice and existing work that has already happened across Herefordshire and Worcestershire, including a multi-agency information exchange gateway in Worcestershire.



Priority Two – a 21st century digital structure to help our ambition of digitally enabled care

Delivering an Integrated Care and Wellbeing Record is a complicated processes of many projects across many organisations. It will require a lot of different approaches across different fields of specialisation such as behaviour change, connectivity, and technical hardware and software.

We will 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 an Integrated Care and Wellbeing Record.

In the meantime we will fully harness technology already available within and outside the NHS and local government to let our teams operate 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. We want all NHS organisations and local government within our STP to be at HIMSS level 5 or above by 2023. This means that all organisations have the functionality to share information between care settings, and use of Electronic Patient Record System will be the norm.

Most importantly, we'll make sure our systems operate using strict and lawful cyber security, data and information usage.

Finally, we need to establish the infrastructure to let staff work flexibly across the two counties. This includes 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 national plan – 2019-2021

Agreed strategy for the 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

Clear roadmap to deliver digital maturity and increased digitisation to meet NHS LTP targets – April 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	<ul style="list-style-type: none"> To create a system of technical capabilities across providers to share individual's data Build capability within and upon existing systems 	<ul style="list-style-type: none"> Interoperability workstream to be established for work across providers Gap analysis to establish levels of systems within providers Build on local technical resource to develop and support 	<ul style="list-style-type: none"> 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 Apps Consideration of GDS (Government Digital Service) Digital Design Principles
Information Governance Framework	<ul style="list-style-type: none"> To create the right information governance framework to allow the safe and legal sharing of data 	<ul style="list-style-type: none"> Establish a cross-organisational IG work stream Set up the required data sharing agreements Public communication and engagement. (Supported by Health and Care Information exchange similar to https://www.healthylondon.org/our-work/digital/london-health-care-information-exchange/) 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Continued ability to plug into and use nationally created systems such as PDS, NHS Spine and integrate systems, as necessary, with national programmes 	<ul style="list-style-type: none"> Gap analysis to establish maturity levels of systems 	<ul style="list-style-type: none"> Spine compliance and compatibility NHS number identifier compliance Implementation of Care Record Locator Work to NHS common capabilities developed by LHCRE programmes
	Aim	Method	Technical/Operational Requirement

Cyber Security	<ul style="list-style-type: none"> • Make sure that we can demonstrate that data and information is secure • Ensure security compliance of suppliers hosting or exchanging data 	<ul style="list-style-type: none"> • Establish a set of cyber security standards to be met 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Create a universal set of data, metadata, coding and data quality standards 	<ul style="list-style-type: none"> • Establish set of data standards to be met • Gap analysis against the agreed standards 	<ul style="list-style-type: none"> • Universal use of SNOMED CT for clinical coding • Adherence to national clinical data standards (e.g. PRSB and AoMRC) • Data quality
Governance	<ul style="list-style-type: none"> • Ensure robust governance model across the programme • Coordinate and manage delivery of the strategy • Ensure clinical involvement at all levels 	<ul style="list-style-type: none"> • Establishment of CCIOs and clinical reference groups • Ensure a shared vision for the ICWR • Clear and agreed blueprint for the future • Build capabilities of local resource to support the programme 	<ul style="list-style-type: none"> • 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 – getting individuals and communities to live independently

Our long-term ambition is to empower and support:

- individuals and communities to use digital technologies to assess their levels of health and fitness, promote independence and manage their own care, take control of their health and wellbeing, while 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 online consultations. This type of technology can also be used to help communities support each other through better use of social messaging and assistive technologies.

While our infrastructure and Integrated Care and Wellbeing Record are being implemented we will work with our STP partners in Public Health and local authorities, 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 them to consider how we can use digital developments for positive changes and support. This will build on existing innovative developments being piloted by both local authorities and WHCT. 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 demonstrate the potential of how technology can support lifestyle changes and manage long term conditions. STP need to consider how to build and use this development.

Herefordshire Council and Worcestershire County Council are already working in this area, and want 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 and hearing their voice in how we can support them and their communities. This includes the development of applications and provision of advice and guidance. Co-design and collaboration with our communities is a key element of our plans 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 HW STP to support our staff to improve workflow, connect 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, 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 make ensure people can access health and care service and information in a similar way.



Harold's story

Sadly, Harold is terminally ill. He 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 sends the referral to the team at the hospice through 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 at the information immediately on the Herefordshire and Worcestershire shared record viewer. This helps the hospice to decide which of their services are most suitable.

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 through 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 they can use the appointment time to talk about what is important to Harold and how the hospice can help him live, as well as possible, with his condition.



Priority four – intelligence led and data driven care

Establishing an Integrated Care and Wellbeing Record across Herefordshire and Worcestershire will improve how we deliver and plan health and social care services.

By bringing our collective analytical knowledge 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 Integrated 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 that will support the 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 diagnosis and clinical decision making and predicting individuals at risk of hospital of admission. The aim of employing these features is to improve the quality of care, safety and efficiency.

We will also work to equip staff to support them in these developments 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 – community and culture of innovation

Once our Integrated Care and Wellbeing Record is under way we will move to more ambitious innovations – forming a rural digital innovation hub. We have an ambition to innovate and look for new solutions.

We want Herefordshire and Worcestershire to be recognised as a centre of excellence for digital 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 Economic/Enterprise Partnerships to create this vision.

The rural digital innovation hub will inspire colleagues across the system to explore and experiment with different ways of delivering care using digital technology. This might be with technology already available and being used elsewhere or with new innovations developed locally. We already have 2 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 shall 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 front of adopting and testing new ways to deliver care to support and create stronger clinical networks including the development of telemedicine and telecare initiatives that will potentially bring consultant services closer to the individual's home.

Priority five – creating a learning

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

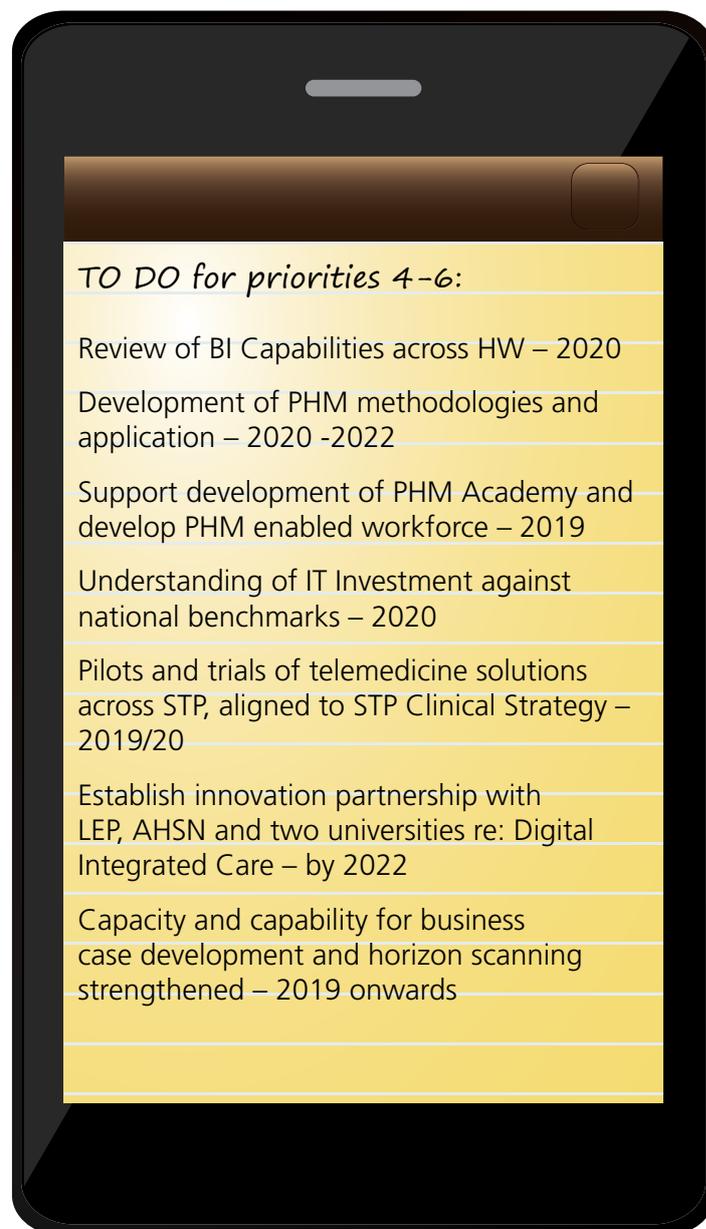
One of the biggest limitations to the delivery of our programmes will be ensuring we have the resources and funding. We know we have to demonstrate to national bodies and industry that we are an STP that is serious about our digital agenda, and we will need to demonstrate our credibility to deliver.

We need a robust and proactive approach to identifying funding streams, but more importantly we act as one in applying for funding to move forward. A clear pipeline of potential business cases will be developed that 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 the Life Sciences and Industrial strategy work and 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, as a system, cannot afford to make poor use of our limited resources to deliver digital change.



Section six

READINESS LEADERSHIP AND GOVERNANCE



Governance

As an STP and developing ICS, the digital programme will sit within the systems 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 groups sit below this for Herefordshire and Worcestershire, feeding into the wider HW 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, be focused more on the wider HW group as opposed to county based arrangements.

Our STP Digital Group will act as the STPs 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.

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 shall use recognised project management approaches.

For instance, agile, so we can learn from elsewhere and ensure we can be adaptive to 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 shall be ensuring 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 organisations 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 shall 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 clearly evident;
- Proposal/proposed solutions meets 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 be that within the STP (i.e. from GDEs and fast followers) or elsewhere should 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, and
- Resource and funding is already in place to deliver project.

If partners cannot demonstrate the alignment of digital initiatives with the wider STP strategy and programme then these programmes will not be supported, and partner organisations will be requested not to initiate or continue with the initiative. This will be part of the process. NHS England/X and Digital will be notified that any projects or initiatives that aren't at a certain level will not be 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 lead investment fund
- GDE and GDE Fast Follower funding
- Transformation funding
- National EETF fund
- National Shared Record Programmes
- Other funding streams through LEP, Test Beds and Local Enterprise Partnership

The STP and its partners are working collaboratively to find ways to jointly fund this Digital Strategy; this is developing and this 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 HW 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 STPs 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 ICWR 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 profile of Herefordshire and Worcestershire,
- Work with AHSN and other partners to facilitate learning and develop culture of innovation,
- Work closely with the Directors of Strategy to enhance analytical and intelligence capabilities as part of PHM developments, and
- 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 aim to:

- Define priority programmes and initiatives for each work stream;
- Identify leads for each work stream; and
- 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 school work increasingly difficult. Her parents are currently separated and she has had some difficulties with her peers over social media. However, she has also used social media as a key means of support. She has been referred to the local CAHMS service but she is very anxious around meeting professionals in person, and also finds the whole experience of going to clinical buildings intimidating. She has started to self-harm and her family is increasingly worried about her mental health.

The CAHMS service has now set-up Amy on a CAHMS app – that allows Amy to interact in a safe environment with Mental Health (MH) professionals. The app has been developed with young people and Amy feels far more comfortable communicating on-line than meeting the care professional in person. Importantly she can hide behind her on-line avatar and discuss her issues using the messaging function in the application. Her parents are reassured in the fact that the app is supported and run by Mental Health clinicians and the local MH Trust. Importantly the app has been developed on clinical outcomes so allows clinicians to undertake appropriate consultation with young people. Amy has also used the app to walk through and visit one of the CAHMS offices, via virtual reality, and she now feels less anxious around visiting in this facility in reality.



