HWE ICS

Hertfordshire and West Essex Integrated Care System

Digital Strategy 2022 – 2032

LOADING

Working together
for a healthier future

Contents

Foreword

Dr Jane Halpin – Chief Executive Officer
SRO For Digital Transformation
Hertfordshire and West Essex ICB

Our Integrated Care Board (ICB) aims to improve health, wellbeing and care for the population of Hertfordshire and West Essex (HWE). Formal documents, such as the NHS Long Term Plan, set out national ambitions for improvement over the next decade and underpin the important role of technology in future health and care services. These documents set out key priorities for digital services which will radically change the way we can support and care for local people.

In today's world, we are living longer so keeping healthy and connected is more important than it has ever been. We want to make sure local communities are thriving and vibrant places, where there is choice in every aspect of our daily lives including health and care. We increasingly accept and expect digital technologies to make our lives easier – online shopping and banking, booking of holidays or days out, or communicating and socialising with friends and family. It is right and timely that these expectations extend to wellbeing through health and social care services.

The pandemic enabled us to achieve levels of digital change that might otherwise have taken many years. So it is critical we build on that progress and ensure that all of our health and care providers across Hertfordshire and West Essex have strong foundations for a digital future. The national 'What Good Looks Like' framework has seven success measures that helps us check we understand our own position and progress in terms of having the right ICS-wide digital and data strategy.

It supports us to identify digital and data solutions for improving health and care outcomes, by working with local residents, partners and front line staff. Better and faster sharing of information between residents, patients and care staff gives residents a better experience and also helps us make services more efficient. Digital tools that capture information or carry out analytical tasks will help increase safety and quality. New approaches to providing care can depend on our digital capabilities – whether that is 'virtual ward' approaches that support people in their own homes, or the ability to send scans and pictures for expert diagnosis without needing patients to travel long distances.

Our digital strategy is ambitious and forward looking – and we don't expect the journey to be easy to deliver. It will give us the base to build better pathways for residents now and in the future. I am grateful to all those who have already helped get us to this point and looking forward to working and collaborating more closely with colleagues to turn this into reality, to better support the people we serve in Hertfordshire and West Essex

Adam Lavington – Director of Digital Transformation
Hertfordshire and West Essex ICB

Digital technology is such a vital part of our daily lives and why should health and social care be any different. In Hertfordshire and West Essex, we have a unique opportunity to embed digital technology as an enabler for the delivery of our wider ICS strategy. The right technology can give people choice, improve patient safety, drive better commissioning decisions whilst also targeting health inequalities and service pressures thereby ultimately improving resident outcomes at a population level.

The NHS is on a digital transformation journey unknown before in health and social care and the Hertfordshire and West Essex ICS ambition is to be a leader in this space in the next five years and beyond. Our system is under great pressure and our clinicians and residents have the right to be able to have access to the right technology that will enable a partnership between our residents, our clinicians and our social care services. We believe that after extensive stakeholder engagement, our strategy, digital vision and the themes identified, give us a strong foundation and the ambition to transform.

We plan to remove paper from our system through new electronic records and enable access to those records where and when needed. We will use technology to give our residents the tools to stay healthy in their homes and stay connected to a healthcare professional where needed. We will ensure that we are innovative and invest in technology in robotics, Artificial Intelligence and precision medicine so that we can not only speed up diagnosis but remove duplication and provide care that is focussed on an individual's needs.

We will also ensure that no one is left behind by our decisions and that our residents and colleagues are able to co-produce with us so our technology solutions help realise their maximum potential. Plus all of our decisions will be in line with our commitment to the green agenda. We are passionate about digital inclusion which includes addressing barriers such as having the right digital skills and support, connectivity, awareness, confidence and access, ensuring all technology meets our userbase needs, including those dependent on assistive technology to access digital health and care services.

NHS England set out the 'What Good Looks like' framework which gives us a baseline of where we are now. This coupled with the Hertfordshire and West Essex ICS digital strategy gives us the direction to deliver a digitally enabled health and social care system. The only limiting factor in driving digital maturity ambitions is our ability to believe in what is possible; however by adopting our blueprint and having confidence in our vision, we can make it a reality.

Context

Why we need an ICS digital strategy

Hertfordshire and West Essex are great places to live and work.

Our area is home to some of the healthiest, diverse and vibrant communities in the country, but there remain unacceptable differences in the health, wellbeing and life expectancy of some of our residents.

We want everyone who lives or works here to enjoy the best that our area has to offer. Our ICS wants to support our thriving communities where everyone has the right to a fulfilled and happy life, we know good physical and mental health is essential to achieve that goal. That's why it's important that we address health and care inequalities within our population.

Too often, those people that need the most support experience the greatest difficulties in using our services and for those who work directly with residents, service users and patients, trying to get people the right help at the right time can be frustrating too.

The trends are worrying, with avoidable diseases like type 2 diabetes on the rise. In both adults and children, conditions linked to inactivity and poor mental health mean that we risk worsening, rather than improving, health.

These challenges are not ones the NHS can fix alone. Residents have told us that they want their services to "focus on my wellness, rather than my illness". Making this shift requires a shared ambition between the NHS, local government, our community and voluntary sector and the people who live and work here.

Our digital strategy and programme plan focusses on creating the conditions for everyone to fulfil their potential, but to ensure a healthier future we need to act decisively and work together as one system with a collective ambition. To achieve these aims we know that having the right digital capabilities, including the technology and infrastructure, is a fundamental requirement.

It is these capabilities that will enable those that provide care to work together to create the best outcome for our residents. Residents, patients and service users will be able to access information about themselves and interact digitally with their clinical and care professionals when it is appropriate and convenient to do so, using the tools that reflect society's current technology expectations.

Those that can't, or don't wish to, access services using digital capabilities will still benefit as those that support them will be more aware of their needs and will be able to provide that support as part of a collaborative team who can collectively meet their needs in a more seamless way than they can today.

Care professionals should have the tools to better understand the health and care trends within our population and be able to focus their collective expertise on those that are most vulnerable and those that have the greatest need or have the greatest challenges in accessing services.

By ensuring that all our partners have the right technology, systems and skills in place we will be able to provide a better working environment where we can deliver safer care. With better access to information and best practice advice and guidance, we will be able to focus more on supporting people in their homes when that is more convenient and safer to do so.

This ambition is supported by national guidance including the 'What Good Looks Like' (WGLL) digital maturity framework, which has seven success measures and sets out the expectations for a mature, well developed, digitally enabled organisation as well as a focus on levelling up these digital capabilities across England. This digital strategy focusses on enabling our professionals to transform the services to meet the needs of our residents.

This digital strategy sets out the approach we want to take as an ICS for the next 10 years with the immediate focus on the coming three years with regards to our investment decisions.

The NHS Long Term Plan includes national requirements for digital that are expected to be delivered at ICS level from July 2022. These include targets for virtual wards, resident access channels, digital inclusion and several other key areas set out in the 22/23 national priorities and operational planning guidance.

NHS England had therefore requested initial Digital Investment Plans at ICS level by July 2022, to help us focus the Hertfordshire and West Essex investment plan.

The digital strategy has been developed collaboratively with system leadership, transformation teams, clinicians, digital leaders and supporting roles in various discussions, forums and workshops involving in excess of over 100 key stakeholders across social care, the third sector and our health care partners. The strategy and the associated three-year investment plan is built around five key areas of focus that came from those discussions, and which are building on work already in progress across the ICS.

The key enablers in achieving success in digital maturity as an ICS are far broader than just technology and our ICS digital strategy therefore focusses on not only technology but applying a digital culture with commitment from all in supporting its delivery.

Through ICB digital leadership and governance, we will ensure the right practices and processes are in place to respond to our residents' raised expectations of digital healthcare. This will include alignment and collaboration with the overarching Hertfordshire and West Essex ICB strategy and enabling strategies such as the clinical, estates, finance, procurement, green strategy, HR and people plan etc.

Having a cohesive digital strategy will put our ICS in a position to deliver our overarching HWE ICS strategy.

We will be equipped to:

1. Prevent people's health and social care needs from escalating

2. Personalise health and social care and reduce health disparities

3. Improve the experience and impact of people providing services
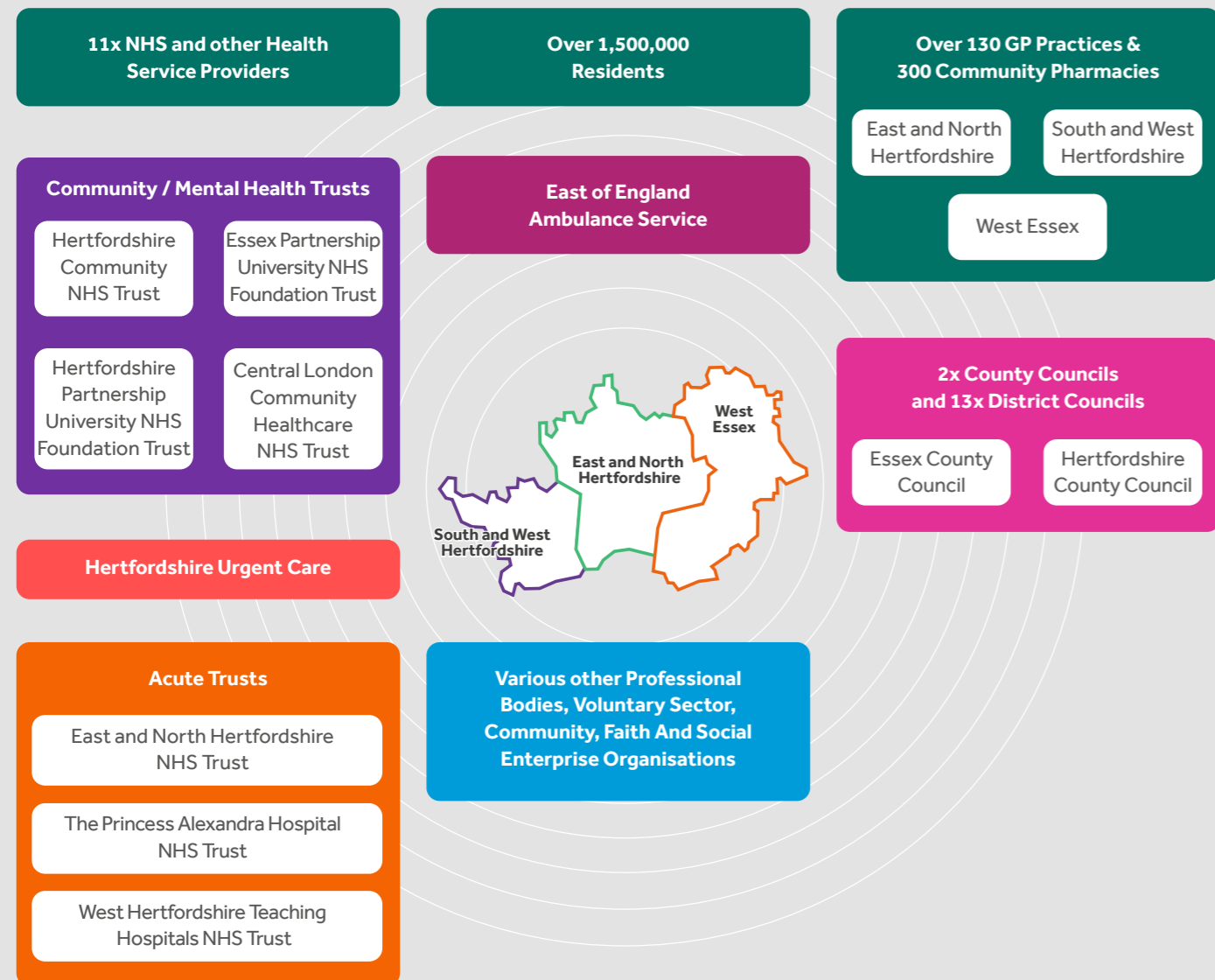
4. Transform performance

The health and care landscape in Hertfordshire and West Essex

Hertfordshire and West Essex is a complex landscape in terms of the provision of health and care, involving the organisations illustrated below, alongside care homes, pharmacists, optometrists, dentists, third sector organisations and other support services in the community. Our care pathways and health and care services cross boundaries between places within our Integrated Care System (ICS) and to colleagues in other areas, within other ICS's, such as London and

Cambridge amongst others. These cross-border services are provided by organisations such as Essex County Council, Essex Partnership University NHS Foundation Trust and Central London Community Healthcare NHS Trust.

The Hertfordshire and West Essex ICS is starting from a low technological base, resulting from a historical lack of resource and investment. This is reflected in the current baseline position against the new

"What Good Looks Like" (WGLL) digital maturity framework which averages three out of five overall. However, there are several significant digital investment programmes underway. Good progress has also been made on some large system-wide projects – notably the Hertfordshire and West Essex Shared Care Record (ShCR) has been described by senior clinicians as "transformational" in the delivery of care.

11x NHS and other Health Service Providers

Over 1,500,000 Residents

Over 130 GP Practices & 300 Community Pharmacies

East and North Hertfordshire

South and West Hertfordshire

West Essex

Community / Mental Health Trusts

Hertfordshire Community NHS Trust

Essex Partnership University NHS Foundation Trust

Hertfordshire Partnership University NHS Foundation Trust

Central London Community Healthcare NHS Trust

East of England Ambulance Service

2x County Councils and 13x District Councils

Essex County Council

Hertfordshire County Council

Hertfordshire Urgent Care

West Essex

East and North Hertfordshire

South and West Hertfordshire

Acute Trusts

East and North Hertfordshire NHS Trust

The Princess Alexandra Hospital NHS Trust

West Hertfordshire Teaching Hospitals NHS Trust

Various other Professional Bodies, Voluntary Sector, Community, Faith And Social Enterprise Organisations

National digital NHS context

Digital technology is now a core part of our lives and has been demonstrated to be hugely valuable in how we now undertake many routine tasks, such as banking and travel arrangements. In UK public sector health and social care delivery, digital is typically less mature than the other sectors. The NHS Long Term Plan seeks to address this and includes national requirements for digital that are expected to be delivered at ICS level from July 2022. These include targets for virtual wards, resident access channels, digital inclusion, and other key areas set out in the 2022/23 national priorities and operational planning guidance.

With funding limited across the wider NHS and Social Care sectors, there is also a focus on digital convergence and standardisation initiatives, including, but not limited to, convergence of electronic patient care record systems, shared care plans, and improving digitisation of social care, mental health and community health services as well as within outpatient settings. It is expected that funding for these initiatives will be coordinated and distributed at ICS level from July 2022 via Integrated Care Boards, and that ICB's will play a central role in digital investment decisions.

The "What Good Looks Like" framework is also moving towards a mandatory national digital maturity framework, core to the national guidance and is already being actively used to focus strategic investment and effort. Our current assessment is one of relatively low digital maturity as an ICS. Our early work in Hertfordshire and West Essex has taken advantage of national support through the ICS Population Health and Place Development Programme. This has supported ICS's in assessing how to build our digital maturity through a series of centrally provided Action Learning Sets based on the WGLL framework. NHS England had requested initial 3-year Digital Investment Plans be developed at ICS level. To help focus the Hertfordshire and West Essex investment plan, this strategy sets out the approach for our digital maturity growth in Hertfordshire and West Essex.

This digital strategy provides a framework in which our collective digital investment decisions can start to be made. It does this by providing:

- **Our Vision, Goals and Strategic Principles** – to focus our efforts and help us make the key digital investment decisions and establish strategic programmes of delivery.

- **Our Digital Mission** – describing how the ICS will focus its system-wide efforts to improve our digital maturity as a health and social care system to support the improved health and care of our residents.

- **Our Digital Roadmap** - that sets out our journey over the next decade and provides the backdrop to our 3-year investments, conditioned by available funding provided from within the ICS budgets, and from national sources when these become available.

Our Hertfordshire and West Essex ICS digital strategy provides examples of our achievements to date but also supporting example future digital visionary stories to help visualise the benefits and impact our strategy and plans will have on our residents and care professionals.

What Good Looks Like (WGLL)

https://transform.england.nhs.uk/digitise-connect-transform/what-good-looks-like/what-good-looks-like-publication/

Vision, Goals and Principles

What our digital strategy covers

The Hertfordshire and West Essex ICS digital strategy provides a framework of principles and goals in which ICS-wide digital priority programmes will support the ICS transformation initiatives and support how investment decision making is made. It recognises the need for organisations to deliver their own specialist digital needs within their dedicated budgets but also where the need is consistent with the collective system needs and national standards. The strategy is therefore additive to local efforts and requirements.

The ICS digital strategy focusses on:

- Supporting the ICS transformation initiatives as needed with ICS wide solutions, that are also consistent with the needs of the PLACES within Hertfordshire and West Essex.

- Making a measurable difference to the collective health and care provision across Hertfordshire and West Essex and its borders through common approaches to the use of digital technology.

- Improving the commonality of digital solutions and their ability to talk to each other (interoperate) so that the needs of the population are better catered for.

- Driving up digital maturity in line with the WGLL digital maturity framework.

- Securing the best value for the Hertfordshire and West Essex ICS from digital investments.

It does not:

- Replace organisations' or PLACE digital strategies; rather it informs, provides a reference point and context for those.

- Address Business as Usual (BAU) digital and information technology plans funded out of local budget allocations to maintain day to day services.

- Cover initiatives that don't meet the strategic transformation, investment or delivery principles.

- Address digital solutions specific to one organisation's specialist needs.

Digital Vision

Working together for a healthier future

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'Our teams come together to deliver an effortless, integrated digital experience without boundaries to improve health and care outcomes for all people'

Our Digital Goals

- We will work together to maximise the opportunities to coordinate system wide digital solutions, and provide the right care at the right time, through multi-disciplinary health and social care teams.

- We will bring together the essential connectivity, information, intelligence and data for all care settings as needed by service users, residents and care professionals to improve the overall health and well being of our population.

- We will use digital technology to help keep people well in their homes and improve their overall life chances, at the same time addressing the twin challenges of demand and capacity across the system.

- We will encourage targeted investment and digital innovation at the front line that has potential scaleable benefits to improving health and care outcomes. We will involve Academic Health Science Networks (AHSNs), universities, and the private sector where it makes sense, and we can afford it.

- We will improve the inclusion of our population in accessing their health and care needs digitally where appropriate and will build a digitally confident and skilled workforce.

Strategic digital Investment principles*

We will apply a clear set of principles to the way we target our investments in digital, aligned to current health and care sector best practice.

Prioritise the things that residents and staff need

• Projects at ICS level will focus on resident and staff benefit, and competing projects evaluated against these.

• Competing benefits profiles must explicitly demonstrate direct or indirect benefit (e.g. better access - direct, or better security - more indirect).

Practical implications - All benefit cases/calls for funding must be explicit and address categories agreed by the ICS.

Get the best out of digital suppliers

• Develop and maintain strategic supply relationships at ICS level where this makes sense.

• Aim to use the same solution where procurement rules allow, it makes strategic sense, is cost effective and appropriate contractual vehicles exist.

Practical implications - Use an established proven supply route where we can to get economies of scale and replicate solutions and relationships.

Prioritise the things that residents and staff need

Set clear, realistic goals

• Ensure that the primary aim of digital investment is realistically achievable and has evidenced benefits for residents and staff with "optimism bias" challenged.

Practical Implications - Rigorous testing process for cases as assurance for the ICB.

Invest in a dedicated, cross functional ICS team

• Create a right sized, coordinated cross functional, cross care setting, cross place virtual digital team to maintain focus on the vision and ensure that learning and approaches are coordinated rather than reinvented.

Practical Implications - A new digital operating model across Hertfordshire and West Essex.

Strategic Investment Principles

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Strategic digital delivery principles*

We will maintain our delivery focus and maximise our returns on investment through our high-level delivery principles.

Strategic Delivery Principles

Think long term, deliver in the short term

• Rigorous assurance to ensure we remain in line with ICS strategic goals with ICS strategic goals.

• Maintain focus on the vision and mission for digital at ICS and PLACE levels expressed in benefits terms, and support for the overall ICS Vision.

Practical implications - Delivery milestone and benefits realisation tracking at ICS level through the agreed governance processes for ICS funded projects.

Test, measure and learn

• Innovate locally, test at PLACE level, scale at system (either bigger scope or replicated instance).

• Blueprint models and technology approaches for the same problems (don't solve the same problem 3 times).

Practical implications - Review all projects and pool resources around front runner (e.g. care coordination, portals etc.).

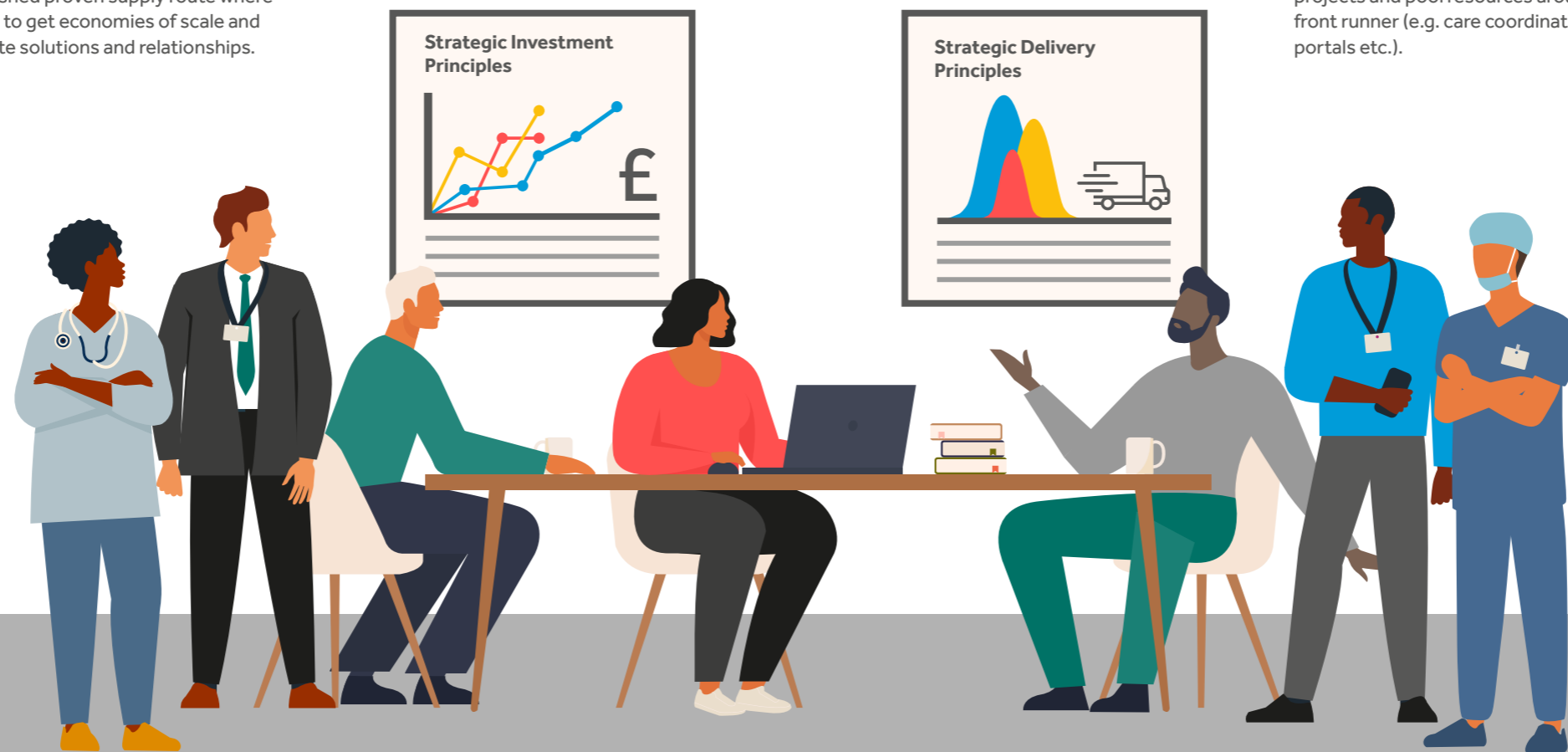### Don't stick to the wrong plan

• Rigorous delivery assurance against business cases and outcomes coupled with an ability to change plans and objectives as the environment or circumstances dictate.

Practical implications - Leadership and Governance for digital within the ICS. Gated process with go/no-go decisions being made through clearly defined governance routes. Some projects may be stopped if not delivering, to make better use of resources.

Build trust in digital

• Address digital inclusion and exclusion explicitly through the strategy.

• Adopt a benefits realisation framework in a clear, structured and useful way.

• Digital capability development for residents and staff. Working towards upskilling to a digitally mature workforce, investment in education, training etc.

Practical implications - Cases evaluated on 'time to benefits' and 'strategy for change management'. Don't assume digital answers everything the ICS needs.

Our Digital Strategy Mission

What we will deliver and how we will do it

Digital Collaboration
System Wide Digital Collaboration

Our goal is to work together to maximise the opportunities to coordinate system wide digital solutions, and provide the right care at the right time, through multi-disciplinary health and social care teams.

To achieve this, we will work together to adopt a coordinated health and care needs led approach to digital that focusses on local demands, but which is coordinated through place-based digital and care professional networks, including care representatives closer to the resident such as GPs, social workers, pharmacists, optometrists, dentists, third sector organisations and others in the community. This will enable a broader and more holistic approach to digital being adopted in line with our approach to care (e.g. through our Primary Care Strategy).

Digital Platforms
Essential Strategic Digital Platforms

Our goal is to bring together the essential connectivity, information, intelligence and data for all care settings as needed by service users, residents and care professionals to improve the overall health and well-being of our population.

To achieve this, we will build and then enhance and optimise the key strategic digital platforms we need once for the ICS, or we will develop a fully joined up, interoperable, landscape of local platforms. We will optimise existing digital platforms wherever possible rather than building new replacements.

Digital Direct Care
Proven Digital Care Enablers

Our goal is to use digital technology to help keep people well in their homes, offer choice and improve their overall life chances through healthcare at the residents' fingertips, at the same time addressing the twin challenges of demand and capacity across the system.

To achieve this, we will use digital technology at scale to bring care closer to our residents in their homes or the places they call home. We will focus on engagement with our users internally and residents in the co-creation of new ways of digital working and make solutions easy to use and with a consistent look and feel.

Digital Innovation
Local Digital Care Innovation

We will strive to lead digital innovation partnering with AHSNs, universities, and the private sector to identify and adopt new technologies that offer scalable benefits to support our ICS challenges and workstream priorities.

To achieve this, we will pilot digital health and care innovation at smaller scale where there is a potential to grow and deploy this more widely, and we will learn from others using innovative technologies such as Artificial Intelligence, Precision Medicines and Robotics.

Digital Skills
Digital Inclusion and Workforce Capability

Our goal is to improve the inclusion of our population in accessing their health and care needs digitally where appropriate and will build a digitally confident and skilled workforce.

To achieve this, we will develop a coordinated approach with third sector partners and others to address barriers to accessing health and care services digitally, providing access to technology, information and navigation to those least able to access digital services. We will support and train our staff in the use of digital technologies to develop their confidence and skills in using digital tools particularly at the front line. We will strive to build trust in digital solutions for health and care and keep our staff and residents safe on-line.

Digital Collaboration
System Wide
Digital Collaboration

"What Good Looks Like"* Success Measures:

1. **Well Led**
2. **Ensure Smart Foundations**
3. **Safe Practice**
4. **Support People**
5. **Empower Citizens**
6. **Improve Care**
7. **Healthy Populations**

What does this include?

• We will focus on communication, collaboration and leadership of digital change involving care professionals at all levels and across all settings, ensuring engagement and co-creation of solutions with our residents.

• The Governance model will be adjusted to support the new landscape ensuring alignment with the strategy and driving benefits for residents, care professionals and partner organisations.

• By 2025 we will deliver a well led, well governed, accessible digital ecosystem in terms of collaboration for residents and care professionals meeting relevant technical and safety standards.

• We will aim to deliver digital solutions once for the common good converging existing solutions in line with our investment principles and national ambition for convergence of health and care digital technologies.

• We will develop a coordinated, professionally led approach to digitally enabled safe care, collectively making recommendations for investment and focus on support of our ICS priorities.

• We will aim to "level up" our capability on data quality, removal of paper processes, and digital maturity.

• We will promote the use of shared funding, resources and acquisition of digital solutions across the ICS where this is in line with our investment and delivery principles.

• We will ensure ICS to ICS collaboration to make sure that our residents are cared for across ICS borders or between places within our ICS, and that we build our digital solutions in a seamless way that supports this.

• We will ensure that our local ICB clinical priorities are supported where needed through digital enablement such as reducing substance misuse, smoking and alcohol consumption, children and providing a good start in life, good nutrition, healthy weight, physical activity and the lifelong education agenda.

What are we already doing?

• Empowering Clinical leaders to drive transformation and benefits such as clinical fellows.

• Investing in time for national Digital Academy training for our clinicians and Chief Information Officers (CIO).

• Established an ICS clinical reference and practitioner group with ICS wide representation.

• We have an ICS Programme Management Office (PMO) to oversee clinical workstream programmes and provide assurance of delivery.

"By 2023 we will have established a Chief Clinical Information Officer (CCIO) approach to leading our digital landscape in support of safe care. We will identify digital and data solutions to improve care by regularly engaging with frontline users and residents and have digitally capable Boards."

What digital capability will we deliver?	When could we have it?	What benefits will it give us?	What will care professionals say?	What will our residents say?
Invest in a sustainable multidisciplinary digital care professional "office of the CCIO" at ICS level.	Q1 2023-24	A coordinated approach to making the right priority calls on digital investment from a professional perspective and maximising the use of digital in support of our residents and safe care.	"We are confident that our digital solutions for the ICS are led by care professionals, and that they will work at the front line"	"Gone are the days where as residents, we feel we didn't have a voice in their digital decision making"
Invest in Digital Board education as part of the programme of developing digital awareness and capability.	Q1 2023-24	Confident Board level sponsorship, assurance, challenge and decision making on digital initiatives.	"Our ICB board and the Boards of our organisations are making joined up calls on digital investment that seems to be making a real difference at the front line"	"Digital seems to be everywhere for our health and care needs these days, whether that's at home, at the GP or in hospital. It used to be more of an add on, but today it's as important as our household utilities"
Invest for the long term in digital clinical fellows at ICS levels and care professional digital leads for all ICS organisations.	Q4 2023-24	Sustained investment in a core set of senior care professionals able to support digital initiatives and targeting technology where it enhances the provision of care.	"We have peers who are genuine digital experts who we can turn to who can guide us in making the best use of digital technology."	"I was talking to my consultant, and he said that the technology he was using had been designed by another consultant in Watford and he was really pleased with it"
Introduce a quality improvement / benefits realisation method at ICS level in support of the identification of digital initiatives.	Q4 2023-24	A sustainable approach to improving care using digital solution integrated with quality improvement / benefits realisation approaches.	"Digital is just something we now always consider when we are trying to improve the care we provide"	"I can see people using modern technology on the front line these days in preference to pen and paper"

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* "What Good Looks Like" is the overall digital maturity framework for ICS digital maturity introduced by NHS England in 2022 to measure progress towards an overall national level of digital capability.

Digital Collaboration
System Wide
Digital Collaboration

Existing Case Studies

Community Pharmacist support for patients leaving hospital (Transfers of care around medicines -TCAM)

The Eastern AHSN worked with Hertfordshire Partnership University Foundation NHS Trust (HPFT) and all the acute Trusts in the Hertfordshire and West Essex ICS and the local pharmaceutical committee to help set up a secure electronic interface between the hospital IT systems and PharmOutcomes, the community pharmacy system. This enhanced TCAM by providing patient data quickly and seamlessly to their community pharmacist.

The benefits for the patients in implementing TCAM is that it provides the on-going support around their medication and what and when it should be taken, post discharge out of hospital, as the community pharmacy will have access to the prescription information prescribed on discharge. The additional benefit, to both the patient and to the hospitals in having TCAM in place, is that it supports the prevention of re-admission; with medication and discharge support being provided by the community pharmacists.

* SOURCE : Eastern Academic Health Science Network

Digital Innovation Zone (DIZ)

The Essex and Hertfordshire Innovation Zone has created a space for collaboration and engagement, breaking down sectoral and organisational silos and attracting co-ordinated investment. This has been enhanced by regular guest speakers' slots at the DIZ board meetings with a range of digital issues and initiatives with speakers from digital infrastructure providers and EELGA (regional local government) as well as our local partners, Anglia Ruskin University, Essex County Council, Princess Alexandra Hospital. Joint programmes of work include LFFN ultrafast GP practice connectivity and the living smart homes project, working with residents on-line supporting the digital inclusion agenda, holding seminars funded by charity funding.

* SOURCE : Digital Innovation Zone (DIZ)

Gut Reaction Programme

The East and North Hertfordshire NHS Trust supported a national Health Data Research UK programme in the creation of a Gut Reaction Data Access model and database which includes over 20,000 patient records (with full consent) in order that inflammatory bowel disease and associated conditions could be analysed under a trusted research environment . The collaboration spanned 15 different organisations, health, private sector innovators and drug companies. Working with leaders in the National Institute for Health and Care Research (NIHR) BioResource, Patient Advisory Committee (PAC) and the patient and public involvement and engagement workstream (PPIE) to create a new mutually agreed approach which will research the data for inflammatory bowel disease (IBD) patients which helps support the model for data driven decisions, reviewing and advising on use cases for research using Gut Reaction Data, providing insight on the use of data in sensitive areas such as polygenic risk scoring and artificial intelligence (AI) and engaging and sharing learnings with other hubs involved in the Health Data Research UK (HDR UK) programme.

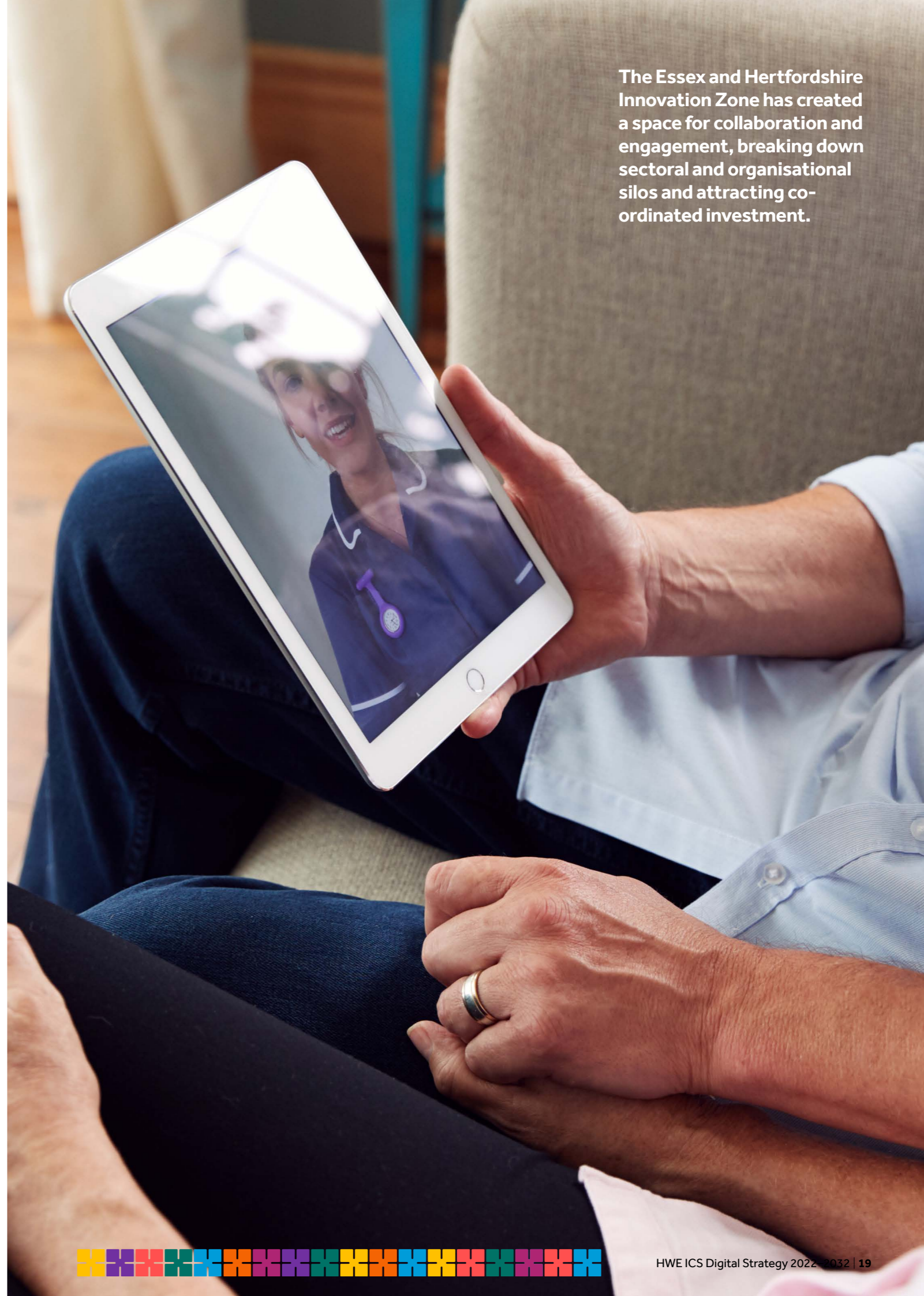* SOURCE : Phillip Smith – Associate Director of Research ENHT

The Essex and Hertfordshire Innovation Zone has created a space for collaboration and engagement, breaking down sectoral and organisational silos and attracting co-ordinated investment.

Digital Platforms
Essential Strategic Digital Platforms

"What Good Looks Like"* Success Measures:

1. Well Led
2. **Ensure Smart Foundations**
3. **Safe Practice**
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6. **Improve Care**
7. **Healthy Populations**

What is included?

- The digital MUST DOs for strategic platforms in the NHS Long Term Plan.

- Further developed Shared Care Records including ICS to ICS connectivity to bring together the full picture of our residents' health and care needs.

- Create a focus on high quality data to deliver high quality care and meaningful analytics.

- Shared Data Platform and Population Health Management (PHM) technologies to help us better understand the needs of the population we serve using modern approaches such as predictive and prescriptive analytics.

- Resident Access platforms to enable our residents to access their information and engage with and manage their own health and care whilst respecting their preferences (priorities in Maternity/Outpatients and Cancer pathways).

- Care Coordination Centre(s) to coordinate health and care provision, supported and enabled by technology.

- Electronic Care Record convergence to bring together the clinical platforms used by health and care professionals both within our ICS and beyond it.

- Shared infrastructure where appropriate to provide a standardised and lower cost service to our teams, more effective collaboration and MDT working, resident access and to support the Hertfordshire and West Essex green agenda.

What are we already doing?

- We have developed a Shared Care Record and continue to evolve it.

- We have delivered high speed connectivity for GPs in collaboration with the Digital Innovation Zone.

- West Hertfordshire Teaching Hospitals NHS Trust has implemented a modern Electronic Patient Record (EPR) and is now realising the benefits in terms of improved and safer care.

- We have a plan for a system-wide Data Platform.

- We are developing a Child and Adolescent Mental Health Services (CAMHS) access "front door" for children and young people.

- We are designing the West Essex and East and North Hertfordshire Care Coordination centres.

"By 2027 we will have modern health and care technology that gives us a single version of the truth for our residents as individuals and our population and communities as a whole."

What digital capability will we deliver?	When could we have it?	What benefits will it give us?	What will care professionals say?	What will our residents say?
Shared Care Record	Now 2025-26 for all care pathways	A single joined up view of a resident's care wherever they have received it, both inside and outside our ICS.	"I am confident that I have the full up to date view of those to whom I provide care wherever they have received it so that I can provide them with the best possible care."	"I don't have to repeat my story to anyone"
Electronic Care Record	2022 – 2027	Modern care record systems that talk to each other across all our health and care providers and paperless care records.	"I have the best technology at my fingertips whether I am working in ED, in the community or on an ambulance."	"I am confident that our hospitals, clinics and social work teams have the best possible technology available to manage my care"
Shared Data Platform and Population Health Management (PHM) technologies	2023-24 Levelling up of data access and intelligence and PHM analytics 2028-29 Data and Analytical Maturity	An accurate view of the health and care needs of our communities that enables us to target resources supported by trusted research environments.	"I know that we are able to target our teams on making a difference for the neediest residents in Hertfordshire and West Essex." "We can use advanced analytical tools to better understand the needs of our population"	"I feel our communities are healthier and better looked after than they ever have been"
Resident Access platforms	2023-24	Our residents (Target 75%) will be able to interact with care professionals without letters or paper or manage aspects of their own care as much as possible by the NHS App.	"Those I care for are aware of their care pathway, rarely miss an appointment and feel they get a personalised and responsive service"	"I don't have to wait to contact my care providers and I generally get questions answered the same day"
Care Coordination Centre(s)	2023-24	Ability to make the best use of scarce resources and assemble the right expertise managing transfers of care / shared care across the system.	"I feel I am able to make a real difference working with teams of care professional across all settings."	"The care I got covered all of the things that were worrying me through a "one stop shop"."
Shared infrastructure	2023 – 2032	Unified core infrastructure across all of health and care in Hertfordshire and West Essex offering a lower cost and single interface and world class cyber security.	"Our networks and kit "just work" and have the same look and feel wherever I am."	"I never see my care givers having to wait for anything to load up on their screens"

* "What Good Looks Like" is the overall digital maturity framework for ICS digital maturity introduced by NHS England in 2022 to measure progress towards an overall national level of digital capability.

Digital Platforms
Essential Strategic Digital Platforms

Existing Case Studies

Shared Care Record - General Practice

An elderly patient from London recently moved into a care home in East & North Hertfordshire. I conducted a telephone consultation as the carers at the home reported that she had confusion but they didn't know if this was an existing condition or a new issue.

Normally the next step would be a dementia screen; the patient would have to provide a urine sample and undergo a CT scan and blood test. However, looking at the Shared Care Record I could see letters and test results from London hospitals and information from her previous GP practice in London. This showed that she had already had the tests she needed and I could refer her directly to a memory clinic.

The Shared Care Record prevented the need to repeat the tests which would have been time-consuming and created a delay to the patient receiving care. It also prevented the need for a GP to visit the home on this occasion.

"The Shared Care Record is a valuable resource of additional information. It helps clinicians to make better decisions and has already helped to speed up referrals and prevent repeat investigations."

* SOURCE: ShCR communications Team

Data, Population Health Management and Analytics

A population health management (PHM) approach was developed to support a reduction in Health Inequalities through using data to identify cohorts of a population. The Primary Care Network (PCN) is identifying interventions which will reduce health inequalities through personalising previous standard offers of care e.g. screening. For the first phase of the Directed Enhanced Service (DES) whereby the requirement is to utilize data to identify a population within a PCN experiencing inequalities in provision or outcome. The PCN with the support of the data and BI team have now defined an approach for identifying and addressing the unmet needs of the population which involved engagement with the selected population to understand the gaps and barriers to care as an output of discussions with the local system partners organisations to agree the engagement approach collaboratively. Cohorts identified include Obesity, Black, Asian and Minority Ethnic (BAME), Deprivation, Pre-Diabetes, Diabetes and Hypertension. Data packs were created in a standardised way in the absence of a developed infrastructure / data platform utilising three separate data sources rather than an ICS wide linked data set. The packs included recommendations.

Primary Care Broadband Connectivity

Having successfully secured £1.7m of funding from Department of Digital, Culture, Media & Sport in 2019/20 a key focal point for the primary care in 2020/21 was working with the Digital Innovation Zone, in partnership with HBL ICT shared service by initiating the physical delivery of infrastructure that has transformed the connectivity of our GP surgeries, both in terms of download and upload speeds and in terms of network resilience. The network enables our ICS health partners to deliver more-effective and efficient services that wrap themselves around the patient. The LFFN network connects up 77 GP surgeries to gigabit capable fibre-to-the-premise broadband networks that will enable even more healthcare provision to be moved away from single-point acute locations such as town-centre hospitals to a more community-based model. The ICS were the first area in the country to follow-through on the national government's pledge to deliver fibre connectivity to every GP surgery.
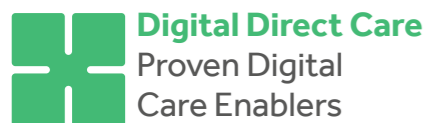
* SOURCE: Digital Innovation Zone

The Shared Care Record is a valuable resource of additional information. It helps clinicians to make better decisions and has already helped to speed up referrals and prevent repeat investigations.

Digital Direct Care
Proven Digital Care Enablers

"What Good Looks Like"*
Success Measures:

1. Well Led
2. Ensure Smart Foundations
3. Safe Practice
4. Support People
5. Empower Citizens
6. Improve Care
7. Healthy Populations

What is included?

• NHS Long Term Plan **must do** objectives that focus on out of hospital care settings co-created with our residents focussing on "connected lives".

• Supporting Elective Recovery ensuring direct care initiatives are aligned with improved pathways where possible.

• Digitally enabled objectives set out in the Primary Care Strategy 2022.

• Virtual Wards and Hospital@Home in line with the national priorities to provide top class care remotely in peoples' homes.

• Remote monitoring to enable us to monitor the health and care needs of our residents and provide direct care when needed.

• Increased use of online/virtual consultations, supporting the Hertfordshire and West Essex green plan and reduced travel and inconvenience for service users.

• Assistive Technology to support residents who need help with their daily living needs.

• Secondary Care to Primary Care specialist advice and support leading to the removal of consultations, where appropriate, and supporting interventions through more proactive care introducing specialists at the right time.

• Cross care setting bed management, demand and capacity, scheduling and case management systems.

What are we already doing?

• We are mobilising a Digital First for Primary Care (DFPC) Programme covering GPs, pharmacy, optometry, dentistry and other services provided in local settings.

• We have successfully piloted virtual Chronic Kidney Disease support for primary care clinicians using digital technology and considering this approach to other conditions.

• We are successfully running a number of Virtual Wards and have widespread use of Online/Virtual consultations.

"By 2027 Virtual Wards will be a proven and successful way of delivering care across the whole of Hertfordshire and West Essex. We will be delivering remote care wherever that makes sense, and we will have exceeded all our Long Term Plan objectives in digital care."

What digital capability will we deliver?	When could we have it?	What benefits will it give us?	What will care professionals say?	What will our residents say?
Adult Social Care (ASC) Falls Prevention to be used to protect 20% of care home residents by 2024.	Q3 2024/25	Significant improvements to care for frail residents. Reductions in harm and hospital admissions. Reduced associated mortality.	"We have been able to prevent significant numbers of falls in many of our service users and work with local services to safeguard them in the homes."	"I feel safe and supported at home and know that the risk of me having a bad fall is a lot lower than it was"
Early Memory Diagnosis and Support Service Remote Monitoring of Severe Mental Illness (SMI) patients	Progressive once agreed to 2024/25	Early assessment and practical support around residents with Severe mental illnesses who may be suffering from dementia.	"We are better able to manage our seriously unwell residents in the community and anticipate the longer-term evolution of their difficulties"	"I have been so worried by the progression of my relatives' difficulties, but remote care has been really helpful to alleviate that"
Wound Care Digital App for Community Nurses	Progressive once agreed to 2024/25	Better diagnosis and support for community nurses. Improved resident outcomes. Reduced harm and hospital admissions.	"I feel I am making much better decisions for those to whom I provide care in the community and provide them with significantly better care"	"I know that when the nurse comes, she is getting really great support from expert advice via her app."
Virtual Ward and Hospital programmes	Progressive once agreed to 2026/27	Improved resident outcomes. Reduced harm and hospital admissions. Reduced pressure on the system.	"We are able to much more closely monitor the health of more residents and keep them well in their homes than ever before"	"I have multiple long-term conditions but know that I am getting care that is 24/7 at home"
Online/Virtual Consultation Expansion	Progressive once agreed to 2026/27	Improved resident outcomes. Reduced harm and hospital admissions.	"I am able to manage those to whom I provide care much more effectively and know that they don't have to travel to see me"	"I find it difficult to get out of my home so speaking to my GP online is brilliant"
Secondary Care physician support and advice to Primary Care clinicians	Progressive once agreed to 2026/27	Building on the successes of the vCKD pilots in the ICS to provide secondary care advice and guidance to primary care clinicians caring for residents with multiple long-term conditions.	"I am now getting real time advice from secondary care consultants for my patients with a range of complex long term conditions reducing referrals significantly and enabling me to provide significantly better care"	"My GP has been able to keep me really well for much longer than used to be the case a few years ago when I was constantly having to go into hospital for tests and medication reviews when things flared up."

* "What Good Looks Like" is the overall digital maturity framework for ICS digital maturity introduced by NHS England in 2022 to measure progress towards an overall national level of digital capability.

Digital Direct Care
Proven Digital
Care Enablers

Existing Case Studies

Virtual Chronic Kidney Disease (vCKD)

East and North Hertfordshire NHS Trust (ENHT) in partnership with the Hertfordshire and West Essex ICS and Digital First Primary care team worked collaboratively to develop a new virtual community kidney service for its patients. Patients with a declining kidney function through blood tests (eGFR) are automatically alerted to their usual GP. The GP is then able to refer on-line into an e-clinic where secondary care consultants have full read/write access to the primary care SystmOne (S1) record for that patient to carry out an assessment and put forward recommendations to the GP. The Renal consultant updates the S1 record through clinical coding, to support the GP with the appropriate level of care or medication required.

In implementing vCKD, this has prevented patients being referred into the acute services, interventions have been put into place earlier and has saved over 200 attendances in clinic since the grant money was received to implement vCKD. vCKD also gives any electronic referrals service (e-RS) rejected renal referral a consultant delivered Virtual review to act as a safety net and support primary care.

Since March 2021, over 700 vCKD reviews have taken place and 92% of those have discharged with advice to GPs, such as providing recommendations for medication adjustments. Only 8% of those vCKD reviews have required a renal clinic attendance. Waiting times for vCKD have shortened to approximately an 8-12 day wait, versus a Nephrology clinic appointment average waiting time being between 80-100 day wait.

The focus of this project has been around supporting primary care management of chronic kidney disease and prevents patients being referred onto an acute pathway. The benefits so far have been that it is providing easier and quicker access for patients requiring renal specialists, GPs can refer on-line into an e-clinic providing the ability for e-clinic kidney consultants to assess and triage patients without any consultation with either the patient or the GP, saving valuable face to face appointment slots to those patients who need it most. The partnership are now looking into extending this virtual service to practices that use the EMIS primary care electronic patient record system and longer term would like to look into supporting other specialties but along with moving vCKD into a business-as-usual environment, which requires more sustainable funding. Overall vCKD has meant that CKD is being jointly and effectively managed across primary and secondary services.

SOURCE : Andrew Findlay – Consultant Nephrologist. ENHT

Waiting times for virtual chronic kidney disease (vCKD) have shortened to approximately an 8-12 day wait, versus a Nephrology clinic appointment average waiting time being between 80-100 day wait.

Digital Innovation
Local Digital Care Innovation

"What Good Looks Like"* Success Measures:

1. Well Led
2. Ensure Smart Foundations
3. Safe Practice
4. **Support People**
5. Empower Citizens
6. **Improve Care**
7. **Healthy Populations**

What is included?

- Innovation where there is capacity to invest in this at ICS level and where it makes sense from the overall perspective of digital maturity of the system.
- New medical devices and approaches.
- We will explore the use of robotic process automation to reduce costs and save time in our back office.
- We will explore "Artificial Intelligence" applications where appropriate including machine learning and data science for Population Health Management.
- We will seek to adopt precision medicine technologies as they become proven.
- We will horizon scan to understand the full potential of digital health and care technologies for our population.
- We will leverage Virtual/Augmented Reality (e.g. remote assistance for community working).
- We will consider providing a safe space for innovation including working with external innovators and research companies.
- We will build on health and care innovation being developed by near neighbours such as Cambridge University Hospitals and in London.

What are we already doing?

- We plan to invest in a digital innovation team that will find new technologies to fit Hertfordshire and West Essex challenges.
- The ENHT supported a national Health Data Research UK Programme in the creation of a Gut Reaction Data Access model using AI and machine learning approaches to enhance drug discovery.
- A new rapid review process for research and innovation has been developed by East and North Hertfordshire Research and Innovation Group within the East and North Hertfordshire PLACE, to ensure research and innovation feeds into service transformation to address population health needs.

"By 2032 we will have moved beyond the essentials and be outstanding from the perspective of our measured digital maturity. We will have an integrated continuous improvement approach to digital innovation that is managed and has links to our universities, AHSNs, the private sector and others."

What digital capability will we deliver?	When could we have it?	What benefits will it give us?	What will care professionals say?	What will our residents say?
Established links with the wider NHS, universities, AHSNs, and others aligned to exploring and testing new technologies for care in line with the NHS Long Term Plan.	2023/24	Wider coordination and insight into approaches to common problems. Additional capacity to help with analytics and HWE-wide initiatives where that is affordable.	"We have a really good insight into what the art of the possible is and the future that enables us to think through the opportunities for care provision five years out"	"I see a lot of awards for care tech in my area which gives me real confidence that my family will get great care here".
Remote monitoring and resident owned devices	2024/25	The ability to support new pathways that support the resident at home whilst enabling specialist support and active interventions when needed	"We are able to safely support complex mothers to be at home whilst reducing their unnecessary trips to the hospital when they are worried."	"This pregnancy was so much leess stressful than my previous one. With my home monitoring device and the connection to my mobile the midwives were able to reassure me when I was worried and even ask me to contact them when they were concerned. I really felt safe and supported"
Robotic Process Automation	Progressive once agreed to 2026/27	Elimination of repetitive, time consuming and error prone manual tasks in front line care and back office.	"The management of waiting lists by automated processes means that I'm seeing the neediest residents earlier"	"I know that if I need to be seen by someone urgently it will be automatically prioritised"
AI in Diagnostics for example MRI & prostate, and support for cancer diagnosis	2026/27	Assistive technology support for clinicians to identify and grade cancers earlier. Improved diagnosis and resident outcomes.	"With AI support we are picking up and treating cancers much earlier and saving lives"	"I had a routine scan. The radiologist couldn't see anything but the system they were using identified something that had to be treated and now I am cancer free"
Genomic treatments to support cancer patients	Progressive once agreed to 2026/27 and beyond	Targeted treatments for individuals improving outcomes and mortality for residents.	"I know that the tools I have available to treat those to whom I provide care are advancing all the time"	"I was able to benefit from "personalised medicines" in my treatment programmes and am now well"

EPUT LAB and Oxehealth on mental health in-patient wards

Oxehealth's Oxevision platform was designed to monitor patient safety and wellbeing. It is now in 17 adult and child inpatient mental health assessments wards in EPUT, since Spring 2021.

Oxevision consists of a secure optical sensor which monitors a patient's pulse and breathing rate 24 hours a day and alerts staff if they display activity or behaviour that may present a risk to their safety. The sensor detects changes in skin tone and chest movements, even when patients are under bedding, reducing the need for them to be disturbed or woken for observations when they may be sleeping. The platform was initially in use on 4 of EPUTs wards following a successful trial. It was then implemented into a further 13 wards including psychiatric intensive care units, adult inpatient and assessment wards and child adolescent wards, Oxevision is among ground-breaking technology that has been introduced to the Trust by their EPUT LAB, a digital clinical innovation forum where clinicians share digital solutions to improve health and social care

The platform compliments the vital role our clinical staff play in improving patient safety by continually monitoring their vital signs, safety and wellbeing and providing clinical insights to front line staff.

SOURCE: Oxehealth website

Incorporating Research and Innovation in service transformation

A process has been developed by East and North Hertfordshire Research and Innovation Group within the East and North Hertfordshire PLACE, to ensure research and innovation feeds into service transformation to address population health needs. It is a two-way process so the transformation efforts also feed back into research and innovation. In including research and innovation as part of the process, it provides recognition of the current evidence base (published research) awareness of current research already in progress, awareness of national and local innovation schemes, identification of local research and innovation champions and the identification of issues requiring further research.

Examples of shared practice are plentiful and cover the strategic transformation priorities such as waiting well, community diagnostic centres, stroke and neurological conditions, respiratory conditions, heart failure, chronic kidney disease, hospital at home, frailty and mental health. Stakeholders include East and North Hertfordshire NHS Trust, Hertfordshire Community Trust, the University of Hertfordshire, Eastern AHSN. NIHR Clinical Research Network East of England, Healthwatch Hertfordshire, Hertfordshire County Council, Hertfordshire Partnership University NHS Foundation Trust EoE Ambulance, East and North Hertfordshire Primary care networks, Garden House and Isabel Hospice, and Hertfordshire local pharmaceutical committee.

* SOURCE : Phillip Smith – Associate Director of Research ENHT

The patient safety and wellbeing platform compliments the vital role our clinical staff play in improving patient safety by continually monitoring their vital signs, safety and wellbeing and providing clinical insights to front line staff.
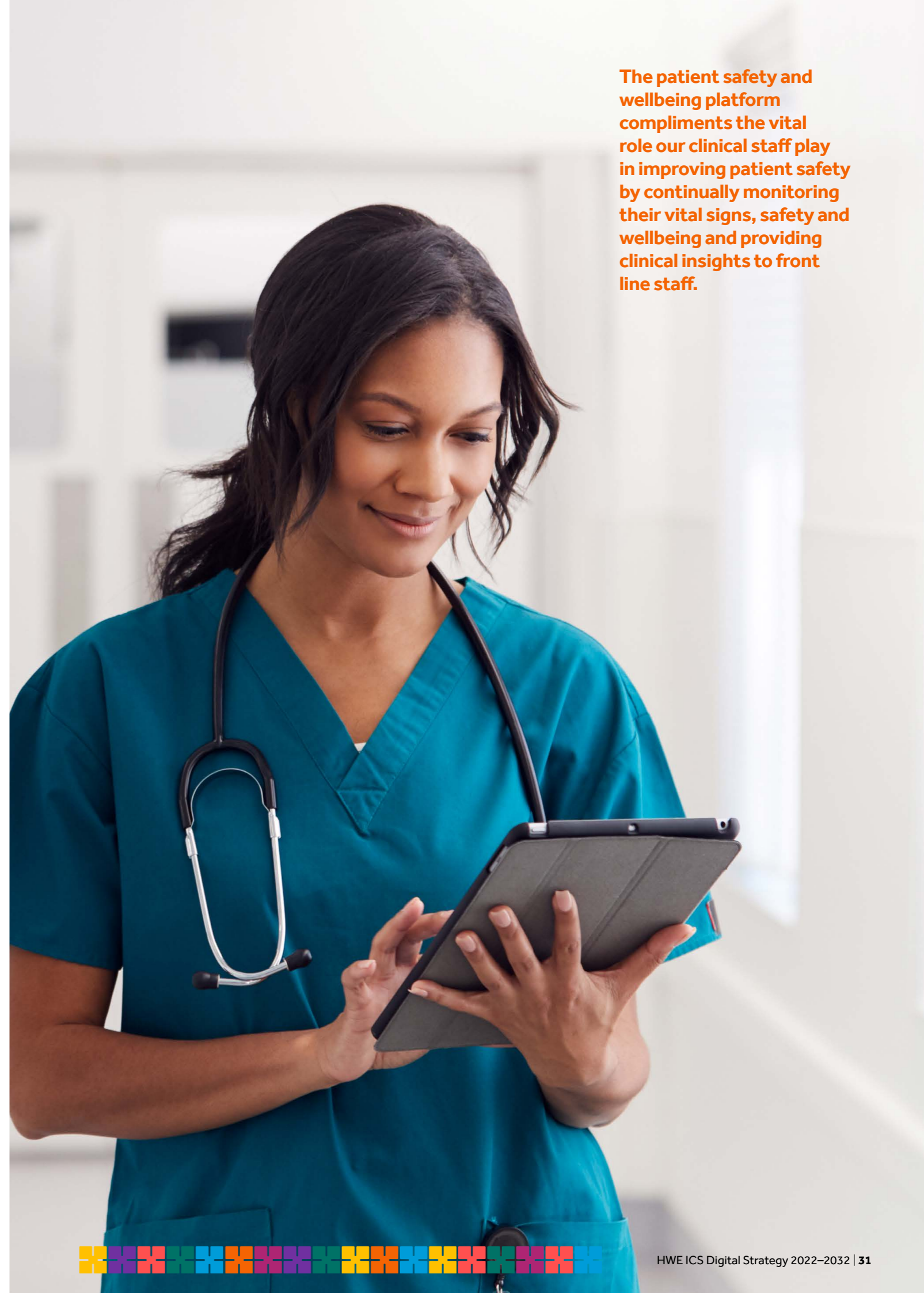
Digital Skills
Digital Inclusion and Workforce Capability

"What Good Looks Like"* Success Measures:

1. **Well Led**
2. **Ensure Smart Foundations**
3. **Safe Practice**
4. **Support People**
5. **Empower Citizens**
6. **Improve Care**
7. **Healthy Populations**

What does this include?

• We will build the digital capacity, capability and confidence of our staff at all levels from front line to Board.

• We will always ensure that the digital solutions we build are easy to use, and work towards a unified digital interface across our ICS both for care professionals and residents whilst recognising our resident preferences for accessing services.

• We will understand, monitor and tackle digital exclusion in our communities where we can, but always ensure that no-one is excluded from safe, excellent care, leveraging the excellent work Social Care and the third sector are already delivering.

• We will work to create a culture that is comfortable with the use of digital solutions for staff to deliver care across all care settings.

• We will engage with national initiatives to close the digital divide for health and care including empowering residents via adoption of the NHS App, NHS Apps library, GP online services and free NHS Wi-Fi .

• We will build trust in digital solutions for our residents through co-creation with them and through the skills and confidence of our teams in using them to provide safe care.

• We will encourage the safe and appropriate use of digital technologies that operate to recognised standards and ensure that we safeguard the wellbeing of our staff and residents online.

What are we already doing?

• The "WeAreDigital" primary care digital inclusion assessment which involved surveying residents of the community on access to primary care.

• Supporting digitally excluded service users of health and care services through the third sector providing recycled IT equipment (supporting the green plan) and providing training, support and navigation services.

"By 2027 we will have significantly improved the measured levels of digital inclusion for our population in health and social care provision through uptake of the NHS App, remote technology use and other on-line health and care services. We will aim for our workforce to have digital passports/digital mandatory training across all care settings."

What digital capability will we deliver?	When could we have it?	What benefits will it give us?	What will care professionals say?	What will our residents say?
Supporting people without access to technology to gain access and the skills to interact with their health and care providers digitally when they wish to.	2025/26	More of our population will be more confident in, and able to access health and care services and service information using secure, trusted technology when and where convenient for them. As we provide more services online, we can be confident that our population is able to access these tools and resources if they so wish.	"The people I care for are better informed about the services and can contact me digitally for support and advice without having to wait until my next visit. I feel more confident that they remain safe and well between visits".	"I feel that the online interactions I have with anyone in the social care service are always done to a high standard and in a way that doesn't make the stress of dealing with my circumstances any more difficult. I know that if I am concerned, I can contact them and will receive an answer without having to wait for a visit"
Support services for digital access to health and care commissioned across all of the communities we serve.	2023 - 2027	We will progressively move services to accessible digital platforms for most of our population but ensure that the digitally excluded remain supported. This will result in more efficient and more targeted care, and improved convenience and travel for our service users.	"I am able to offer our service users high standards of care in their home or the place they call home using digital technologies and be confident that they will receive safe, round the clock care."	"I know that I am getting a much higher standard of care at home than I might in hospital because I know my health is being monitored 24/7 even if it's not obvious to me, and that if I suddenly fall ill help will already be on its way"
By March 2025, constituent organisations of an ICS have: established digital, data and technology talent pipelines, and improved digital literacy among leaders and the workforce	2024 - 2026	We will equip our entire workforce with the skills it needs to use digital technologies to provide care and inspire confidence in those technologies for our service users.	"Our entire workforce is digitally confident and getting things done is much more seamless and effective as a direct result".	"I feel confident in using the digital systems. I see my social worker and know that he/she is able to use the technology to provide me and my family with great all-round care."

Digital Skills
Digital Inclusion and
Workforce Capability

Existing Case Studies

Staying Connected project : NHS Charities Together in partnership with Hertfordshire and West Essex ICS (IT equipment and digital inclusion)

Working in partnership, we have had a number of companies who have been working with us on the Staying Connected project. For example; Tesco Mobile and Vodafone donating SIMS and dongles; Epson, Hertfordshire LEP, Lumina Technologies for donating unwanted equipment; and Mine of Innovation in Knebworth helping with receiving equipment that we cannot use and using the parts to fix other items. Example case studies on how this project has helped the residents of Hertfordshire and West Essex are below.

Source: Simon Aulton – Community Action Dacorum and Tim Anfilogoff – Head of Community Resilience, Hertfordshire and West Essex ICB

Frailty and Digital Inclusion (on-line exercise support services)

At first Brenda lacked confidence doing the standing exercises without me there in person, but each week she always manages to try something new and test her confidence further. When we first started she was holding on with two hands to do her side steps and she now does them with her hands by her side. I am incredibly proud of her!

Source: Hertfordshire Independent Living Service (HILS)

Mental Health and Digital Inclusion

Prior to having the device, resident M was low and isolated. Now she is connected with others and can distract negative thoughts. Resident M said the tablet is amazing as she can play games to keep her mind busy and attend Zoom groups to reduce feelings of isolation. She has downloaded the Blue Jeans app to access respiratory physiotherapy sessions. She is also using the tablet and its functions as a motivational tool, with her support worker to de-clutter her house. Since having the tablet resident M has not called in distress and is ever so grateful for the difference it has made to her life.
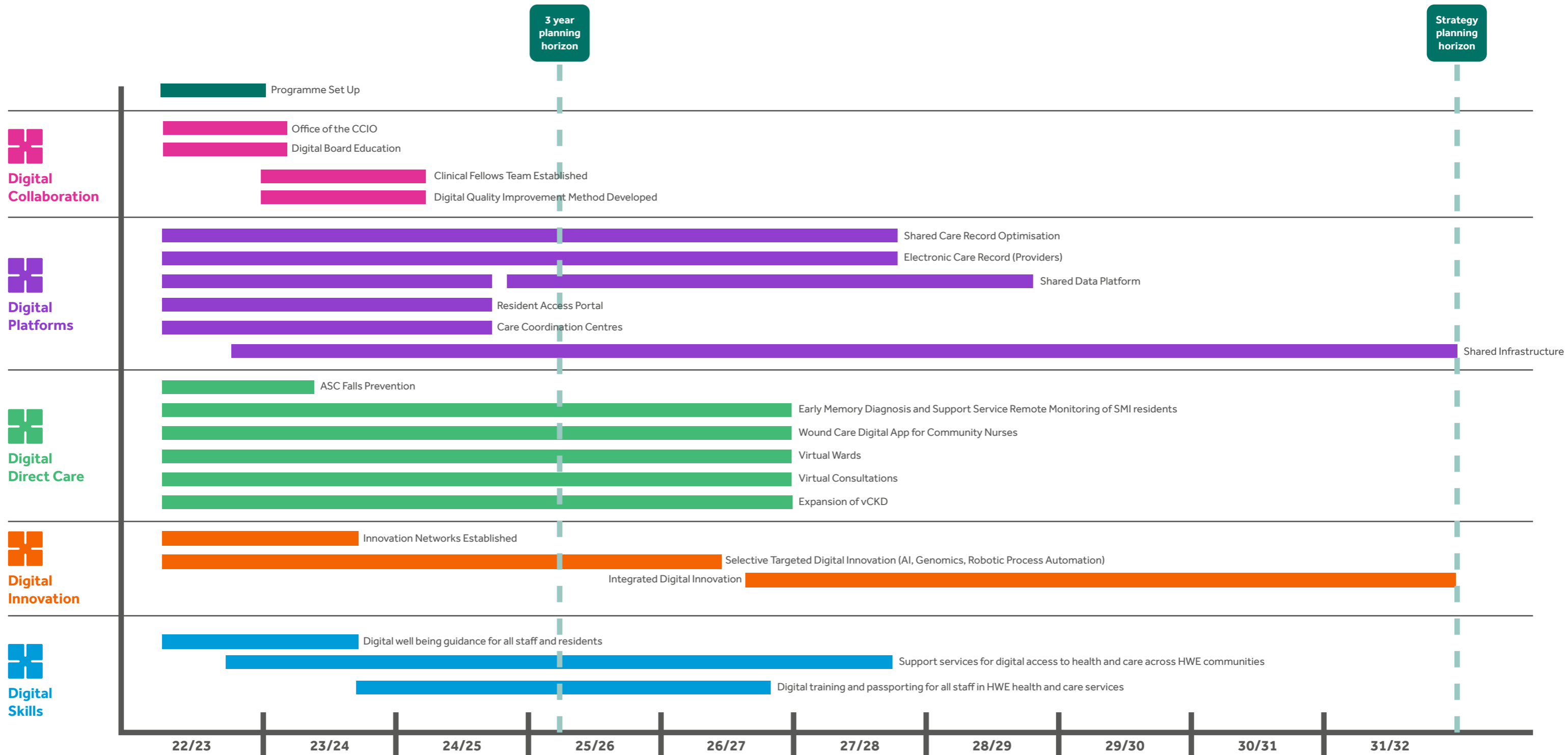
Since having the handheld tablet device, resident M is connected with others, which has helped distract negative thoughts and has reduced feelings of isolation. resident M is ever so grateful for the difference it has made to her life.

Roadmap

Our high level 10-year delivery plan

3 year planning horizon

Strategy planning horizon

Programme Set Up

Digital Collaboration
- Office of the CCIO
- Digital Board Education
- Clinical Fellows Team Established
- Digital Quality Improvement Method Developed

Digital Platforms
- Shared Care Record Optimisation
- Electronic Care Record (Providers)
- Shared Data Platform
- Resident Access Portal
- Care Coordination Centres
- Shared Infrastructure

Digital Direct Care
- ASC Falls Prevention
- Early Memory Diagnosis and Support Service Remote Monitoring of SMI residents
- Wound Care Digital App for Community Nurses
- Virtual Wards
- Virtual Consultations
- Expansion of vCKD

Digital Innovation
- Innovation Networks Established
- Selective Targeted Digital Innovation (AI, Genomics, Robotic Process Automation)
- Integrated Digital Innovation

Digital Skills
- Digital well being guidance for all staff and residents
- Support services for digital access to health and care across HWE communities
- Digital training and passporting for all staff in HWE health and care services

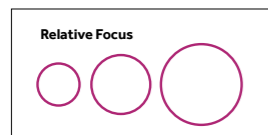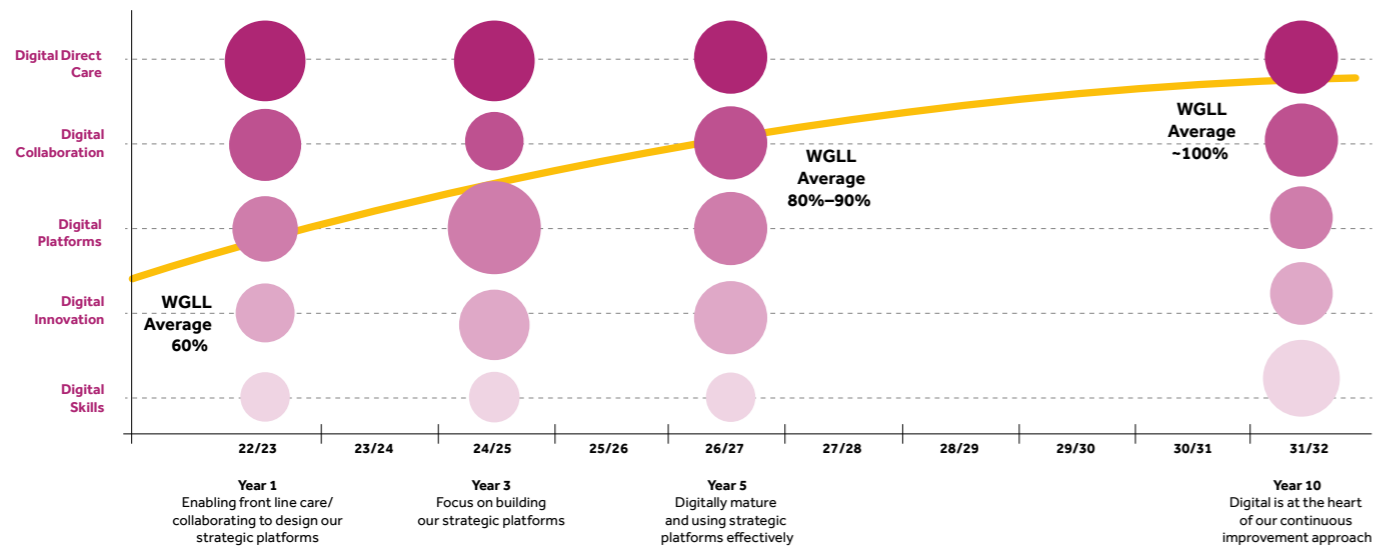| 22/23 | 23/24 | 24/25 | 25/26 | 26/27 | 27/28 | 28/29 | 29/30 | 30/31 | 31/32 |

Our 10 year digital maturity journey

As the ICS moves forward on its strategic journey the focus of its efforts will evolve over time. With an initial focus on leveraging digital capabilities that support front line care there will be a progression to focussing on the major platforms that will underpin the true transformational efforts over the longer term.

As progress is achieved across the five themes there will be a corresponding improvement in the WGLL maturity level as indicated in this chart.

Each theme descriptor in this strategy highlights the WGLL measures that will be impacted as the delivery progresses.

(Appendix A shows the current WGLL assessment which is the foundation on which this strategy builds.)

WGLL Average 60%

WGLL Average 80%–90%

WGLL Average ~100%

Digital Direct Care
Digital Collaboration
Digital Platforms
Digital Innovation
Digital Skills

22/23　23/24　24/25　25/26　26/27　27/28　28/29　29/30　30/31　31/32

Year 1
Enabling front line care/ collaborating to design our strategic platforms

Year 3
Focus on building our strategic platforms

Year 5
Digitally mature and using strategic platforms effectively

Year 10
Digital is at the heart of our continuous improvement approach

Relative Focus

How our digital themes support transformation

= significant alignment

Managing the risk and challenges

Our digital risk appetite

We will never invest in digital technology that might compromise the safety or quality of care of our residents.

We may take balanced risk decisions to invest where the technology is proven to be safe and valuable at small scale, but unproven to be fully effective at a larger scale.

We will occasionally actively seek to invest in digital technology innovation and take delivery and financial risks to innovate digitally where there is potential for significant benefits for our residents.

Strategic risks

- **Funding may not match our ambition** – Mitigation via application of our investment principles, robust business cases and assurance processes and readiness to respond to funding opportunities.

- **Resources may not be available to deliver our ambition** – Mitigation via application of our delivery principles.

- **Changes to policy or legislation may impact our strategic approach** – Mitigation via a re-appraisal of the emphasis of our strategy within the overall mission rather than a wholesale change of strategy.

- **Competing approaches to the same problem** – Mitigation via rigorous application of our approach to business cases and investment and a "fund once only" approach at ICB level to common problems.

- **Events in the external environment that impact our strategy** – This includes unforeseen disruption to supply chains and populations such as a pandemic, economic downturn or global conflict. Our flexible approach to the use of our digital principles, will help in mitigating these external risks.

How we will deliver

We will

Build a flexible and agile ICB Digital Maturity Team to plan, coordinate and oversee our major programmes. This will provide a structured approach for all ICS programmes to ensure transparency of progress, good use of the scarce resources at our disposal and provide assurance that programmes will be delivered and benefits realised.

Work collaboratively as partners to both lead and deliver our ICS programmes. Leads for each Programme will be identified from partner organisations and be accountable to the collective governance.

Support each other in delivering programmes, sharing our skills and experiences to ensure successful delivery and joint learning.

Engage our front line staff, residents and leaders in the design and delivery of our programmes, putting users and care recipients at the centre of our work.

Our governance

Our digital governance will run in line with our digital strategy enable us to work better together as partners and provide the controls and assurance our residents should expect.

This will ensure best value for the taxpayer whilst meeting expectations for the modern digital age and improving the efficiency of the services we provide.

Our health and care professionals will play a key role in our governance, ensuring that we remain focussed on projects that improve the outcomes and long-term life chances for our population as well as improving the working lives for all our staff and carers within our population.
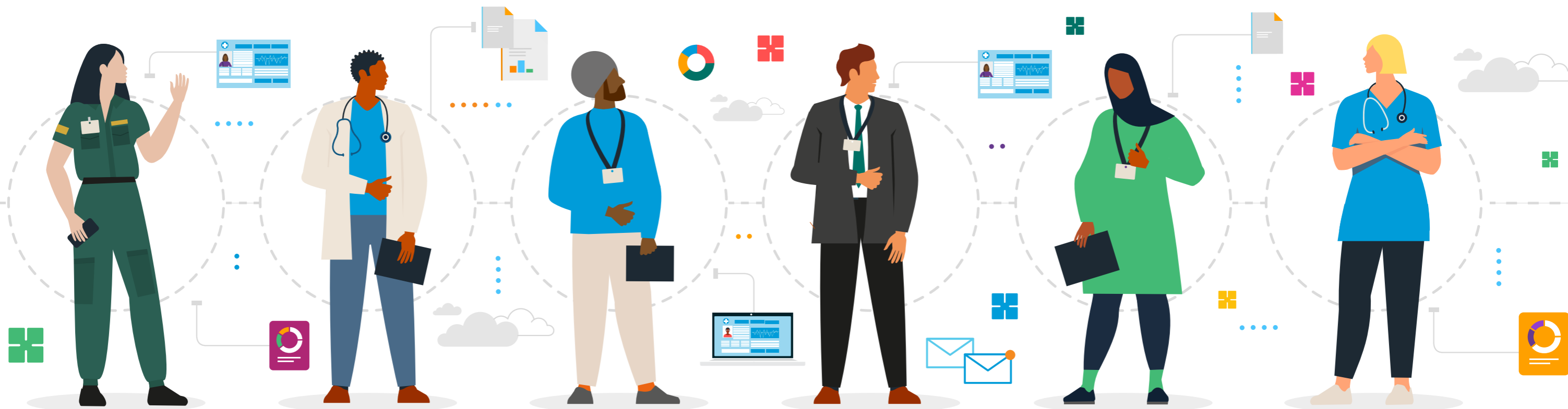
Digital Maturity Assessment
Appendix A

What Good Looks Like (WGLL) - the 7 success measures

The "What Good Looks Like" (WGLL) digital maturity framework published in August 2021, is directed at all ICS leaders, as they work with their system partners. It sets out a target level of digital maturity at both system and organisation levels. It describes how arrangements across a whole ICS, including all its constituent organisations can support success in relation to digitisation, and connecting and transforming services.

The framework sets clear expectations for how NHS England will assess the progress of the digital agenda.

The following pages detail the self assessment for Hertfordshire and West Essex ICS undertaken during quarter 1 of 2022/23, and have been used to inform this digital strategy, and the 3-year digital investment plan for the ICS
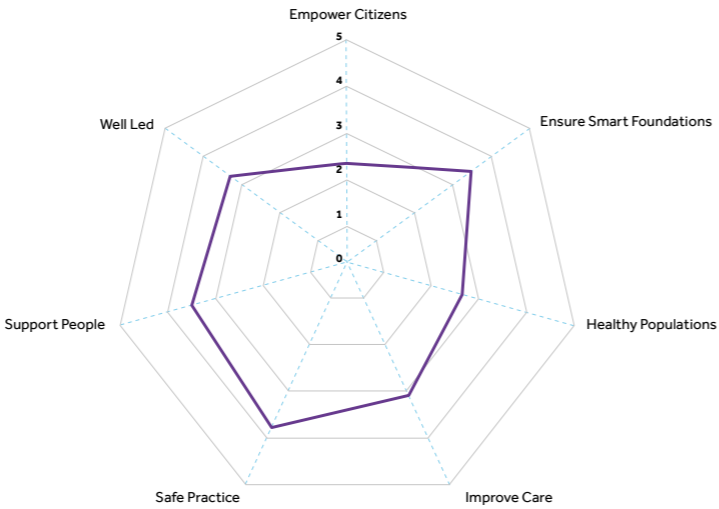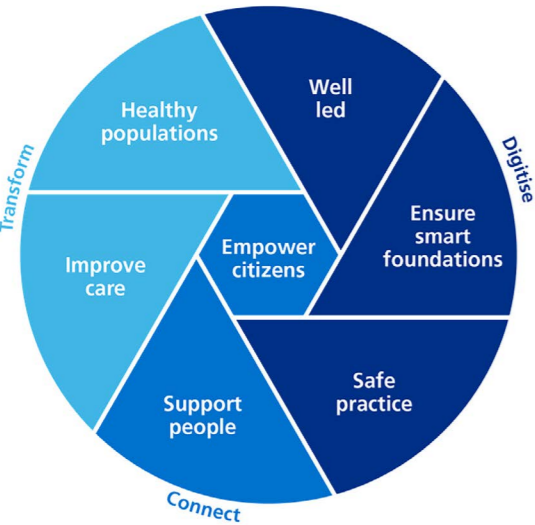
1. WGLL Assessment "Well Led" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
1	0	Well Led	Boards are equipped to lead digital transformation and collaboration. They own and drive the digitally enabled transformation journey, placing citizens and frontline perspectives at the centre.	3.29
1	1	Well Led	Build digital and data leadership expertise and strong board-level accountability for digital transformation - this would include having a CIO or CCIO (or role within this function) as a member or attendee of the board	2.86
1	2	Well Led	Establish board governance that regularly reviews digital and data strategy, cyber security, services, delivery and risks, underpinned by meaningful metrics and targets	3.43
1	3	Well Led	Ensure that your digital and data strategy has had wide input from clinical representatives from across the organisation	4.14
1	4	Well Led	Ensure board ownership of a digital and data strategy that is linked to the Integrated Care System (ICS) strategy and underpinned by a sustainable financial plan	3.14
1	5	Well Led	Identify digital and data solutions to improve care by regularly engaging with frontline users and citizens	2.71
1	6	Well Led	Invest in regular board development sessions to develop digital confidence, manage cyber security risk and achieve the sustainability agenda	3.14
1	7	Well Led	Invest in a multidisciplinary CCIO and CNIO function	2.71

2. WGLL Assessment "Smart Foundations" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
2	0	Ensure Smart Foundations	Digital, data and infrastructure operating environments are reliable, modern, secure, sustainable and resilient. Organisations have well-resourced teams who are competent to deliver modern digital and data services.	3.86
2	1	Ensure Smart Foundations	Invest in and build multidisciplinary teams with clinical, operational, informatics, design and technical expertise to deliver your digital and data ambitions	2.71
2	2	Ensure Smart Foundations	Ensure progress towards net zero carbon, sustainability and resilience ambitions by meeting the Sustainable ICT and Digital Services Strategy (2020 to 2025) objectives	2.57
2	3	Ensure Smart Foundations	Make sure that all projects and programmes meet the Technology Code of Practice and are cyber secure by design	3.00
2	4	Ensure Smart Foundations	Have a plan and move to cloud data hosting and management	3.00
2	5	Ensure Smart Foundations	Maintain a robust and secure network	4.14
2	6	Ensure Smart Foundations	Ensure hardware, software and end user devices are all within the suggested supplier life cycle and fully supported	4.14
2	7	Ensure Smart Foundations	Remove fax machines and non-emergency pagers, and maximise use of modern telephony and communication methods, for example, communications software	3.86
2	8	Ensure Smart Foundations	Ensure staff have access to the technology and devices that best support their roles	3.71
2	9	Ensure Smart Foundations	Maintain a central, organisation-wide, real-time electronic care record system	3.57
2	10	Ensure Smart Foundations	Extend the use and scope of your electronic care record systems to all services, ensuring greater clinical functionality and links to diagnostic systems and electronic prescribing and medicines administration (EPMA)	3.00
2	11	Ensure Smart Foundations	Contribute data to the ICS-wide shared care record in line with the Professional Records Standard Body's (PRSB) Core Information Standard	4.00

3. WGLL Assessment "Safe Practice" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
3	0	Safe Practice	Comply with the requirements in the Data Security and Protection Toolkit which incorporates the Cyber Essentials Framework	**4.00**
3	1	Safe Practice	Fully use national cyber services provided by NHS Digital	**4.14**
3	2	Safe Practice	Have a secure and well-tested back-up, a plan to get off and stay off unsupported systems, and a rapid turn-around of High Severity Alerts	**4.00**
3	3	Safe Practice	Establish a process for managing cyber risk with a cyber improvement strategy, investment and progress regularly reviewed at board level	**3.57**
3	4	Safe Practice	Have an adequately resourced cyber security function, including a senior information responsible officer (SIRO) and data protection officer (DPO)	**4.14**
3	5	Safe Practice	Have an adequately resourced clinical safety function, including a named CSO, to oversee digital and data development and deployment across all care services	**3.57**
3	6	Safe Practice	Establish a clear process for reviewing and responding to relevant safety recommendations and alerts, including those from NHS Digital (cyber), NHS England and NHS Improvement, the Medicines and Healthcare Products Regulatory Agency (MHRA) and the Healthcare Service Investigation Branch (HSIB)	**3.71**
3	7	Safe Practice	Ensure clinical systems and tools meet clinical safety standards as set out by the Digital Technology and Assessment Criteria (DTAC) and DCB0129 and DCB0160	**3.00**
3	8	Safe Practice	Ensure you are compliant with NHS national contract provisions related to technology-enabled delivery (for example, clinical correspondence and electronic discharge summaries)	**3.14**

4. WGLL Assessment "Support People" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
4	0	Support People	Your workforce is digitally literate and is able to work optimally with data and technology. Digital and data tools and systems are fit for purpose and support staff to do their jobs well.	2.57
4	1	Support People	Create and encourage a digital first approach and share innovative improvement ideas from frontline health and care staff	3.29
4	2	Support People	Support all staff to attain a basic level of data, digital and cyber security literacy, followed by continuing professional development	3.14
4	3	Support People	Ensure that the systems that your staff use are intuitive and easy to use	3.29
4	4	Support People	Support your staff to work flexibly, remotely, and across multiple wards or sites	4.29
4	5	Support People	Provide front-line staff with the information they need to do their job safely and efficiently at the point of care, for example ICS shared care record	3.71
4	6	Support People	Provide access to digital support services 24 hours per day, resulting in high first-time fixes	3.57

5. WGLL Assessment "Empower Citizens" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
5	0	Empower Citizens	Citizens are at the centre of service design and have access to a standard set of digital services that suit all literacy and digital inclusion needs. Citizens can access and contribute to their healthcare information, taking an active role in their health and wellbeing.	**1.86**
5	1	Empower Citizens	Develop a single, coherent strategy, in conjunction with your ICS, for citizen engagement and citizen-facing digital services that is led by and has been co-designed with citizens	**2.57**
5	2	Empower Citizens	Make use of national tools and services (the NHS website, NHS login and the NHS App), supplemented by complementary local digital services that provide a consistent and coherent user experience	**2.57**
5	3	Empower Citizens	Use digital communication tools to enable self-service pathways such as self triage, referral, condition management, advice and guidance	**2.43**
5	4	Empower Citizens	Ensure that people can access and contribute to their health and care data	**1.86**
5	5	Empower Citizens	Ensure that citizens have access to care plans, test results, medications, history, correspondence, appointment management, screening alerts and tools	**1.86**
5	6	Empower Citizens	Have a clear digital inclusion strategy, incorporating initiatives to ensure digitally disempowered communities are better able to access and take advantage of digital opportunities	**2.86**

6. WGLL Assessment "Improve Care" measure

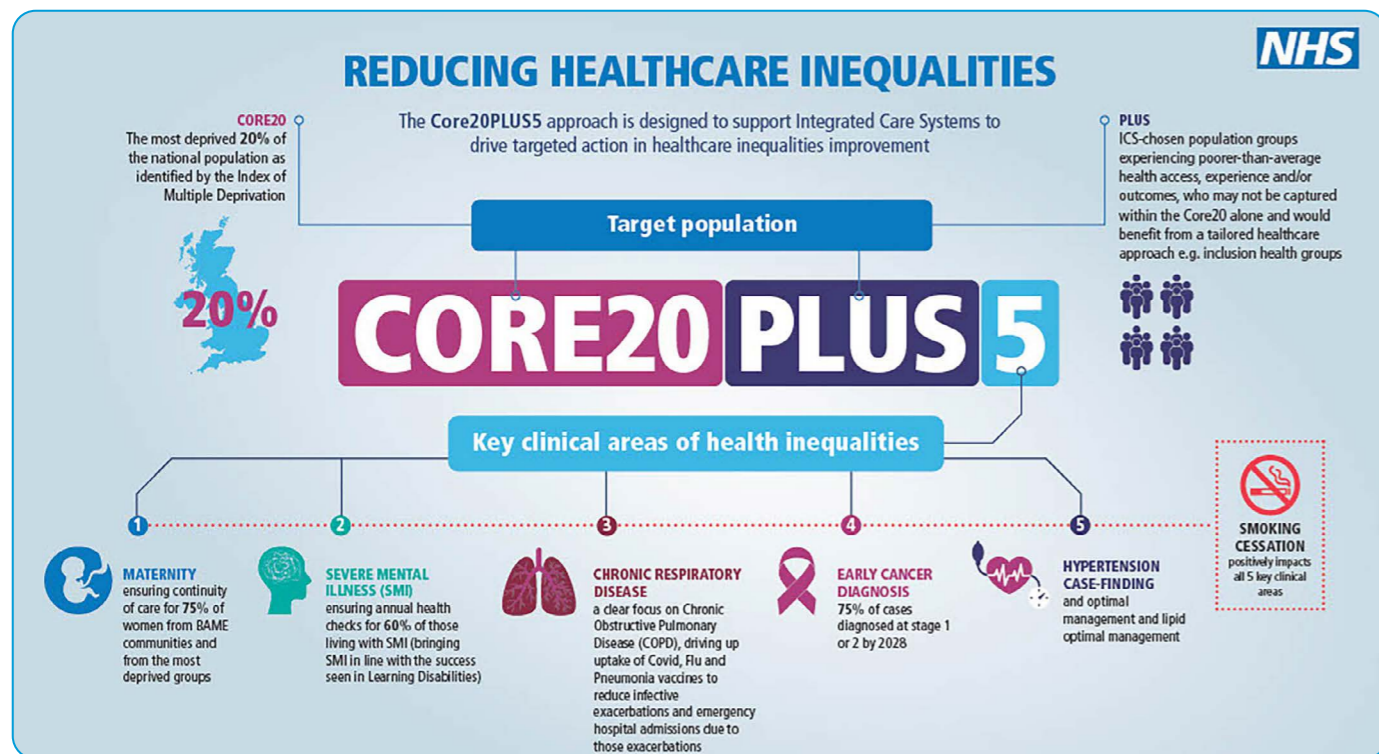| ID-1	ID-2	Success Measure	Standard	Average score for ICS
6	0	Improve Care	Health and care practitioners embed digital and data within their improvement capability to transform care pathways, reduce unwarranted variation and improve health and wellbeing. Digital solutions enhance services for patients and ensure that they get the right care when they need it and in the right place.	**2.57**
6	1	Improve Care	Use data and digital solutions to redesign care pathways across organisational boundaries to give patients the right care in the most appropriate setting	**2.71**
6	2	Improve Care	Promote the use of digital tools and technologies that support safer care, such as EPMA and bar coding	**3.14**
6	3	Improve Care	Provide decision support and other tools to help clinicians follow best practice and eliminate unwarranted variation across the entire care pathway	**2.43**
6	4	Improve Care	Provide remote consultations, monitoring and care services, promoting patient choice and sustainability	**4.14**
6	5	Improve Care	Enhance your collaborative and multidisciplinary care planning using an array of digital tools and services alongside PRSB standards	**2.71**

7. WGLL Assessment "Healthy Populations" measure

ID-1	ID-2	Success Measure	Standard	Average score for ICS
7	0	Healthy Populations	Organisations use data to inform their own care planning and support the development and adoption of innovative ICS-led, population-based, digitally-driven models of care.	2.14
7	1	Healthy Populations	Use data to inform care planning and decision making in your organisation	3.29
7	2	Healthy Populations	Contribute data and resources to the ICS-wide population health management platform and use this intelligence to inform local care planning	2.57
7	3	Healthy Populations	Support the implementation of new ICS-led pathways and personalised care models that use digital platforms to coordinate care seamlessly across settings	2.57
7	4	Healthy Populations	Make data from your organisation available to support clinical trials, real-world evidencing and the development of AI tools	1.86
7	5	Healthy Populations	Drive digital and data innovation through collaborations with academia, industry and other partners	2.43

Current overall Hertfordshire and West Essex ICS WGLL maturity assessment average scores*

WGLL Measure	Ave Score	%
Well Led	3.2	64%
Ensure Smart Foundations	3.5	69%
Safe Practice	3.7	74%
Support People	3.4	68%
Empower Citizens	2.3	46%
Improve Care	3.0	59%
Healthy Populations	2.5	50%
ICS total - all measures	**3.1**	**63%**

https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

*Average scores calculated July 2022

HWE ICS

Hertfordshire and
West Essex Integrated
Care System

Digital Strategy 2022 – 2032

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