

Digital & Data: Our vision and objectives

Our vision

Making South East London a 'digitally-world-class' health and care system using technology to deliver accessible, joined-up, person-centred care that is safe, effective and efficient, where data is used intelligently to improve every aspect of care, and where innovation thrives.

Our key objectives – what we want to achieve over the next five years

Embed digital transformation as an integral part of our clinical, business and population health strategies so that we:

- Use digital technology to improve the way in which services are designed, delivered, and managed in an integrated way, with a clear focus on the individual and their experience, and where health and care professionals can make the best decisions because they have the information they need at the point of care when they need it.
- Optimise the value of health and care data to create relevant, actionable intelligence which is used routinely to improve patient safety, deliver better outcomes, tackle inequalities and inappropriate variations and focus limited resources in the right places and at the right time.
- Develop a thriving digital health and care ecosystem as a direct consequence of using digital technologies successfully across South East London, supporting research and innovation, developing skills and capabilities, and recognised internationally as an exemplar of innovation and digitisation.

Underpinned by our ICS approach to digital

- Taking action where it makes sense to do so at ICS level (for example involving interoperable digital architecture, or where we could benefit from economies of scale)
- Taking a lead to test or de-risk an initiative, or to research different options or to bid for national funds to help our work
- Taking ownership of issues where the responsibility for addressing them is either unclear or does not sit with individual organisations
- Bringing system-wide coherence and consistency through shared goals, targets or standards that our constituent organisations will then deliver
- Bringing organisations together where there are multiple interests to be managed, and potential trade-offs to be agreed regarding ICS-wide investment priorities

Opportunities and requirements identified by Boroughs / Programmes – data and analytics

- We are working to ensure that our digital and data programmes support the enabler requirements identified by our Local Care Partnerships and Care Pathway Programmes – key themes identified are summarised on this slide, with further details given in these sections of our JFP.

Digital and data support

Need to develop a consistent approach across the ICS and bring together data from partner organisations including social care (and a request to include Voluntary, community and social enterprise sector where possible) so there is ‘one version of the truth’ that can:

- allow robust **demand and capacity planning** and better alignment of resources
- identify opportunities to improve services and help understand the impact of interventions, assisting the **focus on improving quality**, evaluation and continuous improvement
- support traditional **performance monitoring** using reliable in year data and including the ability to easily share access to ICS wide dashboards which incorporate relevant metrics and datasets from multiple organisations
- support **targeted population approaches**, to identify and tackle inequalities, early risk identification, detection and intervention. As part of this, specific needs identified to:
 - improve protected characteristics data recording, reporting and sharing to focus on increasing equity and reducing inequalities in health and social care services;
 - improve understanding of the needs of our CORE 20 PLUS population and 7 areas of clinical focus to support the reduction of health inequalities
- support **new payment mechanisms** (mentioned by one Local Care Partnership)
- support **research programmes** (mentioned in only one submission).
- ensure digital support to enable **IT and digital innovation** as part of our care pathway redesign, including predictive tools and remote monitoring.

Analytical support

- Recognised need across the ICS to further develop our system and business analytics capacity to enhance the support we can give to our Local Care Partnerships and Care Pathway Programmes in this work.
- Key priorities identified are:
 - Improving data provision in a number of areas recognising these are less well developed nationally – for example, the mental health and community services minimum data sets.
 - Continuing to build and develop population health management approaches across ICS partners, to support an ability to systematically embed an understanding of population health in our strategic and operational planning and our direct patient care.
 - Increased capacity to provide data insights and intelligence to inform service planning and dissemination of resources and support the bringing together of a holistic view across demographic, health and care data.
 - Enhancing the population health dashboards that have already been developed, recognising many are in development e.g., mental health, a common dataset for early years across health and care including across social services, maternity and children’s services, dashboards for Children and Young People; Learning Disability and Autism, Long Term Conditions, Palliative and End of Life Care, and integrated borough-based dashboards to support local ‘Place’ based working.

Opportunities and requirements identified by Boroughs / Programmes - Interoperability

Improving integration through interoperability and sharing records

Importance of interoperability (“systems that speak to each other”) and the ability to better share patient information between primary and secondary health care services and across clinical programmes. Desire for this to include local authorities to support multi-agency and partnership working. Interoperability of systems and other digital tools noted to be important to facilitate effective multi-disciplinary neighbourhood teams.

This included a need to **understand the various IT systems being used by different organisations** in order to identify the opportunities for interoperability. One template also highlighted the need to **replace outdated digital infrastructure** so that the workforce have the ability to access a person’s health and care record, and other data and information, with ease and from any location.

Interoperability specifics:

- Interoperability to facilitate building and expanding Integrated Child Health Models.
- Need to resolve interface issues between the NHS e-Referral system (e-RS) and EPIC to make sure that both primary and secondary care have good oversight of planned care appointments and can have two-way discussions over referrals.
- Ensure that IT systems have the interoperability within multiple maternity providers as well acute and primary care providers.
- Standardisation of Maternity IT systems and or interoperability among separate systems to enable collaboration and sharing of information with key professionals including GPs and Health Visitors.
- Greenwich Local Care Partnership – development of EMIS database to improve coordination of care between health visiting and primary care.
- Continued utilisation of the Somerset Cancer system by all Providers, and an ICS Referral Repository system which includes regularly updated cancer referrals.

Using digital to streamline and improve care

- Digital platforms which can accommodate video conference capabilities to provide direct consultations to patients/service users.
- Increase use of remote monitoring pathways across South East London, utilising wearable technology where appropriate. (Barriers to this were noted in terms of lack of remote monitoring equipment and the need to renew this equipment. The need for investment was highlighted.)
- Review use of virtual consultations and identify opportunities for greater use. (One Local Care Partnership explicitly highlighted the importance of using technology and flexible approaches to consulting to enable same day urgent care access for those who can/will use technology and to free up traditional capacity for those who cannot).
- Enable the mobile workforce.
- Securing new tools for clinical staff – supporting specification development and interdependencies for remote monitoring platform(s) and real-time integrated clinical systems and tools.

Improved streamlined care specifics:

- Exploring options for establishing a single Patient Treatment List (PTL) for planned care.
- For Planned Care, routinely capture the anaesthetic physical status of all patients waiting for surgery to help inform both the operational management of the waiting list but also ensure our strategic planning of services meet the needs of our patients.
- Support the collaboration between GSTT and KCH on implementation of their Apollo IT system to enable better communication across all professionals providing care for women and birthing people. Ensure new Apollo system continues to capture and record key Cancer information.

Opportunities and requirements identified by Boroughs / Programmes : Digital offer to People / Citizens

- Strong emphasis on **better communication about the services that are available and eligibility**, from prevention to urgent and emergency care. In most cases, digital is not specifically mentioned but much of this communication is likely to be via a digital mechanism. Greenwich Local Care Partnership plan to use social media to optimise their engagement and communication.
- Also **improve communication while people are waiting for care**. For example, planned care make a commitment to redouble efforts to communicate much more effectively, and invest in portals to allow patients to access advice when they need it – including being able to contact their clinical team.
- **Authorised health technology / digital tools to facilitate self-care** – to allow people to better manage their care / condition, to improve their health and also to reduce demand on services.

Approach:

- Digital, virtual and telephone services **designed around needs of users and in partnership with them**. (Explicit commitment in priority 4 for children and young people to design these around the needs of babies, parents and carers and fully implement and embed these in the early years model).
- People **who do not wish to use digital tools and/or are digitally excluded**, can still access health and care services at the same level and standard.

Need identified in one Local Care Partnership template for investment in understanding and tackling ongoing digital divides in our communities.

Note in Local Care Partnership templates that this requires greater partnership working and a suggestion that it could include developing shared digital inclusion strategies. Greenwich Local Care Partnership noted the importance of building on existing work such as their Digital Inclusion Officer.

Specifics:

- (from children and young people template but probably applies more widely) Access to **digital health passport for long term condition management** both for individuals, their families and services. Linked digital health passports across service providers.
- Implement **personalised outpatients**, ensuring patients can access care conveniently and in a way that best meets their needs – achieved through optimising models such as Patient Initiated Follow-up (PIFU) and virtual appointments. Use of patient portals to give patients convenient, 24-hour access to personal health information and allow them to message their care teams, (re)schedule appointments and update contact information.
- Launch the MyChart **patient portal** at Guy's and St Thomas' NHS Foundation Trust and King's College NHS Foundation Trust through the roll out of EPIC.
- **Maternity** identified need to support women and birthing people to access their digital records, empower them to contribute to their care planning and support their access to key information regarding their pregnancy, birth and postnatal care.
- Palliative and End of Life identified need to enable digitally able patients in the community to **self-report** PROMs.
- Long Term Conditions (LTC) identified need for a **diabetes/LTC prevention portal** to empower LTC self-management.

Opportunities and requirements identified by Boroughs / Programmes : Sharing Care Records, Digital Maturity and Other

Sharing Care Records

The importance of sharing care records was implicit in many submissions. Explicit references to the importance of sharing care records also included the need to:

- Improved access to local care record for all clinicians.
- Develop a single record for all citizens, to enable integrated multi-disciplinary and multi-organisational care.
- Organisations able to access each other's records.

Digital maturity

Recognising and addressing different levels of capacity and capability between different partners in the system to prevent these being a barrier to digital joining up of information and services.

ICB and trust to achieve high levels of digital maturity.

Other

- **Clarity on future of non-recurrently funded tools**, e.g., Ardens, Accurex (SMS), e-consult, practice websites.
- identifying **shared workforce training opportunities**
- ensuring compliance with **information governance** across the ICS.
- Using technology to **support innovation or new ways of doing things**, including consultations, social media, websites, telephony, record access, and bookings.
- Better **use of artificial intelligence and other automated technology** to support role redesign and address workforce gaps.

Digital Priorities

Our priorities

- 1 Understand Our Digital Maturity :** A digital maturity baseline will allow us to understand our current capabilities and identify opportunities and priorities for joint working and change.
- 2 Digitise and Share Care Records:** Electronic records are the foundation for digital transformation supporting both patients and clinicians by providing access to information about risk factors, past and planned care or treatment, test results etc.
- 3 Develop our Data Infrastructure:** Robust data is required to support direct care, care planning, population health management, commissioning, public health and approved research as well as innovation. We have rich data within the Integrated Care System, but it is not joined up across SEL.
- 4 Enable Interoperability:** Interoperable systems are required for effective integrated working, particularly as we move to multi-disciplinary and place / neighbourhood teams.
- 5 Ensure System Resilience and Cyber Security:** The resilience of the digital infrastructure across the ICS and our cyber security are important to individual organisations and the wider partnership and to patient care.
- 6 Empower people to manage their health and care:** Digital tools support prevention and wellbeing and provide convenient and responsive whole-person care.
- 7 Digital Governance and Operating Model:** Strong digital governance and an agreed operating model will ensure developments and infrastructure works for the system not just individual organisations.

Understand our Digital Maturity

Why?

We don't currently have a shared understanding of the digital maturity across the organisations that form the ICS. This makes it harder to identify opportunities and priorities for joint working and change. It also means that our system leaders don't currently understand the capability gaps across the system and the risks associated with these. Our first proposed priority for 2023/24 is to establish a digital maturity baseline. We recognise that this will be a snapshot in a rapidly changing environment, but it will help us identify priority activities that will increase digital maturity, focus funding, and inform our work around other priorities.

To do this, we plan to draw on the work we have already been required to complete by NHSE. We plan to collate all relevant national returns that have been submitted recently and consider these alongside the detailed Digital Maturity Assessment that many partners are currently completing.

Our new governance arrangements (see priority on our Digital Governance and Operating Model) can then use this information to consider the implications for organisational and system priorities.

Actions in 2023/24:

- Complete the **digital maturity assessment** process, including ICS workshop (April) and regional workshop (April/May).
- **Refresh the Elective Digital Maturity Matrix**
- Identify and collate any **other relevant returns** completed within the ICS, such as the Digital Maturity Assessment for GP IT.
- Understand the current approach to **cyber security** across the ICS and identify any risks. (Consideration to be given to the Cyber Strategy released on 22nd March.)
- **Analyse information gathered** from maturity assessments and returns. This could include areas of best practice, issues, and potential organisational and system risks, particularly in light of identified priorities.
- New digital governance to consider the analysis and the implications for organisational and system priorities. This may involve **agreeing organisation or system action to tackle identified issues or making a decision to mitigate and monitor identified risks**. Develop programme of work (if required) to address key gaps in digital maturity.

Digitise and Share Care Records

Why?

Electronic records are the foundation for digital transformation supporting both patients and clinicians by providing access to information about risk factors, past and planned care or treatment, test results etc.

There is already considerable work taking place across the ICS with many existing programmes for digitising health and social care records. This work will continue and there is no need for ICS-wide action to manage these.

However, there is a need for the ICS to be aware of what is happening and for work to take place at system level to address specific issues. Several issues requiring ICS involvement have been identified to date:

- Funding is insufficient and all required work will not be covered by the national Frontline Digitisation Fund.
- Lewisham and Greenwich will need to make a procurement decision about their approach to electronic health records. The system implications, such as interoperability across organisations, need to be considered.
- ICS digital programme managers are meeting to explore whether support / join up is needed with any social care digitisation programmes, particularly work to digitise care home records and share these records with health and social care.

The ICS also has a key role in leading ongoing work around the London Care Record (*One London*). There would be benefits in extending access to community pharmacies and care homes and to Kent and Medway ICS.

Actions in 2023/24:

- Progress **existing programmes for digitising care records** in health and social care. (No need for ICS-wide action to manage these but awareness at ICS level is required so any system issues can be addressed).
- Gain cross **ICS view of funding required to meet individual organisation minimum digital foundation** and consider implications of shortfall – e.g., acceptance of inability to meet standards (and therefore implications for patient care, analytics ambition, cross-sector working etc), and/or ways to address shortfall.
- ICS support for **procurement decision by Lewisham and Greenwich NHS Trust** regarding their approach to future electronic health records (e.g., Cerner or EPIC) and identification of required funding.
- Complete ongoing work around **London Care Record** (current work due to be completed 30th June). Extend read access to community pharmacies and care homes (subject to resource / funding availability). Exploration of extension to children’s social care, and read access to neighbouring ICSs, i.e., Kent and Medway. Identify and address opportunities to improve quality and increase content for current users.
- **Review and prioritisation of further opportunities to share care records** to support integrated neighbourhood teams and cross organisational working.

Develop our Data Infrastructure

Why?

We have rich data from across the Integrated Care System, but this is not all joined up across SEL. Robust data is required to support direct care, care planning, population health management, commissioning, public health and approved research as well as innovation.

Joint Forward Plan submissions identified the need for data infrastructure to:

- allow robust **demand and capacity planning** and better alignment of resources;
- identify opportunities to improve services and help understand the impact of interventions, assisting the **focus on improving quality**, evaluation and continuous improvement;
- support traditional **performance monitoring** using reliable in year data and including the ability to easily share access to ICS wide dashboards which incorporate relevant metrics and datasets from multiple organisations;
- support **targeted population approaches**, to identify and tackle inequalities, early risk identification, detection and intervention;
- support **new payment mechanisms**;
- support **research programmes**.

For all uses appropriate information governance arrangements will need to be in place.

Key interdependencies – analytics and population health management

The development of an analytics strategy and the approach to population health management are out of scope of the digital work but are key interdependencies to this work.

Considerations:

- Needs to be integrated with a London-wide approach.
- HDS Blueprint provides a specification of requirements but goes beyond current scope of digital.
- Currently multiple data services: this perpetuates silo working, does not encourage any move to a single platform, and is effectively double funding.
- Implications of the planned national Federated Data Platform.

Actions in 2023/24:

- Complete current work to enable the ICB's data warehouse to be accessible to more ICS stakeholders as **interim shared data platform for strategic planning and high-level population health**.
- Develop work around the proposed **London Health Data Service**. This will include SEL involvement in the oversight and delivery of the London Data Strategy, consideration of existing data and research capabilities and the development of a full business case proposal (in Quarter 1 2023/24) to support any investment decision to further develop data infrastructure capability for the ICS.
- **Review data services in SEL to decide if they continue, expand or are de-commissioned**. This will require a stocktake of active data platforms and analytic systems across SEL (including the overall purpose, data services covered, who it's accessible to, and annual maintenance and license costs) alongside a consideration of the services available from the London Health Data Service.

Why?

We have multiple clinical and care systems and limited understanding of the digital tools used to enable integrated care services across SEL.

The interoperability of our existing systems and tools is consistently raised as an issue that limits effective integrated working, particularly as we move to multi-disciplinary and place / neighbourhood teams.

The lack of interoperability between systems leads to unnecessary duplication and decisions made in isolation. The lack of compatibility of enabling tools creates challenges and additional work for staff. For example, in our engagement around this delivery plan, the unnecessary work involved with document transfer (including the continued use in some services of paper and post) has been highlighted as an area where digital could improve services and make efficiencies. Similarly, stakeholders highlighted the importance of initiatives such as remote monitoring and virtual wards and the opportunity to identify synergies and address these common enablers.

Considerations:

- Existing contracts mean any move to common infrastructure will be opportunity driven with incompatible systems being retired overtime.
- Funding – particularly ring-fenced national initiatives – can promote fragmentation.
- It will be important to define details and ensure a shared understanding of what is possible (e.g., many non-digital staff talk of the need for “systems to speak to each other” without an appreciation of the practicalities such as the levels that need to be considered – read only, read write levels etc.)
- We need to consider the tools currently being used and rolled out across SEL as well as what’s used across London.

Actions in 2023/24:

- Develop and agree guidance around what constitutes business as usual, minor or major/significant change and **agree a process for the implications of major/significant digital changes to be considered at ICS level** before work is progressed or any purchase made.
- Develop **common principles and standards for digital infrastructure and digital tools** to facilitate move towards interoperability.
- Consider how we **use the funding available** to enable interoperability.
- Identify non-digital projects and programmes currently using (or with ambitions to use) digital tools and ensure they are aware of the importance of interoperability, and they adhere to agreed system-wide principles and standards.
- Identify specific programmes that require support or advice from the ICS (and the nature of the support) and any issues / use cases that need to be tackled at ICS level. For example, document transfer, remote monitoring and virtual wards.
- **ICS PMO support to specific programmes** (to be defined in previous action).

Ensure system Resilience and Cyber Security

Why?

None of the health organisations within SEL ICS currently have routine resilience audits in place, although several organisations are in the process of considering the steps, they can take to develop resilience within their organisation.

We need to take action to **ensure the resilience of the digital infrastructure across the ICS**. We work in an ecosystem where a major incident can have implications for our partners and population in a variety of ways – whether because of changes in patient flow, delays in treatment, or reduced access to services. For example, the IT outage at Guy’s and St Thomas’s NHS Foundation Trust in July 2022 not only caused significant internal disruption within the Trust, but inevitably had an impact on provider partners across the health and care system and caused disruption to the care of patients.

These challenges are experienced by many areas with very different approaches being taken, from little shared action to close collaboration. For example, some areas have common agreed standards on cyber and resilience and procure or employ central resource to drive efficiencies and improve performance. The Regional Director for Digital Transformation has recommended that all ICBs should put in place an annual resilience audit of their digital infrastructure.

We also need to specifically **consider our cyber security**. The [NHS Cyber Strategy](#) was published on 22nd March 2023. The strategy sets out commitments and next steps, including publishing an implementation plan for the next 2-3 years by Summer 2023. The timeframe for expectations from ICSs is not specified but the strategy is intended to provide a useful guide for ICS leaders to steer direction for their own system and identify opportunities to work together across the ICS.

Actions in 2023/24:

- Consider what measures we might want to take as a partnership to **optimise the resilience of our IT infrastructure**. This could include the development of a common assessment process to be adopted by partner organisations to evaluate and assure individual digital resilience in a consistent way.
- Review the recently published NHS Cyber Strategy and **identify the actions the ICS should take to enhance our cyber security as a system** whilst awaiting the publication of a national implementation plan in the summer.

In addition to these ICS-wide actions, there may be a requirement for the ICS to monitor – and provide reports on – the progress of partner organisations to roll out key actions such as **multi-factor authentication**.

Why?

The last few years – accelerated by Covid-19 – has seen the introduction of a range of digital services to empower individuals to be more pro-active in managing their care. This includes providing online advice and guidance on staying well, electronic ways for individuals to make/change appointments and access their own data, digital tools to manage long-term conditions such as remote monitoring, and telephone and online consultations.

These services have developed piecemeal and in organisational and service specific silos. This has led to a complex picture across the ICS and potential confusion amongst the people these services are intended to support.

We need to understand what is currently in place in terms of people facing services in our area and use this information to explore how we develop a more consistent, ICS-wide approach.

In doing this, we need to consider how we make maximum use of national tools and services ([NHS.uk](https://www.nhs.uk), [NHS login](https://www.nhs.uk/login) and the [NHS App](https://www.nhs.uk/app)) and how these are supplemented by local digital services. There is a national expectation to increase uptake and utilisation of the NHS App. It is expected that this will support a reduction in costs e.g., for messaging and triage.

Many of the people who could most benefit from digital services are the least likely to be online. It is, therefore, crucial that we also consider how we can work better together to optimise digital inclusion.

Actions in 2023/24:

- **Map the current people facing digital services** (including any existing plans for these to be further developed) **and utilisation** within SEL ICS to develop a baseline and test this against national London and SEL expectations.
- **Collate existing consultation and engagement** feedback to ensure that our planning is based on what people want not our perception of what they want.
- Increase the **access people have to their health records**.
- **Quantify the benefits** of increasing utilisation of digital services and the critical success factors to driving adoption and usage.
- **Agree a coordinated ICS approach to people-facing services** and a mechanism for ensuring this is followed. When developing this approach, we will seek to utilise the national resources that are available to us including the NHS App, NHS Login, and NHS111 online.
- Review existing work to **tackle digital exclusion** and consider whether any action is required to tackle this at an ICS level.

**This is focused on people facing services: previously referenced as 'citizen facing services' and renamed here to reflect the latest NHSE What Good Looks Like terminology.*

Establish our Digital Governance and Operating Model

Why?

The ICS needs an agreed digital Operating Model for how we work together to achieve the vision and objectives outlined in our strategy. This includes how we deploy our resources, our assurance processes, and how we interact with other parts of the system and the wider region.

All too often digital is seen as an 'add on' rather than an integral part of transformational change. We need to ensure digital is considered at the outset when planning any change projects with a digital element.

We also need a new ICS digital governance model that will allow for shared decision-making. Feedback from stakeholders as part of our Data and Digital Governance Review described a lack of transparency and lack of awareness of digital governance arrangements across the system.

Our new Operating Model and Digital Governance will:

- provide clarity on how we work together across the ICS;
- ensure digital developments and infrastructure works for the system not just for individual organisations;
- build effective relationships with external partners, including our links to pan-London work;
- make effective use of the funding we have / are offered;
- co-ordinate activity to achieve maximum system-level benefits and realise efficiencies;
- ensure we understand our effectiveness and where we need to improve;
- move us towards longer-term planning.

Our principles for good digital governance:

- contributes to the delivery of system-level strategic objectives
- provides fora for effective decision-making
- is transparent and widely understood by stakeholders
- is inclusive of all system partners; and
- includes systems and processes supportive of a culture of continuous improvement and learning.

Actions in 2023/24:

- Review and implement a **new ICS governance model for digital** (building on the findings of the Data and Digital Governance Review undertaken during February/March).
- Undertake **deep dive follow up work** identified in the Data and Digital Governance Review. For example, benefits/impact measurement and development of a performance framework.
- Develop our new ICS digital **Operating Model** and team roles within the **Digital Programme Management Office** and integrate this within broader system change management.
- **Map key digital programmes** taking place in SEL ICS to ensure awareness across the system.
- Support **specific pathway/project work** linked to the wider ICS priorities and identified through use cases e.g., pathology.