



Humber and North Yorkshire
Health and Care Partnership

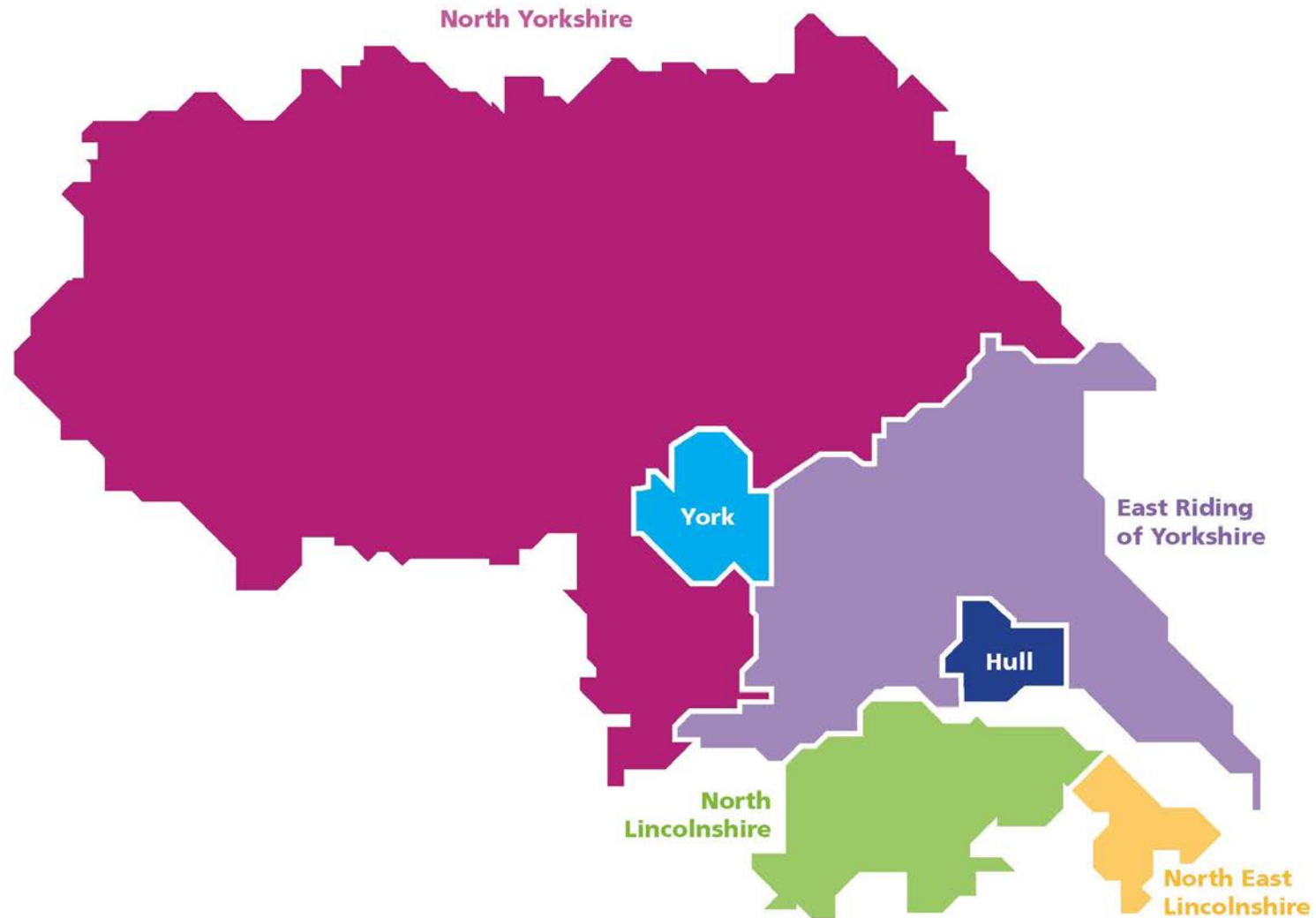
Humber and North Yorkshire Health and Care Partnership Digital Strategy

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Who we are

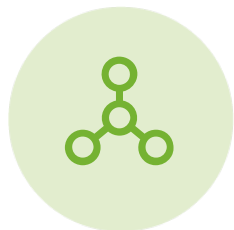


Who we are

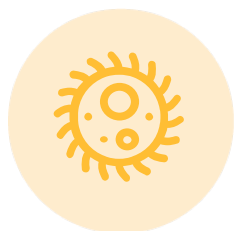
One statutory NHS Integrated Care Board	<ul style="list-style-type: none"> NHS Humber and North Yorkshire Integrated Care Board (ICB) 	6 Local Authorities	<ul style="list-style-type: none"> East Riding of Yorkshire Council Hull City Council North Lincolnshire Council North East Lincolnshire Council City of York Council North Yorkshire County Council
8 NHS Trusts	<ul style="list-style-type: none"> Harrogate and District NHS Foundation Trust Hull University Teaching Hospitals NHS Trust Humber NHS Foundation Trust (multi-specialist provider) Northern Lincolnshire and Goole NHS Foundation Trust Rotherham, Doncaster & South Humber NHS Foundation Trust South Tees Hospitals NHS Foundation Trust Tees, Esk and Wear Valley NHS Foundation Trust York and Scarborough Teaching Hospitals NHS Foundation Trust 	2 Ambulance Trusts	<ul style="list-style-type: none"> East Midlands Ambulance Service NHS Trust Yorkshire Ambulance Service NHS Trust
		4 Community Interest/ not for profit Companies	<ul style="list-style-type: none"> City Health Care Partnership CIC Navigo Care Plus Group Focus

These only represent part of the health and care system across our area. There are also around 230 GP practices, 550 residential care homes, 10 hospices, 180 home care companies and thousands of voluntary and community sector organisations all helping to keep our local people well.

Introduction



In July 2022, Integrated Care Systems (ICS) will become statutory NHS organisations with responsibility to enable partnership working, transforming the way people access and experience health and care services.



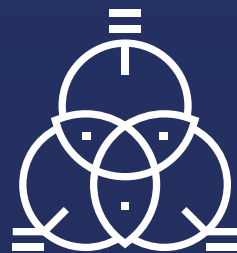
The Humber and North Yorkshire Health & Care Partnership response to the COVID-19 pandemic saw changes to the way digital and data are deployed, at a pace and scale that was previously unthinkable.



We are taking a fresh look at the way digital and data technologies can consolidate and transform how people engage with health and care across Humber and North Yorkshire over the next 5 to 10 years.

Introduction

Humber and North Yorkshire Health & Care Partnership (the Partnership) will embed digital transformation as an integral part of our clinical, business and population health strategies. We will:



Use digital to improve the way 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 data to create intelligence to be used routinely to improve patient safety, deliver better health outcomes and tackle inequalities.



Nurture a thriving digital health and care ecosystem, supporting research and innovation, developing skills and capabilities and recognised internationally as an exemplar of innovation and digitisation.



Setting Our Digital Vision



Our digital vision mirrors our vision as a partnership

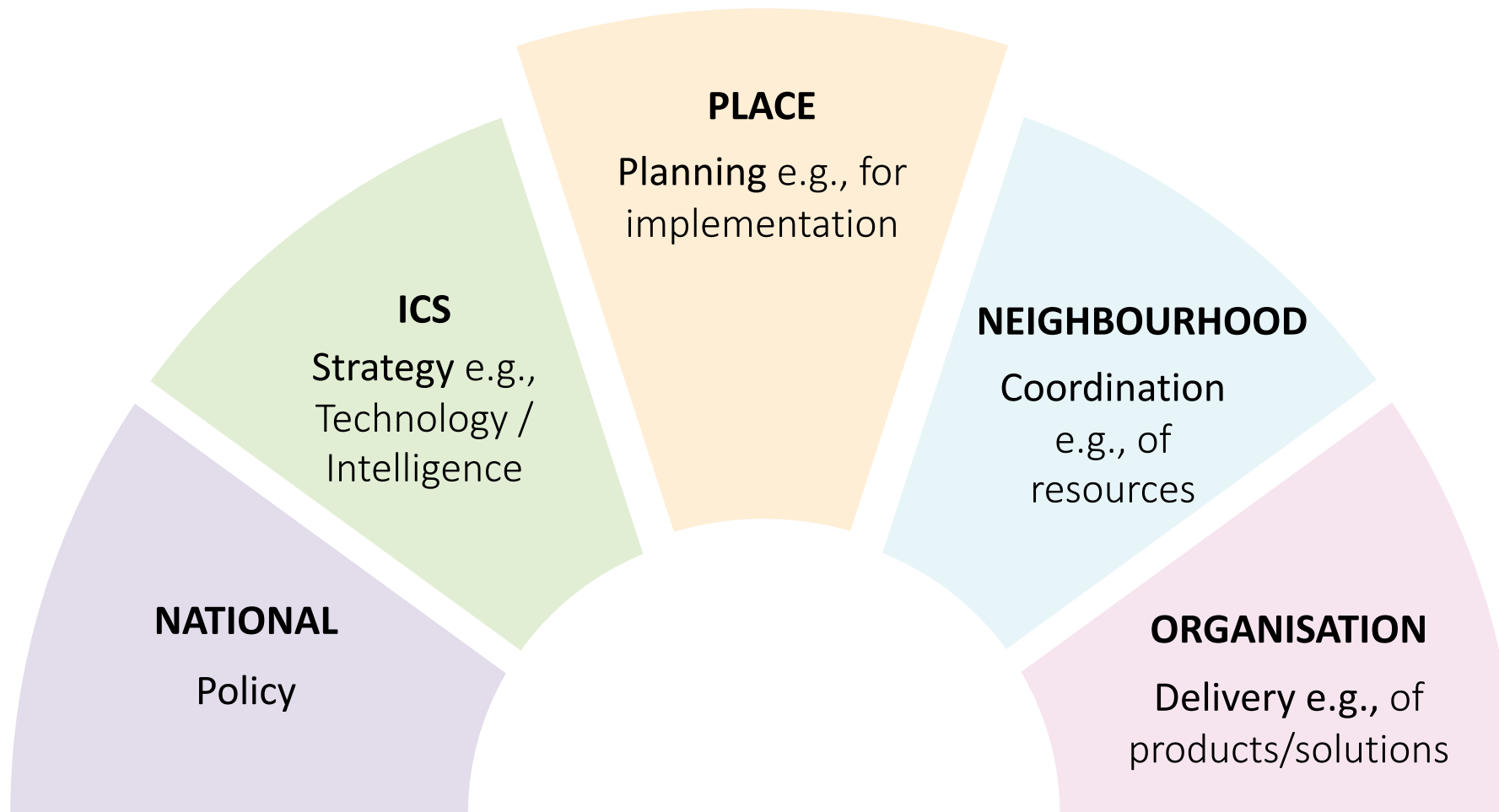
- The ambition for the Partnership is for everyone in our area to: start well, live well and age well.
- Therefore, our Digital Vision must mirror this ambition for a;
 - Digital Start
 - Digital Life
 - Digital Ageing
 - Digital End of Life.

Our Digital Vision: 'To deliver Digital and Information Services and Solutions that enable citizens to Start well, Live well, Age well and End their lives well.'

Digital to enable the wider ICS strategy

- Digital should be considered a means to an end, not the end itself; whilst we recognise the importance of measuring and investing in our digital maturity (*Digital Health & Care Plan, What Good Looks Like*, HIMSS Level 6&7, Levelling Up, etc.) this will be with the assurance that it enables us to achieve our ambitions for Humber and North Yorkshire.
- Digital will enable the ambitions, priorities and intent of the Partnership; **as the Partnership strategy develops and evolves, so will our digital strategy.**

Digital Roles & Responsibilities



Working in Digital Partnership



Digital strategy at an **ICS level** must complement and support **place-based digital strategies** and the **strategies of our partner organisations**.

Digital strategy at an **ICS level** must complement and support **national strategies**; support partner organisations in aligning these strategies to their own implementation plans.



Digital solutions that span ICS partner organisations: foster collaboration, support investment, ensure economies of scale and reduce duplication.

Digital solutions within partner organisations: promote best practice through partnership working, provide resources where doesn't make sense to fund in-house.



Digital Strategic Priorities



Strategic Priorities for Digital

- Our strategic priorities for digital build on our [Digital Fast Forward Plan](#) and positioned within the [Digital Health & Wellbeing Charter](#) for Yorkshire and Humber.
- Working collaboratively with our partner organisations, we have identified our strategic priority areas, organised against the following (WGLL) themes:
 - Well led
 - Smart foundations
 - Safe practice
 - Support people
 - Empower citizens
 - Improve care
 - Healthy populations
- We have sought to capture “where we are” as an ICS to then set our strategic aspirations, the “we will”
 - This recognises how much the ICS has already accomplished digitally through collaboration and our digital ambitions as a Partnership.
 - Through this strategy, we will be able to develop our Implementation Plan; the “who will”, “how,” and “when.”



Well Led



Humber and North Yorkshire
Health and Care Partnership



Ensuring our leadership is digital

Where we are now

- Demonstrated our commitment to digital across the ICS through establishing a Digital Strategy Board, Digital Executive and Digital Operations Forum.
- Ensured the Board has representation across the Partnership, including our local authorities, care providers & voluntary sector.
- Appointed an interim Chief Digital Information Officer (CDIO) to develop the Strategy and Implementation Plan.



Ensuring our leadership is digital

We will

- Continue to invest in the digital literacy of our Integrated Care Board, recognising the importance of digital for the ongoing success of the Partnership, with the appointment of permanent CDIO.
- Continue to support the collaboration of digital leaders from all our partner organisations including local authorities, mental health, community and voluntary organisations, ensuring we continue to learn, develop and grow together as we embed digital ways of working.
- Recognise the importance of diversity in our digital leadership and that it reflects the strengths and interests of our citizens. Supporting our digital leaders in all aspects of our Equalities Programmes including engagement in wider communities such as the Shuri Network.
- Continue to engage patients and citizens to understand how their needs and our priorities as an ICS can be best met through digital solutions.
- As leaders, adopt an innovation mindset; supporting new ways of using digital to advance ICS objectives.

Making digital happen

Where we are now

- As a newly formed ICS, we are working with our partner organisations to develop clear governance structures for:
 - Technical Design Authority
 - Health & Care Systems
 - Data & Intelligence and
 - Portfolio Delivery.
- We are building consensus around how we will govern digital across our ICS.
- Digital Groups at strategic partnership level are in place.

Making digital happen

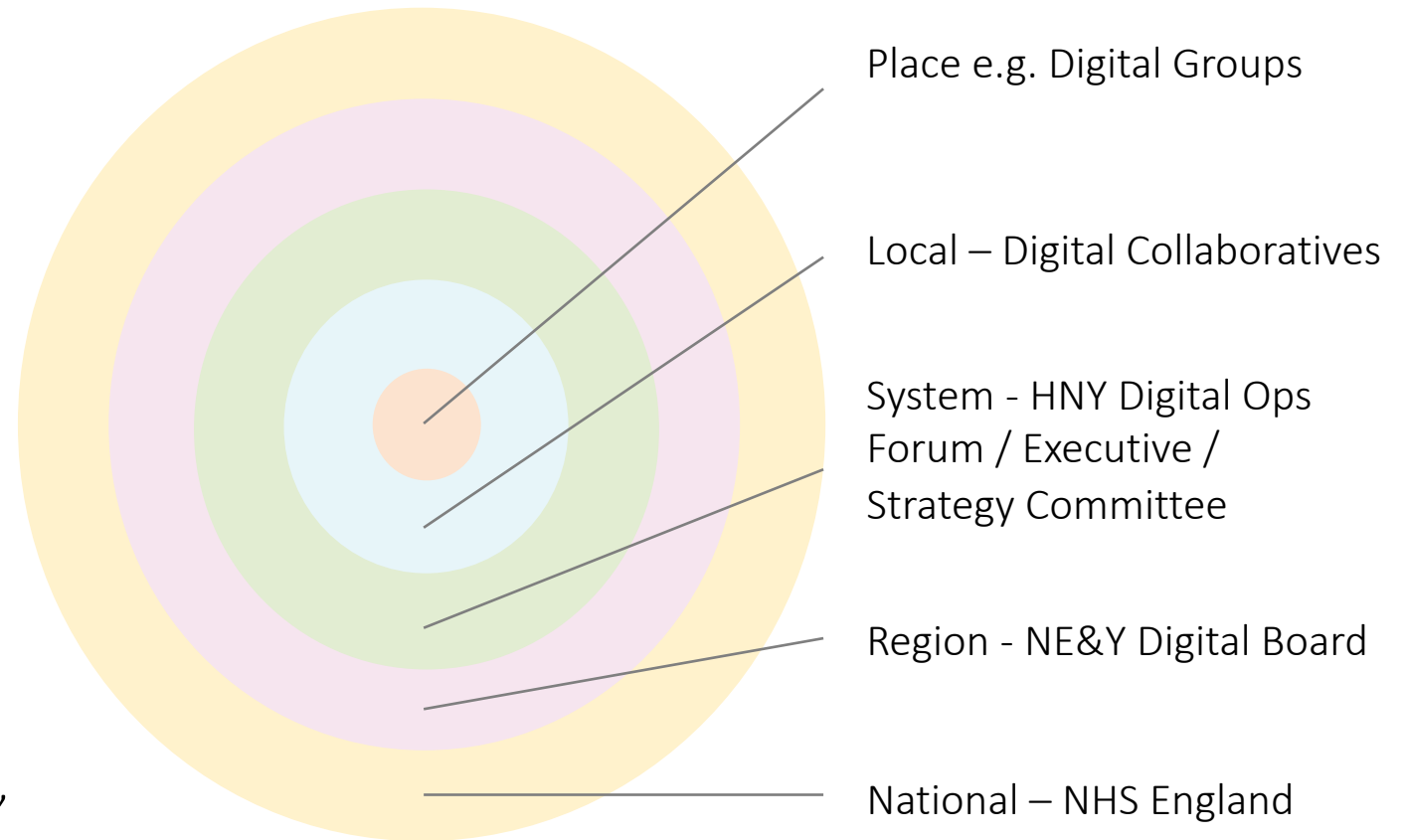
We will

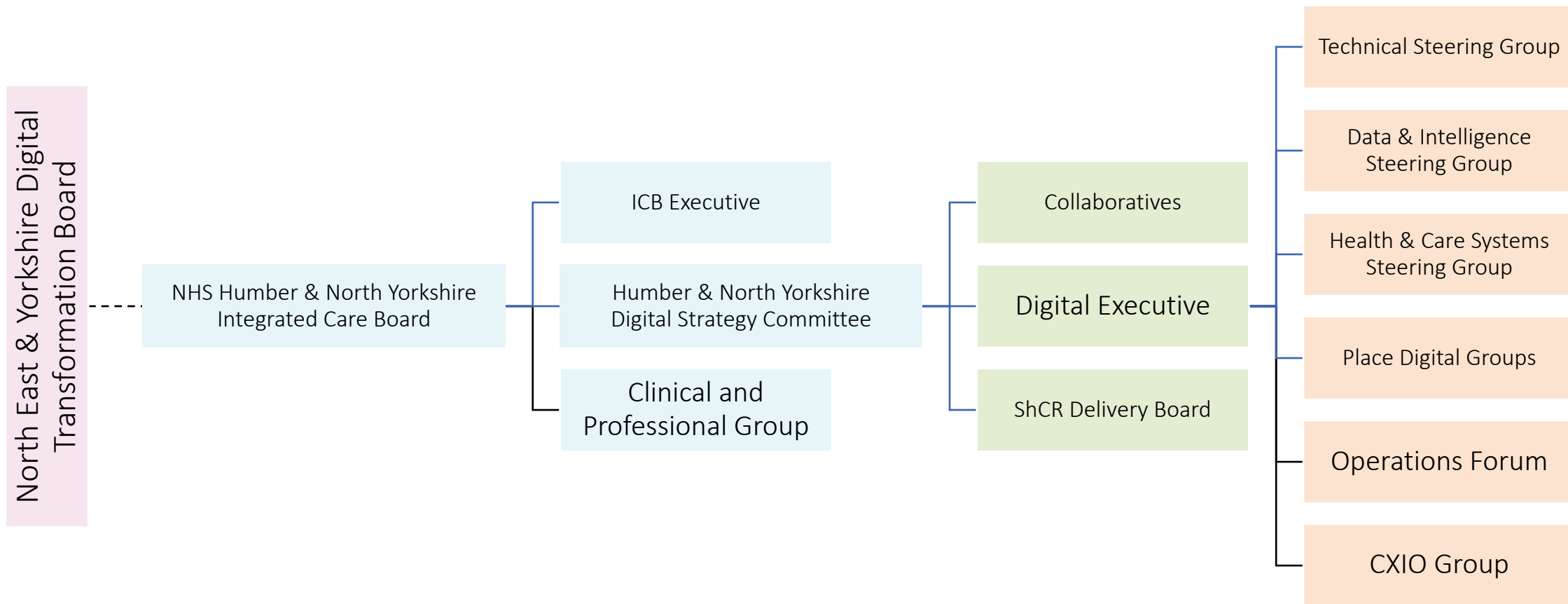
- Establish the Office of the CDIO as part of the ICS leadership with a form that follows the function to:
 - Establish a central Technical Design function to ensure appropriate governance for Technical Design & Programme Delivery, promoting consistency across all partner organisations and interoperable digital architecture
 - Take a lead to test or de-risk an initiative; research options; bidding for national funds
 - Take ownership and responsibility for addressing any issues that are either unclear or do not sit with individual organisations
 - Bring system-wide coherence and consistency through shared goals, targets or standards that our constituent organisations will then deliver
 - Bring organisations together to support prioritisation: manage multiple interests and potential trade-offs (including what we stop) regarding ICS-wide investments.
- Commit to digital financially as an ICS and work with partner organisations to deliver economies of scale.
- Build digital into all our ICS planning including HR and estates.

Making digital happen

Establishing Strong Digital Governance as a Partnership

- Re-Establish the Digital Strategy Committee in our ICS governance structures
- Agree an ICS framework and criteria for monitoring and measuring our progress
- Deliver communications and engagement to build on the relationships across our ICS
- Draw up plans for our data and digital strategy to support the ICS' ambition to develop into a Learning Health System
- Draw up our data and digital implementation plan to support the ICS' ambition to develop into a Learning Health System







Smart Foundations



Humber and North Yorkshire
Health and Care Partnership

Developing our digital teams

Where we are now

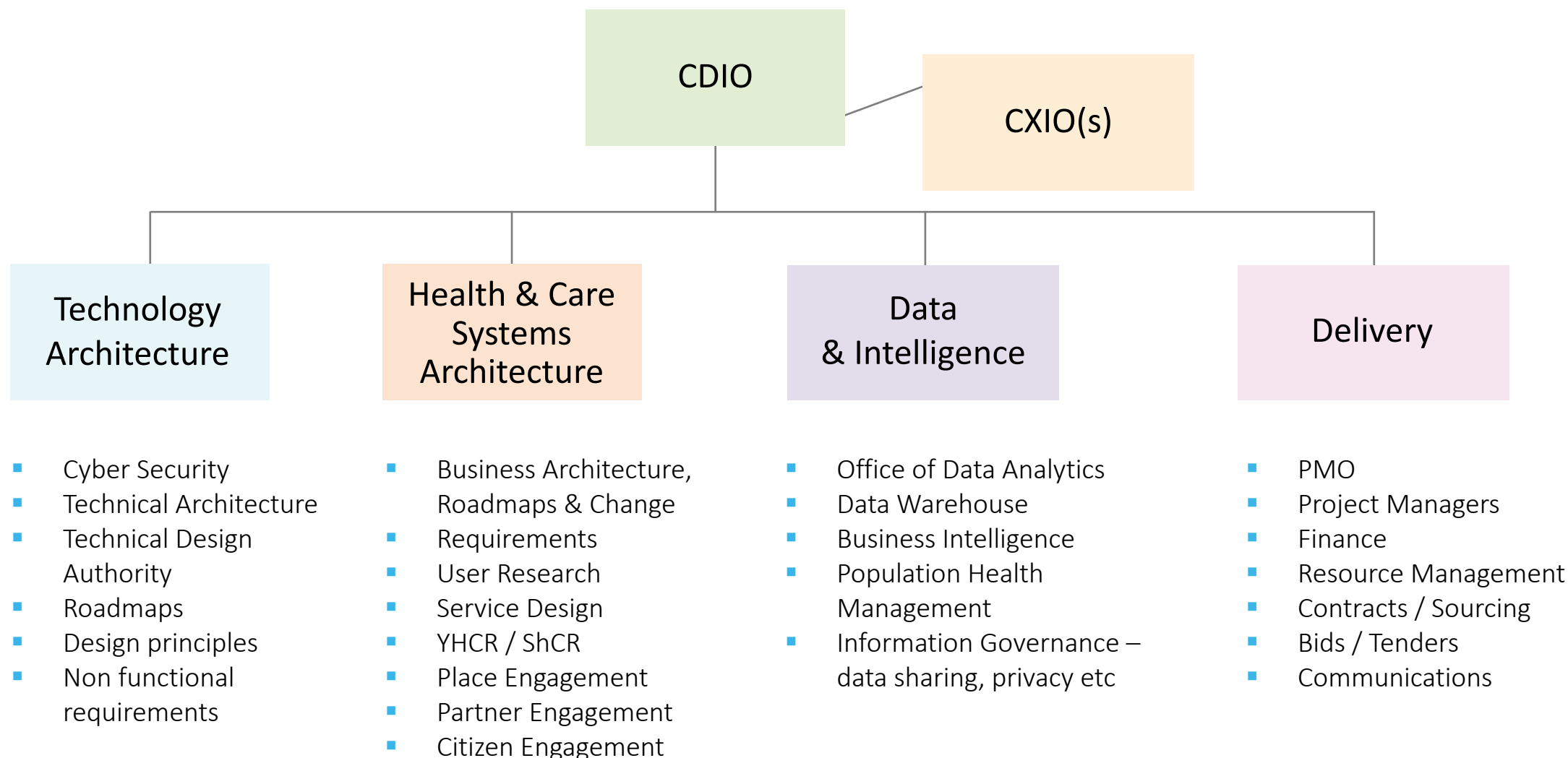
- Promoting consistency of practice (including Technology Code of Practice, cyber security) through ICS-wide digital governance and support.
- Working to understand where digital roles overlap, in order to establish clear lines of accountability and to make sure things do not fall in the gaps.
- Supporting the digital ambitions of ICS and our partner organisations through our Digital Hub.

Developing our digital teams

We will

- Establish clear operating structure, roles and responsibilities across the Partnership, ensuring our roles support and complement the digital roles in our partner organisations.
- Continue to invest in Digital Education for multidisciplinary teams with clinical, operational, informatics, design and technical expertise to deliver our digital and data ambitions, recognising where these people and skills should be developed within organisations and where they should be developed within the Partnership as a shared resource.
- Recognise the importance of diversity in our digital teams and the need to develop the next generation of digital leaders. Supporting our digital teams in all aspects of our Equalities Programmes including engagement in wider communities such as the Shuri Network.
- Ensure professionalism of digital services is recognised as a standard. Invest in digital workforce training and development; college, graduate, practitioner to expert.

Developing our digital teams



Commitment to the environment

Where we are now

- Using electronic platforms like Microsoft teams for meetings.
- Partner organisations moving IT infrastructure into the Cloud.
- More electronic communication between partners to reduce printing, number of printers; use of 100% recycled paper when printing.
- Use of telephone and video conferencing with patients.
- Asset optimisation and re-use where possible.
- Supporting working from home to reduce carbon footprint.



Commitment to the environment

We will

- Continue to progress towards net zero carbon, sustainability and resilience
- Meet the Sustainable ICT and Digital Services Strategy (2020 to 2025) objectives and deliver on the HNY Green Plan (2022-25) including:
 - meeting the ambition to be digitally carbon neutral by 2035.
 - ensure able to measure impact of digital initiatives, e.g. telemedicine, remote working, etc. on reducing carbon footprint to build into investment decisions.
 - prioritise purchase of A+ rated equipment across the Partnership.
 - work with vendors who demonstrate their commitment to the environment.

Commitment to the environment

Digital Transformation			
HNY actions	2022-2023	2023-2024	2025-2026
Baseline ICT footprint in line with published materials by HMG Sustainable Technology Advice & Reporting (STAR) ⁹	✓		
To increase/allow patients to access virtual outpatient and primary care appointments, where clinically appropriate	✓		
Assess, identify and evaluate any inequalities that could be created by the move to digital appointments, remote triaging and remote healthcare	✓		
Ensure all Trusts ICT products are the most efficient (through EPEAT) and disposed of via WEEE compliant companies or via a circular economy route with the manufacturer or through charities	✓		
Ensure providers of community health services, including ICS-commissioned independent providers, can access the Local Care Shared Record to enable urgent care response and virtual wards ¹⁰	✓		
Identify digital priorities to support the delivery of out-of-hospital models of care with digital investment plan to support community health services providers to develop robust digital strategies for improvements in care delivery ⁷	✓		
Identify ways in which to consolidate purchasing and deployment of digital capabilities, such as electronic patient records and workforce management systems, at system level where possible	✓		
Ensure every Trust to create a five year Green ICT plan		✓	
Facilitate remote consultations and triaging where viable and provide services digitally where appropriate		✓	
Work to shift server rooms to green data centres or cloud providers		✓	

⁹ Greening government: ICT and digital services strategy 2020-2025 - GOV.UK (www.gov.uk)

¹⁰ 2022-23-priorities-and-operational-planning-guidance-v3.2.pdf (england.nhs.uk)

Commitment to the environment

Digital Transformation			
HNY actions	2022-2023	2023-2024	2025-2026
All HNY ICS healthcare organisations to follow NHSX's "What Good Looks Like" framework		✓	
All Trusts to email or text patients with appointment details as a standard, with an opt in to receive letters		✓	
Embed green procurement in all digital procurement		✓	
Develop a repair and reuse programme for all ICT equipment with a digital charity donation scheme		✓	
Establish a Changing the Workplace Programme combining digital, estate, HR and financial considerations for all healthcare estate		✓	
Support GP practices and PCNs to ensure the commitment that every patient has the right to be offered digital-first primary care ⁷		✓	
Pathology and imaging networks are to deliver their diagnostic digital roadmaps as part of their digital investment plans, expected to deliver at least a 10% improvement in productivity by 2024/25			✓
Provide digital support for active travel options for all healthcare estate			✓
Long term condition care: IT to be prioritised for patients with greatest need and improve efficiency of Long term condition care			✓
Interlink green products with digitisation to ensure green products are prioritised			✓
Develop plans for decarbonising ICT across the region			

Investing in IT infrastructure

Where we are now

- Supporting organisations to seek funding to 'level-up' infrastructure across the Partnership.
- Working with NHS E to support the Target Architecture Framework.
- Discovery work to understand the Infrastructure as-is; to-be and roadmap to achieve the ambitions of WGLL.
- Humber IT Managers group in place.

Investing in IT infrastructure

We will

- Lead cross-organisation investment in modern infrastructure to retire unsupported systems drive organisations towards ‘simplification of the infrastructure’.
- Invest smarter through consolidation of spending, strategies and contracts.
- Ensure levelling up of the use and scope of electronic care record systems, including using greater clinical functionality and links to diagnostic systems and Electronic Prescribing and Medicines Administration (EPMA).
- Work with Estates to ensure digital integration in estates planning, including SMART buildings.
- Ensure ongoing baseline budget incorporates replacement/refreshment of equipment for partner organisations.

Growing our shared care record

Where we are now

- Delivered, in conjunction with the wider region, the Yorkshire and Humber Care Record (YHCR), which provides the infrastructure and services for sharing information across partner organisations. Across the Partnership, we have connected our ShCR with our acute and mental health trusts and 3 of our local authorities. GP Connect information is now linked in and we are currently deploying a new version of the browser into each GP practice.
- Made significant progress in the last year, with 30+ projects supporting its development and expansion. This includes sharing key data sets such as the end-of-life care record.
- Delivering the commitments set out in the NHS Long Term Plan and the Better Births review.
- Coordinating initiatives to increase the usage and usefulness of this platform. We have made great progress in establishing how we work with our partner organisations, the pace at which we can work, and how we support them in onboarding, ensuring they have appropriate resources and skills in-house.

Growing our shared care record

We will

- Have an established ShCR team within the Partnership with clear lines of accountability for supporting roll-out and expansion.
- Through our long-term vision and plans for delivery, solidify the work we have already done to-date in building our ShCR, ensuring each partner organisation feels empowered and ownership over how it is utilised.
- Increase the number of data sets shared across the partner organisations already connected and increase the number of partner organisations who contribute/consume the ShCR data. Our ambition is to have all our local authority partners engaged, as well as our CICs and VCS.
- Develop the ShCR as a tool alongside other data sources to enable better population health management.

Growing our shared care record

We will

- Develop our EPR/PHR Roadmap in line with the following National Policy priorities:
 - To level up those organisations without an EPR
 - To achieve the Secretary of State target of HIMSS Level 5 by December 2023
 - To achieve Internal NIMMs Level 7 target of December 2025.
 - To collaborate to rationalise the number of EPRs in the system where appropriate to do so.
- Draw up options for ensuring that all parts of our health and care system have a core electronic record system in place, which meets basic maturity levels and supports the use of open standards.
- Implement architecture to optimise the benefits of our partner organisations' deployment of comprehensive electronic health and care records.
- Actively seek out opportunities for extending the digitisation of children's services and records.
- Mirror the approach adopted by the national Digitising Social Care Records programme to improve access and sharing of social care information.

Safe Practice



Cyber security

Where we are now

- Cyber security is managed directly by ICS partner organisations, either internally and or via a 3rd party.
- Two main standards in use:
 - Local Government adhere to a minimum set of cyber security standards developed in collaboration with the government and NCSC
 - Health aligns to the Data Security and Protection Toolkit (DSPT) standard

Cyber security

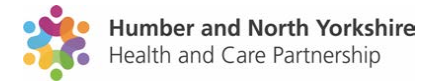
We will

- Support cyber security across the Partnership to reduce gaps, duplications and arguments over ownership. Whilst everyone must take responsibility for cyber security, there must be clear accountability in the Partnership; therefore, there is a strategic imperative to centralise this function.
- Establish an adequately resourced ICS-level cyber security function, including a Chief Information Security Officer (or similar) to comply with the requirements in the DSPT.
- Have a system-wide plan for maintaining robust cyber security, including development of centralised capabilities to provide support across all organisations establish a process for managing the cyber risk with mitigation plans, investment and progress regularly reviewed at through a well-represented Security forum at ICS level.
- Have an adequately resourced clinical safety function, including a named clinical officer to oversee ICS-wide digital and data development and deployment to ensure ICS-wide clinical systems meet clinical safety standards as set out by DTAC and DCB0129 and DCB0160.
- Establish a clear system-wide process for reviewing and responding to relevant safety recommendations and alerts, including those from NHS Digital (cyber), NHS England and NHS Improvement, the MHRA and the Healthcare Service Investigation Branch (HSIB).
- Ensure compliance with NHS national contract provisions related to technology-enabled delivery, for example, clinical correspondence.

Cyber security

What	The longer-term view is to develop a central and substantive cyber security team – consisting of both Information Assurance and Technical Security management resources, alongside a senior level team owner (Chief Information Security Officer level recommended). Whilst there will still be cyber security done in individual partnerships such as local government and acute trusts, this team will need to centrally co-ordinate the activity across the teams and be responsible and accountable for the tracking of activities, incidents and compliance.	
Why	Whilst everyone must take responsibility for cyber security, there must be clear accountability in the Partnership. Lack of accountability leads to gaps, duplication and arguments over ownership of activities that will need to fix it. As organisations move towards SaaS, SIAM and other delegated models, this central co-ordination becomes even more vital to providing the necessary due diligence and due care needed to demonstrate compliance.	
How	<ol style="list-style-type: none"> 1. Establish a centralised team structure to manage cyber security and develop the business case 2. Make sure those involved in it have the time to dedicate (backfill / supplement if needed). 3. Agree a headcount for centralised ICS Cyber Security Function (~5-10% of total headcount on assumption individual teams continue to own the functions they do today) 4. Create and establish the team 5. Allocate centralised / non-competing spend to Cyber Security Function. 	
Impacts/improves	1.2 6 Threat Analysis 2.5.7 Penetration Testing 1.2.5 Operational Risk Management 1.3.3 Vulnerability Management 1.3.4 Threat Management 2.5.5 Server Vulnerability Management 2.5.1 SIEM and Log Mgt 2.5.4 Attack Simulation 2.9.5 Database Vulnerability Management 2.3.7. Network Monitoring and Defence	

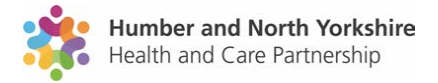
Data privacy, safety & management



Where we are now

- Responsibility for data privacy, safety & management for each partner organisation held within that partner organisation.
- The Partnership collaborates with the Regional Information Governance Strategic Network to share best practice, ways of working.
- Nothing formalised at Partnership level; “good will” and collaborative working across the Partnership supports best practice.

Data privacy, safety & management



We will

- Develop the ICS as a network and system wide support for DPO and clinical safety.
- Establish dedicated ICS resource for cross-organisational digital boundaries and where partner organisations require support and guidance.
- Continue to support best practice in partner organisations, through developing our networks and being a single point of support and guidance.
- We will ensure governance structures are capable of discharging our responsibilities, through the Humber and North Yorkshire Information Governance Group, with escalation routes to resolve issues effecting integrity and effectiveness.
- We will work with our colleagues across the Partnership to ensure the way we use and share data is consistent with the broad ambitions of our citizens.
- We will monitor how the planned legislation signalled in the Government White Paper will affect the status of Integrated Care Systems in the future, to ensure that our information governance framework remains fit for purpose under any changed governance arrangements.

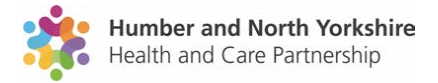


Support People



Humber and North Yorkshire
Health and Care Partnership

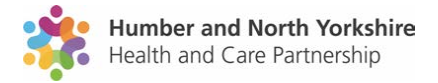
People-first digital and data culture



Where we are now

- Our transition to an ICS has demonstrated the importance of removing the boundaries of geography and buildings and the role of digital as an enabler.
- Increased utilisation of digital to enable flexible working, both clinical and non-clinical. Recognised many of the obstacles to true digital collaboration and engagement, such as infrastructure, governance and culture, which we are working to overcome. Progress in Place Working Collaboratives; staff able to work anywhere, from any device.
- Prioritised the Digital First programme in primary care to deliver many of the commitments set out in the General Practice Forward View and invest in a suite of digital tools that support clinicians and practices to interact better with their patients.
- Supporting projects that take a human-centered design approach to digital investment. For example, our GP consultation in North Yorkshire around the YHCR. GPs were engaged from the beginning to understand what data is a priority for them. From this work identified that access to mental health data needed to be prioritised.

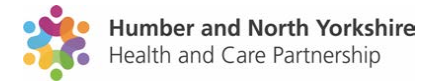
People-first digital and data culture



We will

- Continue to work with our clinicians and staff to make digital an enabler.
- Ensure that we develop the digital capability that will improve our people's work satisfaction, improving both the quality and efficiency of their work.
- Commit to a user-centered design / GDS approach to digital investment and development which includes following the NHS Digital Service Manual and recognising that digital will only succeed if non-digital people are given a voice.
- Use recognised standards and ontologies routinely in our systems.
- Adopt the data architecture principles in the Government's Data Strategy.
- Work towards purposeful data collection and utilisation, where our people understand why data is being collected and can use it to improve the services we deliver. We will develop and publish our standards for improving data quality and data curation.

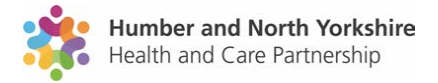
Investment in digital tools & training



Where we are now

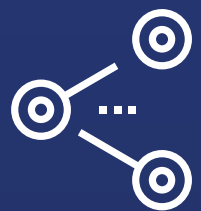
- Partner organisations embraced digital tools during the Pandemic.
- Recognition that there is a need to support consistency of digital tools and training across the Partnership, across different partner organisations, including local authorities and care providers.
- Investment in digital tools, e.g. clinician to clinician messaging, that work across partner organisations and promotes safe clinical practice.

Investment in digital tools & training



We will

- Invest in the tools and training whilst working to embed a culture of digital across our organisations and make sure we are using digital tools effectively.
- Work to understand the needs of all our people to ensure that we are digitally inclusive; embrace approaches that enable overcoming barriers to uptake.
- We will collaborate to develop pan-ICS capabilities to join up data in a trustworthy way – delivering health improvements for individuals and our population.
- We will develop a data governance framework that extends our use of data.
- We will work to create an Office of Data Analytics to create a federated data ecosystem.
- We will work to agree priorities for piloting and adoption of Artificial Intelligence (AI) and Robotic Process Automation (RPA).
- We will support the implementation of a bidirectional HL7/FHIR pipeline between the data warehouse and local systems to optimise the utility of data from different sources.



Empower
citizens



Humber and North Yorkshire
Health and Care Partnership



Citizen need drives digital investment & development

Where we are now

- Recognition through formation of the Partnership that citizen need is best met through neighbourhoods and place, with collaborative support.
- Citizens engaged with digital as a response to COVID-19 and a need to work differently to meet their needs across health and care, mental health, public health and wider local authority services (e.g. blue badge, carers' assessments).
- Many services that were already provided digitally were expanded as citizens looked to understand what was available online.
- Ongoing digital projects across the Partnership being driven by citizen needs such as the managed care app store, ongoing pilot to recode citizen digital maturity in clinical systems.
- Citizen involvement through sitting on Local Digital Roadmaps

Citizen need drives digital investment & development

We will

- Support place-based digital strategies that take a bottom-up approach to supporting citizen needs.
- Build on investment in digital citizen services made during covid and citizen expectation that digital services will continue to improve and expand, investing in covid recovery that is citizen-focussed.
- Engage with citizens to understand their needs and how these can be met through digital investment; start with the problem that needs to be solved and ensure citizen-facing solutions meet a need and are accessible.
- Have citizen accountability and representation on digital project and programme boards.

Commitment to digital inclusion

Where we are now

- Partnership-wide digital inclusion working group, made up of health, local authorities, voluntary sector and local enterprise partnerships.
- Have a set of digital inclusion principles that have been signed off at the digital Committee; broadly covers 4 building blocks.
- Commissioning and implementing work as a working group to better understand the needs of our citizens and how to make digital solutions / non-digital alternatives more accessible.
- Activities in the community such as local authority equipment loan schemes run through libraries (donated devices are being repurposed and loaned out) and Digital Champion Networks (local authorities working in the community to improve digital skills).

Commitment to digital inclusion

We will

- Build on our principles to develop a digital inclusion strategy and implementation plan; ensuring it reflects the Partnership commitment to digital inclusion.
- From implementation plan, formalise digital inclusion as a workstream in our ICS digital programme.
- Encourage more ICS partner organisations to join our working group; support and ensure consistency in ways of working.
- Invest in establishing a quantitative baseline for measuring digital inclusion; ability to set a % target and report on progress.
- Adopt the principles for digital inclusion and co-production for digital projects to follow.
- Build on our current initiatives, including the network of Digital Champions across our workforce, reflecting the different skills, expertise and enthusiasm that will help promote digital inclusion.
- Work with local authorities, agencies to support citizens in knowing what digital health solutions are available and how to use them.

A consistent digital experience

Where we are now

- Already working as an ICS to ensure a consistent digital experience for our patients/citizens, recognising the importance of having access to personal health records to feel empowered as a citizen.
- This includes utilising NHS App as our digital front door and promoting the use of 111 to have a single UEC triage journey.
- We are working to develop consistent digital access across the Partnership, including online consultations and to ensure a consistent digital experience at all access points into primary care (e.g., walk-in, telephone, online).
- Working with NHSE on a primary care pilot to empower staff to signpost people to the most appropriate access points.
- Implementing the HCV Electronic Palliative Care Co-ordination (EPaCC) system to ensure individuals' wishes are supported during the end-of-life pathway.

A consistent digital experience

We will

- Continue to strive for a consistent patient/citizen experience across the Partnership, including digital, that is user-led and continually considers the needs of our patients/citizens.
- Ownership of consistent digital experience to sit with the Digital Inclusion Group.
- Prioritise vendors who can integrate with our digital front door (NHS App) and are equally committed to creating a consistent digital experience.
- Implement our wider programme of digital consultations to increase accessibility, including creating digital hubs in the community for primary and secondary care.
- Prioritise GP practice websites, recognising that this is often the first point of access for patients, we will support standardisation as part of our wider digital gateway.
- Support consistent prescribing of digital tools by health and care professionals.



Improve Care



Digital to improve care

Where we are now

- As an Partnership, we are already investing in a system-led approach to investment in clinical digital solutions, having made significant progress in the last few years in how digital supports improved care pathways and clinical safety across organisational boundaries.
- We have seen this in how our shared care record is being used by our partner organisations, the expansion of virtual wards, remote consultations, and 111 to emergency department booking system to enable anywhere-to-anywhere booking for unplanned care.
- We recognise digital as an enabler, such as in providing more diagnostic services in the community. Providing MRIs, CT scans and ultrasounds closer to home, utilising community spaces such as empty units in shopping centres, is all possible through collaborative, digitally enabled working. We are using technology to integrate acute and community diagnostic services, with a single booking system that identifies where there is capacity across the system. We are also a leader in Scan for Safety (S4S) and Electronic Point of Care Traceability (EPOCT).

Digital to improve care

We will

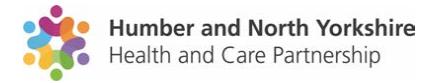
- Collaborate across Partnership organisations to support system redesign, to increase capacity, reduce waiting lists and improve quality of care, through use of digital technologies; recognising that our partner organisations will not be able to deliver safe and effective care without digital solutions running well in the background.
- Continually assess and identify the right forums to support system redesign through supported digital technologies, engaging with clinicians & commissioners.
- Take a user-centered design approach that engages providers and commissioners, clinicians and citizens. We will support our partner organisations in taking this approach and encourage collaboration and learning.
- Continue to support digital initiatives including virtual wards with care closer to home and wider IoT at home.
- Continue to align to the NHS Digital Clinical and Patient Safety Strategies to be the safest digital health system in the world through S4S and EPOCT.



Healthy Populations



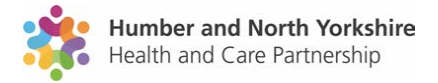
Use data to drive population health



Where we are now

- Shared care record and strong partnerships with local authorities.
- Data sharing at 'place' level to better serve populations.
- Establishing a Data & Intelligence (Business Intelligence and Analytics) Group to establish the technical structure and approach, prioritise workstreams and agree authorities.

Use data to drive population health



We will

- Through our shared care record and live clinical data, lead the delivery and development of an ICS-wide intelligence platform with a fully linked, longitudinal data-set (including primary, secondary, mental health, social care and community data) to enable population segmentation, risk stratification and population health management, recognising the need for population health data in real time for effective decision making.
- Use data and analytics to redesign care pathways and promote wellbeing, prevention and independence; use data to improve our relationship with citizens.
- Use the learning from the ICS Toolkit, Goldacre Report, and NHS England/Optum programme to inform the PHM operating model and structures.
- Adopt a “one team” operating model that promotes the sharing of learning, good practice and innovation across Humber and North Yorkshire and supports the development of our Partnership as a Learning Health System.

Leaders in place-based care

Where we are now

- Recognise the role of the Partnership in supporting place-based care when many partner organisations, including our acute and ambulance trusts, work across a wider geographic area.
- Assessed our digital maturity at place-level across the Partnership, encouraging collaborative engagement of all our partner organisations, including local authorities, care providers, and the charitable sector.
- Investing in digital solutions that support patient care along the pathway, care in the community, such as our virtual wards programme which has brought together partner organisations in support.
- Supporting place-based digital interventions including the DREAMS team for assessing and supporting digital maturity of care providers.

Leaders in place-based care

We will

- Define place-based care broadly, including touchpoints and partners such as fire & rescue, police.
- Ensure we use our assessment of digital maturity at place-level in our planning cycle, with continuous review and reassessment as we progress.
- Create integrated care models for at risk population groups, using data and analytics to optimise the use of local resources and ensure seamless coordination across care settings.
- Ensure that local ICS and place-based decision-making forums, including PCN multi-disciplinary teams, have access to timely population health insight and analytical support.
- Support local variation and innovation with tools, whilst benefiting from economies of scale; look at which place-based solutions such as social prescribing would benefit from ICS support, consolidation.

Drive collaborative innovation

Where we are now

- **Innovation as a Service** – Digital Hub 12-month pilot working with Y&H AHSN to run an Innovation Centre for Primary Care. Ambition is to establish a model for centralising innovation, benefiting from shared learning and organisational knowledge.
- ICS-wide innovation example: using non-written language tools in digital interfaces to promote accessibility and overcome language, literacy barriers.

Drive collaborative innovation

We will

- Learn from our Innovation as a Service pilot to establish a sustainable model for the Partnership.
- Leverage our partnership to support clinical trials, real-world evidencing and AI tool development.
- Drive Partnership digital and data innovation through collaborations with the AHSN, academia, industry and other partners to become an exemplar.

We recognise that innovation will be enabled through many of our other efforts already outlined, including our **digital channels, data-driven research, commercial operating model** and **collaboration** with our partner organisations.



Drive collaborative innovation

We will

Digital channels:

- Strengthen links and embed our digital team into the work of the provider collaboratives.
- Evaluate the impact of the changed operating models and pathways by mapping the way data and digital technologies have been deployed in new models for outpatient services and virtual wards, to identify opportunities for extending good practice.
- Use our understanding of the data flows and identify the implications for our data architecture, access to care records and wider integration and architecture with local and national (e.g. NHS App, NHS Spine).

Data-driven research:

- Support the Partnership's ambition to develop into a Learning Health System, strengthening both our capacity and skills for data science and analysis through Trusted Research Environments (TREs).

Drive collaborative innovation

We will

Commercial:

- Modernise our procurement capabilities to digitise key processes – strategic sourcing, strategic supplier management, and contract management.
- Work with our partner organisations to review our cost and contract profile, to explore market options so that we obtain best value for money from all our suppliers, and to deliver a strategic approach to the management of supply risk.

Collaboration:

- Work with our partners to create an “innovation incubator hub” environment to promote and champion innovative best practice.
- Develop our plans as an ICS to address the wider portfolio of skills needed to deliver digital transformation at scale.
- Introduce a Digital Transformation Playbook; common ways of working for key aspects of our approach to digital transformation.

Next Steps



Next step priorities

We recognise that we have significant digital ambitions as a Partnership and have much to achieve in the next few years, particularly as we consolidate our advances using digital during the COVID-19 pandemic. With this in mind, our next step priorities are to:



Achieve “levelling up” of digital maturity across our Partnership



Carry out detailed planning to ensure digital aligns to key ICS strategic developments



Re-establish the Digital Strategy Committee in our ICS governance framework



Consolidate our strategy into a clear roadmap for delivery over the next four years

First steps in the road map

As Year-1 priorities, we will commit as a Partnership to prioritising the following key strategic themes, recognising them as enablers for our wider ambitions:



Our Shared Care Record, including EPR/PHR Strategy



Cyber Security



Digital Inclusion



Population Health / Business Intelligence

Appendices



Approach to developing our digital strategy

Our priority as an ICS was to develop a digital strategy that reflected:

- Our overarching ICS Strategy
- National strategic priorities
- The priorities of our partner organisations.

To achieve the latter, we engaged with our partner organisations over the period from February through May 2022. A first draft was completed through a combination of group engagement via the Digital Operations Group, using MIRO as an interactive tool and 1:1 sessions. These sessions were used to identify our digital priorities, our progress and our ambitions.

The draft was shared for consultation between 5 April and 9 May. During this time, individuals had the opportunity to comment on the draft via the MIRO board or directly on a PDF version. 'Drop in' clinics were made available on Teams for those who wished to discuss the Strategy 1:1.

For more information, please email the Humber
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