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HOW INTEGRATED CARE SYSTEMS ARE INCREASING ADOPTION OF DIGITAL HEALTH AND CARE TECHNOLOGIES



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- **Sussex Health and Care Integrated Care System:** Lisa Emery – Chief Transformation, Innovation and Digital Officer
- **Nottingham and Nottinghamshire Integrated Care System:** Andrew Fearn – Director of Digital Services, Jane Scarborough – Digital Services Programme Manager, Rosie Atkins – Project and Business Change Manager
- **North East and North Cumbria Integrated Care System:** Jacqueline Myers – Chief of Strategy and Operations, Fiona Brown – ADASS Associate
- **Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System:** Helen Haumann – Digital Programme Director and Deputy Chief Digital Information Officer

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THE CHALLENGE AND OPPORTUNITY OF DIGITAL ADOPTION

Health and care systems face a daunting challenge. Hampered by limited resources, staff, and infrastructure, they must find ways to meet the needs of the people they serve. **But the outlook need not be bleak. Embracing digital transformation offers us an opportunity to create a sustainable future for the nation's health and care services, and the people they support.**

Integrated Care Systems (ICSSs) bring together partners and providers across health, social care, housing, and the voluntary sector. They are perfectly placed to take a leading role in increasing the adoption of digital technologies.

Digital health and care technologies are having a significant impact across the UK. They are enabling people to lead good lives, living safely and independently for longer in the place they call home. They are providing people with convenient access to healthcare services. They are improving system efficiency and allowing health and care professionals to operate at the top of their licence, and much more.

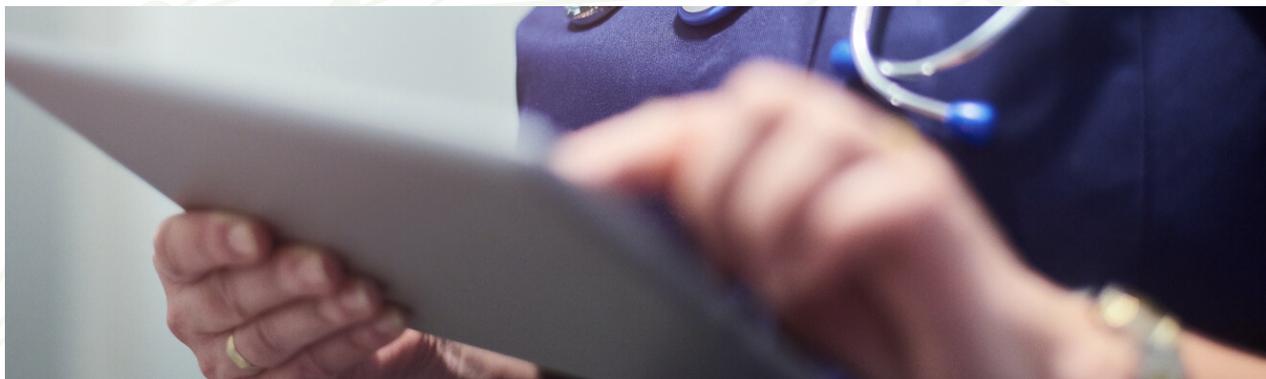
However, the adoption and utilisation of digital technology across health and care systems remains inconsistent. Despite many years of progress, we are still in the early stages of digitisation.

The Digital Healthcare Council (DHC) and TEC Services Association (TSA) represent digital health and care organisations, that are supporting people across the UK. To understand the plans and priorities of ICSSs, the DHC and TSA have reviewed system strategies and recently published Joint Forward Plans. Against set criteria, we assessed system goals and plans to implement digital technologies across their communities. To build on this further, the DHC and TSA interviewed a small number of leaders from ICSSs, inviting them to describe their plans and ambitions for the usage of digital technologies, and the outcomes they hope to achieve.

This report brings together this analysis, and highlights some of the work that is being done to increase adoption of digital technologies.



HOW INTEGRATED CARE SYSTEMS DEVELOP STRATEGIES AND PLANS



One of the key points this report seeks to understand is how Integrated Care Partnerships (ICPs) and Integrated Care Boards (ICBs) have developed their strategies and Joint Forward Plans.

The recurring theme around digital adoption within strategies is relationship building and partnership working. All systems that we interviewed described long-standing relationships with digital leaders from NHS service providers, local authorities, the voluntary sector, the housing sector, and more. This enabled digital buy-in from leadership teams on day-one of the ICS's formation, making it a key programme of work within system strategies and plans.

For example, **North East and North Cumbria ICS** has built on an extended process of engagement. ICB digital leaders described the significant time spent building relationships in the community with Health and Wellbeing Boards and Digital Programme Boards. The ICB team used this as an opportunity to understand what was working well, from a range of perspectives, and what could be adopted elsewhere. This work fed into the development of the strategy. It also provided the opportunity to socialise plans so that local service providers had shared ownership and felt responsible for its implementation at a more local level.

Similarly, in **Nottingham and Nottinghamshire ICS** the groundwork for collaboration was underpinned by previous work as a Sustainability and Transformation Partnership, which had brought digital leaders together. As an ICS, Nottingham and Nottinghamshire could build on this successful work. By drawing on relationships that have been developed over many years, they ensured digital was a key focus for their system's development.

For **Sussex Health and Care ICS**, partnership working also includes supporting autonomy and responsibility for service providers. The ICB has grouped different work streams into 'domains', with focus areas such as 'delivery', 'workforce', and 'innovation'. Each domain has a digital lead from a different provider, enabling partnership working between organisations and service providers with an onus on responsibility and accountability.

"We went into this on the premise that there was already great work going on. We needed to understand it, capture it, and align it. Strategy development is as much a process of alignment, identification, and coalescing people as it is of thinking up new ideas."

Jacqueline Myers, North East and North Cumbria ICS

ICS DIGITAL PRIORITIES

“Digital integration is a fundamental and essential component of Bedfordshire, Luton, and Milton Keynes. It is the golden thread that runs through everything we do: from service delivery to strategic ambition.”

Helen Haumann, Bedfordshire, Luton and Milton Keynes ICB

In our analysis, we uncovered many ICSs increasing adoption of digital technologies to benefit patients and services. There is an opportunity for more systems to learn from this. In almost all ICS plans that we reviewed (98%), systems set out plans for technology within health and care services. However, there is significant variation in the way that digital is being adopted, used, and measured.



98% of ICSs include digital health and care technologies within their wider strategies.



88% of ICSs reference digital health and care technologies being used as part of service delivery.

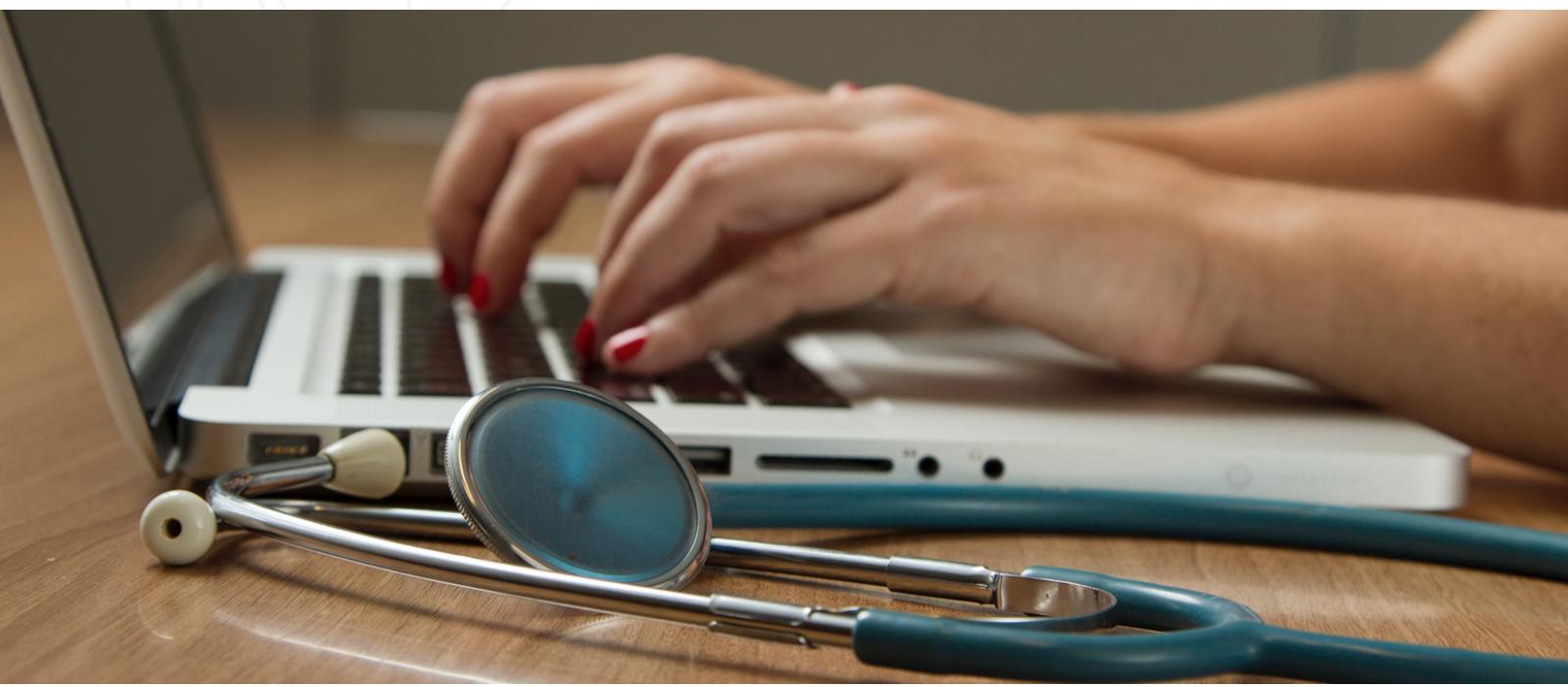


66% of ICSs plan to use digital solutions and technology to deliver more personalised and preventative care.



57% of ICSs are committed to using remote monitoring within their integrated care strategies.

The following pages set out the key themes that emerged from our interviews. They set out some of the ways ICSs are adopting digital technology to meet the needs of their populations.



INTEGRATING SERVICES THROUGH SHARED GOALS

Bringing partner organisations together to improve population health is the core principle behind the formation of ICSs. As we describe on page four, collaboration is key to strategic planning, but it is also key to delivery.

“Our approach to service design, is to avoid rigid categorisation of healthcare into acute care, primary care, and community care. Instead, we focus on holistic and integrated care pathways. This approach means looking at the individual’s entire experience and identifying points along the pathway where digital technology can make a difference. The key is to connect all the dots and coordinate efforts across the healthcare system. Leads from different providers work closely together, delivering joint models that improve the overall care experience. This approach has been invaluable in our work.”

Helen Haumann, Bedfordshire, Luton and Milton Keynes ICS

In **Nottingham and Nottinghamshire ICS**, integration is supported by a digital charter. It has been agreed across all health and care organisations and articulates how best to procure digital solutions and develop digital relationships. Digital leads within the ICB write funding bids collaboratively across health and social care. They have a Citizens Digital Forum, which brings together members of the public with recent experience of health and care on a monthly basis, to discuss digital adoption and utilisation. This approach ensures the voice of people drawing on these services is heard and impactful. From planning to implementation, decisions are made through system-wide partnerships, leading to successful digital delivery.

To help ensure ambitions are met, **Sussex Health and Care ICB’s** Joint Forward Plan sets out clear and measurable targets for increasing adoption of digital technology year-on-year. For example, by March 2024, the system has committed to an expanded digital service that includes remote monitoring, care planning and referral systems. To ensure buy-in and commitment for each priority, targets were set out and agreed by the leading provider. In some cases, including areas that are nationally mandated, the ICB made suggestions, but in others the provider retained full autonomy. This ensures that all organisations and service providers have shared goals to work towards as an integrated system, but also have the freedom to meet outcomes using their specialised understanding of their function within the system.

“These targets are fundamentally the right thing to do. They are inarguable if we are to meet the needs of our population and we need to ensure we are accountable for them. We’ll know if we’ve succeeded if, in five years’ time, our strategy is supporting good data-led local commissioning that meets the needs of our populations and improves outcomes. The targets we’ve set out in our Joint Forward Plan are fundamental to this.”

Lisa Emery, Sussex Health and Care ICS

INCREASING CAPACITY THROUGH DIGITAL

A shared challenge for health and social care services in the UK is the struggle to meet demand. We are facing significant pressures across health and care systems. Projections from the Health Foundation suggest that by Summer 2024, the elective waiting list will reach eight million.

Remote monitoring and virtual wards allow service providers to safely look after people outside of the traditional hospital setting. Supported by a national mandate, these types of digital technologies have a range of benefits including convenience for patients and releasing hospital bed capacity.

Nottingham and Nottinghamshire ICS provided an example of how remote monitoring had improved flexibility of care for residents through a new joint-approach between a care home and primary care. In 2020, the team launched an initiative to embed vital sign monitoring devices in care homes that were monitored in a partnering GP practice via a portal. The technology included medical cameras, stethoscopes, thermometers, blood pressure monitors, and pulse oximeter monitors, to enable video consultation and remote clinical examination. This approach allowed the safe and proactive care for people outside of a traditional healthcare setting.

Health and care service providers operating within a single system often face the same challenges. An ICS provides the structure for these providers to work together, utilising resource and capacity in the optimal way to meet community needs.



PERSONALISED CARE THROUGH DATA

“Digital integration supports personalised care. It gives us a comprehensive and accurate view of our population and anticipated demands. It allows us to efficiently allocate resources and meet diverse individual needs. We also recognise that people have different preferences. Providing personalised choices, including digital access, ensures inclusivity. It helps improve service efficiency and outcomes too.”

Helen Haumann, Bedfordshire, Luton and Milton Keynes ICS

Digital solutions can often be easily adapted to meet individual needs. For example, providing information in a variety of languages, or allowing people access at a time, place, and format that suits their situation. Our analysis shows almost all systems recognise the need to provide more personalised services. There is an opportunity for more systems to utilise digital technologies to realise this ambition.

In **Bedfordshire, Luton and Milton Keynes ICS**, integration of services is underpinned by an understanding of local needs. Patient-level data provides an accurate view of current and anticipated demands. It allows the system to efficiently allocate resources and supports service providers to work together to meet diverse needs. This includes offering both digital and non-digital access options, ensuring inclusivity and helping the system to deliver the service that individuals want.

Several systems that we spoke to identified Shared Care Records (SCRs) as a key part of their forward plans, enabling joined up and person-centred care.

In **Bedfordshire, Luton and Milton Keynes ICS**, SCRs provide health and care professionals with holistic information about an individual's conditions and previous interactions with health and care services. This makes it easier to provide better coordinated and person-centred care. Bedfordshire, Luton and Milton Keynes covers a diverse range of urban and rural areas, encompassing a range of communities and demographics with varying levels of deprivation, which require customised service planning. With all providers able to use these shared records, they understand what each individual needs and wants, without having to ask multiple times. This improves personal experience and service efficiency.

Similarly, in **North East and North Cumbria ICS** the Great North Care Record is a successful example of integration and alignment leading to more personalised services. Representing collaboration between all NHS organisations, Local Authorities and Universities across the North East and North Cumbria, it provides an integrated care record for the 3.6 million people living in the region. This allows service providers to build a complete picture of an individual and their needs.

Nottingham and Nottinghamshire ICS's SCR enables 50,000 patient records to be accessed every month. Digitalising information processing released 250,000 hours back to care last year, which is estimated to have generated a return of around £4-5 million. This saved time means that health and care professionals can better utilise their time by having meaningful and person-centred interactions with the people they are supporting, instead of having to spend significant amounts of time repeating previously answered questions.

“Our shared care record ambition is all about patient-centred care and means someone does not have to tell their health story multiple times to several clinical teams. It is about sharing that patient-centred information so everyone in the system can see it. The SCR spans all our health and care organisations and provides a summary of the care that has been delivered in each organisation.”

Andrew Fearn, Nottingham and Nottinghamshire ICS

An integrated approach to data enables systems to provide increasingly tailored and person-centred services. These not only improve the experience of the individual drawing on the service and the professionals delivering it, but when scaled up bring system-wide benefits.



SCALING PROVEN TECHNOLOGIES

ICs have direct lines of communications to providers, enabling them to scale what is working well. Successful interventions can be expanded so that they can benefit as many people as possible. Scaling undoubtedly still remains a massive challenge for digital leaders, but certain approaches are beginning to bear fruit.

Bedfordshire, Luton and Milton Keynes ICS works closely with service providers and places to understand what is working well for them, and then support scaling into other areas when appropriate. For example, within Luton Place a system for monitoring people within their home was trialled in 2019. This trial was successful, helping ensure vulnerable people's health is closely monitored and interventions scaled up when needed. This initiative was a success and the ICB is scaling remote monitoring across the system.

"It is important that people don't feel like they are being cajoled into changing what they are doing locally, or their work is being emasculated because the decision-making has moved to some remote, regional body. We are working in a community of practice so everyone's voice counts."

Jacqueline Myers, North East and North Cumbria ICS

North East and North Cumbria ICS explained that successful scaling requires strong relationships, trust, leadership, and commitment across organisations. Decisions to invest as a system need to be made upfront and through cross-sector partnerships so all partners feel comfortable and engaged in a regional health, housing, and care programme. This creates an environment where everyone's voice counts equally, bringing a balance of power and ownership across all organisational stakeholders. On the ground, this enables previously separated teams to work together through changes, sharing the challenges and wins they experience and hopefully enabling a "domino effect of adoption".



LEARNINGS AND RECOMMENDATIONS



During our conversations with ICS digital leaders, several themes for digital planning emerged. The individuals that we spoke to put these forward as key to their approach for creating a comprehensive digital strategy and improving adoption across systems.

Partnership working involving all service providers, stakeholders, and different specialties, such as clinical and digital, from the beginning is fundamental. This includes digital leads from healthcare, local authorities, community service providers, housing organisations, and people with lived-experience of using these services. This approach ensures diverse perspectives are considered throughout.

While relationship building may take time, it is vitally important. This ensures colleagues have an equal voice in the process, rather than having plans imposed on them. If all parties involved have bought into a digital programme, then its implementation will be more openly accepted and challenged less. This creates a more realistic environment for outcomes realisation.

When identifying what solutions are available, leaders should look at existing partnerships between digital health and care service providers. The DHC and TSA are forums for this information. We welcome system leaders using our organisations as a resource, sounding board and source of information about digital adoption across health and care systems. While scaling may often be a challenge, relationships between systems and service providers remain crucial and provide some successful examples of how digital solutions can be implemented.

Digital should be embedded within wider ICS strategic and operational planning. It should not be seen as a 'pet project' or box-ticking exercise. The benefits of digital technologies support the whole health and care system and help tackle all-encompassing challenges, which improves service delivery for everyone involved.

Digital must be acknowledged at the executive level as a fundamental enabler of broader strategies. The individuals that we spoke to told us that digital should be integrated into the vocabulary and thinking of everyone on the executive board. It should play a pivotal role in discussions and decisions related to strategy and improvement, making it an integral part of healthcare delivery and continuous enhancement.

To further increase the adoption of digital technologies across health and care systems, there are barriers to adoption that must be addressed:



Sustainable funding – developing new funding and reimbursement models which support sustainable innovation



Workforce – ensuring staff have the headspace and expertise to fully utilise a new digital technology.



Capacity for change in the system – the system is so busy, and service providers may not have the capacity and appetite to do new things.



System availability – technological availability and whether the core infrastructure is set up to support technology solutions.



Patient confidence – so that those benefitting from technology understand it and understand why it might be the right solution for them.

The information in this report highlights the varied way in which systems are planning to increase adoption of digital technology over the coming years. We must build on these plans and the progress made so far. Proven digital technologies must be supported to scale so that more people can benefit. We must continue to find new ways to build lines of communication between digital health and care companies and ICSSs, so that our shared ambitions can be achieved.

APPENDIX

DIGITAL HEALTHCARE COUNCIL

Shaping the future with patients

The Digital Healthcare Council represents providers from across the UK health and care ecosystem. The DHC is a forum for evidence and best practice in digital health and care.

Delivering care directly to patients or in partnership with others, our members have facilitated over 27 million healthcare interactions, 11 million remote tests and dispensed 2 million online prescriptions. They have clinical networks of over 6000 staff.

DHC members are entrepreneurial, agile, and innovative. They are enthusiastic about resolving the challenges facing the NHS and they are confident they are a key part of the solution.



The voice of technology enabled care

TSA is the industry and advisory body for technology enabled care (TEC) in the UK, who work and lobby for the increased uptake of digital solutions and TEC into health and social care.

TSA's mission is to drive the transformation and growth of the TEC industry, so that people can choose technology enabled care to enrich and enhance their everyday lives.

This work includes advisory services for TEC organisations, workforce development through training, quality assurance through the TSA Quality Standards Framework, and membership services.

TSA's stakeholders include telecare and telehealth providers, suppliers, housing associations, care providers, health and social care commissioners, government bodies, procurement frameworks, emergency services, academia, and charities.