North East
North Cumbria
Health & Care
Partnership

NHS
North East and
North Cumbria

North East and North Cumbria Health & Care Partnership

Community Health Services Digital Strategic Plan

2023 – 2026

North East North Cumbria Health & Care Partnership

Foreword

The NHS Long Term Plan sets out how the NHS should invest to deliver the best results for patients and citizens, has a clear NHS aspiration to make digitally enabled care mainstream and a clear vision for a digital-first approach.

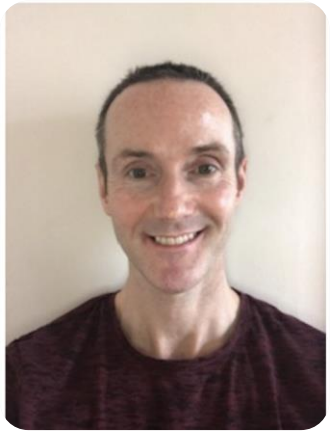
Community Health Services play a key role in our health and care system, keeping people well at home, preventing ill-health and supporting families in times of crisis and recovery. However, our community services face many challenges, with growing numbers of patients, increasing levels of need and complexity and our staff working at capacity. Therefore, we believe that it is only through embedding and embracing the use of intelligent data and technology within our people, teams and communities will we meet these growing challenges.

The research indicates that digital tools can help manage long-term conditions, support independent living, and improve overall care quality. Our Community Health Services digital strategic plan aims to improve the health and wellbeing of our populations and reduce healthcare inequity, enable our community staff to experience providing high quality care as they work seamlessly in neighbourhoods with digital enablement. The data and digital transformation outlined in this strategic plan, will allow staff to offer digitally enabled preventative support, urgent and same day care as well as coordinated, personalised and planned care.

Nevertheless, there is a recognition that better funding, co-development of services, and a shift in culture towards embracing digital capabilities are necessary to fully realize the potential of digital technologies in community care as referenced in recent national policies.

At the time of completing this strategic plan in late 2024, as you read on, you will see that our focus is aligned with the three key areas recently outlined in the Independent Investigation of the National Health Service in England (Lord Darzi report) from September 2024 and 'change.NHS - Helping build a health service fit for the future':

- **Hospital to community**
- **Analogue to digital**
- **Sickness to prevention**



Dr. Daniel Cowie
NHS North East and North Cumbria
Living and Ageing Well Clinical Lead

North East North Cumbria Health & Care Partnership

Our Vision

For our visualisation of how digital and data can enable continuously improving care and support, especially focused on people with multiple long-term conditions and frailty, see slide 12

The North East and North Cumbria Community Health Services Digital strategic plan aims to:

Enable the delivery of high quality, easily accessible and value-based digitally enabled community health and care services to citizens of the North East and North Cumbria through embracing and embedding digital solutions.

Achieving the vision will require working in partnership with leadership from across the Integrated Care System (ICS).

Integrated Care Systems (**ICSs**), have been introduced to join-up care and create improved services based on local need, which leads to better outcomes for people. NHS North East and North Cumbria Integrated Care Board (**ICB**), is a statutory NHS organisation with responsibility for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services.

North East and North Cumbria Integrated Care Partnership (**ICP**) is a partnership of organisations including NHS, local authorities, community services and voluntary sectors, coming together to plan and provide joined up health and care services, joining up expertise and resources, to work collectively in providing the best health and care.

Throughout this document, terms like 'we' and 'our' refer to our collective organisations, that make up the Integrated Care System and Integrated Care Partnership

Our strategic direction is influenced by national, regional and ICS-wide drivers and context as outlined in the following slides.

This is an underpinning strategic plan to the Digital, Data and Technology (DDaT) strategy for North East and North Cumbria, which was refreshed in 2024 and covers the same time period of the years 2023-2026.

Our key areas of delivery are grouped into five core 'themes' of the DDaT strategy. These interlink to deliver our vision:

- **The essentials** – Getting the basics right
- **Improving** – Continuing to advance and innovate
- **Connecting** – Linking the region and beyond
- **Empowering** – Bringing personalised care closer to home
- **Insight** – Using data in context to deliver action

Our strategic plan includes reflections on accomplishments during this time up to the present, which also help to inform our future direction.

As with the overarching DDaT strategy, whilst this strategic plan outlines our broad direction of travel and key priorities, we acknowledge that the health and care landscape and technologies are continually changing and advancing. As such, we will reflect and iterate the strategic plan and associated delivery plans as time progresses.

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National Context

The **NHS Long Term Plan** states**:**

Digital is *"a key enabler for delivery – integration, access and communication."* Expanded community teams will *"offer targeted preventative support, complex coordinated care and recovery as well as same day, urgent care."*

In June 2022, A Plan for digital health and social care, consolidated the different national digital strategies which is complemented by ***digitise, connect* and *transform*** in the **NHS Digital delivery plan and** underpinned by the What Good Looks Like delivery Framework.

Digitise

Support local health and care systems to raise their digital maturity, and ensure they have a core level of infrastructure, digitisation and skills.

Connect

Support services to connect, enabling health and care providers to share information with one another safely for both direct care and for population health.

Transform

Through the platform of a digitised, connected health and care system we will enable services to be delivered more effectively and productively, with citizens at the centre.

The national NHS England's **Community Health Services Digital** programme has a clear purpose, mission and 3-year priorities:

Purpose	To ensure community health services provide a comprehensive digitally enabled service that aspires to the highest standards of excellence and professionalism, available to all based on clinical need, and delivering the best value
Mission	Value lived and learnt experience with a focus on user-centred design and digital inclusion. Drive forward digital transformation. Address digital debt through targeted investment. Develop capacity and capability in teams.
Priorities	Over the next 3 years, the national programme has focused priorities sitting under the What Good Looks Like delivery Framework.

Community Health Services **Digital** was supported by the 2023/24 operational planning guidance, which included:

- Meet or exceed the 70% 2-hour urgent community response standard.
- Develop of a 'digital first' option for the public - development / integration with the NHS App.
- Supporting flexible working via e-rostering, e-job planning, Staff Passport).
- Use maturity assessments to measure progress and areas of support towards achieving the core capabilities in What Good Looks Like.

In addition, the Community Health Services Data Plan 2024-27 states:

'Our long-term vision is a single source of the truth about community health services from which the NHS can easily draw the timely, actionable insights we need'. Partnership working can unlock the full potential of CHS data to improve care.

Solutions include: modernise CHS data architecture, define core data requirements and standardise definitions for CHS, targeted data quality improvement and support for provider data capabilities.

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Regional Context

North East and North Cumbria (NENC) Health & Care Partnership

Our Community Health Services Digital strategic plan sets out our 3-year digital ambition to deliver on the national priorities. It underpins the NENC Digital Data and Technology Strategy and is aligned to the five themes (The Essentials; Improving; Connecting; Empowering; Insights), with an aim to further emphasise those specific improvements or innovations that are most directly relevant to digitally transforming our community services across the ICS. Our strategic plan aims to support the digital ambitions set out within the NENC ICP *Better health and wellbeing for all* strategy and our Five Year Joint Forward Plan.

*The **NENC Integrated Care Strategy** outlines how 'We will accelerate the use of technology to support people to live as independently as possible, for example older people living with frailty and/or a cognitive impairment. We will also invest in technology that supports people to make healthy choices and prevent ill health or slow the progression of their long-term conditions.'*

This strategic plan aims to improve the health and wellbeing of our populations and reduce healthcare inequity, and to enable our community staff to experience providing high quality care as they work seamlessly in their emerging, integrated neighbourhood teams through digital support. Data and digital transformation will allow staff to offer digitally enabled preventative support, urgent and same day care as well as coordinated, personalised and planned care for people with increasingly complex needs as set out in the Fuller stocktake report.

NENC is the largest ICS in England, serving a population of around 3.2 million people and covering a wide physical geography

To do this we must make sure that local places have the resources for digital transformation [Who Pays for What, Unified Tech Fund]; so that their local people can access their own high-quality data and be offered technology-aided support when needed [What Good Looks Like]. At the same time, we must build trust, privacy and safety as well as the ability for research and innovation, allowing us to plan and design services of the future [Data Saves Lives: Reshaping Health and Social Care with Data].

We are not starting from scratch and there are many good foundations to build upon. Our approaches will be flexible depending on where places are in their digital maturity and depending on the needs of populations and local configuration of services. Each place-based system will therefore take forward the strategic plan in the way that is best locally. It is also important that we look to undertake shared digital and technology schemes where it makes sense and the benefits extend across the whole of NENC.

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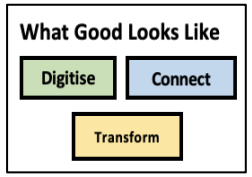
Plan on a Page

Community Health Services Digital Overview



The Essentials *Getting the Basics Right*	Work towards a core level of digitisation in line with Frontline Digitisation	Support investment plans for digital community delivery against What Good Looks Like
Improving *Continuing to Advance & Innovate*	Optimise e-job planning and e–rostering	Ensure Community health providers access the Shared Care Record
Connecting *Linking the Region & Beyond*	Establish and grow a Community Health Services Digital Community of Practice	Link NENC providers and workstreams with regional and national groups and events Explore the delivery of the NHS e-Referral Service between Primary, Community and VCSE sectors
Empowering *Bringing Personalised Care Closer to Home*	Improve Community Data and Digital Transformation across Enhanced Health in Care Homes, Proactive Care, Urgent Community Response, Virtual Wards and Intermediate Care	
Insights *Using the Data in Context to Deliver Action*	Deliver improvements in quality and availability against national data requirements and clinical standards e.g. Urgent Community Response pathway	

Making the best use of our resources and protecting the environment

A skilled, compassionate and sufficient workforce

Involving people to co-produce the best solutions

Innovating with improved technology, data, equipment, and research

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The Essentials

Getting the Basics Right

By getting the basics right and working together using shared approaches, we can safely move forward on our digital journey.

Back Start Next

Work towards a core level of digitisation in line with Frontline Digitisation

The Frontline Digitisation programme is levelling up systems and providers to a baseline level of core digital capability, as set out in What Good Looks Like delivery framework. This enables frontline clinical staff to make best use of digital technology to deliver care efficiently, effectively and safely, reducing variations, and improving quality and outcomes.

We will: continue to update our baselining records and to promote funding opportunities as they become available for community providers, whether in healthcare, CICs or other community settings with a healthcare contract. We will also link in with teams rolling out digital care records to build upon the increased levels of digitisation which will lead to greater opportunities for sharing and optimising across the system.

We will also encourage the completion of Digital Maturity Assessments by community providers and work with NHS England in analysing the results. Results will be linked to funding opportunities and help shape investment plans.

We have: completed baselining exercises to establish which Electronic Patient Record (EPR) systems are being used by community health service providers and which organisations have no EPR.

Support investment plans for digital community delivery against What Good Looks Like

The investment plan is moving ahead in NENC ICS from 2023.

We will: work with the Integrated Care Board and NHS England to identify community health services digital opportunities for funding and to support these where possible.

Our community health services digital community of practice (CoP) will explore funding opportunities and look to make the best use of funds and resources across the ICS.

We will create opportunities within the CoP for member organisations to prepare projects for investment.

We have: shared funding opportunities with CoP members as they have become known and will continue to do so, providing guidance and support.

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Improving

Continuing to Advance & Innovate

Our Health and Care Partnership needs digitally mature organisations and a digitally capable workforce.

Back Start Next

Optimise e-job planning and e–rostering

We know that intelligent automation plays a unique role in addressing healthcare's most pressing challenges. Automating routine processes also improves productivity and reduces delays and duplication.

Effective use of e-job planning and e-rostering software will optimise the capacity of the current workforce.

Through baselining activities, **we have** identified systems being used within the ICS.

We will:

- Work with providers through the CHS Digital Community of Practice to understand what is working well and where the gaps are. Learning and best practice will be shared in the group, with showcases of the best examples.

Ensure Community health providers access the Shared Care Record

The Regional Health Information Exchange (HIE) / Great North Care Record (GNCR) provides health and social care professionals across NENC secure access to view an individual's extended health and social care information.

Connecting increased numbers of community health service providers to this platform will result in better and faster clinical decisions, based on richer and more timely information and it will enhance the patient experience. The quality of clinical care will be improved by access to healthcare records and images at the point of care and improved communication and understanding between staff.

We will:

- Continue to collaborate with the GNCR team to support onboarding of community providers to the shared care record platform
- Work with colleagues throughout the ICS to support digitisation and sharing of Advanced Care Planning

We have worked with the GNCR team to identify additional community healthcare providers who could be onboarded. As of 31st March 2024, 16 such providers were viewing records and 13 were sharing.

Great North Care Record

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Connecting

Linking the Region & Beyond

Through continuing to connect the region's health and care digital systems and through secure sharing of information, we are improving the quality and safety of care.

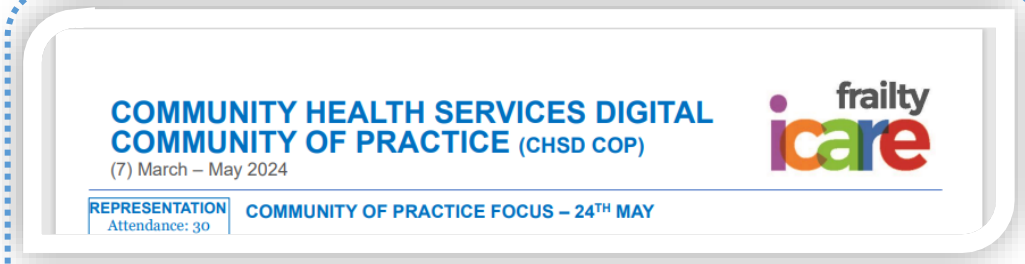
Back Start Next

Establish a Community Health Services Digital Community of Practice

Great things can be accomplished when we share learning, collaborate and empower each other.

We have established the Community of Practice in May 2023, with the following agreed objectives:

- Enable and empower those working on digital support of community services - linking relevant work taking place in the Living and Ageing Well, Digital and Community work streams
- Offer meaningful insights into upcoming opportunities, developments and interfaces with other workstreams such as Virtual Wards, tech-enabled care, deterioration apps, digitisation of social care and more
- Support implementation work in line with the NENC Community Health Services Digital strategic plan
- Share knowledge and best practice including case studies
- Share funding opportunities and coordinate possible combined purchasing opportunities
- Provide networking opportunities for those working on similar agendas across the ICS and linking in with the wider North East & Yorkshire workstreams



A newsletter is shared with membership after each bi-monthly meeting that we hold. These can also be accessed through the ICB and frailtyicare.org websites.

Featured presentations and topics have included:

- Shared Care Records
- Digital apps – Woundcare / Breathlessness and CBT
- CHS digital survey, results and common themes
- SystmOne communications annexe and Visualisations
- Virtual Wards digital platforms
- Electronic rostering and job planning

We will continue to build a community of practice with a wide cross-section of stakeholders, with members including:

- NHS acute trusts – community and digital teams
- Local authorities – technology group representation
- Voluntary, Community and Social Enterprise sector (VCSE) with healthcare contracts
- Primary Care
- Commissioning and other supporting organisations
- National / regional NHS England CHS digital representation

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Connecting

Linking the Region & Beyond

Back Start Next

Link North East and North Cumbria community healthcare providers and workstreams with regional and national groups and events

NHS England has the strategic ambition to ensure that the digital maturity of all CHS providers is raised to allow the implementation of digital tools in order to work more effectively and efficiently.
We join the dots between our local providers and the national and regional teams, ensuring regular communication as well as interpretation of and support in achieving objectives.

We will:

- Work with providers to encourage implementation of national programmes
- Attend the Regional forum and cascade information to our CoP members
- Encourage attendance at Technology Enabled Care (TEC) conferences to support innovation
- Provide information to the Regional Lead on TEC innovation

We have:

- Linked local providers with the regional CHS digital and data quality forums
- Promoted events at each of our CoP meetings and in newsletters, including Tech enabled care conference, innovation groups, VWs tech enablement
- Kept members in touch with relevant national team surveys, information and funding opportunities, supporting as appropriate

Explore the delivery of the NHS e-Referral Service between Primary, Community and VCSE sectors

Patient referrals, bookings and appointments are a fundamental part of a fully functioning health and care system. The national programme's aim is to digitise pathways through digital platforms and processes to create an any-to-any referral and booking environment; facilitating advice and guidance; ensuring referral to most appropriate clinical or social care professional; and to refer, book and manage appointments efficiently and effectively.

We will: Explore this 'Connecting' objective through the lens of Community Health Service providers.
Engagement with community providers in the Voluntary, Community and Social Enterprise (VCSE) sector who hold Healthcare-funded contracts will reveal opportunities for enhancing the electronic referral process for patients.

We will also signpost in-scope providers to available support in order to implement or improve e-referrals.

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Empowering

Bringing Personalised Care Closer to Home

By using digital technologies where appropriate, we will empower people to be partners in their own health and care.

Back Start Next

Improve Community Data and Digital Transformation across:
Enhanced Health in Care Homes, Proactive Care, Urgent Community Response, Virtual Wards and Intermediate Care

Enhanced Health in Care Homes
The NHS Long Term Plan contains a commitment as part of the Living and Ageing Well Programme to roll out the Enhanced Health in Care Homes (EHCH) Framework across England.
We will: Support the EHCH workstream as the Care Homes digitisation work continues to advance, including linking with adult social care record rollout schemes.
We will also signpost and link workstreams to the working groups and stakeholders who are implementing digital solutions in adult social care.

Proactive Care
This NHS Long Term Plan commitment aims to provide proactive and personalised health and care for individuals living with multiple long-term conditions, delivered through multidisciplinary teams in local communities.
We will: Support the piloting and implementation of the digital regional 'proactive case finding tool' through PCNs. We will also continue to work with the GNCR team on digitisation of Advanced Care Plans (ACPs). We will support any digitisation of a Proactive Care Approach to support Multi-Disciplinary Teams neighbourhood working.
We have carried out process mapping in conjunction with the GNCR team to establish 'as is' and 'to be' positions and have run working groups to support stakeholders involved in building on this opportunity.

Urgent Responsive Care & Virtual Wards
Urgent Community Response and Virtual services provide urgent care to people in their homes which helps to safely avoid hospital admissions, as well support hospital discharge and enable people to live independently for longer.
We have supported providers to improve their data quality and consistently exceed the 70% 2-hour urgent community response (UCR) standard.
We worked with NHS England and providers with onboarding to the Community Services Data Set (CSDS), doubling the number of submitters from 11 to 22.
We will: Support this workstream by assisting provider organisations to onboard to community Faster Data Flows (FDF) and continue to improve their data quality / completeness.
We will also signpost to technology advances and innovations, such as in the area of falls, to help providers to digitise and enhance their UCR / Virtual Ward services.

Via our **Community of Practice** and our **Transformation Programme** we will continue to link with programmes including**:**

- Primary Care
- Community Transformation – Elective Recovery
- Urgent and Emergency Care
- Social Care Digitisation
- Prevention & @home planned care
- Hospital Discharge and Recovery

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Empowering

Bringing Personalised Care Closer to Home

Our visualisation of how digital and data can enable continuously improving care and support, especially focused on people with multiple long-term conditions and frailty:

Data and technology enabled Living and Ageing Well

UNIVERSAL PERSONALISED CARE
choice, shared-decision, care and support planning

SHARED CARE RECORD
- digitised personal care and support planning

FINDING

Proactive Care Tool

1. Healthy Ageing & Wellbeing Advice
2. Targeted Support
3. Care Coordination

MEASURING what matters

Ageing Well Dashboards

NEIGHBOURHOODS TEAMS
- people, places and technology at work

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Insight

Using Data in Context to Deliver Action

Through the use of reliable, up-to-date information, data and research we can proactively respond to the needs of our population.

Back Start Next

Deliver improvements in quality and availability against national data requirements and clinical standards e.g. Urgent Community Response pathway

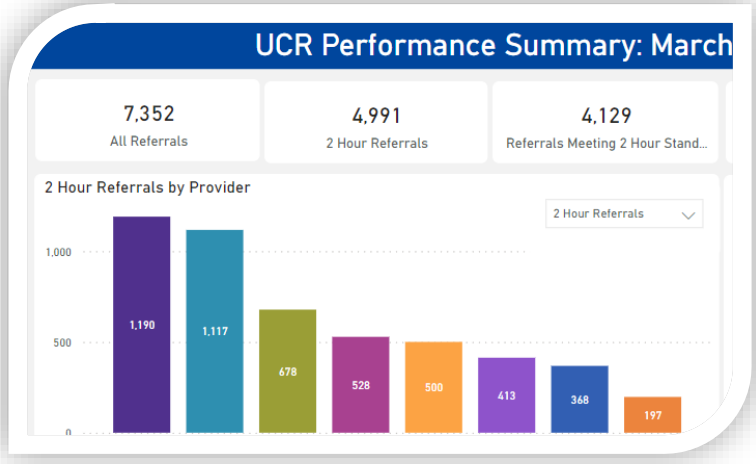
We have supported providers to improve their data quality and consistently exceed the 70% 2-hour urgent community response (UCR) standard.
We worked with NHS England and providers with onboarding to the Community Services Data Set (CSDS), doubling the number of submitters from 11 to 22.

We will: Support this workstream by assisting provider organisations to onboard to Faster Data Flows (FDF) and continue to work with them to improve their data quality and completeness.
We will also explore development of roles and responsibilities within the ICS to develop a strategic data plan for Community Health Services which will provide guidance on how community data can locally provide insight into and improvement of services in meeting patient needs.

Our work on developing a Living and Ageing Well Minimum Dataset and Proactive Care case finding tool aims to link with the Clinical Digital Resource Collaborative and Trusted Research Environment – supporting learning and research development opportunities.

Data Sets – read more about the patient level data collected from Community Services provider organisations in receipt of publicly funding: Community Services Data Set and Faster Data Flows

NHS England has the strategic ambition for a single source of the truth about community health services from which the NHS can easily draw the timely, actionable insights we need to deliver high quality, safe, personalised care and best outcomes for people.



We are working with NECS Population Health Management and Business Intelligence colleagues to produce digital tools to support health improvements and insights. This includes a Proactive Care case finding tool to identify cohorts of frail elderly patients who often have unmet need. Data dashboards have been developed including those for Living and Ageing Well, Care Homes, UCR, Virtual Wards and Proactive Care, along with frailty insight packs. We will continue to support the work to develop and enhance the tools and their use to improve outcomes for patients.

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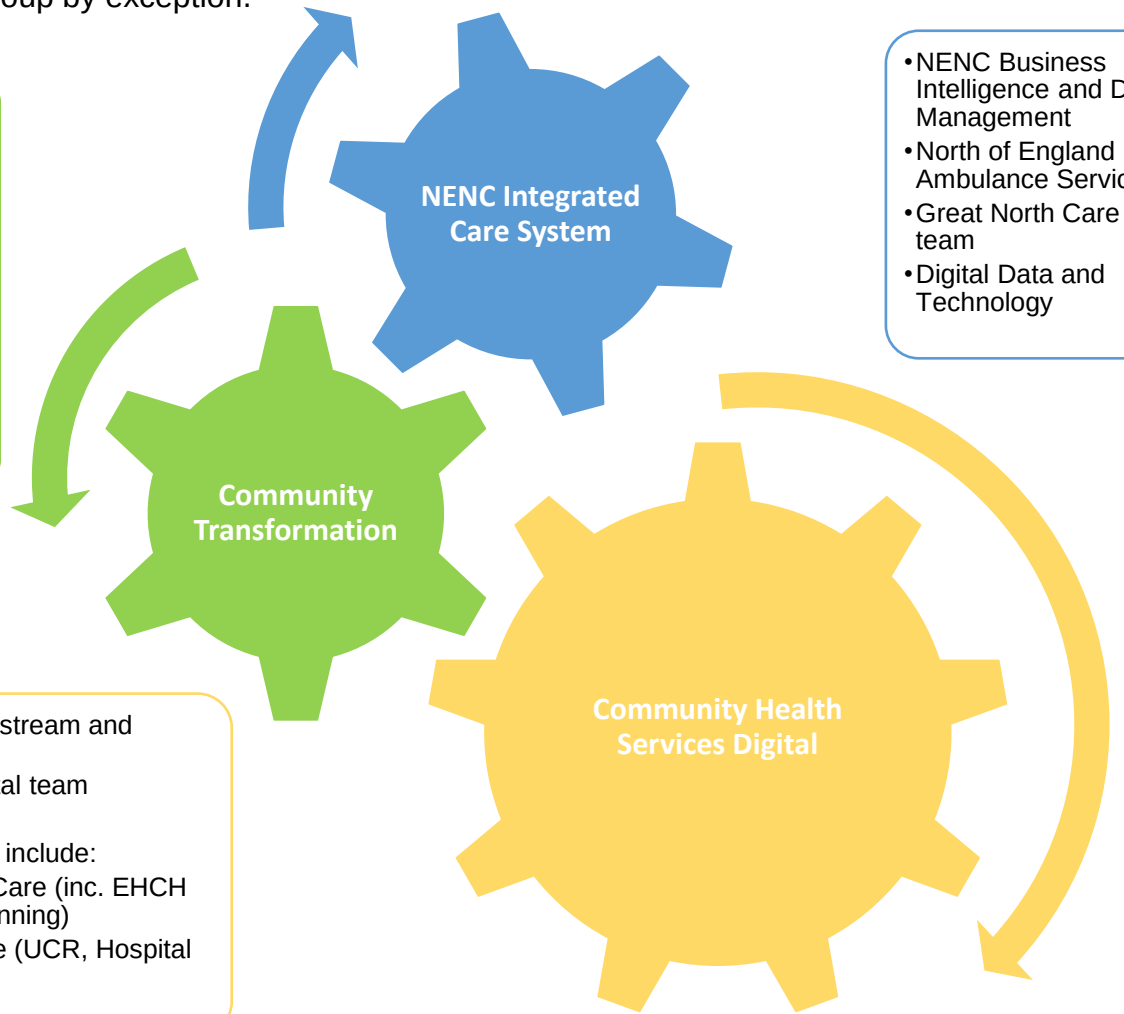
Where this work fits

Community Health Services Digital work is embedded as part of the Living and Ageing Well workstream as part of the wider Community, Primary Care and Urgent and Emergency Care Transformation workstream; This project provides updates to the NENC Digital Delivery Group, operating under the ICS Digital Partnership Council. This is done through monthly highlight reports and attendance and updates to the group by exception.



- Living and Ageing Well Core Group
- Living and Ageing Well Partnership
- Community Transformation team

Linked with digital elements of:

- Primary Care
- Urgent and Emergency Care

- NENC Business Intelligence and Data Management
- North of England Ambulance Service
- Great North Care Record team
- Digital Data and Technology

- NENC CHS Digital workstream and Community of Practice
- NHS England CHS Digital team

- Workstreams supported include:
- Preventative Proactive Care (inc. EHCH and Advanced Care Planning)
- Urgent Responsive Care (UCR, Hospital @ Home)

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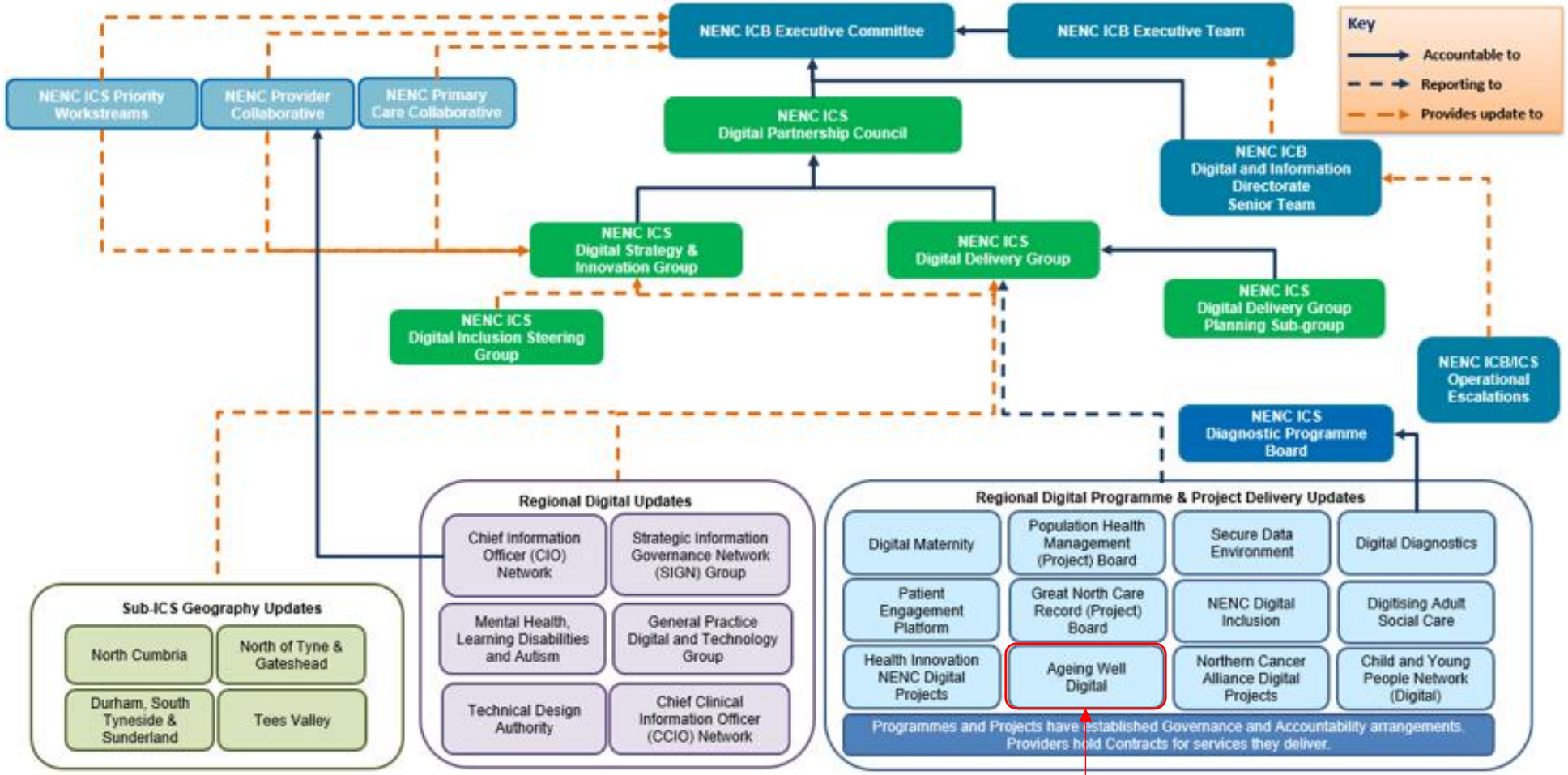
Governance and Accountability - Digital



Community Health Services Digital reports through monthly highlight reports to the Digital Delivery Group. Verbal updates are given to this monthly group by exception.

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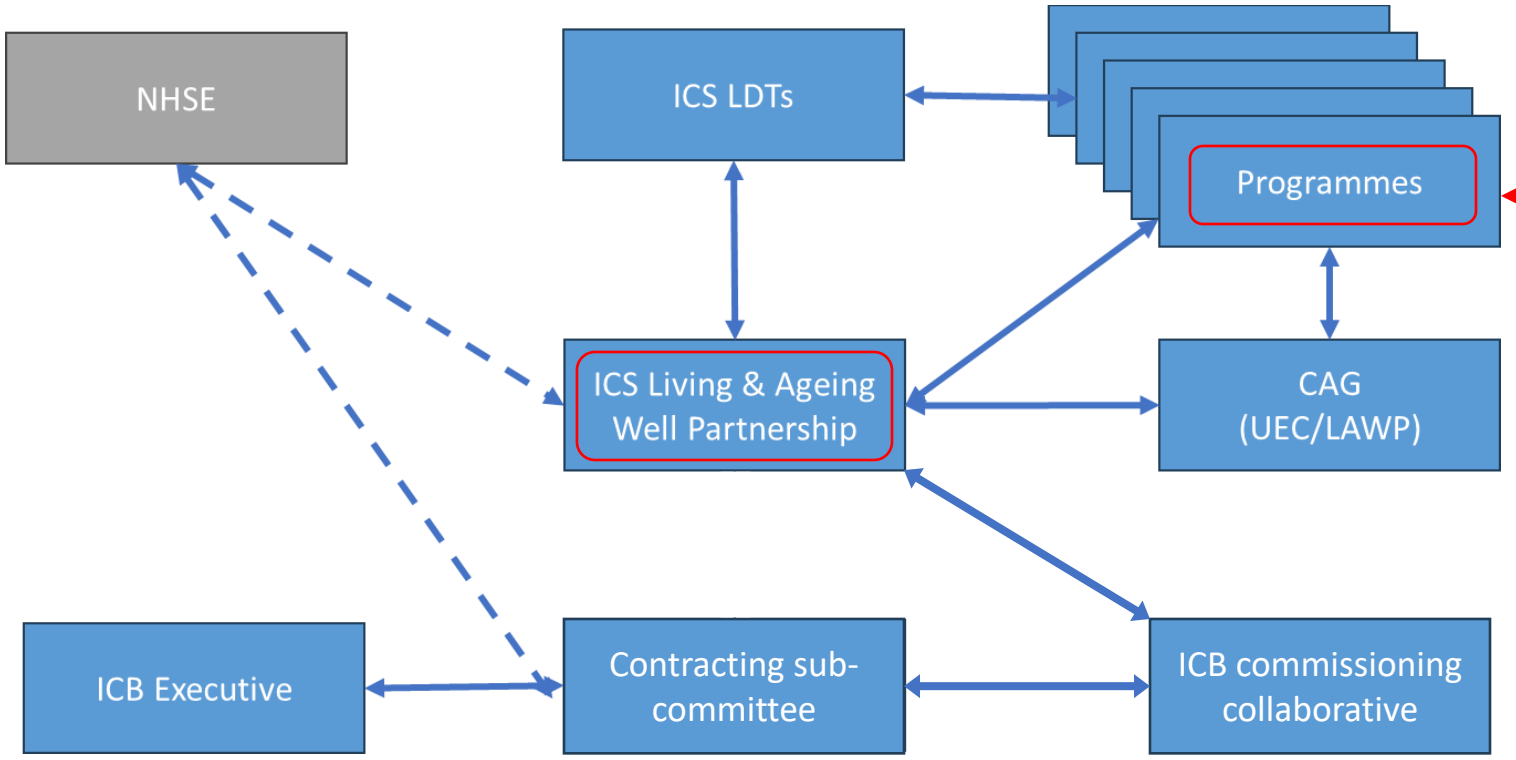
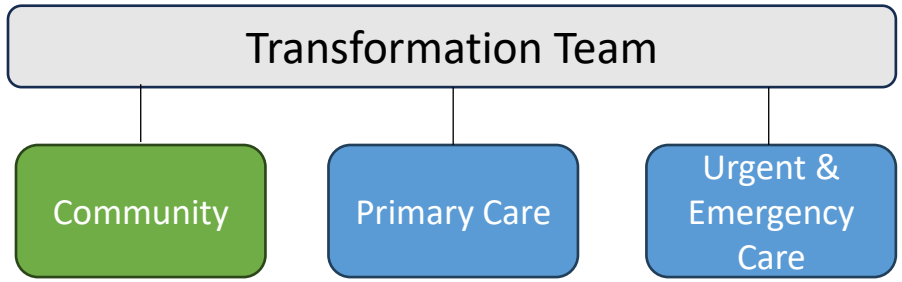
Governance and Accountability – Community / Transformation teams



Community Health Services Digital is one of the programmes reporting to the ICS Living & Ageing Well Partnership as of 2024-25.

As part of the ICB Transformation team's workstreams, Community Health Services Digital is closely aligned with Primary Care, Urgent and Emergency Care and Community working groups.



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Supporting Service Recovery

Back Start Next

As referenced in the DDaT strategy, we are improving patient discharges from hospitals

Optica is a secure Cloud application built in collaboration with NHS Trusts and Local Authorities, which tracks all admitted patients and the tasks relating to their discharge in real-time through their hospital journey.

The application helps care teams properly plan for timely patient discharges, reducing unnecessary delays leaving hospital and avoiding hospital beds being needlessly occupied.

It's fully integrated with hospital electronic patient records and combined with other local health and social care data system ensures that relevant information relating to patient discharges is available to clinical teams and leaders, **in one place**.

OPTICA
Patient discharge optimisation

Through the use of the digital web-based Capacity Tracker - built in partnership with NHS England, Local Authority representatives and care home providers, care homes are sharing their available capacity in real time and enabling users to search for care home availability across England.

Capacity Tracker
Insight for Care

The system helps in improving patient flow through identifying suitable vacancies across care homes, hospices and residential substance-misuse providers.

The solution is assisting individuals and Local Authorities to make the right choice, ensuring that they don't stay in hospital any longer than is necessary.

Collaboration with other programmes

We are working in collaboration with regional and national colleagues to digitally enable further transformation and optimisation which will assist with service recovery.

This includes interfacing with programmes such as recovery of access to primary care services (PCARP), to '*tackle the 8am rush*' through embedding the use of digital technologies and promoting digital tools.

Lessons learned in design thinking and pathway improvement through empowering citizens to use digital tools for self-service and communication can be applied to community health settings.

The Urgent and Emergency Care (UEC) digital opportunities initiative in late 2024 will provide further scope for supporting more 'out of hospital' care through the use of digital tools.

We are linking with the Community Diagnostics programme to understand opportunities for technology-enabled transfer of diagnostic and imaging capacity from hospitals to community settings, including Community Diagnostic Centres.

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What this means……

As outlined in the Digital, Data and Technology strategy, there are significant benefits from the out of hospital, digitised, proactive approach for patients and those working in our healthcare system.

…for our citizens

"My experience of health and care is improved as I don't have to keep repeating the same information. There are fewer appointments and delays to my care."

"I know my information is stored securely and only shared when and where it is needed."

"I feel more empowered and involved in my care."

"I have a choice to book online and video consultations when I need them."

"I can set my communication and sharing preferences."

"I can use assistive technology to manage my care."

"I can use my own device to manage my care.."

"I can book, cancel and manage my GP and hospital appointment online."

"I can manage my own conditions better because I have access to more information."

..for our organisations and staff

"Reduction in the duplication of work for staff."

"Digitally mature"

"Happier, more satisfied staff."

"More cost effective and efficient services."

"Improved patient experience and outcomes."

"Targeted interventions and care that meets people's health and care need."

"Less time wasted searching for information about patients."

"Through seeing more information sources to support decision making, I know I am making safe decisions.."

Shifting focus to preventative and proactive care in the community, with digital enablement can enhance benefits including:

- **Enhanced Patient Experience**
- **Improved Health Outcomes**
- **Reduced Barriers to Care**
- **Cost-Effectiveness**
- **Alleviating Hospital Burden**
- **Empowering Patients**
- **Interprofessional Collaboration**
- **Flexibility and Innovation**

For our places

"We can design services suited to our local population, based on insights from the data, and our experience of working in our community."

For our ICPs

(Integrated Care Partnerships)

"Working in a digitally connected health and care partnership, will enable staff to become more mobile and agile, and patients will receive more integrated and joined-up health and care services"

For our ICS

(Integrated Care System)

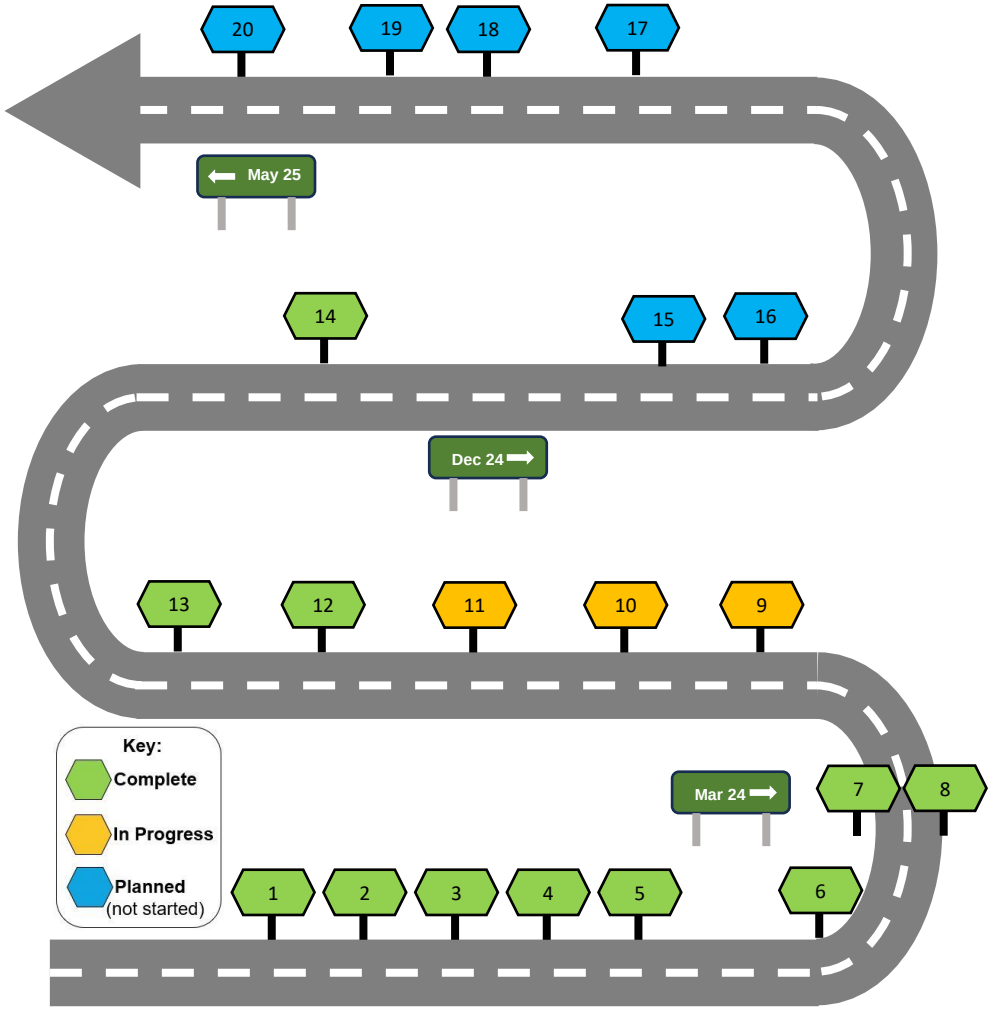
"Patients are not restricted to geographic boundaries for their health and care services, interoperable digitally enabled health and care services can be delivered where they are needed, allowing workforce and estate opportunities to be strategically managed and delivered, moving our system from "***isolation to integration***"

North East North Cumbria Health & Care Partnership

Our Roadmap

Some of our key Milestones...

Our community health services digital roadmap illustrates a number of key milestones reached and planned for in our journey.



No.	Date	Deliverable
1	Mar-22	Baseline updates for CHS providers' digital systems
2	Jun-22	Collaborate with GNCR to identify additional CHS providers to onboard to Shared Care Record
3	May-23	Establish CHS Community of Practice
4	May-23	Support development of 'proactive case finding tool'
5	Jun-23	Process mapping with GNCR to establish 'as is' and 'to be' positions for digitisation of Advanced Care Plans (ACPs)
6	Dec-23	Survey FT community services teams for successes, gaps and opportunities
7	Mar-24	Support providers to improve their data quality and consistently exceed the 70% 2-hour urgent community response (UCR) standard
8	Mar-24	Onboarding to Community Services Data Set (CSDS), doubling submitters from 11 to 22
9	Apr-24	Explore enhancing electronic referrals within community settings
10	Jun-24	Assist provider organisations to onboard to Faster Data Flows (FDF)
11	Jul-24	Support digitisation of Proactive Care toolkit for use within MDTs
12	Aug-24	Encourage completion of Digital Maturity Assessments
13	Sep-24	Encourage attending Technology Enabled Care (TEC) & AI conference to support innovation
14	Nov-24	Identify CHS digital opportunities for funding
15	Jan-25	Support next stages of digitisation and sharing of Advanced Care Planning through GNCR
16	Jan-25	Support development of data dashboards and frailty insight packs
17	Mar-25	Explore development of roles & responsibilities within ICS to develop strategic CHS data plan
18	Apr-25	Create opportunities within CoP for member organisations to prepare projects for investment
19	Apr-25	Support development of Living and Ageing Well minimum dataset
20	May-25	Refresh and update deliverables in line with updated guidance and ten-year plan

We will deliver annual work aligned to NENC ICB joint forward planning priorities and NHS England national and regional priorities.

North East North Cumbria Health & Care Partnership

Next Steps

Continue to enable the delivery of high quality, easily accessible and value-based digitally enabled community health and care services

Back Start Next

We will work with providers and potential suppliers to prepare for opportunities to implement the best digital solutions and technology in community health settings.

The Implementation Plan for delivery of this strategic plan is in production. This will be a 'living document' including regular reviews through 2024-26 to ensure alignment to evolving guidance, requirements and long-term plans as these develop.

The CHS Digital Community of Practice will continue to be enhanced and used to further the objectives of this strategic plan and unleash the potential that collaboration brings.

The roadmap for delivery has been developed and will help to inform the annually refreshed implementation plans. This provided the key milestones through to 2025 and will be refreshed early in the 2025-26 financial year, aligned to national, regional and ICS priorities and the upcoming Long-Term Plan. This will continue to build on the foundations for digitising Community Health Services.