

# The road to digital integrated care

*Perspectives from UKAuthority's Integrating Digital Health & Care 2022 conference*



## Integrating Digital Health & Care 2022

Event Partners

tisski

NUTANIX

SS&C | blueprism

# Contents

<b>1. Overcoming frustrations</b>	<b>3</b>
<b>2. Key requirements</b>	<b>3</b>
<b>3. Issues in integration</b>	<b>3</b>
Focus on place	3
Data governance	4
Build on the lessons from Covid	4
Sharing success	4
<b>4. Industry perspectives</b>	<b>5</b>
techUK	5
Blue Prism	5
Tisski	5
Nutanix	6
<b>5. Initiatives for change</b>	<b>6</b>
Targeted support	6
Place-based approach	6
Roll out of single health and care records	7
Underpinning data platform	7
Anywhere access	8
<b>6. Investment, risk and systemic change</b>	<b>8</b>
<b>7. DAY ONE - Wednesday, 11th May</b>	<b>9</b>
<b>8. DAY TWO - Thursday, 12th May</b>	<b>10</b>
<b>9. DAY THREE - Friday, 13th May</b>	<b>11</b>
<b>10. Event Partners</b>	<b>12</b>
<b>11. UKAuthority</b>	<b>13</b>

# 1. Overcoming frustrations

**T**he need for closer integration of the multitude elements of healthcare and social care has become part of conventional wisdom for the public sector.

There is also widespread recognition that robust digital integration plays a foundational part of this. But progress has been sporadic, many of the old frustrations of a fragmented landscape remain, and there are plenty of challenges in bringing the vision to reality.

This status quo formed the backdrop of UK Authority's Integrating Digital Health & Care 2022 conference, bringing contributions from the health service, local government and the technology industry to highlight ground breaking projects and outline thinking on how to build on the momentum towards integration.

## 2. Key requirements

**S**ome of the key issues were conveyed by Hannah Gill, senior adviser for the Care and Health Improvement Programme at the Local Government Association (LGA), which is working with the Association of Directors of Adult Social Services.

She made the case that local government is the key partner for the NHS in delivering place based services. This is due not just to its role in providing adult social care, but to the wealth of information it holds about local areas and communities, its responsibility for related services such as housing, community safety, schools and leisure, and to the fact its councillors are elected by local communities.

Gill identified a number of requirements for digital integration: a person centred approach; comprehensive understanding of the local community; equal partnerships and shared visions; investment across the system and place; shared information and data; governance and security; public understanding; skills and confidence; and building on what works already.

This comes with big challenges in the scale of the digital switchover, the need to build workforce capacity, significant investment and the cultural and systemic changes required. But there are also major opportunities to build on, notably the development of shared care records, the digitisation of social care and the ongoing creation of integrated care systems (ICSs).

## 3. Issues in integration

**R**ealising these opportunities will involve dealing with a series of significant issues.

Jerry Hall, customer services director of public sector IT association Socitm, made the point that local authorities are faced with ever increasing demand for social care and will need to manage this carefully - and to evidence the realisation of benefits.

### Focus on place

This is where councils can use their knowledge of place effectively, but it will have to be supported by relevant data, and a larger share of the investment that has so far been directed heavily towards the health service. In addition, people working in the relevant services will need time to cope with the degree of change.

This point about funding came up repeatedly through the event, with a recognition that

councils are struggling to meet their social care responsibilities with their current financial resources, and that it is a big ask for them to make new investments in digital without further support.

## Data governance

Data governance meanwhile provides a challenge, with a long running demand to find the right balance in sharing people's data between organisations to co-ordinate support while respecting privacy and consent.

This is made more complicated by the number of people self-funding their social care and using providers outside of local authority management. One of the conference discussions brought up ideas on advising councils to look closely at the data elements of any agreements and the terms and conditions needed, with the potential to include this in personal health records in the future. Another suggestion was that privacy is often used as an excuse for not taking things forward, and in response it should become an issue when organisations are not sharing data, demanding that they justify their positions.

A detailed description of the information governance (IG) landscape was provided by Dawn Monaghan, who leads on the issue for NHS England and Improvement. She said the background has been the lack of any common competency frameworks or job families for staff working on the issue, variations in their skillsets, a lack of recognition of the duty to share personal information in supporting care, and that checklists, audits and reporting tools have come to dominate the duties of IG staff. All this is underlined by a "climate of fear" on the frontline around breaking data protection regulations.

## Build on the lessons from Covid

But the lessons of the Covid-19 pandemic – in which there was an increasing in data sharing to support vulnerable people – have demonstrated that a different approach can bring good results, the need to focus on problems rather than compliance, define policy and develop clear guidance to give frontline staff more confidence in sharing.

Monaghan also called for a different approach in the way organisations approach IG, with a greater emphasis on problem solving and risk management, shifting the focus from warnings about fines to the benefits of sharing, efforts to make the workforce more confident, shaping new ways of working and removing the climate of fear.

"It's not about having another document sitting with the data strategy on the shelf, but collaborating with people to know we are doing what we need to do," she said. This can involve gathering evidence on how things can work best in the subsector of health and social care, setting out key deliverables, creating communities of practice and establishing key influencers as advocates of change.

## Sharing success

Another issue is the perennial for the public sector of 'Not invented here', the reluctance of some organisations to pick up digital solutions that were developed by others. This may not be as strong as in the past, but it came up in a discussion and prompted the suggestion of a need for a framework to reference the capabilities of solutions that are proven to work.

Kevin Ingrey, chief technology officer of Tisski, said there is an example in the case of templates built by individual trusts and councils on Microsoft Power Apps that could be more widely shared, and that it requires a central initiative to drive the wider adoption of solutions.

## 4. Industry perspectives

**A**n important element of dealing with the issues above will be in the choices of technology, and the conference included some valuable perspectives from companies with a stake in the integration of care.

### techUK

Providing a broad outlook, Leontina Postelnicu, head of health and social care at IT industry association techUK, pointed to the 10 Point Plan for Healthtech that it published last year. This includes recommendations such as using an open standards first approach for national assets and infrastructure, developing a roadmap on the technology needs of social care providers, and ring fencing funding for technology in care.

It is notable that the organisation has more recently produced recommendations on digital and data specifically for ICSs. These include highlighting which digital tools are available locally, the signalling of key demands at local level and that integrated care boards should engage early with the industry on all transformation programmes.

### Blue Prism

Automation can make a significant contribution, as outlined by Patrick Shephard, head of public sector at Blue Prism. He spoke of how a highly

flexible intelligent automation platform can provide software bots that can access any application – on legacy systems or new solutions – to carry out any process.

It can be used to transfer data from one system to another within an ICS, and release human workers from mundane tasks to work on others in which their expertise really counts.

Norfolk and Norwich University Hospitals NHS Foundation Trust has harnessed the technology in a process for testing for Covid-19 antibodies, which has been shared with East Suffolk and North Essex and University Hospitals of Morecambe Bay Trusts.

A software bot receives an incoming request for a serology test, verifies the data provided and registers the result in its Sunquest ICE system, which adds it to the patient record and sends it to the relevant GP practice. It checks test results on a daily basis to carry out the updates. This has made it possible to save over 2,100 admin hours in processing more than 20,000 tests at a rate of 23 seconds each, and has since been expanded beyond acute care to include primary and social care, emergency services and military personnel.

### Tisski

Kevin Ingrey of Tisski explained the benefits of exploiting the Microsoft Power Platform, which includes a number of facets to develop the tools to solve problems quickly, efficiently and in a governed and centralised way.

This makes it possible to build tools that do not just solve a specific problem, but are expansive and can be used across organisations to deliver different goals.

One of the features of the platform is Power Apps. It provides capabilities to take a low code or professional coding approach to building mobile applications, taking advantage of the growing 5G infrastructure to support the development of remote healthcare and other applications.

These include the Lone Worker Application developed by NHS Surrey and Borders Partnership. It supports the safety of lone members of staff working in communities, providing the capability to track their movements in potentially risky areas, giving them the ability to report in on where they are and what they are going to do. It was developed on the low code element of Power Apps, with an intuitive user interface and the capacity to push out SMS messages and report on details of worker movements.

## Nutanix

Another factor is that the combination of public and private clouds can play a big role in the development of integrated care systems.

Andrew Puddephatt, director UK public sector at Nutanix, said the model involves applications and workloads being run from a single management plane across multiple cloud locations – private, on premise, public – and can be applied to clinical and business applications, electronic health records and data analytics, all accessed either through desktops in a clinical setting or remotely. It can also cover the gamut of organisations, including primary, secondary and mental health care, maternity, community services and social care.

The management plane makes it possible to seamlessly move applications and workloads between private clouds, which can be used to overcome specific challenges in care, and public cloud services from a wide range of providers that often provide the big economies and easy interoperability with other systems. This can help healthcare organisations deal with the challenges around legacy applications not being cloud ready, data volumes, data sensitivity, network latency and the cost governance of cloud.

## 5. Initiatives for change

**T**he event made clear that there is plenty of good work going on to support the drive for change at national and local levels.

### Targeted support

Hannah Gill said the LGA has been working out a bespoke offer of support for local authorities over the next three years, including a series of online recorded masterclasses and accompanying resources, case studies and the creation of the Digital Technology in Adult Social Care Knowledge Hub as a community of practice for councils.

### Place-based approach

The potential benefits of a county-wide technology enabled care strategy were presented by Jerry Hall, client services director for Socitm Advisory, who spoke of its recent work with Durham County Council.

This involved taking activity and financial data from the provider of a tech enabled care service – either commissioned by the council or self-funded – into the case management system, then overlaying it with national demographic and deprivation data. This provided a guide to areas in which there was a high need but low take-up of services, which in turn can influence where funding is focused and the management of demand.

It provides an example of how place data can support continuous improvement in services and wellbeing across communities. Hall said it can also feed into joint strategies and investment in technology and data between local authorities and NHS bodies.

## Roll out of single health and care records

Single care records are becoming a major factor throughout the country, often applied at a city, county or regional level. Ifan Evans, executive director of Digital Health and Care and Wales, provided details of its national record, which brings together all digitised information held on a registered patients from primary and secondary care, ambulance, and prison services. It also includes a consistent display of diagnostic results and documents and a requesting mechanism for radiology, and a mobile app version in beta phase has been used by 500 clinicians every month. There are plans to extend the number of information sources, although for now it will remain focused on healthcare.

An example of a localised version incorporating social care was provided by Katherine Church, the former chief digital officer of Surrey Heartlands ICS, in the form of the Surrey Care Record.

This has been built with input from the county council, taking information from areas such as children's services, adult social care and transport, along with healthcare sources including GPs, health visitors, school nurses, mental health services and accident and emergency.

She said it provides an array of possibilities, beginning with basic data sharing, then moving on to care planning and support – including remote and virtual care – patient access and engagement and population health management. The next steps could see its use extended into children's safeguarding, linking with a dynamic learning disability register, end of life care planning with the notification of wishes, and support for the medical examiner service.

"Once you have this asset delivered it will be one of most important foundations for integrated care services," Church said.

## Underpinning data platform

An example of local infrastructure supporting care integration was presented by Jon Burt, lead enterprise architect for the Greater Manchester Combined Authority (GMCA). He said it is working on using its GM Data Mesh, which works on a distributed basis to support data sharing between organisations and includes three elements: a data catalogue, metadata and a data flow and read function. The authority wants to use it alongside the GM Digital Platform, a service for organisations to access master data that is only entered once at the original source, and which also enables identity matching to help target support for individuals.

“It’s not a single data warehouse but turning data into a service within organisations,” Burt said, adding that GMCA is working with local authorities on use cases for the mesh within the Supported Families programme, which provides support on issues such as safeguarding, school attendance, family finance, domestic abuse, crime and healthcare.

### Anywhere access

There is also an increasing recognition of the potential of 5G networks to support care, with an example of the Liverpool 5G Create programme. Ann Williams, commissioner and contracts manager for Liverpool City Council, pointed out how the lack of internet access can deprive some people of the benefits of remote care. The programme is creating a municipal network that can provide connectivity for people in deprived households and speed up the adoption of tech solutions in community and social care services. In turn, this can contribute to reducing health inequalities.

Hannah Gill of the LGA summed up the requirement by stating: “A huge amount of change will be required over the next few years and it’s great to see digital within policy, but the risk is that there is a huge amount of top down changes coming that councils will have to adapt to quickly, such as changes to charging reform and digital switchover.

“Also, we have been struggling with workforce capacity for a number of years, not just as a result of the pandemic, and one of the big risks is we see digital as an add-on, that we think we can just add a digital element and it will help integration.

“So without cultural and systemic changes we will not see the real integration we want.”

## 6. Investment, risk and systemic change

**U**nderlying much of this is a widely held view that digitising care requires significant investment, especially in the social care sector, with local government having been subject to a harsh financial regime for over a decade.

But this should not mean a rush to spend without also addressing structural and workforce issues in the provision of care.



## 7. DAY ONE- Wednesday, 11th May



### 01:48: Digital Health and Care in Scotland - Jonathan Cameron, Director - Digital Health and Care, Scottish Government

Jonathan Cameron gives a brief overview of the strategy for Digital Health and Care in Scotland, and how this is driving forward delivery to support care for citizens and its workforce post pandemic. The session also covers the structure and set up in Scotland and the key programmes of focus for delivery ([Download slides](#))

### 15:45: The value of engaging local authorities as true partners in Integrated Care Systems - Jerry Hall, Customer Services Director, Socitm

To be truly successful ICSs need to engage across the ecosystem of partners within a place. As the custodians of place, councils should be a key player in the place based thinking that underpins ICSs. A number of factors may be preventing all councils taking on that role fully. There are opportunities to be exploited, related to data, workforce and using digital innovations to influence the wider determinants of health, if all councils are enabled to be true partners ([Download slides](#))

### 26:53: Working in partnership across the ICS using intelligent automation - Patrick Shephard, Head of Public Sector, Blue Prism

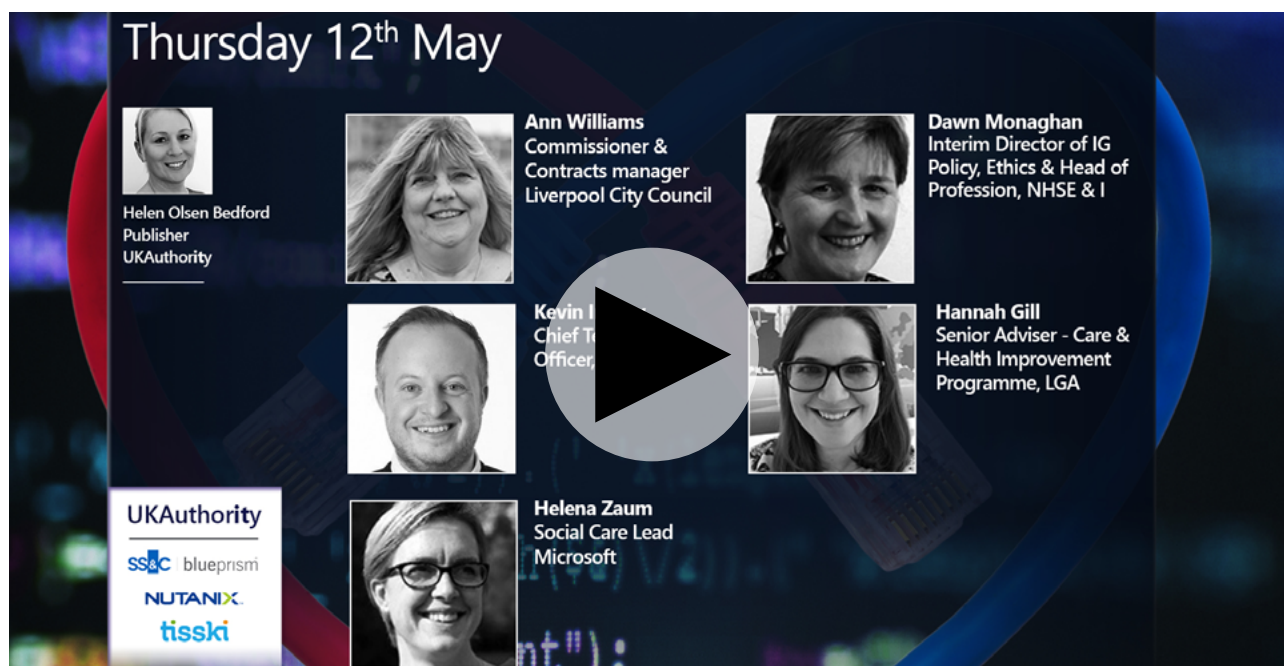
As ICSs become established, digital workers provide a great opportunity for their partner organisations to share automated processes to increase efficiency and give staff more time for patient care. Here Patrick Shephard explains how a digital workforce can deliver major benefits and shares examples from across the sector ([Download slides](#))

### 39:50: Greater Manchester Regional Approach to Integrating Digital Health & Social Care - Jon Burt, Lead Enterprise Architect, Greater Manchester Combined Authority

GMCA is working on using its GM Data Mesh to support the integration of health and social care in the city-region. Here Jon Burt outlines the work and how the mesh will work alongside the GM Digital Platform ([Download slides](#))

1:00:21: Q&A / panel discussion

## 8. DAY TWO - Thursday, 12th May



### **01:10: Local government- key partner in place - Hannah Gill, Senior Adviser, Digital Transformation - working on the Care and Health Improvement Programme, Local Government Association**

Hannah Gill looks at some key requirements needed for integration to work at ICS, why local government needs to be seen as a key partner at the place level, risks and opportunities- including some of the national requirements as set out in the white papers; examples of what this looks like and what councils are doing; how the LGA can support councils ([Download slides](#))

### **17:50: Reflections on Opportunities for Digital Innovation in Social Care - Helena Zaum, Social Care lead, Microsoft**

Helena Zaum and Kevin Ingrey (below) look at how the health/social care sector has benefitted from using Microsoft technology to improve patient experience, automate process to free up valuable resource and deliver better value from NHS Trusts, and the tax payer. Their sessions also look at the art of the possible, and how technology can help health/social care providers in a post-pandemic world ([Download slides](#))

### **27:32: Liverpool 5G Create - Ann Williams, Commissioner and Contracts manager, Liverpool City Council**

Ann Williams explains L5G Create and why health and social care benefits from Liverpool's own private 5G network ([Download slides](#))

### **40:28: Digitising and Automating process in healthcare - Kevin Ingrey, Chief Technology Officer, Tiscki**

Kevin Ingrey and Helena Zaum look at how the health/social care sector has benefitted from using Microsoft technology to improve patient experience, automate process to free up valuable resource and deliver better value from NHS Trusts, and the tax payer. Their sessions also look at the art of the possible, and how technology can help health/social care providers in a post-pandemic world ([Download slides](#))

### **58:30: Q&A / panel discussion**

## 9. DAY THREE - Friday, 13th May

Friday 13<sup>th</sup> May

**Helen Olsen Bedford**  
Publisher  
UKAuthority

**Katherine Church**  
Former Chief Digital Officer, Surrey Heartlands ICS

**Ifan Evans**  
Executive Director Strategy, Digital Health & Care Wales

**Andrew Puddephatt**  
Director, Sector, I

**Leontina Postelnicu**  
Head of Health & Social Care, techUK

**Dawn Monaghan**  
Interim Director of IG Policy, Ethics & Head of Profession, NHSE & I

**Sponsors:** UKAuthority, SS&C blueprism, NUTANIX, tiski

### **02:00: What the digital health and care industry needs to drive progress - Leontina Postelnicu, Head of health and Social Care, techUK**

In February 2021, techUK published its Ten Point Plan for Healthtech, a report outlining ten recommendations to strengthen the UK's reputation for healthtech, focusing on interoperability and commercial and procurement, among other key themes. In this session, Leontina Postelnicu takes us through some of work done as a result of the report and the progress seen on the ground from industry's perspective

### **13:50: Delivering a single health and care record for Wales - Ifan Evans, Executive Director Strategy, Digital Health and Care Wales**

Ifan Evans provides a summary of how Wales is delivering a single health and care record, and what's coming up this year and next ([Download slides](#))

### **29:18: Integrating Digital Health and Care through Hybrid Multi-Cloud - Andrew Puddephatt, Nutanix**

In this session Andrew Puddephatt gives a supplier's perspective on integrating digital health and care - outlining some of the challenges and benefits of collaborating and adopting a multi-cloud environment ([Download slides](#))

### **40:10: Delivering an Integrated Health and Social Care Record; a pragmatic approach with lessons learned from the front line - Katherine Church, Former Chief Digital Officer, Surrey Heartlands ICS**

The Surrey Care Record is one of the jewels in the digital crown and a key project to deliver integration between partners in the health and social care eco-system. Surrey Heartlands worked hard to launch the platform in five months against a background of Covid and incredible pressure on the system. This brief talk explores the approach and the lessons we learned on the way. Spoiler alert...it is not an IT project! ([Download slides](#))

### 53:30: Transforming Information Governance - Dawn Monaghan, Interim Director of IG Policy, Ethics and Head of Profession, NHSE & I

For many years Information Governance (IG) has been seen as a blocker to change, the complexity of the IG landscape often perplexes those who need to use information, creating a lack of confidence and paralysis. The pandemic illustrated the need for a more proportionate response to IG issues, it demonstrated the imperative to resolve key frontline issues quickly not only to improve health and care but to enable increased research and to inform policy and decision makers. It also showcased IG in health and care and emphasised the need not only to understand the Data Protection Act but to have a wider knowledge of privacy, ethics and clinical safety. Capitalising upon the lessons learned the Data Strategy commits to a plan to transform the approach to Information Governance ([Download slides](#))

1:11:35: Q&A / panel discussion

## 10. Event Partners

### Blue Prism

Blue Prism is the global leader in intelligent automation for the enterprise, transforming the way work is done. At Blue Prism, we have users in over 170 countries in more than 2,000 businesses, including Global 2000 and public sector organizations, that are creating value with new ways of working, unlocking efficiencies, and returning millions of hours of work back into their businesses. Our digital workforce is smart, secure, scalable and accessible to all; freeing up humans to re-imagine work.

Find out more about [Blue Prism here](#) | Follow them on [twitter](#) | [linkedIn](#)

### Nutanix

Nutanix was founded with a bold vision: to make managing IT infrastructure so simple that it becomes invisible. It all started with bringing together compute, storage, networking, and virtualization in one invisible stack with Hyper Converged Infrastructure (HCI), this vision now extended to make clouds invisible too. In the UK, Nutanix is working with around 190 Public Sector customers to help them on their journey to a Cloud operating model whether that is Private, Public, or most often a Hybrid or Multi Cloud strategy. The starting point is the modernisation of legacy platforms and applications onto the secure Nutanix Enterprise Cloud platform, simplifying operations, automating processes, and managing the infrastructure to accelerate the delivery of improved digital services. Nutanix has partnered with UK Authority to produce a series of briefing notes on cloud migration - the challenges, opportunities and the benefits of a hybrid cloud. [Catch up here](#)

Find out more about [Nutanix here](#) | Follow them on [twitter](#) | [linkedIn](#)

## Tisski

Tisski is a Tier 1 Cloud Solutions Provider and Microsoft Gold Partner in Cloud Business Applications, Enterprise Resource Planning (ERP), Cloud Solutions, Application Development, Application Integration, Cloud Platform and Data Analytics. Established in 2011, Tisski has been transforming frontline and back-office functions for customers across the public, private and not-for-profit sectors for more than 10 years. Made up of more than 150 technical and business experts, the Tisski team has a depth and breadth of knowledge, skill and experience that enables us to deliver improvements across public sector organisations through people-centred solutions and innovative technology. We've introduced Microsoft Dynamics 365 and the Power Platform to public sector organisations of varying sizes and, as a result, Tisski is extensively referenceable and armed with an invaluable understanding of how to maximise investment for public sector customers.

Find out more about [Tisski here](#) | Follow them on [twitter](#) | [linkedIn](#)

CONTACT [hello@tisski.com](mailto:hello@tisski.com) or call our Healthcare Account Lead, John Fawcett, on 07985 354708

## UKAuthority

This briefing note has been researched, written and published by [Mark Say & Helen Olsen Bedford](#), UKAuthority.

UKAuthority champions the use of digital, data and technology (DDaT) by central and local government, police, fire, health and housing, to improve services for the public they serve.

Visit [UKAuthority.com](https://www.ukauthority.com) to keep up with news and developments in the use of DDaT for the public good. We host regular virtual round tables and events exploring best practice and innovation in the public sector. [Visit the UKAuthority 2022 events schedule here](#)