



# Digital Strategy

2022-2025

# Foreword

This document sets out the digital strategy for the Bedfordshire, Luton and Milton Keynes Health and Care Partnership for 2022-2025.

It has been produced with system partners, setting out how digital technology can support us to deliver the best outcomes for our residents, and support our teams to work effectively by making the best use of technology.

This strategy builds on the local and national strategies and standards, and considerable success that our system partners have already delivered through the innovative use of digital tools and services, not least in the face of the pandemic.

We have been working together with our system partners since 2018 and have established the strong foundations required for a successful partnership across BLMK. This supports the governance mechanisms to oversee and monitor the implementation of this strategy and the associated digital transformation board delivery plans.

The BLMK system is, at its heart, all about orienting services to enable everyone in our towns, villages and communities to live longer, healthier lives. This strategy focuses on how data and digital technologies can enhance the resident's ability to participate in all elements of their care and data.

Our **'digital-first, rather than digital-only'** approach ensures that we remain resident-focused, regardless of their digital skills.

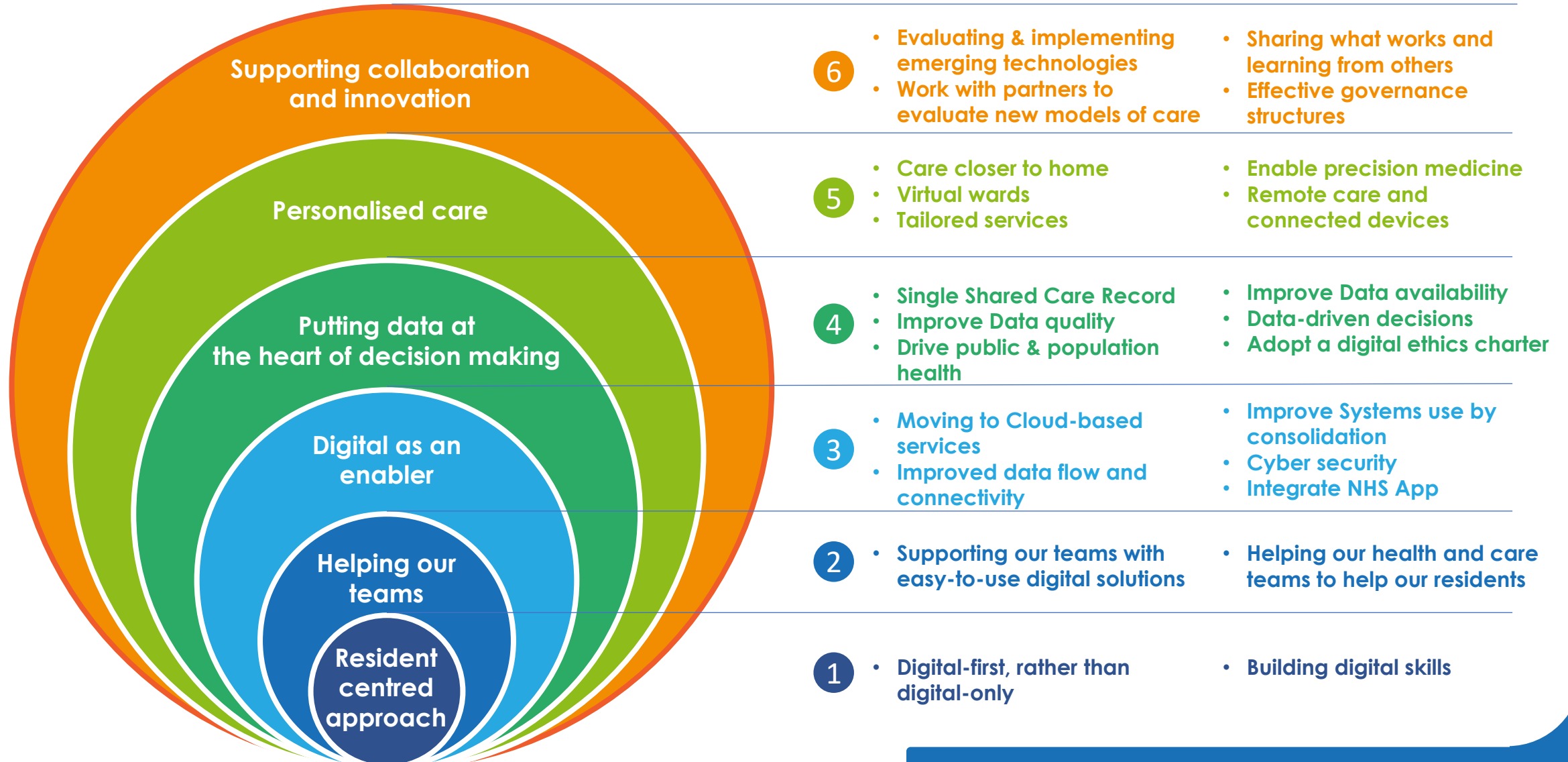
We are excited about the potential for data and digital to drive improved outcomes and better experiences for residents and teams, and we look forward to working with system partners to make this strategy a reality.



**Mark Thomas**

*Chief Digital and Information Officer*

Bedfordshire, Luton and Milton Keynes  
Integrated Care System

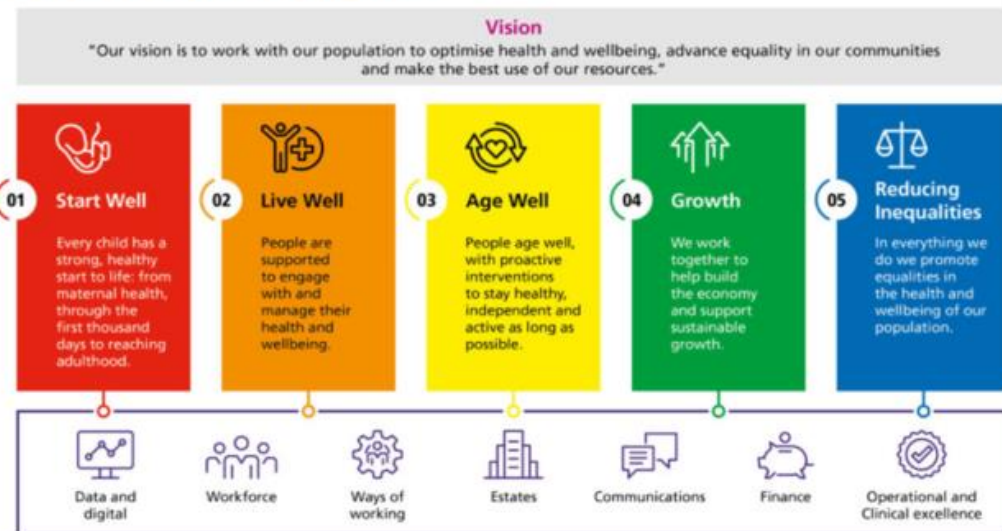


## The BLMK ICS mission underpins this Digital Strategy...

"To work with our population to improve health and wellbeing, advance equality in our communities and make the best use of resources." We aim to increase the number of years people spend in good health and reduce the gap between the healthiest and least healthy in our community."

## Supporting BLMK system priorities:

The BLMK ICS has identified its priorities and recognised "Data and Digital" as one of the key enabling functions that will support the ICS's Vision and Priorities.



## How we created this strategy:

We have developed this Digital Strategy through interviewing numerous stakeholders across all BLMK partners, ensuring that we have considered as many views as possible. We combined those views to create the digital vision for integrated health and social care services across BLMK.

## What residents told us:

Through contact with Healthwatch, we have taken the time to listen carefully to what our residents say. We understand that Digital technologies are a key part of meeting residents' interaction with health and care. They want better access to and visibility of our services and their records as well as easier ways for them to engage with their health and care professionals.

## The 5 key themes in this ICS Digital Strategy:

This Digital strategy is organised around five key themes which are each explored in more detail in this document:

- **A resident first approach:** Ensuring we place the needs of our residents at the heart of our strategy.
- **Digital as an enabler:** Using digital to provide better care across our ICS.
- **Putting Data at the heart of decision making:** Using our data ethically and securely to make better decisions.
- **Personalised Care:** Discovering and implementing new ways of bringing care closer to our residents
- **Supporting Collaboration and Innovation:** Working together as a partnership to continually improve the health and care we provide.

Our digital strategy builds upon our well-established data strategy alongside national standards and policy frameworks. We are building momentum in thinking and acting digitally, delivering better experiences for residents through practical digital service improvements.

## BLMK data strategy:

Data is a key component of this Digital Strategy. We have deliberately aligned this Digital Strategy to our Data Strategy, which was co-produced and published in 2021 and is available here: <https://blmkhealthandcarepartnership.org/our-priorities/data-and-digital/> As the Digital Strategy evolves in the coming years, we will ensure that the data strategy alignment remains intact thereby preserving the ability for data and digital technologies to meet the needs of our residents and partners.

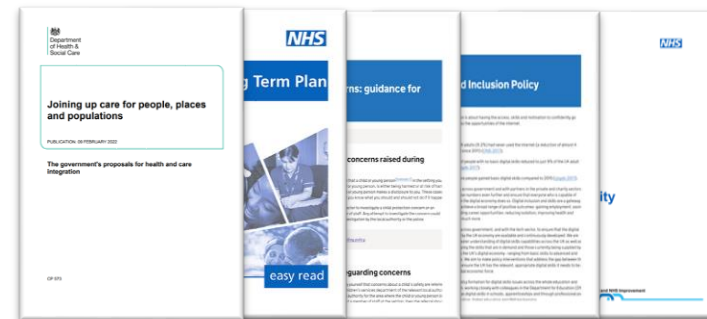
## Building on existing standards:

This strategy relies on the careful and consistent adoption of agreed information and technology standards. These standards will improve the implementation of technologies and reduce whole system costs. We will work towards recognised common standards in healthcare and support our social care teams in adopting emerging guidance around social care data standards. Examples of standards are common coding and naming conventions for Medicine such as SNOMED CT, and interoperability through 'Fast Healthcare Interoperability Resources' (FHIR) and HL7.

## National policy and engagement

The ICS exists within a national and regional context and we have deliberately aligned our strategy with existing national digital strategies, policies and guidelines. We will incorporate any further guidance as it is developed:

- [NHS Long Term Plan](#)
- [Data Saves Lives](#)
- [Joining up care for People, Places and Populations](#)
- [What Good Looks Like](#)
- [The Future of Healthcare](#)
- [Scalable Approach to Vulnerability via Interoperability](#)
- [Ofsted Safeguarding Policy](#)
- [Equality Act 2010](#)
- [Digital Skills and Inclusion Policy](#)
- [Social Mobility Policy](#)
- [People at the Heart of Care](#)
- [Confidentiality Policy for Health and Social Care](#)



# A resident first approach

## Not a digital-only service

We are adopting a **'digital-first, rather than digital-only'** approach to how we deliver care. This will ensure that everyone has a choice in how they interact and participate in managing their care journey. We will co-design new services with our partners and residents, to ensure services will meet the needs and expectations of the people who are using them. This includes ensuring that services are culturally appropriate and accessible. We will introduce different ways for our residents to communicate with care providers, so they can jointly agree on services that are best for them. The adoption of relevant multi-channel approaches will help improve access to services thereby bridging the digital divide.

## Working beyond our geographical boundaries

While our residents will have much of their health and care needs met within the boundaries of BLMK, for some specialised services we will need to work with health and care partners in other parts of the country. We will work to ensure seamless connections with these wider partners. This will ensure that our residents have access to the best possible care wherever they need it.

### Examples across our ICS

**Initiative:** Milton Keynes MyCare patient portal

**Description:** We implemented a Hospital Patient Portal called MyCare where patients can submit personal contributions and become more involved in the management of their care. The next phase is to enable secure 2-way dialogue between patient and clinician that remains part of patients' medical records allowing results and self-monitoring.

## We're doing this to improve the lives of BLMK residents

Giving residents easier access to their information, tailoring digital solutions around their capabilities and enabling seamless care through shared information - even when 'off patch' - will improve residents' lives in ways that are important to them.

With our communities, we are developing digital guiding principles to ensure that digital services are easy to use, multi-lingual and easy to understand. Our residents will be able to easily access their health and care data so that they can actively contribute to their health and wellbeing. Residents will have the ability to nominate carers and family members to access their data in a controlled and secure way to support their care. This will provide greater transparency of health and care information relating to appointments, health conditions, care plans, choices and preferences.

## Helping our teams and partners to help our residents

When putting residents first, we need to equip and enable our teams and partners with tools that enable them to work more effectively and strengthen the partnership between people and technology. We will be providing services for teams that are easy to use, valuable and impactful. We want digital devices to help make health and care both safer and easier and reduce digital friction.



# A resident first approach

## What residents have told us about their experience of care

“I’d prefer to have a text message or an e-mail to confirm my appointment. I don’t want to have to wait for a letter in the post.”

“My parents aren’t comfortable engaging with technology. We’d like face-to-face to always remain an option for them.”

“Getting access to the internet is expensive and I can’t afford it. I don’t want this to impact me accessing the health and care services I need.”

“Voluntary and community groups provide support to me directly. I’d like them to have a conversation with me about the services they offer, to help me get online and stay online.”

## Our Digital Strategy will shape improving care capabilities



## What care will feel like in 2025 for BLMK residents

“It’s helpful that all the visits with people looking after my health and care are shared with my GP and each other. They all know my journey and now I don’t have to repeat my story. I feel like I’m being treated in a more personal way because of this.”

“When I don’t need to see someone providing my care in person, I have an app that I can use to see them instead. I live in a care home so being able to use my app to keep in touch with my family is wonderful.”

“Everything I need to help me manage my and my family’s health and care online is easy to get to, easy to read and I can get it in my own language too.”

“I’ve learned a lot about when I might need to see someone face-to-face or online and feel better making that decision because both are as easy to access and as good as each other. “

Care services are transforming at an amazing rate as new approaches to technology are embraced. Throughout the pandemic we saw new, technology-enabled ways of collaboration and how data enabled us to target care where it was most needed. In the future, we see data and digital continuing to serve as an enabler for change and improvement across our system. We will stay current with new proven technologies. Where appropriate, we will choose low waste, low carbon footprint, repairable and upgradable technologies.

## Shared health and care records

We will have a fully integrated single shared health and care record across BLMK by March 2023. This will help provide safe, personalised and high-quality care by enabling care professionals to access all the information they need about the people in their care. We are working to integrate the national care programme and by 2025 we will extend this to include information on social care.



## “Get current, stay current”

Craig York - Chief Information Officer  
Milton Keynes University Hospital NHS Foundation Trust

### Data flow and connectivity

Information flows and connectivity between our partner organisations are vital to ensure we organise the right care at the right place at the right time. We must maintain and expand the infrastructure to support connectivity and integration. We will ensure that networks remain current and flexibly joined up. We will provide ease of access to our network and information while maintaining the highest level of data integrity and security.

### Access through the NHS App

As outlined in the national plan for digital health and social care, the NHS App will be a central access point for residents to manage their health and care. By 2025, residents will be able - through the NHS app - to manage their appointments, contact their GP as well as access their health records.

### Cyber-security

BLMK currently has some of the highest levels of data security in the country to ensure that the data we process and use always remains safe and secure. Data and Cyber security will remain a priority across our ICS to provide assurance and confidence to our residents and teams. All data will be accessible only to those who have the legitimate right to access it. We will comply with all national security requirements and compliance regimes as they are introduced.



## System-wide consolidation

Across BLMK our residents expect that health and care organisations will be sharing information where they are working together to provide care to an individual. A move to system working will present an opportunity for BLMK partners to consolidate our investment in digital products and services, standardising our digital offer around those services which support good practice. This will reduce unwarranted variation, improve outcomes and deliver better value for the technology we are purchasing.

## Moving to Cloud-based services

Our future direction will be to move more of our key data and applications gradually to a secure cloud-based model, whenever it becomes cost-effective to do so. This will allow BLMK partners to reduce reliance on on-site infrastructure, and allow teams to access applications and data wherever and whenever they need to.

## “Digital services and digital inclusion are key enablers for local authorities to support residents to participate in high quality services in our ICS”

Julie Ogle - Director of Social Care, Health and Housing  
Central Bedfordshire Council

## Community diagnostic centres and community hubs

Early diagnosis is widely seen as a key enabler for improving health outcomes for residents and we are committed to bringing care closer to the community by connecting Community and Diagnostic Hubs to all the partners within our healthcare system.

## Automation

As demand for care services increases and our population ages, we need to look for ways to enable our workforce to spend more time caring and less time on administration. We will therefore evaluate integration tools and Intelligent Automation technologies to identify areas where we could reduce administrative workload and enable information to flow seamlessly between organisations.

## Digitisation of care home records

We have established a Digital Social Care Programme which supports care homes to become fully digitised by 2024, with a shared care record established. This will enable individuals to view their care records, update/contribute to their care plan, and access information on care provision, so that care recipients and unpaid carers can have greater involvement in their care.

### Examples across our ICS

**Initiative:** Luton Population Frailty Assessment

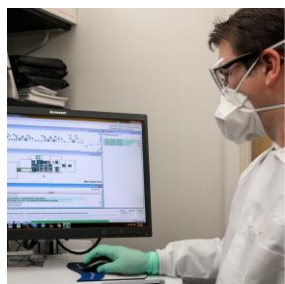
**Description:** The frailty risk tool pools information from community health services, the Luton and Dunstable Hospital, local GPs and many more sources. It is organised in a user-friendly way, enabling teams across Luton to filter the data by key risk factors. This allows professionals to proactively identify and work with residents who are at the greatest risk.

# Putting Data at the Heart of Decision Making

Care services are becoming increasingly complex and the pace of decision-making is becoming ever quicker. Putting the right information in the hands of the right person at the right time provides a mechanism to improve outcomes for residents. We therefore see Data as a key enabler for transforming care services.

## BLMK Data Strategy

As outlined in our data strategy, it is paramount that we prioritise the capture of quality data across the ICS. Having access to accurate, consistent, timely, complete, accessible, and comprehensive information will enable our residents as well as our health and care professionals to take timely and accurate decisions. This will support consistently better experiences and outcomes. We will continue to invest in how we capture, store, share and use data for the benefit of our residents. We will use data ethically, and we will act effectively to make our data and information a powerful resource to continually improve service quality and efficiency.



**“Taking a Digital approach across the ICS makes a fundamental difference to how we work together as partners to ensure our residents receive the optimal level of joined-up care available”**

*Clare Steward - Programme Director  
Bedfordshire, Luton and Milton Keynes Integrated Care System*

## A single care record – using data to make better long-term decisions

We will join up data across our partnerships which will provide timely, accurate and appropriate communication with residents, supporting effective decision-making. This will enable BLMK partners to collaborate and to improve efficiency, quality, and experience for both residents and teams, improving our effective use of critical resources across our ICS.

Each of the partner organisations within BLMK already captures much of the data necessary to provide their health or care service to the residents. We have developed two integrated shared health and care records, which we will link to provide a single view across our ICS for direct care.

We will support our health and care teams with improved access to information for them to provide safe, high-quality services across multiple locations. This will help ensure that our residents will no longer need to repeat their experiences when going to a new health or care service.

“Health and care will need to integrate if we are to meet the demographic and population health challenges of today and tomorrow.”

John Syson - Director of Workforce  
*Bedfordshire, Luton and Milton Keynes Integrated Care System*

## Public Health and Population Health Management to improve health wellbeing and support

By exploring the potential of an ICS-wide public health observatory, we will combine local data with national population health management information to design a better health and care system for our ICS. This will allow us to better plan services across the system and also target preventative interventions to improve care outcomes.

## A holistic view of the resident

Our health and care professionals will make the best use of information for our residents' care, providing a complete view of each individual. This will enable partner organisations to deliver and coordinate better care while recognising our residents' individual needs.

### Examples across our ICS

**Initiative:** You can Do It!

**Description:** We are helping our residents build their digital skills in Bedfordshire. We organise workshops and provide our residents with devices as well as connectivity to ensure they are digitally included

## Using data ethically

We will use data altruistically in ways that are clinically and professionally driven, digitally secure and appropriate to each health and social care setting. We will ensure that our approach to data ethics keeps on evolving as we learn, remaining in line with the Digital Ethics Charter and our BLMK commitment to Ethical Practice.

## Digital skills for our teams and residents

Using data effectively requires some new skills and we recognise that transformation is not fundamentally about technology. It is about people and supporting our teams and residents in adopting innovations and new ways of working. We will provide training and support to develop the necessary skills so that our teams are confident in how they can use our data and digital services. Where relevant, we will make our digital resources accessible to residents, and we will have the right support in place to assist our residents and teams through this transition to shared digital solutions across our ICS.

## Personalised care and precision medicine

Increasingly, technology allows care decisions to be based on an individual's circumstances and tailored to the needs of individual citizens. This improves outcomes for residents.

We will make use of emerging technologies and the valuable insight they generate. This will enable colleagues and partners across our ICS to provide the right service in the right place at the right time. Examples of this include data-driven personalised health plans and decision support, as well as Artificial Intelligence which will increasingly be used for diagnostic support and optimisation of services.

## “Additional resident participation in the design of digital solutions would be phenomenal”

Dr Tammy Angel - Consultant Geriatrician  
Bedfordshire Care Alliance

### Examples across our ICS

**Initiative:** Cardiovascular Remote Monitoring

**Description:** We are monitoring patients in the comfort of their own homes, giving them the opportunity to manage their health. Our clinical teams can monitor patients' vital signs remotely, reducing clinical time spent travelling and allowing our teams to proactively recognise signs of health deterioration and avoid admissions.

## Remote care and connected devices

Self-monitoring and telecare is expanding rapidly with more new devices becoming available, enabling greater access for residents. To support independent living, we will expand access to 'remote-monitoring' solutions, which will help provide more accessible routes for our residents to proactively engage with health and care professionals. Where appropriate, this will be made available in our residents' homes, care homes or other domiciliary settings so that monitoring can take place closer to home and reduce unnecessary transfers to different care settings. Remote devices will help provide better continuity of care to our most vulnerable and/or isolated residents.

Remote monitoring solutions, such as Type 1 Diabetes monitoring products, enable our residents to save time, reduce the expense of travel and contribute to the Green Plan by greatly reducing the emissions produced when driving or commuting to the point of care.

These remote technologies will enable Health and Care services to implement 'virtual wards', allowing clinicians from primary care, community services and hospitals to make quicker judgements about whether people need treatment or admission. This will help minimise unnecessary hospital admissions, by supporting people to stay in the community and reduce extended stays in the hospital, allowing people to go home sooner.

# Supporting Collaboration and Innovation

All the ICS partner organisations have a role in helping our system explore and evaluate innovations to improve the experience of both our teams and residents. Through the ICS we will enable collaboration and share what works, ensuring that we can make the best use of new digital technologies as they emerge.

## Working in partnership

We will work in partnership with relevant institutions such as Universities, academic science networks, Public Health Observatories, the Local Government Association and others to review emerging technologies and models of care which are applicable to our ICS.

We will evaluate the potential for Trusted Research Environments to enable collaborative research using the FAIR data principles (Findable, Accessible, Interoperable and Reusable).

We will collectively adopt established national data standards, enabling interoperability to allow our teams and residents to connect to national programs.

## Emerging technologies in health and care

With partners across our ICS, we will continue to evaluate and implement relevant emerging technologies such as telemedicine; acoustic monitoring; medication tools; artificial intelligence; machine learning and quantum computing. This will provide us with the new tools and capacity to stay relevant and provide the highest level of health and care to our residents.

## Sharing what works and learning from others

We will make the most of our digital capabilities, regardless of which organisation hosts them, to ensure the best care for all our residents across BLMK. As part of the deployment of our digital strategy, we will identify best practice, share what we learn with each other, and with other ICSs. This will help us see what we do well and what we can do better. We will seek to enable our teams to collaborate more effectively by standardising processes and rationalising applications where appropriate. This means, for example, system-wide staff planning, a standardised approach to training and induction, and shared project management visibility.



# Want to get involved?

Our digital strategy will remain a living document and will continue to be periodically reviewed as we adapt to challenges and opportunities. The “digital first, rather than digital only” approach will help us provide great health and care services to the residents we serve.

Your feedback is paramount for us to continue to evolve as a partnership and make sure we continue to get it right. If you have any questions, or would like to contribute, please contact us using our website at <https://blmkhealthandcarepartnership.org> or by email at [blmkicb.contactus@nhs.net](mailto:blmkicb.contactus@nhs.net)

We would also like to thank our partners for their support and contribution in the development of this strategy:

- *Bedford Borough Council*
- *Bedfordshire Care Alliance*
- *Bedfordshire Hospitals NHS Trust*
- *BLMK Integrated Care System*
- *Cambridgeshire Community Service NHS Trust*
- *Central Bedfordshire Council*
- *Central and North West London NHS Foundation Trust*
- *East of England Ambulance Service Trust*
- *East London Foundation Trust*
- *Healthwatch Luton Borough Council*
- *Luton Community Health Services*
- *Luton Council*
- *Milton Keynes Alliance*
- *Milton Keynes Council*
- *Milton Keynes Health and Care Partnership*
- *Milton Keynes University Hospital NHS Foundation Trust*
- *Newport Pagnell Medical Centre*

# Jargon Buster

| Jargon                       | Meaning  |
|------------------------------|--|
| AI                           | Artificial Intelligence, software that examines data to find trends and insight.   |
| BLMK ICS                     | Bedfordshire Luton & Milton Keynes Health and Care Partnership. Managing all the health and care organisations within BLMK.  |
| Cloud based                  | Software and data that is not 'on-premise' and managed through a supplier who has contracts with one of the cloud service providers.   |
| Consolidation                | Reducing the number of similar systems by procuring more of a single system.   |
| Data standards               | An accepted and agreed-on standard for the format of data so that data can be coded correctly and shared in a meaningful way.  |
| Digital                      | Used as a catch-all expression to describe information that is electronic, and the devices used to collect and view the information.   |
| Digital divide               | The gap between those that do not have internet access or appropriate digital devices and the average internet user.   |
| Digital friction             | The frustration felt when systems do not function as anticipated and appear to be hard to use.   |
| FHIR                         | Fast Healthcare Interoperability Resources. A software language that enables information to be shared ensuring that field names and syntax is similar and can be understood by the receiving system. |
| HL7                          | Health-focused language of databases that enables data to be shared.   |
| Integration                  | Software tools to enable data to flow between systems seamlessly in real-time.   |
| Multi-channel                | Different channels of communication. i.e. text, email, portals, NHS App, face to face.   |
| Pseudonymised                | Data that has the personal identification removed and replaced with a code that does allow the end-user of that data to know who the person is except with a software key.                           |
| Self monitoring and telecare | Devices in the home, either personal or given to residents, enabling them to send information back to the provider of care about their current health or care issues.                                |
| SMOMED CT                    | A medical coding methodology that enables information to be used in calculations and health planning.  |