



Digital Health and Wellbeing Charter

for Yorkshire & Humber

March 2020



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Executive Summary

The Digital Health and Wellbeing Charter for Yorkshire and Humber underpins the strategic commitments of each individual ICS/STP, outlining a future for aligned and collaborative working across Yorkshire and Humber.

The charter outlines a set of principles and standards that seek to develop and mature our collaborative working to ensure partners maximise the benefit from our collective digital delivery across Yorkshire and Humber for the benefit of citizens and the wider health and care workforce. This approach will provide the foundations to become an exemplar region for Health and Care digital delivery, data and research.

The Charter includes delivery of the following outcomes across Yorkshire and Humber:

1. Develop our health and care, business and professional leaders to understand how digital enables transformation
2. Work together to address digital inclusion across the region so all can benefit from digital innovations in their health and wellbeing
3. Enable our workforce to effectively use digital services to do their jobs
4. Integrate with, use and maximise benefits from the Yorkshire & Humber Care Record
5. Adhere to a common set of digital principles and standards.



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Digital Health and Wellbeing Charter for Yorkshire & Humber

1. We will commit to our key clinical, business and professional leaders being developed and mentored to understand how digital, technology and data can be applied to enable new models of care.
2. We will support the ambition for our workforce being able to effectively use technology and data to do their jobs better.
3. We will support the implementation of a 100% digital inclusion in Yorkshire & Humber with the ambition that all our citizens will be digitally included.
4. We will seek with our partner organisations to identify resources to maintain, develop and assure the shared regional capabilities of the Yorkshire & Humber Care Record. Further we will commit as a region to look for opportunities to create centres of excellence and shared services that can be utilised across the region.
5. We will commit to integrate with, build upon and exploit the Yorkshire & Humber Care Record (LHCRE) integration capability and approach for all system to system integrations, both locally and regionally.
6. We will adopt a common set of design principles and ensure that all future investments into digital, technology and data systems use these common standards. The standards are aligned to those set by national bodies and will ensure that future integration of data across our region is seamless.
7. In line with the principles of subsidiarity, each ICS/STP working with its partner organisations will co-ordinate engagement and implementation in their areas, with support from the Y&H digital teams.
8. We will consistently incorporate the key parts of this strategy into our NHS long term plan submissions by October 2019.
9. The YHAHSN, working closely with the Y&H digital teams, will take a lead role to determine how the Best Region for HealthTech and Best Region for Health Data and Research strategies will be progressed.

As well as delivering digitally enabled change across the Health and Care system, by doing these things we have the opportunity to differentiate Y&H from other regions by enabling the creation of a new healthtech ecosystem of suppliers and innovators based on open platforms, improving outcomes for our population and delivering exportable solutions that can be used in other places.

1 Introduction and Document Purpose

- 1.1** Yorkshire and Humber (Y&H) is typical of similar sized regions. It faces the issues of increasing demand on health and social care and reducing resources to support it.
- 1.2** Health and care delivery across Y&H is built on the principle of subsidiarity, recognising the primacy of the health and care partnerships in each of our localities. The strategies of the ICS/STP are aligned with a common priority; principally the 'left-shift' of health and care, built up from fully integrated neighbourhood services based on the Primary Care Home model¹. This means the needs of one person are addressed by people from multiple organisations acting as one team, whilst empowering the person with tools and support, enabling a better life through connectedness, improved wellbeing, illness prevention and self-care.
- 1.3** The Industrial Strategy sets out four Grand Challenges to put the UK at the forefront of the industries of the future and to help us tackle some of the major challenges facing the modern world. These challenges are:
 - Putting the UK at the forefront of the Artificial intelligence (AI) and data revolution
 - Ageing society
 - Clean growth
 - The future of mobility
- 1.4** This document proposes that Y&H, due to its strength in informatics, its assets and its open approach to integrated health care records, can take a lead role for the UK in tackling the issues of the ageing society, and in the use of AI and data to transform the health and care system.
- 1.5** The adoption of this strategy by the Health and Care organisations across Y&H will accelerate the delivery of the developing integrated care pathways, at a local to local or regional basis, enabling people to take greater control of their care (and their information), and providing integrated information about patients to clinicians, enabling them to make better decisions. Together this will significantly improve the health and care outcomes for all of the people of Y&H.
- 1.6** The ultimate aim for pursuing Digital Health and Wellbeing is to bring demonstrable benefits to the citizen or patient and the clinicians and staff who are charged with providing care and keeping people well. Key benefits of this for citizens and patients include:
 - Digital Records allow clinicians to see a patient's complete health and care information in real-time, including any medical charts, past diagnoses, lab results, and treatment, leading to better care and decisions.
 - Structured Digital Records can be made available to patients, carers and other staff to promote self-care and put the user in control.
 - Access to information saves time for patients, carers and clinicians and leads to better care and more timely decisions.
 - More efficient monitoring and management of chronic diseases. A comprehensive record keeps track of patient medications, consultations, specialist reports, x-rays and scans all in one place.

¹ <https://www.england.nhs.uk/new-care-models/pch/>.

- Combined data from different sources provides insights that can inform better targeted interventions and commissioning decisions.
- Combined information on local services, groups and support networks that enable better wellbeing as well as health will enable better self-care and prevention.
- Combined teams made up of NHS, Council, community and locality organisations working as if one organisation around the needs of people enabled by technology.
- A reduction in medication errors, which can pose a serious threat to patient safety and contribute to rising healthcare costs.

- 1.7** All our clinicians, carers and health and care professionals put patients' needs first, and want to offer the best quality care possible within the hospital, clinic, long-term care or office setting in which they work. By increasing workflow efficiency, digital health solutions can help our staff maintain their high standards of care in the face of increasing cost and time restrictions. Digital health and wellbeing solutions make it easier to:
 - Efficiently manage workflows and improve care coordination; an increasing challenge with an aging population,
 - Track a patient's history, allergies, medications and past procedures,
 - Better support multiple care providers regardless of location to access a patient's details from any appropriate digital device,
 - Communicate with colleagues and specialists in a more timely fashion,
 - Quick and safe transfer of patient and citizen data to other providers of care,
 - Reduce errors that occur from transcription,
 - Increase diagnostic and treatment accuracy by always having access to a patient's complete history and being able to access a wider group of colleagues for advice.
- 1.8** The adoption of Digital Health and Wellbeing solutions and new ways of working brings benefits for everyone:
 - Patients/People; from having a deeper knowledge of their health and wellbeing options become more confident in their ability to participate in the management of their health and have more informed discussions with their doctor,
 - Clinicians; from increased efficiency (even factoring in the time invested in learning a new system and mastering new processes and workflows) and improved safety and communication between all health and care stakeholders, including patients, clinics, hospitals, labs, social care, third sector and pharmacies.
- 1.9** Over time, the adoption of new Digital Health and Wellbeing solutions from new entrants in the market will support the achievement of the population wide outcomes we collectively need to achieve. These outcomes will include the reduction of the occurrence of ill health, the appropriate configuration of health and care services to deliver care and keep people healthier, and progress in tackling the wider determinants of health.

1.10 Regions will differentiate globally if they can successfully combine the four inter-related and dependent strategies noted in the diagram below:



Figure 1 - Intersection of our ambitions

- 1.11 This document will explain what each of these is and why they are dependent on each other to succeed.
- 1.12 The NHS Long Term Plan (2019) has a specific Chapter [Digitally-enabled care will go mainstream across the NHS](#), coupled with the DHSC policy document [The future of healthcare: our vision for digital, data and technology in health and care](#). These documents focus on getting the basics right, i.e. the underlying digital architecture of the health and care system; recognising that the building blocks are critical to the safe and successful use of technology, ensuring that systems communicate with each other and that the right data gets to the right people at the right place at the right time.
- 1.13 The strategy framework detailed within this document will help all across the region to meet and exceed the national aspirations. This can only be achieved with a move to open standards, allowing data to be more easily shared and combined at scale. This will enable a diverse market place of innovative suppliers and new entrants to collaborate and provide personalised digital products that can be combined around the needs of individuals. Our Local Health and Care Record Exemplar (LHCRE) Programme; the Yorkshire & Humber Care Record (www.yhcr.org) is the starting point for this. This is in stark contrast to many other areas that are adopting major vendor partnerships, tying themselves into particular technologies and hampering their ability to innovate.
- 1.14 This strategy document focuses on the means by which Y&H can become the **Best Region for Digital Health and Wellbeing**, underpinning new models of care and providing the necessary combined data and open systems (open platform) to enable us to also become the **Best Region for HealthTech, Data and Research**. The opportunities these represent to the region are detailed within Sections 2 and 3, however the means by which these will be delivered is outside the scope of this document.

1.15 This strategy document also articulates the need for:

- A joined up and focused approach to building a digitally-ready workforce across the system,
- Digitally savvy business and clinical leaders as well as the need to tackle digital exclusion across the region,
- People across Y&H to be digitally included so all can enjoy the benefits.

1.16 This charter articulates a Y&H system wide approach to Digital, Technology, Data and learning that can best enable the necessary transformation of the health and care system, whilst seamlessly helping the Research and HealthTech ecosystems to derive new exportable insights and innovations that will provide many new possibilities for prevention, care and treatment.

1.17 Some parts of Y&H are already recognised as centres of excellence in these areas, for example:

- The Leeds Care Record and Rotherham Health Record; shared record solutions which present a single point of truth spanning all care settings across Leeds and Rotherham respectively.
- The Born in Bradford study <https://borninbradford.nhs.uk/research/>; one of the world's largest research studies, tracking the lives of over 30,000 people to find out what influences health and wellbeing.
- The Devices for Dignity MedTech innovation.
- The national lead for the deployment of the national Summary Care Record into social care and care homes; an innovation in approach which has led to significant holistic care for citizens.
- The national lead for the direct integration of our two main clinical systems (SystemOne and EMIS) creating an integrated Primary, Community, Urgent and Emergency Care, GP Out of Hours, & Palliative Care record.
- The first locality to integrate an Adult Social Care Service record into SystemOne, creating a truly shared care record.
- The creation of the Humber Care Tech Challenge, an annual innovation driving event targeted at a specific real world challenge, where solutions have reached real world deployment.

Yorkshire and Humber have a rich history in Digital Health Innovation, the most popular integrated Primary and Community Care EPRs (as provided by TPP and EMIS) were developed in direct partnership with the Yorkshire and Humber Locality.

1.18 We will take a human centred design approach and build on the excellent research activity undertaken across the region e.g. [Joined Up Yorkshire & Humber](#). This approach brings together service users/people with professionals and the innovative digital sector to develop new products/services. It starts with a clear definition of the problem, which informs co-production, maximises its adoption and ultimately delivers more sustainable benefits.



2 The Opportunity for Best Region for HealthTech²

- 2.1** The region has one of the fastest growing innovative digital technology sectors in the UK, employing 102,000 people and generating £6.6bn for the local economy. This boom is as a result of indigenous business growth and the national/international draw of the region's innovation, entrepreneurship and supportive ecosystem.
- 2.2** The Digital sector combines creative media, data analytics, cyber security, FinTech, telecoms, health and education technologies, and is already transforming global businesses. The region offers an influential ecosystem with a dynamic tech scene and unlimited opportunities for business growth and investment.
- 2.3** Y&H has the largest concentration of health informaticians (22%), MedTech and Digital Health companies in the UK; there are 160 MedTech companies in Leeds alone. The regional economic development departments have up to date databases of these digital start-ups and the sectors they operate in, and regularly facilitate networking opportunities for the start-ups with each other and academia.
- 2.4** Regional technology innovation hubs and science parks provide creative and experimental environments. These include the Leeds Innovation Centre NEXUS, C4DI in Hull and the Kroto Research Institute (University of Sheffield), the Advanced Wellbeing Research Centre and Manufacturing Park in Rotherham. Their purpose is to 'connect, collaborate and co-create' both HealthTech and MedTech solutions within their co-working spaces and cross cut into other sectors such as Finance and the Environment. They help companies and innovators ensure their products are safe and can be recommended to clinicians and the public.
- 2.5** Major health IT vendors are also well represented in the region, with key health service patient record providers EMIS and TPP and leading telehealth providers Tunstall and DocAbode UK Ltd all based in Y&H. The digital sector is vibrant and experiencing significant growth, with organisations like SkyBet based here. Leeds is also the largest banking centre in the UK outside of London, making it a significant attractor of talent, further supporting the continued growth of the thriving tech ecosystem.
- 2.6** Y&H already has highly resilient infrastructure in place e.g. IXLeeds, the city region's internet exchange, which links directly to Europe and the USA, and has the capacity to route all of the UK's internet traffic should London experience an outage. Many data centres utilise this highly resilient infrastructure to ensure their customers can always utilise high speed internet connectivity. The Y&H technology base is strong and has a strong emphasis on user led, human and community centred design in solution development. These capabilities will be important to deliver our strategies.
- 2.7** A joined-up approach to this work across the region will create more high-quality jobs, increase productivity and grow a health market place of new capabilities for the UK and beyond. Further NHS England & Improvement, NHS X and NHS Digital are based in the region and keen to learn from more innovative approaches to delivery.

² The figures in this section are limited to data we have access to for Leeds. A piece of consultancy has been commissioned to ascertain the baseline for HealthTech across Y&H from which we will update these figures.

3 The Opportunity for Best Region for Research and Insight

- 3.1** Y&H has a strong base of research and innovation capability with ten universities focussed on science, technology, engineering, maths and healthcare including the University of Leeds, University of Sheffield, University of Bradford, University of Huddersfield, University of Hull and York St. John University. There is a richness of specialist centres of expertise that together create a powerful academic and resources ecosystem across the area.
- 3.2** Y&H is host to one of the 15 NIHR Applied Research Collaborations (ARCs) in the UK, hosted at the Bradford Institute for Health Research.
- 3.3** This capability is helping to accelerate greater insights to support population health management, enabling the public to use new digital capabilities to achieve better health and care outcomes.
- 3.4** The region is a hotbed for NHS clinical research studies, with more than 80,000³ participants being given access to new improved treatments, according to figures from the National Institute for Health Research (NIHR).
- 3.5** In January 2019, Propel@YH, a Y&H digital health accelerator programme, was launched to encourage technological advances and improve patient outcomes. Participating organisations receive:
- Specialist training and product development support,
 - One-to-one support from individuals with extensive clinical, NHS provider, clinical safety and NHS procurement experience and expertise,
 - Access to expert partners including NHS providers, commissioners, academic organisations and primary care representatives.
- 3.6** With established academic expertise in Engineering, Computer Science and Health Informatics, the regions Universities attract many of the UK's top students. In LIDA (Leeds Institute for Data Analytics), we also have the UK government's biggest single investment in data science. TITCH is the national healthcare technology network, hosted by Sheffield Children's Hospital, dedicated to the development of technology solutions to help improve children's healthcare.
- 3.7** The government's recent commitment to fund 50 AI data scientist PhDs at the [University of Leeds](#) recognises the strong collaboration between the region's Academia and public sector.
- 3.8** Coupled with Best Region for HealthTech, it is recommended that an academic organisation such as the Y&H Academic Health Science Network, takes the lead in developing a complementary Strategy Framework for this area. This will support the work with the public to commoditise data, driving sustainability and ensuring public health and NHS benefits are at the heart of our commercial relationships.

³ 82,909 people took part in research delivered through NHS trusts and Clinical Commissioning Groups from April 2017 to March 2018. This represents an increase of almost 10,000 on the previous year (72,944), according to figures published in the NIHR NHS Research Activity League Table.

- 3.9** A piece of work has been commissioned from the Leeds City Region to baseline the Health Tech sector across the entire Y&H region. This asks: What does HealthTech in the region look like; what is our capability, capacity and potential? We are seeking to better understand the nature of the Digital Health / HealthTech sector in the region beyond the top line facts and figures and whether we have any genuine areas of distinctive strengths and opportunities? This will enable us to baseline our assets and ensure that all partners are aware of them and able to exploit them; we can support each other in developing new regional capabilities and pursuing / bidding for opportunities.



Sheffield

4 Making Y&H the Best Region for Digital Health and Wellbeing

- 4.1 Becoming the Best Region for Digital Health and Wellbeing is dependent on Y&H taking an integrated and standards-based approach to the delivery of Digital, Technology and Data. This is the only way of combining data from a heterogeneous set of legacy systems across the region and enabling a market place of HealthTech innovators to develop new products to solve the challenges we face today.
- 4.2 This requires all organisations across the region to adopt the recommendations in this Strategy Framework in developing and commissioning Digital, Technology and Data solutions.
- 4.3 It is recommended that the Y&H Digital Care Board provides the oversight and leadership necessary to ensure all organisations align to this approach.

Where are we now?

- 4.4 Y&H are leading exemplars of digital health and wellbeing open platforms, showing how best to combine information, digital tools and human endeavour from health partners, citizens, academics and innovators to deliver better outcomes, for example the Leeds Data Model, which combines data from different sources across organisations to provide better informed decisions on population health management.
- 4.5 Similarly, pockets of Y&H have created the foundations of a successful and thriving digital eco-system through the introduction of technology and innovation hubs, which are funded specifically to help the entrepreneurial digital health and wellbeing sector develop new capabilities to enable the “left shift”; new combined groups of carers and the public using new digital capabilities to enable them to achieve better health and care outcomes. The Urban Sustainable Development Lab and Co>Space North are good examples of this.
- 4.6 As a result of the region’s combinatorial whole system approach to delivering health and wellbeing outcomes, and its ability to convene users, professionals, data and the tech sector to support the coproduction and testing of products, many internationally renowned innovations were first deployed here including:
 - Careview (tackling social isolation)
 - Samsung Activage (H2020 programme helping to reduce medical interventions)
 - Tele-dermatology (enabling images of skin conditions to be sent directly to specialists)
 - EMIS and TPP general practice, Community and Child health IT systems.
- 4.7 Yorkshire & Humber Care Record (LHCRE) programme provides an open systems and open data platform for integration, and a platform upon which these new ecosystems of suppliers can develop new capabilities. Yorkshire & Humber Care Record aims to provide a combined normalised longitudinal health and care record (and the associated integration) for a population of 5.8M, allowing it to be continually updated and added to from professional records and by people themselves. Not only will this facilitate improved integrated direct care

for patients, but it will also enable the application of modern data analysis technologies (such as AI) to create the insight to make more informed decision-making regarding commissioning, prevention and future research. It will create a significant asset for supporting research and knowledge creation. This directly enables the commitments each ICS/STP have made with regards to integrated care and enables all organisations, regardless of digital maturity, to be on-boarded and start delivering the benefits to patients and clinicians.

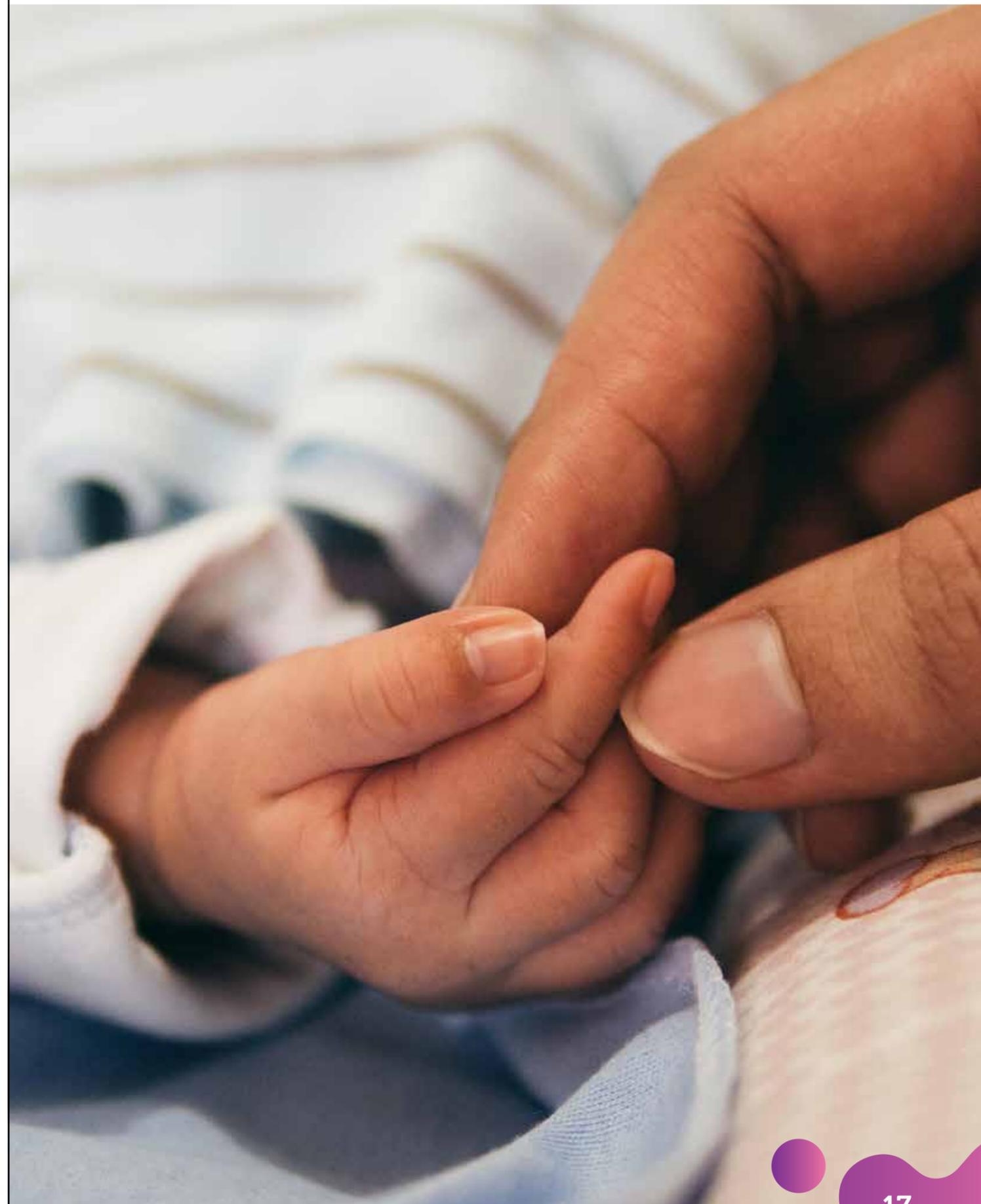
- 4.8 Y&H is the only region in the UK / LHCRE programme developing a reusable and open capability that will integrate with the full range of heterogeneous health and care systems, enabling organisations to maximise the investments they have already made. This approach is the only one which is truly exportable to other complex systems across the world, without incurring significant licence costs or following a particular vendor’s approach.
- 4.9 All of the products underpinning Yorkshire & Humber Care Record are built to common standards, using components that are transferable to different local contexts across the UK and beyond. For example the HELM Person Held Record (PHR), which was developed in Y&H and will be adopted also by the Salford Global Digital Exemplar as part of the Manchester LHCRE, is a platform upon which new capabilities can be built and reused elsewhere. Similarly the Y&H LHCRE programme has adopted open platform capabilities that were originally developed by the Worcestershire Health and Care NHS Trust Global Digital Exemplar.
- 4.10 Y&H is also one of the leading regions in joining up often siloed government policies on Digital e.g. The Department for Digital, Culture, Media & Sport, Ministry of Housing, Communities, Local Government and NHS Digital initiatives on connectivity, housing, digital health and wellbeing are being combined to quickly address the needs of the poorest in Council or Housing Association owned properties.
- 4.11 The [Yorkshire and Humber Public Services Network](#) is the largest public sector network services platform project in Europe, with 52 public service organisations utilising a common-standards based secure network service. This replaced the legacy PSN and N3 services, delivering 10% of NHS Digital’s HSCN estate and demonstrates the region’s ability to collaborate at scale.
- 4.12 Maintaining a high level of public trust through good information governance arrangements and expertise in digital and data ethics feeds product development. There is a Y&H Data Ethics forum that involves leading national experts in this area from academia, industry and government, who are developing new methodologies, models and guides to ensure we use digital and data in an ethical way.

Where do we want to be?

- 4.13 By 2021 we will all have integrated data from across the statutory health and care system via the Yorkshire & Humber Care Record (LHCRE). Data will move seamlessly, securely and be used to enable better care of the person in any setting. Localities will be able to determine their own local solutions and interventions, whilst contributing data to and consuming data from the wider region.
- 4.14 People will own their own information and be able to contribute to it through the use of apps and devices enabling the personalisation of medicine and interventions.

- 4.15** We will free data (securely) from locked-in systems and provide a technology platform that enables innovators to use the data and easily develop new integrated products and services. This will provide access to over 5.8m people and the potential for data to flow between people and the systems used by professionals.
- 4.16** We will normalise the data into standard computable format so it is easily accessible and readable by advanced analytics tools such as AI, opening up significant opportunities for new insights. Personalised medicine and care is achievable only as a result of combining data and analytics resources.
- 4.17** We will combine data from multiple sources (across the whole system not just healthcare), enabling teams of data analysts to collaborate and derive new insights, (e.g. predicting the impact of air quality on COPD patients), better informing targeted interventions and commissions for our populations as well as, through more accurate predictive analytics, significantly improve the flow of care through optimally allocating resources across the system.
- 4.18** We will bring together people, professionals, academics and innovators from the technology sector to co-produce solutions using a tested, human centred design approach. This will enable community and locality-based organisations, services and the third sector, to use and interact with these systems, which demonstrably deliver sustainable solutions that meet user needs.
- 4.19** We will embrace the open platform approach, enabling ecosystems of specialist suppliers to deliver personalised solutions, contributing and consuming data with our systems. This will make a marked difference in self-care, prevention, better enable the strengths of local enterprises and community capabilities whilst supporting the whole system approach to “Left Shift”.
- 4.20** From a Digital, Technology and Data perspective we will remove the traditional concerns about organisational boundaries and control and adhere to the Digital, Technology and Data Design Principles in all investment and development decisions. This will ensure we are continually working towards achieving the vision and goals detailed within this Strategy Framework.
- 4.21** Every organisation across the Health and Care system will have leaders equipped with the necessary digital skills and knowledge to ensure that new care pathways deliver better outcomes, and a digitally skilled workforce.

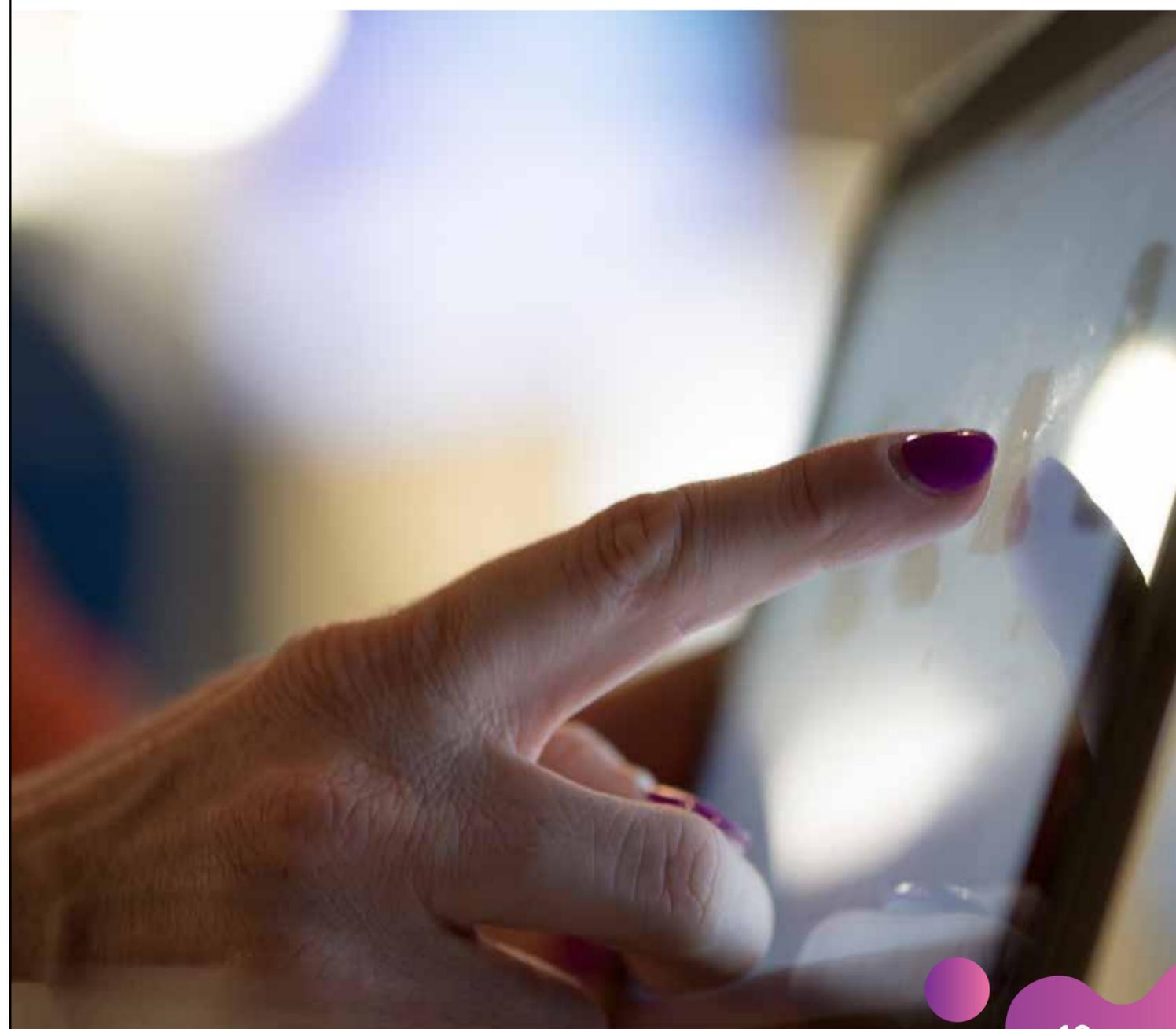
Through this Y&H will firmly establish itself nationally to deliver the best health and wellbeing outcomes and create scalable, industry leading solutions in the key national priority areas such as data driven AI.

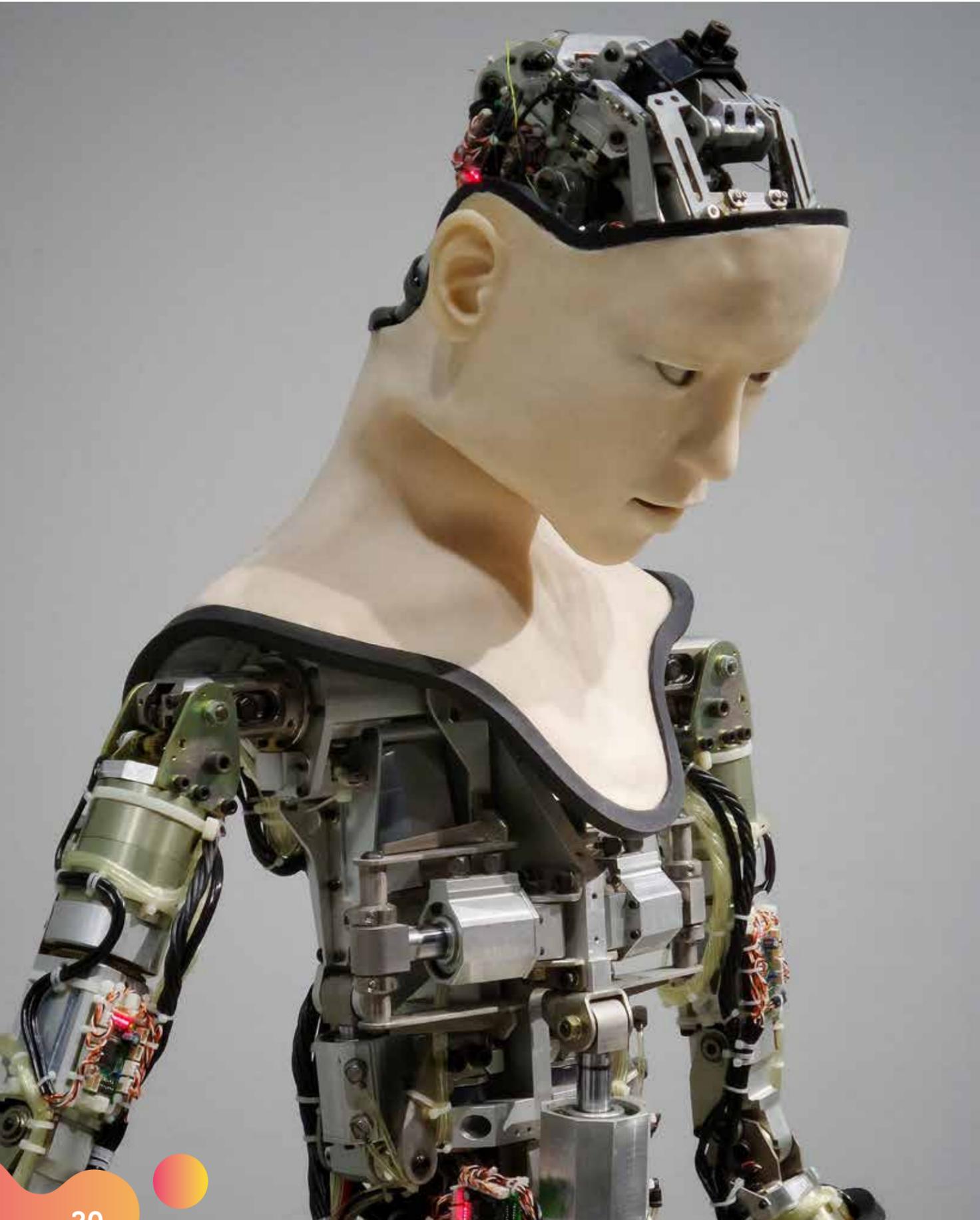


5 What do we need to do?

- 5.1** Pockets of Y&H have already achieved the Digital, Technology and Data maturity necessary to underpin new models of care and meet the challenges of 21st Century healthcare. These approaches could be transferred and applied to different contexts across the region. Organisations should seek and adopt innovations that have been developed elsewhere and standardise and share that which they develop so that it can be adopted elsewhere.
- 5.2** The LHCRE program will provide a solid Y&H-wide open platform foundation that all parties across the region should integrate with, build upon and exploit. This capability must be re-used for local to local or cross region integration.
- 5.3** We know that one size doesn't fit all, but by developing common building blocks our places, partnerships and organisations will be able to build services and citizen/patient based solutions quickly, flexibly and cost effectively. This more open and flexible market will unlock our full potential for innovation. Our ambition requires both a cultural and technological shift and we agree we need to look at the way we deliver Digital, Information and Technology projects across the region. Notably:
- 1** We want to go further to redesign our services, pathways and solutions around the needs of the people using them. This means continuing to prioritise people and user needs above professional, organisational and technological silos.
 - 2** We want to "fix our plumbing" to break our dependence on inflexible and expensive technology that doesn't join up effectively. This means insisting on modular building blocks for IT we rely on, and open standards to give a common structure to the data we create. This opens up the opportunity for new innovations to be seamlessly adopted quickly and cost effectively.
 - 3** We want to design safe, secure and useful ways of sharing information to build trust amongst our partners and citizens/patients to better support the most vulnerable members of our communities, and to target our resources more effectively.
 - 4** We will demonstrate digital leadership, creating the conditions for genuine system change to happen. Our clinical, professional and service leaders will become digitally savvy and lead the change.
 - 5** We want to embed an open culture that values, incentivises and expects digital ways of working from every member of our workforce. This means working in the open wherever we can, sharing our plans and experience, working with other organisations, and reusing good practice.
- 5.4** To enable these things to happen we have collectively developed Digital Design Principles that will be adopted by each sub region that provide clear guidance for organisations to follow when considering all future Digital, Technology and Data investments and developments.

- 5.5** The ICS/STPs committed to NHS England in the LHCRE Key Lines of Enquiry to set up a Yorkshire and Humber Digital Care Team to provide oversight from the Y&H regional level of digital work including support and development of the YHCR. The YHCR Programme is funded until the end of 2019/20 and the arrangements for continuation of the platform and related services are in the process of being designed. The Digital Leads believe any ongoing arrangements for the LHCRE will need to be agreed by each ICS/STP region within Y&H.
- 5.6** This will enable Y&H to lead the way with regards to architecting technology at the system level, whilst enabling different delivery approaches and solutions in different local contexts.
- 5.7** This approach will deliver digitally enabled new models of care where diverse ranges of organisations, working differently in different places, can work as one, around the needs and wants of individuals. This strategy and the Yorkshire & Humber Care Record offers wider opportunities for sharing e.g. Regional PACS and pathology systems.





6 Best Region for Digital Ready Leaders, Workforce and People

- 6.1** As has been the case in other industries, Digital will disrupt the traditional clinical and social care models and underpin new sustainable models of care. This positive and transformational disruption can't happen through digital leaders alone. It requires changes to citizen, business and clinical strategies, led by digitally skilled and knowledgeable people, to ensure they take full advantage of new digital technologies to improve existing models of care for the benefit of patients and citizens.
- 6.2** These individuals need to understand the potential Digital, Technology and Data can have on their services; connecting people and technology, driving process change and supporting new operating models.
- 6.3** It is recognised that many business and clinical leaders in the public sector need development in this area. Therefore, it is proposed that each organisation identify accomplished senior lead for digital mentors, working with the support of partners (e.g. Academia and the Digital Sector), to develop our business and clinical leaders to enable them to bring digital to the core of their delivery models.
- 6.4** This work will implement and build upon the recommendations of the recent Topol Review to bring in capabilities that are focused on how digital can disrupt and change the current model of healthcare to one which is more focused on better outcomes. There is an opportunity for Y&H to be the UK leaders in this area of work.
- 6.5** Further to this, there are proven and emerging models for this coming out of some of the world's leading universities, including the Boston University Questrom School of Business (BUQ), which is an outstanding exemplar of business leader development.
- 6.6** As an example a Digital Benchmark has been created by Professor Venkat Venkatraman (BUQ) in conjunction with the Savannah Group and PA Consulting Group which sets out to assess the extent to which traditional UK businesses are prepared for the opportunities and threats presented by digital disruption. This type of tool could be used to assess the status / maturity of our system although this would need to be determined.
- 6.7** Establish a 100% Digital Y&H programme, working with the Good Things Foundation (Sheffield) to address Digital inclusion. This will be done by working with community organisations and groups across the region's places to increase their capability, capacity and confidence with regards to delivering digital inclusion. It is these community and locality-based organisations who directly engage with the neediest and excluded people and will address the problem in their contexts.
- 6.8** Work with universities and colleges to ensure training and education courses in health and social care provide the appropriate digital training, ensuring those coming into the health and social care sphere can use the technology they are provided with.

7 Our Commitments

- 7.1 This strategy and approach is underpinned by a “tight”/“loose” approach, where region-wide common standards and shared components are managed centrally, with solutions and services delivered locally, based on the local context.
- 7.2 To deliver this vision we require all organisations to commit to the following:

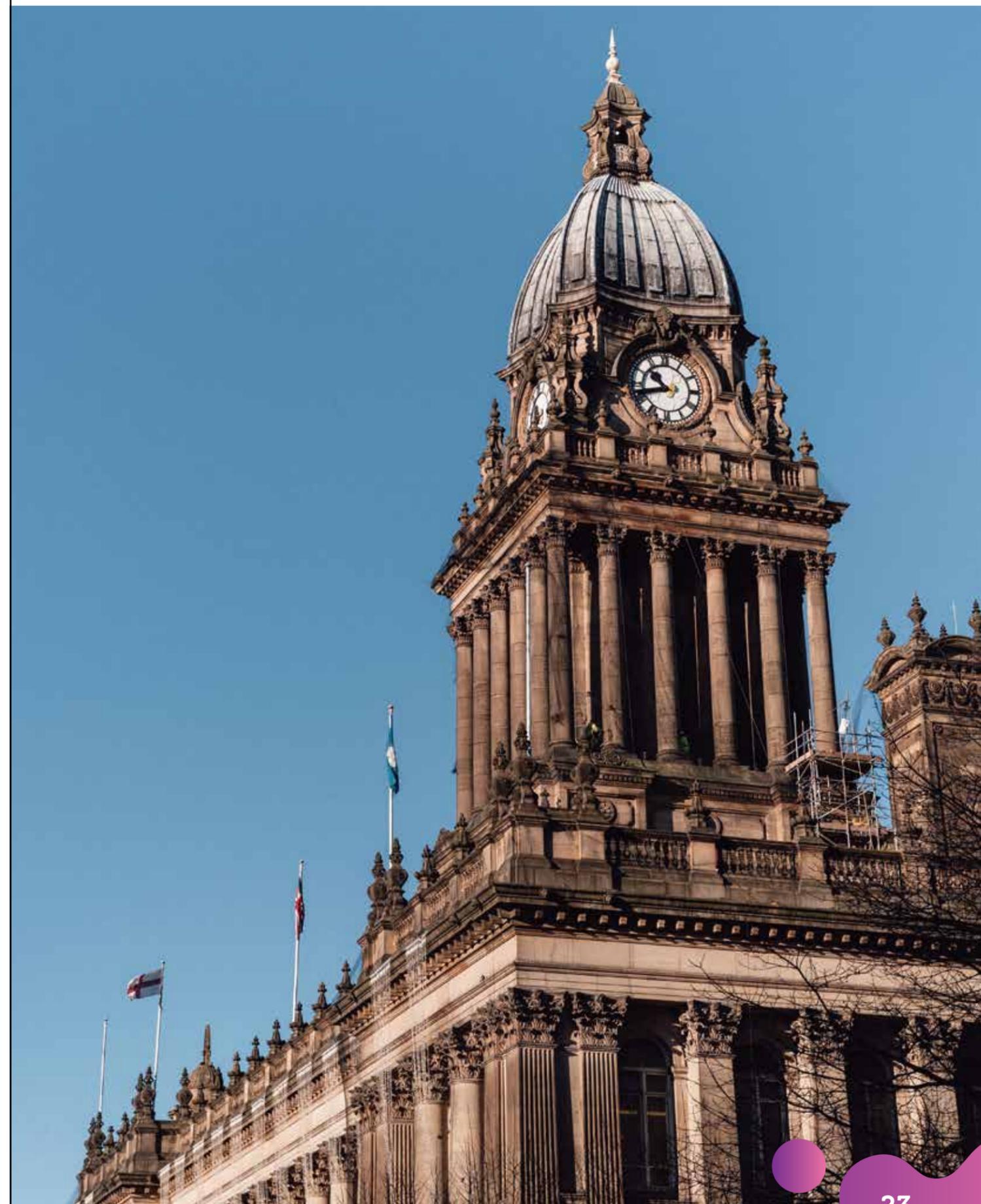
Digital Principles and Standards (How we do things)

In line with the standards set by NHS X, NHS Digital and the Local Digital Declaration as Digital, Data and Technology Leaders in Yorkshire & Humber:

1. We will work collaboratively and transparently across Y&H, as well as with other regional and national partners (where appropriate), supporting each other to deliver / meet users needs and objectives of our citizens and professional users, ensuring we design for inclusion.
2. We will collectively develop, iterate and own the digital / technology priorities and delivery roadmap across Y&H, including region, place and any critical organisational priorities⁵.
3. We will seek to achieve consistent maturity across Y&H but allow regions, places and organisations to go ‘further, faster’ through pursuing innovation opportunities.
4. We will collectively own and maintain a Standards roadmap (technical and clinical) for Y&H, where we will seek to iterate and/or adopt (as far as possible) published digital, data and technology (including clinical information standards) from Yorkshire & Humber Care Record, professional standards bodies and national bodies such as NHS X and NHS Digital.
5. We will retain delivery responsibility at organisation or place level, unless otherwise agreed to deliver once across our system.
6. We will seek to re-use and extend existing services where they are meeting shared user needs across Y&H rather than procure new, seeking to converge onto a set of strategic partnerships and systems across Y&H (note this does not mean onto single systems) to add leverage to the value of Y&H, manage cost-demand pressures appropriately, ensure better integration and interoperability⁶.
7. We will define and use standardised approaches to ensure all Yorkshire & Humber partners can benefit from any digital procurement / sourcing activity within the region, ensuring legally compliant means to extend services across Y&H.

⁵ e.g. Provider trust electronic patient record replacement.

⁶ Interoperability is defined as the ability of two or systems to work together unchanged, even if they weren't designed to work together Vs integration where change is required to make the systems connect.





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