



Health
Innovation
Manchester

Aligning digital investment to deliver optimal benefits across an ICS footprint

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Technology will help us to address the many challenges and inequalities we face across Greater Manchester.

2.8m
population

Growth of 170,000+ in the last decade

77.8 men's life
expectancy

Below England average of 79.5

441,000
aged over 65

Growth of 50,000+ in last 25 years

65,700
unemployed

4.9% down from 6.2% the previous year

£22bn resource

£7bn gap between public spend and tax income

81.3 women's life
expectancy

Below England average of 83.1

12,000
children not ready for school

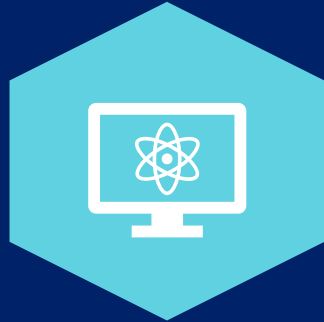
At the end of early years foundation stage

1/4 of 16-19 year
olds unemployed

15,300 (26.8%), up from 22.1% the previous year



Aligning health and wealth to tackle inequalities



UK Industry Strategy - leading the future by creating it



NHS Long-Term Plan and formation of ICSs

JOB

HOUSING

EDUCATION

SOCIAL

GM
Strategy

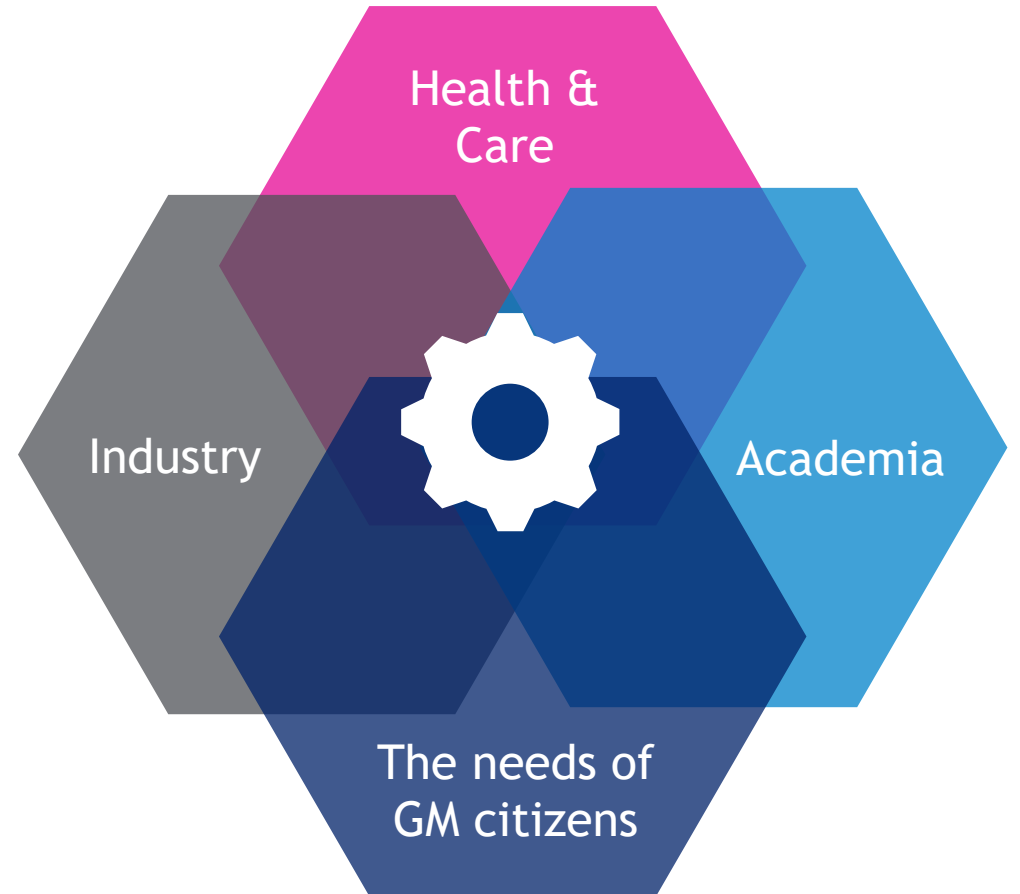


Health
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We work with innovators to

discover, develop and deploy

new solutions that improve the health
and wellbeing of Greater Manchester's
citizens.

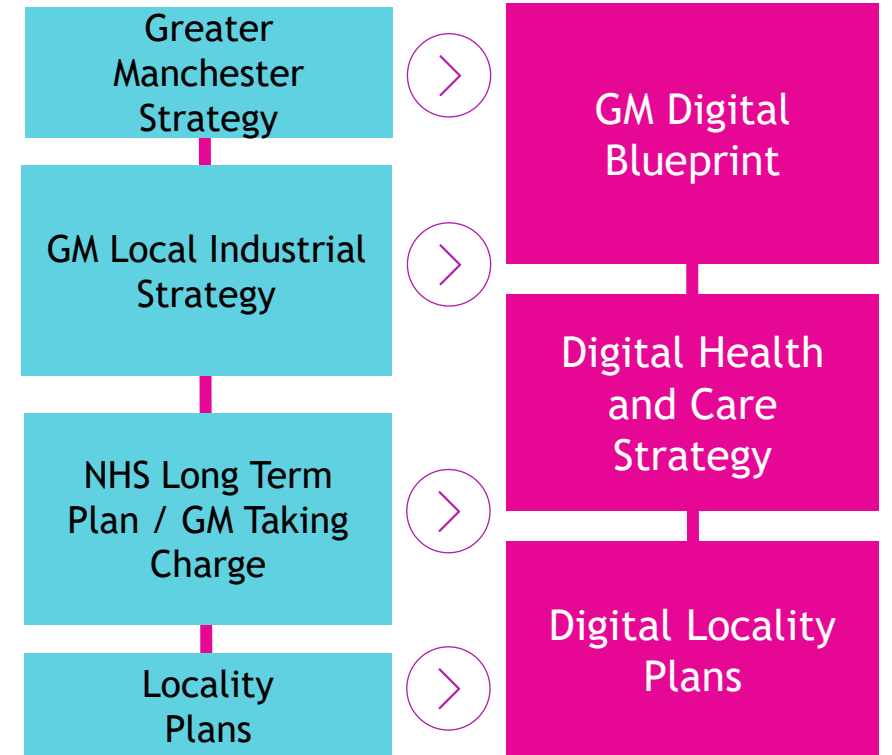




Maximising digital technology is central to achieving Greater Manchester's radical reform plans and improving citizen outcomes.

Digital vision:

Improve outcomes for Greater Manchester citizens by harnessing the power of technology to better understand our population, identify their need and transform care. We will use technology to empower people to take greater control and accelerate innovation into practice.





We made significant progress on digital delivery in response to the pandemic



GM Care Record:
Data sharing, Pathway Transformation, Research



Nightingale Mobilisation



Virtual Consultations:
Primary Care and Outpatients



Digital Care Homes:
Symptom Tracker



Digital Mental Health:
Risk stratification and remote support tools



Smart Hearts:
Remote monitoring of embedded heart devices



Staff:
Remote working at scale



Stop Smoking Digital Support Platform



GM Care Record: Remote monitoring -
COVID, Heart Failure, Maternity



Mass Vaccination Centre:
Integrated Booking



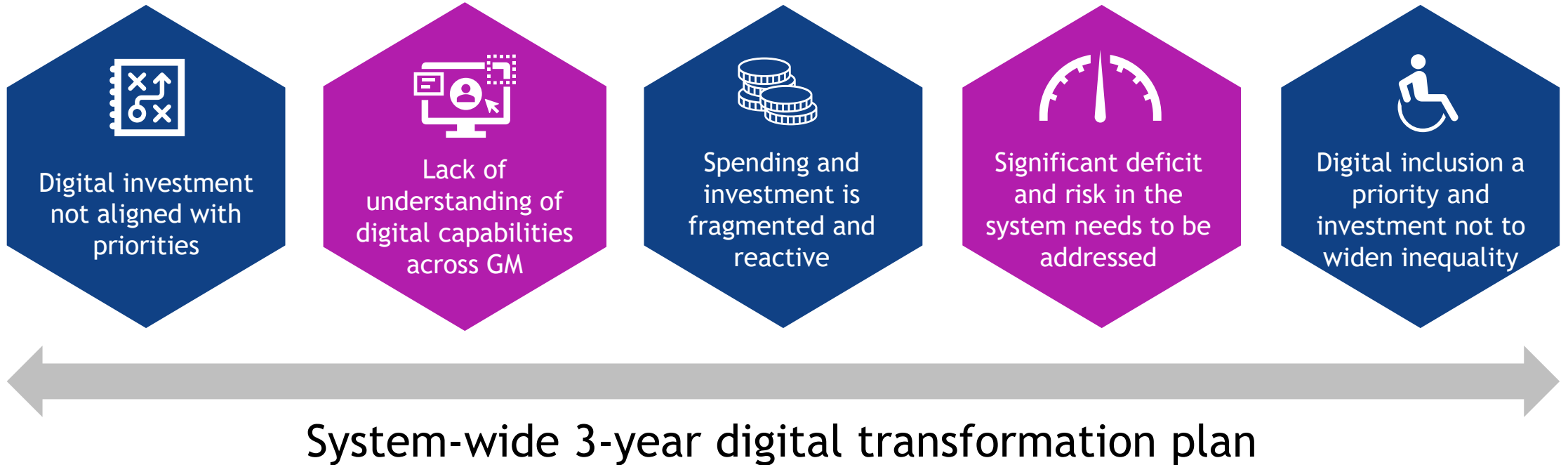
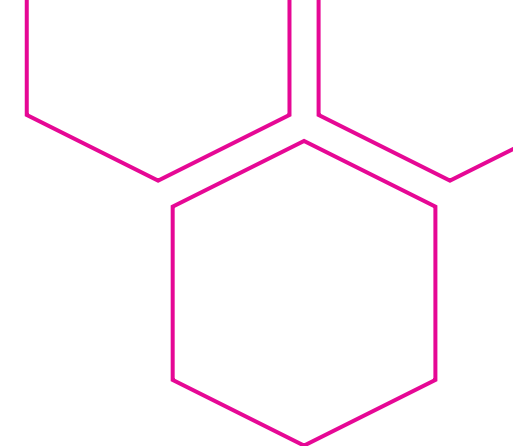
Urgent Care by Appointment:
Call before you go



Population Health and Analytics Platform

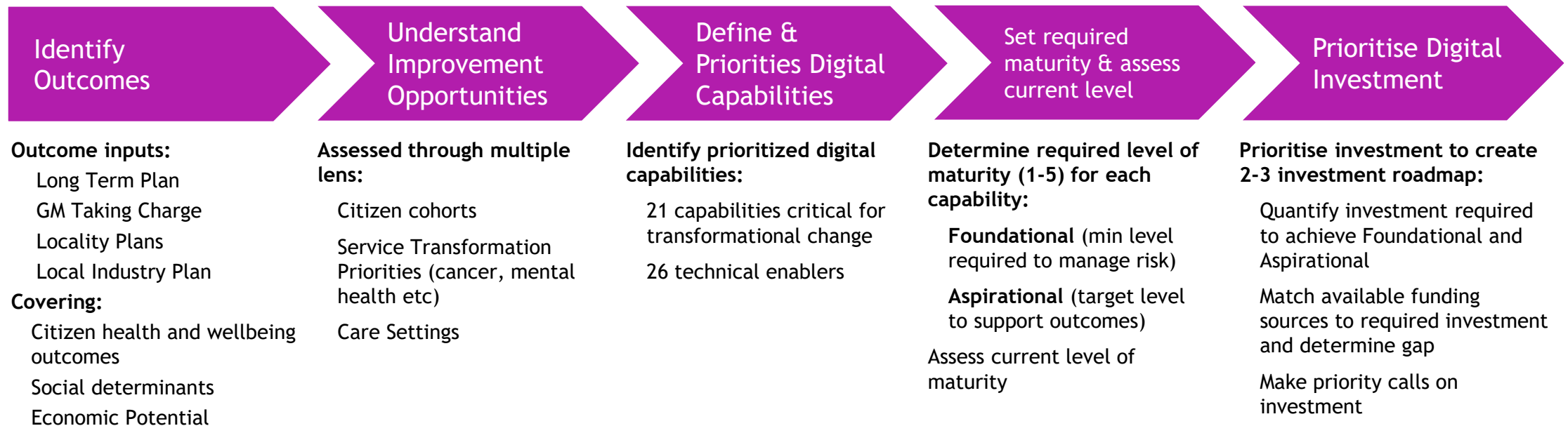


For the ICS to be successful, we needed to develop a deep understanding of digital investment challenges



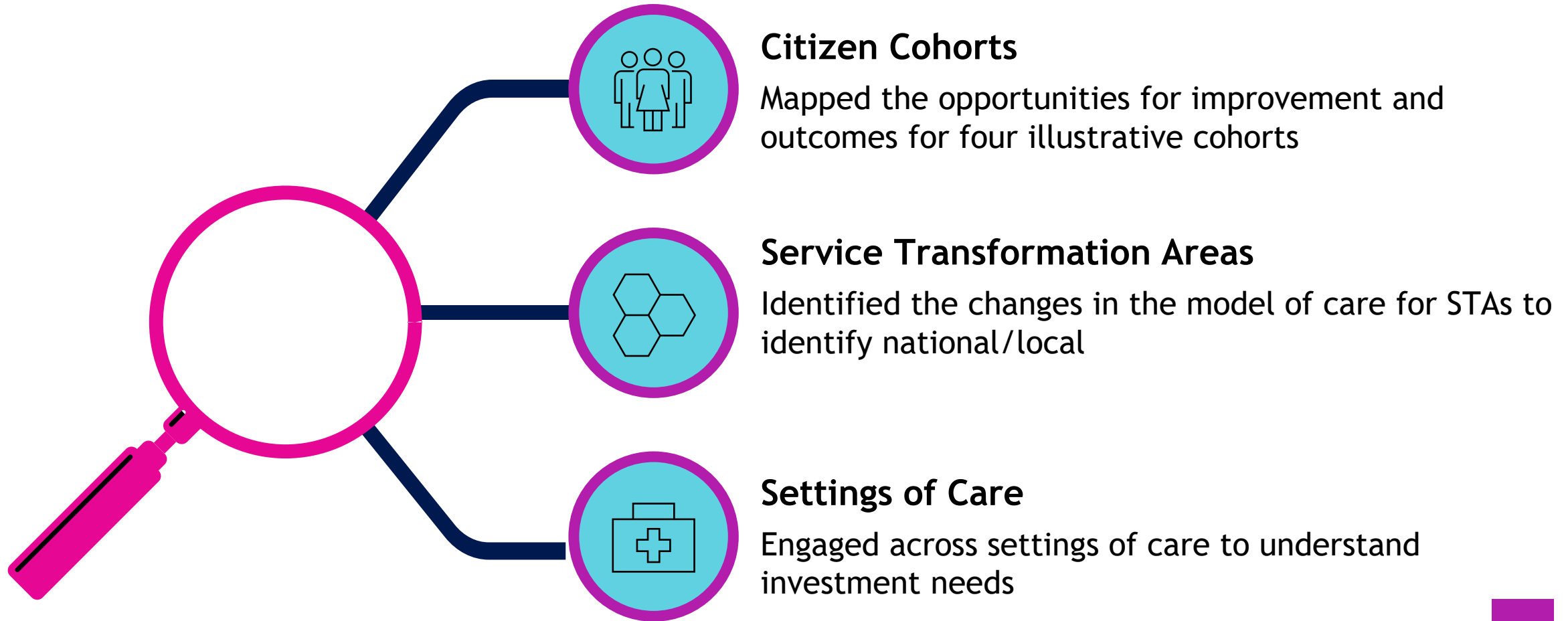


Digital investment priorities using an outcomes and citizen pathway-based approach





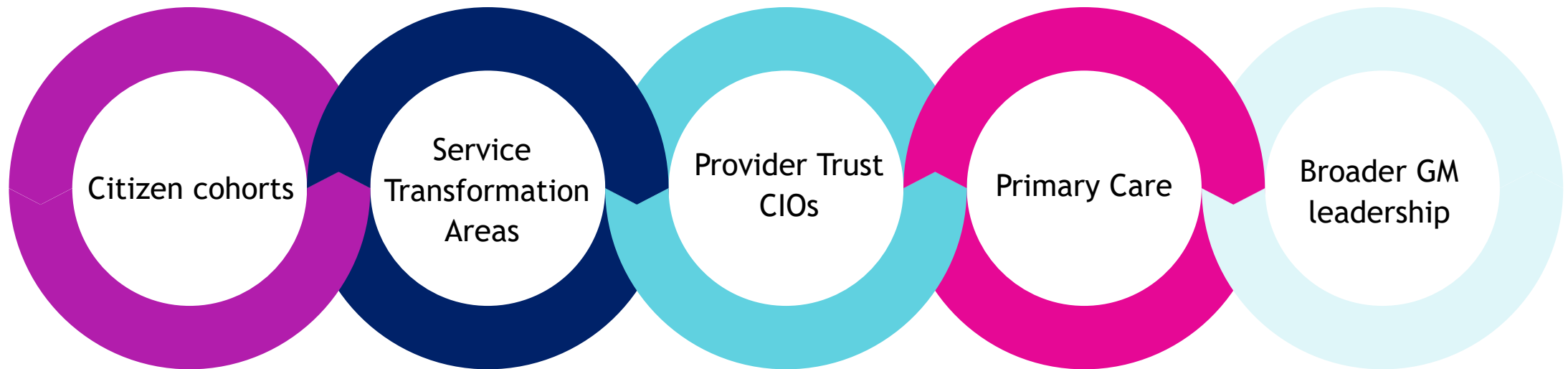
Opportunities for improvement and priorities identified via a systematic method





Developing a system-wide digital investment plan

We have developed a digital investment plan based on user insights and engagement with 120+ GM clinical and leadership stakeholders



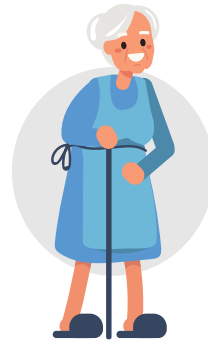


The work was framed from the perspective of four illustrative citizen cohorts with different needs

% of GM population¹

A Elderly, frail and housebound

~8%



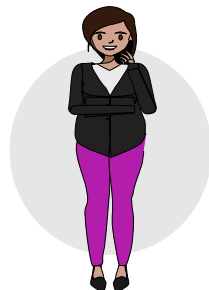
C Middle-aged, multiple health needs, lifestyle challenges

~10%



B Mostly well, with occasional elective intervention

~35%



D Family, with young children and wide-ranging needs

~25%





Four citizen cohorts were developed to understand the opportunities for improvement and how digital could address these

Develop archetypes

Map the 'as is' journey to identify pain points

Identify improvement opportunities from journey

Connecting improvement opportunities to outcomes

Reimagine the future state journey

Prioritise digital and data capabilities based on impact

Oksana - 77 years old
Elderly, Frail and Housebound

Family circumstances
9%

Health Needs and Challenges
4.3 per year

What's important to Oksana?
65%

80%

Opportunities for improvement
For the 'Elderly, Frail and Housebound'

- Booking systems and discharges are typically not integrated across care settings, putting the onus to secure appointments on the patient which can be overwhelming for senior patients.
- Lack of real-time updates and shared EPRs between care settings means repetitive testing and history-taking.
- Lack of control over ownership or sharing of personal records can impede the timing and quality of care, especially for those with cognitive or mental health needs who may rely on carers.
- Lack of tailored communication can inhibit patient report (e.g. by using terms such as 'fall', 'injured' patients from recovering news with their necessary support network and leave patients feeling 'abandoned' without appropriate follow-up).
- Limited use of risk stratification to identify 'at risk' patients and direct them to services which can help provide prevention and/or support.

Understanding how these opportunities for improvement and outcomes connect
For the 'Elderly, Frail and Housebound'

Opportunities for improvement	Multifactorial Risk Factors and Health Outcomes	EMR baseline	National Average of target
1. Integration of booking systems and patient management	Average EMR rate for repeat appointments in people aged 65+ %	15%	15%
2. Lack of EPR between care settings	Share of people with dementia in the elderly that are medication-related % Other people in the community at risk of medication safety incidents (e.g. falls) Individuals aged 65-74 included in Best 40 program based about a rate of adverse independent injuries per 100,000	12% to 15% 15% 207.9	15% to 15% 15% 207.9
3. Responsive ownership of personal records	Number of people aged 65+ with dementia % Share of older people living conditions at risk %	4.2 10%	4.2 10%
4. Tailored communication to support patients	Population vaccination coverage for shingles (aged 70+) Population aged 65 and over with a severe long-term health problem or disability (%)	41.4 25.9	44.4 25.9
5. Limited digital pathways	Share of people aged 70+ who do not use the internet regularly*	68% 68%	28% 28%

Treating Oksana's Fall

Opportunities for digital and data interventions
For the 'Elderly, Frail and Housebound'

Digital and data solutions	Current pain points	Intervention areas	Health risk factors and outcomes	Additional or higher risk groups
1. Integration of booking systems and patient management	Patients struggle to book appointments	Integrated booking system	Reduced falls	Patients with cognitive impairment
2. Lack of EPR between care settings	Repetitive testing and history-taking	Shared EPRs	Reduced hospital admissions	Patients with complex health needs
3. Responsive ownership of personal records	Patients unable to access their records	Personal health records	Improved patient engagement	Patients with low health literacy
4. Tailored communication to support patients	Patients not understanding their condition	Tailored communication	Improved patient adherence	Patients with cognitive impairment
5. Limited digital pathways	Patients unable to use digital services	Digital pathways	Improved patient access to services	Patients with low digital literacy



Digital and data capabilities required for an ICS and underlying technical systems and enablers

Digital and Data capabilities



Understand and plan for population health needs



Provide coordinated & integrated care



Operate efficiently and productively



Empowering the citizen



Accelerate research and innovation

Technical systems and enablers



Security & Governance



Data Ecosystem & Analytics



Underpinning enablers of integrations



Core Clinical Systems



Support Services



Digital Infrastructure



Digital and data capabilities required for an ICS and underlying technical systems and enablers

■ Digital and Data capabilities

■ Technical systems and enablers

Digital and Data capabilities

<p>Understand and plan for population health needs</p> <p>Understand population health needs and inequalities using analytics to allocate resources and tailor care programs</p> <p>Understand and predict population health need</p> <p>Decide and design care interventions</p>	<p>Provide coordinated & integrated care</p> <p>Services which support, integrate and place equal emphasis on physical, emotional and social needs</p> <p>Integrated shared care record</p> <p>Care coordination: inc complex high priority pathway management</p> <p>Eventing: sharing actions and alerts</p>	<p>Operate efficiently and productively</p> <p>Optimize the allocation of people, time and tasks to where the impact and value is greatest</p> <p>Demand led management of capacity & scheduling</p> <p>Supply chain automation</p> <p>Workforce</p> <p>Robotic process automation</p> <p>System monitoring and transparency</p> <p>Real time staff, patient, equipment tracking</p>	<p>Empower the citizen</p> <p>Person-centred care, tailored care services – which support patient autonomy, initiative, and ownership</p> <p>Targeted, tailored and personalised comms</p> <p>Health record accessed by citizen</p> <p>Remote monitoring</p> <p>AI enabled self help triage</p> <p>Digital front door and navigation</p> <p>Multi channel consultations</p> <p>Personalised care apps</p> <p>Booking appointments across settings of care</p>	<p>Accelerate research and innovation</p> <p>Bring health and care data together to enable future innovations and future outcome improvements</p> <p>Research data</p> <p>Innovation hub</p>
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Technical systems and enablers

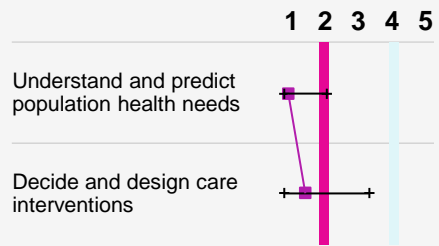
<p>Data Security and governance</p> <p>Single sign on (SSO)</p> <p>Identity and access mgmt.</p> <p>Security: network & cyber</p> <p>Information governance</p>	<p>Data Ecosystem and Analytics</p> <p>Data warehouse & data Lake</p> <p>Collecting and managing multisource data</p> <p>Analytics and reporting models and tools</p>	<p>Underpinning enablers of integration</p> <p>Integration engine</p> <p>Internal / external API</p> <p>Healthcare interoperability standards</p>
<p>Core Clinical Systems</p> <p>EPR for each care setting</p> <p>Specialist systems</p> <p>LIMS</p> <p>Order comms</p> <p>Multi-resource scheduling</p> <p>PAS</p> <p>Imaging</p> <p>e-prescribing</p> <p>e-referrals</p>	<p>Support Services¹</p> <p>IT service mgmt.</p> <p>System for communication (any type)</p> <p>Asset mgt. & tracking</p>	<p>Digital Infrastructure</p> <p>Unified communications (email, phone, smart device)</p> <p>Networking (WAN/LAN/WiFi/Beacons – GM wide area network)</p> <p>Minimum standards for computers (PC, Laptop, VID)</p> <p>Network estates (incl. cloud)</p>



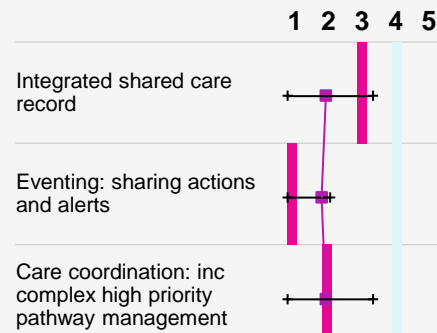
Example NHS Trust digital maturity mapping



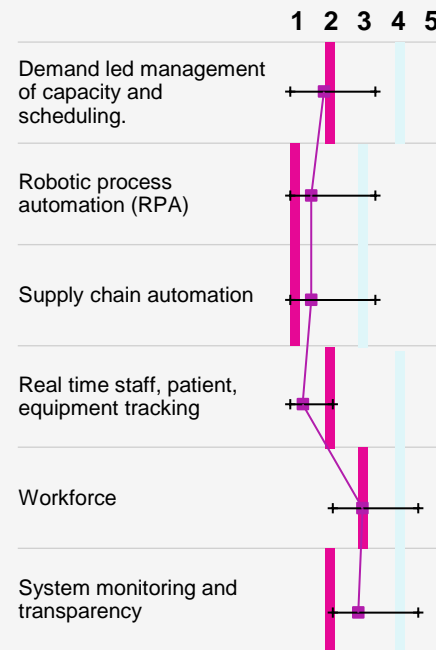
Understand and plan for population health needs



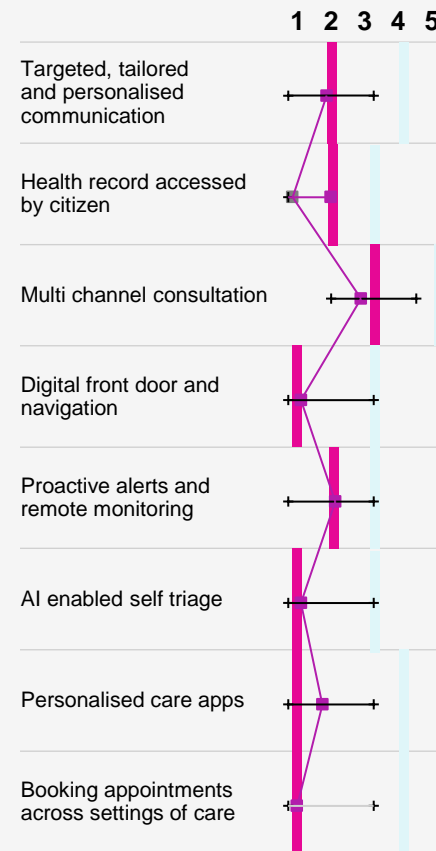
Provide coordinated and integrated care



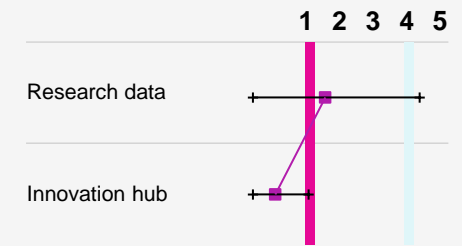
Operate effectively and productively



Empower the citizen



Accelerate research and innovation





Example: GM Care Record - benefits realisation project

1 Understand

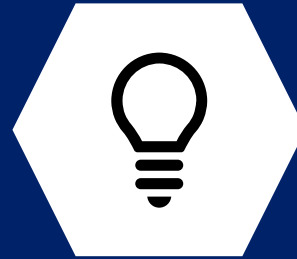


Undertake a diagnostic of current usage of GMCR across care settings

Scope of work:

- Understand who, uses the record, where and why
- Map usage to current feeds and functionality
- Understand locality GMCR roll-out plans
- Undertake a rapid evidence synthesis of shared care records in the NHS to understand what drives up usage
- To understand current practice and challenges with
 - MDT care planning, remote monitoring and PHRs
 - Cohort ID and case finding

2 Reimagine



Define opportunities for improvement, driven by outcomes, including improving usability.

Scope of work:

- Gap analysis that identifies any feeds or functionality missing, or sectors without access
- Develop a workforce-persona based view of the reimagined experience of the GMCR
- To develop targeted training and comms plans to drive up usage
- To align on multi-agency care planning strategy and care plan rollout
- To respond to the remote monitoring strategy and optimize capabilities
- To design the functionality of a single shared analytics pipeline
- To develop a roadmap for proposed analytical use cases supporting secondary care

3 Implement



Increase usage based on insights across GM care settings

Scope of work:

GM level:

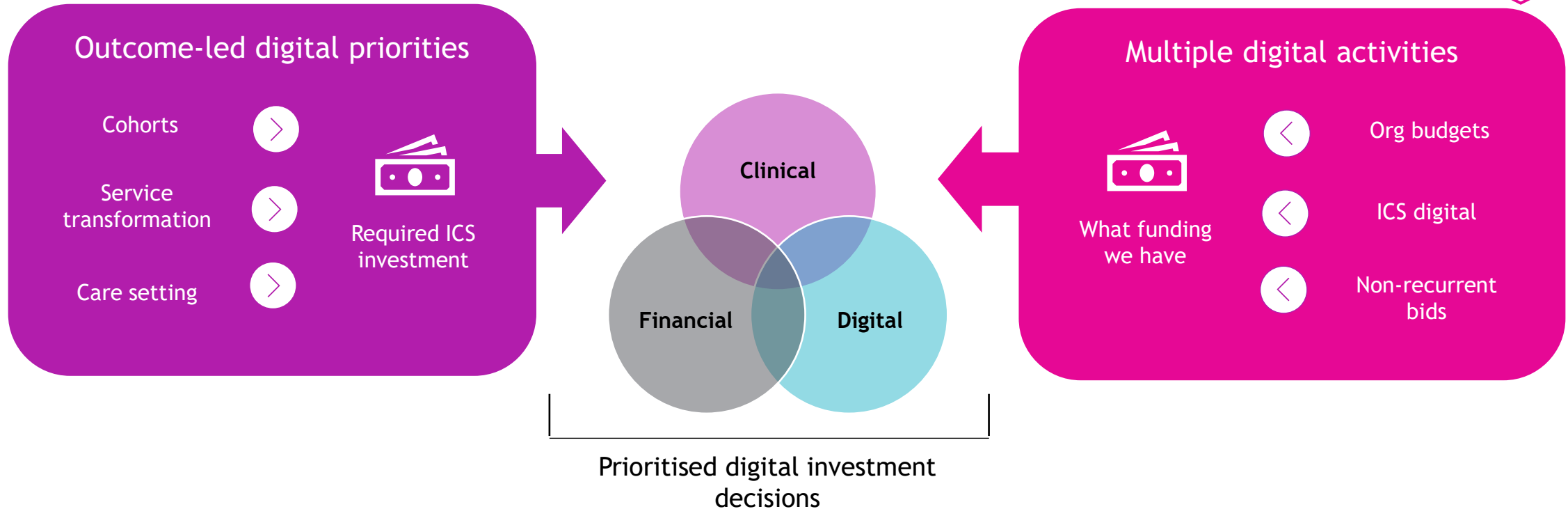
- To deliver the detailed feeds, functionality and sector-onboarding roadmap to each persona group with supporting materials
- To deliver a targeted training and comms campaign in Secondary Care and Pre-hospital services for increasing usage and benefits, training in basics and new functionality, based on the insights gathered

Local level:

- Empower local clinical champions to run the training on the ground



We need to make evidence-based decisions on digital investment to deliver maximum benefits for patients, services and the ICS





Thank you



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