Meeting of BNSSG ICB Board

Date: Thursday 1 February 2024
Time: 12:30 -15:45
Location: University of the West of England, Enterprise Park 1, Lecture Theatre, Long Down Avenue, Stoke Gifford, BS34 8QZ

Agenda Number :	6.2	
Title:	Digital Strategy Portfolio for 2024/25	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	

Purpose: For review and assurance	
Key Points for Discussion:	

The ICB Board is asked to:
- Approve the proposed Digital Strategy Portfolio for 2024/25. These are the projects that will be prioritised for the 2024/25 work programme
- Support the funding principle that the digital components of transformation projects should be built into the design process, and reflected in the business case approvals and budgets for those projects
- Note that a breakdown of cost and savings assumptions for each project in the portfolio, has been reviewed by the ICB Finance, Estates and Digital Committee (FED).
- Note the implications for existing projects that are to be stopped/paused or delivered through other routes.

Recommendations:	1. To approve the proposed Digital Strategy portfolio for 2024/25 2. To support the funding principle that the digital components of transformation projects should be built into the design process, and reflected in the business case approvals and budgets for those projects
Previously Considered By and feedback:	- The ICB Finance, Estates and Digital Committee reviewed a draft of this paper on 25 January, for assurance and to confirm support for the paper to be submitted to Board

	• The draft paper was also discussed at the ICB Executive Team meeting on 22 January. • The proposed Digital Strategy portfolio has been developed through discussion at the Digital Delivery Board and Clinical Informatics Committee in November and December. • The NHS Chief Digital Information Officers reviewed the draft proposals on 22 January
Management of Declared Interest:	N/A
Risk and Assurance:	The paper sets out key risks and mitigations to be managed at the Digital portfolio level: • Affordability • Deliverability • Benefits realisation
Financial / Resource Implications:	• Costs of c£1.2m against the MTFP budget of £1.2m for investment in 2024/25 and c£1.4m in 2025/26, of which c£475k is assumed to be recurrent • Recurrent savings of c£1.9m in 2025/26, increasing to c£2.9m in 2026/27, against the MTFP profile of £2.6m recurrent savings to be delivered in 2024/25 (i.e. 12-24 months lag) • ICB running cost recurrent savings of c£750k in 2025/26, increasing to c£1.2m in 2026/27
Legal, Policy and Regulatory Requirements:	National policy on What Good Looks Like for Digital Development is reflected in the proposed Digital Strategy portfolio for 2024/25
How does this reduce Health Inequalities:	Digital Inclusion is a key objective of the Digital Strategy and it is proposed that this is an investment objective for a project to increase uptake and use of the NHS App. In addition, improving ethnicity data quality is to be an investment objective of the Improving Data Quality project
How does this impact on Equality & diversity	Each project in the proposed portfolio that is to be led by the ICB, will be managed in line with Gateway processes and will be subject to Equalities Impact Assessment
Patient and Public Involvement:	To be managed at project level
Communications and Engagement:	To be managed at project level
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Digital Strategy Portfolio and Budget 2024/25 for approval

1   Purpose

a) To approve the proposed Digital Strategy Portfolio for 2024/2025. These are the projects that will be prioritised for the 2024/25 digital work programme
b) To support the principle that digital and data components of all improvement initiatives and transformation projects must be built into the early stages of design process. These requirements need to be reflected in the business case, approvals and budgets for those projects.
c) To note that a breakdown of cost and savings assumptions for each project in the portfolio, has been reviewed by the ICB Finance, Estates and Digital Committee.
d) To note the implications for existing projects that are to be stopped/paused or delivered through other routes.

2   Background

2.1   Previous ICB Approvals

The ICB Board approved the Digital Strategy and Strategic Outline Case (SOC) in February 2023.

The ambitions of the Digital Strategy and SOC are described around 6 themes:
1. Digitally enabling integrated care
2. Citizen First digital capabilities
3. Digital workforce
4. Using data better
5. Innovation
6. Establishing a Digital Infrastructure Alliance

As part of the Board's approval, it was agreed that the next stage would be to develop business cases for each of the areas.

The SOC set out estimated cost and benefits of delivering the Digital Strategy, including: c£33m estimated cost of implementation, with c£5.0m recurrent revenue costs and £9.2m revenue savings by 2027/28, leading to a net recurrent revenue saving of £4.2m by Year 2027/28 and a payback period of 10 years. These recurrent revenue assumptions are reflected in the ICB Medium Term Financial Plan (MTFP).

2.2   Current position: Focusing on Transition

2023/24 has been a transitional year through which we have been aligning the Digital portfolio to the Digital Strategy /SOC and the ICS Integrated Care Strategy, and progressing delivery of key projects. A summary of progress on delivery and areas of challenge in 2023/24 is set out below at Appendix A.

2.3   Financial Context

The BNSSG Medium Term Financial Plan (MTFP) sets out the financial planning parameters for investment in delivering the Digital Strategy. The MTFP provides £1.2m for investment in 2024/25 on the basis that this will enable c£2.6m of recurrent savings. This is in line with the cost and benefit assumptions that were set out in the Digital SOC and approved by ICB Board in February 2023. Savings will accrue from reduced digital workforce and contract costs (e.g. cost of licenses), saving in clinician/staff time, and reduced avoidable activity by better matching capacity and demand.

The MTFP highlights the fact that the investment profile for the delivery of the Digital Strategy was reliant upon c£33m of national funding for upfront costs of large-scale digital infrastructure projects. To date we have secured c£16m of capital. This investment has been tied to frontline digitisation projects to improve and align Electronic Patient Record systems in NBT, UHBW and AWP.

Subsequent decisions by the Department of Health and Social Care and NHS England have led to other digital funding being repurposed and it is unlikely that we will receive any further significant national investment in the next financial year.

In this context, we have proposed a portfolio of smaller scale projects that are affordable within the £1.2m budget for the Digital Strategy in 2024/25.   We are not proposing any projects for the 2024/25 Digital Strategy portfolio that would be dependent on national funding, and no individual projects requiring >£500k of investment, which would require business case approval at ICB Board level in-year.

Individual projects will be taken forward in line with the ICB Gateway process or provider internal governance processes, depending on where funding is allocated, with oversight by the Digital Delivery Board. The Digital Delivery Board will provide regular reports to the ICB Finance, Estates and Digital Committee (FED), for assurance.

3.   Digital Strategy portfolio for 2024/25: establishing strong digital foundations

The ICB Board is asked to approve the proposed Digital Strategy Portfolio for 2024/25. This is the portfolio of 20 projects that will be prioritised for the 2024/25 work programme, of which 8 projects are to be funded by the ICB Digital budget.

Figure 1 provides a high-level overview of the 20 projects, structured around the 6 themes of the Digital Strategy, and shows where these projects are to be funded by the ICB, NHSE or provider digital budgets. Figure 2 provides further detail on 8 of the 20 projects that are to be funded by the ICB in 2024/25 and describes the scope and expected benefits of those projects.

The portfolio has been considered with regard to:
- Strategic priorities
- Deliverability confidence
- Return on investment potential
- Affordability

At the time of producing this document the key national targets for digital have been factored into the portfolio. These are as follows:
- By March 2024 all staff will be able to access a lifelong health care record
- By March 2024 80% of social care providers will have basic digital maturity
- By October 2024 all systems will procure a new GP EPR from the new Primary Care Framework
- Systems will have adopted the NHS Digital Inclusion Framework

We have prioritised projects that will build strong digital foundations as set out in the Digital SOC, provide benefits for our staff and population and deliver financial returns on investment in line with the MTFP. Without these foundations we do not believe that we will successfully achieve some of the more transformation aspects of the strategy.

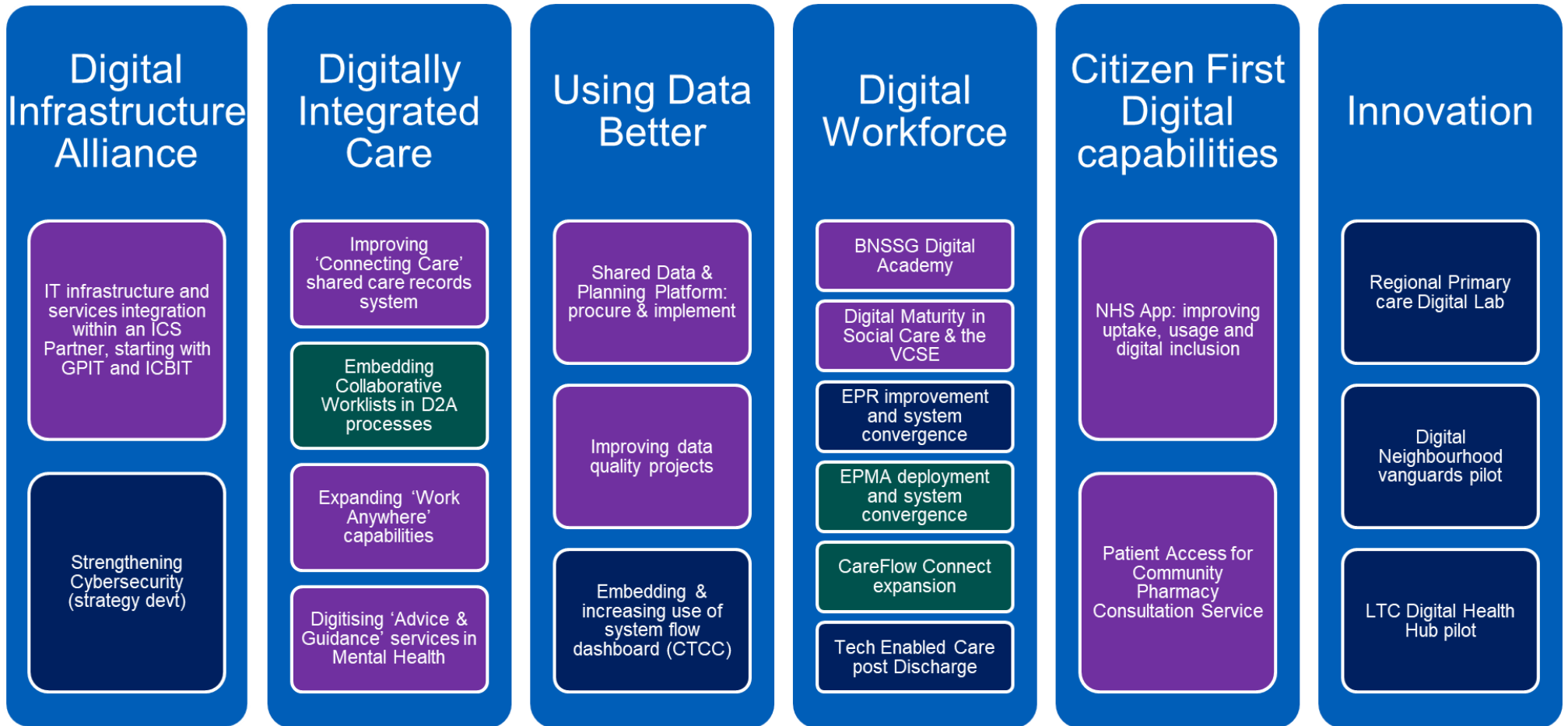**Figure 1 – Digital Strategy Portfolio Scope for Phase 2 (2024-2026): establishing strong digital foundations**

Figure 2 – Narrative summary digital projects proposed for ICB investment in 2024/25

Project	Description of change / activity	Rationale for inclusion	Financial benefits	Benefits realisation	ICS Strategy Alignment
NHS App: improving uptake, usage, and Digital Inclusion	A broad campaign style approach using aspects of media, social media, community connection and learning activity to help our population to use and understand the NHS App. Make links LA/ WECA digital first projects to maximise impact. Prioritise specific groups to promote digital inclusion.	Our patient facing systems will interface with the NHS app giving the population a single digital route into the BNSSG digital journey. This will promote activation and shared decision making	Up to £650k	One element of the NHS Apps is the ability to receive messages - this would reduce the need to pay for additional SMS contract solutions in primary care. The benefit will be realised by minimising avoidable SMS costs whilst recognising that some people will not transition to using the NHS app	Reducing health inequalities Empowering patents and the public
Community Pharmacy Consultation service	This initiative will make the process of community pharmacy consultation and referral easier through better technology interfaces.	This service has been shown to utilise the capacity and capability of pharmacy to reduce pressure in primary care. Enabling wider roll across the system is deemed a critical support to GP access priority	From £86k to £334k	In addition to the efficiency gain in primary care, the cash releasing component of this in linked to anticipated reductions in prescription costs	GP Access contributes to many components of the ICS strategy
System IT infrastructure integration, starting with GPIT and ICBIT	This project brings together core infrastructure and IT support into a single capability across BNSSG	This provides a foundation to integrated working, reduces duplication and saves money	From £500K to £1m	Aside from improved user experience and the opportunities to integrate services the savings will be made through reduced direct contract and support costs	Underpins integrated working across providers enabling function to support achievement of strategic goals
Digital maturity in Social Care and VCSE	Building on the current digital support team, which has been commissioned to support social care providers to develop digital skills and competencies, this investment further expands the scope to include VCSE staff and additional digital systems & records	Digital maturity across all ICS partners is a national policy requirement and a foundation of integrated community models of care. This investment will address existing skills and organisations' barriers to digital interactions	c£250k/year	Staff time saved in social care, VCSE, GP Practices and social prescribing. Increasing productivity and reducing cyber risk. This will lead to improved citizen experience. Time saved in discharge processes will	Supports placed based models of care and is aligned to NHSE's *What Good Looks Like "Strong Digital Foundations"*

Project	Description of change / activity	Rationale for inclusion	Financial benefits	Benefits realisation	ICS Strategy Alignment
				contribute to length of stay savings.	
Digital Academy	Delivering a digital curriculum through the BNSSG Learning Academy. The aim is to support the workforce to develop digital skills and to realise benefits from system investments in digital infrastructure and systems	The Digital Strategy Strategic Outline Case sets out ambitions to Improve digital literacy and deliver system wide training for staff to develop digital skills. This is intended to increase staff engagement in delivering the Digital Strategy and enable improvements in productivity.	TBC Not expected to be cash releasing	Increasing digital literacy and skills in the workforce will enable staff to derive greater value from digital infrastructure, systems and tools and to increase productivity.	The ICS Strategy identifies digital as a key enabler for achieving the ICS' aims.
Expand work Anywhere capabilities	Enabling staff to work remotely from any NHS or Local Authority building in BNSSG by proving faster, convenient and secure access to their work IT network via stable wi-fi	Enabling frictionless working for staff working in multiple locations.	From £78k to £312k	Reduced delays for staff in logging on to their work IT network and accessing applications and files, from offsite locations. Reduced travel time/costs of returning back to base and reductions in agency staff costs	Increasing productivity and enabling integrated working across organisational boundaries.
Digital Advice and Guidance	Providing a solution service for general practice and mental health services to engage via dynamic advice and guidance.	Dynamic advice and guidance used to reduce the no. of miss-referrals between primary care and mental health services. This proposal also seeks to align mental health service provision within BNSSG with services provided within other ICSs	Not yet identified	A dynamic advice and guidance solution will reduce the number of people miss-referred to secondary mental health care, leading to a reduction of activity and staff efficiencies	Increasing productivity and enabling integrated working across organisational boundaries.
Improving Connecting Care Shared Care Record system	To improve our current shared care record with additional data feeds, increased uptake (via improved training and user design).	Connecting Care includes clinical data from all ICS providers, saving thousands of hours of clinical time a month. This investment will further increase uptake through additional data feeds, user design led improvements and a targeted promotional campaigns.	£700-£1.4m / year	Increased use of Connecting Care generates productivity and efficiency savings by reducing no. of professional hours spent searching for patient data. The redistribution of these hours will reduce reliance on locums an agency staff	NHSE mandates ICSs establish mature shared care records. ICS digital strategy also highlights Connecting Care as a core enabler for integrated care.

3.1   Funding principle: digital components of service transformation

It is important to note that the £1.2m MTFP budget has been allocated for investment in delivering the approved BNSSG System Digital Strategy.

All further investment required for digital and data components of service transformation, will need to be funded through other sources as an integral component of the investments planning for these projects.

We have seen in the examples of Stroke reconfiguration and NHS@Home that digital and data requirements have not been adequately included in planning and investment. This has led to suboptimal delivery and clinical risk being experienced in these programmes.

To mitigate these risks in the future and reflect learning from previous projects, we have assigned Senior Digital Leads to each HCIG to promote 'digital by design' principles and to facilitate joint working between operational and digital teams at the early stages of projects. HCIG chairs are considering this proposal. The digital and data aspects have been factored into the Gateway process for all transformation projects. The ICB Board is asked to endorse the principle that all future investment decisions are only assured if these components are clearly included in the investment business cases.

3.2   Cost and savings assumptions

The ICB Board is asked to note that a breakdown of cost and savings assumptions for each project in the portfolio, has been reviewed by the ICB Finance, Estates and Digital Committee (FED)*.

The costs and savings anticipated for the 8 projects that are to be funded by the ICB in 2024/25 are broadly consistent with the MTFP:
- Costs of c£1.2m against the MTFP budget of £1.2m for 2024/25 and c£1.4m in 2025/26, of which c£475k is assumed to be recurrent. We expect to bring forward proposals for investment in further projects each year, in line with the Digital SOC and the MTFP investment profile, increasing to c£5.0m by 2027/28.
- Recurrent savings of c£1.9m in 2025/26, increasing to c£2.9m in 2026/27, against the MTFP profile of £2.6m recurrent savings to be delivered from a £1.2m investment in 2024/25 (i.e. 12-24 months lag)
- ICB running cost recurrent savings of c£750k in 2025/26, increasing to £1.2m in 2026/27

* Due to commercial sensitivity, some of the details have been redacted from the ICB Board paper to be published for Open Session on 1st February 2024.

4   Risks and mitigations

At the portfolio level, three key risks to be managed are shown in Table 1:

Table 1 – Key risks and mitigations to be managed at the portfolio level

Risks	Mitigations
Affordability: there is a risk that the time lag from investment to delivery and savings will increase pressure on budgets in 2024/25 and 2025/26	• The prudent use of £4m set up funding and £1.9m recurrent investment created for Shared Data and Planning Platform, including ensuring efficiencies through synergy with NHSE funded Federated Data Platform and Secure Data Environment for Research. To be identified as part of the refresh of the SDPP Outline Business Case. • Taking up in year opportunities presented from ad hoc bidding and allocation processes from NHSE Digital Programme, as experienced in previous financial years.
Deliverability: there is a risk that we are unable to deliver delivery of all the projects at the same time due to capacity constraints	• Project management costs being built into budgets • Distributed leadership of projects in consideration of reduced capacity in the ICB • Portfolio management approach to facilitate oversight by Digital Delivery Board and decisions on in-year prioritisation and phasing of projects
Benefits realisation: there is a risk that expected benefits will not be realised fully, particularly given dependencies on behaviour change by staff and patients/the public.	• Robust portfolio management and benefits realisation planning and tracking from an agreed baseline • Clinical and professional leadership involvement in each project, with oversight from Clinical Informatics Cabinet • User centred design and stakeholder engagement to capture and embed customer insights into implementation and benefits realisation plans

It is recommended that detailed 24/25 Budget plans on Connecting Care, Digital SOC and SDPP be prepared for review by Digital Delivery Board and ICB Executive Team by 31st March, followed by quarterly budget reports and forecasts for all of these programmes to ensure alignment and benefits realisation.

In addition, risks management and benefits realisation will be managed at project level (see Section 5 'Governance').

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3.3 Implications for existing projects that are to be paused or delivered through other routes

It is acknowledged that by prioritising the above digital interventions, certain existing digital activities and projects will either be transferred to system partners, or stopped or paused until benefits can be defined or funding and resources become available.

While progress reports will continue via Digital Delivery Board, those schemes to be transitioned to ICS partners include the following:

Scheme	Status	Transfer Proposal	Rationale
Maternity (LMS)	BAU	Continue as Operational Project led by Acutes	Scheme now fully acute led
Digital Patient DrDoctor	BAU	Continue as Operational Project (led by Acute/AWP/Sirona)	BNSSG partners are contracted directly with DrDoctor
Digital Prescribing (EPMA)	BAU	Continue as Operational Project (led by Acute/AWP/Sirona)	EPMA deployment is acute led; Digital integration to be managed via Connecting Care.
Regional PACS solution	Regional programme	Continue as regional programme with direct input from Acute CDIO	Acute is the main beneficiary of scheme. No direct resource required from ICB budget
Autism UX: tailored guidance	Discovery Pilot	Transfer to Sirona	Sirona to progress digital innovations via autism service redesign
TEC pilot in D2A	Discovery Pilot	Transfer to Local Authorities, with support from OneCare	Learning from pilot to inform ICS TEC lead's programme scope (post to be hosted by OneCare)
Advice and Guidance	MH service to be confirmed	Transfer to AWP	Reduce A&G scope to Mental Health service, to be led by AWP

The following schemes will either be stopped, or paused until benefits can be fully defined, or funding and resources become available. The impact of these decisions and recommendation are captured within the table below:

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Project Summary	Cost / Yr	Impact of stopping service	Recommendation
Establish an ICS Enterprise Architecture	c£60k consultancy costs	Lack of strategic approach may lead to fragmented digital architecture	Stop: Resolve digital architecture through existing pathways (NHS@home, Stroke, MINT)
Electronic Prescribing System	TBC	Minimal: project currently in development only	Stop: Await market to mature before progressing
Alignment of Order Communications	TBC	Duplicate systems impact Primary Care Multiple contracts lead to duplicative costs	Pause: Await acute collaboration programme capacity, before progressing

5   Governance

The projects that are to be funded from the Digital Strategy budget will be managed as a portfolio. A portfolio management approach will maintain an overview of project status and facilitate consistency of approach to project management and reporting. This approach will also enable ongoing review and decision-making to ensure that the portfolio remains aligned to priorities and is delivering expected benefits in line with budget assumptions.

Each project will be taken forward in line with the ICB Gateway process, with oversight from the BNSSG Digital Delivery Board (DDB). We will also report monthly to the ICB Finance, Estates and Digital Committee, for assurance.

Each of the projects will align to a HCIG or for system wide delivery to the System Chief Executives Group (SEG) and will be managed and overseen by the DDB.

The project delivery approach for each area will be the core responsibility of one of system CDIOs or CXIO this will be defined by the nature of the project and the related areas of responsibility and capacity. It is requested that if this portfolio is approved by the Board that the SRO decisions are delegated to the DDB for approval.

The financial allocation for each of the investment and the related benefits will also be the responsibility of the agreed SRO who will be accountable to the DBB for delivery and to the HCIG for impact, outcome and benefits realisation.

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Appendix A

Summary of progress: delivery in 2023/24 (Phase 1)
2023/24 has been a transitional year through which we have been aligning the Digital portfolio to the Digital Strategy /SOC and the System Integrated Care Strategy, progressing delivery of key projects, including:

- **Digitally enabling integrated care**
  - Re-procurement of our Shared Care Records system 'Connecting Care'
  - Rolling out 'Work Anywhere' infrastructure, starting with stable wi-fi for all GP practices and NHS Roam to enable faster and secure access to clinical systems, for midwives working offsite.
  - Read/Write capability to support care planning, initially via the Respect+ shared care plan
  - Alignment of UHBW and NBT Patient Administration Systems (PAS)
  - Met national targets on digitisation of social care records and support for digital maturity in social care.
  - Deployment of digital and data solutions supporting Mental Health Integrated Teams (MINT)
  - System MH Electronic patient record requirements definition stage completed
  - Primary Care electronic patient records (EPR) requirements definition stage completed
- **Citizen First digital services**
  - Deployment of Childrens Autism UX solution
  - Digitisation of secondary care patient journeys via the 'Dr Doctor' patient portal
  - Met national targets for NHS App uptake.
- **Digital workforce**
  - Technology Enabled Care (TEC)
    - Deployment of TEC equipment to people at risk of falling and in supported discharge pathways and in care homes
    - Pilot TEC in D2A to understand the current position and opportunities for BNSSG to use TEC to support the delivery of new models of care
  - Deployment of Careflow Connect across NHS@home, GP pharmacy, Childrens ED and D2A services.
  - NHS@Home delivery of virtual wards capability across BNSSG
- **Using data better**
  - Delivery of the Care Traffic Control real time data for urgent and emergency care

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- o Establishing the delivery programmes for our Shared Data and Planning Platform to support business intelligence, population health management and health research
- **Innovation**
    - o Establishment of the Innovate Healthier Together programme to develop capability and share learning across BNSSG in innovation development, adoption and spread
- **Digital Infrastructure Alliance**
    - o System Cyber Partnership Board – Drawing together system expertise enabling greater alignment and progress

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Areas of Challenge: Progress impaired or experienced delays during 2023/24

- **Deployment of the Autism Diagnostic Support**/ booking system: held up given the challenges with Autism diagnostics process and need for wider process redesign.
- **System wide Advice and Guidance capability**: This has been a particular issue for Mental health and AWP given that BSW have a full procured system in operation. Business case was considered by DDB but funding and commitment to implement across the system was lacking. ERS national solution along with guidance from the remedy system is in place and well utilised although greater efficiency may be available via a dedicated product.
- **Care traffic Control: Social care data** is still not included in the dashboard. This is being resolved but the maturity of data processes have meant this has taken longer than originally anticipated. All LAs have now made commitment to share data with the LA release now planned for March 2024
- **SDPP has been delayed due to a reset** needed around scope, functional requirements and dedicated programme leadership. This also now needs to be considered in light to the Federated data platform having successfully been procured nationally to ensure we make best use of the available capability of the national system. This is due to ICB Board in April 2024.
- **Extending the read/write shared care plan capability beyond end-of-Life Care** this has now been included in the new requirements and contract for Connecting Care
- **Primary Care EPR – Procurement**. The national GPIT programme currently holds all GPIT EPR contracts and budgets. The plan has been that these budgets would be devolved to ICBs to enable local procurement through a national GPIT framework to take place. This process of devolution and making the framework available has taken longer than the centre expected. Therefore, as an ICB we have been unable to progress to procurement or develop a robust plan for procurement.
  The current position from the centre is that they are extending the national contract arrangements to October 2024. During this time the GPIT framework will be made available and the formal process for devolving funding will conclude enabling us and other ICBs to develop a clear plan for procurement against the framework. In BNSSG we have already concluded the system wide requirements gathering so will be in a good position once the central team release the new framework and funding is devolved.
- **Digital capability and required investment for system transformation programmes** have not been adequately considered. There have been issues with the digital requirements for system transformation programmes such as Stroke and NHS@Home that have been underestimated or left too late in the process of design. These are both currently being resolved. The risk of these issues being repeated are being addressed via the following mitigation.

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- o All HCIGs have digital leadership as a part of the core membership
- o All transformation programmes running through the Gateway process will be considered by DDB to ensure that digital and data considerations have been identified from the outset at Gateway 0 discovery stage