NHS
South West London

SWL ICB Data Strategic Plan 2023-2028

Sharing our vision for better health and care

Our Vision

Use connected data in new ways to enable and inspire teams to better fulfil their roles, improving health and care outcomes for all of our residents

Contents

Executive Summary

Our Data Strategic Plan describes how NHS and Local Authority Partners across South West London will use data and work together over the next five years to support delivery of joined up, person-centred care across our health and care system. The ambitions outlined in our plan are built from our understanding of how data can support the priorities of SWL as described in the Joint Forward Plan '23 and Integrated Care Partnership Strategy '23.

Data can provide valuable insights into the health needs of our communities, the effectiveness of our services and the outcomes we achieve for patients. By using data more effectively, we can identify areas where improvements can be made, target resources more effectively and ensure that every person receives the care they need, when and where they need it. This Data Strategic Plan is about what we can do as a system to develop the way in which we use data, recognising the current state and priorities for the system, that have been encapsulated into the 7 vision statements below.

In order to realise the data vision, we need to start small, build on what we have got and fix the basics. The roadmap outlined in this plan describes how we will set our foundations correctly in the first year, driven by the ICB Analytics and Business Intelligence Team. This includes optimising and developing the people (e.g. data analysts, data scientists) and functions (e.g. data warehousing) that underpin its delivery. This process will enable us to better understand what resources will be required to achieve the data vision beyond the first year, appreciating that commitment of any resources by partners will need to be agreed through a business case.

We recognise that there are many challenges to be overcome in implementing this plan, including the need to ensure that our data is secure, that it is used ethically and that it is accessible to those who need it. However, we are confident that by working together, we can create a data-driven healthcare system that delivers better outcomes for our patients and supports the ongoing transformation of our health and care services.

Seven Vision Statements

1. Improve care
2. Cultivate foundations that enable change
3. Improve efficiency and effectiveness
4. Drive transformation via big data
5. Increase visibility of performance
6. Improve overall health and wellbeing
7. Enhance research and innovation

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Introduction

This document outlines the Data Strategic Plan for SWL ICB over the next five years. It has been formed with a vision, foresight and understanding that to deliver the best possible health and care for people, there needs to be a greater use of information, data and intelligence. This document provides a framework and roadmap for implementation, utilising real-time use cases to example and evidence the benefit, value and positive impact it will bring to the provision of health and care for people in South West London.

Why was this plan developed?

The Data Strategic Plan seeks to build on the successes of our respective providers' data strategies with a focus on where, collectively, the ICB can accelerate transformation around data. This document represents our collective ambition and underpins our ICS's Integrated Care Plan '23 and our Joint Forward Plan '23.

The Plan aims to provide clarity on the ICB's role, the direction of travel for data and will demonstrate how we can work collaboratively with all system partners to create meaningful improvements in health and care, through maximising capabilities in data. They should support the core aims of the Integrated Care Partnership to:

- Improve outcomes in population health and healthcare,
- Tackle inequalities in outcomes, experience and access,
- Enhance productivity and value for money, and
- Help the NHS support broader social and economic development.

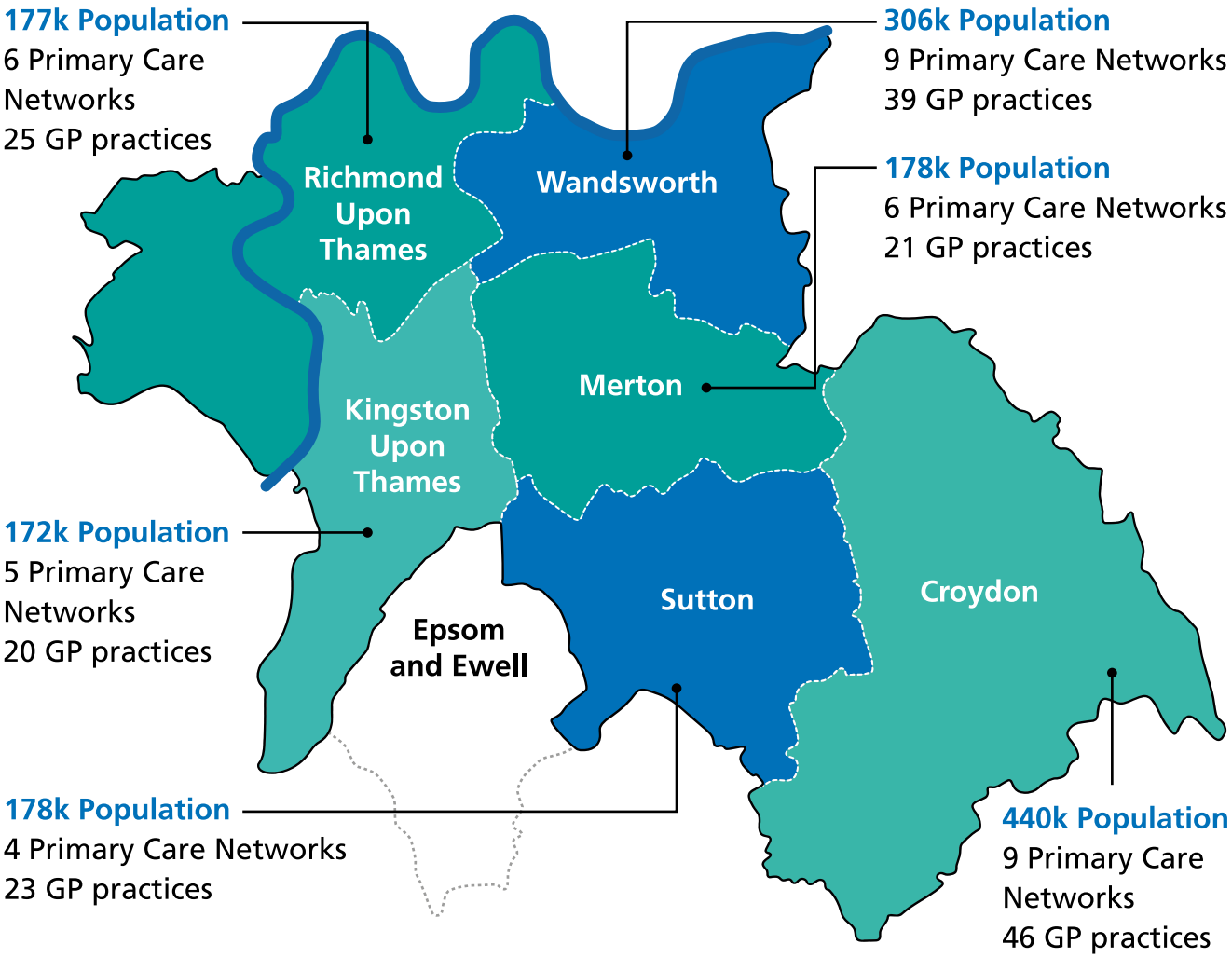
How was this plan developed?

The development of this Plan has considered regional and national context including: Department of Health and Social Care policy paper: Data Saves Lives; NHS Long Term Plan; White Paper on Integration and Innovation; What Good Looks Like (WGLL) Framework; Goldacre review; Fuller Report; and relevant One London papers and reports.

Further to this, we have conducted extensive research and direct engagement across key sectors of SWL ICS. This involved over 70 stakeholders including a range of organisations, groups, communities, service providers, staff and patient/public representation. Findings initially outlined in SWL ICB Data Strategy Interim Report '23 - '28 (July 2023) have been consolidated and subsequently this plan has been formed.

South West London Integrated Care System

South West London Integrated Care System (ICS) is a complex landscape in terms of the provision of health and care.



1,455,000 Population	**4** Acute Trusts NHS Hospital	**1** Community NHS Trust Hospital	**1** Mental Health NHS Trust Hospital	**1** Specialist Centre
6 Local Authorities	**174** GP Practices	**39** Primary Care Networks	**345+** Care homes	**6** Healthwatch organisations

It involves the organisations illustrated above, alongside care homes, pharmacists, optometrists, dentists, third sector organisations and other support services in the community. Our health and care services and care pathways cross boundaries between Places in the ICS and colleagues in other areas, such as within other ICS's in London and Surrey. Richer data and the insights we can learn from it are dependent on the ability to link data across different settings, and access this information in a timely way. Proactively understanding insights, trends and their relevant impact also requires the ability to integrate and interrogate this data to develop evidence-based interventions and support ongoing improvement to data quality and consistency system-wide.

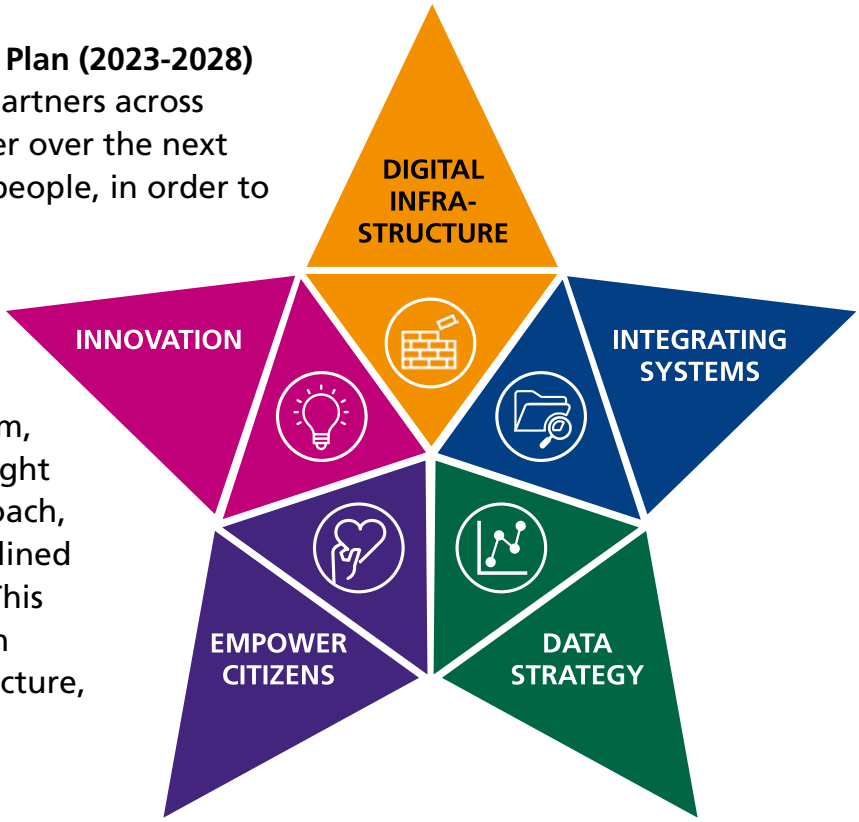
- Tackling our system-wide workforce challenges
- Reducing Health Inequalities
- Supporting the health and care needs of children and young people
- Preventing ill-health
- Positive focus on mental well-being
- Community based support for older and frail people

Integrated Care Partnership Priorities

South West London Integrated Care Partnership Strategy (2023-2028) was developed through conversations with health and care partners and communities across South West London. It explains the journey that has been undertaken to understand each other's challenges, review the data, the evidence and health needs, as well as considering the views and concerns of local people across our six borough places. Each priority area within the strategy has considerations around data and an emphasis that sharing of data creates opportunity for greater coordination between services on the care pathway.

START WELL **LIVE WELL** **AGE WELL**

Subsequently, the **SWL Joint Forward Plan (2023-2028)** was created and describes how NHS partners across South West London will work together over the next five years to meet the needs of local people, in order to start well, live well and age well. To do this there is a need to be clear about where to focus our collective action.



To do this we need an informed system, using population health data and insight to inform, adapt and shape our approach, guided by the 'Digital North Star' outlined within the **SWL Digital Strategy '21**. This includes 5 domains: population health platform, innovation, digital infrastructure, personal health and care records, and shared care records.

People and communities in SWL tell us

Feedback showed that digital engagement has increased following the pandemic and lockdowns. NHS and council websites were trusted sources for information. Internet use was high among many residents, with smartphones the most popular way to get online.

Engagement also highlighted the potential of improved IT to provide better continuity of care and co-ordination between services, examples of feedback are from frailty services, the London Ambulance Service, urology pathway.

Across the engagement reports, digital apps, websites, online community meetings and appointments have helped to deliver health and care services. Some people were supportive of specific self-help digital apps, such pregnancy related apps to help people through their maternity journey, 'Car Find' to help people living with dementia to locate their parked cars, 'Brain in Hand' and 'AutonoMe' apps for people with learning disabilities, a pelvic health app and an emotional wellbeing app for teenage and young adult cancer patients.

Learnings from the One London Citizens Summit tell us

"I think that first and foremost safety should be at the forefront. Even though there may be less trust, I think more people having access to your information comes down to safety."

"If they haven't got your records, there might be some medication you take that isn't good with another medication. They could give you this medication, and it could have devastation. You have people where English isn't their first language, or people with dementia, or very forgetful like me."

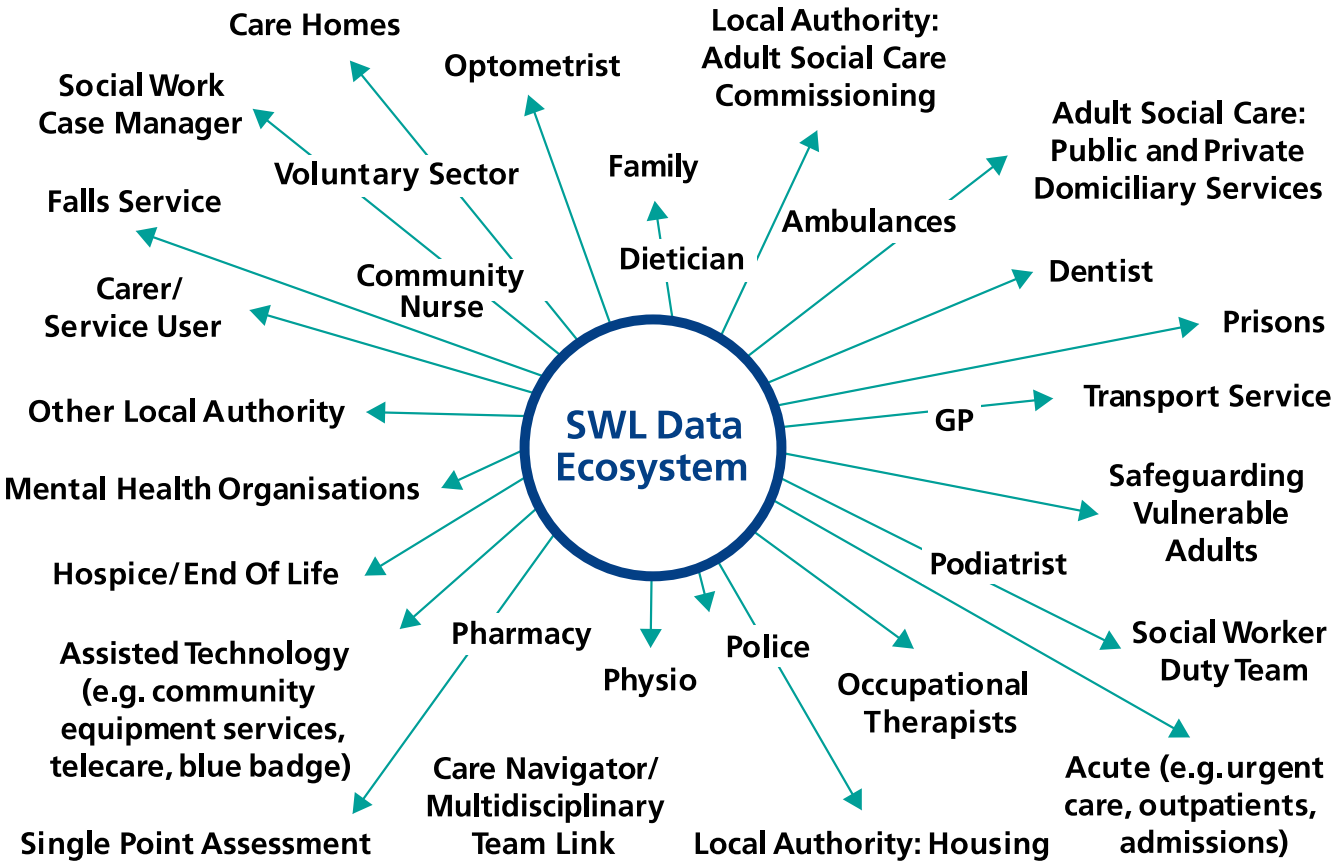
"GPs, A and E the whole service. If I go to A and E and I'm unconscious, I'd hope they'd know I was allergic."

"I would assume also that the information that they have at the GP, the hospital can see it too. I'm not sure, because sometimes when you go to the hospital, they ask so many questions, but you think, how can you not know? Don't you have all my information? It is exhausting because you're in so much pain and still need to explain it."

Where are we now?

Data ecosystem

We wanted to understand all of the settings that we would need to link data across, which are held on systems including: Electronic Patient Records (EPRs), staff and financial records. Stakeholders across SWL were interviewed to build a current picture of the 'data ecosystem' depicted below. This formed a baseline, which demonstrated that the ecosystem is complex, and through understanding it we can decipher what needs to be addressed to deliver the vision for the system.



"Having good and accessible data and using it differently to how we do today is critical to achieving our ICB and wider ICS goals and managing a sustainable system."

"We cannot see the full picture of what we are delivering, what activity is making a difference, what is needed to improve efficiency, how well are we using resources and if we are providing value for money."

Capability Gap Assessment

As an ICB we recognise that data and its environment have a vital role in helping system partners in health and social care to work together to deliver high quality care. A data environment can be systems and associated infrastructure devices, facilities and people that support the collation, storage, sharing and use of data.

Within SWL ICB, the Analytics and Business Intelligence Team have the most significant role in supporting the system with data. Therefore, we first reviewed the current functionality of the team as our first 'setting' looking for strengths and opportunities, also known as a capability gap assessment. A summary of the top three themes have been outlined below.

Strengths	Opportunities
Good progress in the development of dashboards and support for evolution of population health capabilities	Value in having a single map of what data we have and a set of standard terms for what we call it
A drive to make the most of national tools and resources to deliver change	Creating a self-serve offer to improve access to data across the system
Dynamic approach to prioritisation in line with business needs	Networking teams across the ICS to make best use of knowledge/ expertise

We recognised the need to systematise an approach to review other 'settings' across the ICS. For this we required a common set of principles and guardrails to reflect on, to set the direction of travel, that should:

- Recognise the salient features of data management and guide the data practice.
- Provide a reference point so that everyone in the organisation can understand how data should and should not be used.
- Provide accountability in using data well in an organisation.

By following a set of principles, organisations can balance operational and strategic data needs, setting the tone of how data is used. A workshop was held across SWL ICS to create 6 data principles and guardrails:

These will now guide a review of different settings across the system, with the outcomes setting the direction of travel for where we can improve.

Our ambition

The Data Strategic Plan has been co-produced by many different partners coming together, and it will succeed in delivery through our continued collaboration. Our ambition is simple:

Working collaboratively with all system partners for all the people of South-West London to create meaningful improvements in health and care, wellbeing and equity of access to health and care services.

This commitment will apply equally regardless of whether it is an NHS organisation, social care organisation, academic body or research company looking to use health and social care data, as data is used across the system in many ways. Examples include:

To look at data such as patient history to make decisions about care

To use data such as blood pressure to monitor patient progress when unwell

Review data trends to understand the impact of interventions we put in place.

There is lots of data in the data ecosystem, however joining it together is where we can turn information into insights and intelligence that can be used to better support the improvement of population health in SWL. This Data Strategic Plan is about what we can do as a system to develop the way in which we use data, recognising the current state and priorities for the system. Through robust engagement with our stakeholders, we were able to identify and develop **seven vision statements** for the system that will deliver our ambition for data, along with **7 uses for data** to ensure we have measurable goals. These 7 uses are each supported by a use case, demonstrating how better use of information supports the SWL population or colleagues within the system, in order to deliver better care for citizens.

Each of the 7 uses are also supported by deliverables over the next five years, where delivery of system strategic objectives are prioritised (further detail can be found within the Data Strategy Interim Report).

Achieving our ICS goals is dependent upon every one of us capturing and using data differently and delivery of the Data Strategic Plan will address these challenges. To do this we need to start small, build on what we have got and fix the basics, not just focus on building new or more advanced platforms.

1. Improve Care

Using data to inform, plan, deliver, manage and ultimately improve the direct care provided to individuals and population groups.

Data use: Direct Care

- Single 360-view of the patient / resident enabling integrated, personalised care
- Data in real time powering up proactive response across the system, enabling prevention
- Measuring impact of interventions on patient outcomes

Use case: Risk stratification and care coordination

For managing complex, older people with frailty and dementia – to create the ability to see in one place who to speak to and arrangements in place across professionals (therapist, social worker, equipment team) enabling multiple interactions to take place more easily and to be able to expedite timely discharge.

2. Cultivate foundations that enable change

Working with system partners to develop and oversee a consistent and coordinated approach to managing, reporting and advising on **quality and standards** of care using data, that leads to improved outcomes for the population

Data use: Quality management

- Improved data triangulation
- Process for translating outputs into action – continuous improvement methodology
- Overlay quality data with a PHM lens

Use case: Quality risk planning and management

Flagging residents with risk factors that pre-dispose them to falls, including those on medicines known to lead to falls and carrying out earlier intervention to support residents to avoid hospital admission.

3. Improve efficiency and effectiveness

Proactively forecasting, planning and managing demand and using resources and assets in the right way, at the right time and in the right place to optimise our ability to meet demand.

Data use: Demand and capacity management

- Bringing live data on capacity (workforce, theatres, etc.) together with demand data (waiting lists / outpatient appointments) to optimise performance
- Improving flow (discharge) via live 'back door' data (social care, care homes, etc.)
- Bringing financial information within productivity lens

Use case: Analysing patient pathways

Identifying where patients are having to attend multiple face to face appointments. Redesigning pathways to reduce the need for multiple appointments e.g., via 'one and done' interventions, use of remote monitoring technology, increase in interactions via smartphones and increased self-help.

4. Drive transformation via big data

Using data to identify and answer the 'big questions' and to make decisions that inform the overall direction, goals, priorities and strategies of the ICB and the wider system. Using data to lead, manage and track the system towards greater success and sustainability.

Data use: Strategic management and planning

- Using data to identify and answer the 'big questions' that inform the strategies of the ICB that lead to success and sustainability
- E.g., cost /productivity evaluation, analysis of value for money, potential for investment shift

Use case: Workforce and resource planning

Define how many people we need to recruit and train to have what we need in place in 10 years (including new career paths that mean people will stay). Conduct workforce analysis to rethink the workforce e.g., increasing non-qualified roles enabling qualified roles to work at the top of their licence and improve overall capacity and return on investment.

5. Increase visibility of performance

Establishing a systemic and rigorous system of data collection matched with insight and intelligence to measure the performance of services at ICS level. Proactively engaging the right stakeholders to improve and optimise services identified as needing improvement

Data use: Performance oversight

- System performance overview
- Increased automation of oversight
- Better interpretation of data and ability to convert data to information that is actionable
- Empowering self-serve performance analytic tools

Use case: Reflecting on performance data

Push data on performance issues or failures and on workforce trends to operational leads to provide intelligence and enable more timely response to issues.

6. Improve overall health and wellbeing

A way of working to help frontline teams and system planners prioritise population segments, tackle inequalities and predict what local people will need now, and in the future.

Data use: Population health management

- Tracking, detection, intervention and surveillance (health intelligence) including wider determinants of health.
- Identify and effectively tackle health inequalities and inequity and prevent disease.
- Health improvement, prevention and self-care management.

Use case: Proactive mental health support

Identify cohorts and people early on at risk of developing mental health problems through analysis of factors such as deprivation, physical health, substance use, housing, employment and financial status. Develop resilience programs to help prevent problems escalating.

7. Enhance research and innovation

The use of existing knowledge and/or the creation of new knowledge to better understand, prevent and treat illness, improve the health and care of the population and innovate health and care services.

Data use: Research

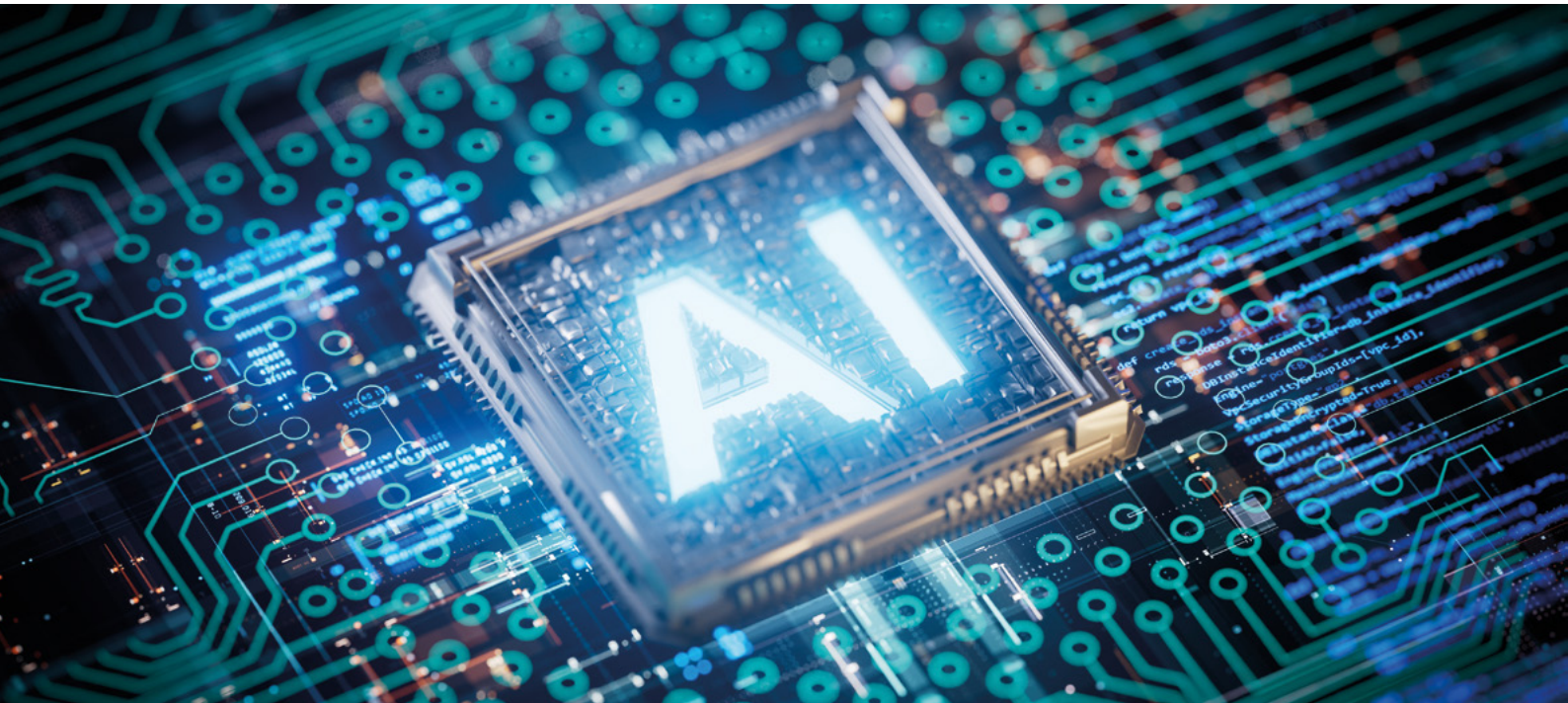
- Self-serve access to 360-degree patient view for researchers
- Mechanism to influence direct care
- Collaborative space to share across
- AI machine learning to test hypotheses
- Scale up patient trials
- Clearer research governance

Use case: Using AI to conduct research

Use Artificial Intelligence (AI) to conduct research into prediction of circulatory mortality and stroke

Artificial Intelligence

Artificial Intelligence (AI) has the potential to make a significant difference in health and care settings through its ability to analyse large quantities of complex information. This can include analysis x-ray images, for example mammograms, to support radiologists in making assessments or remote monitoring technology (apps and medical devices) that can assess patients' health and care at home. In SWL we are keen to ensure we have the right framework set up to enable use of AI in a safe manner.



Collaborating across the ICS to achieve our collective vision

Delivery of the 7 priorities are dependent on having an appropriate data infrastructure and architecture to: collate, store, share and use data. It is also dependent on having the necessary skills, expertise and capacity for delivery to be tangible. This will require the ICS system partners to work together, combining efforts and resources to realise the vision for data.

We will do this by:

1. Engaging with teams across partner organisations in SWL
2. Understanding the skills and expertise to establish a skills baseline
3. Consolidating the skillsets and specialisms, highlighting any gaps
4. Reviewing skill requirements and available resources against our plans
5. Developing expertise in the system, including addressing any skills gaps

Building a community of data specialists that can deliver the data vision for the ICS

Journey to get there

How we use data

In order to optimise the balance between data being entered and the output of data for real-time use, we need to make decisions earlier on as to whether there is value in the data being:

Real-time data

Real time processing involves streams of data that are captured in real-time and processed with minimal latency to generate real-time reports or automated responses. Access to real-time data not only has a profound impact on improving patient care, but it can also save lives through early detection and providing patients the care they need quickly.

Use case: Real-time data and patient flow

With increasing prevalence following Covid-19 and known Winter Pressures, the use of real-time data at System Control Centre level to support patient flow in and out of a hospital is paramount to maintain optimum capacity efficiency in response to demand.

Periodic data

Periodic data repeats the same pattern of information over time. As the system builds using data at its heart of decision making to manage demand and capacity, it can take periodic data for seasonal trends and integrate it with data relating to weather, for example from the Met Office and forecast the likelihood of demand. This is not just for hospitals, but also GPs.

Use case: Periodic data to support seasonal health needs

It is recognised through discussions with clinicians and health professionals, that people suffering from seasonal based symptoms or those symptoms that can begin from seasonal change, e.g., Bronchitis or Asthma, will contact a GP first for help. Thereafter, people are likely to visit a hospital two weeks later for further/continued health and care. Reviewing periodic health data with real-time weather data can enable system-wide planning to manage population health proactively.

Infrequent data

Use case: Infrequent data with AI for earlier detection

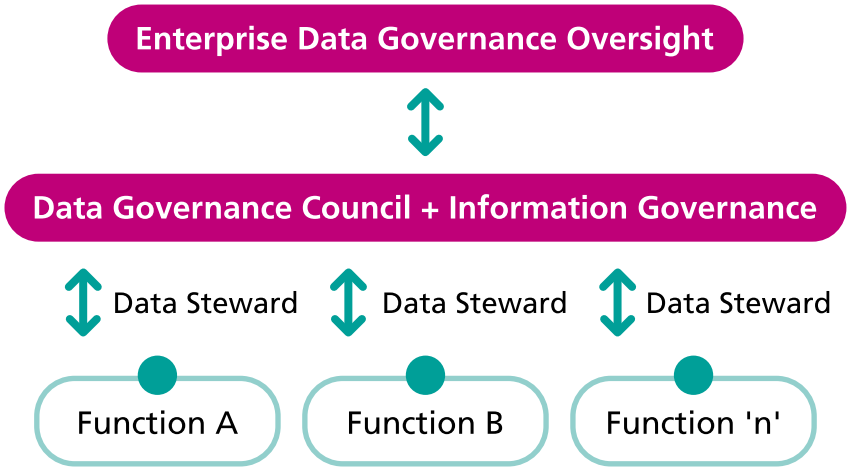
If you catch Sepsis early enough ahead of a certain level of patient deterioration, you can change the outcome. Infrequent data and AI can help track the patient status and lower the time to diagnosis of both Sepsis and other critical related healthcare issues. An external report, showed an AI algorithm's potential to increase the early detection of Sepsis by up to 32%.

Enablers to deliver the data priorities

Data Governance Framework, Data Quality Approach are key requirements of equal parity to deliver appropriate Data Infrastructure and Data Architecture for the system, ensuring there is consistency and uniformity in how we collate, store, share and use data.

Data governance framework

Having a robust data governance framework will support SWL ICB to reduce data related risks and improve data products. Moreover, it will enable ICB functions to effectively support Information Governance – which is a framework for handling information in a secure and confidential manner that allows organisations and individuals to manage patient, personal and sensitive information legally, securely, efficiently and effectively in order to deliver the best possible healthcare and services.



Vision & Strategy Oversight
Escalations
Funding & Contracts

Programme Oversight
Escalation Resolution
Regulatory Oversight
Policies, Process & Standards

Cataloguing
Data Quality
Data requirements
Day-to-day data governance activities

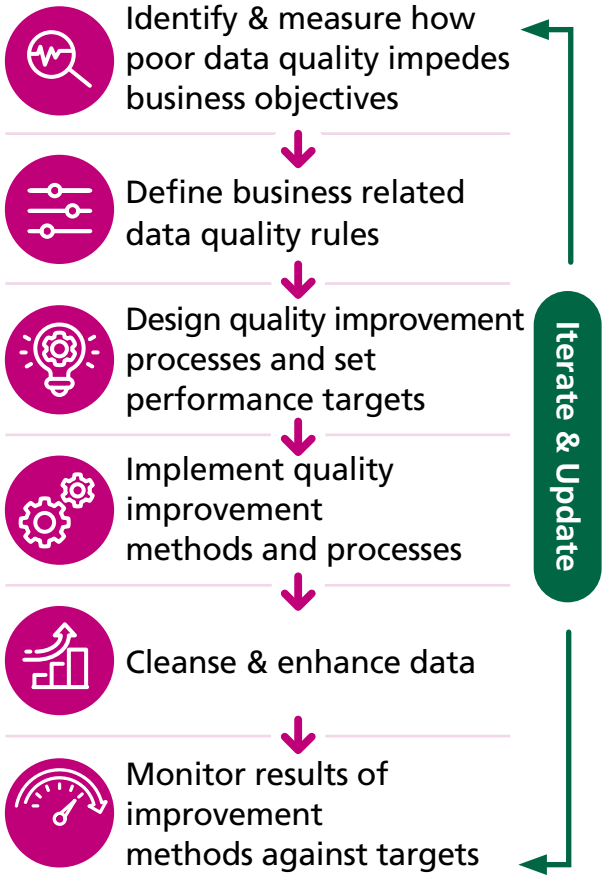
Data Stewards help support data governance in organisations. Data Stewardship is used to describe accountability and responsibility for the data and processes that ensure effective control and use of data assets. They typically perform the following activities:

- ✓ Document rules and standards
- ✓ Manage data quality issues
- ✓ Execute operational data governance activities
- ✓ Create and manage core Metadata

Data quality approach

By introducing formal data quality management, which controls data throughout the lifecycle ensuring it is created, transformed, and measured against set threshold standards, enables improved outcomes and decisions for better health and care. The approach looks to design relevant rules, standards, measures and control definitions alongside the implementation of data quality dashboards to outline where poor data quality has been identified and remediation / fix is required.

Dimension	Description
Completeness	The proportion of data stored against the potential for 100%
Uniqueness	No instance will be recorded more than once based upon how things are identified
Timeliness	The degree to which data represents reality from the required point in time
Validity	Data is valid if it conforms to the syntax (format, type, range) of its definition
Accuracy	The degree to which data correctly describes the 'real world' object or event being described
Consistency	The absence of difference, when comparing two or more representations of a thing against a definition



Culture change and new ways of working

Creation of the Data Strategy Interim Report (July 2023) showed us that although we can identify people working across the system on data (242), delivery of common goals and collaboration is minimal. Delivery of this ICS wide plan, facilitated by joined up data, provides us with an opportunity to work more effectively and efficiently. Implementing a plan to deliver the data strategy will require systemic support through organisational structure and governance.

In March 2023, NHS England confirmed in an open letter to all Integrated Care Boards that the running cost allocation for all NHS Integrated Care Boards would be subject to reductions over the next two years. This required SWL ICB to review its structures and functions, including its role in supporting SWL ICS to function effectively. The consultation process enabled a critical review of the Digital directorate purpose, critical functions and consideration of relevant design principles to support a rationale for change in line with the SWL ICS ambitions around data and its uses.

For the Digital directorate changes reflected both the national and local focus on Digital and Data together as a critical enabler for transformational change in delivery of better health and care to meet current and future population needs, with the intention is to bring the ICB-level Digital and intelligence functions together. This approach supports the system in gaining the most leverage from Digital and Data (from Business Intelligence to Data Intelligence) within the context of the ICS, which is made up of many partners with their own Digital capabilities, and development of a cohesive approach.

These new ways of working will increase the need to work flexibly and in a matrix model in many teams. This process will recognise existing talent and expertise that lies within the system and ensure opportunities are maximised in-house in line with the Digital Workforce Strategic Plan (2023).

Delivery of data environments

Data environments are data storage and access platforms, which uphold the highest standards of privacy and security of NHS health and social care data, and support improving trust in the health and care system's use of data so that there is:

- Confidence that data is being handled in a way that is safe and secure;
- Positive understanding of how data is being used, both for individual care and for improving population health, planning, innovation and research;
- Greater access to an individual's own health and care data, and the power to choose how it is used.

Data environments can be nationally, regionally and locally delivered. Within SWL ICB there is a local focus on:

a. Assessing and defining local requirements and workflows,
b. Planning appropriate fit for purpose environments,
c. Map current versus required resources to ensure we have the skills required.

Local: Localised Data for SWL

Once we have completed mapping of our data environment ICS-wide we need to connect this with Regional and National data sets to create a dynamic omni-channel data environment. Through this we will be enabling all teams and personnel, clinical and non-clinical, scope to access and understand data for delivering local improvements in a speedier manner across SWL for better health and care of residents.

We will create an ICS wide network for maximising data insights, skills, resources and opportunities. This will include: greater self-serve, best practice exemplar, big data framework informing risk stratification and use of real-time data to improve patient journeys.

National: NHS England Federated Data Platform

The NHS is made up of multiple organisations that use data every day to manage patient care and plan services. Historically, data has been held in different systems and in response to this, NHS England has procured the provision of a new Federated Data Platform (FDP), which will link NHS trusts and regional systems, giving a consistent technical means of interoperability.

Every hospital and integrated care board will have their own version of the platform, which can connect and collaborate with other data platforms as a 'federation'. This allows them to connect data they already hold, such as health records, waiting lists and theatre and staff rosters, in a safe and secure environment, to better manage patient health and care.

"Better use of data is essential for the NHS to tackle waiting times, join up patient care and make the health service sustainable for the future." NHS National Director for transformation, Dr Vin Diwakar.

The FDP will initially be focussed on five key NHS priorities:

1. **Elective Recovery**
   To address the backlog of people waiting for appointments or treatments.

2. **Care Coordination**
   To enable the effective coordination of care between local health and care organisations and services, reducing the number of long stays in hospital.

3. **Vaccination and Immunisation:**
   To continue to support the vaccination and immunisation of vulnerable people while ensuring fair and equal access and uptake across different communities.

4. **Population Health Management**
   To help integrated care systems proactively plan services that meet the needs of their population.

5. **Supply Chain Management**
   To help the NHS put resources where they are needed most and buy smarter so that we get the best value for money.

USE CASE: Croydon University Hospital

At Croydon Hospital, the Model Hospital data has been used to track the average number of cases per theatre sessions. It has shown that over the last 9.5 months since the tools launch, there has been a 14% sustained uplift, which equates to more than 900 additional patients having theatre treatment.

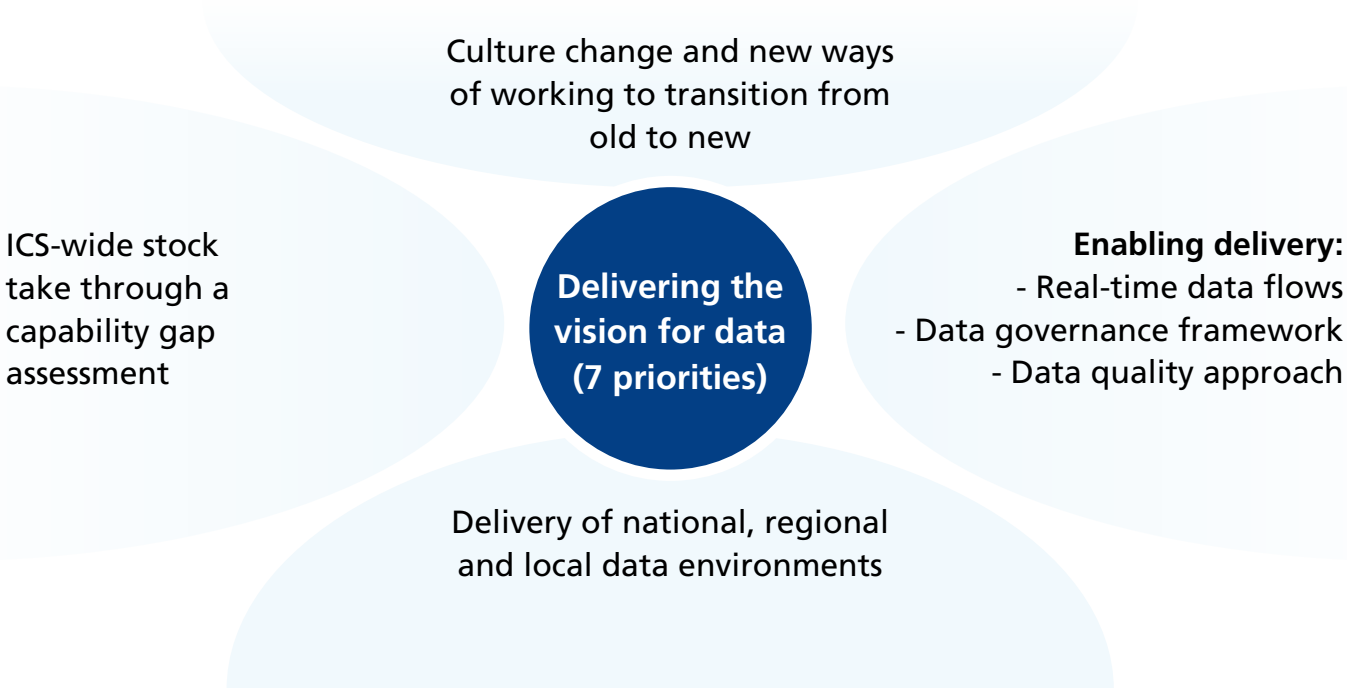
Regional: One London Data Health Strategy

The ambition is for London to be the healthiest global city and the best in which to receive health and care services, transforming the way we work. Joining up data across London is absolutely key to this through improved direct care and population health management, better system planning or enhanced research and development capabilities, to deliver systems like the London Care Record, the Universal Care Plan, the Discovery Data Service, and DiscoverNow.

There is now a unique opportunity to develop a world leading resource for health and care improvement. Together these provide London's five Integrated Care Systems (ICSs) and NHS London with the foundational designs and investment needed to establish a new London Data Service (LDS) and Secure Data Environment (SDE) to deliver proactive care, system planning, and research. Realising this opportunity is about working together in a more intelligent way and making the best use of combined resources, rather than continuing to develop systems or capabilities in isolation.

Journey in a nutshell

Whilst the 7 priorities gives us a vision to aim towards, each is underpinned by a series of tasks that are interdependent and based on having the correct foundation in place, whilst developing the data infrastructure in which to deliver them.



Next steps

Where do we focus now?

Our short-term objectives need to focus on starting small and getting the basics right, providing us with the correct foundation to deliver the vision for data. We have outlined 7 steps we can take in the next year to support us on this journey.

Optimise our Analytics and Business Intelligence Team

The formation of 7 system priorities will mean a complete reshape of how the Analytics and Business Intelligence Team currently functions, and a transitional phase towards delivery.

Build a community of data specialists in SWL

To deliver our Plan successfully, we will need to change our ways of working to realise the benefits of being unified as a system. This will include exploiting and building upon collaboration opportunities already existent within the ICS.

Change the culture of how we use data in SWL

Data underpins delivery of system-wide programmes, however understanding of how, when and why to access data is still not clear. We want to move towards an environment in which colleagues across different teams can access and interact with data, using the BI team for expertise where required.

Make sure we have good quality data in SWL

Setting data quality rules, and putting in place quality improvement processes across the system will take us one step further to ensuring that we have the best possible data to inform our decision making for the population of SWL.

Have a robust governance framework for data

Through development of a data blueprint across the system, we will be able to identify data stewards to ensure all data adheres to the principles and guardrails set, so that we can create one single version of the truth in data for SWL.

Delivery of data environments

Maximising opportunities presented through delivery of local, regionally and national data environments. We have a local focus on assessing and defining requirements and workflows, whilst planning fit for purpose environments.

Creating the foundations for the 7 data priorities

Developing best practice around how we use data, aligned to the 7 priorities areas. These will then act as a foundation for how all partners system-wide collaboratively use data in delivery of the 7 priorities.

Next steps

What can we do in the first year to set our foundations correctly?

Foundation for success	Activities	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Ambition
1. Optimised Analytics & Business Intelligence Team	A) Define the function of the team, and how individual roles support delivery					Developing the SWL data capability, maximising in-house expertise and supporting workforce development
	B) Develop the correct leadership structure to drive forward the vision					
	C) Distinguish where automation can support ways of working					
2. Building a community of data specialists in SWL	A) Engage with teams across partner organisations in SWL to develop a skills baseline					
	B) Consolidate the skillsets and specialisms to showcase capability across the system					
	C) Develop expertise in the system, including addressing any skills gaps					
3. Changing the culture of how we use data in SWL	A) Create communication material to describe products and tools that can help add value to teams and partners (highlighting the strengths and challenges of each)					Ensuring timely access to data and the appropriate tools to interrogate it.
	B) Engage with teams across the system, so that they are clear on what to access, when and who to contact for further expertise					
	C) Move towards a self-serve first approach to data, using the Analytics & BI team for advice/ expertise where needed.					
4. Making sure we have good quality data in SWL	A) Deliver a workshop to identify and measure how poor data quality impedes system objectives					Creating a single version of truth for data across all system partners
	B) Define and develop system related data quality rules.					
	C) Design quality improvement processes and set performance targets					
5. Having robust governance for data, which underpins how we work	A) Create a blueprint for data flow across SWL					
	B) Identify the data functions, and their data stewards responsible for adherence to data principals and guardrails					
	C) Create and implement the correct forums, with membership to facilitate and expedite decision making					
6. Delivery of data environments	A) Map local use of FDP and scope ICB tenancy					Optimising use of data at scale through collaboration in the NHS for greater efficiency and use of patient data flow
	B) Establish data use on SN-SDE and scope SWL involvement.					
	C) Review SWL DE in alignment with London Data Services					
7. Creating the foundations to deliver 7 priorities for data	A) Stocktake of historical data currently held and how it is used					Creates a foundation for how to use data system-wide for all partners to build from collaboratively
	B) Create exemplars around how data is used for priority areas					
	C) Create a framework as an ICS-wide guide for how to use data					

5-year plan

Included for information, full table available on request – detailing the key programmes, their respective workstreams and the plan to deliver these over the next 5 years.

Programme of work	Workstream	0-9 MONTHS	9-24 MONTHS	24-48+ MONTHS	Ambition
Capability gap assessment	People Skills & Resource	1. Map current resources & touchpoints 2. Stakeholder engagement and communication 3. Commence gap analysis	1. Form map of Professional & Literacy skills/resource 2. Early identification of gaps 3. Develop & implement plan for capability improvement	1. Completed capability gap assessment 2. Fully developed & implemented improvement plan 3. Success stories/use cases produced	Improved people skills, knowledge and professional development; Increased collaborative working between data specialists; Improved level of data maturity/capability system wide
	Repositories & Storage (infrastructure)	1. Map current resources. 2. Assess capability level v demand requirements.	1. Produce plan for improvements. 2. Implement improvement plan 3. Develop Use Cases for funding	1. Develop & implement monitoring and sustainability plan for minimum level of capability. 2. Example successes via Use Cases	Fit for purpose infrastructure will enable optimum capability data use for informing most effective health and care provision
	Interoperability & Connectivity (architecture)	1. Map connectivity & interoperability maturity levels. 2. Form system-wide Steering Group	1. Develop & implement improvement plan.	1. Assess and communicate positive impact through Use Cases 2. Develop & implement monitoring and sustainability plan for minimum level of capability	Increased transportation of data between people, teams, organisations, care sectors. More effective care planning, prevention and ICS-wide ecosystem
	Quality	1. Review what quality checks and counter-balances are in place (accuracy, completeness, consistency, reliability and timeliness).	1. Map data input points and journey(s) to output. 2. Assess mechanics for quality checks of input v output 3. Develop & implement quality check process pilots	1. Develop & implement quality check process in full. 2. Validation success reports, with evidence of impact. 3. Communications of positive impact, ICS wide	Greater focus and higher standard at all data touchpoints by people in delivery of health & care across ICS, creating a more thorough and true validation of information.
	Governance, Processes, Access, Security	1. Review present standards, processes and procedures. 2. Scope opportunity of formalised standards. 3. Identify known strong, medium and weak links.	1. Analyse ISO/IEC standards and requirements. 2. Confirm Standards/ISO/IEC for implementation 3. Develop & Implement Data Board.	1. Set out new GPAS Framework. 2. Implement system-wide.	New high standard of data management across the whole aligning all areas and stakeholders, creating consistency and visibility.
Delivering 7 priorities for data	Direct Care	1. Assess current open/closed pathways of data sharing 2. Identify success stories of data sharing with Direct Care 3. Engage London Region data strategy	1. Form Direct Care Programme Board to lead delivery; 2. Scope requirements of pan-London Direct Care data alignment. 3. Devise Direct Care tactical delivery plan.	1. Implement Direct Care tactical delivery plan. 2. Review London Region Direct Care data strategic and operational alignment. 3. Early adopter Direct Care data inter-operability	Increased opening of pathways for sharing patient data between professionals and organisations in real-time and for immediate care, for SWL and then pan-London.
	Management	1. Review & provide recommendations for data management. 2. Assess Quality Capability Gap Assessment	1. Co-produce 'Effective Data Quality Management' Exemplar Practice: Collate, Store, Share & Use. 2. Implement exemplar practice ICS wide	1. Monitor, Review and Report on exemplar practice impact.	Integrated ICS-wide working More self-serve, interrogation and understanding of data. Improved data input and output.
	Demand & Capacity Management	1. Map the connections of: service demand v capacity v planning. Share with key stakeholders. 2. Create 'Demand, Capacity & Data' doc, explaining/ detailing the value (improved patient flow) of these 3 in planning. 3. Investigate value and proposition of Artificial Intelligence.	1. Scope dataflows that support value in use of 'real-time' data. 2. Confirm how data can be used to map capacity of all areas across the ICS (primary, secondary & community). 3. Determine how data can be used to identify demand levels in the present and future state.	1. Identify and deliver use cases to example 'what can be achieved' through data driven service redesign. 2. Create demand and capacity data dashboard/reporting for system wide use.	System-wide demand & capacity knowledge base Reduction in any bottlenecks of patient flow, Resources managed more effectively
	Strategic Management & Planning	1. Create 'Big Data' framework. 2. Identify data trends	1. Align trends to ICB Joint Forward Plan. 2. Interop trends with ICB, London & National opportunities. 3. Create pathway of informing system trends for strategic management and planning.	1. Implement means to review and monitor service design and delivery against ICB strategic direction using data.	Evidence based decision making Better and more informed decision making at all levels and system wide.
	Performance Oversight	1. Understand performance framework and where data can inform. 2. Propose effective means of data use within framework: BI v DI	1. Design ICS data-informed framework. 2. Inform and integrate system-wide use of new framework. 3. Serve data into multi-variate formats	1. Share impact reports on service improvements	Greater use of data in day to day operations, to inform performance and improvements. Joined up system-wide service review: local, regional and national.
	Population Health Management	1. Review and stocktake current PHM data infrastructure, use and alignment to strategic & operational requirements.	1. Set plan for PHM aligned to ICB strategic direction. 2. Evaluate and improve people resource and capability for use of PHM data. 3. Implement ICS plan for improved effective use of data to meet prioritised requirements, driven by global exemplar benchmarks.	1. Create scalable PHM system. 2. Interop with wider community healthcare infrastructure. 3. Collaboration with non-health agencies.	Increased level of targeted patient care. Greater autonomy across and within the ICS. Better prevention models for intervention.
	Research	1. Stocktake of historical data currently held and gathered. 2. Implement plan for collating, storing, sharing and using necessary data for present and future research purposes. 3. Plan for alignment with local, regional & national opportunities.	1. Establish opportunities of collaboration with non-NHS agencies. 2. Produce studies / reports using new & emerging technologies and capabilities. 3. Create research, planning and delivery collaborative steering group.	1. Produce futuristic research model for creating data intelligence. 2. Local, regional and national innovation partnerships.	Inform new innovative model and provision of care; prescriptive and nonprescriptive. Subject matter expertise collaboration for research hub.
Delivering data environments	FDP	1. Scope capabilities with NHSE collaboration. 2. Assess interoperability and impact of changes for FDP. 3. Map local use and SML opportunities.	1. Identify new ways of working / integration of systems with FDP (L, R & N). 2. Cyber-security assessment. 3. Plan & implement delivery of new ways.	1. Monitor, Review and Identify new opportunities. 2. Report on impact of new ways.	Better connected infrastructure for data sharing. Improved response to real-time care needs. Enabling data insights for PHM
	SDE	1. Identify and understand clear perimeters of SN-SDE. 2. Establish data use on SN-SDE and scope SWL involvement. 3. Inform & influence S, M & L term SN-SDE plans.	1. Define SWL Data Management. 2. Map to SWL priorities. 3. Interop with Research Vision Pillar.	1. Identify pan-London opportunities for SME initiatives. 2. Establish SWL SME of Research via SDE. 3. Lead research innovation on SME.	Creates subject matter expertise of SWL. New funding/ innovation opportunities. Skill, knowledge and healthcare advancement
	London	1. Establish evolved London Data Services offering to ICBs 2. Assess against SWL requirements. 3. Agree revised SLA & MoU for LDS/ISL to meet SWL needs.	1. Scope ICS partnership collaborations on projects and initiatives. 2. Identify pan-London ICB initiatives. 3. Scope non-health environments for interop.	1. Review, scope and recommend data environment/ sharing beyond Research purposes. 2. Implement 'beyond research' pan-London environment for collaborative working.	More structured and efficient data environment. Cost-efficiencies through tighter controls. Health care improvement through shared data infrastructure.
	ICS	1. Assess & define local requirements/workflows. 2. Plan appropriate fit for purpose environment. 3. Map current v required resource.	1. Implement appropriate infrastructure & architecture. 2. Cyber and general security assessment/implementation. 3. Conduct and communicate new innovative projects.	1. Assess and review, recommend improvements to maintain against present and future capabilities. 2. Scope ICS-wide stakeholder engagement for increasing data environment capability of indirect healthcare (e.g., MDT).	Tailored data environment to meet SWL requirements Response to innovative opportunities/greater autonomy. Appropriate resource to match requirements/needs.
Culture change and new ways of working	Team purpose and function	1. Team engagement on the Data Strategy/ visions 2. Understand professional skills and personal attributes to create team development plan: 3. Align individuals and create ICB cross function teams to deliver data strategy and operational requirements.	1. Strengths based approach to developing capabilities in line with strategic/operational direction to '28. 2. Produce 'Exemplar Standard' for all data related thinking, planning and operations: with monitor, measure and review of performance assessment. 3. Innovation & hackathon.	1. Review & evaluate functions v '28 deliverables plan. 2. Align team with evolved deliverables and ways of working. 3. Assess secondment & collaborative internal/external partnerships	Clear understanding, more efficient uptake and transition Improved standard and effectiveness of team outputs. Higher level of data quality. Greater innovation, opportunities for improving services.
	Pan SWL working culture	1. New Directorate Team Engagement; Digital Strategy & Joint Forward Plan. 2. Map all SWL ICS 'data/bi' personnel & data touchpoint action 3. Create 'ways to collaborate' outlining processes	1. Create ICS-wide datateam network. 2. Annual Data event (Ted-X, Innovation, Problem solving, Hackathon, External specialists). 3. Involvement at ICS-wide team events/meetings.	1. Roll-out 'Exemplar Standard' to ICS data network 2. Implement checkpoints to monitor, assess and communicate 'Exemplar Standard'. 3. Review interdependencies & inter-operability of ICS-wide Data Ops, Management and Infrastructure.	Data best practice ICS-wide. Stronger integration through collaboration, interdependencies & interoperability. More powerful & effective data environment.
	Product outline (what will BI produce)	1. Root & branch stocktake of current operations, deliverables and situ (inc., health insights review). 2. Confirm immediate priorities and align team function. 3. Create short-term '24 - 25 deliverables plan;	1. Innovations and Opportunities; future planning & proofing (service design), inc., AI impact assessment and integration plan. 2. Create medium-longer term '28 deliverables plan. 3. Form external partnerships & collaborations.	1. Regional & National data SME lead. 2. Dynamic omnichannel data environment. 3. Reduce focus on external products, increase internal products (e.g., SCC).	Fit for purpose data platform and information for users. Cost-efficiencies through integrated working. Local, regional and national priority alignment. Focussed plan of deliverables to meet service demands.
	Education and training	1. Understand current & prospective actions (collate, store, share, use) of data across ICS (ongoing action). 2. Assess appropriate tools & systems for learning. 3. Knowledge programme of Best Practice 'How To...' (collate, store, share, use) & implement engagement plan.	1. Full learning and development programme ICS wide 2. Pilot initiatives & case studies. 3. Map L&D with external ICS workforce partnerships.	1. ICS-wide integration with new approach. 2. Feedback, learning and improvement process. 3. Identify new areas of & opportunities for self-serve.	Empowered staff to make faster and effective decisions. Standardised highest level of best practice; uniformity. ICS-wide shared learning and improvements. Improved level of data quality.

Citations

Data Strategy Interim Report (July 2023)

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NHS Long Term Plan (2019)

White Paper on Integration and Innovation

What Good Looks Like (WGLL) Framework

Goldacre Review (2022)

Fuller Report (2022)

Public deliberation in the use of health and care data (2020)

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December 2024