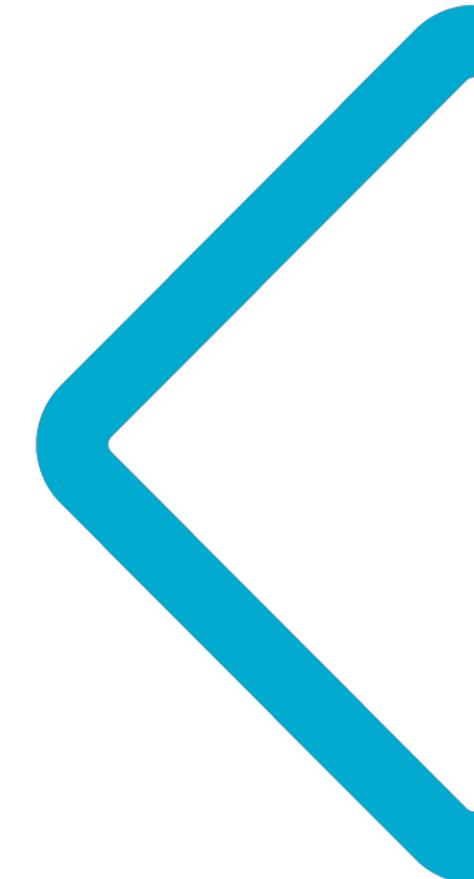


ICB Community Digital and Data Sub-Strategy: 2025 - 2030

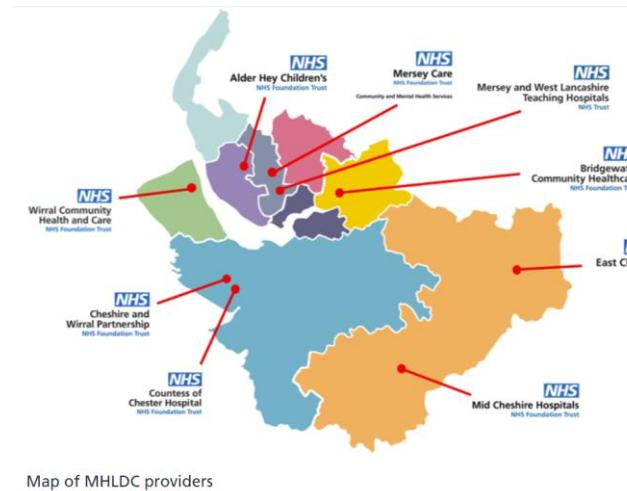
March 2025 – 1v0 – FINAL APPROVED



Background

Currently, [Community services](#) in C&M are delivered for both adults and children by four specialist community NHS providers (Mersey Care, CWP, Wirral Community and Bridgewater Community), five integrated NHS acute / community service organisations (MWL, East Cheshire, Mid Cheshire, COCH, Alder Hey) as well as hospices, nursing homes and a plethora of VCFSE services. These service providers work closely in collaboration with their local acute and primary care providers as well as other statutory services such as the Ambulance Service (NWAS) and Local Authority (Public Health and Social Care) to provide the best possible person-centred Place based care services to the population of C&M. A number of organisational changes are planned or in progress that will help improve neighbourhood level service delivery including further organisational integration of NHS acute and community providers and the formation of 'community collaboratives' across multiple Places.

The community service providers also work collaboratively with the specialist mental health providers as part of the Mental Health, Learning Disability and Community Provider Collaborative (MHLDC). A map detailing the member organisations of the MHLDC Provider Collaborative is shown below.



The range of community service providers and the need to record and share information and care plans across the health and care sector makes having a joined up digital and data strategy (and set of solutions) for community services particularly challenging to deliver.

C&M Community Health Strategy

Shifting more care out of hospital and into the community is one of the improvements outlined in the [NHS Long Term Plan](#) (LTP) as well as the more recent [Independent Investigation of the NHS](#) in England and will help ensure we meet the changing health needs of our local population over the coming decade. As well as likely to feature heavily in the forthcoming new NHS 10 year plan, it also aligns with the strategic intent and direction of travel being outlined by the ICB, which intends to develop a commissioning strategy to support delivery of a standardised core offer for NHS commissioned community health services from NHS providers across C&M, with additional wrap around services at Place / PCN level.

Community Services: National Priorities



Universal Offer

- Community Services Universal offer sets out a set of minimum expectations about community services that should be available to anyone, regardless of where they live



Community Infrastructure

- Digital and data: improving and modernising community's digital infrastructure and implementation of community faster data flow
- Shift to activity-based funding and the creation of standardised productivity and efficiency metrics
- Introduction of measures of "productivity" as a basis of contracts



Community Waiting Times

- Reducing long waits for community services
- Improving and standardising the visibility of community waiting times
- Incorporating community waiting time reduction targets into operational planning guidance



Shift Left

- Shifting activity from hospital to community settings
- Making this long-standing ambition a reality by introducing a practical, phased approach
- Initial priority areas likely to include frailty and palliative care
- Continued focus on admissions avoidance / alternatives to ED



All Age Continuing Care

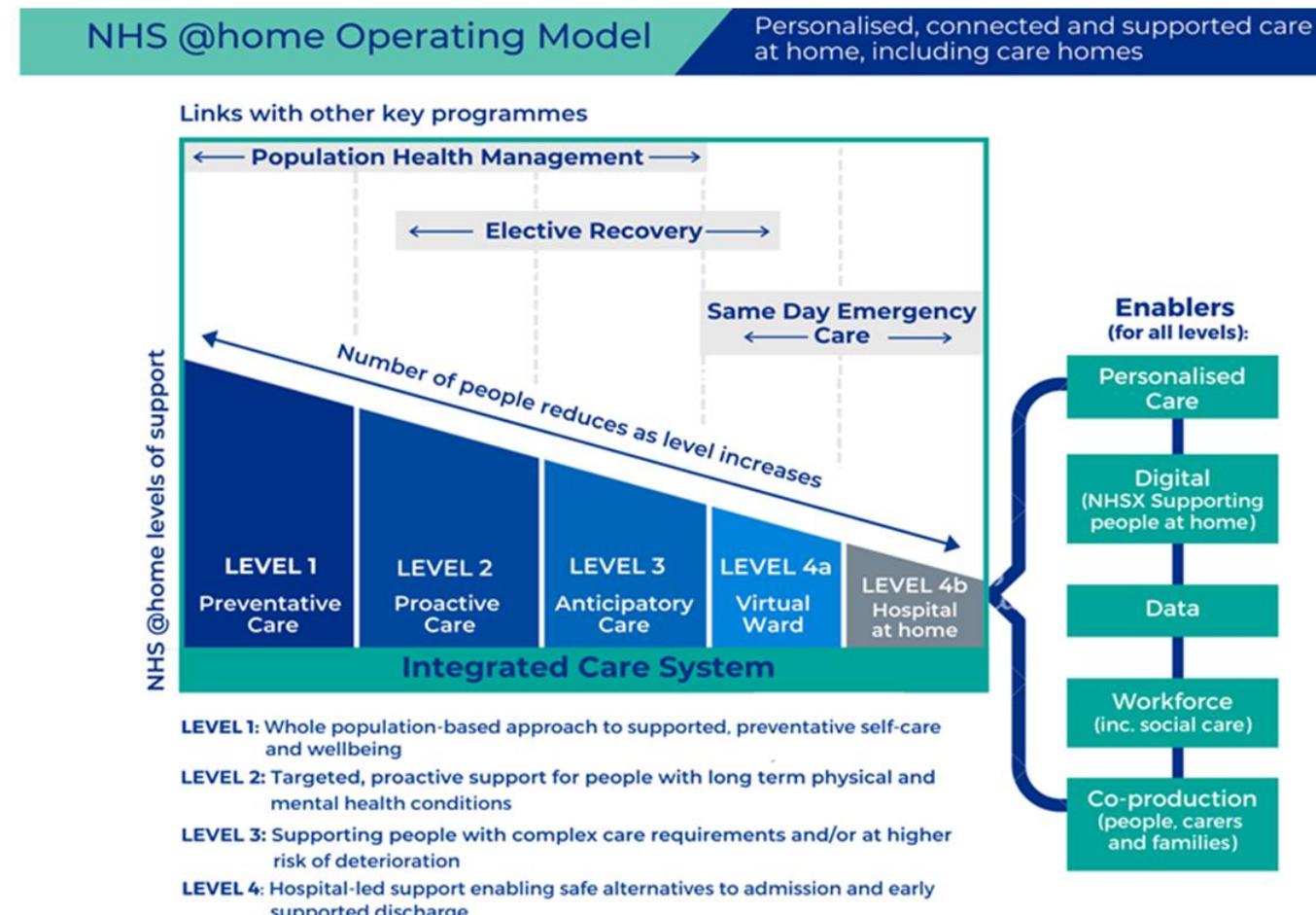
- All-age continuing care is increasingly recognised as a national community priority
- expectations for systems to reform their services to enhance efficiency and productivity while minimising variation.

C&M Community Health Strategy

C&M has adopted the national community health ambitions from the LTP and focussed its community service transformation programme across C&M on the following key areas (in addition to the commitment to build a strong community services universal offer for all):

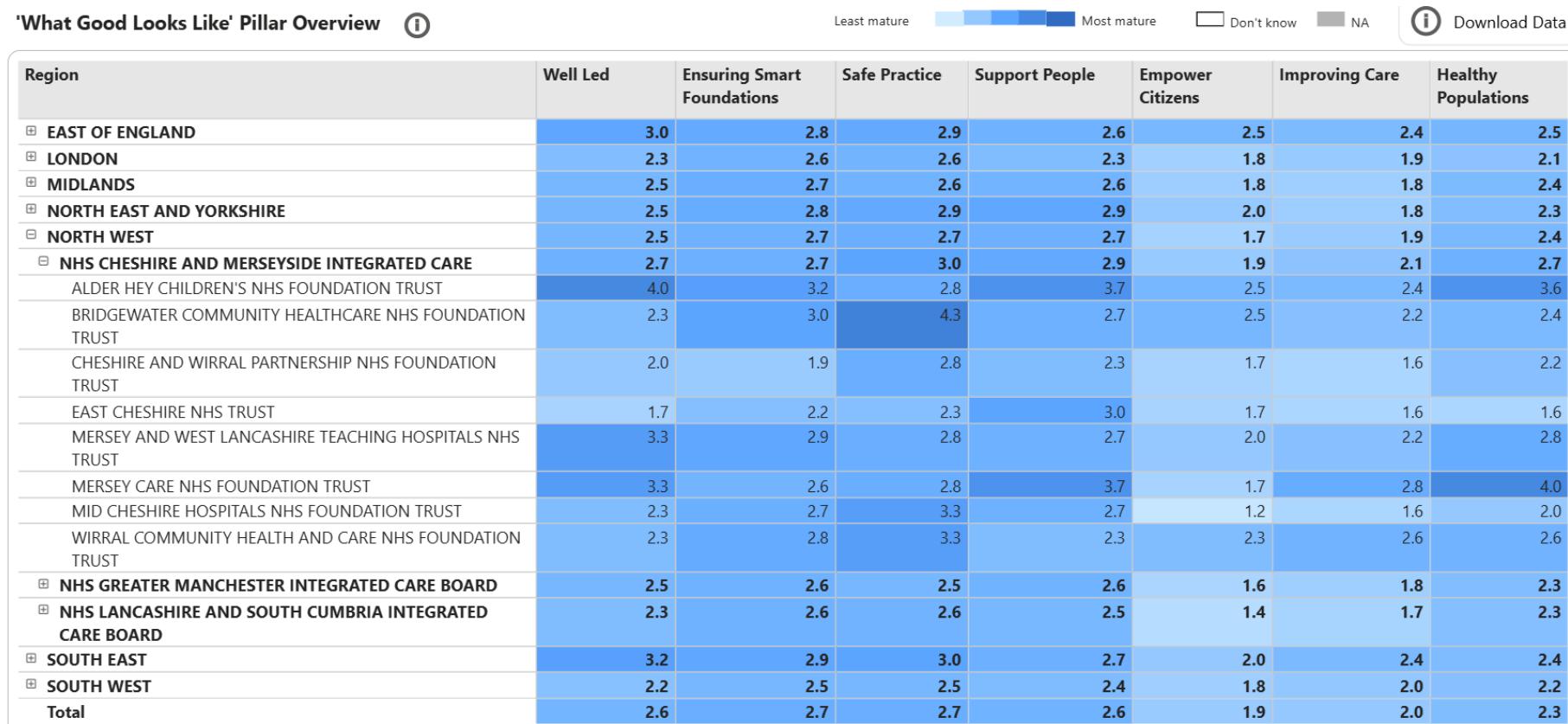
- Urgent Community Response (UCR)
- Virtual Wards / NHS @home
- Community Data Quality
- Falls Response
- Community Directory of Services (DOS).

Following the formation of the ICB Recovery Programme in April 2024, the above transformation projects combine to constitute the 'at scale' Admission Avoidance workstream of the Urgent and Emergency Care Recovery Programme.



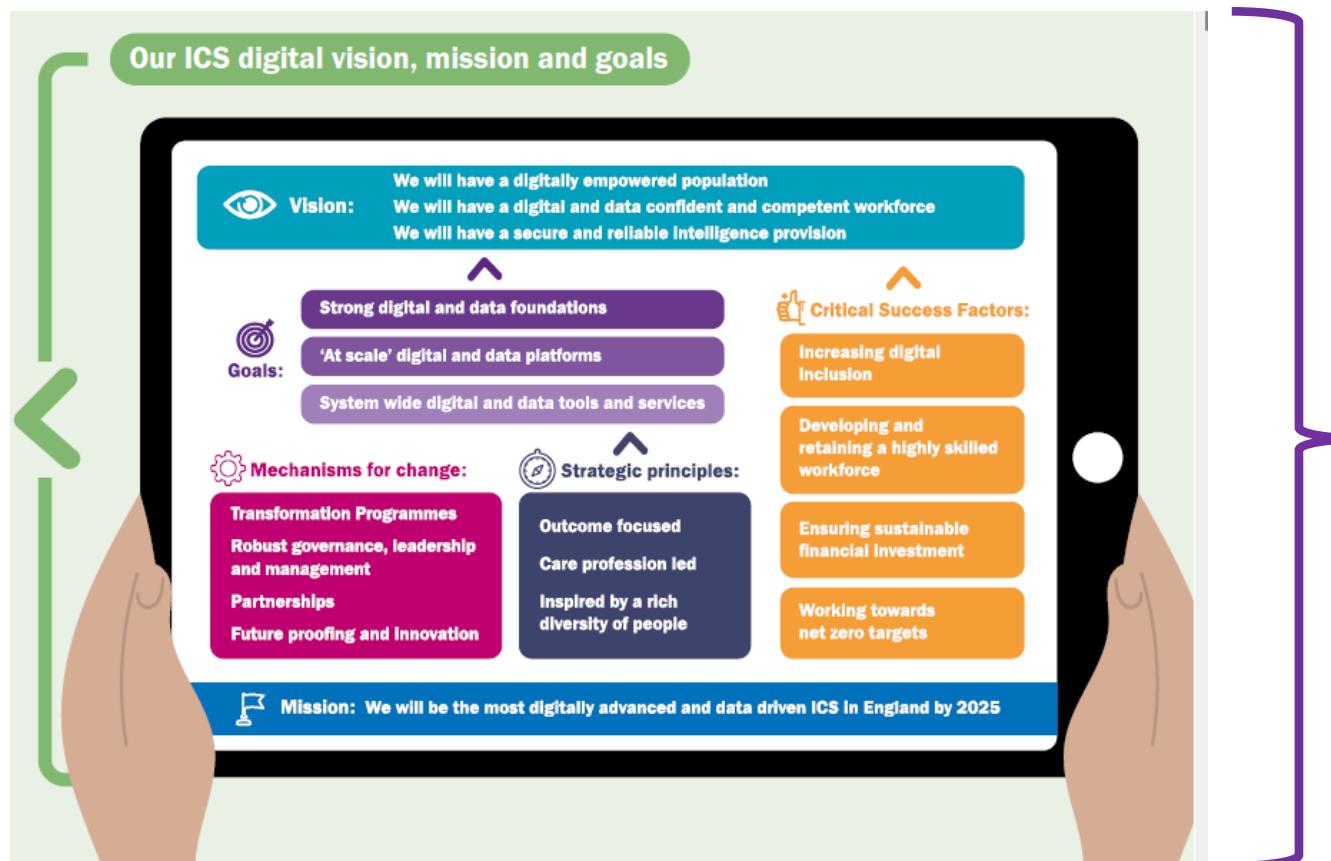
Digital Maturity across Community Health Services

NHS England undertakes an annual assessment of digital maturity across NHS Providers and ICBs in line with the seven success measures of the '['What Good Looks Like' \(WGLL\) framework](#)'. A summary of the 2024 Digital Maturity Assessment (DMA) for community service providers is shown below, which illustrates that C&M is broadly in line with other ICBs in terms of digital maturity across the various success measures, with some areas of particularly strong maturity across our community provider footprint.



C&M ICS Digital and Data Strategy

C&M ICS published its overarching [Digital and Data Strategy](#) in November 2022 and there is strong alignment between the three core goals in the ICS strategy with developments in digital and data in community health services over the past two years.



Strong Digital and Data Foundations

- Investment in digital infrastructure and core electronic patient record solutions at NHS Provider level

'At scale' digital and data platforms

- 'At scale' digital platform for virtual ward and Long Term Condition (LTC) remote monitoring
- Usage of, and contribution to, the C&M Connected Care Record

System wide digital and data tools & services

- Utilisation of the SHREWD platform for operational capacity and demand management
- Adoption of common Robotic Process Automation (RPA) tools to support workforce productivity

Digital and Data Investment Principles

In seeking sustainable investment for digital and data developments for Community Services, a number of underlying investment principles have been agreed to support system wide strategic development.

When we invest in Digital and Data in C&M to support Community Services, we do this to:

Improve safety, experience and outcomes for our patients across all our community service offers

Free up more time to care for our frontline staff

Further enable bringing care delivery closer to home for our patients

Support better integration of patient care delivery at Place with other partners involved in a patient's care pathway

Work 'at scale' across different community service providers where this is beneficial to organisations, staff and/or patients

Ensure equity between adults and children's and young people's community care needs

Support simplifying access to out of hospital services for our patients

Empower staff to do their jobs well and support their career development aspirations

Empower patients to take more control of their own care and how community health services support them as an individual

Maximise the usage and benefit from existing investments in digital and data made to date before investing in something new or different

Reduce duplication of effort, improve productivity of staff, increase job satisfaction and improve staff wellbeing

Support community health prevention work as well as community treatment services

Support the holistic care needs of an individual, both physical and mental

Community Services Digital and Data Strategy

The Community Services Digital and Data Strategy consists of six strategic goals which are then focused on support five core areas of community service transformation. These goals are aligned with the ICS Digital and Data Strategy goals.

VISION:

- To transform out of hospital care through the use of digital and data tools and services which better empower our staff delivering community services, and our patients using those services

OUTCOMES:

- Improved local access to higher quality services
- Improved staff productivity & satisfaction
- Improved patient safety, experience & outcomes
- Improved patient empowerment

STRATEGIC DIGITAL GOALS:

1. Make better use of existing clinical systems
2. Make better use of existing 'at scale' platforms
3. Make better use of data and intelligence

4. Improve staff digital and data confidence and competence
5. Improve staff productivity
6. Improve patient access and empowerment

CORE AREAS OF COMMUNITY SERVICE FOCUS:

1. Urgent Community Response (UCR)
2. Long Term Condition (LTC) Management
3. Virtual Wards / NHS @home

4. Urgent Treatment Centres
5. Intermediate / Step Down Care
6. Universal Services

Goal 1: Make better use of existing clinical systems

There has been significant investment to date in a range of clinical systems across community service providers, and further investment is already planned to support individual provider requirements. Before investing in new or replacement systems, it is important to ensure that organisations, and the community services lines within them, are getting the best out of the solutions already in place to maximise the benefits of the investment of time and money already made.

Our Digital and Data Strategic Priorities

- Remove paper and digitise clinical systems across all community service providers in the C&M system where possible
- Audit current systems in use, their compliance with standards (including clinical safety), core functionality and community workflows supported, and create a community services digital and data system catalogue
- Identify and agree opportunities for system interoperability, integration and rationalisation across all community service providers
- Identify and agree opportunities for better system interoperability and integration with other Providers to support care pathway delivery
- Identify and agree opportunities to optimise use of existing systems / better use functionality that is already available, and share any lessons learnt
- Identify and agree opportunities for new or replacement joint solutions (e.g. joint Patient Empowerment Portal solution) or expanding existing solutions in a single provider across other community service providers
- Share learning between providers using similar solutions.

Goal 2: Make better use of existing ‘at scale’ platforms

Community service providers are already using (and contributing to) some of the existing ‘at scale’ platforms in use across C&M, most notably the C&M Connected Care Record (ConCR), the telehealth platform being operated by Mersey Care and the CIPHA population health platform. The same is true for nationally provided services such as the National Care Records Service (NCRS). There are opportunities to better use these platforms (and potentially others such as those being provided through the diagnostics network) to support delivery of community service delivery ambitions as well as improved integration and system wide working through additional contribution of community data into such platforms for use by other care delivery partners.

Our Digital and Data Strategic Priorities

- Understand current position on use of (and contribution of data to) current ICB footprint platforms (ConCR, remote monitoring, CIPHA etc.), national solutions in community service delivery across all community service providers, and other relevant national digital solutions (such as the National Care Records Service and the Electronic Prescriptions Service)
- Identify opportunities by ‘at scale’ platform, and in line with core areas of focus, for better use of such platforms (e.g. developing community service-based tools (such as community waiting times) from the CIPHA platform data)
- Identify opportunities for ‘at scale’ diagnostic solutions either in place or being implemented (e.g. Order Communications and Results Reporting, digital imaging (PACS & RIS) and digital pathology (LIMS)) to be better integrated into community service workflows and existing core clinical solutions
- Identify opportunities for community services to maximise the opportunities arising from C&M NHS Providers adopting the Federated Data Platform (FDP)
- Identify opportunities for community services to undertake ‘at scale’ tests of change of any new or emerging ‘at scale’ platforms across the ICB.

Goal 3: Make better use of data and intelligence

Whilst a significant amount of clinical and operational data is captured in existing community systems, it is not always of the highest quality or shared into other systems to improve point of care delivery, service planning and population health management. There is significant opportunity for data to be 'captured once, used many times' through secure and focused information sharing across systems and organisations and for the associated intelligence to help understand services delivered and support the future design of community services.

Our Digital and Data Strategic Priorities

- Standardise data definition and data collection items for key community services (e.g. UCR) and to address key community service challenges (e.g. community waiting times), based on national community data set requirements
- Put in place initiatives to improve data quality at the point of data capture
- Review community services data going into CIPHA, standardise and agree other data items that should flow into the system wide population health management platform and utilise additional data operationally in community services
- Utilise population health data to risk stratify patients and to support redesign of agreed priority system wide community services for both treatment and prevention
- Improve reporting and timeliness of community capacity data into SHREWD
- Further rollout Faster Data Flows for community services.

Goal 4: Improve staff digital and data confidence and competence

Our workforce have a wide range of skills and confidence around using digital and data to improve the work they are involved in, whether that be direct patient care delivery, supporting clinical services, or helping improve the way services are delivered to patients in future. It is important that all staff are supported to help them get the best out of the digital and data tools being provided for them, and to also use them for their own career development (including enabling clinical and operational staff who want to develop a career with a more digital or data focus to do so).

Our Digital and Data Strategic Priorities

- Undertake a baseline assessment of digital and data skills in the community services workforce and identify barriers to adoption of digital and data tools
- Ensure access for all to high quality basic digital and data literacy skills training
- Ensure access to high quality, role specific clinical system training to support optimisation of use of existing core clinical systems
- Support staff to better use data and intelligence to enable community service delivery and planning to be more 'data driven'
- Support a network of clinical digital leaders to drive digital and data adoption into community services and to pioneer innovation in service delivery.

Goal 5: Improve staff productivity

Many of the processes involved in care delivery and planning are inefficient, manual and involve traditional ways of working that have evolved over time. The introduction of sophisticated digital and data tools means there is an opportunity to automate existing process and make clinical and administration workflows more efficient, releasing more time for staff to do more meaningful work tasks and potentially improving staff satisfaction and well-being.

Our Digital and Data Strategic Priorities

- Ensure community staff have an appropriate and easy to use access device to support their job role, especially for mobile based functions
- Ensure community staff have reliable and seamless access to high-speed network connectivity to support their normal working patterns, and where this is not possible, for systems to fully support offline working
- Implement single sign-on and ‘in context’ access to external clinical information systems where possible
- Implement smart scheduling tools, utilising skill mix, patient need and geographical location data, to efficiently schedule community-based appointments
- Capture areas in the clinical workflow where transcribing between different systems currently takes place and develop plans to remove transcribing where possible using existing solutions
- Implement voice recognition and digital dictation into services where this is not adopted and would drive significant efficiency benefits for clinical teams
- Share learning between community service providers on developments with Robotic Process Automation (RPA) and Generative AI
- Identify possible opportunity areas in both clinical and non-clinical areas for RPA and Generative AI to automate repetitive or manual tasks, and develop a business case for collaborative implementation of RPA ‘bots’ and Generative AI tools to address identify clinical and non-clinical priority areas (where effective integration of systems is not possible in the short term)
- Identify and where appropriate implement Generative AI into clinical and non-clinical processes using existing tools (e.g. MS Co-Pilot).

Goal 6: Improve patient access and empowerment

Our patients are becoming increasingly digital and data literate and therefore are increasingly expecting our community services to operate in a 'digital first' manner. As well as supporting those patients who are at the forefront of using digital and data to manage their care, we also have a responsibility to support those for whom using digital and data is more of a challenge to them (for many different reasons) as well as ensuring there is always a non-digital option for those people where 'digital first' is not possible for them.

Our Digital and Data Strategic Priorities

- Make clinical correspondence, patient questionnaires (such as those to support health promotion), patient information leaflets and discharge summaries from community services available for patients to view via local Patient Empowerment Portals (PEPs), and ultimately through the NHS app
- Expand information available through PEPs / the NHS app to include patient input of data to support long term condition monitoring, and call / recall for appointments (including patient initiated follow ups)
- Utilise digital technology (such as chatbots) to support patient targeted scheduling and re-scheduling of appointments
- Make community services information more transparent and accessible (e.g. community waiting times)
- Utilise digital technology to support improved access for patients to approved social prescribing activities for both community health treatment and health and well-being development
- Undertake a digital inclusion impact assessment for current and proposed future community services digital and data solutions, and support local communities with digital inclusion activities where appropriate.

Focus Area 1: Urgent Community Response (UCR)

Improving UCR is a core part of the ICBs response to improving urgent care and patient flow across our system and achieve one of our key system wide sentinel metrics, namely eliminating corridor care. Digital and data has a significant opportunity to improve out of hospital care and therefore reduce ED attendances, admissions and ambulance conveyances across the urgent care system.

Better use of existing clinical systems

- Standardise and streamline digital referrals (providing access to relevant clinical data) into and out of UCR services using existing clinical systems at the point of care (e.g. digitising the flow of referral information from referring services such as NWAS)
- Ensure existing clinical systems support Single Point of Access (SPoA) and joint assessment process developments across C&M Places (supporting UCR and the other focus areas)
- Standardise format of and access to digital Directory of Services (DoS) for all community services

Better use of existing 'at scale' platforms

- Review C&M Connected Care Record (ConCR) adoption and usage as part of UCR delivery across Places, and develop and implement plans to increase use of ConCR in the UCR pathway as well as data consumed and contributed into the C&M ConCR as part of the UCR workflow
- Review UCR clinical and operational data being contributed to both CIPHA and SHREWD, confirm future data requirements and gaps from current provision, and put in place plans to address those gaps to improve operational management and future service planning for UCR services
- Review opportunities to embed the NHS Electronic Prescription Service into the UCR pathway
- Better integrate data from 'at scale' digital diagnostics solutions to support UCR pathway (e.g. information coming from Community Diagnostic Centres)

Better use of data

- Develop a standardised data set for UCR services (based on national data sets where appropriate), and implement across C&M to remove variation and reduce data quality issues

Staff confidence and competence

- Implement programmes to develop staff confidence and trust in standardised shared assessment tools and processes used across UCR services

Staff productivity

- Implement RPA and Generative AI into the UCR workflow to reduce administrative bottlenecks

Focus Area 2: Long Term Condition Management

The remote monitoring platform operated by Mersey Care on behalf of C&M has already demonstrated significant value in long term condition management, particularly in the management of hypertension. However, there is significant additional opportunity to expand the scale of operation for existing LTCs being managed through the platform and add additional conditions to be managed remotely as part of transforming specific LTC care pathways.

Better use of existing clinical systems

- Review data flows and data integration between the Remote Monitoring platform and core clinical systems, identifying opportunities for improvement and implementing improved data flows in a prioritised manner as funding and resource become available

Better use of existing 'at scale' platforms

- Scale up usage of Remote Monitoring platform to cover additional LTCs in line with Place based commissioning requirements and Primary Care Network (PCN) priorities
- Further utilise Remote Monitoring platform to support wider community service transformation
- Further utilise existing 'at scale' patient information and accredited apps platforms to support increased patient self-management

Better use of data

- Further refine approach to using risk scores generated through the CIPHA platform to ensure remote monitoring capacity is focussed on the most clinically relevant patients

Staff confidence and competence

- Support local community based clinical teams to transform care pathways utilising the remote monitoring and other clinical system data

Staff productivity

- Continue to integrate monitoring devices and further utilise ambient technology to reduce manual data collection and review

Focus Area 3: Virtual Wards / NHS @home

C&M has seen significant success in using its remote monitoring platform to support Virtual Ward / NHS @home delivery initially for COVID-19 patients during the pandemic, but more recently in terms of Frailty, Heart Failure, Paediatric and General Medicine Virtual Wards / NHS @home services. As with LTC monitoring, there is opportunity to increase Virtual Ward / NHS @home capacity where appropriate and to focus this capacity into other clinical areas where 'NHS @home' services are most appropriately delivered.

Better use of existing clinical systems

- Review current integration of the Virtual Ward / NHS @home platform with core clinical systems across multiple providers, identify opportunities for improvement in data integration and flow, and implement agreed plans to better integrate clinical records between Provider EPRs and the platform
- Standardise and streamline digital referrals into Virtual Ward / NHS @home services including digitising the flow of referral information from referring services such as NWAS

Better use of existing 'at scale' platforms

- Identify opportunities to expand Virtual Ward / NHS @home provision using the current platform in line with commissioning intentions
- Increase adoption of remote monitoring for Virtual Ward patients
- Increase use of other 'at scale' services such as Point of Care Testing

Better use of data

- Better utilise CIPHA data alongside up to date clinical information to ensure the most clinically appropriate patients are onboarded
- Utilise SHREWD dashboards to better manage system capacity including Virtual Ward / NHS @home services

Staff confidence and competence

- Support staff working in Virtual Ward / NHS @home services to be able to access information from across the system that is relevant to their patient's care, e.g. pharmacy information

Staff productivity

- Increase clinical productivity by scaling up the use of telemonitoring across Virtual Ward / NHS @home services and reducing the number of face to face visits

Focus Area 4: Urgent Treatment Centres

However, Urgent Treatment Centres (UTCs) are in place across C&M, some co-located with acute hospital sites and others in community settings (including being part of mainstream public facilities such as shopping centres). However, there is often a disconnect between the clinical data being captured in these UTCs and other relevant clinical data sources, meaning information to support the urgent care pathway is disconnected (which increases clinical risk). This focus area will seek to remove barriers to information sharing and better support clinical workflows at the various UTC sites.

Better use of existing clinical systems

- Audit existing system usage and data flows between different Provider systems as part of the UTC workflow
- Agree 'future state' UTC workflow and agree how existing clinical systems can best support the UTC pathway at and across Places
- Implement integration and interoperability changes where agreed, funded and resourced

Better use of existing 'at scale' platforms

- Audit use of current 'at scale' platforms, both C&M and nationally provisioned, in the current UTC workflow (including digital diagnostics platforms to support Point of Care Testing)
- Agree how existing 'at scale' platforms can best support the UTC pathway at and across Places and implement changes where agreed, funded and resourced

Better use of data

- Audit current data captured, and undertake assessment of current data quality
- Identify future data requirements and gap from existing provision
- Develop and implement plan to address gaps in data in line with available funding and resourcing

Staff confidence and competence

- Support staff with skills to transform the UTC pathway through integration of existing solutions and implementation of new clinical workflow to support this

Staff productivity

- Implement solutions to reduce transcribing between different clinical systems
- Implement RPA to reduce administrative tasks associated with the UTC pathway

Focus Area 5: Intermediate / Step Down Care

Community services have a long history of providing support to patients coming out of hospital requiring medical and/or nursing care of lower acuity than occupying an acute hospital bed requires. There is a need to ensure that digital and data solutions are in place to support not only high-quality patient care whilst being supported by intermediate care services (which are delivered by both NHS and non-NHS providers at home or in a bedded facility), but also for safe, high quality transfer of care into and out of intermediate care settings.

Better use of existing clinical systems

- Provide access to relevant clinical information in NHS Provider and national core clinical systems for clinical staff delivering services in independent sector providers
- Improve integration between community and hospital systems to support safe transfers of care

Better use of existing 'at scale' platforms

- Enable independent sector and other non-NHS providers to have access to the C&M Connected Care Record solution to support patient care delivery
- Review opportunities for use of other 'at scale' platforms as part of the Intermediate Care pathway (including digital diagnostics platforms)

Better use of data

- Enable access to SHREWD for independent sector providers to support system flow discussion
- Make real-time bed capacity information from independent sector providers available to NHS services to support better hospital discharge planning

Staff confidence and competence

- Provide support to staff to better utilise systems in place to deliver intermediate care

Staff productivity

- Implement RPA to improve efficiency of repetitive administrative processes in the Intermediate Care pathway

Focus Area 6: Universal Services

At the core of community service delivery, there are a number of universal community services for adults and children that form the 'bedrock' of care in the community for local populations. This includes services such as District Nursing, Health Visiting, Speech and Language Therapy, Phlebotomy and Health Promotion just to name a few. There is a need to ensure that digital and data solutions are put in place to support high-quality care delivery to support the holistic needs of the individual whilst also having better tools to support proactive care and prevention of ill-health.

- Better use of existing clinical systems

 - Provide access to relevant clinical information in NHS Provider and national core clinical systems for clinical staff delivering services in the community
 - Improve integration between community, hospital and other provider systems to support multi-disciplinary care planning and holistic support to the individual
- Better use of existing 'at scale' platforms

 - Maximise the use of the C&M Connected Care Record solution to support patient care delivery
 - Review opportunities for use of other 'at scale' platforms as part of the community service delivery (including digital diagnostics and the Electronic Prescribing Service)
- Better use of data

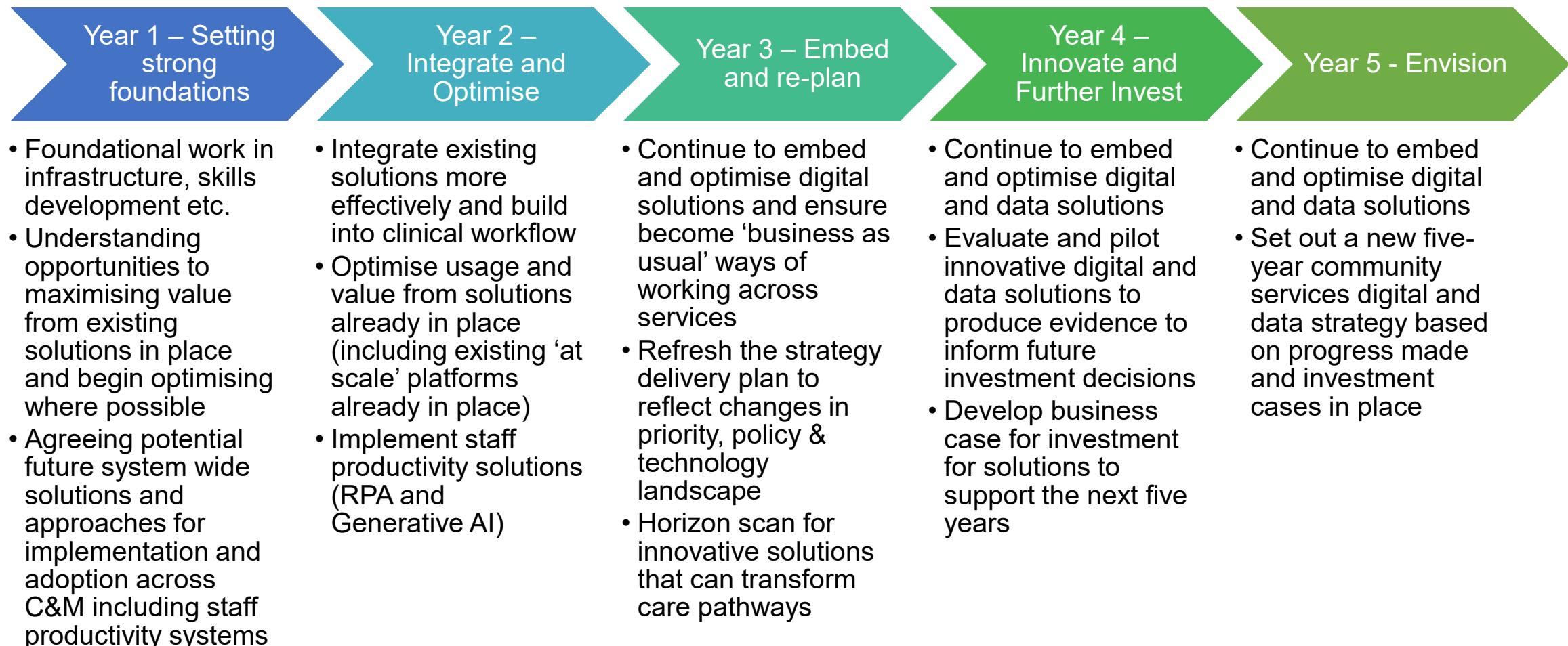
 - Improve the quality of and access to Community Waiting Times data across a wide range of community services
 - Utilise the CIPHA platform to undertake population segmentation to focus health promotion activities and targeted community service intervention
- Staff confidence and competence

 - Provide support to staff to better utilise systems in place to deliver community care
- Staff productivity

 - Implement RPA to improve efficiency of repetitive administrative processes in a variety of care pathways
 - Investigate opportunities to use AI to improve quality of service delivery

Strategic Delivery Roadmap

The journey to achieve the community services digital and data vision and objectives will take some time but will be prioritised to ensure maximum positive impact on community services at pace. Detailed delivery plans (with associated targets / metrics) will be developed with patient and public input, and an annual review of priorities will take place to ensure any changes in priorities in year are reflected in the following years delivery plan.



Key Risks

Achieving the vision and objectives of this strategy has significant risks in delivery and will require leadership and management support at senior levels to maximise the opportunities for success.

RISK	MITIGATION
Unable to achieve consensus on the core clinical systems to be used across the various focus areas	<ul style="list-style-type: none">• Ensure involvement of a wide range of stakeholders to confirm best approach for each focus area, utilising opportunities for rationalised core systems and 'at scale' working wherever possible, and ensuring that the functionality of the core clinical systems is 'fit for purpose'• Engage with relevant acute, social care and primary care stakeholders to ensure that community service solution development is not undertaken in isolation
Unable to integrate and/or converge agreed core clinical systems to support organisational integration and work across Place	<ul style="list-style-type: none">• Align clinical system roadmap with organisational integration and Place based development plans• Ensure on-going stakeholder engagement to ensure core systems meet clinical and non-clinical requirements• Ensure system wide work around diagnostics solutions (e.g. pathology, radiology) and system interoperability are built into and aligned with the roadmap• Review system supplier contract implications on a regular basis to ensure best value for money
Lack of specialist resources to support implementation, optimisation and on-going use of digital and data tools	<ul style="list-style-type: none">• Understand resourcing requirement to support overall community services transformation agenda in conjunction with Providers. Include appropriate resources in programme business cases
Lack of ringfenced investment for community services digital and data solutions	<ul style="list-style-type: none">• Develop business cases for investment. Identify national, regional and local sources of funding to support strategy delivery. Work with Community Providers to ensure investment is prioritised into highest impact areas• Work with ICB and regional teams to address historic disparity of digital investment into community services

Summary

This Community Services Digital and Data Sub-strategy has been developed to align with the overall C&M ICS Digital and Data Strategy as well as the NHS Long Term Plan and the Independent Investigation of the NHS in England. It is underpinned by a series of principles for digital and data investment.

- The overall vision for digital and data is to transform out of hospital care high-level digital and data tools and services which better empower our staff delivering community services, and our patients using those services. Delivering this vision will lead to improved access to higher quality services, improved staff productivity & satisfaction, improved patient safety, experience & outcomes and improved patient empowerment
- The strategy outlines six strategic goals to deliver this vision, namely:
 - Making better use of existing clinical systems
 - Making better use of existing 'at scale' platforms
 - Making better use of the data and intelligence
 - Improving staff digital and data confidence and competence
 - Improving staff productivity
 - Improving patient access and empowerment.
- Delivery of these strategic goals will be focused on improving the following community service areas:
 - Urgent Community Response (UCR)
 - Long Term Condition (LTC) Management
 - Virtual Wards / NHS @home
 - Urgent Treatment Centres
 - Intermediate / Step Down Care
 - Universal Services.
- The strategy also focuses on 'getting the basics right' for both staff and patients. This includes getting the access, infrastructure and skills in place to maximise the opportunity digital and data can bring to community health service transformation in both treatment and prevention services
- The strategy also includes a high-level strategic roadmap for delivery of the strategic priorities, and a series of key risks (and their mitigations) that will impact delivery of the roadmap
- Delivery of the strategy will significantly transform patient experience and outcomes for community service patients in Cheshire and Merseyside.