



**Community**  
NETWORK

# Digital transformation in community health services



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## Introduction

Community providers, in common with all organisations operating in the health and care system, face significant challenges as they look to embrace the opportunities generated by digital transformation. Yet there are specific opportunities for community health services to deliver better care for patients and service users by maximising the use of digital technology. With a mobile workforce already comfortable with operating remotely, community health services perhaps have most to gain from a fast-evolving digital world that offers significant potential to change the nature of provision. Their flexible, community-based model of service provision is well suited to testing small-scale innovations in digital.

Informed by case studies and a survey of leaders from within community providers, this report explores the challenges and opportunities presented by digital transformation within the community sector, and makes recommendations for how national NHS bodies and providers can work together to overcome barriers and achieve the full potential of digital innovation.

Some of the issues are well known. The National Audit Office has identified the need for ‘large-scale process and behavioural change and for substantial financial investment in IT systems’ in the NHS, recognising that transformation is complicated by ‘aged, legacy IT systems, the nature of healthcare information, the large number of organisations and stakeholders, complex governance arrangements, and existing commercial arrangements with technology suppliers’ (National Audit Office, 2020). Other challenges more specific to community health services include a historic lack of support or prioritisation from national bodies (now being addressed), a mobile and dispersed workforce and complex landscape of provision.

In fact, the community sector has often been overlooked in national digital policy priorities and funding streams. The consequence is that while many community providers are making good progress, some community service provision – despite the best efforts of local organisations – remains at the early stages of digital health, with many of the tools currently in use simply replicating physical approaches and processes (Mistry, 2020).

Insufficient access to national funding has also led to variation in digital maturity across the community provider sector, with a minority of providers bidding successfully for national funding or able to reinvest surpluses into digital transformation. Non-NHS providers, such as community interest companies, have historically been excluded from accessing national digital funding.

As the survey findings and case studies within this report demonstrate, community providers are ambitious about the future of digital technology and are developing strategies to ensure digital health underpins whole-system transformation. We hope this report proves helpful in showcasing the progress being made, and setting out the additional support the sector needs from government national NHS bodies. We would like to thank all of the providers who contributed.



## Key findings

- Digital transformation has been a key priority of the NHS for many years and is critical to achieving multiple goals within the NHS Long Term Plan, including the ambition to deliver more care in the community. But the potential for digital transformation within community health services has received relatively little national support, prioritisation or targeted funding to date.
- There are many opportunities for community health services to deliver better care for patients and service users by maximising the use of digital technology, including remote monitoring, virtual consultations and self-management tools. The COVID-19 pandemic has accelerated progress, with community providers adapting rapidly to new ways of working and embracing a digital-first approach where appropriate. Providers and national NHS bodies want to build on this momentum.
- Community providers face a range of challenges in delivering digital transformation:
  - Insufficient access to capital and revenue funding. This has created variation in digital maturity in the community provider sector, with community interest companies often excluded from national funding pots and only some providers able to self-fund digital programmes.
  - Interoperability remains a key barrier for digital improvement within the community sector. Just under half of our survey respondents (44 per cent) said insufficient access to nationally allocated funding had impacted on their organisation's ability to deliver interoperability.
  - Almost nine in ten community providers responding to the survey view organisational culture as one of the biggest enablers of delivering digital improvement in community services. While most community provider leaders believe their own organisation has sufficient internal expertise to drive its digital strategy forward, fewer than half thought all staff understood and supported organisational aims in this area.
- As integrated care systems (ICSs) take on an increasing role in system-wide digital leadership and transformation, community providers need to be resourced and supported to maximise the potential from digital improvement and build on existing momentum in many providers.

### a. Recommendations for policy makers

#### **Develop the national business case to invest in digital transformation in the community sector.**

- NHS England and NHS Improvement should undertake an assessment at national level to ascertain the level of capital and revenue spending necessary to achieve the change that is required to implement and embed digital improvement in community health services as specified in the NHS Long Term Plan, with a move to multi-year funding if possible
- NHS England and NHS Improvement should also undertake work to understand the extent of the barriers that community interest companies face in accessing funding, and to level the playing field wherever possible.
- Sufficient investment should be targeted at community providers that have been historically excluded from funding opportunities and are struggling with digital maturity, for instance community interest companies.
- There should also be a focus on providing long-term funding for digital improvement, which would allow large-scale, multi-year projects to be developed.



### **Clarify leadership and prioritisation of the digital agenda at regional and national levels within the NHS.**

- The way that accountability and functions for the digital community health agenda are currently separated between organisations (for instance between NHSX, NHS Digital, NHS England and NHS Improvement and the Department of Health and Social Care) can be complex and opaque. Now, following the recently published review of NHS tech leadership, the NHSX and NHS Digital brands are set to be retired, and the organisations merged with NHS England and NHS Improvement, meaning there is a need for clear communication about the new national leadership structure for the digital agenda.
- NHS England and NHS Improvement is currently undertaking significant work on the national digital strategy for community health services and we look forward to seeing how this work will enhance leadership and prioritisation of the digital community health agenda.

### **Deliver support for providers to develop digital capacity, capability and infrastructure.**

- To encourage this, NHS England and NHS Improvement should seek to share best practice between providers and ICSs.
- NHS England and NHS Improvement and Health Education England (which will merge with NHS England and Improvement in April 2023) should work closely together with other relevant bodies, to help address immediate and future skills and capability gaps within the workforce.
- National NHS bodies should provide support to community providers and system partners to agree an approach with suppliers of software systems and other digital resources that enables true interoperability. This is required both in agreements struck by individual community providers and national procurement exercises.

## **b. Recommendations for community providers and ICSs**

### **Promote the digital agenda across all levels of organisations and systems.**

- Leaders at all levels within organisations and systems should be supported to embrace digital approaches, develop digital capacity and capability, and facilitate the cultural shift necessary within the wider community workforce.
- Community providers should build training for staff at all levels on how to use digital technology, with a particular focus on supporting staff who will be using digital approaches with patients more frequently in future.

### **Integrate and embed the digital agenda within all parts of organisations and systems.**

- Community providers should communicate the purpose of digital improvement beyond technical teams, and seek to integrate IT teams with the rest of the organisation.

### **Work with regional and national bodies to share best practice across community providers.**

- Particularly around interoperability, digital training and skills, and creating cultural shifts in organisations; all of which are viewed by community providers as key enablers to digital transformation.

# 1

## Methods

The Community Network is the national voice of NHS community providers. We support trusts and not-for-profit organisations providing NHS community health services to deliver high-quality care by influencing national policy development, sharing good practice, and promoting a vision of integrated care in the community. The network is hosted by the NHS Confederation and NHS Providers.

To inform this report, representatives from all provider organisations in membership of the Community Network were invited to participate in an online survey during May 2021. The survey included a combination of closed and open questions. Forty responses were received, comprising 34 trusts and six community interest companies. Respondents included leaders representing specialist community providers, and those representing integrated care providers such as mental health and community trusts or acute and community trusts.

# 2

## The national policy agenda on digital transformation

- Almost two in three survey respondents (64 per cent) felt that the digital vision set out in the NHS Long Term Plan was achievable within their organisation, with 18 per cent saying it was not.
- When asked to indicate which of a list of options for additional resources or support would be needed to achieve the objectives for digital development set out in the plan, 59 per cent opted for knowledge or best practice sharing, 46 per cent highlighted clear targets, and 38 per cent chose maturity models and assessment.

Successive national NHS strategies and policy documents have placed an emphasis on data and digital transforming our healthcare system into a model that is fit for the future. The NHS Long Term Plan contained an important but ambitious set of digital priorities. For instance, as well as promising patients control over medical records, the plan emphasises linking data to support improvement work, using decision support and artificial intelligence, deploying predictive techniques for population health and encouraging a 'world-leading' health IT industry in England with a supportive environment for software developers and innovators (NHS England, 2019).

These ambitions build on some earlier objectives set out in the Personal Health and Care Framework 2020, an earlier plan to make better use of technology in furthering health and care objectives (HM Government, 2014), and other national initiatives such as the Department of Health and Social Care's Future Vision for Healthcare, which sought to address some past mistakes. For instance, building in a degree of interoperability via minimum technical standards so that systems can 'talk to each other' securely, and can be upgraded when necessary (Department of Health and Social Care, 2018). In June 2021, the Department of Health and Social Care and NHSX also published a new draft strategy, *Data Saves Lives: Reshaping health and social care with data* (HM Government, 2021). The document sets out expectations for the health and social care sector, including around improving understanding of data-driven innovation, making appropriate data sharing the norm, and building and supporting the foundations (technical, legal and regulatory) for better data sharing.

In recent years, changes to the national landscape have led to responsibilities being split across the Department of Health and Social Care, NHS England and NHS Improvement, NHS Digital and NHSX. This has created a complex landscape of national leadership, accountability arrangements and different funding pots. Programmes such as NHSX's tech plan for health and care have the potential to support providers by articulating the opportunities of digital improvement and providing frameworks for provider organisations looking to understand digital good practice for different health and care sectors (NHS Providers, 2020).

Although the increased national policy focus has been helpful to get digital higher up on the agenda for community providers, and resulted in a recent specific NHSX digital funding pot for the community sector, there is potential to go further, faster, by improving coordination across central bodies and facilitating better communication about the purpose of digital standards beyond technical teams. We therefore welcomed NHS England and NHS Improvement's focus on maintaining digital transformation, and the appointment of Dr Timothy Ferris (March 2021) to lead a new national transformation directorate, bringing together the NHS England and NHS Improvement operational improvement team and NHSX (Downey, 2021).



Now, following the recently published review of NHS tech leadership, NHSX and NHS Digital are set to merge with NHS England and NHS Improvement as soon as legislation allows. As part of this, NHSX will retain joint unit status but evolve into the strategy function of NHS England and NHS Improvement's transformation directorate. For NHS Digital, CEO Simon Bolton will become chief information officer of NHS England and NHS Improvement, reporting to Dr Tim Ferris in the national transformation directorate. This represents a move away from digital responsibilities being divided across national bodies, towards a central point of national digital leadership as part of a broader transformation agenda. In a complex and shifting policy landscape, digital must remain a priority for national leaders, regardless of structure, and providers must be supported to understand and navigate a new landscape.

In addition to navigating these overarching policy shifts, community providers have been working with local system partners to increase the proportion of care provided in the community, in line with policy ambitions to deliver more care closer to home to benefit patients and the system. As technology improves, digital transformation has a potentially important role to play in supporting this shift.

COVID-19 has of course increased the urgency of this transition, as the NHS sought to minimise the number of face-to-face interactions with service users in order to reduce the risk of infection. Community providers made considerable progress on digitising services during the pandemic, but require ongoing funding and support to embed this transformation. This is particularly the case as providers contend with ongoing pressures in addressing the backlog of care, restoring services, delivering the vaccination programmes, and managing increased demand for COVID-19-related and non-COVID-19 services.

# 3

## Opportunities and challenges in the community sector

- Three in five (60 per cent) survey respondents said their organisation was digitally mature, but only 10 per cent were able to say their organisation was highly digitally mature.
- Respondents from community trusts (71 per cent) and combined acute and community trusts (69 per cent) were more likely to view their trust as mature than respondents from community interest companies or combined mental health and community trusts.

Although much has been written about the opportunities digital innovation can offer in healthcare, there has been very little specific focus on its role in the community sector. This is a paradox, because with a mobile workforce and a community-based delivery model, community providers are extremely well placed to make rapid progress in embedding digital approaches.

Digital has the potential to change how service users access and experience care. For example, through electronic prescription services or self-management tools. Digital tools with a potential application in the community include apps and wearables, smartphone hubs and cloud-based technologies, portable and at-home diagnostics devices and peer-to-peer support networks. Technology can also improve how community services interact with other parts of the health and care system, for instance through digital referral, more accessible shared care plans, and video-based multi-disciplinary team meetings. Community providers can participate more fully in system-wide population health management activities and tackling health inequalities by streamlining data and using digital approaches to facilitate better collaboration with local authority and NHS partners.

Although digital exclusion remains a concern, outreach work can support members of the community to get more out of these new approaches. In some areas, digital inclusion work is already being undertaken by members of the voluntary sector. For instance, in Cornwall, voluntary sector organisations have been working with the NHS, local authorities and other public bodies to support the development of digital skills among rural communities. These geographically dispersed communities, with a higher-than-average proportion of older residents, have a significant amount to benefit from digital health services (such as online prescriptions and self-management of long-term conditions), but can also face the greatest barriers to access.

However, providers of community health services face a range of challenges when building and enabling digital teams. These challenges are explored in more depth in this report, but can include a lack of funding, siloed working within organisations and complex risk management.

Various national policy initiatives have focused on digital innovation, but there has been relatively little detailed work to explore how innovative practice in digital healthcare might build on and change the delivery models in use within different sectors and provider types. The following section summarises learning from provider organisations that have been developing strategies to harness digital innovation and test new approaches.



## Case study one: Working collaboratively across health and care to deliver Tameside and Glossop's digital health service

Recognising that demand for urgent and emergency care services was increasing at more than 2 per cent per year, and that growth was greatest in the older population, Tameside and Glossop Integrated Care NHS Foundation Trust established a digital health service in 2017 to treat older people in their care homes when clinically appropriate.

The trust had found that care home residents were frequent attenders in emergency departments. It was distressing for them to be brought unnecessarily to the emergency department and doing so presented a potential reduction in quality to other care home residents, when care home staff were deployed on transfers to hospital.

To reduce the frequency of such incidents, the trust designed a system that would offer remote monitoring and visual consultations on health conditions as they arose, avoiding unnecessary emergency department visits and improving the quality of care in nursing and care homes.

The trust put in place a plan to work collaboratively with care homes to support them in recognising a deterioration in a resident's health and to help them to respond more effectively. The approach, run from a new digital health centre, works closely with partner organisations such as Tameside Metropolitan Borough Council community response service, and the North West Ambulance Service.

The digital health service began with three experienced nurse practitioners. By late 2020, the team had increased in size to 14 and included a paramedic based at the hospital site. The service was operating between 7.30am and 10pm, seven days a week, with plans to move to 24/7 provision.

The centre manages urgent care GP call handling, streaming calls to appropriate services as required, and also manages a clinical assessment service that is directly bookable via NHS 111, as well as providing a response to category three and four 999 calls in Tameside and Glossop via the North West Ambulance Service and a point of contact for patients and their relatives and carers at the end of life.

Enhanced technology has been introduced to care homes, with training provided for staff to recognise deterioration in a resident's condition. Remote monitoring systems are in place, as is access to patients' GP and hospital summary care records. Nurse prescribers can prescribe online and download prescriptions to the patient's pharmacy, and the care home can request urgent care responses. For example, via the trust's community integrated urgent care, extensive care and long-term conditions team.

The scheme has led to a reduction in emergency attendances, emergency admissions and use of acute beds. There are fewer GP, ambulance and community team call-outs to care homes, as well as fewer care home hours spent in emergency departments. In addition, care homes and community response service staff have been able to develop their skills by working on the scheme.



## COVID-19 as a digital accelerator

- A significant majority of survey respondents (93 per cent) agreed that the digital development that they had achieved during the pandemic would be sustained.



**We need to have ongoing cultural challenge to ensure the digital gains don't get lost because people want to work how they used to.**

Board-Level Director, Community Interest Company



**The key for our trust is not losing traction on developments as we move back to normal, specifically in the use of virtual patient contacts. [...] Continued investment in digital poverty and access will be required to maintain progress as well as continued oversight and targeted action to maintain and expand virtual access.**

Director of Strategic Development, Community and Acute Trust

The COVID-19 response has allowed providers to find a 'new innovative spirit and confidence,' accelerating digital progress in part because of increased support from government and arm's-length bodies. This support ranged from the roll out of nationally procured software to making additional funding available, and advising trusts on complicated regulatory and policy areas such as information governance (NHS Providers, 2020c).

The social distancing measures implemented in March 2020 to halt the spread of COVID-19 disrupted conventional working patterns and brought about a step change in digital operating models within the community sector, as in other parts of the health service.

Where appropriate for patients and service users, community service providers moved rapidly to telephone and video consultations during the pandemic. A survey in June 2020 found that 83 per cent of community providers had increased their capacity for remote appointments (NHS Providers, June 2020). Some providers set up digital pathways and delivered community physical and mental health services remotely. For example, one community interest company, Accelerate CIC, transformed its wound care service using a virtual approach that helped patients to become more independent with the support of a structured self-care programme. As well as virtual consultations, providers set up remote monitoring services for patients at home or in care settings, designed to identify the soft signs of deterioration in a patient's condition. Community providers also shifted internal meetings online. In March 2021, NHSX and the Information Commissioners Office clarified the rules around information governance, and some say that this has helped to create a more permissive environment.

There are signs that some patients preferred a digital-first approach during the pandemic period, with far more people with non-COVID-19 conditions choosing to have their care in their own home rather than in a hospital or care home, as well as local reports of benefits for patients such as flexible appointments and support while self-isolating or shielding (Community Network, 2020). However, providers have needed to bear in mind the potential impact of digital exclusion on service users. NHS England and NHS Improvement has identified digital inclusion as a potential driver of health inequalities, requiring strategies to counter this risk (NHS England, n.d.).

As community providers focus their efforts on the recovery from the COVID-19 pandemic, they are keen to embed and expand digital innovations developed during the pandemic period in their



day-to-day practice, and to capitalise on some of the new momentum for digital transformation. While providers with higher levels of digital maturity are likely to have found it easier to initially adapt to the circumstances of the pandemic, there is clearly confidence amongst providers that developments made during the pandemic can be sustained. This is important, as the delivery of digital services can play a role in increasing efficiency as, across the health and care system, providers look to address backlogs of care.

## Case study two: Implementing virtual consulting and online meetings at pace in Central London during an emergency situation

Staff at Central London Community Healthcare NHS Trust introduced a virtual approach to some clinical and operational activities within a fortnight of an executive delivery group meeting to plan a response to the COVID-19 pandemic. The trust's executive delivery group met in early March and set the challenging deadline to achieve fast implementation of virtual consultations and an approach for running the organisation via video conference.

The trust was already in the process of procuring video conferencing software and decided to continue with the procurement, securing Bluejeans videoconferencing software. The trust subsequently decided to stay with Bluejeans for patient consultations and to move to Microsoft Teams for staff videoconferencing.

The use of videoconferencing in clinical settings was first used in the trust's child health services. As the first wave of COVID-19 infections was under way, health visitors began using the system for new baby visits and baby clinics, provided there were no safeguarding concerns. Over time, further services began to develop clinical and safety cases for using video consultations. Speech and language therapists began undertaking virtual swallowing assessments and weight management services switched to the system.

Clinical staff also set up videoconferencing respiratory group exercise classes for pulmonary rehabilitation and cardiac rehabilitation, and provided diabetes education programmes via videoconferencing.

Initially, some clinicians were concerned that they would be unable to help if a patient's condition deteriorated while they were interacting on a screen, rather than in person, so the trust developed protocols to support deteriorating patients online.

Physical interaction was still needed for some tasks such as wound care, meaning virtual working was harder to adopt across the board. However, the trust is now considering adopting image handling software, enabling staff and patients to store images of wounds on patient records, to facilitate quicker comparisons.

The trust established a number of communities of practice, so that clinicians using the systems were able to compare experiences with colleagues. Staff are now developing more detailed working principles for virtual consultations. The senior leadership team also supported the switch by using videoconferencing for trust meetings and creating podcasts for staff.

In order to respond to the challenge of digital inclusion, the trust has a device loan scheme and training and support is provided by volunteers so that patients who are struggling are supported to use devices.

Staff have received positive feedback from patients, but the consensus is that the virtual approach is equivalent to, rather than better than, face to face. The trust is aware some patients may prefer a face-to-face approach, and so they have opted to retain an in-person service for those who wish to use it.



## Investment in digital transformation

### i Availability of national funding for digital transformation

- A third of survey respondents said that their organisation had been able to make ‘substantial investments’ to self-fund digital programmes in the last five years, while 44 per cent said they had been able to make some investments, and 23 per cent said they had been able to make limited investments.
- Survey respondents gave examples of the improvements they had delivered when national funding was available, including:
  - tablet-based record keeping, digital patient and GP correspondence, and digital logistics for community equipment provision
  - point-of-care pathology and other diagnostics such as ultrasound and bladder scanning
  - implementation of electronic prescribing and medicines administration, electronic observation and single sign-on
  - updated end-user devices
  - e-prescribing
  - adoption of a single electronic patient record
  - improved speech recognition and digital aspects of frailty work.

Prior to the pandemic, digital expenditure in the NHS increased, with the government committing £4.7 billion to deliver the NHS’s digital transformation portfolio between 2016-17 and 2020-21. However, the funding growth has not been sufficient to deliver the ambitions for the health service’s digital transformation and it is currently unclear how much of the £4.7 billion has reached the community sector. There must be more transparency about the allocation of this funding in order to understand how effectively this investment is flowing through the system, and the extent to which it can support and drive digital improvement in community health services.

NHS England and NHS Improvement estimated that the NHS will need around £8.1 billion between 2019-20 and 2023-4 to fully deliver its digital transformation ambitions, of which £5.1 billion was to be funded by national bodies and £3 billion from trusts themselves (NHS England and NHS Improvement, 2020). But the National Audit Office considers this estimate to be ‘based on very limited data,’ with ‘a significant risk that trusts will be unwilling or unable to fund the £3 billion expected of them’ (National Audit Office, 2020).

In order to maintain progress on digital development, community providers need access to more funding overall. The average trust uses around 2 per cent of its total expenditure on digital, but it has been suggested this should be closer to 4-5 per cent. It can be difficult to quantify the benefits of digital programmes in advance and the lack of access to secure sources of capital and revenue funding for digital means that trusts often struggle to justify investment in long-term digital solutions when it competes with many other priorities (NHS Providers, 2020).

### ii Access to national funding for digital transformation

- 88 per cent of respondents said their organisation had been able to access allocated capital and/or revenue funding for digital transformation in the past five years.
- However, only 11 per cent agreed their organisation had sufficient nationally allocated capital funding to support them to make the necessary investments in digital, and 64 per cent disagreed. This was a particular issue for respondents from community interest companies.



- More than four in five (84 per cent) disagreed that their organisation had sufficient nationally allocated revenue funding to support them to make necessary investments in digital, with 51 per cent strongly disagreeing.
- Of the survey respondents who said they had accessed some central digital investment, 49 per cent had accessed capital funding only, 36 per cent had accessed both revenue and capital funding, and 3 per cent had accessed revenue funding only.



**As a CIC, access to capital and revenue isn't a level playing field when compared to NHS trusts. CICs are either forgotten or not allowed to bid as the money is for trusts only.**

Director of Finance and Resources, Community Interest Company



**The process for accessing funding has been opaque in relation to both the Global Digital Exemplar and Digital Aspirant programme.**

Director of IT, Combined Acute and Community Trust



**The reliance on capital is not the way that digital has evolved [up] to now. It is much more revenue driven in terms of cloud services and how other digital services can be acquired to be flexible and allow for the fast pace of change. The one-year cycle for funding can be a barrier, especially when some national funding comes in February/March, and has to be spent by the end of March. This is not helping, given the bureaucracy involved to procure.**

Chief Information Officer, Combined Acute and Community Trust

While access to national digital funding has improved for some community providers in recent years, there is still insufficient access to central capital and revenue funding for digital transformation in the community sector. There is particularly limited access to central funding for community interest companies, resulting in a postcode lottery of digital community services provision and wide variation in digital maturity across providers. Targeted investment in community service providers is needed to bring core digital infrastructure up to the standard required to meet the NHS Long Term Plan ambitions of a digitally enabled community workforce and to provide sustainable healthcare.

The inequity of access to national funding was exacerbated during the first wave of the pandemic, when community interest companies were not able to access central funding for digital transformation.

There also appears to be scope to improve the process under which funding is allocated to provider organisations, in order to improve efficiency. Multiple survey respondents described receiving funding from these schemes very late in the financial year, meaning that it had to be used in a 'horrible rush', or in a way that led to 'uncertainty and tactical solutions', preventing longer-term planning and investment in larger-scale digital improvement projects.

Furthermore, there is an increased need for revenue rather than capital investment in digital, given the way in which, for example, software purchasing is moving to a subscription model rather than being a one-off purchase.



### iii Impact of insufficient access to funding for digital transformation

- Almost half of respondents (49 per cent) said insufficient access to nationally allocated funding had an impact on their organisation's ability to deliver workforce development and training in digital.
- 44 per cent of respondents said insufficient access to nationally allocated funding had impacted on their organisation's ability to deliver interoperability, but those from community interest companies were more likely to state that this was a problem, with 60 per cent stating that insufficient access to funds had impacted interoperability.
- 46 per cent of respondents said insufficient national funding had impacted their ability to deliver electronic patient records and 38 per cent said it had an impact on their organisation's ability to expand remote patient contact and monitoring. A third (33 per cent) said it had impacted on their organisation's ability to deliver virtual patient care.
- 44 per cent said that insufficient national funding had an impact on their organisation's ability to deliver population health management approaches.

For community providers, insufficient national funding and challenges accessing available funding have an impact on patient-facing services, the delivery of ambitions outlined in the NHS Long Term Plan priorities (such as reduction of health inequalities), and the ability of community providers to contribute to recovery goals. In addition, these challenges have had an effect on some key enablers to digital, such as workforce development and training, and interoperability. It is therefore essential that targeted capital and revenue funding allocations to the community sector are increased to meet national and local ambitions for digital transformation. This funding also needs to ensure parity of investment across provider types.



## Digital strategy and leadership at system levels

- Although only a minority of respondents agreed in each case, 38 per cent said that local systems were providing clearer leadership of the digital agenda in community services, while only 21 per cent said this was the case at a regional level, and 13 per cent at a national level.
- Most survey respondents were able to point to examples of their own organisation's digital strategy aligning with ICS plans and priorities.



**Our trust priorities and digital strategy are fully aligned to the ICS. Getting the basics right: infrastructure, security by design and governance[...] care closer to home through increased self-management and digital services, cognisant of the risk of digital exclusion and inequity, population health management and data-driven decisions.**

Chief Information and Technology Officer, Combined Acute and Community Trust



**The pillars of the digital strategy follow the NHSX blueprint and are gradually being aligned with the system strategy.**

Director of Strategic Development, Combined Acute and Community Trust

In recent years, community providers have set out strategies to harness digital innovation in order to support wider goals such as improving patient care, generating better quality data and providing a better staff experience. These goals correspond to important areas of focus in the NHS Long Term Plan, such as increasing the proportion of care provided outside hospitals, improving integration between primary and community health services and increasing the amount of personalisation in the way care is delivered.

Ultimately, this focus on digital innovation should enable community providers to play a full role in the NHS Long Term Plan's vision of digital-first care, with a model of tiered escalation in primary and outpatient care, depending on need, and with people increasingly cared for in their own home, using wearable devices to monitor their condition. Sussex Community NHS Foundation Trust's three-year digital strategy sets goals of using technology to enable patients to manage their health more independently, to enable staff to provide 'excellent and relevant' care in the most appropriate location, to enable efficient and effective delivery of community health services and to support better working together across the local health system. (Sussex Community NHS Foundation Trust, 2018).

At a system level, recent policy announcements from NHS England and NHS Improvement have positioned ICSs as having a strategic role in digital transformation activities within their systems (Fleming, 2020). NHSX has helpfully published a 'what good looks like' framework that sets out a common vision for good system-wide digital practice in order to support leaders to make progress locally. The framework outlines guidance for both individual organisations and ICSs across seven measures of success: well led, ensure smart foundations, safe practice, support people, empower citizens, improve care, and healthy population (NHSX, 2021). Importantly, the guidance is designed to set clear expectations on progressing the digital agenda for all provider and ICS leaders, and not just digital leaders.



The ICSD Design Framework, published in June 2021, requires systems to have a renewed digital and data transformation plan, clear accountability for digital and data including a named senior responsible officer (SRO) with appropriate expertise, and clear governance arrangements. The plan also states that ICSs should be investing in 'levelling up' and consolidating infrastructure, implementing a shared care record, ensuring adherence by 'constituent partners' to standards and processes that allow for interoperability and enabling a single co-ordinated offer of digital channels for citizens across the system, including the roll-out of remote monitoring technologies. Finally, ICSs are expected to cultivate a 'cross-system intelligence function to support operational and strategic conversations', to build platforms to enable better clinical decision-making and to agree a plan for embedding population health management capabilities and ensuring these are supported by necessary data and digital infrastructure (NHS England and NHS Improvement, 2021).

To a certain extent, community providers have started to see the benefits of system-wide digital transformation agendas. There has been welcome additional funding and focus on digital improvement in community health services within NHS England and NHS Improvement, with significant work underway to provide greater clarity on the national digital agenda for community services. However, the national digital leadership structure can still be complex for providers to navigate, with many short-term funding bids and responsibilities for the digital agenda spread across different national bodies.

In addition, ICSs and their constituent organisations are starting to invest in digital leadership and capacity at system level, with some looking to appoint ICS chief information officers and chief clinical information officers, as well as nationally funded ICS digital community leads. Representation of community health services at an ICS level, and in digital, is important to ensuring visibility for community services in strategic system conversations. However, this must be combined with a longer-term transformation strategy, where digital is embedded at every level of service delivery.

Some health and care systems have begun to create digital leadership development programmes for staff. For example, the Wavelength programme developed by Frimley ICS is a six month training programme that was designed with a residential component as well as three one-day modules. Areas covered include leadership development, place-based learning, participating in existing digital transformation activities and accessing mentoring and coaching (Frimley Health and Care, 2019). North West London ICS has set out in its system plan that there should be access to digital self-care and self-management tools by 2022/2023 for all patients with diabetes, chronic obstructive pulmonary disease (COPD), asthma, heart failure, mental health problems or learning disabilities, as well as for people using maternity or urgent care services (Charles, 2021).



## Case study three: West Yorkshire and Harrogate Health and Care Partnership's digital plan for the community provider sector

West Yorkshire Health and Care Partnership is an integrated care system that supports 2.4 million people, living in urban and rural areas. In 2019, the partnership published its five-year plan, which highlights the importance of innovation in driving forward the partnership's priorities, noting that 'over the next five years more people living across our area will receive the benefits of innovation as it drives faster, more convenient, higher-quality care, supported by services that are digitally connected.' As outlined in the plan, key to make this change is supporting staff and citizens to use new systems and information.

Now, in 2021, the West Yorkshire Health and Care partnership is finalising an updated ICS-level digital strategy. The strategy will highlight how digital tools can be used to support ambitions to promote health and wellness, reduce inequalities and deliver high-quality care for all. The vision for digital is to allow patients to use digital channels to access services and monitor their own health, through digital tools that have been developed based on data and with information accessible to staff working anywhere in the region.

While the digital strategy is being developed for use across sectors, the partnership is also developing a complementary digital plan for the community provider sector. As part of this, the team recently facilitated workshops on digital improvement in community services, with attendees from across primary care, community and acute sectors. These collaborative, cross-sector events gave attendees the opportunity to look at opportunities and challenges for the region in a joined-up way, and understand areas of overlap in services and the potential to align digital delivery with existing local programmes, and to shape priorities going forward.



## Digital capability in the workforce

- Three in five survey respondents (60 per cent) agreed that their organisation had sufficient in-house digital expertise to drive their digital strategy, but 23 per cent disagreed.
- Respondents from standalone community trusts (71 per cent) and combined acute and community trusts (69 per cent) were more likely to agree that their organisation has sufficient in-house digital expertise to drive forward their digital strategy than respondents from other types of community provider organisation.
- 81 per cent of respondents agreed that their board prioritised digital development sufficiently, but fewer than half (43 per cent) agreed that all staff understood and supported their aims for digital development.



**We can't do anything digitally without staff engagement and agreement to enter data and see data as clinically meaningful, not just management information. That requires culture shift, improved skills, the right tools for the job, and all that needs additional funding.**

Chief Information and Performance Officer, Combined Mental Health, Learning Disability and Community Trust

Provider organisations face challenges when rolling out new systems and approaches across their workforces. This can be a particular issue for community providers, whose staff often work remotely and may therefore have fewer opportunities to discuss new processes with colleagues. There is also disparity in digital maturity across the sector and challenges with workforce skills and capability.

Clearly, for some providers, there is a disconnect between board-level prioritisation of digital agenda, and broader workforce understanding and support for digital aims, making it challenging to deliver true digital transformation. Engagement with staff is seen as a key component in moving the digital agenda forward.

Providers should work to identify leaders at all levels within their organisations to identify challenges that could be addressed through digital innovation and to share understanding of the potential of digital solutions to support staff in their roles. For instance, once an organisational commitment has been made to implement a digital improvement strategy, it is suggested that providers work to identify groups of clinicians and managers with an interest in health technology to meet regularly and identify problems that are amenable to digital solutions. This group can then be used to identify a wider group of users to be involved in the design process as early as possible, alongside external partners that are able to provide both change management and technical support (Maguire, et al., 2018).



## Organisation culture and processes

- 88 per cent of survey respondents said organisational culture was one of the biggest enablers to delivering digital improvement in community services. The same proportion (88 per cent) chose interoperability.



**Digital readiness in the culture is fundamental to ensuring the implementation of digital strategies, building on a digitally skilled workforce.**

Director of Strategic Development, Combined Acute and Community Trust



**Digital is a key enabler [...]but that has to be implemented in a way that facilitates use. Would we all use our smart phones as much as we do if they were as hard to use as some of our systems?**

Director of Business and Value, Combined Mental Health, Learning Disability and Community Trust



**Boxes, wires and applications are important. However, the hearts and minds of the clinical and professional users are more important - the culture and desire to change must prevail. The transformation we have seen through COVID-19 was because everyone knew we all had to change.**

Chief Information and Transformation Officer, Standalone Community Trust

Digital transformation means more than simply accessing new technology. It is about applying the culture, processes, operating models and technologies of the internet era to respond to people's raised expectations (Public Digital, 2020). Consequently, digital provides new approaches to addressing problems old and new, rather than simply replacing an old way of doing things with a new approach. But providers looking to embark on digital transformation tend to face challenges relating to procurement, recruitment, financial approvals, governance, technology decision-making, communications and leadership (NHS Providers, 2020a).

By contrast, the shift towards true digital teams requires provider boards to look beyond IT departments and think about how to revisit their operating model to remove traditional silos between IT, clinical and operational teams, and between IT and their wider service improvement capabilities. Executives need to be as comfortable with key concepts such as user-centred design, agile ways of working and a knowledge of how to build and operate modern internet technologies as their teams (NHS Providers, 2020b). Altogether, this represents a change in organisational culture and process for many community providers.

In addition, the structure of an organisation, and the place of the digital lead, has an impact on the extent to which cultural change can be embedded within an organisation. For instance, there is an ongoing debate, including within community provider organisations, about the status of the provider digital lead, and whether this should be a board-level role and/or separate from other responsibilities such as finance and operations (Castle-Clarke & Hutchings, 2019).

Clearly, having the right organisational culture in place is a crucial factor in an organisation's ability to embrace the opportunities of digital transformation. This point further emphasises why providing the right kinds of funding will be important for community providers, in order to enable them to undertake the right staff development work to foster organisational culture and processes that support digital development.



## Conclusion

With a mobile workforce and a community-based delivery model, community providers are well-placed to make rapid progress on digital development. It is clear that this would have benefits for patients and service users, as well as the delivery of more integrated and better value care. Most see the digital aspirations for the sector set out in the NHS Long Term Plan as achievable, but only a minority report seeing clear leadership on digital transformation, whether at system, region or national level. Similarly, there are cultural barriers to digital transformation, and community providers highlight concerns around broader staff engagement with organisations digital agendas.

Importantly, systemic issues are also preventing community providers from moving forward with their digital transformations, with the majority reporting that they had insufficient capital or revenue funding for digital transformation. This is particularly the case for community interest companies, and this inequity must be addressed. Lack of funding is viewed as having a particular impact on organisations' ability to deliver interoperability and workforce development. There are also challenges associated with short-term funding opportunities, and the balance towards capital rather than revenue funding.

Community providers are enthusiastic about digital transformation and committed to maintaining and progressing digital improvements that have taken place during the COVID-19 pandemic. However there are clear barriers around leadership, organisational culture and funding that must be addressed to enable all community providers to achieve true digital transformation for the benefit of patients, staff and systems.



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The NHS Providers' Digital Boards development programme is designed to support boards in leading the digital transformation agenda. Delivered in partnership with Public Digital and supported by Health Education England and NHSX as part of their Digital Readiness Programme, this offer is free and available to all provider trusts.

The programme aims to build board understanding of the potential and implications of the digital agenda and increase confidence and capability of the harness the opportunities it provides through board resources, webinars, peer learning and free whole board development sessions for individual trusts. Find out more information on the NHS Providers website.



# Community NETWORK



## **The NHS Confederation**

is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland.

The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

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## **NHS Providers**

is the membership organisation and trade association for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.

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