The Revolution will be Customised: the Eastern AHSN's Digital Pioneers

Insights and learning on what makes for successful digital innovation in health and social care

A report by Tim Whitworth and Debbie Sorkin for the Eastern Academic Health Science Network and the Leadership Centre.

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Foreword
by Alastair Lukies CBE

I had the honour of being invited to speak at an Eastern Academic Health Science Network event for their Digital Pioneers in Cambridge in April, and I honestly left feeling like I was the one who had been most enlightened by the encounter. Very quickly, the scale of the challenge at hand became apparent. How do you adopt innovative technologies when you have the critical element of customer well-being and the complexities of patient care to consider?

A stimulating morning of dialogue ensued, driven by the complexity of the subject matter and the passion of those in attendance. I was very proud to have been part of discussions that you knew could have such a direct impact on people's lives and all credit is due to the team at the Eastern AHSN and the Pioneers for this inspiring programme.

Back in London and in my professional life, I am involved in the entrepreneurial, investment and regulatory side of financial services technology. Here, the metrics I had become accustomed to working with have been completely been shaken up. In the private sector, key performance indicators (KPIs) allow for some short-term concessions or costs that are easily justified if the numbers add up in the end, with success generally defined by profit or growth. In the public sector, and especially in health and care services, this form of equation simply cannot exist. A patient's life can never be marginally expensed or considered at a factor lower than one, and seldom are there cycles when good years can compensate for poorer ones.

It is a fascinating challenge and for all the differences between private and public metrics, it is the challenge of a paradigm shift, of the kind that the financial world has had to contend with, both in the wake of the 2008 global economic crisis and because of the impact that technology has had on the industry. I do not claim to have a solution, but it may be prudent to see if there are insights that we can share.

Firstly, we must remember that in health and care, there are standards which quite simply cannot be compromised. The role of regulation and innovation must be to provide solutions that enhance the quality and efficiency of services, not just focusing on driving down costs.

Secondly, public support - from both government and the general public - in relation to how we allocate scarce resources is going to be key to success. In turn, this will require patience, as organisations with responsibility for health and care adopt new innovations without compromising their day to day standard of care. Thirdly, technology is creating consumer, or patient, data that is allowing us to observe new trends, developed from real-time insights, that are more scalable than anything we have seen before. We have in our hands the potential that a sector disruption - an 'Uber' moment, if you will - could enable us to use data to prevent ill-health on a large scale, shifting the balance from cure to prevention.

The challenge is large, but the prize is even larger. It has been a pleasure working with the Eastern AHSN and their Digital Pioneers, and I look forward to a world of new solutions as technology continues to fuse industries and sectors together.

Alastair Lukies CBE
CEO Pollinated, Founding Partner Motive. Prime Minister's Business Ambassador, Fintech

Introduction
by Victoria Corbishley

Welcome to this report on the Eastern Academic Health Science Network Digital Pioneers. The Eastern AHSN, like others around the country, is here to spread innovation across the health and care systems, both for the benefit of people who use services and for those who work in them.

From experience, we know that this is not just a matter of new technology. It's about people feeling able to work in new ways, harnessing technology and making it easy to use on an everyday basis. This was the basis of our Digital Pioneers programme, which has been running for the past year and aimed to help embed digital transformation in our region. We felt that if the programme was to achieve its aim, we needed to go beyond traditional forms of project support. So we also focused on providing backing and encouragement for the individuals driving the projects, looking to develop their talents, capacity and confidence and encouraging them to support each other through a community of practice.

The support has included bringing our Pioneers into a network, giving them individual and team coaching through the Leadership Centre, and providing access to a range of people who could introduce them to new concepts and ideas, in order to help them think differently and try out new ways of working.

The results have been hugely encouraging. The group has been enhanced not just by the range of projects involved, but by the diversity of the individuals within the teams. Clinicians, managers, local government staff and IT professionals have all played a part, and their sense of openness and willingness to share their experiences and contribute to each other's projects has benefited everyone. And in many cases, we know that involvement in the programme has given the projects an added impetus, so that they have started to deliver beyond original expectations.

We've learned a lot from doing this work, and so we thought it might be useful, for anyone thinking of embarking on similar projects, to draw together the lessons, along with some direct advice and reflections from people who have been personally involved.

We begin with a description of the programme: the projects involved and how the support developed. This leads into the lessons learned, grouped around key themes.

You'll notice that the themes are very much about working with people, rather than working with digital or other technologies. To me, this gets the story the right way round: this is about how we use innovation to improve people's lives, not how we fit our lives around innovation.

I would like to thank Tim Whitworth and Debbie Sorkin from the Leadership Centre, our partners from the start of this work, for bringing this report together. And on behalf of everyone involved in the programme, I hope that the stories and advice set out in the following pages provide food for thought, and that you can take heart from our experience.

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Victoria Corbishley
Director of Transformation,
Eastern Academic Health
Science Network

The Digital Pioneers Programme
Projects and support

In Spring 2017, the Eastern Academic Health Science Network (Eastern AHSN), as part of its role to drive innovation in the NHS in the East of England, set up a Digital Pioneers programme, with a view to supporting digital innovation projects across the region.

The work linked to broader national priorities, as expressed in the NHS Five Year Forward View, to develop partnerships in order to support digital inclusion, and to help patients organise and manage their own health and care[1]. The intention was to reach over 500,000 patients through the programme, providing new and more efficient ways to treat and monitor patients and to connect them more effectively with clinicians.

Eight projects, in areas including cardiac rehabilitation, e-prescribing and stroke assessment, were selected for support. Project objectives included changing how the NHS supported patients in the region; increasing the ability of the health system to monitor patients' health remotely; building more reliable and accessible patient records; and improving efficiency in clinical processes.

The support included a £5,000 training bursary for each successful project, access to coaching sessions, hearing from national and international experts, and multiple training and networking events.

The Eastern AHSN commissioned the Leadership Centre to provide specific coaching support to individuals identified as Digital Pioneers, drawing on systems leadership approaches, and to work with the Network in facilitating learning and networking events throughout the life of the programme. These events included the launch of the programme in July 2017, facilitated by the Whitehall and Industry Group and held at Microsoft UK's training headquarters in London; a day at the Wellcome Genome Centre, focusing on virtual teams, the digital workplace and team effectiveness; and the final event at the Kaetsu Teaching Centre at Murray Edwards College, part of the University of Cambridge, where participants had an opportunity to reflect on their learning and hear about the parallels with innovation in the private sector.

Although the different projects moved at different speeds, many saw significant progress, which in turn formed a solid foundation for further expansion.

Results have included:

- In the Lea Valley, patient access to digital services quadrupled in number. There were 3,781 phone calls to surgeries, 1,514 visits in person and 652 appointments avoided and the groundwork for self-care through social prescribing has been established.

- In Huntingdonshire, there was an increase in participation of activity classes, integration of services and self-care equipment provision on discharge from the Royal Papworth Hospital, greater evidenced awareness across the whole Council of the relationship between health, active lifestyles and cost prevention.

- In the Norfolk Community Health Project, there has been enthusiastic response to reduced working time requirements, improved working practices amongst clinicians, positive patient experience feedback, and accurate, up-to-date and accessible electronic patient records that have contributed to the Community Trust's 'Outstanding' CQC rating.

Over the course of the programme, much of the learning that came out was less about the technical aspects of digital innovation, and more about the human factors: what it was about the way projects were managed and developed, and the way people worked, that enabled change to happen, and keep happening. We thought that it would be valuable to collate that learning and bring it together under key headings. The following pages sum up what we learned.

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1   See p32, the NHS Five Year Forward View:
     https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

The eight Digital Pioneer projects and their leads

- **In the Lea Valley:** encouraging patients and practice staff to use an online system for bookings that was integrated with patient records, at the same time as raising awareness of other community-based support and self-care for patients. The project was led by Trish Featley, a stakeholder and community engagement specialist with a background in local government and the NHS. Trish is the first Digital Engagement Officer for the Lea Valley Health Federation, covering eight GP practices serving 75,000 people in a fast-expanding area.

- **In East Essex:** reducing overspends and appointment waiting time across four GP practices in East Essex whilst introducing a confidential call centre-based triage care navigation system for patients. The project was led by Chris Adams-Salmon, a team leader in the Community Gateway Hub and staff representative on the Council of Anglian Community Enterprise, a large community provider.

- **In Hertfordshire:** finding ways of bringing their digital strategy alive by improving patient experience, and reducing travel time for patients and clinicians, by providing consultations for vulnerable patients through a secure online app. The project was led by Eddie Short, a quality improvement specialist with local government and NHS experience and the continuous improvement lead for the Trust.

- **Across East Anglia:** extending stroke services beyond assessment by stroke specialists, bringing the doctor to the patient through paramedics using an online app and records for instant diagnosis, thereby reducing treatment delays and preventing patients being transferred unnecessarily to hospital. The project was led by Lynda Sibson, a nurse by training and Telemedicine Manager for the East of England Stroke Stakeholder Partnership, based at Addenbrooke's Hospital.

- **In Norfolk:** releasing clinician time so that they could see more patients, improving patient experience and accelerating take-up throughout the County, by utilising a robust mobile app and hand-held tablets for on-site diagnosis and recording. The project was led by Emma Jackson, a physiotherapeutic specialist and Clinical Lead for Mobile Working; and Andy Richardson, Project Manager - Projects & Investments for Norfolk Community Health and Care NHS Trust.

- **In Huntingdonshire:** using self-care technology to measure and record symptom scores, medication diaries and vital signs, alongside providing mobile app training and group physical activity, in order to develop self-care for patients who had experienced cardiac failure and other related conditions. The project was led by Darren Lander (and until 2018, Daniel Gammon), Active Lifestyles Development Officer, training residents in local sports and leisure centres, in Huntingdonshire District Council.

- **In Norfolk:** establishing a community of clinicians to assess the best way of introducing an Electronic Patient Record (EPR) system in three acute trusts providing 250,000 patients with secondary care. The project was led by Tim Ford, Senior IT Project Manager, Norfolk and Norwich University Hospitals NHS Foundation Trust.

- **In Suffolk/North East Essex:** helping to make it easier for children and young people to get good medical support online, and to encourage them to take more ownership and responsibility for their care needs. The project was led by Kate Walker, Head of IT and Informatics, NHS West Suffolk CCG and the Digital Lead in the Suffolk/North East Essex Sustainability and Transformation Partnership.

What we learned

Find some friends and make new friends – and make time to understand what is in it for them

Working in IT and digital technology, or trying to create a new way of doing things, can be a lonely business. Digital Pioneer successes were most apparent where the Pioneer asked for help, got together with someone else, or found allies who understood the idea and were willing to connect other people with the work.

Coalitions of the willing

For example, an Addenbrooke's clinician was interested in seeing if they could utilise telemedicine earlier in their stroke treatment pathway. They drew in another clinician to co-lead work in Norfolk Community Health and Care NHS Trust, and the two of them then worked closely with a project manager with experience and skills in strategic working with clinicians in Lea Valley; a team leader in St Albans who truly understood the needs of patients and what might work for them; and a Huntingdon patient who had had a skirmish with death, was willing to try something new and could advocate with other patients and clinical staff.

So don't go it alone: make connections and work with a 'coalition of the willing' – a small group of kindred spirits who can support each other and keep making connections outwards.

Broaden connections and build partnerships

If you can, work with people from different backgrounds to you. With the Pioneers, we found that one of the benefits of having teams with very different projects coming together was that they broadened the learning for everybody. The networking and learning opportunities offered by the development days and community of practice provided a basis for thinking and rehearsing how to present particular needs and dilemmas to others. Our Pioneers spent time really listening to what others said and believed. They might be clinicians; support staff who were sceptical; or patients who wanted to feel more confident that IT was not scary and controlling. But whatever the context, people gave themselves permission to take time out to think, and to talk and learn from each other's successes and mistakes.

And partnership can extend further. For example, each Pioneer also worked closely with a commercial, technical IT partner. We found that in all the successful projects, individuals on the business side had a deep personal commitment that went beyond purely commercial factors. They were also interested in supporting local communities, being part of a local place and (in some cases) doing work that could have a beneficial impact on their own health. Similarly, a number of projects, such as the one in Huntingdon, benefited from the support of local politicians who were committed to the well-being of local citizens and recognised the potential long-term gains from the prevention of ill-health.

Systems Leadership: working with coalitions of the willing and living systems

Ideas around working with a coalition of the willing and continuing to build connections can be found in many approaches to working in complex and difficult situations. For example, Myron Rogers' thinking on 'Living Systems'[2] includes the maxims: "Start anywhere and follow it everywhere", and 'Keep connecting the system to more of itself'. Similarly, John P Kotter emphasises the need for coalitions of the willing in leading change: "senior leaders cannot implement change alone. They need willing stakeholders". This is about going beyond traditional boundaries of problems that lead us to keep creating the same solutions.

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2   See pp21-24, The Art of Change-Making, The Leadership Centre 2015:
     https://www.leadershipcentre.org.uk/wp-content/uploads/2016/02/The-Art-of-Change-Making.pdf

What we learned
It's not (just) about the money – or the profile

A Digital Pioneer could come from any of a wide range of professional, technical and social backgrounds, and many were at middle management levels: neither senior leaders nor front-line workers.

Beyond the day job

What they had in common was a willingness to work beyond the day job. For many the Pioneer work was on top of a full-time role and other projects. But across the NHS, local authorities and the voluntary and community sector, there was commitment to public service and a willingness to do something over and above the time available. Most people involved with the Pioneers were also aware of the opportunity for personal development, even if they weren't quite sure what this would look like.

A number of Pioneers wanted to draw on their own resources: knowledge and expertise alongside connectedness to place, community and people. Some of the most effective gains in projects were made by Pioneers who knew their strengths or were able to identify and support front-line staff and clinicians in a practical way, and found or worked closely with a complementary partner. If anything, many wished they had engaged with their technical partners earlier in the process.

Another discovery was that success wasn't dependent on large amounts of funding. More often, it was a combination of development support and a modest cash investment that was highly regarded by Pioneers and was often just the nudge required to move a project in a different direction or to shift it into implementation.

Below the radar

Most of the Pioneers were prepared to work 'below the radar' to get their ambition into place. Many therefore needed to build their own capacity around developing a strategic approach and influencing stakeholders – going slow to get the foundations in place and able to speed up when the necessary conditions - often agreement from stakeholders rather than significant investment - were in place.
The community of practice development sessions offered the opportunity to compare, contrast and change direction based on people sounding things out with their peers: the ability to adapt, to be reflective and to keep going in the face of setbacks were common characteristics.

Systems Leadership: adaptive leadership and reflective practice

Adaptive leadership is fundamental to working in complex and difficult situations. Ronald Heifetz identifies adaptive challenges as those that are outside the familiar, are tough to work on, and require changes in behaviour and new ways of thinking to see things differently and create long-term change. Similarly, Donald Schon's work on reflective practice shows how to consider not just what has happened but also our responses to it, so that we can learn in a way that avoids replicating past mistakes.[3]

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3   See pp 171-173 and 190-192, The Art of Change-Making, The Leadership Centre 2015:
     https://www.leadershipcentre.org.uk/wp-content/uploads/2016/02/The-Art-of-Change-Making.pdf

What we learned

Invest in people as much as in technology

The Digital Pioneers programme was a new approach for the Eastern AHSN. It was based on the idea of investing in individuals as much as in projects, and explicitly took a long-term view: even if an individual project failed to make progress, the investment in individuals, especially at middle management levels, could support the sustainable development of the kinds of ideas, innovations and adaptive leadership behaviours that would be needed in future.

Investing in people

This approach provided opportunities for co-crafting of the support offer, although it also meant that the design of the offer was often only in outline form when the programme began. At the start, it was deliberately described broadly as an invitation to multiple training and networking events, access to coaching sessions and national/international experts, and a collaborative space available throughout 2017-18. It then developed around the Pioneers once they were in place.

At the launch session, the Pioneers themselves identified areas for focus and support in their project/individual work.

These included:

- Coaching
- Influencing skills
- Mapping system skills
- Building the case for change
- Strategic thinking and change
- Presentation skills
- Understanding self and others
- Leading without authority
- Learning from other projects
- Supporting transformation and not just 'kit'

Just my imagination

The requests were met largely through development sessions for the Community of Practice, alongside individual coaching.

What worked was keeping a mix of the reliable and the rejuvenating. On the one hand, there was solid consistency of support from the Eastern AHSN and the Leadership Centre. Throughout the programme, the Leadership Centre sought to provide a safe space for learning and sharing with practical take-out techniques to try back in the projects. The Centre undertook a mid-term review of the overall programme, and the findings were reflected in the inputs for the final five months.

At the same time, we arranged a choice of stimulating external speakers, in venues deliberately chosen to convey a sense of difference.

These included Microsoft UK's Learning HQ, the Human Genome Centre and a contemporary Zen-inspired Cambridge college. The national/international speakers covered topics ranging from cutting-edge digital developments for self-organisation and the role of Virtual Reality in healthcare, to team effectiveness in the digital workplace, set against the challenge of virtual team working. The final session returned to principles of systems leadership and the first-hand experience, through failures and successes, of Alastair Lukies CBE, the Prime Minister's Business Ambassador for FinTech and a well-known 'digital disrupter'.

Firing people's imaginations in this way had a real impact. Many Pioneers talked powerfully about how exposure to new ideas had changed their thinking on training, communication and engagement, or allowed them to learn from others and change the direction or focus of their project.

What have we learned?

We'd also recommend building in time for people to reflect on what they've learned. The Pioneers were encouraged to reflect on their own learning and, in the final session, to present to each other their analysis of what had made their endeavours successful; how their thinking had changed; and where this learning could lead in the future.

It was never assumed that the Digital Pioneer projects would achieve significant milestones within the 12-month life of the programme. However, taking into account the profound changes tackled, there were some pleasant surprises in just how much progress was made, particularly in the Lea Valley, Huntingdonshire and Norfolk Community Health and Care NHS Trust projects. People involved made explicit links between this progress and the support provided, noting how being a Digital Pioneer within a group had accelerated change, provoked a different change or equipped them with skills and expertise that they could bring to other work.

**Systems Leadership:
coaching conversations**

Coaching conversations for individuals and teams are crucially important in complex situations, to enable people to understand their role and influence, and to build strategies for improving their position. Giving people 'time out', using models like 'GROW' (Goals, Reality, Options, Will) or 'CLEAR' (Contracting, Listening, Exploring, Action, Review) can be immensely helpful in providing the necessary space for thinking and exploration, rather than rushing to solutions. This in turn improves the quality of sense-making and, in turn, the decisions and actions that result.[4]

Play Video ▶

4   See pp 238-245, The Art of Change-Making, The Leadership Centre 2015:
     https://www.leadershipcentre.org.uk/wp-content/uploads/2016/02/The-Art-of-Change-Making.pdf

What we learned
Link your work to the broader context

The current landscape for health and social care is extremely challenging and fast-changing. At its core are the ever-present issues of rising demand and expectations (winter pressures that last all year round); an ageing population; continuing recognition of the needs and benefits in more joined-up working; significant workforce challenges from staff churn and shortages at every level; and the need for a radically different workforce equipped to prevent as well as cure. This in turn can entail significant changes in working practices.

Prevention measures and innovation through digital means are two of the most critical levers that can assist in meeting these challenges. If their work is going to drive change and have lasting value, Digital Pioneers need to link what they do to the broader system, and work in ways that can support and sustain system-wide change.

Slow and steady wins the (business) case

One way to sustain change is to 'go slow to go fast'. So in this programme, the Digital Pioneers were encouraged to follow systems leadership principles and experience, and not try to change everything all at once – a common mistake in some earlier digital changes in the health service.

One Pioneer talked of how starting small and tangible, and continuing to build the evidence and case for change, was beginning to bear fruit. Another noted how describing the work to a Chief Executive in terms of how it benefited broader system changes unlocked long-standing difficulties in changing working practices elsewhere in the system.

Make connections early and go beyond your immediate system

Some Pioneers reflected that they could have been more successful through thinking beyond their system. For example, in Huntingdon, earlier work with the acute hospital trust might have helped build broader support for using apps in cardiac support programmes. In retrospect, Hertfordshire would have built stronger links with their IT infrastructure partner at an early stage to facilitate changes in their data recording system; and the Norfolk and Norwich Pioneer reflected that involving a Clinical lead for digital innovation alongside the Technical Lead could have led to more momentum for their project.

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Make the case with the public

Elsewhere, Pioneers linked their work to ideas of self-care and community support set out in local Sustainability and Transformation Partnership plans. In the Lea Valley, the simple act of GP practices developing engagement with the public through raising awareness of digital solutions brought patients, commercial providers, voluntary and public sector organisations together, raising awareness of what was possible; of the role of social prescribing; and of what patients could do for themselves.

Similarly, a number of projects sought to provide more accessible information to a broader system, not only to provide better joined-up care but also to help patients realise that they had choices in how they managed their conditions, rather than waiting for the NHS or the local authority to take the lead. Huntingdonshire Council went even further, seeing digital innovation for residents as simply making sense, whether or not there were few immediately tangible benefits. And whilst there were concerns that the public would resist screen- or app-based technology, framing new developments in terms of self-care, connection to information and easier access to treatment led to enthusiastic uptake in many of the Pioneer projects.

This is about the workforce

All the Pioneers were concerned to improve the well-being (short or long term) of the health and social care workforce. There were benefits in a change in practice from handwritten or after-event written records – not just to speed up diagnosis and sharing of information with other parts of the system, but to provide immediate records of what the clinician had actually done. The CQC 'Outstanding'- rated Norfolk Community Health and Care NHS Trust identified how their digital mobile app helped build the evidence base to show how recording information in this way improved quality, and should be treated as a standard component of care rather than an add-on.

> " The patients want it. It's about bringing your colleagues with you on that journey. "

Richard Moore and Trisha Featley
Lea Valley Health Federation

**Systems Leadership:
broadening connections**

One of the great strengths of systems working is the way in which it broadens connections across a place. We saw this in many of the projects in the national Systems Leadership – Local Vision programme. In Calderdale, for example, the Leadership Centre Enabler linked teachers with local charities and the council's Public Health teams so that they could work together to increase levels of physical activity across the population. In Plymouth, using systems approaches helped build relationships and connections across the council and the NHS to drive integration. And in Wiltshire, local agencies connected to create a multi-agency 24/7 response for people with urgent care needs.[5]

5   See The Revolution Will Be Improvised II:
    https://www.leadershipcentre.org.uk/wp-content/uploads/
    2016/03/Revolution-will-be-improvised-Part-2-Sept16.pdf

What we learned
Build resilience and continuity

There's a lot of resistance out there. There have already been many initiatives based on innovation in health and social care, and natural human resistance to change, coupled with continued pressure to change the NHS when it is still seen by many as a national treasure, has built up a scepticism amongst many clinicians, managers and support staff. So we found a strong tendency to revert to present state – handwritten records and hard copy letters from some clinicians and staff being a case in point.

When push comes to shove

Pioneers therefore started on a basis of 'what's the reality here?', and of 'how can we best make, and sustain, progress?' They tested presumptions that digital awareness and uptake was as high as was claimed, and worked to uncover what the real nature of the resistance to change might be.

In the Norfolk and Hertfordshire projects, this revealed just how many hours were taken up by clinicians producing records in their own time – something that the Pioneers could show would be considerably reduced by using mobile apps. Over time, having good records and data reinforced and provided the evidence for change, convincing resisters of the benefits.

Successful Pioneers started small and then adapted their programmes to a degree to get them owned by colleagues in every part of the system. They understood the need to engage every part of the system at the right time (generally earlier than they thought, with clinical engagement being crucial), and to build, and be part of, strong networks.

Follow simple rules

Similarly, not every digital innovation comes about because it is obvious - other levers and drivers are required, from organisation-wide policies that nudge and stipulate new practice, to guidance on how to do things differently in a coherent organisation-wide manner whilst allowing new freedoms. With digital innovation, the innovation is as important as the digital aspects of the work. Most Pioneers talked of how important it was to follow a few simple rules:

- make new ways of working easy to use

- keep up the relationships

- be visible

- go to where the work is taking place – partly because this is valued, but also because it helps reinforce and support the change

All the Pioneers reinforced the need to engage with users, patients and the public; they are sometimes assumed to be digitally unaware or resistant, but we found that this was far from the truth.

You're not on your own

Most of the Pioneers felt that they had seen significant progress in their own work and their digital project during the year of the programme. Not only that but they were left with a sense that they were not on their own – the contacts and relationships made through the programme, and the consistent presence and support of the Eastern AHSN, were considered as personal gains for their individual futures. So we would recommend building as many links and connections as you can, as early as you can, and keeping them going.

Keep going

So the Pioneers are going to continue, and we would recommend that the Eastern AHSN keeps track of their future development, identifies what else helps sustain different behaviours and outcomes, and supports the wider adoption of new ways of working.

"We're as pleased that these ideas have been picked up and are now rolling out in other local authority areas, as we are with the local changes and the pride that our Council has in looking after the longer-term wellbeing of our residents."

Darren Lander, Active Lifestyles Development Officer, Huntingdonshire District Council.

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'There's a step-change now. We kick off a full-system three months of training across the region in September. We'll use this to review the overall mobile telemedicine programme, and its application to other health conditions, at the end of 2018.'

Lynda Sibson
East of England Telemedicine Lead

If you're thinking of doing digital innovation...

Here's some advice and guidance from our Digital Pioneers:

"Find some friends and ask for help."

Victoria Corbishley
Eastern AHSN

"Senior clinical engagement is really important. If you can get them on board early on, that's really key."

Lynda Sibson
East of England Stroke
Telemedicine Stakeholder Partnership

"People are ready, willing and able...grasp the nettle and get on with it."

Eddie Short
Hertfordshire Partnership
University NHS Foundation Trust

"No action, task or movement is too small. If everyone takes a small step, it builds the momentum for change."

Stacie Coburn
Eastern AHSN

"Stage your scheme...do a small step and get each step working before you move to the next step. Maybe run a pilot or a test scheme first. Try it small, then expand as you go, once you've got the formula that works."

Chris Adams-Salmon
Anglian Community Enterprise

"Make access to data easy...people are more inclined to use it and learn from it.
Chris Adams-Salmon
Anglian Community Enterprise

"Start small; you can always grow.
Lynda Sibson
East of England Stroke Telemedicine Stakeholder Partnership

"Learn from what hasn't worked too well from other projects and go out to other Trusts to understand what they've done.
Emma Jackson & Andrew Richardson
Norfolk Community Health & Care NHS Trust

"It's amazing how much communication you need... engagement and engagement... and carrying on with that!
Emma Jackson & Andrew Richardson
Norfolk Community Health and Care NHS Trust

"Just start talking to anyone who's done it – start networking – you might learn an awful lot.
Lynda Sibson
East of England Stroke Telemedicine Stakeholder Partnership

"Just give people the space and opportunity to do digital innovation and step out of their day job, with the authority to do the work and make a difference.
Stacie Coburn
Eastern AHSN

Acknowledgements, links and further reading

Links and further reading

You can see more of the work of some of the Digital Pioneers, including patient and stakeholder stories, by following these links:

TPP Mobile Working App, N&N Community Health NHS Trust
https://www.youtube.com/watch?v=SLsezgb3WWo&feature=youtu.be

Stroke Telemedicine EA paramedics
https://healthcare.iocom.com/#nav

Active8 app Huntingdonshire DC - Embracing self-care: Maggie's story
https://www.youtube.com/watch?v=HlzbKMJQEH8

Supported Self-Care - digital and implementation pack
https://www.eahsn.org/our-work/improving-health-and-care/supporting-transformation-nhs/active/

Digital Primary Care - digital and implementation pack
https://www.eahsn.org/news/2018/05/new-5-step-guide-launched-to-help-primary-care-providers-make-more-effective-move-to-digital/

The Eastern Academic Health Science Network
https://www.eahsn.org/

There is further reading here:

The NHS IT Strategy
https://www.england.nhs.uk/blog/the-nhs-it-strategy/

The NHS Five Year Forward View
https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

The Art of Change-Making
https://www.leadershipcentre.org.uk/wp-content/uploads/2016/02/The-Art-of-Change-Making.pdf

The Revolution Will be Improvised II
https://www.leadershipcentre.org.uk/wp-content/uploads/2016/03/Revolution-will-be-improvised-Part-2-Sept16.pdf

Digital Disruption in the Public Sector
https://www.leadershipcentre.org.uk/wp-content/uploads/2016/06/Digital-Disruption_web.pdf

The Leadership Centre
https://www.leadershipcentre.org.uk

About the Eastern Academic Health Science Network

The Eastern Academic Health Science Network (Eastern AHSN) is one of 15 Networks set up to improve health outcomes for patients and populations, by spreading innovations at pace and scale across the healthcare systems and supporting economic growth. We are proud of our role as a trusted networker, broker and change agent, bringing together industry, the NHS, local government and the third sector, and working with patients and the public. We build partnerships to accelerate the delivery of the latest technology and improvements for the benefit of everyone. Alongside the Digital Pioneers programme, current work includes support for local Sustainability and Transformation Partnerships; piloting new approaches to mental health services in Essex, in collaboration with the police and the Mental Health NHS Trust; overseeing the regional Patient Safety Collaborative; and bringing together industry partners and health and social care providers through its *Innovation exchange*. These sit alongside a suite of training resources and case studies on innovative approaches in health and care.
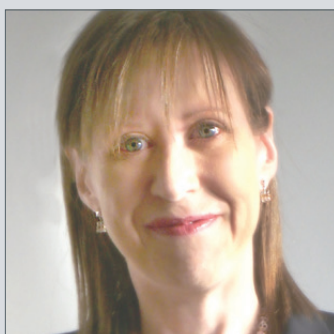
About the Leadership Centre

The Leadership Centre has over a decade's worth of experience in strengthening leadership across public services. This has included leading the *Total Place* initiative and *Systems Leadership-Local Vision*, a national systems leadership programme backed by the NHS, the Local Government Association, Public Health England and the Social Care Institute for Excellence. Most recently, the Leadership Centre has been commissioned by NHS England to work with A&E Delivery Boards, and with clinicians and managers in acute hospital trusts, to help improve Urgent and Emergency Care around the country. The Centre specialises in supporting individuals and teams working in complex situations and across sector or professional boundaries, and much of its work involves supporting better working between health and social care. Coaching is a key part of the Leadership Centre's approach, and this has formed the basis for its work with the Eastern AHSN.

About the authors

Tim Whitworth is a Senior Systems Leadership Enabler at the Leadership Centre. Following initial training as an accountant in the public sector, Tim has spent much of his career enabling others, establishing a number of community based charities, working as a qualified trainer and executive coach, and undertaking organisational development and leadership projects, mainly in the public sector. He was a Senior Fellow at the Office for Public Management for nine years and currently works with the Centre to support senior personnel and organisations grappling with innovation and change. Debbie Sorkin is National Director of Systems Leadership at the Leadership Centre. Her work focuses on collaborative leadership in places, using systems leadership approaches to support people working in uncertain and complex situations. She has been responsible for the national systems leadership programme, and current work includes supporting improvements in Urgent and Emergency Care across the NHS, as well as strengthening leadership in Sustainability & Transformation Partnerships. Debbie speaks and writes extensively on systems leadership.

Tim Whitworth
Senior Systems Leadership
Enabler, Leadership Centre

Debbie Sorkin
National Director of Systems
Leadership, Leadership Centre