

Transforming services for people using digital technology: Mapping activities and exploring experiences

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1. Summary and key points

1.1. About this report

Iriss was co-commissioned by Scottish Government and the Convention of Scottish Local Authorities (COSLA) to undertake a discovery project beginning in April 2019. The focus was to map high level programmes of work of national delivery partners and key stakeholders supporting digital service transformation in Scotland. A map was produced to share the information. Partners were also interviewed to gain an in-depth understanding of their experiences of this work. A workshop was held with partners and stakeholders to sense check emerging findings in September 2019.

This report, written by Iriss, presents the background, approach and findings of the project and offers some priorities and principles to help develop collaborative ways forward.

1.2. Key points

Overall, what was evident from this research project was a shared understanding about the importance of transformation and the potential offered by digital technology to improve the experiences of both citizens accessing and staff working in health, social care, social services and housing. There were strong opinions about the challenges posed by digital service transformation but equally strong commitment and enthusiasm for meeting these together. There was a definite sense of progress being made and good examples of collaboration between national delivery partners and key stakeholders. What follows are key points from across the report.

1. Understanding transformation

- ‘Transformation’ or ‘digital service transformation’ is a contested concept with different and shifting narratives with implications for how partners work well together.
- There are different and shifting narratives around what is being transformed and whether we are transforming or transformed (or simply digitising without transforming services for people at all).
- This matters because different narratives and language can obscure: who is doing what; what is the same or different; and arguably create competition rather than coalescence and alignment around a common vision.
- Further transformation is envisioned if there is a shift in focus to population needs and planned approaches to creating conditions/environments for human flourishing; green and sustainable futures need to be part of this too.
- Transformation is also understood as something we cannot quite see yet, with a need for visionaries, disruptors and those who challenge current assumptions.

2. Scale and spread

- Why we want to scale and spread can sometimes get away from us.
- What we think we can scale and spread needs to be better understood; a framework for this is offered in this report.
- The development of the national digital platform is widely perceived as critical to facilitating digital service transformation.
- There needs to be significantly more investment in transforming the development and skills of the workforce to accelerate scale and spread.

- We need to better understand place / locality and articulate its relationship to scale and spread as part of a ‘Once for Scotland’ approach – a term which requires further clarity itself.

3. Being person-centred, human-focused

- ‘Digital service transformation’ should be led by people’s wants and needs; not led by digital.
- Staff are people too. We must recognise human needs, values and reward systems as drivers for change – with this reflected in our narratives and amplified in our methods.
- We need to open up conversations with citizens around data sharing, data security and informed choice; cyber-security and cyber-resilience need to be part of this.
- Our policies and culture have become more person-centred over time; co-production and co-design have helped create a cultural shift.
- We need to be having more conversations around equality duties; alignment to the National Health and Social Care Standards and human rights frameworks.

4. Methods and approaches

- Service transformation is still being confused with quality improvement. People are not clear on where and when to use service design or improvement approaches.
- Interviewees identified the Scottish Approach to Service Design (SAAtSD) as the leading approach used to support digital service transformation; knowledge of it is growing across the sector. However, not everyone fully applies its principles, with a lack of citizen engagement the most significant.

- The third sector would like to be more involved in discussions around service design, and how its networks and expertise in coproduction can contribute.
- We need to have conversations about accessing, growing, diversifying and incentivising citizen engagement in Scotland, with much greater attention than present.
- How to best combine different approaches, methodologies and data remain challenges, including incorporation of ‘citizen data.’ This will change our conversations around what constitutes good evidence.

5. Partnership and collaboration

- Scotland has a diverse ecosystem of provision and a multitude of partners with a role to play in ‘digital service transformation.’
- While there are examples of partnership and collaboration, some from the third and independent sectors feel excluded and that their potential / contribution is not fully recognised.
- Trust and understanding across different players/sectors/cultures needs to be built and barriers negotiated, supported by national coordination and more collaborative learning and leadership.
- Attitudes to industry have changed, with the public sector much more embracing of what it can offer. There are questions around the extent to which service design must follow market leads and anticipate consumer trends.
- We need clear and agreed deliberative pathways and frameworks to decide what can be scaled ‘Once for Scotland’, with a mandate from partners.

6. The key ingredients to achieving greater scale and spread were identified as:

- Political bravery and financial investment, with some questions raised about current funding commitments
- Collaborative learning and leadership
- Inclusive leadership
- Innovation and industry expertise
- A more person-centred focus and narrative
- Understanding locality – in relationship to scale and spread
- Effective planning and priority setting
- Good governance, clear deliberative pathways and frameworks
- Greater investment in workforce learning and skills
- Delivery of underlying digital infrastructure on which other things depend
- Vision and future focus, re-imagining what is possible

2. Introduction and context

The Digital Health and Care Strategy (2018) has the following ambition:

...to harness the power of digital at scale to support self management, prevention, early intervention and independent living to improve people's health and well-being – with day surgery the norm, and when hospital stays are required, for people to be discharged as swiftly as it is safe to do so.

At its heart, is a focus on:

- Empowering citizens to better manage their health and wellbeing, support independent living and gain access to services through digital means, shifting the balance of care
- Putting in place the underpinning architectural and information governance blocks to support transformational change

This should happen across all of Scotland, regardless of where care is delivered or by whom.

This strategy focuses on how digital can deliver on this ambition, whereby, as a citizen of Scotland:

I have access to the digital information, tools and services I need to help maintain and improve my health and wellbeing

I expect my health and social care information to be captured electronically, integrated and shared securely to assist service staff and carers that need to see it...

...and that digital technology and data will be used appropriately and innovatively:

- *to help plan and improve health and care services*

- *enable research and economic development*
- *and ultimately improve outcomes for everyone*

It is also cognisant of the context that we live and work in: current systems are over-burdened with demand / supply issues well-known, impacting negatively on people's health and wellbeing. Workforce planning also highlights that there will be a global deficit of health and social care professionals by 2025, with not enough people to service the jobs that are available.

'Service transformation' is one of six domains or priority areas in the Digital Health and Care Strategy (2018). It is Domain C. The other (sometimes overlapping) domains are: national direction and leadership; information governance, assurance and cyber security; workforce capability; and national digital platform.

Further to the strategy, a Supporting Service Transformation Delivery Plan 2019/20 (2019) has been developed by partners, to provide momentum and build on the Technology-enabled Care (TEC) Programme. Its focus is on:

- Spread and adoption at scale
- Service redesign and service change

The Plan identifies four focus areas aligned to this:

- Innovating for transformation
- Developing approaches 'Once for Scotland'
- Re-designing services, using the Scottish Approach to Service Design
- Facilitating digital skills and knowledge

It also highlights that there is more work still to be done to:

- Better align and co-ordinate the work of delivery partners to achieve greater pace and scale

- Create the conditions for the integration of digital in all change programmes
- Develop a co-designed and collective approach to supporting digitally-enabled service transformation across the continuum of care

This last point recognises that, while this is a national programme, change is delivered by a range of partners and organisations representing health, social care and housing across all sectors: public, independent and third. It also includes working with innovation centres, academia and industry.

Discussions between the TEC programme team and key stakeholders in the summer /autumn of 2018 showed strong cross-sector support for undertaking a mapping exercise to inform a collective and shared approach to agreeing priorities and a way ahead. In March 2019, Iriss was co-commissioned by the Scottish Government and COSLA to undertake this discovery work.

3. About the research

The overall aim of the project was to undertake a mapping exercise to capture cross-sector digital service transformation activity in Scotland.

Objectives:

- Map high level work programmes of national delivery partners and other key stakeholders related to digital service transformation
- Contribute insight and learning about current cross-sector practice in supporting digital service transformation in Scotland
- Identify a Target Operating Model – or next steps en route – designed with and for delivery partners and that stakeholders can support.

Outcomes:

- Improved understanding of current cross-sector practice in supporting digital service transformation and opportunities for change, improvement and collaboration
- Increased awareness and clarity about who is contributing to which areas of activity

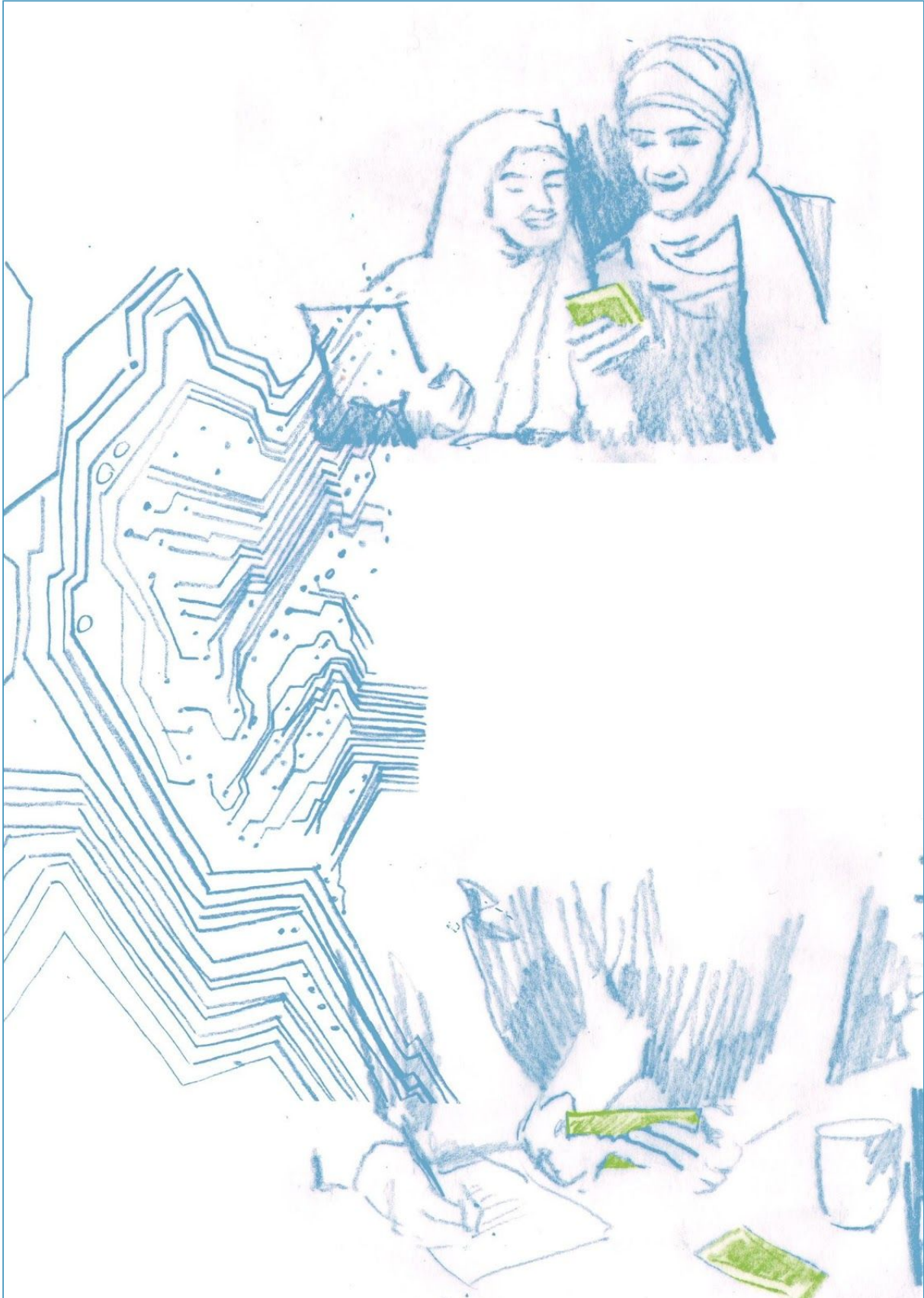
3.1. Approach

A range of national delivery partners and key stakeholders was identified by the Scottish Government and COSLA for Iriss to engage with. The following approaches were taken to capture information for the mapping, to understand the surrounding experiences and sense-check the research findings:

1. Twenty-eight semi-structured interviews were conducted between April and October 2019 with partners and stakeholders. Eight interviews were joint; one with a group of seven. A total of 43 people took part. The purpose was to capture in-depth information about current digital service transformation activity and the experience of doing this work – how interviewees / organisations approached the challenges, what enablers they built on and what they thought was needed. Interviews were transcribed and qualitatively analysed¹. Quotes from interviewees are unattributed to protect anonymity but are drawn from across the interviews.
2. Searches of online resources from organisations' websites were conducted in August 2019 and again in January 2020. The aim was to gather together information about high-level programmes of work related to digital service transformation.
3. A workshop was held in early September 2019 to bring together key stakeholders and national delivery partners to present the initial research findings, explore potential implications and co-design next steps. Feedback from the workshop was captured and a report produced which can be accessed here <https://tec.scot/transforming-services>
4. In February 2020, the draft report and map of work programmes were shared with all interviewees and a handful of other 'critical friends' for their feedback. Comments were sought around key points, principles and priorities, and next steps, as well as suggestions for improvements and general reflections. We received limited but useful feedback, which informed the final draft.

¹ A list of the organisations involved in the interviews can be found in Appendix 1

4. Activities in support of digital service transformation



4.1. Mapping work programmes

Searches of information for the mapping were conducted in the summer of 2019 and version 1 of the map produced in August. There were questions about which partners' activities to map, however, for the purposes of this exercise, partners were identified by Scottish Government and COSLA. Identifying different work programmes to include was challenging given people use different language and terminology and it was reliant on what information was publicly available.

Following completion of the semi-structured interviews and the initial desktop research, a workshop was held to give participants, many of whom had been involved in the research project as interviewees, an opportunity to review and feedback on the map. It proved an effective device for discussing the landscape – who was included, who was missing, what should / should not be mapped, connections across organisations and activities, the potential for different lenses or layers that could be used to view the information (see the workshop report here: <https://tec.scot/transforming-services>). What was evident from the workshop discussion was how many different versions of a map there might be depending on your place in it and your audience.

A second search was conducted in January 2020 to check the currency of the map. In the five months since version 1 of the map had been produced, there had been some changes and a second version was produced, accessible here: <https://tec.scot/transforming-services>

For the most part, organisational strategies were available and several of these outlined priorities and plans around using digital to support the transformation of services (eg Care Inspectorate, Improvement Service, NHS Education Scotland (NES), NHS National Services Scotland (NSS), Scottish Council for Voluntary Organisations (SCVO), Scottish Federation of Housing Associations (SFHA) and the TEC programme). Only a couple of organisations had specific digital strategies (eg NHS 24 and Scottish Social Services Council

(SSSC)). The benefits of developing a digital strategy were highlighted by one interviewee who reflected that the process meant opening up conversations with other partners about their contribution, providing clarity and a way to ‘set their stall out’ in terms of their role in the landscape. Where organisations did not have a digital strategy, some outlined their views on the role of digital through publications and reports (eg Scottish Care).

Evaluations of programmes of work around digital service transformation were scarce. The exception was the review and evaluation options study on the TEC programme carried out by Just Economics (2018)². This outlined the prominent role of evaluation in the TEC programme and noted its ‘considerable successes’ so far. The report described the TEC programme as ‘highly valued’ and highlighted the ‘solid evidence’ for the two workstreams (Home and Mobile Health Monitoring and Telecare) that are furthest in the implementation cycle. Other evaluations that surfaced through the mapping included a review of learning from SCVO’s Digital Check-up Tool and SFHA’s Innovation and Future Thinking programme’s first year.

4.2. Themes

All but one of the organisations on the map were also involved in interviews. These aimed to provide more depth about activities in support of digital transformation and to highlight ‘who’s doing what’. Analysis of the interview data suggested three key themes, under which activities could be grouped:

1. Workforce development
2. Design, innovation and evidence
3. Building infrastructure

The categories and themes presented in this section were developed as a way to frame the activities described in the interviews. They are not exhaustive or representative of a whole organisations’ work but rather aim to

² <https://www.justeconomics.co.uk/digital-inclusion/technology-enabled-care-evaluation-options-study>

illustrate a range of activities happening across sectors and organisations in support of digital service transformation.

The tables in this section provide snapshots of organisations’ contribution across activities with summary points about each theme. These touch on issues which are explored in more depth elsewhere in this report.

4.2.1. Workforce development

Table 1: Workforce development

Knowledge exchange / education	Coalition of Care and Support Providers (CCPS) Digital Office for Local Government Healthcare Improvement Scotland ihub (ihub) NHS Education for Scotland (NES) Scottish Council for Voluntary Organisations (SCVO) Scottish Social Services Council (SSSC) Technology Enabled Care Programme (TEC)
Network development	Access Collaborative The ALLIANCE Digital Health and Care Institute (DHI) ihub Improvement Service NES SCVO Scottish Federation of Housing Associations (SFHA) TEC
Advice / guidance	The ALLIANCE Digital Office for Local Government ihub Improvement Service NHS National Services Scotland (NSS) Office of the Chief Designer Scottish Care SCVO
Leadership	The ALLIANCE CCPS COSLA Digital Office for Local Government Improvement Service NES NHS 24 Office of the Chief Designer SCVO SFHA TEC

Capacity building	The ALLIANCE Care Inspectorate CCPS Digital Office for Local Government NES NHS 24 Office of the Chief Designer SCVO SSSC
Workforce planning	Improvement Service NES NHS 24

That transformation must mean the transformation of the workforce is well understood and emphasised in both the Digital Health and Care Strategy (2018) and the Integrated Health and Social Care Workforce Plan for Scotland (2019). Interviewees described upskilling the current workforce as a focus for activity. Integrating digital tools and skills into training and practice was seen as a way to ‘lift people up’ and promote ‘better job satisfaction’. The point was made by both DHI and SSSC about ‘baking in’ not ‘bolting on’ the role of digital to avoid it being seen as ‘an additional thing’. Related to upskilling was capacity building, with capacity to understand digital transformation and readiness for it as key offers. Those leading the TEC workstreams described the focus on the gap between where organisations are and where they could be using technology as ‘everything we do’. NSS described their ‘readiness tool’ which aims to support organisations to ‘move at pace instead of stopping and stumbling on the way’.

Reflecting on digital service transformation as an emerging and confusing area for some, interviewees described their role as offering advice and guidance to members and stakeholders. Both Scottish Care and the Care Inspectorate expressed concern that those in the care sector might not have a clear pathway to information and support about digital transformation. Those offering guidance described the role as one of a ‘critical friend’, ‘sounding board’ and ‘sense-check’. For some, advice and guidance included helping stakeholders to understand their technical needs and identify potential services to meet these. Several interviewees described brokering

connections between those they support and technology providers, some offering procurement advice to help ensure ‘a good fit’ between the two. Building capacity by learning from others was also highlighted, with several interviewees describing facilitation of knowledge exchange, supporting network development and ‘joining the dots’ as their offers in support of digital transformation.

Leadership activity as part of workforce development featured heavily. A common view was that there was a need for articulation of the role and value of transformation using digital – described as a kind of ‘sales and marketing job’ to ‘sell it’ to people, which hints at a lack of wider understanding. Champions and enthusiasts were seen as well placed for this and much of the activity described in the interviews was focused on leaders programmes and champion development. Interviewees agreed that digital service transformation called for a particular kind of leadership – devolved, distributed, collective and courageous. This echoes the literature which identifies distributed leadership as an underpinning principle of transformation (ihub, 2019)³. Keeping with the more ‘traditional’ leadership, still commonplace according to some interviewees, was seen as a barrier.

4.2.2. Design, innovation and evidence

Table 2: Design, innovation and evidence

Citizen engagement	The ALLIANCE DHI ihub NHS 24 Office of the Chief Designer TEC
User research	The ALLIANCE DHI NES Digital Service NHS 24
Service design	Access Collaborative DHI NHS 24 Digital Office for Local Government

³ <https://ihub.scot/media/6022/transformational-change-evidence-summary.pdf>

	ihub Improvement Service Office of the Chief Designer SHFA TEC
Innovation	The ALLIANCE DHI NES Digital Service NSS Public Health Scotland SFHA TEC
Evaluation	ihub NES NHS 24 NSS TEC

Service design, user research and citizen engagement were identified as key activities. Interviewees described them differently, sometimes happening together as part of a service design process or as separate, stand-alone activities. (Differing use of terms around user involvement and citizen engagement are further explored in section 7.5). Service design, user research and citizen engagement were seen as ways to avoid a ‘tools first’ response and jumping too quickly to a solution seen as ‘particularly true around digital things’. Of those involved in service design, several identified as either at the early stages of implementing or aspiring to implement the Scottish Approach to Service Design model. Several of those interviewed from a health context identified as having a role in ‘digitally enabled service redesign’ as part of their involvement in the National Boards Collaborative, an initiative to support system-wide transformational redesign across health and social care⁴. Overall, those involved in service design were doing so to develop innovative approaches, responses and tools. Interviewees recognised the role of innovation in transformation and frequently described efforts to support and promote innovation as part of their contribution. However, a smaller number discussed actively undertaking innovation

⁴ For more information see: <https://s.iriss.org.uk/3bMB7Sh>

activity and projects. The interplay between innovation and transformation is explored in further depth later in this report.

Evaluation as a way of evidencing the impact of activities was acknowledged. While interviewees frequently referenced evaluation as an activity within their organisations, only a few offered evaluation support to external stakeholders. However, what was also clear from the interviews was the challenge of sharing insights from and approaches to evaluation. This was highlighted as a barrier to spread and scale.

4.2.3. Building infrastructure

Table 3: Building infrastructure

Technology	The ALLIANCE DHI Digital Office for Local Government Improvement Services NES NES Digital Service NHS 24 NSS SCVO SFHA SSSC
Funding	SCVO TEC

Organisations involved in building infrastructure did so to provide:

- Access to learning materials
- Spaces for communities of practice and networks to work together
- Tools to support organisations to self-assess their digital capabilities
- Hubs to host and blend data sets
- Simulation and testing environments

A key feature of the infrastructure which was a focal point in the interviews was the development of the National Digital Platform led by NHS Digital

Services. Many felt this was a significant lever in realising transformation using digital, but recognised this was an area of both huge potential and challenge.

In terms of financial infrastructure, the TEC programme was a central funder in this context with SCVO providing the Digital Participation Charter Fund and the Cyber Essentials Small Grants Fund, both supported by Scottish Government. Those interviewed agreed that having a dedicated ‘pot’ of funding, such as that of the TEC programme, was a core enabler of transformation. However, it was also acknowledged that ‘big money’ could be ‘associated with national things that don’t go anywhere... too much money that isn’t shared.’ Interviewees agreed that money was not a magic wand and that prioritisation was just as important.

4.2.4. Crowded or collaborative?

Table 4: Organisations by theme

Organisation	Workforce development	Design, innovation & evidence	Building infrastructure
Access Collaborative	✓	✓	
Care Inspectorate	✓		
CCPS	✓		
COSLA	✓		
DHI	✓	✓	✓
Digital Office for LG	✓	✓	✓
The ALLIANCE	✓	✓	✓
iHub	✓	✓	
Improvement Service	✓	✓	✓
NES Digital Service		✓	✓
NHS 24	✓	✓	✓

NES	✓	✓	✓
NSS		✓	✓
Office of Chief Designer	✓	✓	
Public Health Scotland		✓	
Scottish Care	✓		
SCVO	✓		✓
SSSC	✓		✓
SFHA	✓	✓	✓
TEC	✓	✓	✓

What table 4 shows is that almost all organisations are involved in activities which fall under the ‘workforce development’ theme. More than half also have activities under ‘design, innovation and evidence’ and ‘building Infrastructure’ themes. Just less than half undertake activities which span the three themes. This might suggest a number of things. It might appear that the landscape is crowded with people duplicating ‘because everyone’s kind of doing their own thing’ as suggested numerous times across the interviews and in the workshop. However, the organisations included in this project span sectors and disciplines, and do not necessarily address the same audiences. There will be granularity to each activity demonstrating that they address different needs. Having lots of organisations focusing on the same themes and activities may suggest a crowded space or it might suggest a shared focus. Certainly, the activities described were happening in some form of partnership or collaboration with at least one other organisation involved in this research. Various arrangements underpinned the activities including strategic agreements, project partnerships, co-delivery of workshops and events, as well as relationships between funders and funding recipients. Interviewees did recognise the limitations of not branching out into partnerships with other sectors where digital is business as usual. Fostering collaborations with business, industry and academia were

commonly highlighted as vital but often missing. While some individual organisations have developed these links, some feel that strategically, these institutions are not being invited to participate in the work other than as potential suppliers. This has implications for collaborative leadership which is further explored in section 7.2.

However, these are broad brush themes and offer just one way to present a range of activities by a group of organisations at a moment in time. This is borne out in the feedback from the workshop which suggested a number of different lenses or layers that could be added to the map. There was no one version that would meet the diverse needs of the national delivery partners and key stakeholders in the room. In mapping high-level work programmes and highlighting activities which contribute to digital service transformation, the aim was to capture and share this information. Again, as evidenced in the workshop, simply sharing this information offered a useful framework for conversations about who's doing what, why, where, and how, as well as reflections on current and missing collaborations. It is these conversations that help to build shared understanding and find ways to harness collective strengths to work together.

5. Understanding (digital) service transformation



This chapter explores what interviewees had to say about transformation or (digital) service transformation and the shared and different narratives around this. It emerged as a key cross-cutting theme.

It is a complex and contested concept, with interviewees revealing different views or assumptions that raise important questions. How we think and talk about it has implications for how we do it. Different understandings lead to different notions as to what is being transformed and what is most important, and whether it is ever a 'done job'. Different narratives and language can also obscure: who is doing what; what is the same or different; and arguably create competition rather than coalescence around a common vision.

That there are different understandings of what is meant by 'transformational change' and different views on the nature of the 'transformational challenge' were also key points made in the report by National Board Collaboration for Transformational Redesign Project (January 2019)⁵. It called for a clear working definition.

5.1. What's in a name?

The following two definitions of 'transformation' are offered as a starting point.

Transformation is a deliberate, planned process that sets out a high aspiration to make dramatic and irreversible changes to how care is delivered, what staff do (and how they behave) and the role of patients that results in substantial, measurable improvement in outcomes, patient and staff satisfaction and financial sustainability. (ihub)

The definition of transformational change is the emergence of an entirely new state prompted by a shift in what is considered possible or necessary which results in a profoundly different structure, culture or level of performance. (King's Fund)

⁵ Healthcare Improvement Scotland and NHS National Services (2019) National Board Collaboration for Transformational Redesign Project: Report and Discussion Scotland <https://s.iriss.org.uk/2W81yej>

5.2. Service transformation – what it is and is not

For some, transformation equals ‘service transformation’ and delivery. Others expressed transformation in relation to ‘service innovation’ underpinned and supported by digital tools and services. Both stress that these are about responding to *changed goals* and delivering on this. It is about what citizens want the service to *achieve* ultimately. Others emphasised that transformation means being brave, giving up control and shifting the balance of power to citizens.

Service transformation is very often expressed by what it is not: ‘not jumping to solutions too quickly’ or ‘not making assumptions about what users want or need.’

It was also expressed as ‘not digitising a paper transaction’, not ‘putting a technological solution on top (of legacy systems) before asking or being clear about what is needed’ or not thinking through the impact of change in different parts of the system.

Innovation is transformational. It's not putting a three-litre engine in a two-litre car and it's still a petrol engine, actually it's having something completely different. It's not a car!

This is also where it differs from improvement – with interviewees expressing real concern that service transformation is still being confused with quality improvement, and that these terms are being used interchangeably.

I think there's a danger that some people think the word transformation is just the current flavour in terms of language, and to me that would be a real miss. If we're just swapping out the improvement word for transformation, we've completely missed what we are trying to do.

In other words, ‘transformation is not multiple quality improvements or refining existing processes’. Service transformation was also described as being about ‘identifying pain points’ – usually in response to something that is not working as a rationale for change.

Interviewees also made the point that people in the sector are not clear on where and when to use service design or improvement methods – albeit they are not binaries and are part of a continuum.

*Service design should be used for transformation or you realise something is broken, or we've solved the wrong problem... Improvement is about going into a phase of continuous improvement.
...Transformation happens every so often, improvement happens all the time.*

5.3. What makes it digital service transformation?

Current policy documents talk about 'digital service transformation.' However, that digital needs to be in support of transformation, rather than led by or starting with it, was a view commonly expressed. This means knowing about its possibilities and affordances, and 'because of the pace of technological change, new solutions come on all the time' – driven and informed by industry and academia.

I find the notion of digitally-led service transformation flawed because it's people-led transformation that includes digital... what I think doesn't work is if we make it about digital... The transformation is about empowering Bob, not rolling out a kit.

Some felt that we need to change the language we use around this, to talk about 'service transformation using digital.' There is a historical legacy that needs to be understood, however, as articulated in the following quote:

So why do you need feminism? Because we're not at equality yet. When you get to equality you won't need feminism. (Similarly) why do we focus on digital health and social care innovation? Because so much innovation forgets about digital. Nine times out of ten the answer for large parts of most service delivery challenges will be digital, but it's understanding when that's not the answer is mission critical, understanding that that will never be the whole answer is mission critical for successful service delivery.

This also provides an explanation or why Scotland's Chief Design Officer is currently situated in the Digital Directorate.

For the time being it is in the right place. Digital just means government in the 21st century, and at some point we'll be able to drop the word (digital)... but at the moment it's useful for conversations, but it's no more than that.

That the policy context has also changed in the last number of years, should also be acknowledged. This has impacted on how digital is perceived with 'a definite shift from technology first to understanding the issue first. In 2006 in the telecare world, it was thinking about the technology first.'

Some argued that the environment in which conversations are taking place has changed, that we have become more person-centred. Conversations have shifted from talking about 'digital by default' ('we got a huge amount of push back on that') to 'digital first' – which is better received and has aligned to conversations around the human benefits to staff and citizens: 'time to think, time to learn, time to collaborate, time to test out new ideas (with) that buying you back time in a practical sense. I was starting to hear a different way of talking about why digital mattered, and it felt much more person-centred.'

Others spoke about how co-production and co-design have influenced us over the last five to seven years, both at sectoral level and within government. This has created a cultural shift; more openness to joint ways of working.

5.4. Transformation as widespread

Change happens at all levels – national, regional, and local, within an organisation and within individual services. Policy documents make the logical argument that service transformation will be more transformative if it is done consistently, at scale, and achieved at greater pace or acceleration. Or that this is transformation for Scotland.

This can be understood and conceptualised in different ways:

- ‘Once for Scotland’
- As a pipeline, with innovation and national delivery at different ends
- As a final end destination versus a continuous state

5.4.1. ‘Once for Scotland’

Interviewees were not specifically asked for their views on the ‘Once for Scotland’ approach, although some offered that ‘this was open to interpretation’ or that they supported it. It is also salient that in a search of policy documents, no singular definition was found, perhaps reflecting evolution of the concept over time?

Some definitions focus on cost, others on standardisation, or consistency (‘unless a compelling reason exists for variation’)⁶.

We believe there are a number of services which could be delivered from the centre more efficiently, balancing cost and quality, on a ‘Once for Scotland’ basis.

(The Digital Health and Care Strategy (2018) reports on findings from the Scottish Parliament Health and Sport Committee)

Different to other references, The Technology-enabled care: supporting service transformation delivery plan 2018/19, focuses on ‘improved outcomes for citizens’ (and a route to this through national pathways, commissioning and procurement). The delivery plan for 2019/20 states the main focus of ‘Once for Scotland’ is for technology to support:

...prevention, early intervention and supported self-management. Identifying approaches that can be scaled up on a Once for Scotland basis.

Other documents talk about a ‘Once for Scotland’ approach in relation to ‘technologies’; ‘functions’; ‘services’; ‘programmes’; ‘pathways’;

⁶ <https://www.sharedservices.scot.nhs.uk>

‘architecture’ and, of course, a ‘national digital platform.’ There is also reference to sharing common ‘issues’ (such as shared barriers or solutions to implementation), or common ‘approaches’ as the route to this. Are these also ‘Once for Scotland?’

5.4.2. Innovation pipeline

By its very nature ‘innovation’ is the introduction of a new thing or new way of doing something. It can be the application of existing technologies in innovative ways as part of service redesign; it can also be development of next generation technologies. It has not been mainstreamed yet (assuming it does not fail). It feeds change and progress, so is always in a state of becoming.

The SCOTCAP initiative provides an example of this, and some of the important considerations involved in mainstreaming it successfully or ‘finding a route to market’.

SCOTCAP... is a camera pill that means you don't have to go into hospital for a colonoscopy. It's cheaper, quicker, quicker, easier and referable for the patient, but not widespread. Why? Because they are still working out what a service model would be to allow it to be delivered reliably in the community and be replicated across Scotland. What does it mean for bowel prep, GPs, community nurse roles? Can it be done by not impacting on primary care with support provided by VC (video conferencing) into a coordinating hub? Then the new service model needs tested and evaluated. You need to do this so politicians can say this is worth investing in.

It is not only innovators who view service transformation as a pipeline, however, with NHS 24 reflecting ‘we’re not at the innovation end, we’re more at the service delivery end of transformation.’ That NHS 24 spent considerable time exploring and clarifying this is a point worth noting. It also highlights that, through this lens, different partners have different roles to play in the transformation pipeline with respect to their main offer. (NHS 24 are also involved in supporting initial re-design at the innovation end of the

pipeline, eg as in developing and trialling new GP triage and care navigation approaches.)

It is worth pointing out that in some literature, differentiation is also made between radical /transformative innovation and day-to-day innovations to maintain effectiveness, which are neither radical or transformative.

5.5. An end destination or continuous state?

The previous section begs the question as to whether transformation is a final end destination or ideal future state? Transformation, as illustrated in the King's Fund definition, talks about the emergence of an 'entirely new state', with different structures, cultures and performance outcomes. The 'totality' of this model sits uncomfortably with some who regard change as continuous and incremental.

We use the word evolution rather than transformation... we know it's not an overnight (change), you flip the transformation switch and it's done...If you are really going on a journey of digital change... it's finding a balance between helping people out with the problems they have today, but then building another insight as they go.

For many, there is also recognition that 'we're probably going to have to do things at different paces' and it is helpful to acknowledge this (and the frustrations around it): 'so if you take the interoperability and single integrated record ... that is going to take a few years to develop, construct, procure, embed. So let's acknowledge that's not a fast building block.'

Furthermore, how we think or talk about transformation has implications for organisational planning. NHS 24 for example has made a commitment to service development and setting up a new Directorate with this name (January 2019) – 'which shows NHS 24's commitment to ongoing change and transformation for a 17 year old organisation.' NSS have also recognised this as something that requires continuous attention and commitment.

... we need to ensure that we don't say 'Well that's us transformed... and say 'we'll come back in 5-10 years when we need to do a big step change

again... We need to make sure as an organisation that we are on the front foot, that we keep looking at the horizons, the opportunities for transformation while also embedding quality improvement.

That transformation is incremental in these scenarios is a point worth stressing, a rolling programme building on expertise, but also a job never done. Many interviewees spoke in effect about ‘transforming themselves’ before they could help others to do so – with this including other departments in their own organisation, as well as external organisations they support. NSS for example, talk about this with regard to developing their own and others capabilities around user involvement/research. Similarly, NES are leading on the National Digital Platform, because of demonstrable expertise in cloud-based systems. Scotland’s Chief Design Officer talks about their own journey within Scottish Government with respect to incorporating the Scottish Approach to Service Design:

I think we’re at level 3 now. At level 1 you’re not really doing design; at level 2 you’ve got a couple of champions but you’re not very good at it; at level 3 you’ve got clear in-house expertise; at level 4 it’s just how you do business!

Others are keen to express that transformation ‘is like any other change – you have your early adopters, laggards and people sitting on the fence...’

5.6. Transforming people and relationships

You only get real transformational change when you align focus around a person. The digital, workforce and system should all align (to this), you need the three of them together.

The point is made by several, that service transformation is really about transforming people and their relationships with and to one another. It is about changing the balance of power, and giving more to patients, service users, citizens and communities in support of prevention, early intervention and supported self-management. ‘We need to re-able people, not make them dependent on us!’

Some talk about the need for new narratives and different metrics to drive home this message, and to prevent it being sidelined.

... saved bed days (and therefore saved money) isn't enough... I think we need to understand how using digital and technology can shift the balance of care, not in the way we talk about it from acute to community, but actually on the pathways all the way back home... and how it transfers authority and power back to citizens... (We need to) present a different narrative, so it isn't dismissing these as benefits or potential benefits... but stretches out and broadens our understanding of what good looks like and actually what it is we are trying to (achieve).

Others make the point quite passionately, that staff are people too, 'we need to take them with us,' and they need to be transformed.

... even in the 90s people talked about 'services are our staff' and there was an acknowledgement that in social services when you are talking about service transformation, you were really talking about the staff... you need to focus on the people who support the practitioners... We can't let them (the training personnel) lag behind 'cause they are going to produce for what they know, rather than what they need to become...

Views on the current workforce and its capability for transformation were diverse. Some felt the current workforce was 'digitally impoverished' and technology 'resistant'. As one interviewee put it simply: 'We don't have the workforce... even if we had the money'. Others disagreed and felt the current workforce could help enable transformation with the right investment – giving them time, space, kit and opportunities: 'let's not invent a whole new workforce... we've got a workforce that's already going into homes on a regular basis so, why would you not upskill that workforce?' The challenge of attracting 'bright innovative young people' and their digital expertise to the current health and care sectors was also identified: 'because we are slightly digitally illiterate' and 'unable to compete with other industries.'

For organisations like SSSC and NES, there needs to be greater financial investment in workforce development and skills to increase awareness, knowledge and confidence around digital. The significant training needs of staff are also highlighted by the Care Inspectorate and membership organisations like SCVO, Scottish Care and CCPS, which stress the importance of understanding varying and diverse capabilities within a sector. For the Care Inspectorate, this also includes building their own capacity and raising inspection teams' awareness of the digital possibilities and good application. 'Quality illustrations would be useful... tied in and matched across Health and Social Care Standards.' This is about understanding 'where people are at' as part of strategic development.

Others highlight the motivations, hopes and fears of staff around the impact this might have on job security and future roles and opportunities. They talk about cultures of risk and permission. Others emphasise how digital service transformation needs to not just benefit patients or service users, but make people's jobs easier and more rewarding, where freed up capacity can be harnessed, not lost. For some, this is what is missing from the conversation. In some organisational literature, we are challenged to talk more about cultures in organisations than structures; to stop regarding organisations as machines with mechanistic arrangements, hierarchies and command and control structures. It is argued that if we do, we miss what is essentially human about human organisations, which are social and cultural places full of values, meaning, imagination, emotions, beliefs and assumptions⁷.

5.7. From person-centred to environmental planning

For others, further transformation is possible when the conversation is shifted from a focus on self-management and individual needs, to population needs, community planning and digital's role in this. This is about digital data supporting decision-making, with real challenges in bringing different data together – health, local government, voluntary sector etc.

⁷ <https://siscc.dundee.ac.uk/work/transformational-innovation> – Prof Huw Davies from St Andrews presented the work exploring Transformative Innovation in Health and Social Care at the Scotland's Futures Forum at the Scottish Parliament in November 2016.

This is about re-designing the very environments we live in. ‘Now that’s transformational.’ It is explained that different use of data can shift discourse away from individuals to socio-economic and policy issues, whether this is about planning decisions around local transport, where to locate play areas or build affordable houses, to the location of supermarkets and the impact of this on local jobs or access to healthy and/or affordable food.

The creation of Public Health Scotland offers promise of this future, and a shift in focus from individual needs, pathologies and deficits, to a different discourse around what creates the context for human flourishing.

If you look at the stuff about food, it’s about what the individual does ... (but) we’ve created an environment where (individual choices are influenced by) the food industry... Public Health to some degree, if you look at recent decades, has become more medically focused and more biomedical in terms of solutions, and while that is really important ... we need a shift for the workforce to become more focused on the socio-economic and cultural environment that people live in and how they can support those changes... From that we can develop more innovative solutions.

Challenges will be around developing relationships and joint accountabilities with COSLA and Health and developing relations at Community Planning Partnership level ‘to help them understand the local challenges, help in problem definition, help with data to support innovation.’ It will require developing analytical capability and expertise, shifting from simple and linear cause/effect and singular explanations to using data that can build in complexity and constant change in the environment. It will be about incorporating lived experience and ‘Public Health Scotland needs to lead that... we don’t have the solutions and these we need to find these with communities... pulling different types of data together to inform these and the solutions people come up with before implementation.’ Ultimately, this will transform the conversations we have about data and evidence too.

However, to what extent this changes the narrative and brings greater focus on a planned and concerted approach to reducing inequalities, claiming human rights or people having real and informed choices, is a work in progress. Success will depend on political will, public support and leadership.

5.8. Future visions

Others spoke about transformation being something we could not quite see yet, and the need for visionaries, disruptors and those who challenge current assumptions. The world will be different in the future, with pockets of the future existing in the present that need to be envisioned and nurtured.

...in transformation, it often means you have to think about something you've never thought about before... we can imagine incremental, but it takes a particular kind of brain to imagine transformation. What does fantastic look like? I do wonder whether it might be a really useful thing to do with younger people and think about how you might ask them...? People who come with knowledge, ideas, creativity ...not ingrained corporate knowledge and behaviour.

There are also some exciting developments happening right now, using digital rosters, so people can work locally and flexibly, re-train, upskill, tailor their caseloads or reduce working hours as they age. It can also avoid the need for car travel. Not only might this redress workforce shortages, but it provides new employment opportunities and might contribute to a re-imagining of a green and sustainable workforce. Interestingly, no interviewees specifically identified climate change as a key driver for digital service transformation. We might expect this to become more dominant in the narrative around digital.

5.9. Conclusion and discussion

This chapter reveals how digital service transformation relates to all or some of the following, with different people prioritising some over others

depending on their understandings, with implications for how spending is prioritised.

- Transforming citizen outcomes
- Transforming workforce and skills
- Transforming relationships and culture
- Transforming infrastructure and frameworks
- Transforming conversations and narratives

How ‘service transformation’ or ‘transformation’ more generally is expressed – and the common or uncommon language used – can be perplexing, frustrating and distracting. Some understandings are at odds with one another, with some describing transformation as incremental and not incremental. Some expressly ask for ‘leadership’ to ‘take this away’ and provide a shared narrative and ‘way of talking about things’ that everyone can work to.

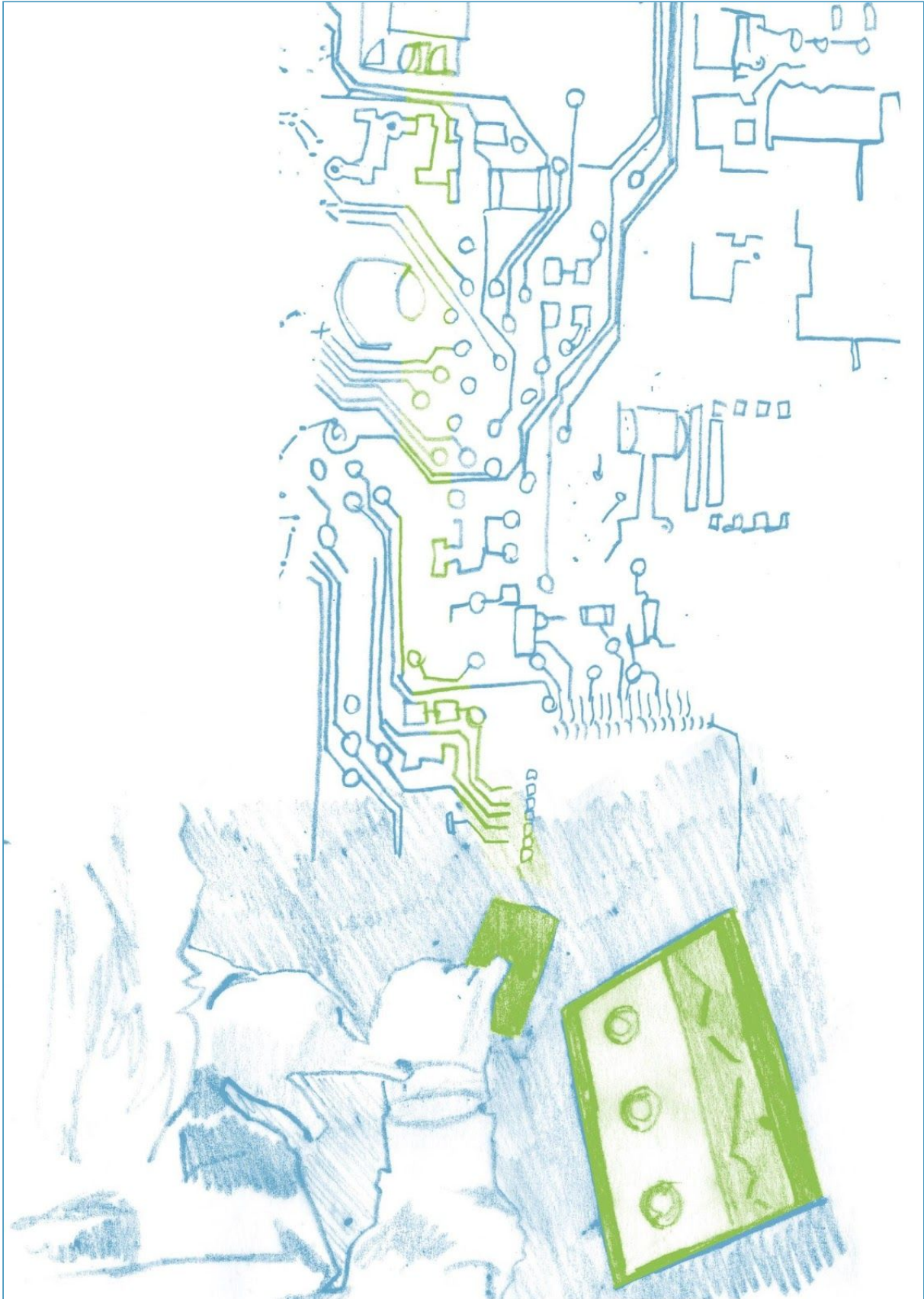
The following view is not necessarily representative, but does express these concerns:

If you don't have shared values and a bigger sense of where you are going, you will get competition and it will be competition hiding behind the name of collaboration... and that's what's happening at the minute... The way we use language promotes ownership: you know there's people talking about digital led transformation and there's other people talking about a new innovation service, and that means they are different, so somebody can own the innovation leadership and somebody can own the digital leadership, but they are the same thing!

Arguably the use of different terms can obscure who is doing what, what is common or different, and what might be duplicatory or might benefit from partners combining their efforts and expertise? How we can map activities across delivery partners is covered in Chapter 4. This and other chapters pose

challenges around how we further develop shared understandings, and what language or frameworks can help. It also requires visionary stories and storytellers on the different opportunities and possibilities, that both near and far off futures hold.

6. Scale and spread: areas for improvement and learning



6.1. An introduction

The Digital Health and Care Strategy (2018) talks about the need for ‘spread and adoption at scale of proven digital technologies within services across Scotland’: that spread should be accelerated as a priority. It also talks about new ways of working and addressing cultural barriers to encourage widespread acceptance and uptake of technology and innovation.

This chapter does not plan to labour differences between ‘scale’ and ‘spread’ but rather wishes to make the point that they are different, albeit related and blurred in how people talk about or understand them. Ultimately this is about doing things ‘large’ – with the remainder of this chapter focused on the potential for this. Before exploring this further, the following brief definitions of spread and scale are offered.

scale (verb) – *change the size of something whilst maintaining proportion, or produce a greater number of units of*

spread (verb) – *to stretch out like a cloth, so that it covers a greater area*

The following sections explore why and what we might scale or spread, identifying the opportunities that are apparent, missing and their relationship to pace. It also reveals understandings, and provokes certain questions and future conversations.

6.2. Why do we want to scale and spread?

The Supporting Service Transformation Delivery Plan 2019/20 April 2019 states that:

A main focus of the Once for Scotland approach is that digital technology will support Scotland’s commitment for high quality health and social care services that have a focus on prevention, early intervention and supported self-management.

Some interviewees spoke about ‘transferring authority and power to citizens’ or ‘turning the strategic balance on its head’ to ensure citizens, not services

drive change. Many felt that scaling up is about best use of available resources, whether this is about making the most of economies of scale – as in through national procurement of Attend Anywhere licences – or finding smarter ways to work that free up staff time to re-invest where this is most needed⁸.

A few highlighted integration of services, as an opportunity for different parts of the system to work more effectively together, but for many it was about ‘burning platforms’ and that the status quo is unsustainable.

...the health and care system is running hot, some might say, white hot, in terms of a supply demand mismatch and as at today's date before we even do any forward projections of demographically pressurised supply demand mismatch then there is undoubtedly a need for a degree of system and service redesign in order to stop things toppling over...

For some, however, the reason we are trying to scale digital can sometimes get lost: ‘What is the ambition? What is it you are actually aspiring to achieve? What is it you want to scale and why?... Scale to what?’

6.3. What do we think we can scale and spread?

Interviewees often made the point that people need good case studies to understand the possibilities of digital technology and its application in transforming services. It is often stories that illuminate new understandings; inspire change, ground focus and ensure alignment with the strategic narrative.

Table 5 categorises what can be ‘done large’ to support digital service transformation, as emerging from the interviews. Appendix 2 provides selected examples against each category, and opportunities for case studies and stories to be told.

⁸ **Near Me** is the branded name of the video consulting service that uses the Attend Anywhere platform to deliver.

Table 5: What can be ‘done large’

Category	Characteristics of activity
Digital services – or services with digital	<p>Deliberative, with choices made at a particular point in time about what digital services or technologies to multiply up or scale up ‘Once for Scotland.’ and / or Spread of SAAtSD underpinning digital service transformation at a local level, incremental roll out of culture change.</p> <p>Most commonly associated with patient /service-user or citizen-facing digital services, but could also apply to digital workforce learning services.</p>
Digital infrastructure	<p>It can be conceptualised as the train tracks or common operating systems that other things run or rely on.</p> <p>That it has yet to be realised is commonly regarded as ‘holding back’ digital service transformation, specifically the National Digital Platform.</p>
Use of common approaches, frameworks and principles	<p>Roll out of strategic vision, with frameworks and supporting approaches, principles and metrics to align to its person-centred vision.</p> <p>This relates to SAAtSD, planning, prioritisation, evaluation and commissioning.</p>
Digital learning infrastructure	<p>Embedding digital skills and culture change, including self-directed learning, leadership and reflective and critical thinking, which should also underpin power and relational dynamics with patients/service users/citizens/colleagues.</p>
Collaborative learning and leadership	<p>Learning together, building new knowledge, shared and common understandings, generating momentum and strong narrative for Scotland.</p> <p>Ideally, inclusive of anyone who can help; an ecosystem type approach</p>

6.4. What are we missing?

This section looks at what might be missing from the narrative on Digital Transformation in Domain C of the Digital Health and Care Strategy, from our list of areas where there are real needs/opportunities to scale. Because what is missing or is much ‘quieter’ in discussions around digital service transformation, time has been taken to articulate this here.

6.4.1. A longer lens?

Table 5 identifies the dominant categories emerging through interviews. However, to it might be added organisational infrastructure, for example, innovation centres or organisational departments committed to innovation/transformation and service improvement in the long-term. However, its inclusion will be determined by our understanding of service transformation as discussed in Chapter 5, and whether we regard it as continuous, a journey, or an achievement of a future state.

We might also include Public Health, as it offers opportunities to deliver change at scale with its focus on addressing Scotland’s health inequalities, promoting health and wellness, and creating the conditions for this, with its focus on local planning, informed by a more sophisticated use of data, including lived experience. (A new agency, Public Health Scotland will be officially launched in April 2020 to give greater focus to this.)

The following two sections are devoted to areas that interviewees regarded as highly relevant to the ‘Service Transformation’ domain, but in which they are not mentioned. Their relevance to this is explained, and the opportunities and challenges to achieving scale or spread explored. Where there is divergence or contention on matters, this is acknowledged, to help identify key questions and conversations for partners going forward.

6.4.2. Realisation of the national digital platform

While recognising that full implementation is upwards of a decade-long endeavour, people spoke about the lack of a national digital platform

hindering the pace and scale of digital service transformation. It is still a work in progress, with many expressing frustration at the lack of clarity over delivery. For readers not familiar with the term, a ‘national digital platform’ can be understood as delivering real-time data from a range of different sources, and making it available to those who need it, when they need it, wherever they are, and in a secure and safe way.

... I think the most critical thing that we need to be bold about and we need to fix in the digital health and care land is having a shared electronic record between all providers and the citizen... (Without it) we don't have that infrastructure that actually supports a future-proofed way forward... It's the one thing that will hold us back...It prevents citizens integrating their own data in the system, it prevents the work of innovation labs realising their full potential...(with it) we'll see an acceleration...but until we get that bit sorted, I think we'll see a slowing down.

In addition, the Digital Health and Care Institute's (DHI) big focus for the next five years is on citizen-generated data, testing how data from your Apple Watch, for example, can be blended with health and social care data. They are testing out how this can be done, overcoming issues around trust, so that ‘in two to three years this will become the norm’ and it will result in safer and more reliable decision-making for all.

Some interviewees argued that the citizen needs to be brought into conversations around data sharing. The Health and Social Care Alliance has offered to facilitate this, opening up conversations similar to ones in England on integrated care records. This would be a debate about what citizens want from data sharing, who owns the data, and issues around information governance, security, confidentiality, consent to share (and capacity to make those decisions). Some of the challenges around this – and questions to be asked – are provoked in the quotation below.

So, if I give consent to my GP and then there's a data breach, guess whose head I'm coming for... because this data is attractive to others

with dubious intent...What we are talking about is intimately personal information about individual people, and we should never lose sight of that...This is an ethical question for government with implications for today and tomorrow.

There are also partnership issues that need to be considered. The third sector feels excluded from discussions about the national digital platform: 'there is no third sector representation on the governance group.' Others are keen to make the point that health and social care encompasses a whole ecosystem of provision in Scotland, highlighting the size and scale of the partnership challenge.

...Scotland's a real diverse eco-system of provision, and you can't just have a shared record between health and care providers, what about all the other providers that actually participate and contribute to that person and an individual's inner circle?...In Scotland we have cross sectoral partners – housing, health, social care, voluntary sector, fire service...

6.4.3. The importance of workforce learning

We need to further recognise and unpack how digital can transform workforce learning at scale for Scotland: it provides the 'train tracks' for delivery of learning (on any subject); it is a topic of learning, embedded in qualifications and CPD. It has key contributions to make in delivering culture change, aligned to the vision of the Digital Health and Care Strategy (2018) and other government policies with shared ambitions.

Online learning also supports and drives self-directed learning, enabling workers a degree of choice in what, where, when and for how long they engage with a topic. Mobile technologies make this even more so. Some firmly believe that this is the direction of travel, that 'we are at a transition point' from classroom-based to online learning.

To underpin this, the SSSC have developed Open Badges – digital certificates that recognise lifelong learning and which are shareable with others. NES has

designed a mobile app for personal development planning and management appraisals.

The point is also made, that being self-directed is not just about learning, but about a changed mindset where people are being asked to manage risk, make judgements and be everyday leaders (with parallels in narratives of citizen empowerment). 'Think Buurtzorg, think (social services) leadership strategy.'

Of course, digital can also be a core or integrated topic in basic to advanced courses, not just the delivery platform. And CPD courses and national qualifications provide another kind of infrastructure to help embed 'digital' for current and future generations of workers. (This brings in another set of partners: from Learning and Development and organisational development leads, to universities, colleges, Scottish Credit and Qualifications Framework and the Scottish Funding Council.)

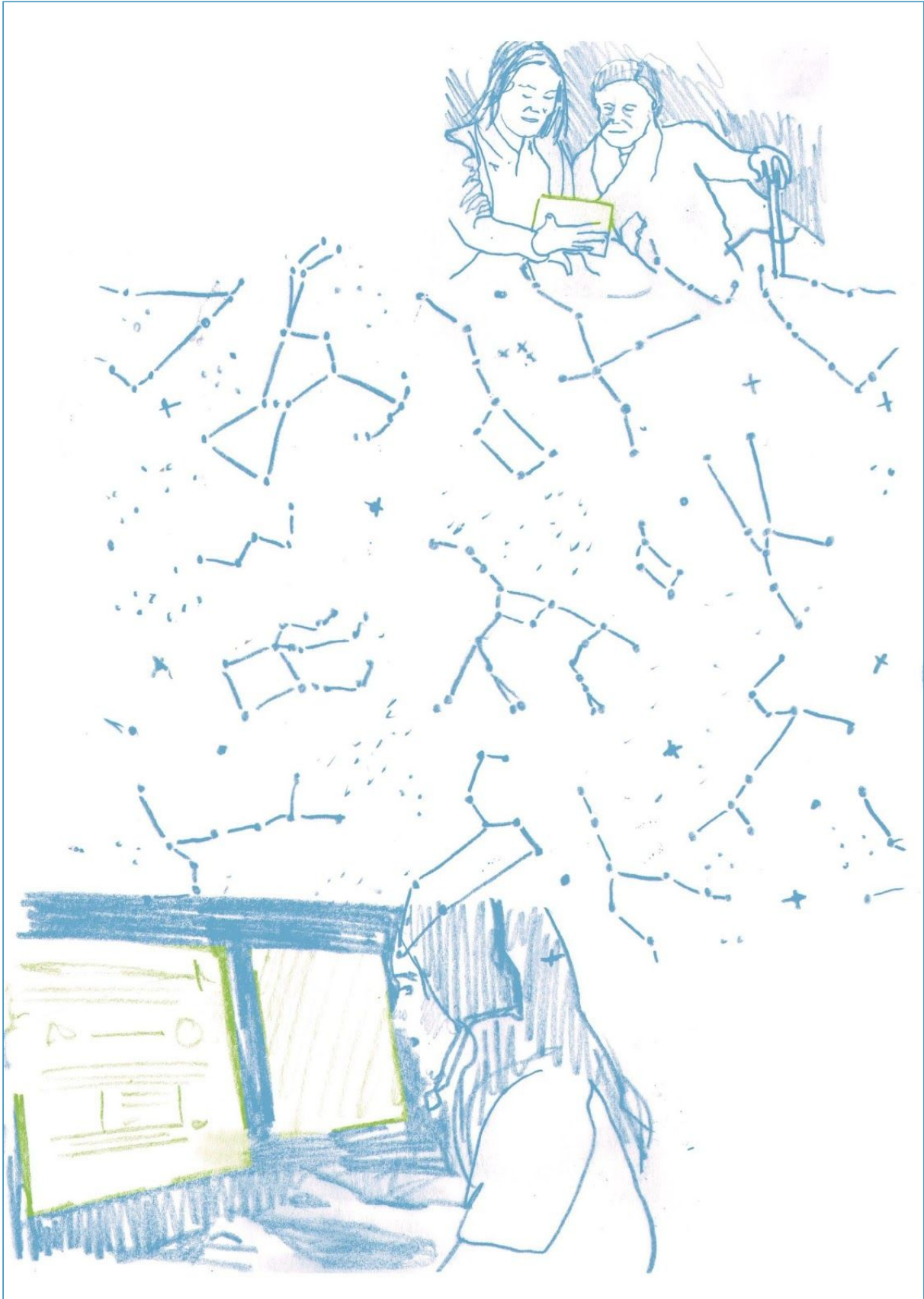
However, it also needs to understand where 'people are at' – that we will need to re-train people to deliver effective online materials and invest in conversations with networks and groups 'that have been running technology and digital services in a very traditional way for a long time.' Furthermore, we need to significantly increase the sector's knowledge of cyber security and cyber resilience, which were described as 'worryingly low' and a 'vital aspect of digital tech deployment'.

Significantly, partners engaged in delivering digital learning, argue for more funding, making the case that current commitments are seriously hampering their ability to deliver: 'It's why we don't have as positive a story as we'd like to tell... We do not lack the vision or networks... but it's a time and money issue... And the time issue is a money issue... A resourcing conversation needs to be upfront and centre.'

We do, however, need to acknowledge tensions that might play out in different ways. Some interviewees spoke about learning being 'stripped out' of the sector and 'less time to learn', or voiced concerns about people increasingly 'forced' to study in their own time (with digital affording this).

For some digital is the solution, for others it is part of the problem. We also need to be mindful, some highlight, that digital cannot provide everything – that we need a blended approach with the development of collaborative, person-centred and relationship-based skills that underpin the SAAtSD and transformation, a case in point.

7. Key ingredients for supporting scale and spread



This chapter identifies ‘key ingredients’ or building blocks that support the spread, scale and pace of digital service transformation. It also identifies some of challenges, different perceptions and key questions and conversations that partners need to have going forward.

7.1. Political bravery and financial investment

The Digital Health and Care Strategy embodies top-down leadership, and was described as ‘a kind of carrot-shaped stick’, an important ‘building block’ providing ‘clearer articulation’, and key driver for digital service transformation. However, many also identified political bravery in leadership as critical for success, with politicians and top civil servants able to provide permission for people to do things differently, particularly in risk averse cultures. The NHS in particular was described as having systems designed to prevent variation, failure, and things happening without formal approval.

The degree of political bravery required should not be underestimated, however, ‘because there is no politician in Scotland today that will vote to close a hospital, particularly in their constituency... But they all say the system needs to change. It needs to modernise.’

Many also expressed the opinion that money equals political commitment to the agenda: ‘this thing about there’s not enough money around is not a coherent argument...’ While it is acknowledged that money has played an important part in delivering real change over the years, current funding levels are called into question.

...we need to be seen to be taking this seriously... And Chief Execs really need to embrace it... I know they see the benefits of it but they are very hamstrung financially... Without investment we will only make small incremental changes over five years... (without it) I’m not having a rosy glow five years down the line. If the workplace and clinical spaces we’re creating aren’t digitally enabled, they won’t be tolerable – and we won’t have the workforce to work in them.

Others highlighted how big and bold decisions in the past, namely the closure of learning disability hospitals in the late 1990s/ early 2000s, came with bridge funding, ‘cause you have to run the two services in parallel to allow you to change... there just needs to be that level of financial oil in the system... That’s the big thing... If we’re being really honest about it.’ Some believed that without sufficient funding we risk progress sliding backwards or development stagnating. One interviewee cited the telecare development programme (2006 – 2011), arguing that when the funding ran out it felt like ‘it re-tracked back to the original service’.

Short-term funding, not just for projects but ‘mainstream’ activities was also regarded as a barrier, with serious consequences for staff and personnel. It was regarded as symptomatic of ‘short-termism’ in commitment. ‘We need to build from our baseline.’

The funding is so stop-start ...as a director I spend most of my time accounting for things, ... that’s six months in the year and the other six months is trying to make the business case for continuing doing the work that’s already been approved. There is short term funding available for innovative projects, but how can meaningful future targets be set when people don’t know if they have the funding to continue, people nervous about being in a job in six months’ time... These might be people who have been in the sector 28-29 years!

7.2. Collaborative learning and leadership

While people recognised the importance of political leadership, the other type of leadership that interviewees favoured was collaborative and about mutual learning and development. This provides an alternative to traditional committee style arrangements, which were characterised as very important people talking to other very important people, and making decisions in two-hour meetings: ‘To me that just rubs right up against transformation. I think that’s a really fundamental issue... I think that it constrains the dialogue.’

Models of this were understood to be the Scottish Government's (TEC) workstreams approach, described as 'very much community led' – about two-way trust, two-way dialogue and open engagement, where people feel safe, able to ask for help and feed-in their challenges 'so that we can help and prioritise what we need to take forward in the strategy'.

Another model is Scottish Government's Access Collaborative, built on the belief that 'siloes approaches to changing services don't really work.' Their 'Connections' events provide time and space for conversations to happen: 'we're trying to do the things that no one organisation is going to think to do or be able to do on their own.' These events create connections across different workstreams commissioned from different routes, to build relationships, networks and new knowledge for Scotland. The model recognises the complexity of the landscape, the complexity of the challenges, and the need to be externally facing and continually scanning for others who have a contribution to make.

The Connections events also build on previous ones, identifying needs, new ideas or validating concepts. Sometimes 'it's a consensus conversation to then endorse a piece of work going forward.' Other times it is asking 'Well what now? What does this mean for us working together?'

Other opportunities for learning and knowledge exchange that bring in international perspectives, academia and industry are also crucial for ensuring we stay challenged and are future, not internally focused.

But of course, leadership does not always need to be collaborative, it can be distributed, with champions networks for different parts of the sector designed to raise awareness of digital, influence the influencers, and cascade change.

7.3. Inclusive leadership

The above section ends by highlighting the importance of collaboration, however, it is clear from interviews that some partners do not feel included in conversations or decisions. The third and independent sectors feel

marginalised from strategic conversations, and (at worst) believe that their expertise and contributions are overlooked and undervalued.

Leadership has been sectarian – with vested interests – short term, political in nature and doesn't look at the bigger picture. It needs to be collective leadership... what we do not need is a sense that the state knows best, mother knows best, and you'll do what you're told – and that far too often happens with both the independent and third sectors – that we're led to the table after everybody else has eaten and we're left with literally the crumbs.

That social care feels secondary to health should also come as no surprise, reflecting other conversations in different places around health and social care integration. It also reveals a current focus on public sector partners, which is a serious consideration going forward. While local authorities are key commissioners of social care, the private sector is the largest employer (40%). The public sector makes up only 33% of the social services workforce, the third sector just over a quarter (28%)⁹.

Unsurprisingly, interviews also revealed cultural tensions between different sectors – that more collaborative and inclusive approaches could arguably overcome. Presently, many from outside the NHS regard it as having a 'command and control' culture (which not everyone in the NHS would agree with; it 'works on consensus and consent.'). Local authorities, in contrast, are characterised as being accountable locally to their electorate. These tensions play out in different ways, for example, whether or not a national digital platform should or should not be mandated, with responsibilities and timescales set? Or is it better to win people over, convincing them of its benefits across the ecosystem of provision, with differing cultures and accountabilities across this? That this ecosystem takes us beyond health and social care providers is a point already made.

⁹ SSSC (2019) Scottish Social Services Sector report on workforce data 2018 (2019)
<https://data.sssc.uk.com/images/WDR/WDR2018.pdf>

7.4. The Scottish Approach to Service Design (SAAtSD)

The Digital Health and Care Strategy cites the SAAtSD as having a critical role to play in transforming services around people's needs and creating new cultures.

The Scottish Approach to Service Design is how we are changing Scotland's DNA – no one organisation can do it... Certainly not Scottish Government.

Presently, all UK governments have committed to growing and 'bringing into government' a [Digital, Data and Technology](#) (DDaT) community. This includes professionally accredited user-centred designers, where there is a particular shortage. ('Roles expected to treble over the next year.') Scottish Government 'loan them out' to the NHS, local government or third sector, or can support organisations to recruit their own (if they can afford one). A 'show, don't tell' approach has been particularly successful in demonstrating the benefits of a design approach. However, the limitations of this are recognised, which is why the SAAtSD has been promoted as a way to spread culture change and achieve greater reach. It operates on seven important principles.

1. We explore and define the problem before we design the solution
2. We design service journeys around people and not around how the public sector is organised
3. We seek citizen participation in our projects from day one
4. We use inclusive and accessible research and design methods so citizens can participate fully and meaningfully
5. We use the core set of tools and methods of the Scottish Approach to Service Design
6. We share and reuse user research insights, service patterns and components wherever possible

7. We contribute to continually building the Scottish Approach to Service Design methods, tools and community

From interviews, we can say that there is broad support for the SAtSD and that it is regarded as the leading approach for supporting digital service transformation. We also know from a recent (unpublished) report that it is well understood in around 50% of public bodies, with awareness lower in smaller organisations. However, some make the point that: ‘(we need) more access to training...not just specialist little teams who do it... The health and social care workforce needs to be much more generically aware of how you involve citizens in the design of their care, of their services.’

For some, we also need to get better at identifying the right approach or toolkit for the job! Is this improvement (QI), or is this transformation (SAtSD)? However, some believe that the initial ‘discovery’ phase of the SAtSD can be useful in determining whether or not it is more efficiencies or improvement that is needed, as opposed to transformation. The point was also made that the SAtSD ‘is not the only tool in the box’.

... there are other tools clinicians need to recognise more ‘and that’s data and technology.’ Eg. data can help inform your service, evaluate and drive improvement and that needs to be seen as another tool... like a stethoscope or prescription pad.

This hints, perhaps, at a lack of clarity as to how to combine different types of data with the SAtSD approach? This is a challenge that Public Health Scotland has identified for itself: how to combine, analyse and interpret different data, including citizen data and having citizens as part of your ‘design team.’

To what extent the SAtSD is really ‘an approach to design, not a project delivery methodology’ is also a grey area for some, particularly given focus on standards and methods.

One of the big debates that we have... is it getting everybody using the same approach or is it about getting everybody thinking in the right way?

...What I don't like is the rhetoric of 'if only everybody would do our approach, then we would all be in a better place. ... what we want is everybody to be thinking about the customer..thinking about the data..all those sorts of things... Let's not spend our time arguing about which approach...

Some argue generally, that 'we don't pay enough attention to culture and attitudes ... those softer elements critical for success in change projects...' Many believe that human values and behaviours are what drive change, not methods, citing: clarity of purpose, 'being respectful of everyone's contributions,' being open to challenge, building trust and legitimacy, of 'emotional support to stay the course,' of being tactical in identifying interests, aspirations and seeing results. Interviewees also stressed the 'transformational power' of collaborative working to 'prevent people slipping back into incremental improvement,' or be braver about 'risk' and change, recognising that innovation is inherently risky and we must be prepared to fail. Arguably, these are elements that could be further amplified in the narrative around the benefits of the SATSD in delivering culture change?

7.5. Citizen involvement

The SATSD is critically different to other versions of service design in that it requires citizen involvement. It is this element that many identified as critical for 'transformation.' Implementation science or improvement methodology were not seen as 'primary tools' for transformation because they are not aligned around the citizen, or because they focus on discrete parts of a system, rather than user journeys across organisations. (Rather implementation science¹⁰, the NASSS Framework¹¹ and improvement methodology¹² and are about widespread adoption, or refinement.)

¹⁰ The Momentum 'Shamrock model' for example, identifies 18 critical success factors to move telemedicine from pilot to scale: <https://s.iriss.org.uk/2Sj4K5L>

¹¹ NASSS stands for Non-adoption, Abandonment, and challenges to Scale up, Spread and Sustainability, with identification of seven domains of complexity that influence successful uptake (with this being used for Attend Anywhere and Clinical Decision Support initiatives at the time of writing) www.nationalelfservice.net/treatment/digital-health/nasss-framework-mindtech2019

¹² Healthcare Improvement Scotland have been applying a blended model using quality improvement and SATSD based on an approach developed by Tan Tock Seng Hospital, Singapore.

Interviews revealed, however, that citizen engagement (SAAtSD principle 3) is not always applied. Use of the generic term ‘user involvement’ has played a part in disguising this. In instances where a lack of citizen involvement has been revealed, Scottish Government has halted funded projects or programmes.

Without citizen involvement, interviewees argue that: the wrong assumptions will be made about citizens wants or needs (especially in long established services that seem to be running fine); we will reinforce the status quo or privileged perspectives of clinicians. Others make the point that not involving citizens, can lead to a focus on cutting costs to their detriment, citing large-scale replacement of sleepovers in residential /supported care with technology, as a possible example of this.

7.6. Widening the citizen pool, equalities and rights

The Health and Social Care Alliance has a vital role to play in bringing citizens to service design, which is why other delivery partners are keen to work with them.

We have a direct conduit to the public and ... a woven network and self-management network and we have the ability to go and get the public voice...We can go through our membership organisations to recruit people with certain conditions.

Many third sector organisations have considerable expertise in co-production, and working with and alongside citizens. They are eager to be more involved in discussions to support service transformation, and make connections.

Apart from social security panels where they (Scottish Government) have been able to access people through DWP, they are not really well versed on engaging with the public on this level. They tend to do engagement through consultations. It's not the same... How we can collaborate on public participation is being lost potentially through just having a discussion on service design in government.

Scotland's Chief Design Office also asks the big question as to how we can incentivise public engagement at scale, taking this beyond citizen involvement in surveys or consultations. This includes 'teaching people how to be the citizen on the design team' and solving 'guilty secrets' that have been around for a long time, 'like the fact that we still don't have ... a reliable way to get citizens to identify themselves to government or take and receive payments.'

We need to really focus on the bit we've not focused on yet...which is how to encourage citizens to want to do this and to make this rewarding for them and unlock the benefits of that for society...disruptive thinking for change... We could really rocket fuel this country if we could make that much more inclusively available to people... in effect hundreds of thousands of people every year participating in designing their services. If we do that properly and support them properly we turn the entire country into the biggest design school in the world overnight... That's societal transformation.

The need to recruit a more diverse group of citizens, and not just *more* is also identified. 'Diversity is a resource for better design as it opens up research to more citizens with a wider range of abilities. It reflects how people really are and what Scotland really is.' The third sector has already begun discussions on this:

Key questions are 'How do you involve people with disabilities or sensory impairments in service design? How do you involve excluded groups, people with different languages? What is best practice here?' ... things that aren't really being discussed... (or) discussed in pockets...

Interestingly, the make-up of the service design community was also questioned, with this regarded as 'too white and middle class.' Others challenge the SAAtSD, and sector more generally, to incorporate equality duties.

There is a lack of conversations about equality, and ensuring service change doesn't increase inequality. (What if) you can't afford tech? AI can discriminate, you might live somewhere with insufficient WiFi... you might be homeless.

The Care Inspectorate also identified that the National Health and Social Care Standards need to be applied, with choice and inclusion in decision-making a key principle.

Ethics and unintended consequences of using technology is an area Inspectors might come up against. Was there consent or choice offered? Has there been a complaint? ... As this grows ...there needs to be a platform or a forum that people can go to, to explore some of these issues.

Building on this, Scottish Care argues that we need an ethical human rights framework to be at the heart of health and social care, using the language of rights.

7.7. Innovation and role of industry

Innovation can be understood as the creation of new ideas, methods or products, for example, next generation technologies. It can also be understood as the application, or translation of something to deliver better solutions meeting new requirements (and sometimes unarticulated needs) that can be replicated or taken to scale. We have already used the term 'innovation pipeline' elsewhere in this report.

For DHI most of their work is in service innovation, 'only a small bit is about new widgets and gadgets.' It is a balancing act. Some interviewees expressed a preference for exploiting low-tech possibilities for maximum return; others highlighted the importance of staying up to date and keeping abreast of new technological innovations, as well as building closer links with industry and academia. '(If we don't) we're not harnessing these people ... that live and breathe this stuff.'

DHI highlights the importance of embracing industry expertise and changing attitudes to this in the public sector, which historically might have ‘looked at industry with a significant degree of suspicion’.

For too long the NHS in particular... felt it not only had to own the problem but it also had to build the solution itself. Hence the reason things were very expensive, took a huge time to implement and then usually failed spectacularly, particularly in the field of technology!

Interviewees welcomed DHI and the expertise it brings. DHI ‘has made a huge difference’, is able to test and trial new products and concepts with all stakeholders, ‘almost a living lab environment... a big step forward’ – and not reliant on bringing in research funding. ‘I think for us, that was what was missing in Scotland.’

DHI also provides business acumen, highlighting the importance of ‘providing a route to market,’ combining a business, technology and service innovation model.

You need all three legs of the stool... If you’ve got the best piece of technology in the world, if your service model is fundamentally flawed it’s not going to work. If you’ve invested all your time in transformational change and your technology is rubbish, particularly the clinicians will walk away from it very quickly, but even if you’ve got those two bits right, if it’s not affordable it will never get out of the part of Scotland that invested time and effort and commissioning in, and we’ve got examples of that scattered all over the country.

Some interviewees posed questions, about the extent to which we/citizens can choose, plan or lead digital service transformation, when industry and the consumer market response leads the way. The advent of digital banking and self service approaches are offered as examples of that: ‘that’s just done to us ...and everyone’s like, ‘Oh there’ll be an outrage’ but actually everyone just complied ...’

This also plays out in the different choices made by NES and SSSC with respect to the platforms they use. NES have developed Turas Learn, a unified digital platform for health and social care professionals, with secure sign on. In contrast, SSSC has a learning portal ‘built on Moodle, but we don’t use it as a learning management system, we use it as a flexible place where we can put stuff that lets people get easy access. (Similarly) our apps are on Google Play and the App Store...’ They argue that ‘this is more robust and resilient ‘in the same way the internet is resilient’ because it does not make people reliant on one source, it helps them learn to recognise what is good or bad, and does not lock anyone out.

7.8. Staff are people too – keeping a human focus

Whether it is a fourth leg of the stool or not, many interviewees stressed that ‘you need to take staff with you.’ People spoke about ‘making sure that it isn’t so painful that it’s too difficult to do,’ about ‘consensus and consent’ or making sure that people saw the benefits. This is about understanding human motivation, hopes, fears and reward systems.

It’s not just about making the life of the service user or patient better... .if you’ve got a digital solution which actually reduces death and improves the quality of life of citizens, that is not enough for a doctor in Scotland to adopt that solution. Now isn’t that really worrying? ... Now I no longer worry about that, I just accept that’s the reality.

Professional resistance to change, and ‘trusting’ others to do what ‘is mine’ is a case in point. Evidence alone is not enough.

Home monitoring for cardiac failure is proven to work and reduces mortality, hospital readmission and reliance on medication. It’s evidence-based. However, it’s not part of the conventional management of cardiac failure. (Why?) because of professional resistance.

Others believed that how the conversation is framed is critical for success; that it is not about ‘getting digital because you can’t get physical,’ that it is not about cutting costs or threatening jobs. It has to be about making

services better for people and staff, and ‘about what it adds rather than takes away’. This was understood to be more about creating capacity in the system, of effective redeployment of staff skills and time. However, DHI caution that ‘this freed up capacity must be used within three months ‘or it’s disappeared. It’s just gone because the system eats it up!’

That people need to be supported through change by a dedicated team was a point made by several, ‘because the difference between them using it and not using it (can be) tiny.’

I think it is a mistake to think that you can just throw a shiny product at a local service deliverer and think that they will catch it and it will somehow be beautifully integrated seamlessly into their existing operation. That isn’t how real life works...

The ‘right people’ also featured in the local conditions that make it work (or not), with strong local teams, leaders and senior management buy-in regarded as necessary, and the difference between it working or not. The importance of good project managers was stressed, ‘with some local areas struggling to find them.’

7.9. Keeping a human-centred focus – new metrics?

Several interviewees asked if we need new metrics to both assess and measure the benefit of digital services? Some argued that we need to go beyond counting appointments or beds, as these focus the conversation on money. One proposed using ‘health miles’ for Attend Anywhere– (it’s about) ‘the time patients have to put into these journeys that we just take completely for granted, which we shouldn’t, and staff, we would look at it in that way as well.’

For others, however, we need to go further, with the point made that the metrics matter because they shape the narrative, and keep us aligned to a person-centred vision and the difference made to people’s lives.

I think what we need to do is present a different narrative... (that) stretches out and broadens our understanding of what good looks

like...If we start from the point of view of this is about delivering care as close to home as possible ... and it's about quality of life and it's about independence ... and it's about best value for using the pound wisely ... then you start to look at different metrics, and I think what we might need to do is be more deliberate than we've been in the past in drawing lived experience to this.

This will be no easy task, however, which needs to be acknowledged. However, there are opportunities and conversations to be had around how work is aligned to the new National Health and Care Standards. Others challenge that a future Scotland should be doing this using the language of human rights.

7.10. Understanding locality, spread and scale

Some highlight the importance of devolving power and decision-making to local communities, that this is not about 'stratospheric national partnerships.'

We need to stop thinking that partnership is a national thing and we need to think about how we're actually creating these local collaborations which actually produce stuff that people use...

The Pathfinders programme (launched June 2019) is designed to support local digital service transformation. Funded by Scottish Government and supported by the Healthcare Improvement Scotland ihub, it aims to support local partnerships, targeting their own specific health and care needs, with support to use the SAtSD and work closely with local stakeholders and service users. It is helping spread these design principles and create the conditions for digital service transformation. Four pilot areas have been announced, funded to a combined total of £643,000 in the first year of a two-year period.

Some stress that this approach is not about scaling up (as in the nationally purchase of Attend Anywhere licenses), but spreading adoption, (culture change) and identifying common learning from different contexts.

I don't think we are into scaling up. I think we are into understanding what works and why and then transferring adoption to other local contexts. That's where some of that learning stuff is quite complex, because you can't simply pick something up in Glasgow and put it into Orkney and expect people to say, yippee we can do that. You've got to help them work out what it is that's relevant from the learning from Glasgow that can adopt in Orkney.

Opportunities to scale or not scale, are also perceived to be different in the NHS to those working elsewhere: 'the health service tends to think about scaling up, the NHS does (it) and it is all relevant in the NHS because you can scale up; you can't when you are talking about cross-sector, multi-agency working, in my view.' What is possible in the NHS can be illustrated by the pioneering work of NHS 24. It is best known for providing a national service: telephone triage, online quality assured information, advice and signposting to help people through pathways of treatment or to help themselves. However, they also have a programme with the ambition of developing all GP practice websites in Scotland. This aims to provide core clinical content that is quality assured and governed nationally, using the infrastructure of NHS 24, with GP practices able to add their own local information. 'So, that's just one example of the potential of national infrastructure, but to be delivered locally.'

Perhaps a key point is that some interviewees clearly expect the best pilots to be 'those that have got real potential to deliver at scale' 'Once for Scotland.' This identifies different expectations about what pilots are necessarily for – and the limitations of scale. The distinction between what can be scaled and what can be spread matters.

7.11. Planning and priority setting

7.11.1. The current challenge

Some interviewees posed questions about where, when and how decisions are made. So, how do you balance encouraging innovation and testing in

digital service design with a return on investment? What do you pilot? At what stage is the list narrowed, for consideration of roll out ‘Once for Scotland?’

How do you move from 1,000 good ideas or 100 pilots, to pick out those that have got real potential to deliver value at scale? ... the gaps in both service transformation and innovation are often about, we only get so far on the journey.

And, ‘when the reality is there is not enough funding to go round... what you are going to pay for and what are you going to get rid of?’ This can generate negative responses.

Once for Scotland, you know, scaling things up, all this language we use, is basically saying, “You’re doing that over here and you’re not and I want you to do it because I think what you’re doing is better.’ And then you’re like, “Oh hold on a minute. Who decided what I was doing wasn’t good enough”?

Some spoke about ‘the problem with pilots’ – difficulties in getting people into post once pilot funding had been secured and delays in set up. The sustainability of digital services post pilot-funding has proved problematic. Interviewees spoke about local providers being unable to continue or ‘make up’ the financial commitment required. For those digital services perceived as having potential for scale up regionally or nationally, questions were also asked about ‘when do you stop testing’ and where do you go for bigger funding decisions?

(So post pilot funding, local providers) might fund it for another year and then once you’re starting to look at serious scale up, it grows out with that small team’s budget so then you start have to have a bigger conversation with the next layer up about whether you’re going to fund it and you might get lucky, ... ‘we can fund it regionally’ ... but then there’s (the) very few that will make it up to national scale up; they have to come out of their own governance structure.

7.11.2. Governance, deliberative pathways and frameworks

Interviewees spoke about the need for both a recognised place where national decisions are reached on what digital services (commissioned through different routes) could be considered for scale; also the need for agreed processes, pathways and frameworks.

Exactly which stakeholders could provide a mandate for decision-making is a consideration, with sensitivity to issues of power reflected in the quotation below. The role of the third and independent sectors might be a further consideration in this.

If we can construct the governance in a way where local government feel absolutely equal partners with health, all too often health is the big greedy machine that seems to dominate which is so, so inappropriate but if we can construct governance that feels more of an equal partnership between those two statutory players, then I think that's a good approach for this.

People also asked questions about when decisions to scale might be considered? A small number of interviewees, suggested that questions need to be asked at a much earlier stage of planning to inform priorities. Is this about 'turning the whole planning process on its head?' – investing more time and resource up-front to ask a) what is most needed nationally and b) what might work nationally?

It was suggested that workforce planning data could support this early prioritisation. This could help identify where there are over-stretched services or workforce shortfalls so that digital service redesign efforts could be targeted there. A cautionary note was added, however, that we need to be careful that this is not seen as decision-making about financial cuts (as can happen). Rather this has to be understood and expressed as being about reducing pressure on over-stretched services, ensuring staff are using their skills to full advantage, or addressing workforce shortfalls. There are inspiring examples of this, with stories to be told.

What workforce data might be used to inform priority areas were suggested, for example, the primary care improvement plans by joint integration boards. There are further questions to be asked, however, around which data sets to use and how best to exploit workforce data. The COSLA / Scottish Government (2017) *National health and social care workforce plan: part two* (December 2017) sets out the complexities involved in workforce planning, particularly for the social services with its mixed economy of provision, local variation and influence of market mechanisms. However, it also identifies opportunities and recommends more integrated workforce data, analysis at national and local market level, guidance and planning tools. The COSLA / Scottish Government (2019) *Health and social care: integrated workforce plan*, reports on subsequent developments, and its commitment to the Turas Data Intelligence Platform, bringing together workforce data in one place, combining the efforts of NES, the SSSC and Care Inspectorate.

But is it just workforce data we need to consider? In social care there is means testing and rationing of services; it is not necessarily free at source like health. Particular challenges related to this are articulated below:

... one of our growing concerns is that with the increase in eligibility criteria at local authority level ... we are massively mapping our future on a level of need ... not calculating those whose (needs) are not at present, being met ... So more and more individuals are choosing to pay for their own care and care of their families ... (Some of these will have no engagement with the statutory system, so are not counted in the data).

This also highlights that unpaid carers are not captured in workforce data and cannot tell us about pressures on them, now or going forward; it is important to be mindful of this given Scotland's ambitions to shift the balance of care.

Last, but not least, some called for more robust, consistent and comprehensive evaluation of digital services, to help assess what should be scaled. Some highlighted that 'the big gap really in evidence base is probably

some of the economic side of things, the return investments.' While important, the earlier point that decisions should not be based around what is 'cheaper' is reiterated.

8. Conclusion: Priorities and principles

We were asked to:

- Map high level work programmes of national delivery partners and other key stakeholders related to digital service transformation
- Contribute insight and learning about current cross-sector practice in supporting digital service transformation in Scotland
- Identify a Target Operating Model – or next steps en route – designed with and for delivery partners and that stakeholders can support

8.1. Priorities

Both the mapping exercise and qualitative research identified priority areas for further work, namely the need to:

1. Define shared and common understandings of (digital) service transformation, scale and spread (and relationship to ‘Once for Scotland’)
2. Build a shared narrative to frame ‘what’ can be scaled or spread, considering contributions that are currently missing or too quiet
3. Develop a shared theory of change together –highlighting how activities of partners contribute to the bigger picture
4. Continually increase partners awareness / understanding of different cultures across the ecosystem of provision – unpacking the implications of this going forward
5. Develop and tell stories to a) ground the narrative, b) inspire and champion digital service transformation

6. Appreciate and build on ‘key ingredients’ identified as underpinning digital service design – opening up conversations on the challenges/opportunities identified
7. Agree mechanisms going forward to support collaboration across provision, helping partners achieve the above
8. Agree governance – deliberative pathways and frameworks to underpin planning and evaluation

8.2. Target operating model?

A Target operating model (TOM) can be understood as a ‘to be’ model. It is a description of the desired state of an [operating model](#), different from the current one. It provides something visibly different, but which might set out a process of change over a number of years, or in the short, medium and long term. It is generally used for businesses or organisations. Public Health Scotland has created one.

Through the course of this work, it became evident that it is not appropriate to develop a TOM. The programme is delivered collaboratively and in partnership. Its partners are also diverse and varied, with different autonomies, accountabilities and cultures. Focus also needs to be about building shared understandings and narratives, our collective contributions to change, and learning and leading together.

For this reason, a set of principles to underpin a collective and collaborative approach is offered. As a priority, we also recommend that current partners work together to create a shared theory of change, which we believe will help create a shared and common narrative, to address some of the issues identified in the report.

8.3. Principles

Ultimately, those involved in the ‘digital service transformation’ programme need to be, first and foremost: a) champions of transforming services for (the benefit of) people; b) champions of digital. Ultimately, digital has to be

understood as in service of the former (digitally-enabled, or -supported were terms proffered.) The following principles aim to reflect that.

We also appreciate that partners are operating within a wider ecosystem – health, social care and beyond – and that different people will have varying levels of influence within it. As such, we consider whether these principles need to be understood as applying to partners as agents, champions and agitators for change within the wider system?

1. We commit to being person-centred and human-focused

- We champion the transformation of services *for* people, championing digital in service of this
- We champion citizen engagement and in its diversity
- We understand that staff are people too, and will work to appreciate and harness their motivations
- We will present human-centred narratives to inspire others and drive change – considering what this means for the stories we tell and the metrics we use
- We recognise the challenges of this and the commitment we ask, knowing we will sometimes fall short

2. We commit to working together as long-term partners

- We believe in collaborative and inclusive leadership
- We seek to clarify and appreciate everyone's contributions as part of a wider theory of change

3. We commit to collaborative learning

- We are generous – celebrating our successes and sharing our learning to inspire and help ourselves and others
- We actively seek out others able to offer new learning, and diverse and challenging perspectives

- We are curious and brave, unafraid to identify and advance that we are yet 'to solve' or do not know

4. We are intelligence, data and evidence informed

- We use this to plan more effectively
- We use this to help make decisions
- We challenge and develop our understandings of what good evidence looks like, and how this involves citizens

5. We remain visionary and future-focused

- We remain innovative, balancing next-generation with now-generation development and delivery
- We seek to balance short-, medium- and longer-term goals, knowing the challenge of this
- We seek to identify 'next' and 'possible' futures, challenging our own and others' assumptions

8.4. Next steps

We recommend that the findings of this report are presented to partners who generously agreed to be interviewed. This should allow opportunity for partners to: reflect on the findings; and consider present, next and future priorities.

Appendix

Appendix 1: Organisations involved in interviews

- Care Inspectorate
- Coalition of Care and support Providers in Scotland (CCPS)
- Digital Health and Care Institute (DHI)
- Digital Office for Scottish Local Government
- East Renfrewshire Health and Social Care Partnership
- Health and Social Care Alliance Scotland (the ALLIANCE)
- Healthcare Improvement Scotland ihub
- Improvement service
- Moray Health and Social Care Partnership
- NES National Digital Service
- NHS 24
- NHS Ayrshire and Arran
- NHS Education Scotland (NES)
- NHS National Services Scotland (NSS)
- Public Health Scotland
- Scottish Care
- Scottish Council for Voluntary Organisations (SCVO)
- Scottish Federation of Housing Associations (SFHA)
- Scottish Government
- Scottish Social Services Council (SSSC)

Appendix 2: Examples and opportunities for case studies and stories

Category	Examples	Characteristics of activity
<p>Digital services – or services with digital</p>	<p>Current priorities for scale up are identified in the Supporting Service Transformation Delivery Plan 2019/20, for delivery by 2021:</p> <ul style="list-style-type: none"> ● cCBT and digitally enabled hypertension services will have moved into a sustainable business as usual services ● Digitally enabled pathways for diabetes and other long term conditions will be developed ● Citizens will be able to routinely access appointments remotely, with Attend Anywhere embedded as a business as usual tool ● An integrated service delivery model for remote monitoring and response for health and care needs will have been developed (as part of a falls response pathway) ● The switch over from analogue to digital telecare will be achieved – accompanied by a national replacement and support programme, building in a review of call handling and call monitoring technologies and ways to embrace smart sensor tech and consumer devices. <p>&</p> <p>NHS 24 is a clear forerunner of the ‘Once for Scotland’ approach – providing telephone triage and online quality assured information, guidance, advice and signposting for Scotland, supporting people through pathways of treatment and helping people to help themselves. On the horizon are plans for NHS 24 to replicate what they do for GP clinics, supporting triage and care navigation when someone calls for an appointment, to direct people to the right support at the right time and significantly reduce pressure on GPs. They also have a programme with the ambition of developing all GP practice websites, providing core clinical content that is quality assured and governed nationally, using the infrastructure of NHS 24 to deliver this, with GP practices able to add their own local information.</p>	<p>Deliberative, with choices made at a particular point in time about what digital services or technologies to multiply up or scale up ‘Once for Scotland.’</p> <p>and /or spread of SATSD underpinning digital service transformation at a local level, rolling out culture change</p> <p>Most commonly associated with patient /service-user or citizen-facing digital services – but could also, for example, apply to digital workforce learning services.</p>

<p>Digital infrastructure</p>	<ul style="list-style-type: none"> ● National Digital Platform (a work in progress) ● Microsoft Office 365 roll and move to cloud based systems ● National Improvement Service for Local Government's My Account, The Data Hub or Spatial Hub – to link reliable data about people and place – supporting transactions like paying bills or claiming benefits, and informing local planning decisions. ● National licenses for Attend Anywhere ● Making use of free and open systems that are available for anyone to use, eg. sharing learning materials on YouTube or Vimeo. 	<p>It can be conceptualised as the train tracks or common operating systems that other things run or rely on.</p> <p>That it has yet to be realised is commonly regarded as 'holding back' digital service transformation,' specifically the National Digital Platform.</p>
<p>Use of common approaches and frameworks</p>	<ul style="list-style-type: none"> ● Scotland's Digital Health and Care Strategy (2018) ● The Scottish Approach to Service design and Quality Improvement frameworks ● Deliberative frameworks – eg to assess technologies in healthcare through the Scottish Health Technologies Group (HIS) ● Agreed measures for success, whether this is reporting on 'waiting times' or Scotland's national performance framework or Health and Social Care Standards for Scotland or using the language of Human Rights. (These, of course, reveal commonality and difference). 	<p>Roll out of strategic vision, with frameworks and supporting approaches, principles and metrics aligned to its person-centred vision.</p>
<p>Digital learning infrastructure</p>	<ul style="list-style-type: none"> ● Learning resources provided via digital platforms and mobile technologies ● Digital learning platforms such as Turas Learn ● Open source, free and available to all, forming part of a resilient eco-system approach where information is not in one place and people are not dependent on one source ● National qualifications embedding knowledge of 'digital', from basic to advanced, for the next generation of workers ● SSSC Open Badges, which are digital certificates that recognise continuous or lifelong learning -with further potential for roll out ● NES mobile apps for personal development planning and management appraisals-with further potential for roll out 	<p>Embedding digital skills and culture change, including self-directed learning, leadership and reflective and critical thinking – which should also underpin power and relational dynamics with patients/service users/citizens/colleagues.</p>

Collaborative learning and leadership

- Champions networks – for different workstreams or for different parts of the health and social care sector – to raise awareness around digital and how it can transform services; create champions able to influence and cascade change
- Scottish Government coordination of knowledge exchange/learning across workstreams to inform future strategies and plans – eg through TEC workstream leads or Access Collaborative’s Connections events.
- International Engagement events, led by International Team, NHS Special Services Scotland
- Sectoral events, for example:
 - Let’s Get Digital event (SCVO event for members)
 - Discover Digital Event (by ALLIANCE for citizens)
 - Sector conferences – such as those organised by Scottish Care around digital
- Workforce surveys or other assessment methods – to understand and build on baseline knowledge, skills and confidence around digital, sectoral priorities; also readiness for digital transformation

Learning together, building new knowledge, shared and common understandings, generating momentum for Scotland

Ideally, inclusive of anyone who can help; an eco-system type approach

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