

Professional communities and networking for Health & Social Care informatics specialists: Consultation report



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Developing communities for Health & Social Care informatics professionals

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Introduction

In 2020, Health Education England (HEE) commissioned a discovery project to understand the needs of health and social care informatics professionals and their participation and involvement in networks, to improve professional and service development in the future. Through this work five recommendations were developed.

The 5 recommendations were:

1. **Establish a national informatics networks support function:** Creating a national informatics networks support function would aim to support both existing and future networks and communities, by clearly outlining a pathway to resources that could be accessed by individuals to support them to create effective and lasting networks and communities.
2. **Identify and promote existing networks and communities:** we recommend that a directory is created by collating information about the informatics networks and communities currently available, grouping them, and establishing a prospective audience.
3. **Use networks to support our workforce:** The discovery project highlighted there may be certain gaps within our networks and communities, which if addressed could potentially benefit specific groups of individuals within our workforce.
4. **Build stronger relationships:** The discovery project indicated there were opportunities to support networks to collaborate between themselves to better share this knowledge, expertise, as well as resources. We also heard about a desire, particularly from those within informatics leadership positions, to better utilise the knowledge held in networks and communities to influence and support policy making decisions
5. **Develop learning and training opportunities:** Using networks and communities to support individual's professional developments through learning and training were identified as particular areas of value, and potentially in higher demand than is currently available

The [full detailed list of recommendations and actions](#) are available on the HEE website.

During the discovery project HEE engaged with 187 staff members from a variety of roles and backgrounds, however there were some gaps in this engagement from people early on in their careers and within certain sectors of the NHS and Social Care.

In view of this, HEE decided to further test the recommendations with those that had not had an opportunity to input in the discovery project. This was carried out in February and March 2021.

Engaging the workforce

Due to the challenge of the NHS and social care response to the Coronavirus Pandemic, and the consequential limitations on broadcast communications, the project decided to run four workshops, aimed at specific audiences/organisations within the NHS and social care. The team worked with partners at the Social Care Institute of Excellence (SCIE), Local Government Association (LGA) and Care England, and promoted the workshops through their social media channels.

Targeted communications were shared through direct emails with communication and engagement colleagues working in Integrated Care Systems (ICS) in the South of England.

The workshops were also promoted in each of the regional NHS England areas, as well as through HEE's social media accounts.

Each workshop consisted of a scene setting presentation followed by breakout sessions to discuss each of the recommendations.

110 staff across England and Wales registered to participate in the workshops, with 61 attending. Individuals that were not able to join on the day were sent a link to the original discovery project research and invited to share their views in a short survey. Unfortunately, we haven't received any further feedback through this route. This perhaps reflects our initial concerns about staff priorities and time pressures as a result of the pandemic response.

Each of the workshops had a range of staff from different parts of the NHS and Social care family, generating good discussion. We had staff representing:

- Social Care
- Local Government
- the Ambulance services
- Clinical Commissioning Groups (CCGs)
- Acute Providers
- NHS England and Improvement
- Commissioning Support Unit (CSU).

We also had staff from a range of roles, including early career professionals. (Appendix 2 shows a breakdown of attendees).

Key themes and our response

Overall, the recommendations were well received, and participants agreed with them. The key discussion points for each recommendation and our response are shown below. A detailed analysis of the feedback in response to each recommendation can be found in Appendix 1. Our response sets out the actions required to address the recommendations and takes into account additional points raised during the consultation and from other work related to the Digital Readiness Programme.

Recommendation 1: Establish a national informatics networks support function. This was generally welcomed however careful consideration was needed as to where it would sit i.e., to not be a centralised function or a 'top down' approach.

- Participants noted that there are a range of tools and platforms already in use and it would be worth exploring whether any of these could support a national support function and then further to support individual networks.

There was concern that the national support function would need to be independent and resilient. Respondents felt that the support function should sit in a stable secure environment to ensure longevity and organisational memory. Alignment with the Federation for Informatics Professionals (FEDIP) and the relevant professional bodies would be valuable and further exploration of this would be beneficial

Our response:

We will take forward this recommendation by establishing a project to research:

- Existing potential hosts and platforms, keeping in mind the points raised in the consultation regarding independence, resilience, and sustainability. Both the initial research and the consultation provided lists of existing networks and suggestions for networks / organisations that might host and provide this service. The scope of the service will need to be considered, for example, should it cover all organisations and informatics professionals across an ICS (Integrated Care System)?

A specification will be drawn up for the service required and potential hosts evaluated against this. This may result in a commission to provide the service, if it cannot be provided through the organisation's existing functions, and if more than one organisation could provide the function, it is likely that a tender process would be required.

- The content and support that would be most helpful to both new and existing networks. This could include, for example, good practice guides, templates, and mentoring support. The project will also investigate whether the central function should hold funding and provide an opportunity for networks to bid for funds to support them.

It was noted during the consultation that communications promoting the central function or other services provided centrally are often not heard in all areas (see recommendation 5), so it is proposed that regional Informatics Skills Development Networks (ISDNs) could be used to provide a regional communications route, with the central support function feeding into them to support regional networks.

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Recommendation 2: Identify and promote existing networks and communities.

It was recognised that for many there is no clear 'go to' place to find what network opportunities are currently available. The idea of a directory was generally welcomed; however, concerns were raised about creating something which is solely focused on health & social care. The move towards ICS (Integrated Care Systems) models provides an ideal route for creating something which appeals to informatics/digital practitioners across the wider landscape (local authorities, education, housing etc.).

Our response:

We will address this recommendation through the project set out in response to 1., as above. A directory of networks is likely to be an important service for informatics professionals, but there will be work needed to compile and maintain it. It is likely that this service would be provided as part of the central support function and the project above will also consider:

- The scope of the directory and its contents
- The most suitable platform for hosting the directory
- How it will be produced and maintained. (There was a suggestion from the consultation that a 'wiki' approach could be taken, with networks adding their own details.)
- How the directory will be branded and advertised, in order to reach and feel relevant to, everyone it is being provided to support.

Recommendation 3: Use networks to support our workforce.

Participants were generally supportive of providing all groups across the workforce opportunities of participating in networks, however, careful consideration is needed to explore how this can cover all sectors (primary care, mental health etc.).

Our response:

We will undertake further work, under the project in 1., to identify areas of the workforce that do not have access to an appropriate network and consider how these gaps can be best addressed. This will focus on the workforce groups already identified through the survey and consultation, and groups identified through other means, including those that have already approached the DRP as requiring support.

For the groups where there is no or little provision, we will consider the following:

- It may be possible to work with existing networks to enable them to provide additional coverage or communicate better with audiences that could join and benefit from their network. This support could be directly from the Digital Readiness Programme team, including support for communications and network management.
- Recently formed networks or those struggling to maintain themselves, which could cover identified gaps in provision, could be pump-prime funded to provide resources to maintain and grow the network. The provision of the central support function would also help these networks.

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- New networks could be established where there is no other reasonable way of providing networking opportunities for a particular workforce group.

We propose to set aside funding to establish new networks and support newly formed networks. Networks wishing to bid for funding will be required to submit a proposal describing the audience it covers, demonstrate it cannot be covered by existing networks, what the network will provide, how it will regularly evaluate the service provided and how it will reach long-term sustainability.

Recommendation 4: Building stronger relationships

Respondents were generally supportive of establishing a stronger two-way dialogue between networks and 'the centre'. Establishing channels for our 'experts' in the system was welcomed as it was thought that this would help to shape insight at the earliest opportunities and would avoid creating things not relevant/fit for purpose.

Our response:

We will support networks to collaborate through the central support function. The directory of networks it will maintain will allow networks to identify and contact similar networks. It is also likely to offer a service to connect newer networks to those more established, to provide guidance and potentially mentoring for network managers. We will create a specification to commission a service that will provide two-way communications between digital, data and technology experts and central and commissioning bodies.

This specification may also include other services such as the creation of a directory of experts, who can be called upon to provide advice and a 'sounding-board' for new initiatives, and methods for rapid communications in emergency situations, such as the Covid pandemic.

We will work with NHSX, NHS E/I and NHS Digital to ensure that this commission covers the requirements of all national bodies who may use the service.

Recommendation 5: Develop learning and training opportunities

There was general support for developing regional infrastructure – particularly building on the new Informatics Skills Development Networks (ISDNs) as an existing infrastructure that could be used rather than creating something fresh. However, it would also be important to understand the local workforce needs at an ICS level rather than regional. People felt that reflecting the geography of an ICS was more appropriate than the size of a region.

Our response:

We will continue work on our programme to create ISDNs in each region of the country, including provision of support to align regional stakeholders and pump-priming funding for new ISDNs.

Each ISDN will cover several emerging ICS footprints and ICSs will be invited to join the ISDNs. As was noted in the consultation, some professional bodies already have a 'hub and spoke' model at a regional level, and professional bodies, through the Federation for Informatics Professionals (FEDIP) are being fully engaged with the new regional ISDNs.

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The regional Academic Health Science Networks (AHSNs) are also being invited to work with the ISDNs.

We aim to have launched ISDNs in each region of the country by end 21/22. Following that, we will continue to support, including funding, each new region for up to two years. The regions will gradually introduce an organisational levy, which will provide longer term sustainability.

We will launch a national ISDN co-ordinating committee in Summer 2021. This will consist of representatives from each regional ISDN to enable mutual support, sharing of learning and consistency between regions.

Further opportunities and conclusions

The workshops have identified some additional opportunities and considerations that build upon the five initial recommendations. These will be explored further as part of the 2021/22 HEE Digital Readiness Programme.

The main considerations and opportunities identified were:

1. Widening opportunities

With the formation of ICS', people felt that to harness the full benefits of networks, the networks need to be developed across a range of professions and organisations to ensure that best practice, learning, and opportunities are shared. ICS structures will include health, social care, housing, and voluntary and community/charity sector.

2. Geography of networks

Some participants felt that networks should be aligned to the geography of the developing ICS footprints rather than creating structures at a regional level. Some professional bodies already have a 'hub and spoke' model at a regional level which could be adopted.

3. Identify gaps

Whilst the initial research project identified over 70 networks, it was felt that further work should be undertaken to address any gaps in those networks to see if there is additional development work required to support the workforce.

4. Workforce development

It was recommended that further work could be undertaken to look at the role of networking in workforce development. Partnering with NHSX and NHS Digital to look at the workforce needs would be beneficial and starting conversations with the Academic Health Science Networks would help to develop thinking further.

5. Communications and Engagement Strategy

Throughout all five recommendations, it was clear that there needs to be improved and strengthened communications around proposals such as these and their outcomes with staff. A clear plan is needed to ensure that staff are regularly informed about networking and the opportunities it offers. In addition to this, it was also felt that HEE should engage closely with existing networks to understand what works, what doesn't work and how they would like to develop the recommendations.

In addition to feedback specific to each of the recommendations, a strong theme that ran throughout all the discussions were around the communications and promotion of this work and each of the recommendations. It was widely acknowledged throughout all the workshops that networking opportunities are not always known to staff, and so any structures or processes that are developed will need to be supported by strong communications. These communications will also need to encourage culture change across the health and social care landscape to validate networking to enhance learning and professional development.

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Our response:

We will promote both the existing and new networks throughout the Digital Readiness Programme communications and initiatives. The creation of a central support function (as 1. above) will provide a discovery and signposting service, allowing individuals to search for and join available networks. The regional ISDNs and ISDN National Co-ordinating Committee will also be a key route for disseminating communications, and for regions to communicate with us.

Ongoing and aligned consultations

The Digital Readiness Programme is currently undertaking two related consultations. The first of these is around the **professional landscape for informatics professionals**, including the role and support provided by professional bodies and the role of the Federation for Informatics Professionals (FEDIP). This consultation will be completed by mid-July and any outcomes on the role of professional bodies will need to be considered, for example, professional bodies are currently key providers of professional networks and learning opportunities and if this does not continue gaps will be created that might need to be addressed in other ways.

The second is a **Future Digital Workforce consultation**, which is seeking responses on the workforce supply factors, particularly in three areas:

- Education and training pipelines for future staff entering the workforce
- Recruitment and retention of existing staff
- Professional development (reskilling and upskilling) of staff

Recommendations from this work will also feed into the ongoing Communities and Networks work plan. From the Connected Communities consultation is clear that communities and networks are seen as providing a large amount of support for training and professional development of both new and existing staff. This Connected Communities work plan, will therefore, be developed to also support the needs of the Future Workforce supply factors work.

Appendix 1: Detailed analysis of feedback

Recommendation 1: Establish a national informatics networks support function.

Overall participants welcomed this recommendation, noting specifically that a central function would help staff to navigate the range of networks and professional bodies available to them. It would also help to establish 'what good looks like' within networks, shine a light on best practice and to support with some of the administration burdens on networks. A central support function could help with creating templates and structures for networks, as well as ensuring that there is a central place that could be used to host materials. Providing guidance and support and ensuring that all areas of the health and social care sector (including, for example, Primary Care) are represented. The support function should encourage Networks to be culturally diverse and provide a safe space to participate in.

Suggestions around tools and opportunities that it might deliver included:

- Repository of information – crib sheets/guidance sheets
- Templates
- Framework/model for setting up networks
- Toolkit for how to engage with people
- Establish the promotion and wider communication channels for networks

It was recognised that this might be particularly beneficial to social care where organisations and teams are significantly smaller and knowledge of networking opportunities more limited. Social care has specific challenges around funding, and this has caused some networks to be unsupported and fold.

Participants made a range of suggestions about where the national support function might sit, including:

- Federation for Informatics Professionals (FEDIP)
- A collaboration between Health Education England and FEDIP
- Chartered Institute of technology (CIT)
- Digital Health Network
- A collaboration with NHSX and Health Education England

It was acknowledged that some of these organisations already have a regional 'branch/spoke' models for their own services, and therefore could easily be aligned with the new ICS model in health and social care. It also meant that the local focus would not be lost or feel top heavy. However, there is a balance to be had around the emerging ICS footprints and the development of a support function at this level perhaps being too premature, versus the recognition that the Coronavirus pandemic has forced organisations to collaborate more in ways that they hadn't previously and wanting to capitalise on that before momentum is lost.

A wider discussion was had around the role of professional bodies more generally, and it was noted that, for some people, the benefits of membership were outweighed by the cost of membership. This might need to be a consideration in the development of a support function, as it would be prohibitive if it was only available to those individuals that are members of a professional body.

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Understanding the remit of the support function and identifying the professional cohort(s) and shared language of the industry was also important. These nuances would need to be addressed and defined to ensure that the support function had a clear mandate.

It was evident that for such a function to be effective, it would be worth establishing what existing networks would want by way of support. Participants felt it was important not to reinvent wheel and to perhaps to consider embedding the function into an existing model, as described above.

There were concerns that this type of function has been established in the past, and due to organisational change has been lost — an example given of this happening is the Association for Informatics Professionals in Health and Social Care (ASSIST). It was felt important that any structure established still encouraged the organic nature of networks and didn't disrupt the networks currently in place.

The value of supporting networks was emphasised in all three workshops as enhancing knowledge sharing and resources, which in turn benefits the NHS and social care. There would be value to HEE sponsoring a support function. It was emphasised that people “don't know what they don't know”; any support function would need to have a strong communications and engagement role in order to promote it to the workforce.

Recommendation 2: Identify and promote existing networks and communities.

This theme overlapped with Recommendation 1, but overall participants welcomed the concept of a directory of networks and noted that currently there is no one place to find this information. It was recognised that people are still often working in siloes within their organisations and teams, and a Directory of Networks might help to break down some of those barriers. Local government and social care colleagues particularly welcomed this recommendation to navigate cross-organisational working and communities.

There was discussion around how a directory would be promoted and the need for regular communications. A further suggestion was that Human Resources/Organisational Development Teams within organisations could embed this information into appraisal processes and personal development plans.

Some individuals highlighted that they felt isolated within their roles, and that being able to join networks and know what networks and communities of practice are available would be beneficial to their careers.

There was some recognition that there are organisations already out there that appear to be developing networks and collating information on networks. It was suggested that further work should be undertaken to explore what already exists. Some of the networks that people mentioned were:

- Chime Communications – a global challenger network
- Chartered Institute of Technology (CIT)
- Digital Social Care
- Society for innovation, technology and modernisation (Socitm)

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Some challenges were flagged that would need to be considered when developing a directory, most notably around the accessibility of the directory including:

- Where it is hosted – limitations on some sites around the need for NHS email addresses
- Terminology/definition of the Informatics professional landscape
- Breadth of networks and inclusivity of the voluntary sector
- Good practice guides for data sharing/confidentiality
- Who will keep it updated? Networks updating their own information vs centrally maintained.

It was generally agreed that a directory would need to be openly accessible, and that there are currently limitations to what type of platform might support a tool like this.

Suggestions included:

- Janet Network - Jisc Mail
- FutureNHS Platform (which requires an NHS email to register).

A large-scale communications campaign would be needed to raise awareness of the Directory and to ensure that it was continuously promoted across organisations. The value and benefits of networking 'What's in it for me' would need to be promoted to ensure that the directory became an embedded tool, and knowledge of it didn't get lost in organisational churn.

Overall, people recognised that due to the Coronavirus pandemic, staff and organisations have started to work in a more collaborative way, so it would be opportunistic to build on this momentum to support and develop networks and a directory. People also felt that this might make staff more likely to give time to, and associate value with networking, which is currently a common barrier.

Recommendation 3: Use networks to support our workforce.

There was a lot of discussion around the timeliness of this recommendation, considering the recent government white paper, and development of ICS'. Integrating health, social care and primary care is high on the agenda currently and it was noted that bringing professionals together through networks may break down some of those organisational barriers to integration.

However, it was acknowledged that networking should be recognised and valued within the profession and embedded within the appraisal process and personal development plans. Staff should be given opportunities and time to network. Networking should be accessible to all staff at all levels, and not just for more senior staff.

There will be challenges to embedding networking within social care, due to the number of smaller organisations that provide services. It was suggested that scoping out the role of networks and culture of networking should be done in partnership with social care professional bodies; an example given was Association of Directors of Adult Social Services in England (ADASS). It was also raised that social care are both commissioners and providers of services, and therefore the language of networking needs to be more universal. Joining up organisations could broaden the role of networks to link professionals across the informatics space together.

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It was strongly emphasised that one barrier to engaging the social care workforce is that communications are too often badged as 'NHS' which colleagues in social care may not recognise as being for them. Consideration needs to be taken around how networks can be inclusive, not just organisationally but also to the demographics of the workforce. There needs to be active encouragement of staff to join networks, highlighting the:

- Rewards and benefits of networking
- Benefits of multicultural approaches
- Opportunities to facilitate change
- Equality and diversity across the professions
- Provision of agreed time to network

Developing networks or promoting more specialist networks may be a way to ensure greater sign-up to the concept, as they would support the changing roles and remit of the health and social care informatics space.

Overall, it was agreed that supporting the workforce is important, however, this needs to be tailored and explored further. There were a range of specialisms noted in these discussions that participants felt would benefit from networking, and that further exploratory work might be needed to identify whether these are genuine gaps or not.

Suggestions included:

- Occupational Therapy
- Nursing – nursing assistants
- Community based staff

A 'health warning' to this was that Health Education England should not reinvent the wheel and should instead establish a clear understanding of what is already available and build upon it. Fundamentally, whatever mechanisms exist or are developed, increased communications will be required to make people aware of them.

Recommendation 4: Build stronger relationships

There was wide discussion about how policy makers currently make decisions and whether they engage with staff to do this. Participants agreed that policy makers should be making decisions in collaboration with staff and that networks could be the route to this. Partnership working was a clear way forward in breaking down some of the barriers to integration between health and social care.

Investment in two-way dialogues between staff and policy makers was beneficial and identifying the Informatics champions in health and social care would open doors to this dialogue. The Coronavirus pandemic has exposed the need for greater collaboration across health and social care, so bringing government advisors and policy makers into discussions with the communities they serve could be beneficial to ensure that change happens consistently and with longevity.

Increased collaboration and networking are perceived as integral to the development of the new ICS structures, especially around workforce planning. For example, the Yorkshire and Humber ISDN has developed a regional workforce planning model because of their network.

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However, it was also recognised that networking at this level is often perceived as being for more senior colleagues and that hierarchy within health and social care can often be one of the biggest barriers for staff to join and participate in networks. There is a desire from junior staff to be more involved, but those opportunities are not necessarily visible or available to them.

There were discussions about the benefits of joining networks, and how this could lead to improved data sharing, less duplication, increased opportunities to work together, sharing best practice and creating channels for data sharing.

For all the benefits of building stronger relationships with senior leaders, there also came the caveat that channels need to be created in such a way that they are deliberately disruptive, challenging the status quo but don't end up being echo chambers for those that shout the loudest. You can often see the impact of this in interactions on social media channels such as Twitter. It's a complex area and no one-size-fits-all approach will work. Senior leaders and policy makers need to find a variety of channels to engage with staff and make these opportunities accessible to all staff, not just a limited cohort.

In one group there was discussion about the role the public play in forming policy around the digital landscape and whether this recommendation should consider a fully open and transparent approach to engaging with leaders, whether you are within health and social care or a member of the wider public.

There was also recognition that some senior leaders would need to be bought into the concept of engagement and collaboration, as not everyone sees this as part of their role. Embedding culture change in the NHS and social care would be paramount to delivering this recommendation.

Unfortunately, it was re-emphasised again that staff are unaware of what networking opportunities exist, and people don't know what they don't know. Again, participants felt that there needed to be stronger communications about networks, and the opportunities and value that they offer.

Recommendation 5: Develop learning and training opportunities

Overall participants welcomed the recommendation that ISDNs should be used to deliver these opportunities, potentially at a regional level. There was widespread recognition that if these structures already exist and work, then they should be built upon.

It was felt that further clarification was needed around the training opportunities and what that might look like, and how it would satisfy the breadth of the NHS and social care landscape. Participants queried whether this was about formal training and development or the softer learning skills of shadowing, networking and sharing best practice.

There was strong agreement for having ISDNs support learning and development in social care.

It was felt that there was a role for HR Directors in supporting this recommendation to embed structures within their organisations around the appraisal and personal development process, ensuring that networking was recognised and part of that process. It was also suggested that ISDNs could work closely with HEE around the development of apprenticeships, role descriptions, transferable skillsets and providing a voice for the wider workforce.

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In addition to this, one group discussed how ISDNs might align themselves to the requirements for Agenda for Change. Specifically, this hinged around how training can often be linked to job bandings and line management responsibilities, proving harder for junior professionals to therefore benefit from opportunities. It was also recognised that ISDNs could help with the challenges around formal training where, during times of austerity, training budgets are often reduced.

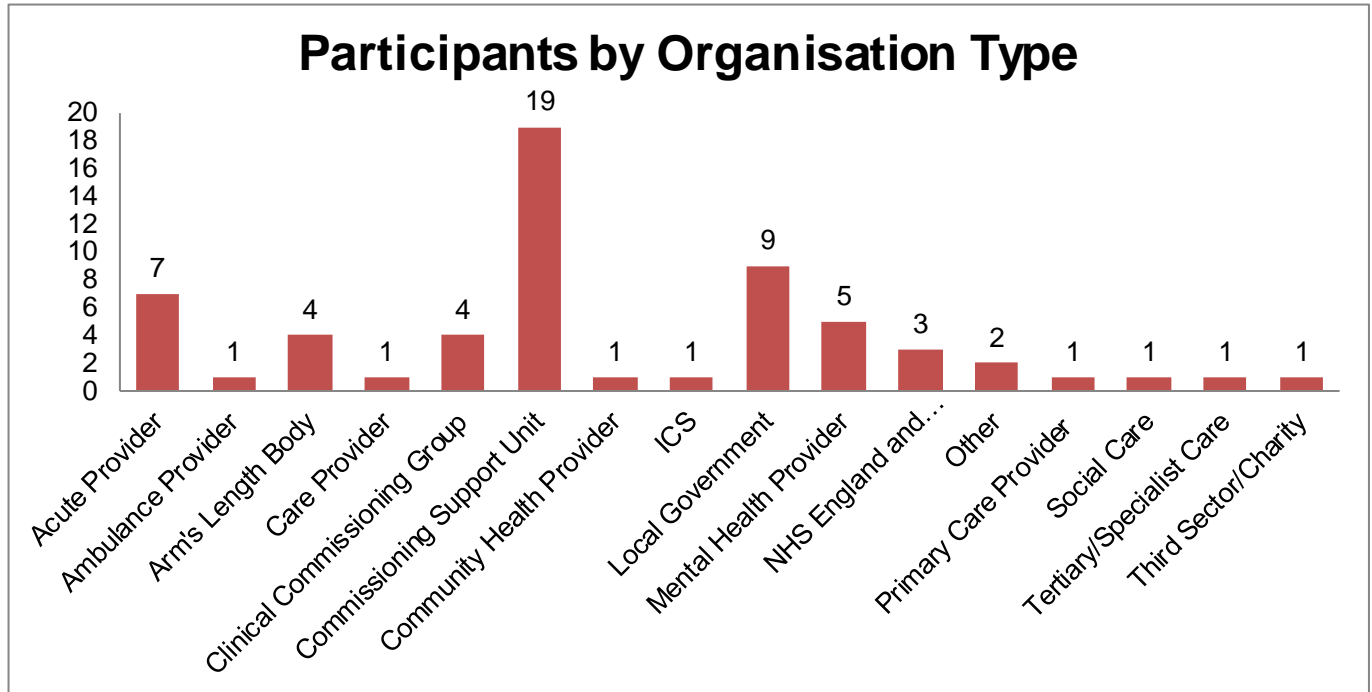
Line management is often seen as a pre-requisite for career development, so having other opportunities for junior staff to access learning and development opportunities through ISDNs was beneficial.

There was some challenge around how ISDNs would engage with some of the smaller organisations within ICS', where funding may be more limited due to organisational size.

It was noted that the acronym of ISDN was not widely recognised amongst the workshop participants, so a strong communications strategy would be required to promote them.

Appendix 2: Workshop Participants

The chart below shows the attendees by type of organisation. Most participants that attended were from a commissioning support unit (19) with 10 working in local government or social care.



Nineteen attendees reflected that their role fell into the 'manager' category, thirteen were 'senior managers' and eleven attendees were administrative/support.

