SOCIAL CARE DIGITAL INNOVATION PROGRAMME

DISCOVERY PHASE REVIEW

MY EMPLOYMENT

Lodge Group Care UK

Havering LONDON BOROUGH

Basis.

With support and funding from: NHS Digital, Local Government Association

The problem as we see it

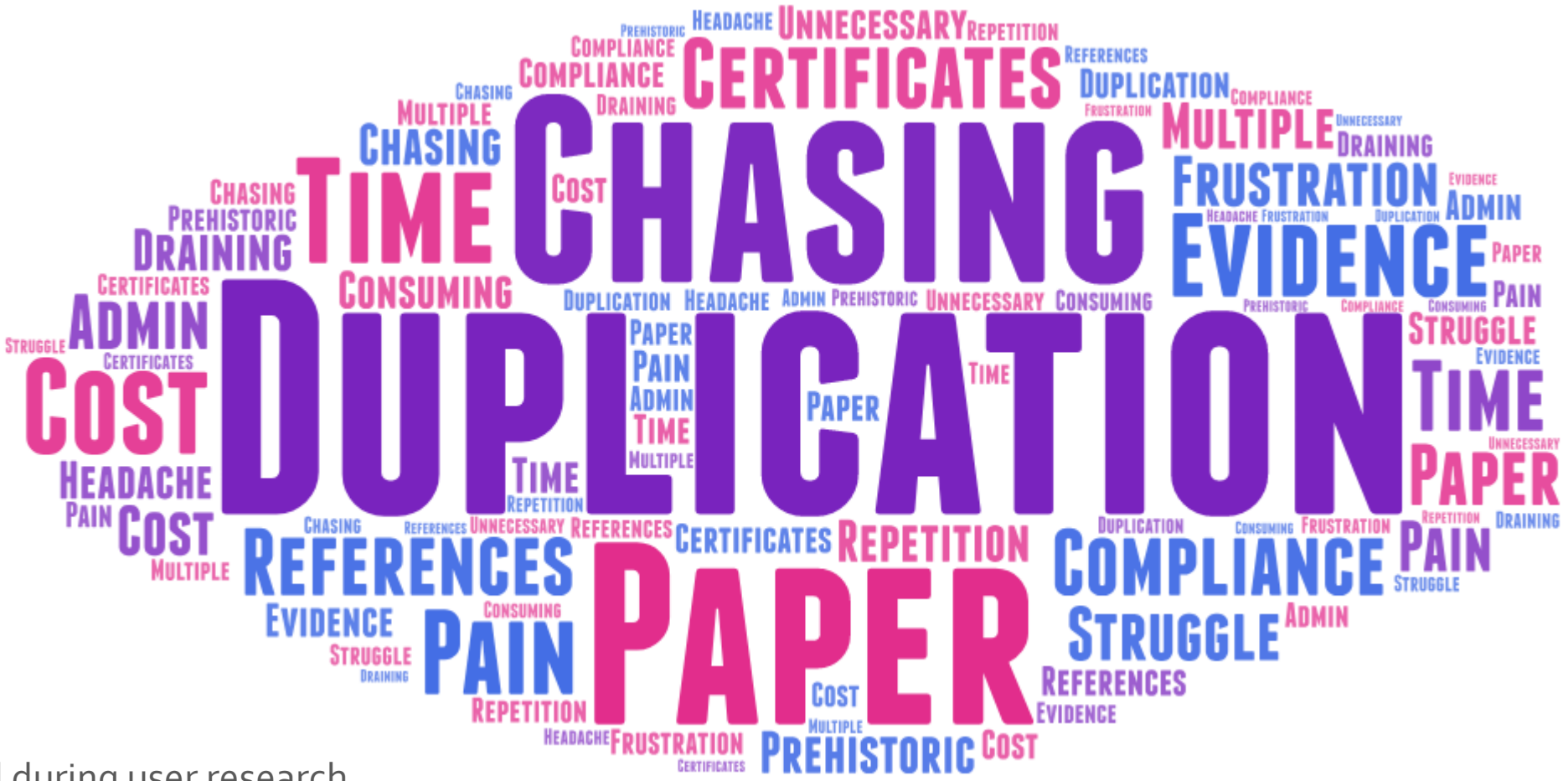
Here's the situation

- According to the National Audit Office, Adult social care accounts for **43%** of local authority spending
- Local authorities alone spend **£20.3 billion** each year supporting adults in need of care
- The sector employs roughly **1.58 million** people nationally
- Between 2014 and 2039 the over 65 population is set to grow by **60%**
- According to Skills for Care, if the workforce grows proportionality to the forecast growth in the 75 and over population predicted by the ONS, an additional **700,000** jobs will be required to meet rising need
- The turnover for the sector in 2016/17 was 27.8%
- There were 350,000 leavers and 425,000 starters – that's a lot of recruitment
- Outside of the care sector, technology is changing the way employers recruit – 46% of people apply for jobs on a smart phone and over 70% of people apply on public transport
- CVs, online profiles and video are replacing long applications
- Banks are using tech to corroborate identity instantaneously
- Metro Bank and Monzo, a new-ish fintech bank, use selfies to verify customer ID

Has any of this learning transferred over to the health and care sector?

- Councils spend **£2.4** billion each year on homecare alone
- Despite the extremely high turnover rate in Havering (about 40%), recruitment is wildly inefficient
- Skills for Care estimate the average recruitment cost, per employee is **£4,000** – for 425,000 starters, that's **£1.7 billion**
- Our homecare providers told us that recruiting good people is their single biggest challenge
- East London Health and Care Partnership have estimated it will cost them **£4.9m** each year to recruit to clinical posts across 5 trusts, to replace staff who are leaving
- Our providers were telling us that recruitment was driving up their costs
- Like many others, the council has repeatedly increased the rate paid to providers to stabilise the market

Recruitment in health and social care hurts…



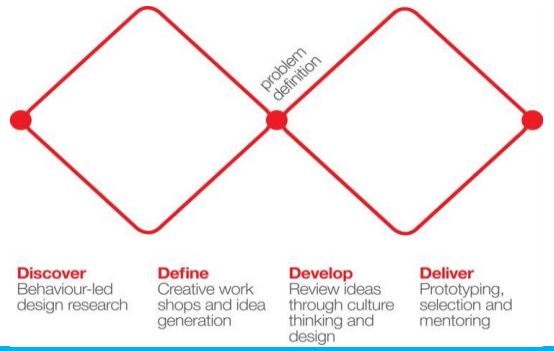
* Captured during user research

Digging deeper: our research methodology

- It started in the bath. No really, one of our providers, Carly from Lodge Group, had a lightbulb moment mid-soak
- She imagined an app that hold a persons employment references, skills, qualifications, and DBS (among other things) in one place
- Her hunch was that this could massively speed up the recruitment process
- A strong relationship with Havering Council, made them the first port of call with the idea
- A joint team from Lodge Group and Havering Council invested the time and energy into driving this idea forward

Using a design led approach

- To test the idea we took a design led approach based around the Design Council's Double Diamond



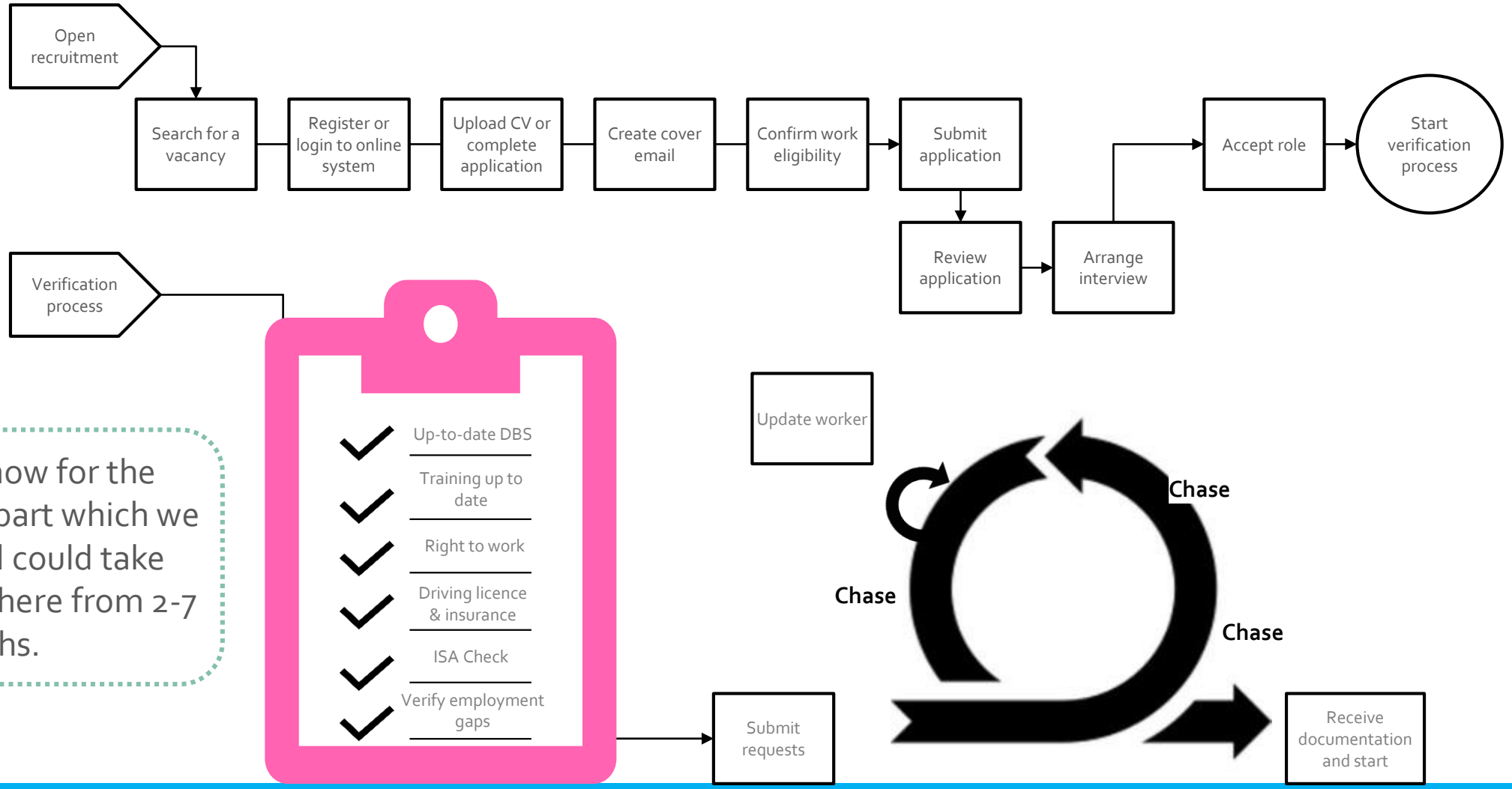
To better understand the problem we:

- Observed providers managing the recruitment process, and carers applying for jobs
- Conducted expert interviews with providers, junior doctors, NHS employers, the CQC, the Disclosure and Baring Service and Skills for Care and carried out ethnographic research with health and care workers, and service users
- Conducted a literature review of policy documentation from government and regulators, national data sets and local data to understand the challenges and associated costs

Some killer insights

- The validation process could take up to **7 months**
- Successful applicants were having to seek alternative employment, some of whom ended up on Job Seekers Allowance
- Training was repeated and re-repeated unnecessarily
- Providers were often unable to meet the needs of the Local Authority
- Even other agencies were feeling the pain, the DBS is inundated by calls from carers and providers

Here's what the process looks like for a provider



And now for the hard part which we found could take anywhere from 2-7 months.

And this is who feels the pain

https://www.youtube.com/watch?v=DfPif_q00Y4&t=9s

https://www.youtube.com/watch?v=EfBLFSi_JF4

https://www.youtube.com/watch?v=fIqEB7s83QA

The idea in a nutshell

Here is what we came up with

- Following some ideation sessions, Lodge Care, with our support, came up with the ME Passport
- Every health and care worker would have access to a ME profile
- ME would hold up to date details about the person, their profile, availability, employment history and achievements, training certificates, endorsements, their DBS, right to work status, and whether or not they had access to their own transport
- Keeping the data up to date would be crucial – here's how we envisaged that working:

Who enters data		Type of data	
Worker	Profile	Contact details	Availability
Employer	Employment history	Training evidence	Endorsements
Interface	DBS	Right to Work	Driving licence and insurance

Who does what

- **Health and Care workers**: responsible for populating their profile information and availability
- **The employer:** responsible for populating and maintaining employment history, training evidence and endorsements
- **Other agencies**: responsible for updating DBS, right to work and driving licence status via an application programming interface (API)
- **Integration**: with Electronic Staff Record for health workers to auto-populate their data

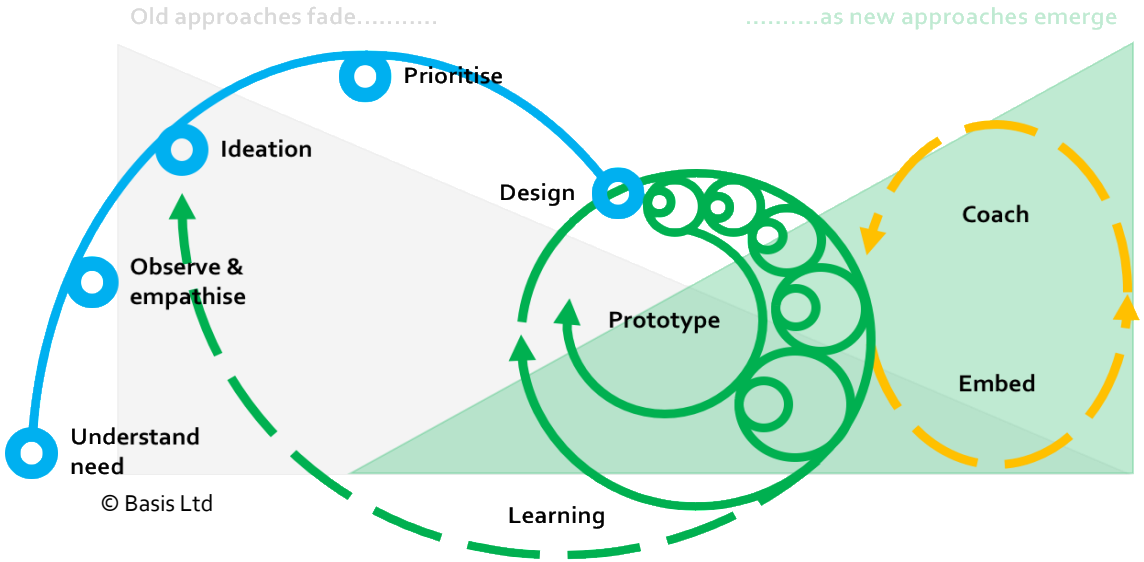
Applying for new roles and supercharging validation

- On applying for a new role a health and care worker would share their passport information with the employer
- The employer, who at present would begin chasing for all of the compliance paperwork, would be presented with the information required, validated at source.
- The providers would be presented with 'work ready' candidates rather than a 7 months slog to uncover data and information that should be readily available

Bringing the idea to life through prototyping

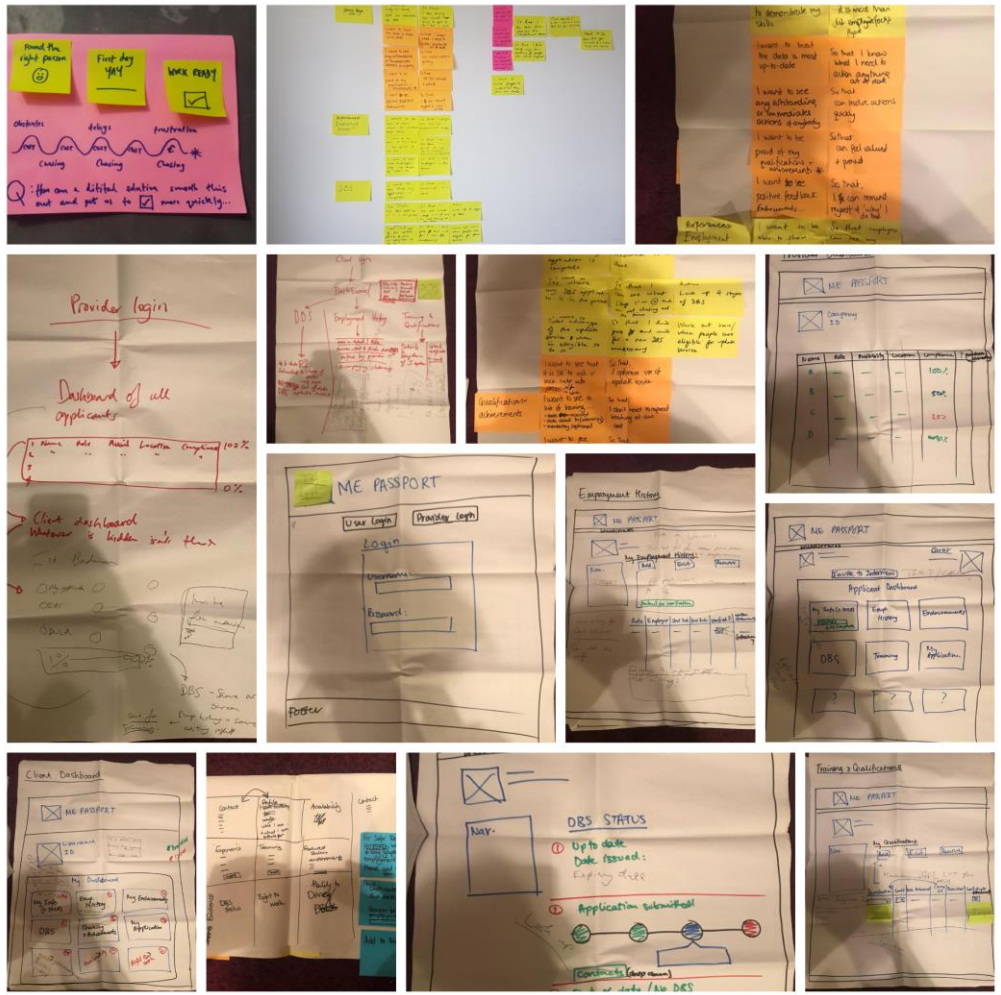
The approach we took prototyping

- Working with Basis, a service design and Agile consultancy based in London, we went through the following process (up to the prototyping) to develop a prototype, test it with users and to iterate it based on their feedback:



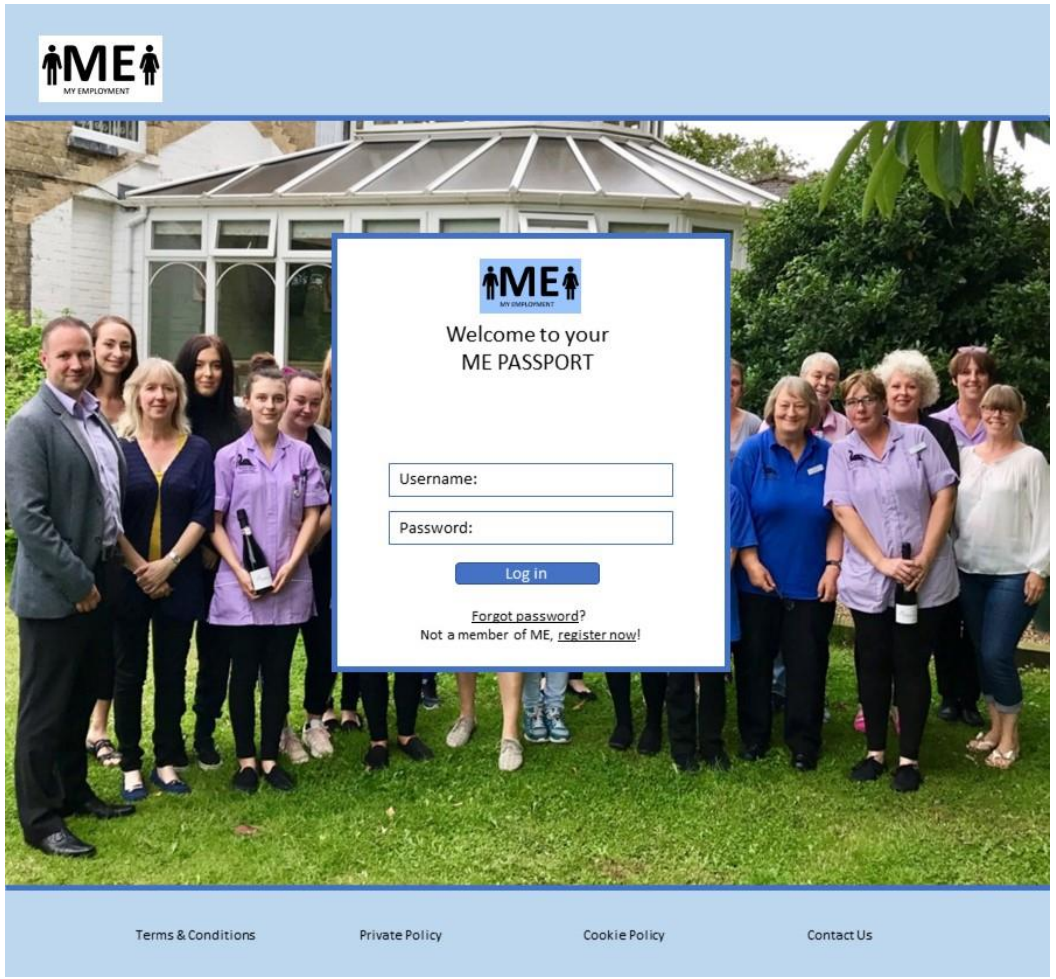
- We started out with some rough sketches that we could test with providers

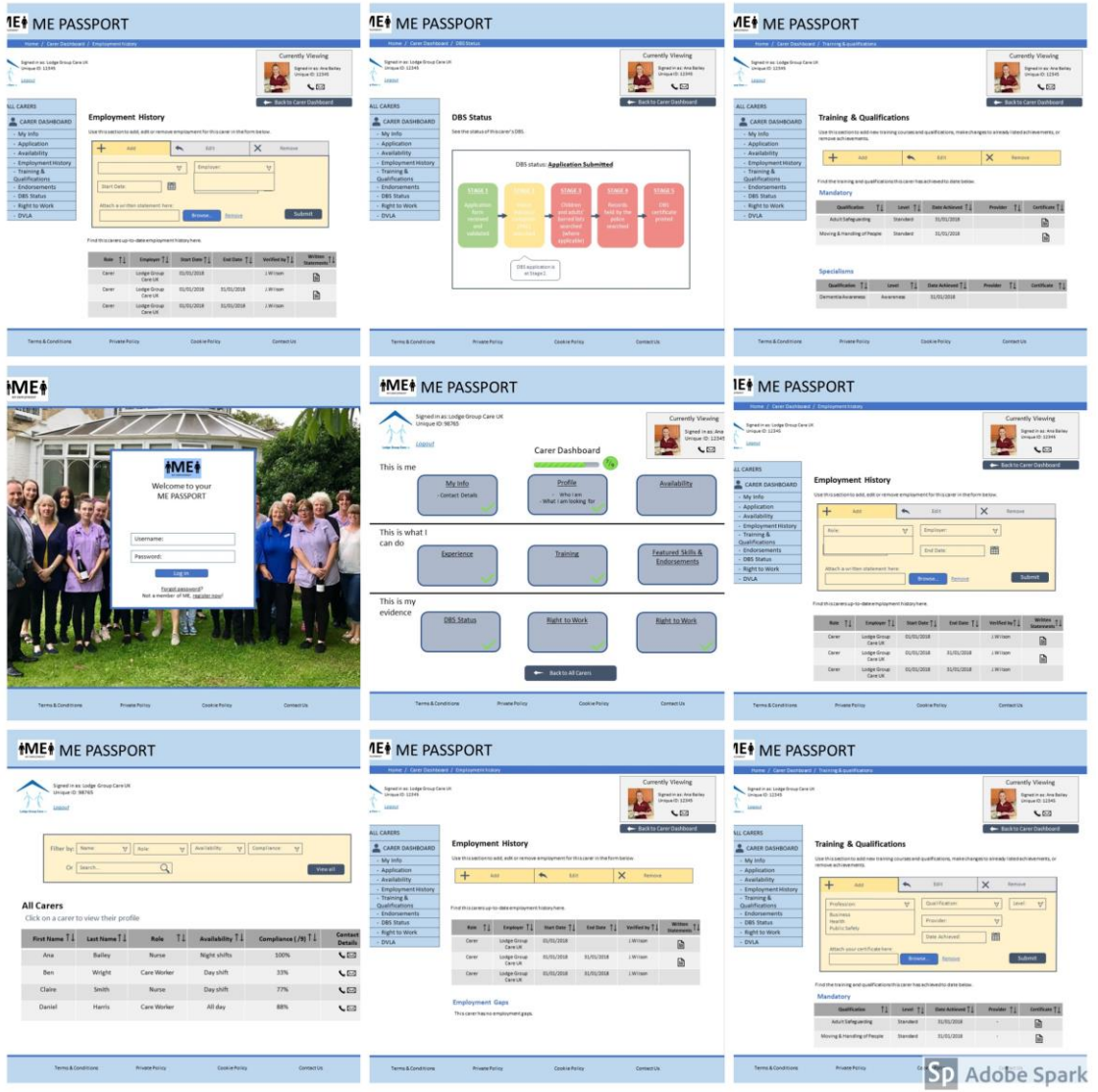
We started with this:



The second iteration

Before turning it into this (a clickable prototype):





User testing and learning

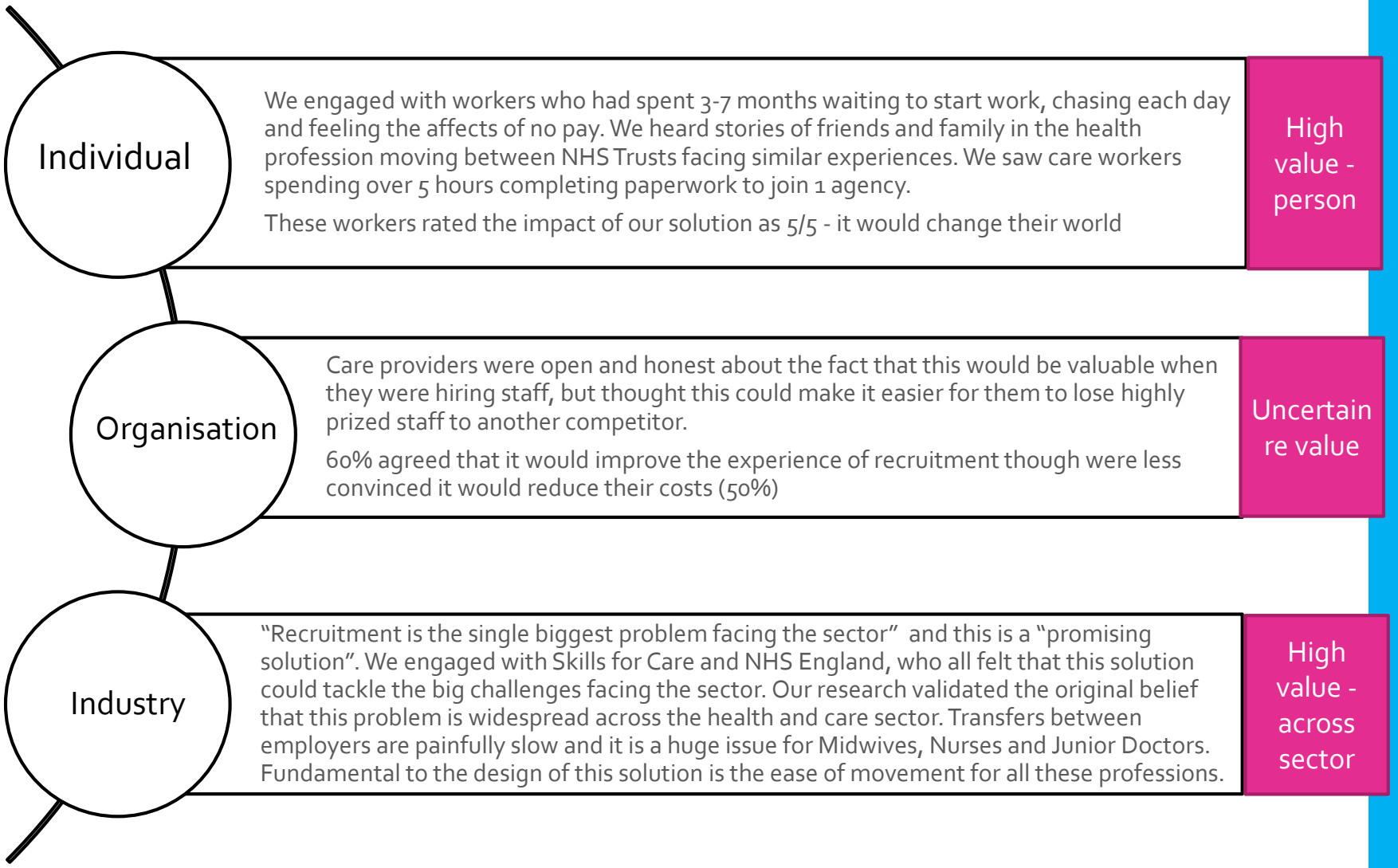
How we tested it with users

- We wanted people to be able to interact with our concept, so we brought it to life
- The second iteration of our prototype was a clickable prototype that users could play around with and give us real time feedback on what they liked, loved and hated
- We held user testing sessions at the council, at a local providers' office and via zoom video conferencing with providers elsewhere in the country
- We explained the concept, gave users a quick tour of the app, and then let them loose to play
- We recorded what we observed and what users told us about the app's functionality
- We tested the ME concept with:
    - The Care Quality Commission, the DBS and DVLA
- We tested the ME prototype with:
    - Skills for Care and NHS employers
    - 15 x health and care workers
    - 5 x local provider managers
    - 3 x managing directors of providers from other regions

We learnt about the value of our product to our potential customers

We discovered that those who we considered to be potential customers, saw our product through different lenses. The value (and costs) varied based on whether they were looking at our solution as an:

- **Individual** - health or care worker who feel the financial burden of delays to starting work
- **Organisation** - that operates in a competitive environment, where resources are scarce
- **Industry** - that needs to do more to retain workers keen for a rewarding yet challenging career



Basis.

We learnt we got a lot right with our approach & core functionality

During all the engagement phase, our core approach and concept was validated by workers, providers, and senior leaders across the health and social care profession. We also received enthusiastic ideas about improvements and changes that we could make immediately or add into our design tasks for the next stage.

We were spot on with our approach, core functions and data

- **Approach to solving the challenge**
  - Support from all that a digital solution where data is owned by the worker and shared with employers is both achievable and valuable
  - Feedback reiterated our ideas of how it could work across the health and social care sector (not limited to care workers)
  - There is a great need to solve this challenge and there isn't a comparable solution on the market or being developed
- **Proposed core functions and data**
  - "all in one place" - consensus is that we had included the all the essential functions and data
  - When we asked 'what was missing/what more we needed to include' the responses focused on verifying the data, not that any data was missing
- **Live and trusted data**
  - 80% felt we adopted a sensible approach to allow the data to be kept up-to-date, trusted and safe
  - Users agreed that verifying employment history and training with employers is essential
  - Interfaces to provide DBS, Right to Work, and prove Ability to Drive were identified as the key element of the design, this was most attractive to care providers and workers
  - Senior NHS leaders have confirmed that the idea to interface with (and auto-populate from) a health employee's Electronic Staff Record is the right approach and will make the solution achieve its desire of appealing to both health and care professions

Changes to our prototype in response to feedback

We made changes within the prototype to:

Using a **clickable prototype** allowed us to make practical changes during our user feedback sessions, these are the main edits made from our first drawings on flipcharts to v3.1 ppt

- Adding 'reason for leaving' into employment history
- Allow care provider to search and filter by provider
- Increase the options for availability
- We created a separate prototype for the Provider and Health and Care Worker process, this made collecting feedback easier
- Allowed the Health or Care Worker to update work history to explain any gaps in their employment such as studying, caring for family as required by Safer Recruitment procedures

Ideas to add to next iteration:

We collected good ideas on how we can enhance certain aspects to reflect the day-to-day world of care work:

- Allow workers to upload photos, cards or flowers under endorsements – a typical way that care workers are thanked
- Allow excel or CSVs files to upload records
- Use Skills for Care guidance for Value Based Recruitment as guidance for language and phrases

We learnt we have more work to do with partners & potential customers

Continue to work on with partners to develop the training and DBS functionality:

Training, qualification and skills functionality

- Our intention to develop a comprehensive training record - providers shared that they were concerned about the quality of training and, therefore, re-trained their new staff irrespective of past training
- Skills for Care have provided valuable insight into how this function can be re-worked to align with their change programmes
- Large scale employers such as NHS Trusts or care providers have told us they operate their own learning management systems, some with integrated e-learning

DBS update service

- Focused on tracking the progress of a new DBS through the approval process, we need to develop the functionality and process for encouraging and managing the DBS update service

Care Quality Commission

- Those working existing change programmes advised to work with CQC to allow them to create guidance to support the design and implementation of this solution

New areas to develop:

For those new to the profession

- ❑ Providers shared that they intentionally hire young local with no previous experience. They look for the right attributes and values
- ❑ This is an area for further investigation and work to understand how, or if, this solution can ease entry to the health or care worker profession
- ❑ Great opportunity to join with existing programmes targeted at attracting new, and younger, workers into the profession

Relationship with providers

- ❑ For the care profession, providers are key but their issues and concerns may not be unique
- ❑ Moving between NHS Trusts may raise the same issues of competing for limited resources
- ❑ Identifying ways to build value for the care providers, within the solution and during it's design, will be critical in gaining their support

Our lessons from the discovery phase

- Starting small and building as we learn more. Working in partnership with Basis has greatly assisted us in focusing our project on the most valuable components to our users.
- The importance of not trying to steer stakeholders in the direction you feel you want it to go even if that identifies new risks and issues.
- All issues or challenges can be responded to positively and is imperative for user buy-in.
- Gaining momentum has been vital, from the moment the Council gave a positive to Lodge Group's idea the project had a major backer and this was enhanced by the health sector who face similar issues within recruitment.
- At times we approached the project differently. Lodge as a provider brought a more commercial approach and Havering brought a more structured project management approach. There is much we have learnt from each other during this process.

A critique of the discovery phase

- The timescales of the discovery phase, given the size of our project and the number of stakeholders to engage, was challenging.
- Boundaries between the discovery phase and the implementation phase can be quite fluid and there was instances as our project progressed when it was difficult to distinguish neatly between the two.