



Social Care Digital Innovation Programme
2019/20 (Funded by NHS Digital)

Kirklees Council – Discovery Phase

April – October 2019

Problem to investigate:

“How might we enable service users and carers to access information about their care services to give them more control?”

See the highlight video at:

www.kirklees.gov.uk/digitalinnovation

Working in partnership:



The Care Act

States that:

- 'informatics systems for ongoing case management will need to be revised to incorporate the additional requirements for' ... 'care accounts' ... '(for both people with care and support needs and carers)'.
- 'authorities should consider how digital approaches can put citizens in control by making systems open and accessible, including online assessment, care planning, access to records and care accounts.'

Stakeholder perspectives

Kirklees currently has 15,800 service users and 4,000 carers who have no direct access to real-time information held by Kirklees Adult Social Care about their care needs and services, or the services of the people they care for. Access to information can only be requested by telephone, within office hours, (except for emergencies) or during pre-arranged face-to-face home visits with social work teams. Information is currently shared by telephone, email or post on request.

Our discovery identified that this problem was further increased for paid advocates, who are often trying to access information for more than one person they care for or repeating processes for multiple service users over time.

Access via a self-service channel would enable independence and ability to manage social care needs in a flexible way both for service users and carers. Further it would allow social work staff to focus on complex enquiries and cases.

Discovery goals

To understand:

- what information and services our service users and carers need to access, about their adult social care needs and services.
- the current experience, specifically barriers or frustrations and opportunities for improving user experiences.
- the benefits and barriers that digital solutions or services could bring to customers, including assisted digital considerations.

Discovery methods

In partnership with Lagom Strategy, our project team led a detailed discovery, engaging with service users, carers, paid advocates, telephony staff and social workers to deliver:

- 16 telephone interviews
- 2 workshops
- Online user experience survey



- Assisted survey completion in Huddersfield Royal Infirmary, Dewsbury District Hospital and Huddersfield Library
- Assisted, paper based, easy read user experience survey for adults with a learning disability
- Online user needs validation survey
- Collation and review of internal data to assess volumes of need
- Digital prototype care account and testing
- Market review of existing care accounts



Discovery outputs

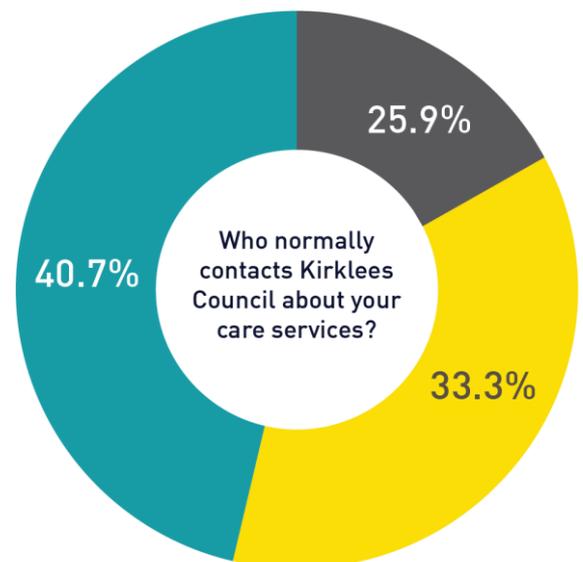
- 40 user needs identified and prioritised
- 6 lean service user and carer personas created
- 5 common user journeys of accessing current services mapped
- 1 digital prototype care account created and tested

Discovery findings and insights

76% of participants involved in this discovery were carers. Of the service users who completed our survey, only **19%** did not have a carer or someone who supported them.

Our online contact form data further supports this with **79%** of submissions on behalf of someone else (**44%** by family members, **32%** by professionals, **3%** by a friend or neighbour).

For this reason, it is important that we meet carer's needs as much as service users when providing information and access to services.

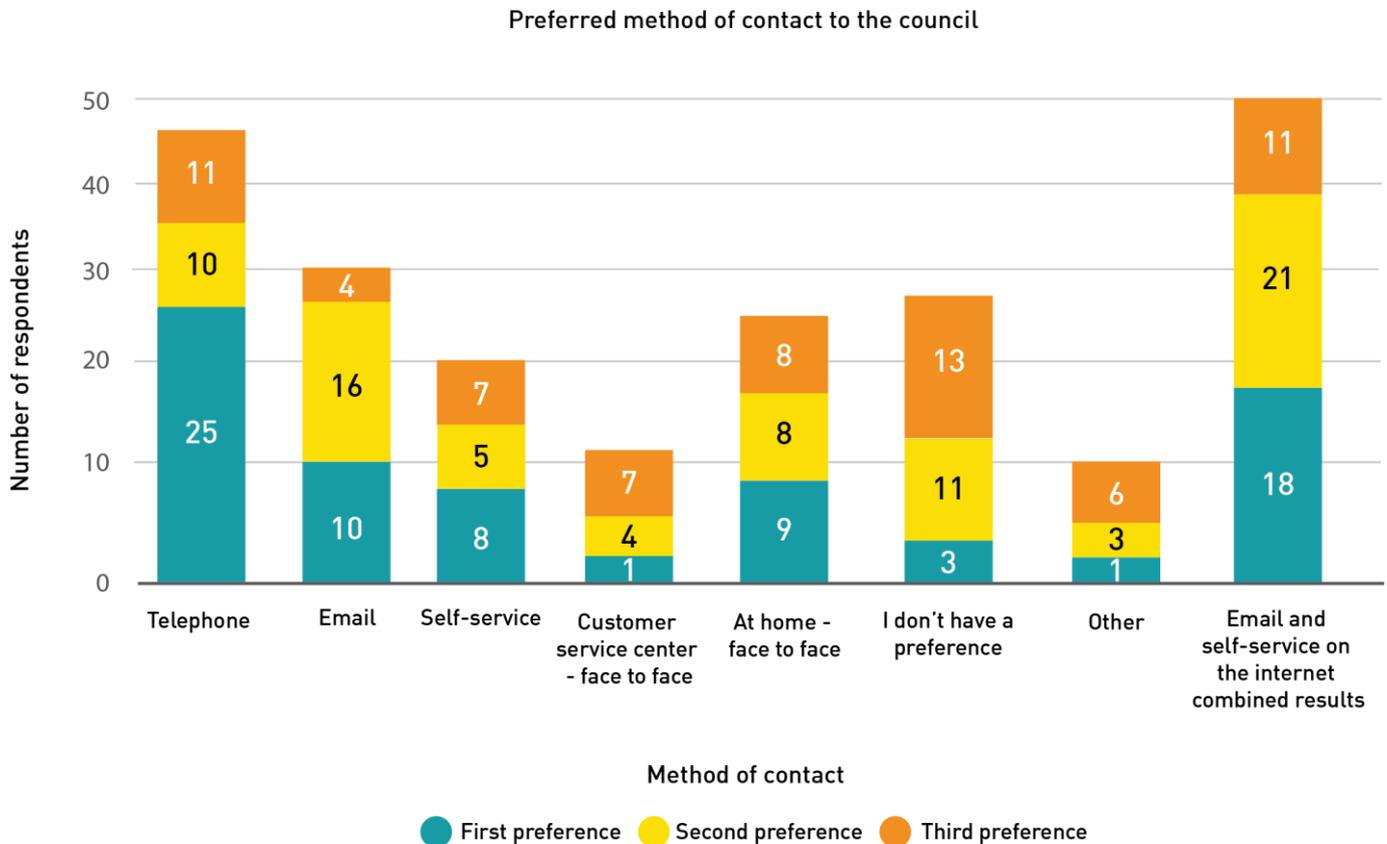


● Myself ● My carer ● A combination



Contact preferences

Most people prefer to make contact by phone as their first choice. They expect it to be the most efficient way to solve their query; feel it's easier to communicate clearly and would always choose this method if their enquiry was urgent. However, combined results for self-service and email show that there is a larger preference overall for people to do things online and self-service.



Some people find it difficult to use the phone because of time pressures due to work or caring responsibilities and some physically struggle to use the phone.

“My mum deals with all my support needs. I do not use the phone because of my disability”

Some people value printed information but are concerned it might go missing in the post.

“My mum prefers to receive information in a physical format... If the information is all there on a piece of paper, she has time to read through it properly when she has a chance”

“I don't trust the post, I'm paranoid in case things go missing”

People store important information in different ways, some preferring hard copy, some digital and some don't store it at all because they feel they can request a copy later.

“I always write things down when they happen otherwise, I forget. I have a folder where I keep proof of what has happened”

“I do tend to just keep things on the computer now”

Contact preferences are varied, and the need to maintain current communication channels is clear. However, flexibility and choice of contact method is needed and should include 24/7 online self-service.



Current experience

Experience of accessing services doesn't match directly with the contact preferences, showing there is some room for improvement. While the top preferred contact method is telephone (24% of participants indicated this their first choice), 60% of participants had used telephone and not had the best experience.

Barriers and frustrations

- Receiving unscheduled calls about care services; feeling uncomfortable to take calls in public places; lack of control and ability to plan for call; and having to stay at home and wait for calls. - **"If I'm out I leave my phone at home so I'm not always contactable"**
- Following up overdue call backs.
- Contact methods or processes changing but not communicated - **"It's a minefield... not knowing anything, who to contact and who to ask for help. I felt very isolated caring for my mum, I had to ring lots of different departments to get help and advice"**
- Lack of progress updates given on requests made.
- Challenges faced when contacting on behalf of someone else, as verification information requested to prove consent is inconsistent. Paid advocates request family members to make contact because they believe it will be easier.

Areas for improvement

- Removal of unnecessary interactions with the council, when circumstances haven't changed.
- Increase in transparency and more proactive communication; e.g. to arrange reviews, send reminder alerts and enable self-assessment of eligibility.

Overall, people are generally happy with care services once they are in place; 45% got everything or most of what they needed from contacting the council. However, the process of contacting and accessing services can be difficult, resulting in people avoiding future contact with the council.

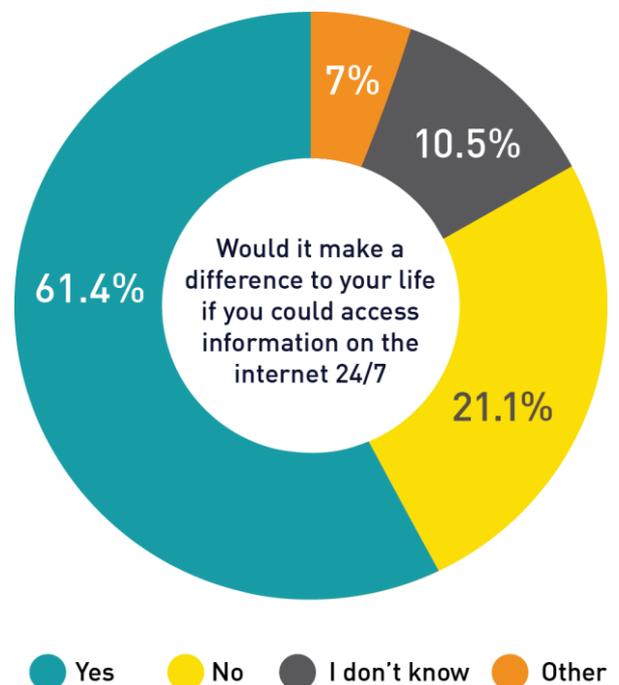
Appetite for digital self-service

The number of people who stated a preference to do things by self-service online and email in our survey, showed significant potential for people to do more things digitally.

"I'd be happy looking for information relating to my mum's care online. The urgency dictates what I'd be happy with finding online, anything urgent I'd phone up"

"Email would be my preferred method of contact as it's easier when you work full time"

61% of participants indicated it would make a difference to their life if they could access care information online (77% for carers and 50% for services users).



Positive views

- Time and space to read, understand information and formulate questions – **“I would then be able to access this when the people I care for have gone to bed, in my own time and at my own pace”**
- Easier than using direct telephone conversation – **“I get a bit tongue tied over the phone, so an online form is appealing”**
- Willing to transition to doing things online as it’s a natural progression
- People want a record of their interactions with the council - **“I prefer email as it is evidence that a conversation has happened”**
- Providing a personal and secure space for information storage – **“Online is more personal and more private”**

Negative views

- Concerned about the privacy of personal information online - **“I have email on my phone, and I do email friends, but I would not do banking via my phone”**
- Concerns about the privacy of online care information - **“If I was changing personal details it would definitely be on the phone. I’m quite conscious that anybody could put in a password and access all my personal details and know that there’s a vulnerable person at that address”**

Not all service users and carers want to use self-service online for their adult social care services. People value human interaction, and some have concerns that a digital solution would remove that. Therefore, it is vital that any digital self-service offer is provided as an additional service rather than as a replacement for telephone or face-to-face service provision.

Digital literacy

Digital services are now an integral part of people’s lives.

The percentages of respondents happy to do things digitally (without help) were:



“ I pay bills, do internet banking and shopping online. ”

Carers are more confident and able to do things digitally than service users from the survey data gathered.

Service users and carers are finding out how to access services and eligibility for services using social networks and by sharing information digitally with people they know.

“ I rely very much on my disabled network on Facebook where we all keep tabs on asking questions. People have a similar disability to me so we all keep in touch in order to bounce off each other’s ideas ”

Some people get help from others to do things digitally.

“ My husband does things online. If it’s a bank transfer I need to pay for, he’ll do it. If it’s online shopping, I’ll choose the things I want but he does it ”



Some people are already receiving information from other organisations digitally.

“ I get emails from Carers Count and complete forms online. The MS Society are always doing surveys online ”

53% of respondents had a My Kirklees residents account already, mainly used for bin collection dates, however one participant stated:

“ I would use My Kirklees more if it contained my Dad’s care information ”

83% of respondents had access to the internet at home, and 33% had access at work.

User needs identified

Our discovery identified **40 individual user needs** which were further investigated, through a user needs validation survey, to understand the importance of each need to service users and carers. Internal data was then analysed from the past 12 months (telephone call monitoring statistics, online contact form submissions, website usage statistics and care system data) to measure whether each need was:



- requested in high volumes currently or high impact to the service user
- achievable through an online care account

By combining the user needs and volume data, the full list of user needs was reviewed and prioritised to decide what **‘must’** or **‘should’** be included within a first release of an adult social care account.

Some of the prioritised service user and carer needs were:

Check when my next review is due so that I can book or postpone it.

i All of our 15,800 service users should currently receive at least one review per year. Of 55 survey respondents, the council had been contacted at least 35 times in the last 12 months to check their review date. This could scale to around 10,000 calls in total across our full service user base.

People don’t want unnecessary contact if their needs haven’t changed. Some find the review process stressful and worry they may lose services they need in the current financial times.



Access my assessment documents and support plan so that I can check what was agreed.



i

Each of our 15,800 service users has a support plan provided in print format.

Of 55 survey respondents, the council had been contacted at least 45 times in the last 12 months to check what was in the support plan. This could equate to around 13,000 calls in total across our full service user base.

People can't always recall conversations clearly following an assessment or review.

Some want to check how their services have changed between their current and previous support plan.



Download my support plan so that I can share it with professionals responsible for my care when requested.



i

One carer described the severe emotional distress it causes her father, who suffers with Dementia, and the resulting additional burden it can cause her as a carer to try and calm situations down when organisations incorrectly contact her father about his services, rather than contacting her as his representative – through not storing contact preferences correctly and using them effectively.

In prototype testing one service user told us:

“Having access to see all documents relating to care is really useful” - “I access this frequently”



View and update my contact details so that I can be contacted correctly.



i

Each of our 15,800 service users has personal contact details stored in our internal care system.

Contact details were updated in our care system around 7,500 times in the last 12 months.

GDPR legislation requires organisations to ensure that information held about people is accurate and correct.

Currently, telephony staff and social workers handle calls requesting updates to service users and carers contact details and manually update this information in the internal care system.

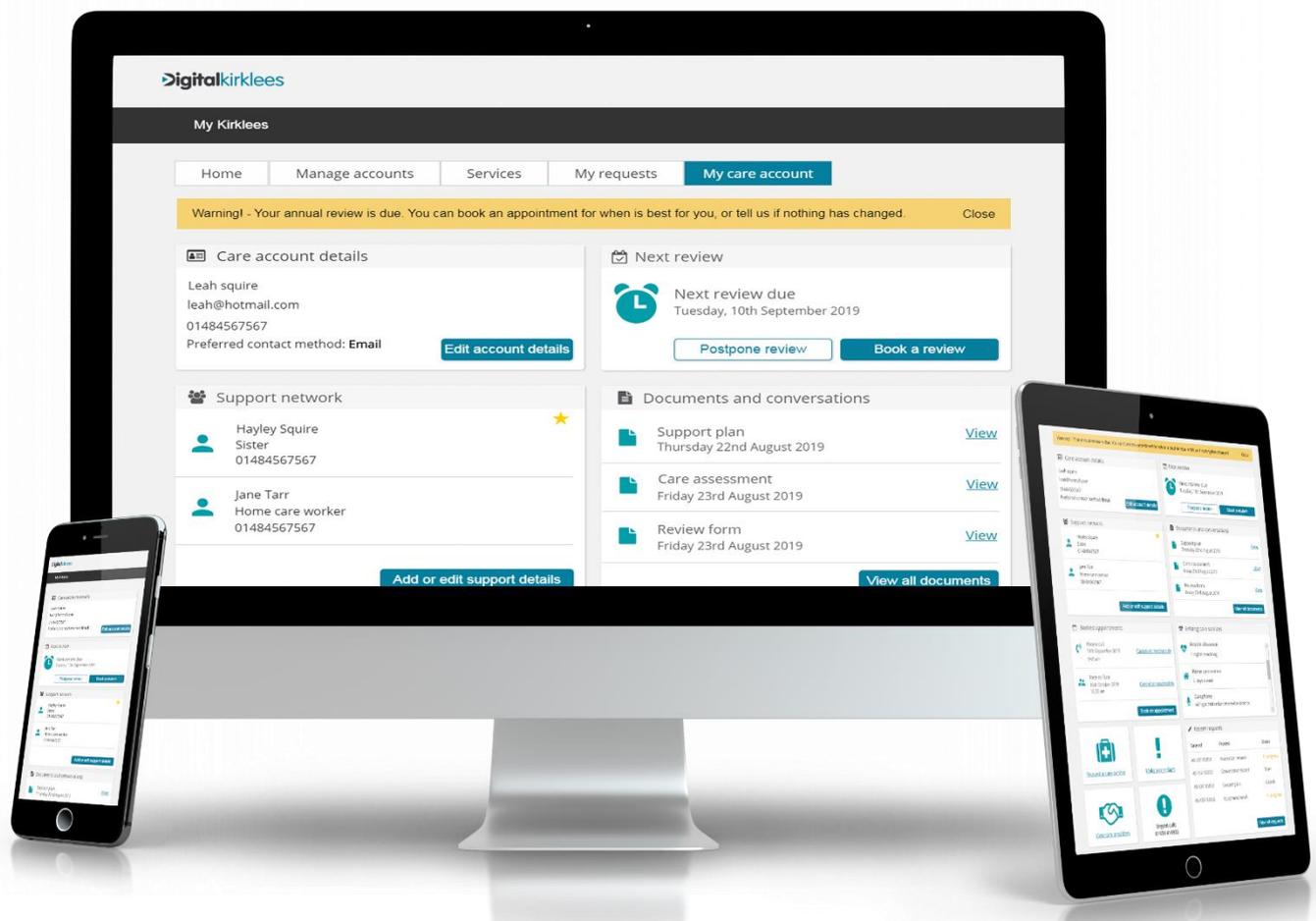


View and update who has permission to act on my behalf so that people can advocate for me.

i There are around 2,800 people recorded as having permission to advocate for service users in our internal care system currently. With 4,000 carers registered, more service users could ensure this information was correct if given visibility and control to maintain the data recorded.

One carer described how difficult it can be for her to take her son, who has learning disabilities, to the nearest library with her to scan, print and post copies of his support plan each time an organisation requests a copy as it is only provided in printed format currently.

The prioritised user needs were then developed into a digital UXPin prototype solution and tested by a range of service users, carers, telephony staff and social workers through one-to-one observed sessions, to gather feedback and individual views on the potential value of such an account to them personally and their stakeholder group.



User feedback was very positive with some useful comments which are helpful for improving a solution moving forward:

“ Having access to see all documents relating to care is really useful. I access this quite frequently
– Service user ”

“ This would be life changing to have - Carer ”

“ Being able to book or postpone appointments online would take a lot of pressure off social workers – Telephony team member ”

“ Being able to amend support plans inside the account would reduce avoidable contact – Social worker ”

Market appraisal

Our discovery also reviewed current care account products available on the market and discovered that there are two main types of solution available:

1. Standalone care accounts, which can be integrated with existing internal care management systems (with development) if APIs are available, e.g. Connect to Support (Public Consulting Group Ltd)
2. Module based care accounts, which can be procured as additional components of a specific internal care management system, e.g. Autonomy (Liquid Logic)

On demonstration, both products above presented some of the information that service users and carers have told us they need to access from their internal care system records. However, much of this was provided in read only format and further development would be required to enable either product to deliver full self-service update capabilities. Neither of these products would meet all the identified user needs from our discovery out of the box. Both require significant investment during implementation to build and customise the self-service features required to meet the needs of users and the business. In addition, the Autonomy product would require implementation of the full Liquid Logic care system, prior to implementing the self-service module.

We discovered other products which may provide care account functionality in the future including Konnectis and Azure. However, these products were at differing stages of development making it difficult to evaluate them currently.

Learning from discovery

Our discovery plan was ambitious from the outset and involved the recruitment and selection of an experienced user research partner to support us with delivering the detailed discovery we set out to achieve. We successfully delivered our intended approach but have learned things from it, including:

- The procurement process for recruitment and selection of a partner company is detailed and resource intensive and cannot be easily shortened. We achieved it within 11 weeks, including a market engagement event, however this left a significant amount of work to be delivered within the remaining project timeline and very little flexibility to cover any periods of staff training, sickness, leave or unexpected organisational change affecting team resource.



- Working with a research partner still requires a significant amount of internal resource to ensure engagement activities deliver the level of detail, quality of insight and outputs required.
- People are willing to share their experiences to help shape future services but want to be kept informed about what will change as a result.

Unexpected outcomes

Our discovery uncovered unexpected insight into the stress and frustration our service users and carers have felt in recent times due to council budget cuts and resulting service transformation. Several individual complaints arose through the discovery activity and promotion. Much of this insight, whilst outside the original scope of what we had set out to understand, was uncovered through the natural flow of engagement discussions and our direct interaction with service users and carers. It was vital to ensure these customer experiences were fed back to senior managers to ensure that lessons could be learned, and situations improved for the future.

Next steps

We propose to take forward our prototyped account, developing it into an integrated working product, taking a user centred approach, to deliver a solution which meets the needs of all stakeholders and provides true 'self-service' access and management of the information held about service users. The solution would then be piloted in a live environment with outcomes measured to enable full assessment of the value this solution could bring to service users, carers and local authorities nationwide.

The purpose of the account would be to meet the needs of service users and carers who would prefer the flexibility, transparency and increased control that an online service could provide. Traditional telephone and face-to-face contact would be maintained in the adult social care context to ensure that more urgent needs can be met, complex conversations can be held and those who are unable or prefer not to do things online are supported effectively.

The way that telephone and face-to-face services are delivered and the introduction of more flexible approaches to how contact could be booked and facilitated are extra considerations that local authorities should make, based on the insight gathered in this discovery.

One of our 7 shared outcomes



Independent

People in Kirklees live independently and
have control over their lives