

# North East Lincolnshire - Adult Services Review

*Project Report & roadmap*

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# 1. YOUR JOURNEY SO FAR

## Where you've come from

North East Lincolnshire is on a journey towards The Union. Bringing together health & social care under a single leadership presents a number of challenges and opportunities, not least addressing the different cultures and languages that exist across the local authority and the NHS.

There is, however, a clear desire to improve outcomes for residents and their experience of services. The Domiciliary Care project that FutureGov ran earlier in 2018 was testament this ambition. This work also surfaced bigger, systemic issues at hand.

Looking at health and social care together, along with mental health, housing and public health, means that the leadership across the Council and the CCG can better understand the interactions between services, where things are and aren't working well, and identify opportunities for the delivery of better, cheaper public services.

A group of diverse people are gathered in a room, looking at several large posters or informational sheets posted on a white wall. The people are mostly seen from the side or back, looking towards the right. The posters contain text and some diagrams. In the background, a dark door is visible with a sign that says "ENTRANCE". The overall atmosphere is that of a community meeting or a public consultation session.

## 2. WHY WE ARE HERE

# **We've reviewed Adult Services in North East Lincolnshire**

We've looked at the system from both a  
user and a professional perspective

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# Adult Services Review

We've helped you to understand things from a strategic and operational perspective. We've understood where things work and where they don't, and demonstrated the impact of the changes you have made previously on the experience of service users.

Our support focused on three main areas:

## User research & prototyping

*Understanding the experience of residents accessing services and testing new delivery models*

## Skills & capabilities

*Giving staff the tools and a model for how to deliver change and get stuff done*

## Roadmap for change

*Planning your future transformation activities*



## How this works

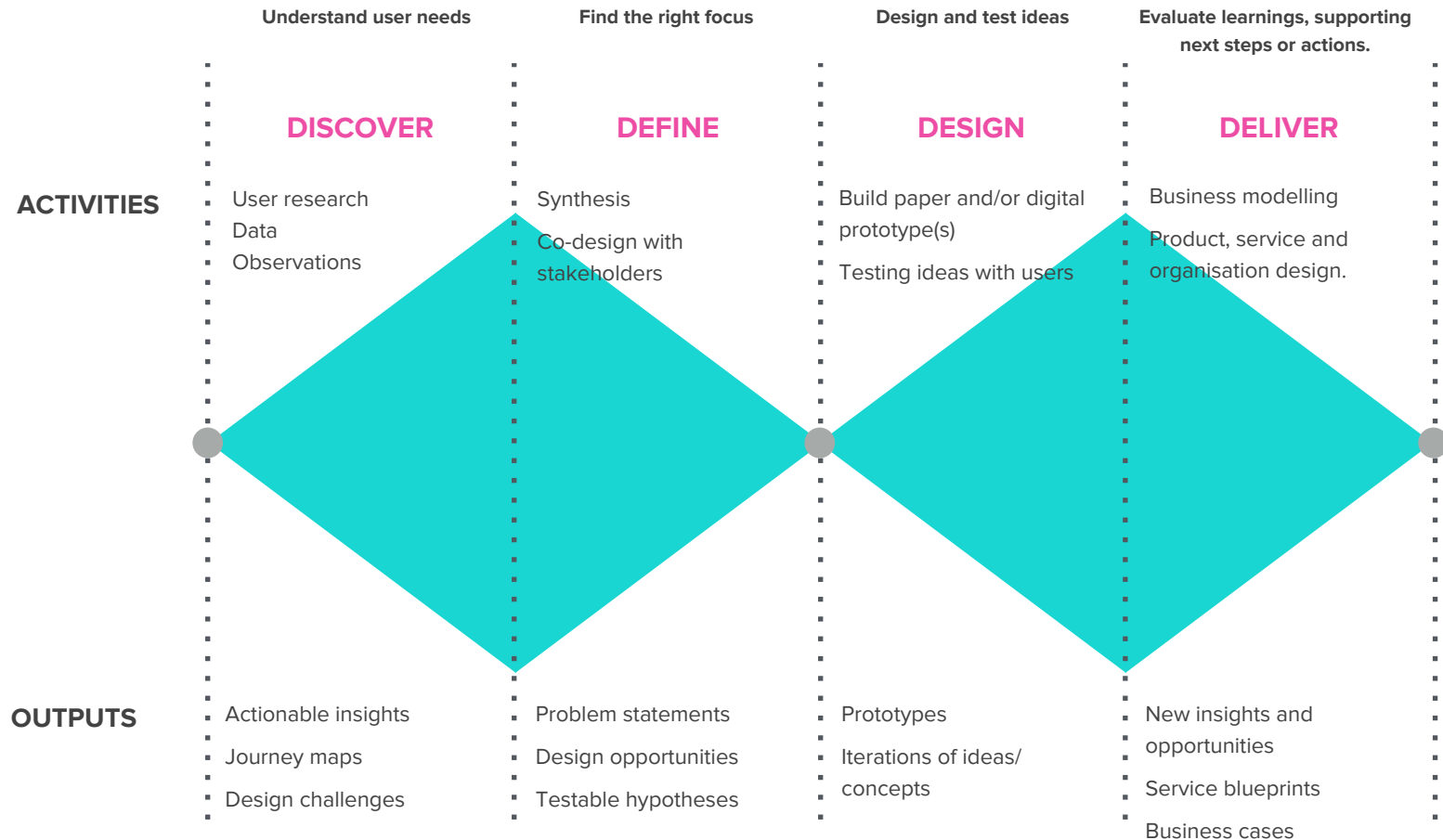
To be able to understand where you need to go, first you need to understand where you are. Our research with staff and service users has built up a shared understanding of the 'as is' user journey. From this, we have helped you imagine the 'to be' user journey, and the sort of changes you need to make to achieve this.

By identifying these areas of opportunity to make things better & easier, we worked with you to test new ways of delivery to give you an idea of what this could look and feel like, and what skills you might need to achieve this.

By giving you a transformation roadmap, we help you to break down the change into a series of activities you can undertake in the short, medium and long term. This isn't a prescriptive plan, but a view of the things you can investigate next to improve outcomes and save money.

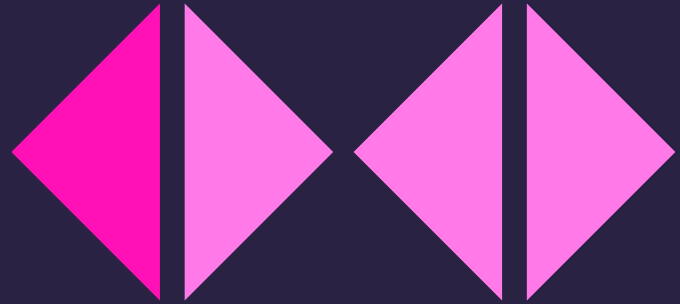


# How we approached this



# **North East Lincolnshire Union has a shared lens and perspective on the problems and areas of opportunity for Adult Services**

### 3. DISCOVER



# 3a. USER RESEARCH



# Stakeholder research



**Who we spoke to** 16 stakeholders from a range of different services across Adult Services through 1 hour interviews.

**Through our conversations with stakeholders we mapped the typical routes users will make into and through services and the journey of their support. This helped us understand how services communicate with one another providing us with a wider view of the system on the whole.**

The conversations were also an opportunity to understand how things are currently working across the system from a staff perspective by giving stakeholders a space to express opinion.



## Stakeholder research: Top 4 Insights

**People have to seek authorisation twice.** Decision making wasn't onerous in the past - the Council set the financial envelope and signed off policy changes, but strategic direction and operational delivery sat with the CCG. Things have become confused as the Union has brought the two organisations closer together.

*"We have to manage the expectation of the service user throughout the process... some of them think they are already entitled to care after only completing the first assessment"*



# Stakeholder research: Top 4 Insights



**The focus is on the front door with less attention on what is behind it.**

There is a distinct desire to move to a system focussed on early intervention and prevention with the aim of supporting residents to do more for themselves where possible. Unfortunately this is at the detriment of those who are in receipt of care.

*“They have 4 different ways they think about the system and services - this makes it confusing and opaque for professionals and residents”*



# Stakeholder research: Top 4 Insights



**Siloed working and separate service methods and process among providers and the rest of the system causes duplication for both staff and service users.** In some parts of the system providers use their own registering methods and ways of working, it would be easier if the same processes were used across the system to streamline services. Some providers are less open when handing over information about a case, which makes creating the best care plan tailored to individuals harder.

*“It is best when we can open one of their care plans and see a pen picture of what the patient is like. This demonstrates to the service that they would not have to see the patient to know the need, this is not the case with [all providers]”*

# Stakeholder research: Top 4 Insights



**Evidencing and documentation could be better in areas of the system.** Sharing good documentation and evidence is key to saving time and creating clearer pathways for users.

In some parts of the system documentation is not always delivered to a high enough standard, which can cause delays for users and additional leg work for staff.

*“Other people’s record keeping is not always to the standard we would like”*

# Service User research



**Who we spoke to** 5 service users through 2 hour individual conversations using a discussion guide and a selection of mapping tools to help shape the discussion and bring a focus to conversations. *(please see slide 96 for a breakdown of who we spoke to)*

**During our user research we learnt how and what it feels like for residents when they are referred in to services, when they are receiving services' support and when they have lacked that support.**

We also got to know their values, goals, hopes and fears for the future. This helped us understand more deeply the people that use NEL services so we are in a better position to design for their wants and needs.

## Service Users: Top 4 Insights



**Service users have to record and log their journey themselves.** Four of the participants we spoke to felt the need to keep a record of their interactions with services to stay on top of their situation and be prepared for next steps in their journey. These four kept detailed records of their interactions and a log of key dates.

*“I write everything down, so I can refer back to when I next see [a service]”*



## Service Users: Top 4 Insights

**Service users have to repeat their story multiple times when passed between services.** All of the people we spoke to had repeated their information when being referred into another service. They expected services to know their personal details and situation already if they've already spoken to another service. This left most of them feeling frustrated and isolated from services who they assumed would know who they were and their story.

*"They don't know me or my case... they didn't know who I was or what I was talking about when I tried to ask [about my situation]... services do not communicate with one another"*

## Service Users: Top 4 Insights



**Service users feel they have to fight for the care that they are entitled to.** Most of the service users we spoke to have had to spend a lot of time educating themselves about what they are entitled to. Over time they have familiarised themselves with how the system of services work so they can then attempt to access the right care.

*“Nothing is tailored around us, we have to tailor ourselves to the system and its needs”*

*“[Lots of] carers aren’t aware that they are entitled to support.... I have had to fight for the care I have received”*

## Service Users: Top 4 Insights



**Service users find the system difficult to navigate which often means they don't receive the best care and support.** Users had been put off accessing the support they needed. They weren't aware which service offered the right support and how best to access it.

It's difficult for those sitting outside the system to navigate the right services to receive the right support. Users often get stuck in a part of the system (that partially meets their needs) when there is another service more suited to their needs.

*"[The system] is an absolute minefield... I was being passed about it was absolute chaos"*





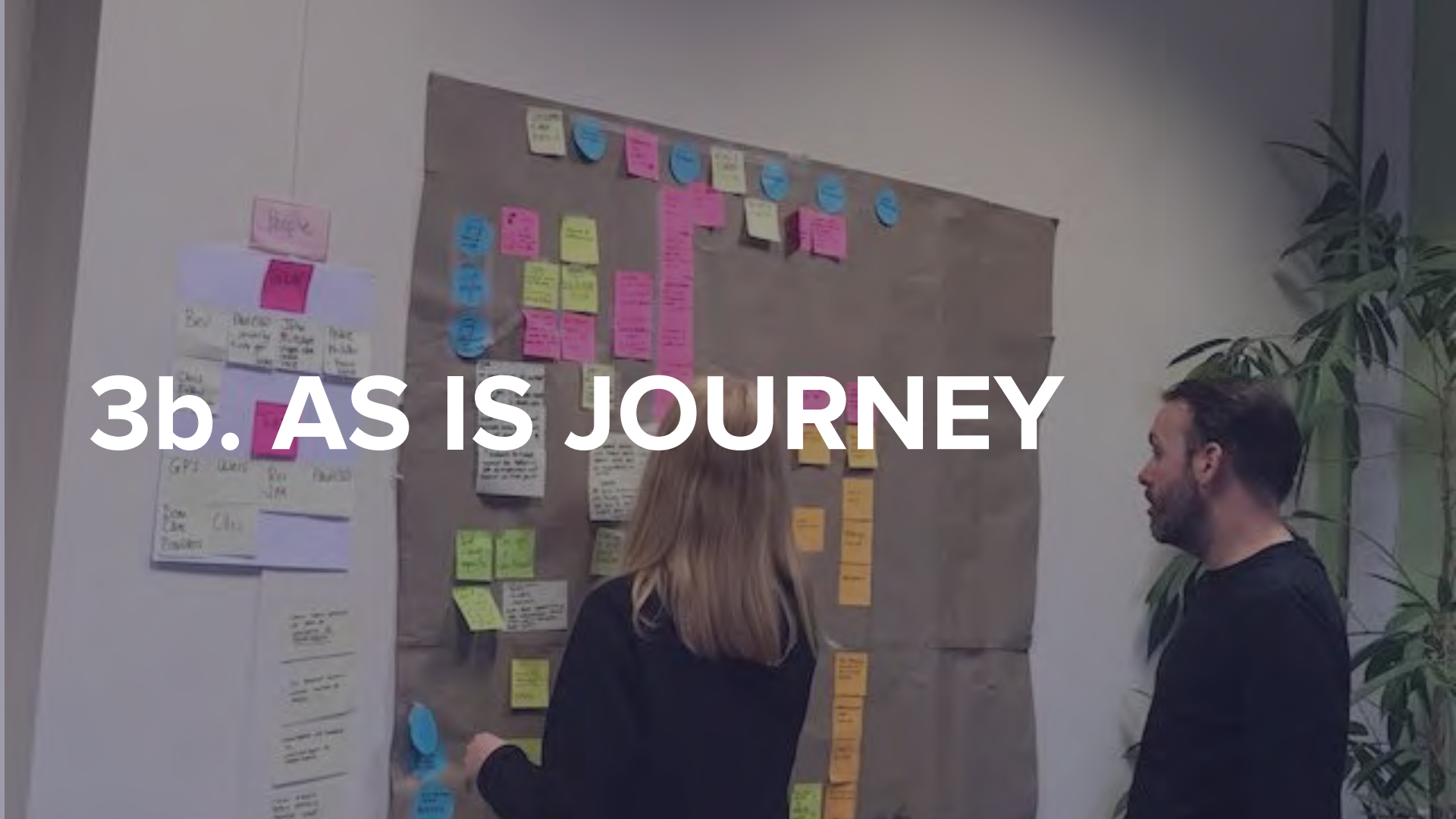
## Lightbulb Moment #1

### Emotional Journey

We mapped the emotional story of one of the service users we had interviewed through adult services - demonstrating at what points in their journey they were happy, sad or confused. We played this back to stakeholders in a Show and Tell. This resonated with staff as they could see the direct impact particular aspects of the system had on the individual's journey and start to imagine how the pain points could be prevented.



# 3b. AS IS JOURNEY

A man and a woman are standing in front of a large corkboard covered in numerous colorful sticky notes (pink, yellow, blue, green). The woman, with long blonde hair, is pointing at a sticky note on the board. The man, with a beard, is looking at the board. To the left of the corkboard, there are several sheets of paper with handwritten notes and diagrams. A potted plant is visible on the right side of the image. The text '3b. AS IS JOURNEY' is overlaid in large white letters.

# ‘As Is’ user journey map



How are we using journey maps?

**A representation of the current user experience for Adult Services.**

The As Is user journey map shows what it is like for a service user to move through Adult Services. They allow us to visualise the different touchpoints service users have across the system, and where the common pain points are.

They incorporate several layers, such as content, use of technology, and data. These, alongside the emotional mapping of the user experience, means we can see the impact of different changes over time, and begin to imagine the sort of changes we might want to make in the future.

# Graham's journey *part 1*

What's happening?

Graham finds it difficult to get appointments at the **GP** so is reluctant to visit his surgery

Graham is suffering from acute mental health issues. He is put off accessing support as he isn't sure where to start. He also doesn't see his mental health as a problem that can be helped so won't seek help

Graham's mental health issues have worsened. A **policeman** finds him when he is having a psychotic episode and contacts a relative of Graham's, putting them in contact with the **Crisis Team**

The **Crisis Team** move Graham from his home which he privately owns into **Harrison House**, an inpatient mental health service, where he stays for a month

Graham is discharged from **Harrison house** and is advised to go to the council to see the **Housing Options** team. The team had not been informed of his discharge. Graham has to tell his story again

Feelings?



*I put off going to the GP, I always have to wait ages for an appointment*

*[Accessing services] is a minefield...There are people worse off than me so why would I reach out and ask for help?*

*I was a gibbering mess*

*I didn't know what was going on, I'd never used any services before and I didn't know what to expect*

*They didn't know who I was or what I was talking about when I tried to ask [about my situation]*

## Police

Contacts relative and puts in contact with Crisis Team

## Crisis Team

Receive referral from family

## Crisis Team

Short term support to find appropriate treatment and accommodation

## Harrison House

Specialised Mental Health treatment and support, accommodation

## Harrison House

Discharge and signpost to council Housing Options

## Housing Options

Assess needs, decide duty decision

What Services are involved and how?

## Graham's journey *part 2*

What's happening?

Graham begins receiving help from a **Housing support worker**, Katie, who finds Graham a B&B to stay in. He sees her twice a week to help him navigate services and access what he is entitled to

Graham is transferred between **Harrison House** and B&B several times with support from the **Crisis Team**

Graham is moved into **Temporary Accommodation** where he is more settled. He is no longer deemed homeless so is no longer under **Katie's** care

Graham has a medical assessment from the **Home Care Team** to see if any follow up support is needed, they arrange for Graham to have regular visits from a member of the **Home Care team**

**The Home Care Team** only visit Graham once. Graham doesn't know when or what will happen next with his care so has begun logging all the key dates of contact with services so he can feel in control of his journey through **services**

Feelings?



*I felt happy as I knew what was going on...I would have given up if it weren't for [my support worker]... I'd be lost without her*



*I'm told things last minute and not given much notice, it's never long before I'm moved again*



*It would have been helpful to have been in one place all along... I'm not sure what happens now [without Katie's support]*

*I am luckier than most... There are people worse off than me*

*I have made myself be in control of everything, I have to be...I write everything down, so I can refer back to when I next see [a service]*

What Services are involved and how?

### **Housing Options**

Support worker: Universal Credit form filling, finding Temporary Accommodation

### **Harrison House**

Specialised Mental Health treatment and support, accomodation  
**Crisis Team (Navigo)**  
Support in finding appropriate treatment

### **Temporary Accommodation (Housing Options)**

Place to stay on own

### **Home Care Team (Care Plus Group)**

Ensuring situation at home is adequate for needs

## Graham's journey *part 3*

What's happening?

He has been waiting for a visit from anyone who can help for two months. Nobody has checked to see how he is and whether he is taking his medication correctly. He expected his care to be handed over to someone

Graham's neighbour tells him about the **Single Point of Access**, he calls **SPA** to find out what is going on with his care and medication, he is advised to visit his **GP** and contact directly the services he's received support from

Graham contacts the **services** he was interacting with to find out what is happening next. He is passed between different members of staff and is told another service will call him back. This happens numerous times

Graham visits his **GP** about his medication but there is no record of his medical details anywhere. He now has to explain his situation and give his details every week when he needs a new prescription

Graham emails **PALS** about his medication they say to contact the **Practice Manager** at his **GP** but he is tired of chasing them

Feelings?



*It's totally debilitating, there's no one there to support you...It wouldn't hurt for them to be in touch*

*They were helpful...Good customer service is when people know what they are doing and how they can help*

*I've made loads of phone calls, people not coming back to me...Services do not communicate between one another*

*It's been lost in their system, there's no record of meds being ordered no record of face to face ordering medication... mix up with consent forms*

*Why should I chase them, they should contact me*

What Services are involved and how?

### **SPA**

Signposting and quick advice on the phone

### **Navigo, Care Plus Group, Housing Options**

Passing on information and calling different members of staff

### **GP**

Checking records

### **PALS**

Advice via email

**Vision** - There's no shared vision or outcomes

**Trust** - There is tension between independent practice and system wide perspective

**Integration** - There's no shared view of the user

**Process** - 'The Union' doesn't mean people only do things once

**Pace** - You've been having the same conversations for two years

## Lightbulb Moment #2

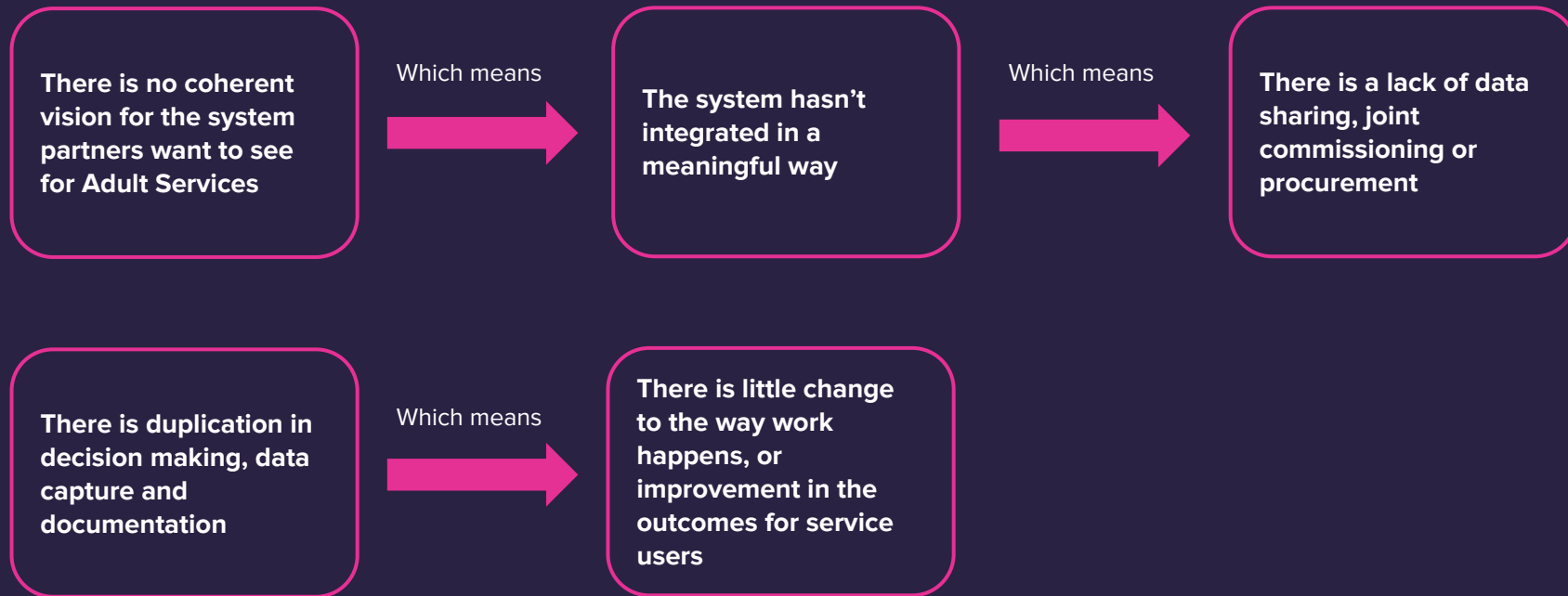
### The Five Themes

Five themes emerged heavily from consolidating our insights and findings. These have shaped the review and have become a pivotal focus point for the direction of the transformation of Adult Services.

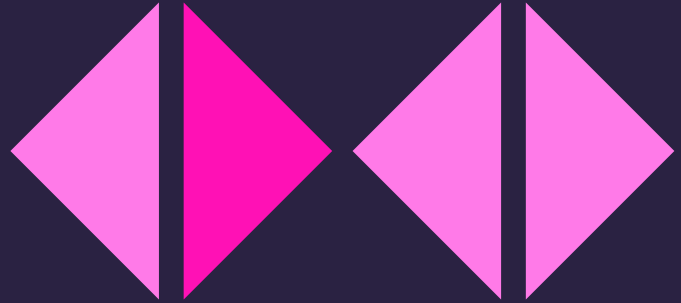




# How this plays out across Adult Services



# 4. DEFINE



# 4a. PROBLEM STATEMENTS

## How might we better share data to have a holistic view of users needs? 5

Category - Trust: Data sharing, Commissioners > Provider > Users

### Problem Statements:

- As a member of staff I don't have sensitive data, I rely on data from other services
- As a service user I don't know what happens behind the scenes and why
- As a user I don't feel confident that services have enough information to be able to service my needs
- As a user it's hard to communicate with providers because they don't have the right information of

### Insights:

- One system doesn't mean a single view
- A lack of clarity cause confusion
- There isn't a common standard for data collection & data handling
- There is inconsistent communication between services

*"The more communication you get back from someone you feel valued and appreciated rather than just getting a bog standard answer"*

service user

FUTUREGOV

## How might we encourage more collaboration between commissioners and providers? 6

Category - Integration: Integrated care partnership (ICP), Contracting, Systems, Users

- As a budget holder it is hard to work to outcomes instead of organisations
- As providers and commissioners, we don't have sufficient clarity about what is wanted and why which makes joint contracting difficult
- As a commissioner, a lack of a consistent user centred approach makes it difficult to work to outcomes
- As a service user I get passed between different providers and I have to repeat myself
- Focus on front door, not behind it
- Tension between independent practice and system views
- Not in position to jointly contract after two years of ICP because of lack of clarity on what is wanted or needed

*"We should get everyone in the same room to talk about it all together"*

service manager

FUTUREGOV

## How might we develop a common language and perspective through commissioning? 7

Category - Integration: Integrated care partnership (ICP), Contracting, Systems, Users

### Problem Statements:

- As providers, different organisational imperatives makes integration across the system challenging
- As a budget holder it is hard to work to outcomes instead of organisations
- As providers and commissioners, we don't have sufficient clarity about what is wanted and why which makes joint contracting difficult
- As a commissioner, a lack of a consistent user centred approach makes a common language and perspective challenging
- As a service user I get passed between different providers and I have to repeat myself

### Insights:

- The focus is on the front door and not behind it
- There is tension between independent practice and system views
- Not in position to jointly contract after two years of ICP because there is a lack of clarity on what is wanted or needed

*"It would be very helpful if we could have one common strategic approach across the partner organisations."*

service manager

FUTUREGOV

## How might we design Adult Services to better respond to the complexity of the user needs? 8

Category - Vision, Outcomes, Strategy, Service, Information

### Problem Statements:

- As a service practitioner I don't know which outcomes to work to
- As a service manager it feels like they either haven't got a different view to us
- As a service user different people get me different things so I struggle to understand my care

### Insights:

- There is too single version of both what people are working to make and what is achieved as a result
- No overarching strategy leads to confusion

*"Nothing is talked around us, we have to tell ourselves in the system and its needs"*

service user

*"I think it needs to change, we're not just a template"*

service manager

FUTUREGOV

# Problem statements & How Might We? questions



How do we use them?

**A representation of the pain points identified during research.**

Problem statements allow us to clearly articulate an issue that needs to be addressed. They can be from a service user or staff perspective. They give us a clear indication of the gap that exists between the current experience and the one that we aspire to.

Problem statements also give us clarity about the sort of changes that might need to be made. For example, if we know that a lack of consent means there is a breakdown in data sharing between different partners, we can ask the question: *“How might we build consent into the way we capture data to make sure staff trust the data they’re working with?”*

# Problem Statements and How Might We's

## GOVERNANCE & DATA



### 1 How might we simplify governance to make better decisions?

#### Problem Statements:

- As a service user, I'm frustrated at having to tell my story more than once when I am passed between different services
- As a service manager I'm frustrated at the pace of decision making
- As a commissioner the lack of shared data is frustrating as it means there isn't a common view of user needs

#### Insights:

- The Union doesn't mean you only do things once
- Staff have to seek authorisation for decision making twice
- Users tell their story more than once as the system is not joined up
- Users feel like services are disconnected and must not interact with one another about their care, leaving them feeling alienated from the system and the support they need.
- Siloed working between providers and commissioners

*"We end up taking stuff through twice to keep everyone happy."*

- Commissioner



# Problem Statements and How Might We's

## CONTENT & DATA



2

**How might we help people navigate their way through support from different organisations?**

### Problem Statements:

- As a service user, I'm frustrated that I have to chase services about my care
- As a service manager I'm frustrated that I can't see important information from another service about specific cases I'm managing
- As a commissioner the lack of shared data is frustrating as it means there isn't a common view of user needs

### Insights:

- Service users find it difficult to navigate through services and access the right care
- Service users have been left in the dark about their care and are unsure of what is happening next in their journey of support after interactions with services.
- Service users feel they have to keep their own records of interaction and details of their care as there is not one place where they access and track their engagement with services.

*"[They] have never updated us. It wouldn't hurt them to be in touch."*

- Service User



# Problem Statements and How Might We's

## GOVERNANCE



3

### How might we encourage more collaboration between commissioners and providers?

#### Problem Statements:

- As providers, different organisational imperatives makes integration across the system challenging
- As providers and commissioners, we don't have sufficient clarity about what is wanted and why, which makes joint contracting difficult
- As a commissioner, a lack of a consistent user centred approach makes a common language and perspective challenging
- As a service user I get passed between different providers and I have to repeat myself

#### Insights:

- There is a lot of focus on the front door, less on the experience of users once they have entered the system
- There is tension between independent practice and system views, skewing expectations across the board
- Not able to jointly contract after two years of ICP because of lack of clarity on what is wanted or needed

*"We should get everyone in the same room to talk about it all together"*

- Service Manager





# Problem Statements and How Might We's

## USER EXPERIENCE

4

**How might we design Adult Services to better respond to the complexity of user needs?**

### Problem Statements:

- As a service practitioner I don't know which outcome to work to
- As a service manager it feels like other services have a different view to us so we don't have a shared understanding of our user
- As a service user different people tell me different things so I struggle to understand my care
- As a service user I feel I have to fit to the system instead of the system shaping around me and my care

### Insights:

- Service users feel they have to fight for the care they are entitled to
- Service users feel that services don't know who they and their specific situations
- Service users can be users of services through the accessing services on behalf of those they care for

***“Nothing is tailored around us, we have to tailor ourselves to the system and its needs”***

- Service User



# 4b. CO-DESIGN



# Co-design



Why do we co-design with staff and users?

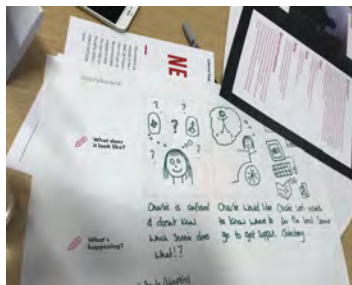
**An opportunity to think creatively about the future, together.**

Co-design sessions are an important part of the design process. It is a way of actively involving key stakeholders and service users in thinking about how to tackle the problems that have been identified. It helps to make sure that what we decide to build, test or aspire to is usable and meets your needs.

It's a core part of the FutureGov ethos: designing with, rather than for. By bringing together people from across Adult Services, we are able to combine different perspectives on the problems and use them to create a shared view of what the areas of opportunity to try something different might be.



# Co-design Workshop



We ran a 2 hour workshop with key people from across Adult Services in North East Lincolnshire to interrogate the insights so far and think about where we could design services in a more user centred way, and where we can start small and test this through prototyping.

The workshop gave the core and wider team a space to interpret our insights to date and engage with the users stories and experience directly. The room was centred around the user and every decision that was made during the design process was informed by what we'd learnt. The empathy towards the user and each others services in the room was demonstrated through the sincere presentations of ideas at the end when the groups came back together to share what they'd been working on.

The result of the session was a long list of 18 ideas for potential prototypes for us to test, spanning specific service areas, broad systemic issues and all with improved user experience at their heart.

# Picking a prototype

Create and test clear and engaging content for Information, Advice and Guidance to build a more accessible directory for Adult Services across North East Lincs.

Develop a map for users which can act as a guide through their journey, to understand what has and is happening next with their case

Build a unified assessment that combines the common questions used in assessments across different services

CCG, Council and providers to keep holding stand ups. Keeping the regular communication going.

Use shared documents for one service user to combine multiple service notes and keep track of journey through services

Service users receive a text notification when a change has occurred to their record i.e. an update of information, an appointment scheduled

**AND MANY MORE...**

# Types of change for service transformation



At FutureGov, we use these lenses to work through the challenge of breaking transformation down into smaller parts.

Each lense is an area of a service where a change can be made in Adult Services. When added together, they are the parts that make up the whole system.

They have been used to focus the transformation roadmap. We have focused on four of these: **Governance**, **User Experience**, **Data** and **Content**. We have used this colour code to enable you to trace the connections between the principles and actions in the roadmap.

## GOVERNANCE

A change to how governance works.  
Reducing risk and creating safe environments.

## POLICY

A new policy, or change to an existing policy /how policy is being implemented.

## USER EXPERIENCE

A change to a user journey that creates an improved experience, increasing expectations.

## OPERATIONAL MODELS

A change to how flexible channels of delivery are used to tailor services to meet individual needs.

## DATA

A change to how we capture, manage, share, or use data.

## SKILLS & WAYS OF WORKING

A change to working practices that supports new operational models and capabilities.

## CONTENT

A change to the content in a service or the communications that support a service.

## DIGITAL/INTERNET TECHNOLOGIES

A change to how we use digital/internet technology to support part of a service.

#### GOVERNANCE

A change to how governance works.  
Reducing risk and creating safe environments.

#### USER EXPERIENCE

A change to a user journey that creates an improved experience, increasing expectations.

#### DATA

A change to how we capture, manage, share, or use data.

#### CONTENT

A change to the content in a service or the communications that support a service.

#### POLICY

A new policy, or change to an existing policy /how policy is being implemented.

#### OPERATIONAL MODELS

A change to how flexible channels of delivery are used to tailor services to meet individual needs.

#### SKILLS & WAYS OF WORKING

A change to working practices that supports new operational models and capabilities.

#### DIGITAL/INTERNET TECHNOLOGIES

A change to how we use digital/internet technology to support part of a service.

## Lightbulb Moment #3

### The 8 lenses of service transformation

These 8 lenses of service transformation were shared in the co-design workshop as a way to break down systems change. This resonated with participants as they realised they could make change by looking at the system through just one or a few of these lenses at a time.

***“Oh, we don’t need to fix the whole system”***

Head of Service, Co-Design Workshop



# Lightbulb Moment #4

## Personas

These personas were created using insights from our user research and helped bring the service user to the centre of the conversation. Providing staff with an engaging narrative ensured the service user was considered throughout the session and has remained at the forefront of discussions throughout the rest of the review.



***“We have to think about what would work for Charlie, how do we make her aware of the service?”***  
Head of Service, Co-Design Workshop

Graham

### Background

Graham is a 65-year-old man who is currently living in temporary accommodation. He has been very unwell with PTSD and depression as the majority of the year and he has been struggling to get his life back on track. Graham had been in the service for a long time and he had been struggling to get his life back on track. He has been struggling to get his life back on track. He has been struggling to get his life back on track.

### Goals

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Tasks

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Needs

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Barriers and Frustrations

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

***“They never contacted me again... Someone must have needed that help more than me”***

FUTUREGOV

Charlie

### Background

Charlie is a 65-year-old man who is currently living in temporary accommodation. He has been very unwell with PTSD and depression as the majority of the year and he has been struggling to get his life back on track. Graham had been in the service for a long time and he had been struggling to get his life back on track. He has been struggling to get his life back on track.

### Goals

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Tasks

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Needs

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Barriers and Frustrations

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

***“No one asked to see if the medication was ok.”***

FUTUREGOV

Maggie

### Background

Maggie is a 65-year-old woman who is currently living in temporary accommodation. She has been very unwell with PTSD and depression as the majority of the year and she has been struggling to get her life back on track. Maggie had been in the service for a long time and she had been struggling to get her life back on track. She has been struggling to get her life back on track.

### Goals

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Tasks

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Needs

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Barriers and Frustrations

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

***“You could always contact someone out of hours - some providers don't provide this.”***

FUTUREGOV

Sue

### Background

Sue is a 65-year-old woman who is currently living in temporary accommodation. She has been very unwell with PTSD and depression as the majority of the year and she has been struggling to get her life back on track. Sue had been in the service for a long time and she had been struggling to get her life back on track. She has been struggling to get her life back on track.

### Goals

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Tasks

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Needs

- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

### Barriers and Frustrations

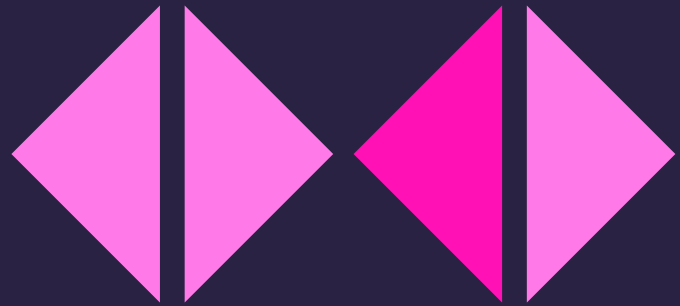
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.
- To be able to get back into a regular routine.

***“It was just another fight”***

FUTUREGOV

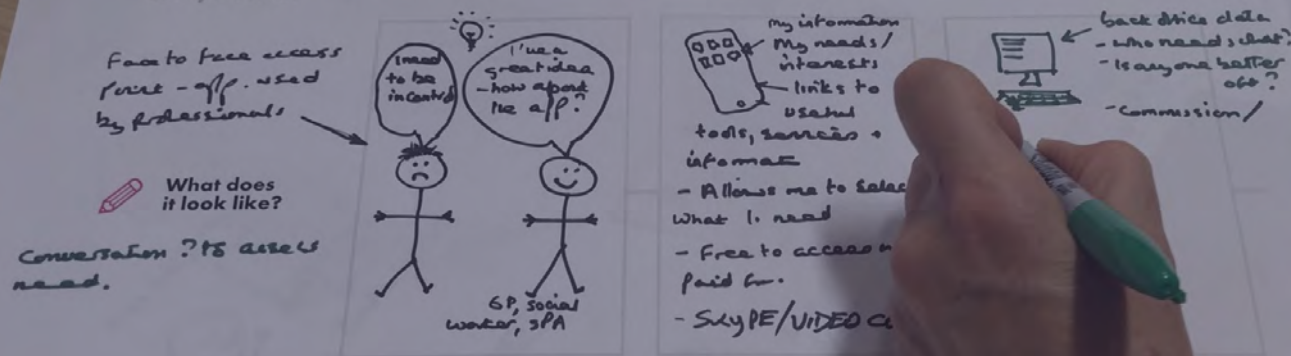


# 5. DESIGN



# 5a. PROTOTYPING

Storyboard:



- My information is in one place
- I can see it + manage it
- GP, social worker, SPA
- One up to date record

the app. Helps me to understand my priorities + I can see what I need help with

- Providers
- People
- Social workers

Who's involved?

# Prototyping



How are we using prototypes?

**A chance to test something quickly and easily to see if it works.**

Prototyping means we work iteratively, developing our ideas as we research and learn from users. This means we understand quickly if and where we're going wrong, which manages risk and saves money.

It gives us the opportunity to broaden our user research and make sure services work in practice and for different people in a range of circumstances. We do this through spending time with staff and service users in their own context.

Prototyping might be working in a different way for a week and seeing how it feels, then making another change and another change. It requires buy in from staff, providers and service users, and a willingness to work differently.

We work with you to choose areas to prototype and where possible select areas where models and design patterns could be replicated in other parts of the service and/or system.

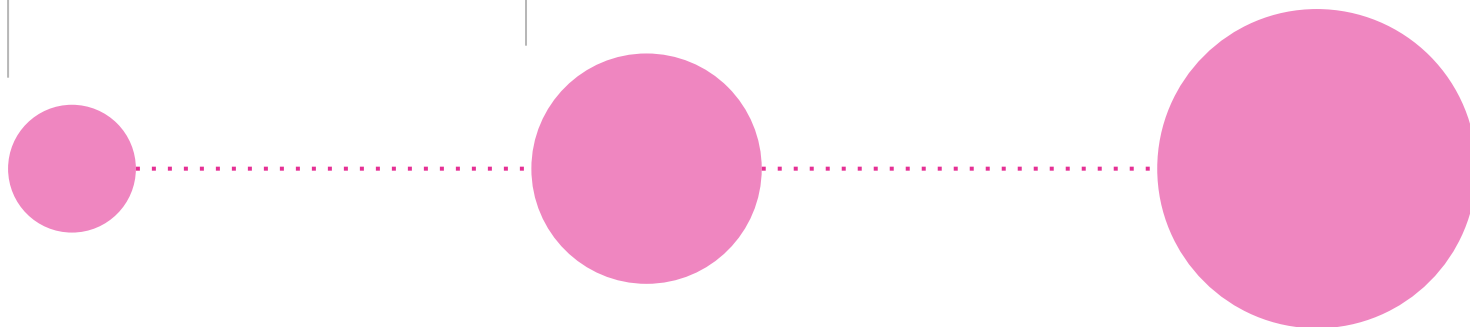
# Small examples lead to big changes

Working together to make change

Prototype a potential solution in a discreet service

Show how new ways of working can be used across other services

Show the Union how new ways of working lead to be better services



# From co-design to hypothesis



Using input from the co-design workshop a list of prototypes was created. They were assessed across three areas (below) with questions running across them:

1. **Benefits for the user**
2. **Benefits for the council**
3. **Feasibility within the timeframe**

Alignment to theme	Service Manager/ Key contact	Project opportunities (align with How can we?)	BENEFITS FOR USER		BENEFITS FOR THE COUNCIL	
			Will this solve an important problem for users? Small project - Solving a defined problem  Medium project - Exploring the possibilities of worthwhile problems	Will this save the council money or generate income?	Does it help from a system level to better meet demand?	
Vision	Bev Compton	<b>Vision &amp; strategy</b> How can we design Adult Services to better respond to the complexity of the user needs?	4	2	3	
Process	Ros Davey	<b>Consent question</b> Incorporate a question which asks for service user's consent when using personal data into the initial contact they make with a service. This could be tested with SPA to begin building in one sentence when a user first calls. Wording and language can be trialed with different users prior to introducing to SPA.	4	1	2	
Process	John Mitchell? - <a href="mailto:john.mitchell1@nhs.net">john.mitchell1@nhs.net</a>	<b>IAG content (carers guidance/services 4 me)</b> Create and test clear and engaging content for Information, Advice and Guidance to build a more accessible directory for Adult Services across North East Lincs. There is currently 'Services 4 Me' an online directory for services however there is no product owner and it is not updated regularly so a lot of information is out of date, and the website has a lot of information that can be condensed and the user experience could be simplified.	3	1	4	
Integration	SPA	<b>Core, shared assessment</b> To build a unified assessment that combines the common questions used in assessments across different services. This assessment could be filled in once when the service user enters the system to reduce how often users have to repeat the same	4	3	3	

Snapshot of the prioritisation matrix

## Chosen prototype: Consent



**Incorporate a question which asks for service user's consent when using personal data into the initial contact they make with a service. This could be tested with SPA to begin building in one sentence when a user first calls. Wording and language can be trialed with different users prior to introducing to SPA.**

We chose this prototype because we felt that it could unlock several other problems and prototypes.

# Consent prototype: Hypothesis



Building consent into how services capture and use personal data will enable services to work better together (communication across the system and with users), improve service user experience (eg. minimise duplication) and ensure staff can trust the data they're working with. This should:

- Enable other ideas & suggested prototypes to take shape across the system: for example without consent built in it would be difficult to create a core shared assessment, GP carer notification or map of services.
- Help to use existing tools and work with the current processes and systems more effectively. Testing this prototype will engage a range of services across the system including GPs and build more collaborative ways of working.
- Service users should benefit from better communication with services resulting in a smoother less time consuming journey through services

# Consent prototype: Costs & technology

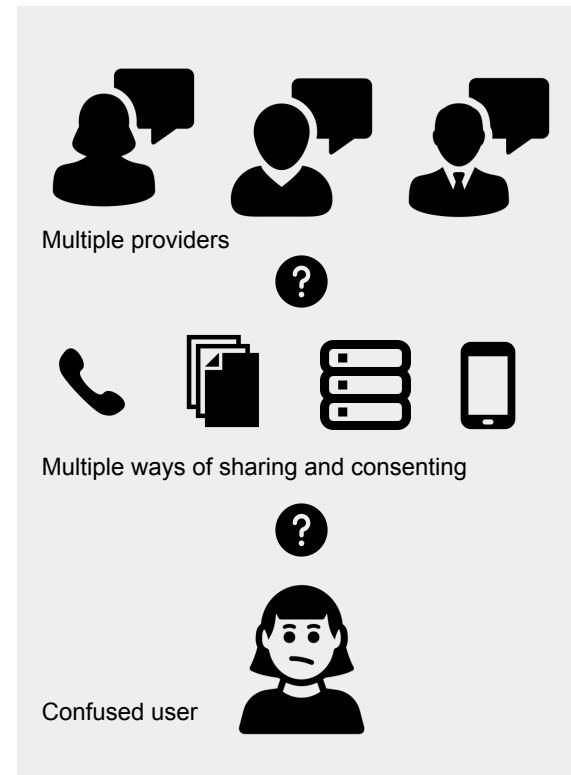


## Costs

Minimise the costs of double handling data and processing twice or more across different services - calls, filling forms in etc. Reduce the Cost of Time - time the service user spends in the wrong part of service, repeating themselves, being bounced between services.

## Technology

Test that this approach works with the current systems, creating new ways of working with systems rather than a whole new technological system.





# What the prototype looked like



Our first prototype gave more specific information around where the user's information will be shared and was to be asked verbally by SPA. The second prototype added consent into the services4me online referral form to test how users felt giving consent online before reaching SPA.

"Can I have your permission to access your health and social care records?"

"Are you happy for the information you give me to be recorded and shared with other professionals involved in your care? Considering the issue you have presented with today, the professionals we are likely to share your information with will be part of the following services:

**[Example: Housing Options Team]**

**[Example: Crisis Homes Team]**

**[Example: any other appropriate services]**

Are you happy for the information you give me to be shared with these services specifically?  
*(repeat list of services to get a yes or no for each service)"*

"Please note that we will not share your information with **[example: DWP], [example: any other services residents often don't want their information being shared with]**"

The screenshot shows a digital form titled "Single Point of Access" in a dark header. Below the title, the section "Consent" is highlighted in blue. The text reads: "Sharing your information with other professionals will help us to support you better." This is followed by the question "Are you happy for us to do this?". There are two radio button options: "Yes" (which is unselected) and "No" (which is selected, indicated by a yellow glow). Below the radio buttons, there are three underlined links: "What kind of information will we share?", "What if I don't agree?", and "What if I don't want to share my information with certain organisations?". At the bottom of the form is a large green button labeled "Next".

**We tested the prototype across Adult Services. We also interviewed services about information sharing and consent:**

- SPA
- Housing Options
- Navigo
- British Red Cross
- Care Plus Group
- Intermediate Care
- Pop up research in Muni



**We also tested our prototype with 7 members of the public in the Municipal Building.**

**Verbal consent question**

- Two service users
- SPA feedback

**Pop up testing (online form)**

- Five interviews



# Service users: Insights - verbal consent



**People like to know who their information is being shared with.**

People like to know where their information is going because they might not want to share it with certain people.

*“Apprehensive, I’ve always been told to get everything in writing, the person on other end of the phone might be ticking 20 boxes and you haven’t got a choice, they could tick a box about a service that you don’t want anything to do with. **Might have had a bad experience with a service in the past and now I really don’t want anything to do with them** or them to know anything about me and then if I was put in touch with them.”*

# Service users: Insights - verbal consent



**It can be hard to give consent on behalf of others.** It's important for people to be able to consent on behalf of others so that they can help them.

*“I had an experience ringing a doctor, my son wanted to speak but he wanted me to sign it. I said ‘can I give you a password so my son can use it? They wouldn’t.’ **I gave consent over phone and even that didn’t work**, I signed a little form and they said they hadn’t got it but I knew it was in the post.”*

## General public: Insights - online form



**The form makes people feel confident doing it themselves.** People felt that the information was clear and they felt it presented the right options in an easy to use format.

*“The form looks good, looks like government gateway. **It would make me feel confident.** Especially someone like me where my wife does stuff, It’s easy for me to understand so I could do it myself, I’d feel confident doing it. Because of the way the information is presented.”*

## General public: Insights - online form



**The council is one team.** People see the council as one team and can get frustrated repeating information, or being told to go to another place to be dealt with.

*“Questions should not have to be repeated, when I came in here they said we don’t talk about this that or the other. We should provide the evidence required to receive the information required. **The council is one team.** We’re always repeating information.”*

# Service professionals: Top Insights



**Consent is easier to get during crisis.** Consent is harder to get when people are aren't in crisis. This means that building a data sharing into a system that aspires to focus on early intervention and prevention is difficult.

*“If there is no patient consent to access personal information and historical interactions, **we often have to wait until a situation has escalated** and the client has limited capacity to intervene and give right support.”*



# Service professionals: Top Insights



**Previously collected information can be hard to find.** Some services take information verbally so it is hard to look back and see what happened with a case. This has a direct impact on services users feeling they need to repeat themselves.

“Information is gathered verbally when we can’t access it on the system. **It works in the moment but not when going back into records.** Missed information.”



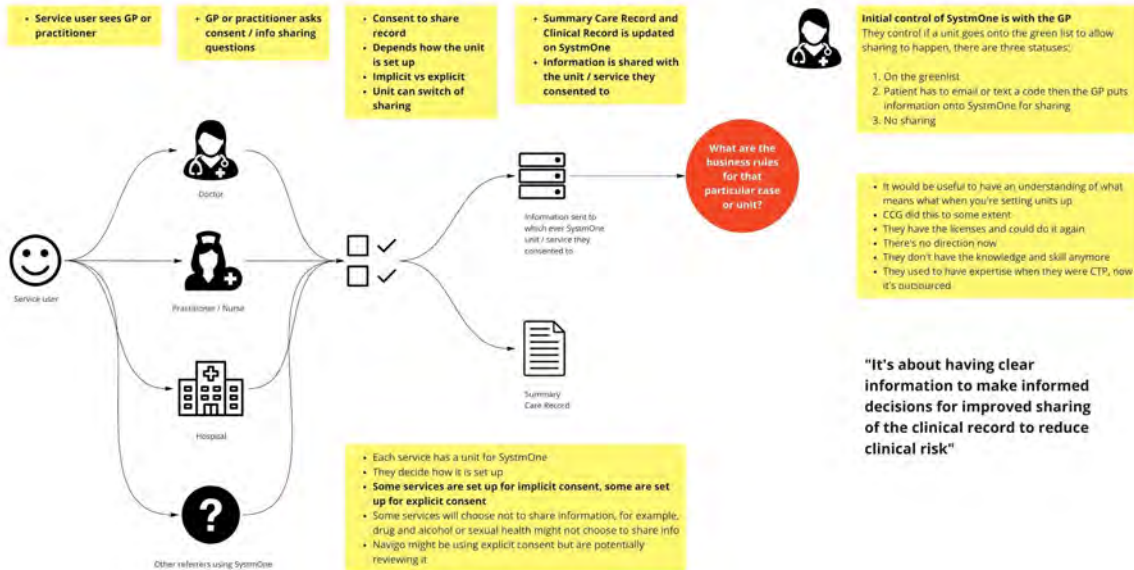
**Services use different forms of consent, varying between implicit and explicit.** When sharing a record with S1 it depends how the service's unit is setup to handle consent. The service decides how it is set up but there are no common standards between services. The lack of connectedness between different modules makes this a particularly thorny issue.

*“You can agree to share records and record consent but it depends how the unit is set up.”*



**Services set up their SystemOne units independently.** Services decide how they use SystemOne. Services can have different rules for how they use it and there are no shared rules or agreements between the services that use it.

*“You can agree to share records and record consent but it depends how the unit is set up.”*



## Lightbulb Moment #5

### The 8 lenses of service transformation

We could see how consent is used across services using SystmOne and how it can cause issues with sharing.

*"It's about having clear information to make informed decisions for improved sharing of the clinical record to reduce risk."*

Head of commercial development and governance at CPG



## Impact:



We used our prototype to investigate the use of consent and how information is shared between services. It was used as a ‘sacrificial object’ that could be used to discard some assumptions we had and to create a clearer view of the problems we faced. It gave us:

- A clearer understanding of how services share consent and information
- Helped to open up questions around consent and
- information sharing
- Highlighted problem areas around data, digital technology and ways of working

# 6. VISION



## Why we looked at this

Research with staff identified that the lack of shared vision and outcomes across Adult Services means they find it hard to work in a user centred way.

This means it is hard to work to outcomes rather than organisations. This has immediate, systemic results: for instance, while the Integrated Care Partnership has been in existence for the past 2 years, the pace of progress has not been as quick as hoped.

By developing a shared vision that could be tested and iterated with key stakeholders and service users, there is the opportunity to directly address this.

This can help to push you to ask the right questions, ensure that people are at the heart of your services and mission and allow you to measure your impact.

The fact that partners from across Adult Services co-designed the vision is important: It means it is based on a shared understanding of what you want the future to look like, and how you define it.

**Internet era  
organisations**

**Have a useful and  
usable vision**

**Ambition to rethink  
fundamentally**

**Focus on outcomes**

**Adaptable and open  
to future change**

**FUTUREGOV**

[wearefuturegov.com](http://wearefuturegov.com)

# The vision & definitions



**Adults in North East Lincolnshire have healthy & independent lives with easy access to joined up advice and support which gives them the control they need to help themselves.**

**Healthy:** Best possible health. Looking at both physical health and emotional wellbeing, not just absence of illness.

**Independent:** Able to manage daily life. Be able to do the things they want, when they want to.

**Easy access:** Anywhere, any time. As close as possible to home. Knowing what's available. Choice of options available.

**Joined up:** Organisations deliver seamless support tailored to the individual.

**Control:** Being able to make own decisions. Having information to make these decisions. No assumptions or being told what to do.

**Help themselves:** Having information to make decisions. Able to ask questions. Treated and respected as equal.



# What you need to do next



You now have a prototype vision that can be tested and iterated on with key stakeholders and service users.

The next steps are:

- To refine the descriptions of the key words from the vision
- To establish the KPIs that you want to use to measure the effectiveness of your work
- To establish the benchmark for each of these so you can clearly see progress
- To establish how you intend to measure this, be it through an existing method or one that needs to be created

Keyword	Description	KPI	Benchmark	Measure
Simplest	TBC	User satisfaction	90%	Survey
		Number of clicks	3 clicks	Analytics
		%Self-serve	80%	Analytics
Fastest	TBC	Completion time	3 mins	Analytics
		Homepage load	2 secs	Analytics
Cost-effective	TBC	Digital uptake	80%	TBC

# **SKILLS & WAYS OF WORKING**

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# Agile, user research and service design



We ran 3 lunch and learn sessions covering Agile project management, user research and service design.

These gave an introduction to the core skills and modern working practices that sit behind the work of the Review.

The aim was to give staff a common way of approaching problems and ways of working collaboratively to solve them, always keeping user needs at the heart of their work.

What's the big problem?  
Missing?

What are the opportunities?

Governance

# 7. ROAD MAP

Expectations  
between  
services are  
different

Providers/  
Commissioners  
don't understand  
each other

Have to  
wait for a  
long time to  
get a decision

Encourage  
Providers/  
Comm. to  
meet (regular)

Strong  
vision  
(statement)  
A shared

Set of  
principles for  
how services  
work together

Still working to  
two organisations  
governing structures  
so there is no  
unified decision  
making or a single

Sometimes feels  
that all the  
organisations are  
very separate +  
not linked

Don't feel  
comfortable  
working in open  
& shared  
early / often

Governance  
Looking at the  
governance  
barriers, to  
establish it it  
more about  
individuals

Vision for  
Adult  
Services

clarity on  
how decisions  
+  
information  
goes

Procurement  
(care at  
home looming  
- BIG piece of  
work)

Way of doing  
things. This  
encourages siloed  
working +  
everything takes  
longer! (providers,  
healthcare etc...)

Lack of  
clarity  
about where  
decisions are  
made

Lack of  
vision means  
it's hard to  
know if doing  
right thing

Agile  
Governance  
working  
agreement  
thing

Agile  
delivery  
model

More user  
centred  
commissioning  
& procurement

Not sharing

Lack of

Services  
to access  
rules for

New decision  
making

# How do you use this?



■

We use roadmaps to help show direction of travel when working in an agile environment - we don't know exactly what the service improvements will look like yet, but we know the issues what we have to tackle.

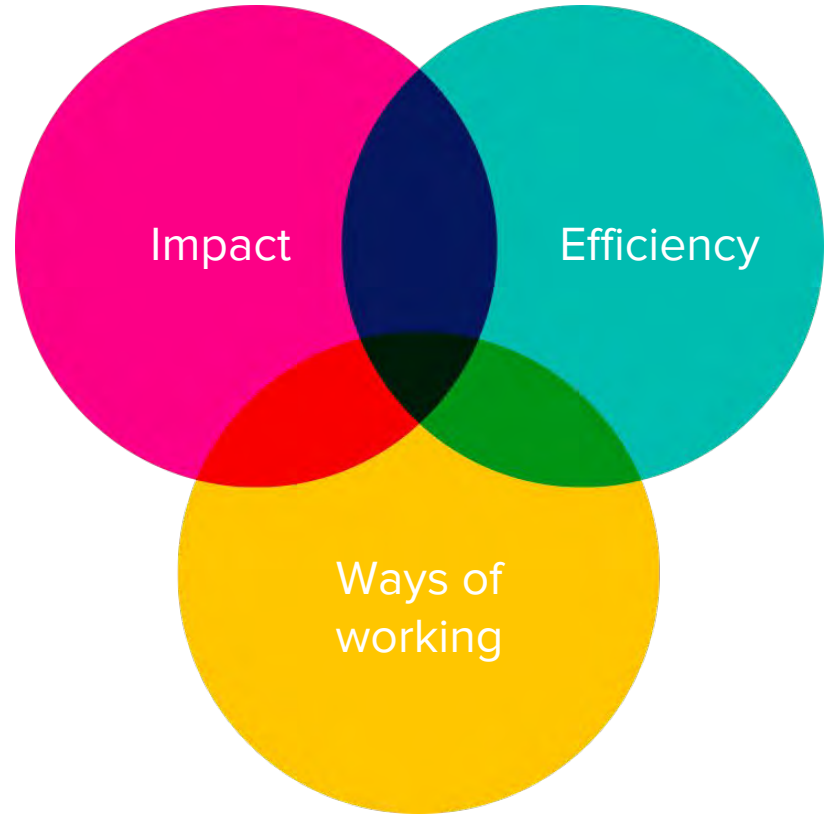
We use what we learned in the discovery and prototyping phases to set out a plan for where and how to keep improving Adult Services.

The roadmap is the basis for delivering the future user journey that fits the ambition of more integrated services delivered more efficiently. It includes client-facing interactions as well as back-office systems and process, with clear descriptions of what to do next and the teams you will need to deliver the change.

# THE ROADMAP

---

**How can we ensure that the move to the Union and a focus on early intervention and prevention delivers the desired outcomes for staff and service users?**



# The big question ...



## **If the Union wants to have a greater impact it will:**

- put end users front and centre
- have a clear theory of change
- know what their impact is
- know how they'll measure the impact they're having

## **If the Union wants to save money it will:**

- accept that maintaining or increasing impact might be less of a priority
- have a laser-like focus on efficiency
- be wary of temporary cost savings that store up longer-term expenses
- look for non-digital efficiencies at the same time

## **If the Union wants to make work easier and staff happier it will:**

- involve staff in co-designing solutions and decision-making
- accept that end users will be less of a priority
- address things like hardware first



**WHAT'S THE  
PROBLEM?**

## Governance

## Data

## Content

## User experience

Lack of vision means it's hard to know if doing the right thing

There is not currently an effective data sharing policy

There is a lack of collaborative working between commissioners and providers

Service users have to tell their story more than once

Services are still working to two organisational governing structures

The common assessment that exists is not working well and is not user centred.

There is a lack of regular communication between services

There is a focus on business needs over user needs

Staff don't always work in the open and share early / often enough

There is no a system wide, shared understanding of data sharing and consent.

There is a lack of clarity about services, what they offer, how to access and what happens next.

Service users have to fight for what they are entitled to, end up with broken journeys and have to constantly chase

Lack of clarity around governance processes slows down decision making

The technology currently used does not allow for easy sharing of information.

Unclear website content means service users don't know what is on offer and where to go for help

It is unclear how much agency service users have in decisions about their care

Lack of awareness about other services means there are different expectations of each other (between services, commissioners and providers)

There is an issue around how and what data is captured and the quality of this.

The language across services is unclear and there are too many acronyms

**THE  
OPPORTUNITIES.**

## Governance

Develop a shared vision statement for and test & iterate with Adult Services

Encourage a single way of doing things and improve decision making timescales (procurement, referrals, etc)

Adopt an agile governance model

Introduce a set of principles for how services work together and where decisions are made

Increase awareness and understanding of full range of support available to improve user experience

## Data

Create a user centred data sharing policy to improve assessment process.

Improve the knowledge and understanding of staff about data consent, sharing agreements and processes to link system better

Improve use of digital technology to meet both staff and user needs.

Create a shared data quality standard for capturing data

## Content

Improve communication channels and frequency of communications

Develop common content and communication standards

Articulate clearly what each service does and expects from other services

Develop a common language that is in line with how users search for and access information

## User experience

Give the service user a way to tell their story and control over the information they share

Make sure user needs and business goals are aligned and have an outcome orientated approach to delivery

Improve automation so that back end systems aren't reliant on manual updates.

Build deeper understanding of user needs and embed user research

Provide clarity about where users are in the journey.

# ROADMAP FOR CHANGE

# Opportunities

3 months

6 months

12 months



## Governance

Develop a shared vision statement for and test & iterate with Adult Services	<ul style="list-style-type: none"> <li>• Test the vision and reiterate</li> <li>• Play vision back to wider stakeholders</li> <li>• User test the vision with service users</li> <li>• Develop metrics and benchmark</li> </ul>	<ul style="list-style-type: none"> <li>• Adopt vision as working model</li> <li>• Review organisational outcomes to align to vision</li> </ul>	<ul style="list-style-type: none"> <li>• Take updated vision to Union board for sign off</li> </ul>
Encourage a single way of doing things and improve decision making timescales (procurement, referrals, etc)	<ul style="list-style-type: none"> <li>• Review decision making process across the Union</li> <li>• Review decision making across ICP</li> </ul>	<ul style="list-style-type: none"> <li>• Prototype new user-centred decision making model</li> <li>• Create dummy data to run through the prototype</li> <li>• Iterate prototype based on learning</li> </ul>	<ul style="list-style-type: none"> <li>• Implement new shared governance model</li> </ul>
Adopt an agile governance model	<ul style="list-style-type: none"> <li>• Review common crisis points in user experiences</li> <li>• Prioritise quick wins for improved cross organisational working</li> <li>• Prioritise areas to test new ways of working</li> <li>• Identify leads for each prototype</li> </ul>	<ul style="list-style-type: none"> <li>• Test impact of open ways of working in prioritised areas</li> <li>• Establish regular stand-ups</li> </ul>	<ul style="list-style-type: none"> <li>• Design new collaborative working arrangements based on pain points and test these</li> </ul>

## Opportunities

3 months

6 months

12 months



### Governance

Introduce a set of principles for how services work together and where decisions are made	<ul style="list-style-type: none"><li>Co-design workshop to create first draft of principles</li></ul>	<ul style="list-style-type: none"><li>Test and iterate, playback to each other with service users and stakeholders</li><li>Regular show and tells to feedback</li><li>Ensure principles align to Vision for Adult Services</li></ul>	<ul style="list-style-type: none"><li>Take principles to Union Board to sign off and agree common working practices across Adult Services</li></ul>
Increase awareness and understanding of full range of support available to improve user experience	<ul style="list-style-type: none"><li>User research to understand impact of lack of understanding and awareness</li><li>Start with scenario based exercise (use existing user map)</li></ul>	<ul style="list-style-type: none"><li>Test different models of transition between services including referrals, communication and data flow</li><li>Agree the preferred model</li></ul>	<ul style="list-style-type: none"><li>Implement new arrangements for co-ordinated packages of care</li><li>Establish regular testing to continue alignment to user need</li></ul>

# Opportunities

3 months

6 months

12 months



Data

Create a user centred data sharing policy to improve assessment process.	<ul style="list-style-type: none"> <li>Conduct user research to understand how users want their data to be shared</li> <li>Baseline user satisfaction with current data sharing arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Co-design new policy with service users</li> </ul>	<ul style="list-style-type: none"> <li>Prototype &amp; test new policy</li> <li>Assess impact of new policy on user experience</li> </ul>
Improve the knowledge and understanding of staff about data consent, sharing agreements and processes to link system better	<ul style="list-style-type: none"> <li>Assess and baseline staff knowledge and understanding of data sharing</li> </ul>	<ul style="list-style-type: none"> <li>Invest in training for staff to upskill them in data handling</li> <li>Refresh and promote content on intranet to make clear their ability &amp; responsibility</li> </ul>	<ul style="list-style-type: none"> <li>Implement new ways of working for staff</li> </ul>
Improve use of digital technology to meet both staff and user needs.	<ul style="list-style-type: none"> <li>Work with staff to understand tools and equipment they need to get job done</li> </ul>	<ul style="list-style-type: none"> <li>Build business case to decommission legacy software and invest in digital technology</li> </ul>	<ul style="list-style-type: none"> <li>Procure software that is fit for purpose and meets user needs</li> </ul>
Create a shared data quality standard for capturing data	<ul style="list-style-type: none"> <li>Review existing data quality standards across all adult services</li> </ul>	<ul style="list-style-type: none"> <li>Co-design new standards to improve consistency of data quality</li> </ul>	<ul style="list-style-type: none"> <li>Integrate new standards with other relevant services such as children's services</li> </ul>



# Opportunities

3 months

6 months

12 months



Content

Improve communication channels and frequency of communications	<ul style="list-style-type: none"> <li>Baseline how staff most like to communicate</li> <li>Assess figures against current comms channels and methods</li> </ul>	<ul style="list-style-type: none"> <li>Test use of new tools for comms (i.e. Slack)</li> <li>Assess impact of new methods on staff morale and productivity</li> </ul>	<ul style="list-style-type: none"> <li>Implement new ways of working based on what is learned during testing</li> </ul>
Develop common content and communication standards	<ul style="list-style-type: none"> <li>Review current content standards across all adult services</li> <li>Research best practice content standards to develop baseline measurement</li> </ul>	<ul style="list-style-type: none"> <li>Develop, test and iterate new standards with stakeholders</li> <li>Encourage challenge and critique from best in class peers</li> </ul>	<ul style="list-style-type: none"> <li>Agree and implement common content standard</li> </ul>
Articulate clearly what each service does and expects from other services	<ul style="list-style-type: none"> <li>Conduct user research to understand how they perceive the support available</li> </ul>	<ul style="list-style-type: none"> <li>Workshops with staff to demonstrate scope of Adult Services and how it all fits together</li> </ul>	<ul style="list-style-type: none"> <li>Prototype new solutions such as text based prompts and/or map of services for users</li> </ul>
Develop a common language that is in line with how users search for and access information	<ul style="list-style-type: none"> <li>User research into what users search for , where and how</li> <li>Use google analytics to understand most visited pages and points of failure</li> </ul>	<ul style="list-style-type: none"> <li>Review content on service4me website with stakeholders and service users</li> <li>Refresh content on highest volume pages &amp; measure difference with google analytics</li> </ul>	<ul style="list-style-type: none"> <li>Undertake GDS assessment to ensure quality standards</li> </ul>

# Opportunities

3 months

6 months

12 months

User experience

Give the service user a way to tell their story and control over the information they share	<ul style="list-style-type: none"> <li>Assess current opportunities for service users to proactively share information</li> <li>Assess time spent asking service users to repeat story and estimate costs</li> </ul>	<ul style="list-style-type: none"> <li>Co-design new solutions with service users focussing on how they could have greater agency over their story</li> </ul>	<ul style="list-style-type: none"> <li>Prototype new ways of working to understand impact</li> </ul>
Make sure user needs and business goals are aligned and have an outcome orientated approach to delivery	<ul style="list-style-type: none"> <li>Review of business goals and organisational objectives to understand alignment with user needs</li> </ul>	<ul style="list-style-type: none"> <li>Workshop with staff to align business objectives with new vision and metrics</li> </ul>	<ul style="list-style-type: none"> <li>Take refreshed business objectives to Union and ICP for sign off and implementation</li> </ul>
Improve automation so that back end systems aren't reliant on manual updates.	<ul style="list-style-type: none"> <li>Baseline number of staff actions that could be automated and the cost of time spent completing these</li> </ul>	<ul style="list-style-type: none"> <li>Build business case predicated on staff time and cost saved to invest in technology to automate actions</li> <li>Prioritise highest volume tasks and create backlog for automation</li> </ul>	
Build deeper understanding of user needs and embed user research	<ul style="list-style-type: none"> <li>Baseline number of projects that have included user research in last 12 months</li> </ul>	<ul style="list-style-type: none"> <li>Impact assessment of change to outcomes in these areas over 12 months</li> <li>Work with digital team to create a backlog of potential user research projects</li> </ul>	<ul style="list-style-type: none"> <li>Begin to embed user research into each new service design project</li> </ul>
Provide clarity about where users are in the journey.	<ul style="list-style-type: none"> <li>Conduct user research to understand common points of confusion in customer journeys</li> <li>Research into current means of communicating updated to residents and impact of these</li> </ul>	<ul style="list-style-type: none"> <li>Co-design potential new solutions to means of communicating progress to service users</li> <li>Assess pattern libraries to understand what has been used elsewhere</li> </ul>	

## Next steps



FutureGov and Union to share the findings of this report widely and facilitate open discussions about change.



Start to implement practical next steps to ignite changes in governance, data, content and user experience.



Consider investing in roadmap projects to support long term culture change and model user centred service redesign.

A person is shown from the side, wearing a dark shirt and a watch, writing on a document with a white marker. The document has sections titled 'Food' and 'Cycling'. In the background, there is a smartphone and a tablet. The text '8. CONCLUSION' is overlaid in large white letters.

# 8. CONCLUSION

**There is clear leadership at an organisational level but the challenge is to make this consistent across all Adult Services.**

**There is a dedicated partnership but there is work to do to make everyone view problems from a user centred perspective.**

**—**

**The creation of the Union can be a real catalyst for change.**

**The vision provides a clear agenda for Adult Services.**

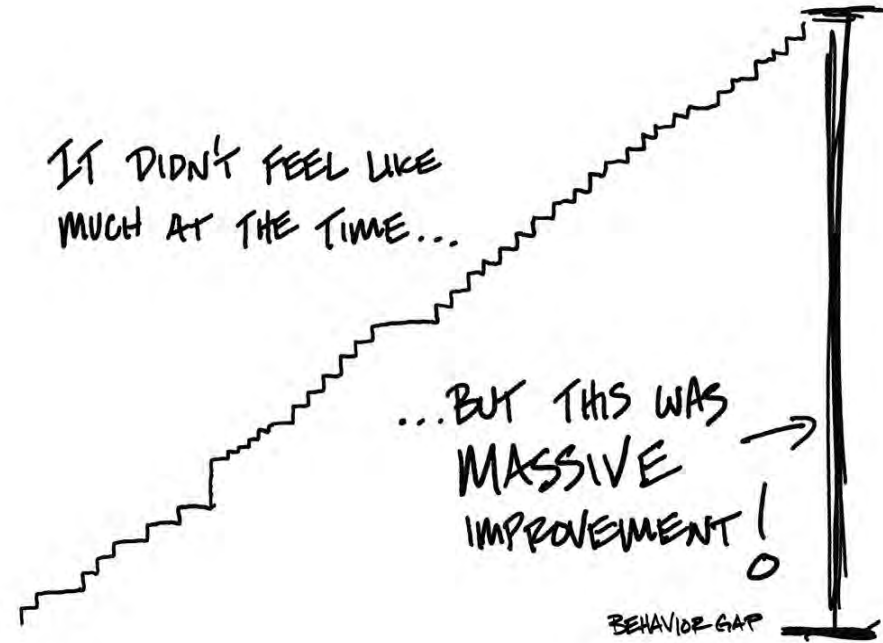
**The roadmap offers you tangible actions you can take to start to realise your vision.**

**—**

## Think big, start small

Part of the challenge is that large scale transformation that changes the ways you work can be overwhelming. There's a lot happening, and when you can't see the edges of your work it's hard to know where to start (and stop). It's important not to get lost in 'the system': drawn into big, cross cutting issues, thinking like this doesn't provide clarity and is often misunderstood as being strategic.

Breaking down big challenges into smaller parts with achievable goals helps to focus energy, effort and intent. Specificity isn't the enemy of vision or strategy: it's important to think about the specific parts of a system or service and how they relate to one another to understand how they interact and what needs changing.



## Next steps



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Start to implement practical next steps to ignite changes in governance, data, content and user experience.



Consider investing in roadmap projects to support long term change and model user centred service design.



thank  
you

A pink circular logo with the text "FG 10" in white, positioned over the letter 'o' in the word "you".

[wearefuturegov.com](http://wearefuturegov.com)  
#FGis10

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## A person's hands are visible, holding a pen and pointing at a document titled 'APPENDIX'. The document is open on a desk, showing sections for 'Food' and 'Cycling'. The 'Food' section lists various food-related items, and the 'Cycling' section lists various cycling-related items. The person is wearing a watch on their left wrist. The background is slightly blurred, showing a desk with a laptop and a smartphone.

# Who we engaged as part of the review

20

10

## Stakeholder research

### **16 x 1 hour interviews with:**

Focus (social care)  
Housing  
Continuing Health Care  
Adult Education  
Adult Safeguarding  
Public Health England  
Adult Learning Disability Services  
Employability  
Domiciliary Care  
Intermediate Care at Home  
Children Services (Youth Offenders Justice System and Families First)

### **2 x 3 hour Shadowing Sessions with:**

Single Point of Access (SPA)  
Hospital Discharge team

## Service User research

### **5 x 2 hour interviews with:**

- **Two** people receiving / has received both social and health care, who has been passed between both systems multiple times
- Someone who had a tricky experience being discharged from hospital and into another service
- Someone who had multiple touch points with council services and CCG - ie. housing, social care, Navigo
- Someone who has fallen out of the system e.g. Did not attend (DNAs) despite councils concern.

## Prototyping

### **5 x 1 hour interviews and / or shadowing with:**

SPA  
Housing Options  
Navigo  
British Red Cross  
Care Plus Group

### **2 x Phone Testing with users we spoke to during user research**

- Someone who had a tricky experience being discharged from hospital and into another service
- Person receiving / has received both social and health care, who has been passed between both systems multiple times