ALICE AINSWORTH ON SOCIAL CARE MARKET SHAPING

Transcript

Linda O'Halloran (00:00)

Hello Alice, and thank you so much for agreeing to share your experience of making systemic interventions into health and social care. I'm really excited to talk to you. Would you start by just telling us a little bit about where you're coming from and your most recent mission?

Alice Ainsworth (00:16)

Yeah, absolutely. So I, up until very recently, was at the Department of Health and Social Care, where I led a joint unit across DHSC and NHS England to digitise social care, and so I was the SRO of that program.

Linda O'Halloran (00:34)

What kind of problem were you looking to solve? Like, how were things before and what was your mission going into it?

Alice Ainsworth (00:41)

Yeah, the program that we were running was something that we started just off the back of the pandemic, really.

During COVID, we realised just how undigitised the social care provider sector was and how difficult it was to get any data from the social care sector. So the mission that we had was to support the care sector to move from paper records, so paper care planning on a clipboard stored in files in rooms, to digital software.

So we supported providers to move onto cloud-based, user-friendly, standards-based software that they could use on the go, and that meant that people's care plans and care records could be shared and updated much more easily.

Linda O'Halloran (01:31)

There's something about never wasting a good crisis. And sometimes the only way you can kind of move from one paradigm to another is because... you're at a breaking point.

Alice Ainsworth (01:34)

Hahaha... I completely agree with that. There's a great phrase that our Chief Medical Officer used once and that I've used again many times, which is: you've got to ride the waves you're given. So if you see an opportunity, you've got to take it, whether it's a positive opportunity or a crisis point, which means that, actually, you've got the chance to do something differently for a while.

Linda O'Halloran (02:09)

I think the thing that I love about your example the most, perhaps, is that your problem was that care providers are analogue. So in some ways it's like a green-field site. You could have just said, "Here's some money, go and get a care record." But actually, you went a step further because you'd understood that there was something that wouldn't work or you wouldn't future-proof the sector if you just went about it in what you might say is the old-fashioned way. Do you want to say a little bit more about that?

Alice Ainsworth (02:38)

Yeah, so you're right. Yeah, it was quite a green-field site when we embarked on this programme. So actually, only about 40% of care providers had a digital care record, and the rest are all still on paper. So we did have sort of a large opportunity to do things differently. We weren't moving from one system to another; we were moving from paper to digital. And in some ways, that's a lot easier.

The software market was small but not immature, so actually quite a lot of the products that were in the market were already meeting some of the core standards that you would hope to see in public services. So a lot of them were already cloud-based; a lot of them had built usability in as one of their core features, because they've got to sell to a lot of small providers that are not particularly digitally mature.

And so what we did was look at what the market was when we started and what we wanted it to be, and designed a roadmap working with suppliers and with providers as the customers to say what were the key features that these

systems should have in place, what were the capabilities that they needed, and then what were the standards that those systems needed. So rather than just pump money into the sector and into the supplier market, we worked with the sector, and we worked with suppliers to make sure that money was being spent on systems that did actually do what both the customer needed, the providers, and what the government wanted, which was to ensure that those systems were secure.

So, meeting cyber security standards, were interoperable so that they could in future connect to NHS systems, and that met the priorities of what providers were saying they needed. So some things like using voice-to-text was one of the features that we included in that standard and capabilities roadmap from the beginning because we could see what the future opportunities were going to be around that.

Linda O'Halloran (04:50)

It's interesting — all the projects that I see that are front runners that are actually kind of doing market shaping, market interventions, they're all coming from really special circumstances. Like, you had COVID; you literally had to engage with organisations that were offline, whereas for other aspects of the social service ecosystem, the benefits case is just super hard to make because things are kind of okay enough, you know.

And people aren't really understanding the risk of not doing it or the benefits of playing the long game around standards.

Alice Ainsworth (05:24)

So I think one of the things that was interesting about the way that we went about getting the programme off the ground is that we looked at all of the different benefits that you would or could get from digitising the care sector.

So we looked at the sort of the future interoperability benefits around actually, how would that save time for potentially people being admitted into hospital or being discharged from hospital? Huge benefits around making sure that information flows with people, quality and safety benefits. We looked at time savings around how much more time resources using paper was versus using digital systems. We looked at sort of benefits around potentially like cybersecurity, etc.

But the benefits case that we made to the Treasury for this investment was all about productivity. So you're looking for all of the benefits that you can find, but you've got to choose the ones that are going to actually get you the investment.

So we looked at time savings. So we looked at how much time does a staff member spend updating a paper record, and then what's the time saving for when you move to a digital system? And we forecasted that each care worker would save 20 minutes per shift.

It's actually a lot more than that once you've got a fully digital system. But if you take 20 minutes per care worker per shift and you multiply that across all of the shifts that are taking place across all of the care provider settings every day, you're talking in sort of really big numbers.

Linda O'Halloran (07:16)

It's an interesting and kind of sad feature of the machinery of government that the only way to get money for systemic interventions is in the very, very evidenceable here and now: "We're going to save time in the existing process," and not really acknowledging the pretty predictable future benefits which are so much greater. And I think that that's the thing that actually scuppers most other programs in a similar ecosystem.

Alice Ainsworth (07:42)

Mmm. I think that's a really interesting point, actually, because you can make a case to Treasury based on the benefits that you can actually count. But what you've also got to be able to do is tell a really good story about what those future benefits are. And, actually, I would say that the best way to getting the investment and the best way to getting your programme up and off the ground and staying through all of the spending cuts that you might have — or the restructures that you might have to go through — is actually much more about your ability to tell a very good story and for that story to be told really consistently by lots of other people.

The story about saving 20 minutes per care worker shift isn't actually a particularly exciting story. It comes up with big numbers when you sort of start to add it up across all of the thousands of providers and all of the sort of the hundreds of thousands of people that are working in the care sector. So you can make some really big stats numbers about the millions of hours that you're saving per month. But actually, what you need to be able to do is tell a human

story that sits alongside that:

What is it meaning for staff? What's it meaning for those human interactions? What's it meaning for family members? And the way to sort of, I think, progress that story is to then start to tell the story about what's broken as well.

So the kind of the "what happens" when someone gets admitted to hospital and their records don't go with them, or what happens when someone is discharged at 10 o'clock at night back to the care home when the care home's not expecting them, or discharged back to their home where they don't necessarily have somebody there waiting for them, or their home care provider doesn't know that they're back, or the home care provider shows up and they don't know that they're in hospital and spend sort of an hour trying to figure out what's happened to somebody.

And then what happens when that information hasn't gone with them — their medications, their next of kin? Like, that information is part of the delivery of care, and it's so worrying when that's your family member, and you don't know that people have got access to the information that they need, or you don't know where they are in the system, whether they've been discharged or not.

So, I think stats and numbers and money and being able to tell a financial story is really important. But connecting it back to people and our lived experiences that we can all relate to is actually one of the best ways to sort of get people on board with what you're doing.

Linda O'Halloran (10:44)

I love that message. I think it is the crux of so much of this. The actual overhead of making these benefits cases is sometimes not accounted for, especially if you're in a policy team or a digital team. It's a multidisciplinary activity, pulling together these stories and aligning around them. How did you do that? Was it different in comparison to how you'd worked before?

Alice Ainsworth (11:13)

So we used a lot of different approaches, actually. Some from the outset, which was through doing some user research, working with providers — and we did a lot of work with our national stakeholders as well, who were very supportive of the mission to understand what were the problems that we were trying to solve.

And actually, the technology suppliers, they themselves have had to do a lot of that research with their customers as well in order to develop their products. And you've got some good sort of user groups there around what are the core features that you need within the software. But then, when we were coming to do the delivery of the programme, and then over the life of the programme, actually, it was a lot of the relationships that our national programme then built with the integrated care board teams and the local authorities who then built those much more sort of "in-depth on the ground" relationships with care providers.

So you've got a really rapid feedback loop coming back to your national programme and to your policy team about understanding what's working and what's not, or what the barriers are that you hadn't potentially spotted at the beginning, which might be something to do with whether or not they've met their sort of data security, cybersecurity standards, or whether they've got internet connectivity on site.

Actually, how do they go about buying devices or should they do a "bring your own device" policy? There's lots of other things that need to be in place to sort of scale a digital program. And you can't necessarily put them all in place from day one. You've got to be able to figure some of those out as you go.

And I think one of the obstacles that people told us that we would face at the beginning was: this is not a digitally literate workforce, or this is not a digitally mature workforce, or this is a very low-skilled role; you can't expect too much from care workers.

And, legitimately, these are very busy people that haven't got a lot of time for change. But I think when you can work with them and show them how this can improve their enjoyment of work and how it can improve the quality of the care that they're giving, they were actually extremely receptive to that change and really learned from each other.

So we found that the digital champion model, where you have like, one person or a couple of people within your organisation that are then supporting that change, was so effective and so empowering for care staff.

Yeah, you've got to just be able to listen and react, and be able to be sort of quite creative to respond to the problems that you're seeing when they come up and also really understand whether the problems that you're seeing are things that you need to intervene in or whether they're going to work themselves through.

Linda O'Halloran (14:41)

Speaks to the benefit of that "engage as you go" iterative development process, and actually having lots of similar organisations feeding in. Because often things that were perceived to be absolutely necessary to the way that organisation works, when a very similar organisation doesn't see the need, that kind of opens up a new conversation for everyone and helps you find the essential stuff to provide for and what you can step back from.

I also wonder how involved policy colleagues were and how beneficial it was to them to have this like live feedback loop that sometimes isn't as available in the policy practice.

Alice Ainsworth (15:20)

Yeah, so you've hit on one of the things that I found the most interesting and exciting about the way that we did this project. So, as well as being the SRO for the program, I was also the deputy director responsible for social care technology policy.

And when we started the programme, we sat out in NHSX, which was a joint transformation unit of DHSC and NHS England. And over the life of the programme, my team started to move much closer to the social care policy team.

So, making sure that we were feeding our learnings from our delivery program back into other bits of the social care group in the department. And that was quite an interesting process. I'm not from a policy background, but I took on a policy role as a way of making sure that the interventions that we were taking could have the biggest impact, and making sure that we understood what else was coming down the road for social care to then be able to adapt our transformation program.

Linda O'Halloran (16:34)

That's a pretty special thing, I think, to have a mission that is well articulated in a place where you have the levers of both digital and policy. Was that different at the time you set up this program? Or hard to achieve?

Alice Ainsworth (16:51)

I think it's actually quite unusual, but I wouldn't say it's easy.

I think the way that we were set up, which meant that we were as much part of transformation as we were a part of policy and strategy for the sector that we were supporting, meant that as a policy team and as the leadership team across the programme, you really could see right up to ministers and sort of what's going on at the very top of government — what are the sort of the political changes that might be coming down the line — right through to relationships with sort of hundreds of individual care providers at any one time.

Which just means that you can understand what the human impact of policy is immediately. And I think the traditional model of policy development means that you don't see the impact of your decisions until quite a long way down the road. And I think it really helped develop a very strong culture of how important it is to know what the impact of your decisions are going to be on the people that you're here to serve.

I think that as central government, the "being able to see the impact of the decisions or the indecisions on the people that you're here to serve" is something we should do a lot more of.

Linda O'Halloran (18:39)

You never know what could have been otherwise, but intuitively, by working in this way, you've avoided so much waste. You've avoided so much human suffering in a way for things not joining up, for people falling between the cracks. Have you been able to measure any of this already in a way that would inspire other people?

Alice Ainsworth (18:59)

So we have done a lot to measure the benefits of what we've done. So measuring the sort of the time savings and the potential improvements to sort of quality and safety. I think it's really hard to measure the things that you avoided and the mistakes that you caught quickly, or the opportunities that you managed to grasp that might have slipped through the net otherwise.

But I can tell you that there were a lot of them! Hahah. So I mean, I think during the duration of our programme, we had several prime ministers; we had several governments; we had quite a lot of ministers. We had quite a lot of changes of organisational structure. We went through recruitment freezes and reorganisations and budget reprioritisations and managed to keep the show on the road, managed to hold on to our budgets, be able to show the delivery

trajectory and be able to sort of generate really sort of positive stories.

Linda O'Halloran (20:31)

The other question I have is kind of about what you suspect in 10 years' time will be the result, will be the ecosystem that you have enabled. Because that's something that, even if we can't make a really, really robust evidence or benefits case for, it's worth aspiring to if we can understand intuitively that it makes sense.

Alice Ainsworth (20:54)

I think one of the biggest things that the programme has delivered that I kind of knew it would do, but I'm not sure was fully expected, is that when we started out on this programme, it was very usual for me to have interactions over the course of the day where people asked, "Why?"

"Why are we doing something for social care? That's the independent sector, that's the private sector, that's not part of the NHS." Or, "We can't give health information to social care staff; they're not clinical staff, we can't do that." Or, "The care sector is not a sector where you're going to be able to deliver, like, big digital transformation. This is not a digitally mature part of the health and care system. So, you know, be realistic about what you can achieve."

What I get now is people saying, "Why aren't you going faster? Why can't we do more? Why can't our expectations be even greater?"

Or, "We need to get social care in the room." Or, "We can't have a shared care record without social care because that misses the point." And that is a journey that is really hard to measure and really hard to quantify. But you feel it, you feel it every day.

You remember how difficult some of those conversations were and how hard you had to work to make sure that you were in the room, that you were being thought of, to now feeling like: actually, I've achieved what I set out to now because now other people are coming to me and saying, "We need you to move faster." And I'm like, "Well, the thing is, where we were five years ago..." That's a great feeling, and I want us to move faster as well because I completely agree.

Linda O'Halloran (22:59)

So don't lose heart, policy people, digital policy, market-shaping trailblazers. It's

worth it even if you have a lot of resistance along the way.

Alice Ainsworth (23:09)

Yeah, it is. And I think you also don't quite know what the ripple effect is of setting standards and shaping the market. What we've seen in the social care provider market is that the care records systems that we did a lot of work on to set standards, because they are like the backbone for the delivery of care...

The other tools and systems that care staff might use alongside a care record have also really upped their game as well. So you've seen quite a lot of progress in things like e-rostering systems or around the integration of tools like falls prevention technologies or the systems that people use to plan activities for care home residents.

And you're starting to see that those systems are now also interoperable with each other and with those care record systems, which is providing a much more coherent and user-friendly experience for care staff and actually meaning that they're getting more time back to spend with their residents or with the people that they're visiting in their own homes, because the systems are working for them rather than against them.

Linda O'Halloran (24:36)

I suspect also the provider market has become more diverse. You probably have already measured perhaps new entrants, perhaps smaller companies, more agile companies being able to grow their market share and maybe bigger, more complex products becoming a bit more modular.

Alice Ainsworth (24:57)

So, we've seen quite a lot of change in the system. So when we introduced our standards originally, we had three suppliers that were meeting our core standards and capabilities, and that has increased over time. And I think at the moment we have more than 20 digital care record suppliers that have met those standards.

And then over time, we will introduce more standards. So we've got a data standard that will come into effect next year. And we will require all of those technology software solutions to meet those standards as well. So it's a dynamic

market, and standards will continue to come in over time. But meeting those standards means that they are listed as an assured supplier by government, and it gives the purchasers or the care providers the opportunity to see which of those solutions is going to best ensure that they're future-proofed for what's coming down the road.

Linda O'Halloran (26:08)

What do you think the biggest conditions for your success have been?

Alice Ainsworth (26:13)

I think that working as a joint unit across the Department of Health and Social Care and NHS England, and being able to pull on the capabilities and skillsets of project delivery people — people that really understand health and health technology through to civil servants that really understand how to interact with ministers and how to get decisions made — and working as a joint unit has actually been the most impactful decision that we made on how you can get things done and keep things going. So I think recognising that policy and delivery professions are different but complementary when you understand and respect what each other are bringing to the party is the best way to speed up and really deliver real change.

Linda O'Halloran (27:22)

And maybe what has been the hardest?

Alice Ainsworth (27:27)

The same thing.

Linda O'Halloran (27:29)

I thought that might be the case.

Alice Ainsworth (27:30)

Working at the intersection of health and social care, of the NHS and government, of policy and delivery, and digital transformation is like having to speak seven different languages. And you have to be able to understand where everybody is coming from in order to be able to get everybody's points across,

to be able to understand the risks that people are bringing you, to understand the decisions that you need to take, or that need to be taken elsewhere, and understand the sort of the full system that you're operating in. It's extremely complicated, but I think if you can try your best at speaking all of those languages and recognising that they are all coming from a really valid and valuable perspective, then you can have good results. But it's very hard work at times.

Linda O'Halloran (28:31)

If you could do it all over again, what would you do differently?

Alice Ainsworth (28:40)

I don't know that I would do much differently other than prioritise a little more harshly a little bit earlier. I think when you can see what's at the other end of the work that you're doing, when you can see the potential of what you're trying to achieve, it's really difficult to put part of that down because you don't have the right skill mix, or you need to take longer to do a procurement for some reason. And I think we struggled to put some things down which we knew really, really needed doing, but that we had to de-prioritise during the life of the programme.

Most of those things, we went back, and we picked them up, and we either kicked them off or done them later. But it's really hard to stop doing things when you care really deeply. But you can't do it all, and you can't do it all at once, and if you try, you will burn out.

Linda O'Halloran (29:55)

One thing we said we might want this resource, playbook, to feel like was "my therapist friend" in that it's really, really setting yourself up to burn out — this kind of work — in a way because the system is always more powerful than you. The system behaves the way it does naturally and you're trying to resist nature, and you're trying to change the nature of a system. And if there's one thing you could maybe tell colleagues, up-and-coming colleagues who are eager to follow in your footsteps, what would you say to comfort them and encourage them to stay the course?

Alice Ainsworth (30:36)

That's a really good question. I think the thing to do to really stay the course is to

understand the system that you're operating in. So get out and about and meet people on a regular basis where you can see the positive impact of the work that you're doing. And also, by getting out and about, you see the friction and the pain and the problems that exist, and it gives you sort of extra fire in your belly as to why it's really important that you are doing these things.

And I think when you are out meeting people and hearing real stories and seeing real challenges, it gives you the stories that you need to be able to take back into work, into meetings to say: "But this is what is actually happening on the ground; these are the things that we need to be doing."

And it adds a lot more colour to your narrative back in work to be able to sort of really show why you are doing this in the first place.

Linda O'Halloran (31:52)

Last question: any tips for people in keeping political support?

Alice Ainsworth (31:59)

That's a great question. My experience has always been that ministers are much more closely connected to the real lives of their constituents and the people that they are serving within their local area than we can sometimes be in central government.

So I think that when you move from the theoretical to the real-life grit of showing what is broken, what is possible, and you can take them on that journey of seeing the best that things could be and the problems that you could solve by approaching this work in a particular way, they can see it.

When you take a set of problems to ministers, when you show how you could fix those problems and you give them a pathway to doing so, and you give them the confidence that you've got the capability to be able to make progress: they're there with you, they're right behind you. And all of the different ministers that I've worked with throughout the life of the programme have understood really quickly what it is we're trying to do and why, and have supported and enabled us to achieve that.

There was a point within the program that we were nervous that we would be asked to move faster towards a target when we were concerned that we were going to miss the point around interoperability, and it was a real sort of tension

point as to "do we focus on the date that we've put in the public domain as to what we're going to do by when", versus the sort of the substance of what we're trying to achieve.

And ministers just understood instantly that it's all about the long-term benefits and about the long-term objectives rather than the immediate sort of "quick wins" of stats and numbers. So yeah, my experience has been really positive, that if you can tell a good story and show that you've really thought things through, that actually ministers and senior officials that we've worked with have backed me, and have backed the program to get things done.

One of the ways that we've achieved that within our program was working with all of our sector stakeholders, where they understood the risks, they understood the opportunities, they understood the benefits. They actually did a lot of our work for us by making sure that when they were interacting with senior officials and ministers, they were getting the right points across to help us to achieve our objectives. So yeah, it's a team sport.

Linda O'Halloran (35:00)

Alice Ainsworth, thank you so much for coming and sharing years of experience. I could talk to you all day long, but I'll let you go and look forward to talking to you again soon.

Alice Ainsworth (35:10)

Thank you..