

‘Employee-led innovation: a case study in healthcare for homeless people’.

'Improving Health Through Innovation -
Better care for people who are homeless'

Bristol, 27 April 2018

Professor Alison Fuller

Email: alison.fuller@ucl.ac.uk

Drivers for Innovation in Healthcare

- NHS has faced ever-increasing demands on service provision since 1948

Key drivers:

- ageing population, multiple long-term conditions
- technological advances linked to top-down innovation
- increasing patient expectations
- need to control costs

Innovation as the answer

- “... now and for the foreseeable future we must meet these demands from within our current real terms funding, while at the same time improving quality. This means that simply doing more of what we have always done is no longer an option. We need to do things differently. We need to radically transform the way we deliver services. Innovation is the way – the only way – we can meet these challenges. Innovation must become core business for the NHS .”

(DoH 2011: 4)

Role of the workforce

Part of the solution?

“Many of the problems which we suffer in the NHS are solvable if we use the intellectual capital of the 1.4 million people who work in the service. That’s where the solution lies.”

(Sir Bruce Keogh, BBC radio interview, 29
May 2013)

Employee-led innovation

- Innovations emerging from problems/challenges in everyday practice
- Co-participation in workplace practices
- Often below the radar to get the work done
- All employees have innovative capacity
- Learning as changing participation in changing social practice (Lave and Wenger 1991)

Our research

- *How do different forms of work organisation impede or facilitate employee-driven innovation in the healthcare sector?*
- Three case studies exploring examples of innovative practice within different healthcare settings with focus on vulnerable patient groups
- Focus on relationship between innovation & learning at intersections of organisational & professional boundaries
- One case study 'Side by Side' investigated an innovation in healthcare for homeless people

Research methods

- Qualitative research methods:
 - Interviews
 - Participant observation
 - Documentary analysis
- Comparative research design:
 - Understanding individual case studies
 - Developing a more generalised understanding of the conditions that support innovation

Side by Side

Aims to improve the experiences and outcomes of homeless people in primary and secondary care

Multidisciplinary teams with expertise in homeless health (GPs, consultants, social workers, nurses, housing support, care navigators etc) work together to ensure that homeless patients, often with complex needs, are cared for in a holistic way and discharged into an appropriate environment.

Innovating for the cause of the homeless

- Concept of 'cause' as i) an aim/principle to fight for ii) something that makes something [innovation] else happen
- The need to better serve the complex needs of homeless people provides the impetus for innovation
- New/re-analysis of the problem generates a new conceptualisation and model
- New forms of organisation, new ways of working, practising and learning
- Sustained through participant involvement and commitment to the cause - 'transforming health services for homeless people'

Establishing a cause (1)

“I’d be gathering data on the mortality of homeless, my patients’ average of death was in the early 40s, so you’d got a good shroud-waving statistic saying “130 homeless people have died on the streets of [town] in the last ten years and average of death is 40.5” (GP)

Establishing a cause (2)

“Yes you have a mental health problem but it’s probably a personality disorder and anyway you’re drinking too much. Yes, well, you could come to alcohol services but really while your behaviour is as bad as it is we don’t know what to do you with. And what about your drug use? Yes well, drug services are interested but really they can’t offer you any treatment until you start to think about your alcohol abuse. And what about your behaviour and is there a mental health problem? *So everybody finds reasons not to help you and you get worse...*” (GP)

Organising for innovation

“The advantage of that [setting up a charity], it’s kept us slightly at a tangent to the NHS so we’re not entirely beholden to the NHS... How do you do a new thing? You can’t prove the model until you’ve tried it and you can’t try it without different funding arrangements...so it’s a body which can apply for funding, can pay for staff to do these things.” (GP)

- credible and legitimate insider – outsiders

Creating new job roles: 'care navigators'

- Expertise is distributed and valued

“So the other component is care navigators, people with an experience of homelessness, working alongside us ...” GP1L

“that’s a very novel thing and for you to get your head around what they actually are, what skills they possess and how they sit with everything because they’re key ...to achieving the Service’s goals really.” (GP2 M)

Innovative capability in practice

“...because I came from a background of homelessness and from drinking and things for twenty years, so when I came in I was a bit, like, ‘Oh gosh, I wonder what people will think when they see...’ But now I’m accepted and it’s really nice... Joe as well, as a doctor, he is just – I feel no – I don’t feel there’s them and us, I feel we are a team, and the doctor talks to me, he doesn’t ever talk down...”

“It can be done...I’m living proof.” (Millie,SCN)

Advocating across boundaries

“And I think it was just – I was blessed the day I went up [with him to the local authority housing office], I think the woman felt more sorry for me actually, I explained the case and said what had happened, and she actually got him into a hostel and he is there now, and my other care navigator, Keith , has gone down with him today to do the housing benefit.” (Millie, SCN)

The office learning space

The team seem to spend a fair amount of time together in the office and were able to discuss the needs of different patients and the situations they were in. These conversations involved a lot of information sharing and learning from each other's experiences and expertise, and tasks were shared out according to who had the expertise to deal with them. (Observation fieldnote April 2014)

Reification for sustainability

The faculty for homeless health new form of organisation fostering;

- Cross-disciplinary and sector, learning and mobilisation, developing and sustaining innovation

“the faculty gives an opportunity for us all to get together and support each other” (GP)

- raising status, visibility and networking (membership of Royal College of Physicians)
- develop and promote new standards for homeless health – increasing power, exercising control over distance

Inter-related dimensions of employee-led innovation

- Disrupting
- Othering
- Insider-outsider dynamic
- Storying
- Transversality

Conclusions

- Improving healthcare for homeless people has provided the impetus for participants in SBS to transform health services for a highly homeless people in pursuit of their shared cause.
- Social practice-based understandings of work and learning illuminate how an employee-led innovation is made and re-made in and through dynamic forms of organisational practice.