

# Design in Social Care Programme

## London Borough of Lewisham Project Summary

### *Helping older people and their families prepare for leaving hospital*

#### **Context**

There has been significant focus over the last few years on reducing the numbers of people delayed in being discharged from hospital.

Lewisham Council and Age UK Lewisham and Southwark put a joint proposal to the Design in Social Care programme to investigate how they could improve the support to people leaving hospital. Whilst much focus has gone into reducing delays, Lewisham were keen to ensure that people were prepared for their time leaving hospital. In particular Lewisham were interested in those who would use their own resources to manage care in the community and what information and support was available to facilitate this.

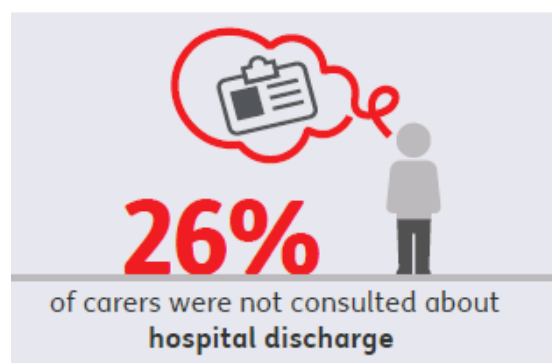
This was a joint initiative between the council and Age UK Lewisham and Southwark who already play an important role in supporting older people in the borough. Lewisham were also able to successfully apply to the Department of Health and Social Care Small Grants Programme for funding to release some resource to be involved in the project. This made a significant difference particularly in the early discovery phase.

#### **The challenge**

National research from Carers UK in 2016 found that over a ¼ of carers weren't consulted when the person they are caring for was leaving hospital and many weren't receiving the right support<sup>1</sup>.

As part of the Design in Social Care programme Lewisham were keen to understand what could be done to help people make decisions about their life and support after hospital.

Leaving hospital can be a stressful time both for people being cared for and their carers which Lewisham were keen to empower people to be in control of this process.



<sup>1</sup> Pressure Points: Carers and the NHS, CarersUK Research Summary 2016

## What they did

The Lewisham team used the Design in Social Care programme to help understand this problem and explore ideas that could make a difference.

**Journey Map**

Journey: (It's a sentence that describes the thing the user is trying to do.) User: (Who's using the service? What do they think about your user?)

**Stages:** At home, Dementia diag. at work, Hosp. admission, Prep for discharge, Placed in care home

**What happens:** Wandering, calling police, confused daughter at loss, Daughter gets to GP, Conf. in house as people support not suitable, Police bring to hospital, the break in hospital, nurse warns less, capacity assess, In care home, no carer, daughter selected well.

**Emotional Experience:** (Line graph showing a dip in emotional experience during hospital admission)

**Touchpoints:** GP, family, nursing service, GP, Police, Hospital, Care home, incl. support & family

Using semi-structured interviews the team held discussions with people caring for someone who was recently discharged from hospital. This focused on understanding what people's experiences were and opportunities to improve the service. The team supplemented this with a workshop on hospital discharge and paid for care with over 100 older people at a Positive Ageing Council event, and a survey from professionals. The professionals' survey investigated levels of confidence in providing guidance to people who are going to use their own resources for care needs.

Techniques from the Design in Social Care programme such as journey mapping were used to understand people's journey through the system. This helped improve their understanding of the touchpoints that people had with both formal and informal networks as well as their emotional experiences during their admission and discharge from hospital.

## What they found

*"Every professional should have an understanding that there could be a potential cost. They should warn the client that they may have to pay towards their own care"*

Health and care professional

One of the consistent themes that came through from the discovery was the level of confusion from people about what and when they may need to pay for their own care. 91% of professionals felt that the level of understanding from people in this area was low and whilst 52% of professionals felt that information on funding their own care should be given as early as possible. Only 2% of professionals felt that they had a high knowledge of the financial assessment arrangements.

People that they spoke to also highlighted the importance of involving the carer and listening to the whole family unit as part of the discharge process. Family members highlighted that they wanted to be involved in key conversations but felt there was occasionally reluctance from professionals to involve carers who did not have formal power of attorney.

In many examples people were confused about the discharge arrangements and there were occasional examples of unwanted care packages being setup. The discovery highlighted the importance of getting to know the person and understand what they need and the things they already have available.

## Prototyping solutions and next steps

The team recognised the importance of getting to understand the problem before identifying potential solutions. Through the ideation workshop facilitated by the Design in Social Care programme the team came up with a range of options to help address some of the issues highlighted through the research.

One of those was for a dedicated physical space in University Hospital Lewisham which could provide advice for professionals, carers and patients ahead of leaving hospital. The team have been exploring both a blend of physical and digital opportunities to support people leaving hospital as well as the potential to prototype this idea. In practice this would both be prototyping and developing the idea with staff as well as patients and carers.



The team had the opportunity to present to senior staff at the hospital, who invited them to meet with the NHS hospital volunteer service to explore the idea further. Through this the team learned about existing hospital volunteer roles and the spaces where volunteers are giving information (of a different nature) already.

Lewisham Council along with Age UK Lewisham and Southwark ran a one-off pop up information hub in the hospital. They team set up in a couple of locations on the ground floor of the hospital, visited the discharge lounge and a ward. This useful exercise gave insight into where information would most helpfully be located. The pop-up prototype further demonstrated the appetite for information about discharge and community support within the hospital with patients, carers and professionals stopping with questions.

Lewisham were aware from the outset that the programme was about training with a blend of external workshops and on-site support. Whilst it didn't have funding Lewisham approached it as an opportunity to learn and also support closer partnership working between the council and Age UK Lewisham and Southwark. Through the programme Lewisham Council has gained a better understanding of people's experiences during what can be a traumatic and stressful period of life. Working together with University Hospital Lewisham and Age UK Lewisham and Southwark they have been able to develop, prototype and test a potential service filling a gap identified in research. There is further work to be done but the programme has facilitated the formulation of a project proposal developed entirely in response to user experience and need.