

Design in Social Care Programme

Newcastle City Council Project Summary

Supporting people living with frailty to manage well at home

Context

Over the country there are people with frailty living at home. This often means that without additional help and support people can struggle with daily living tasks such as preparing food or managing stairs. It can also be isolating for people as they may struggle getting in and out of the house.

Newcastle City Council put forward a joint bid to join the Design in Social Care Programme with Newcastle upon Tyne Hospital Trust to understand the experiences of those living with frailty at home and use this to find ways of better supporting them (as well as ways to better support themselves). The Council had been working closely with the Hospital Trust in this area and they were keen to use the Design in Social Care Programme as an opportunity to strengthen their collaborative approach.

The challenge

Estimates suggest that between one quarter and one half of all patients aged over 85 years are frail and at higher risk of falls, disability, hospital admission or the need for long term care. From a social care perspective, older people living with frailty often struggle with daily household tasks and are also at greater risk of being lonely.

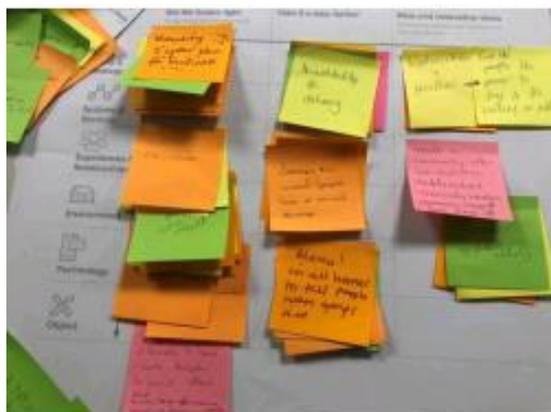
Newcastle City Council and Hospital Trust wanted to learn about and understand the experiences of people living with frailty better and use this to inform future support.

What they did

The Newcastle Team (which comprised council and health staff) set out to speak to people known to social care and living with a frailty score. They undertook semi-structured, in-depth discussions with a number of adults staying temporarily at the Intermediate Care Centre. The discussions were to find out about people's daily routines and what was important to them.

To supplement the 1-2-1 discussions and further understand the experiences of people living at home with frailty the team also shadowed care and support staff on home visits.

Finally, the team held focus groups and workshops with staff to ensure the views of care and health professionals were collated. The team used tools and resources (including journey



mapping) from the Design in Social Care Programme to capture and map out these experiences.

What they found

A number of themes emerged from the qualitative research with a strong theme about keeping people living at home with frailty connected with others.

The discovery highlighted that whilst living with frailty often made many home tasks more challenging, it was being less able to interact socially that people referred to more. For example, one person interviewed was unable to leave their home because they were no longer able to manage the step at the front door.

The team also learned that where people living with frailty had a short term hospital admission (i.e. after a minor fall) they were often returning home feeling less confident in resuming daily life. The research indicated that this was in part because hospital settings don't often enable patients to maintain and practice their own skills so when they return home the confidence to do so needs to be rebuilt (e.g. making a hot drink or some lunch).

"Without the carers I'd probably get very depressed"

Service user

Prototyping solutions and next steps

The team started to consider how they might be able to address some of the issues identified above. One of the ideas being considered by the team was to explore whether the role of pharmacy delivery drivers could be expanded so that when delivering medication they could pop in for a 'safe and well' check with users. This would help with keeping people connected as well as provide an opportunity to identify areas where further support might be needed. The team is currently looking to identify a local GP and pharmacy that this idea can be worked through with.

A further idea was to ask service users who they were having their 'best chats' with and use this to support staff to have better facilitative conversations earlier on in someone's health and social care journey. The aim of this is for staff to be able to better link people with the community assets in their area. The Design in Social Care team has already been progressing 'best chats' with people locally.



The Design in Social Care Programme has given Newcastle a range of tools and techniques that they can use in applying service design in social care – and the team is already considering other areas where a design approach can be applied (including their home care commissioning work).

Since joining the Design in Social Care Programme, Newcastle City Council has been successful in securing funding through the LGA's Social Care Digital Innovation Programme which (using a service design approach) funds local areas for digital innovation in social care.