

Design in Social Care Discovery Report

February 2019



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Our problem statement

1. Our original problem statement was:

“How might we enable and nurture people living with frailty to use technology within personal, family and neighbourhood/community situations as a tool to look after themselves and others well”.

2. We decided that this was too broad and that referencing technology was suggesting a solution, so our next iteration was:

“How might we enable people in Leeds to develop their skills, knowledge, confidence and resources at an individual and community level to manage and have more control over their own health and wellbeing?”

3. Following our discovery phase we decided the statement can be further refined to be more reflective of the language people use and that we could narrow our focus based on our identified themes. This is still under consideration but will be along the lines of;

4. How might we enable people living with frailty to address their fears and aspirations about managing at home (taking into account independence, staying active, staying connected, using technology, getting out and about).

Our project team

Project Sponsors: Chief Officer Transformation & Innovation and Chief Officer Public Health

User Research Team: Leeds City Council (LCC) Service Transformation Team and Leeds Beckett University

Wider Stakeholder Group:

Public Health

LCC Digital and Information Service

Locality Development (Primary Care)

LCC Disability Team Manager

LCC Adults & Health Service Delivery Manager (Frailty, LCPs)

LCC A&H Care Delivery, Recovery Hub / Community Engagement

LCC A&H Reablement Service

LCC Active Leeds

Forum Central (Volition and Leeds Older People's Forum)

NHS Leeds CCG

Who we spoke to

We initially aimed to target people living with a mild level of frailty (based on the Rockwood Scale which people could self-identify on the consent form), in higher volume areas of the city, aged 50 to 65 years.

In reality we spoke with people with ages ranging from 49yrs to 99yrs (most over 65yrs), all with varying levels of frailty. They lived in a variety of areas across the city, with a mix of low to high deprivation. People were a mix of equality characteristics, different genders, ethnicity and sexuality.

Everyone we spoke to was engaged in a health or social care service in some way.

Key Persona Groups:

Beryl, 73yrs, lives alone, widowed, family support, worsening mobility due to back problems. “My children do anything online. I wish I’d known about the Occ Health service sooner, but didn’t like to ask for hand outs”.

Ted, 78, widowed, cleaner takes him out shopping, goes to Neighbourhood Network 3 days a week, likes TV and has a “normal” phone. “I don’t do the entertainment bit, it’s the company and that’s what matters”.

Doreen, 82, two cats, wide network of activities during the week, lonely and feels down at night and on a weekend, does online shopping and puzzles on the tablet.

John, 69, recovering after a fall, trying to find housing as entrance to flat no longer suitable, uses a mobility scooter, wants to stay independent. Does social media and has computer (Mac) but hard to concentrate now and no-one to help if gets stuck.

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Our approach

Face to face discussions with people to gain qualitative information via;

- Shadowing and observations of five Occupational Therapy Assistant (OTA) home visits
- Group discussion with OTA staff
- Shadowing and observation with the Reablement Service including a home visit
- People attending five different Leeds Active Strength and Balance classes
- People attending various tea & coffee mornings at three different Neighbourhood Networks
- 18 one to one discussions with people at the East and South Recovery Hubs

We had a broad discussion about people's lives, using a few prompts around life experiences, hobbies and interests, people important to them, getting out and about and technology. This then led to more specific questions such as how they manage with daily household tasks, what they use technology and why.

As part of the next phase we plan to target further engagement with;

- Health professionals
- BME groups
- People aged under 65yrs
- People not already engaged with any services

Key findings

- People want to tell you about the people in their lives - informal care support networks are key.
- People can be fully engaged in social activities/ live with others but still feel lonely.
- People want to live their “normal” life as far as they possibly can. For some, this means regular routine, for others it’s the ability to have no routine and do as they please.
- Attitudes towards technology differ.
- The same themes were relevant for all people living with frailty, regardless of the level of frailty or their age.
- A significant worry for people is how they are going to manage at home, especially managing stairs and getting in and out of the house.
- People talk about how they will “manage” and about who “looks after” them when they need help, not who their “carers” are, or their “support needs.”

Supporting quotes

“A lot of people are aware of what they can get but to others it’s a revelation”.
Occupational Therapist Group Chat.

“I’m worried about managing when I’m older”. Mollie aged 99.

“The classes are not for me, it’s all old people talking about their ailments.”
Dorothy aged 88.

“Weekends are tough as I’m on my own, if I feel a bit down I get a taxi to the shopping centre, when I feel like that I need to get out of it”. Group Chat at Neighbourhood Network tea/coffee morning.

User needs

As a person living at home with frailty, **I need** people that I can trust and can call on when I feel I need help with day to day tasks, **so that** I am able to live in my own home.

As a person living at home with frailty, **I need** people who are important to me in my life, **so that** I have company that I enjoy, a sense of purpose, and feel good.

As a person living at home with frailty, **I need** support to work out who is able to help me, what help I may need, and how I can get it, **so that** I can live at home independently and me and my family are assured that I can.

As a person living at home with frailty, **I need** social opportunities that are meaningful to me, **so that** I do not feel lonely or isolated.

As a person living at home with frailty, **I need** support to develop confidence in my abilities to manage at home, **so that** I don't have to feel like a burden, asking for help.

As a person living at home with frailty, **I need** assurance in the reliability and appropriateness of my equipment **so that** I can maintain my independence and not become isolated due to worrying about things not working.

What we have learned

- As a user research team we are really enjoying this approach, it felt right to be getting out there and talking to people and really listening to what they choose as important to tell you.
- You do have to trust in the process and also get others to do the same! Explaining to stakeholders who are used to particular ways of doing things where an end goal, a specific cohort, quantitative metrics and a solution with an associated budget etc. are already in mind can be a challenge.
- Don't be too specific in deciding who you will speak to about your problem. By speaking to a wide range of people we gained valuable insight that might otherwise have been missed.
- Build in more time for planning and arranging user research. Getting it all set up and allowing for delays / re-scheduling / willingness to engagement takes time.
- Reaching and engaging with people who are not already part of any health or social care service is a challenge, so we need to plan a wider range of methods of engagement for this.
- People generally are happy to talk, and want to take part, and those who don't will quickly tell you so!
- Our findings further support previous work done in Leeds to identify what matters to people living with frailty and has provided further insight.

Grouping themes and identifying user needs. We have embraced the post it note!

