

Design in Social Care Discovery Report

February 2019



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Our problem statement

How might we enable people with moderate to severe frailty to receive joined up care that supports them to live at home?

Previous iterations of our problem statement talked about how we might help people ‘navigate their way through support from different organisations’, however our initial research quickly showed that this was the wrong focus and we have updated our statement accordingly.

Our project team

- Service Improvement Lead, NCC - Operational project lead
- Commissioner (Social Care), NCC - Core team member
- Insights Manager, NCC - Core team member
- Assistant Director: Integration & Out of Hospital Care, Newcastle-upon-Tyne Hospitals Foundation Trust (NUTH) - Core team member
- Performance Analyst, NCC - Extended team member
- Assistant Director – Adult Social Care, NCC - Project sponsor

Operational staff from Reablement, Adult Social Care, and NUTH Community Services (therapists and nursing staff) have also been involved in the project on a wider basis.

Who we spoke to

We undertook research with the following groups:

- NCC staff (Reablement, Social Care Assessment Officers)
- NUTH staff (Nurses, Therapists)
- Assessment staff
- Care delivery staff
- Adults receiving multiple long-term services at home
- Adults being assessed / receiving short term 'enablement' type services at home
- Adults not yet receiving any services at home

User interviews included those in different age groups and those with different levels of isolation/social circumstances.

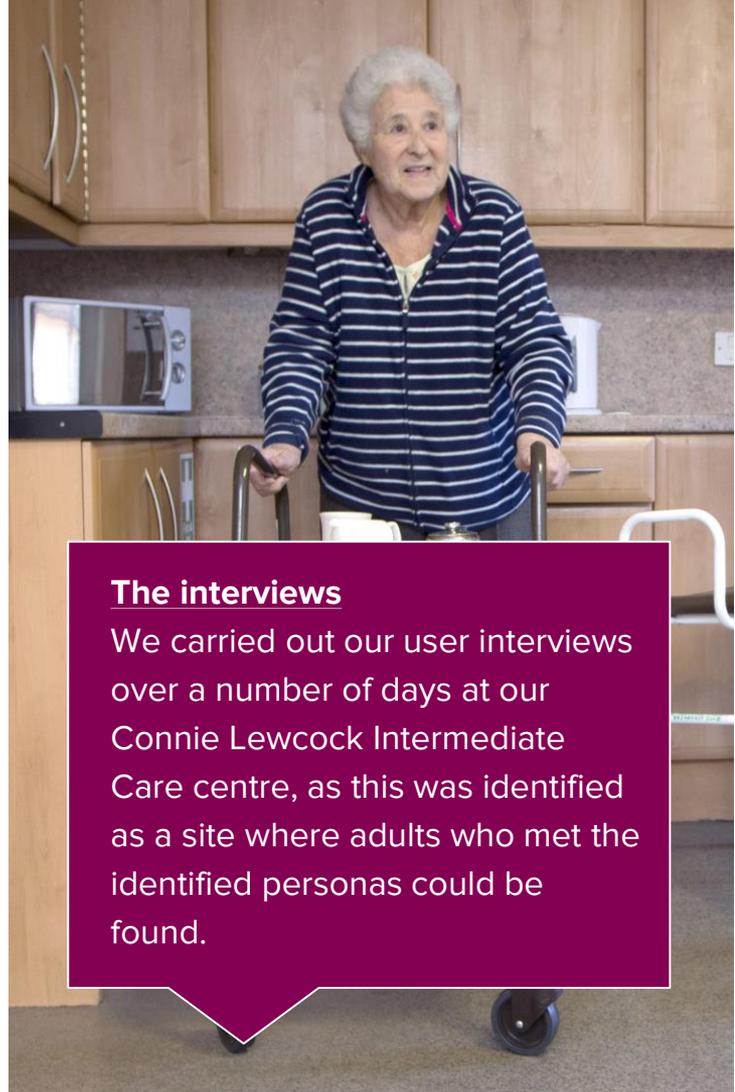


Our approach

- We interviewed a range of adults temporarily staying at our Intermediate Care Centre.
- Our interviews were semi-structured 1:1 discussions asking about daily routines and the adult's feelings about the care they received.
- We also carried out a staff focus group, shadowing days with different staff members, and are planning on rolling out a survey for adults completing short-term 'enablement' services about their experiences earlier on in their care journey.

The interviews

We carried out our user interviews over a number of days at our Connie Lewcock Intermediate Care centre, as this was identified as a site where adults who met the identified personas could be found.



Key findings

Our **key findings** from the research are:

- Loneliness
- Dependency is created
- Risk aversion & review
- Direct access is better than referrals
- Assessment / facilitative conversations
- It doesn't seem to matter to the adult who is coming in

User quotes:

“Without the carers I'd probably get very depressed”

“The carers look after me really well – I get some conversation and the day flies by”

“My services are necessary but humiliating .. I sometimes feel like a helpless child”

“There is lots of help available for me”

User needs

Some of the user needs we identified are:

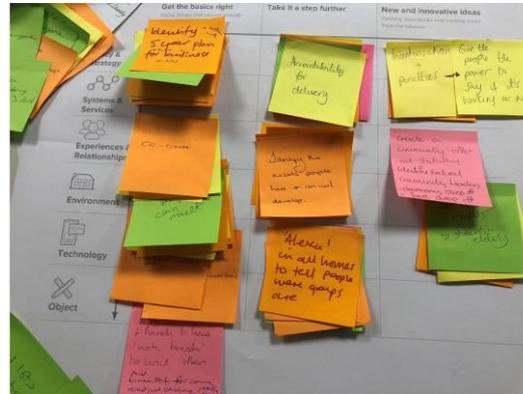
As a user of services **I need to** have choice and control over how my support needs are met **so that** my independence and dignity are respected.

As a potential future user of services **I need to** have social contact in my day **so that** I don't become isolated and lonely.

As a carer **I need to** have a level of certainty around the service my loved one will receive **so that** I am confident / can relax knowing they are taken care of.

What we have learned

- Scheduling and organisation of the user research was more time consuming than expected.
- It was difficult to get traction without dedicated resources and time to progress the project.
- The research with users was much more enjoyable (and less daunting!) than expected.
- We had to be adaptable as we went – our plans didn't always go as expected and we needed to be flexible in our approach.
- Themes and common patterns emerged much more quickly than we expected.
- We found out lots of other things from talking to people which will feed into our existing improvement and development work.



Generating lots of ideas...
and developing early
prototypes for the best ones.