

Health and social care services for people with complex needs: The importance of context in the design process

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Case background

Our overall aim was to improve the design process of a service which integrates health and social care for a client group with complex needs in a UK region. We use this case study to illustrate contextual influences in the stages up to the definition of the service objectives. Our work included analysis of national and local policy documents, an set of observations (n=6), interviews (n=10) with service staff and document analysis in order to piece together the service design behaviours over the last 10 years.

Many guidance documents have been issued on design approaches in health and social care services (NHS Institute for Innovation and Improvement 2006, 2007, 2009; NHS Integrated Service Improvement Programme 2006; Institute of Public Care 2010) but our investigations suggest they have had little impact on service design behaviour. This indicates acknowledgement of the merits of a more design-focused approach but raises the questions what impedes its uptake. We found that the guidance pays little attention to contextual issues such as exploring the service environment and we did not find any steps which would address the tacit components, such as organizational routines, customs, cultures and power structures. However, from our experiences and the innovation literature (Greenhalgh et al. 2004; Reppenning & Sterman 2001) we know that these are essential factors which need to be addressed. Our work suggests that including stakeholders, particularly internal ones, early on in the service planning could help mitigate this.

Public services are usually driven by the imperative of better performance (Smith & Fischbacher 2002). What constituted better performance varies across the large number of stakeholders. This made even defining the design objectives a complex task. Our case study supports the view that these have to be defined, refined and negotiated as part of the service design project. We suggest the current process could be innovated through established design processes (Pahl & Beitz 1988; Design Council 2007, p.6) where design starts with an exploration of need which leads to a specification of service objectives (requirements).

From the empirical work we observed a series of ad hoc 'design processes', rooted in custom and tradition, with little evidence for structured design approaches that would be present in other industries. Although consultations had taken place, frontline staff felt they had not been given a voice and were commenting repeatedly on unresolved cultural differences between health and social care staff as well as between front line staff and management. Service design was part of several job descriptions within the organization but in practice it

seemed to lie with a particular manager who had most experience in this field. It was unclear if there was a defined service design process. The manager did have valuable pertinent implicit and tacit contextual knowledge. However, management approaches treated knowledge as explicit. This causes problems because codifying implicit and tacit knowledge can be difficult or even impossible and transmission is short range. Our work suggests that better use of contextual knowledge would improve the design of the service; how this should be achieved is the focus of the on-going research.

Take home

Our empirical data suggests that there is the need for a design process which takes into account contextual factors. This might include an exploratory phase to set situation-specific service objectives as well as accommodating different types of knowledge. More research into how, for example, managerial constraints shape design processes would be an important research contribution as ‘designers’ are constantly faced with these constraints when developing and implementing public services.

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This research was funded by the NIHR CLAHRC for Cambridgeshire and Peterborough and the Gates Cambridge Trust. As such this article represents independent research funded by the National Institute for Health Research (NIHR). The views expressed in this publication are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.