Local Government Association

Department for Digital, Culture Media & Sport

User Stories

LGA Loneliness Pilots

ABSTRACT
Describes the views of different users to evidence the impact of the local services open data work on their roles and in better supporting the citizens who they support

Digital Gaps
April 2020

v2

An Open Data Place-based Approach to Local Service Information; User Stories

The Local Government Association is running a pilot programme to trial more joined-up approaches to managing information about local services and support groups.
As part of the programme, the views of different users of the resulting information were captured to evidence the impact of the work on their roles and in better supporting the citizens who they support. In total 15 different individuals were interviewed across the 3 Local Authority locations, Elbridge, Hull and Blackburn. This document provides a summary of these views and some examples of the resulting impact upon the lives of citizens they support.

Summary Views

There were two broad types of roles interviewed:

Commissioners / leaders
both across Adult Social Care, Children's Services and within Community Safety Partnership

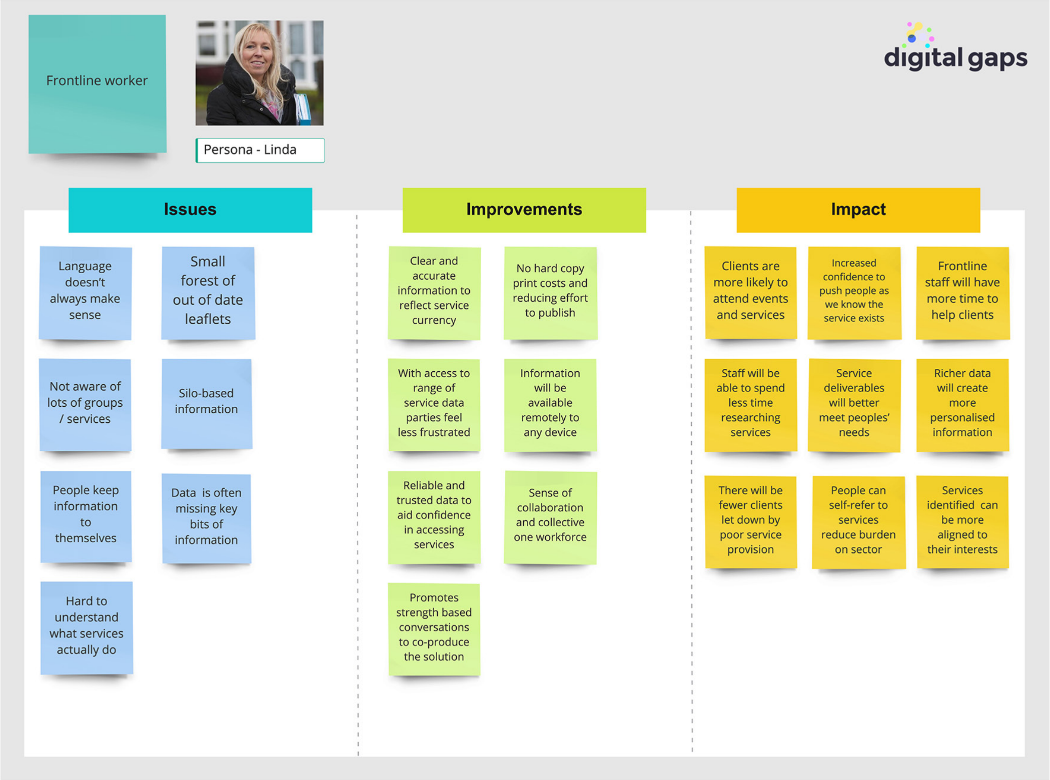
Frontline workers
those in the role of social prescribing, but also other voluntary sector advocate / support roles and Adult and Children's social work early intervention.

The focus throughout was on considering improvements to the information, the impact of the improvements on their role and ultimately the potential improved outcomes upon the lives of vulnerable citizens. The views expressed were all broadly similar and tended to fall into the following types of insight

- Benefits with regards to easier and better collection of the information
- The fact that data is more accurate, reliable and that it covers a richer and broader set of services
- Easier and more flexible processes to consume the information – allowing self-access as well as supported referrals and access
- Greater job satisfaction and time saving for frontline workers
- Having the right information at the right time for vulnerable people who may have a limited window of opportunity to make a change in their lives.
- The positive impact it can have on the citizens that they support.

The diagrams below provide a summary of the views of both of the different roles, with photographs captured of the individuals who were interviewed.

Diagram One; Summary comments by Frontline Workers

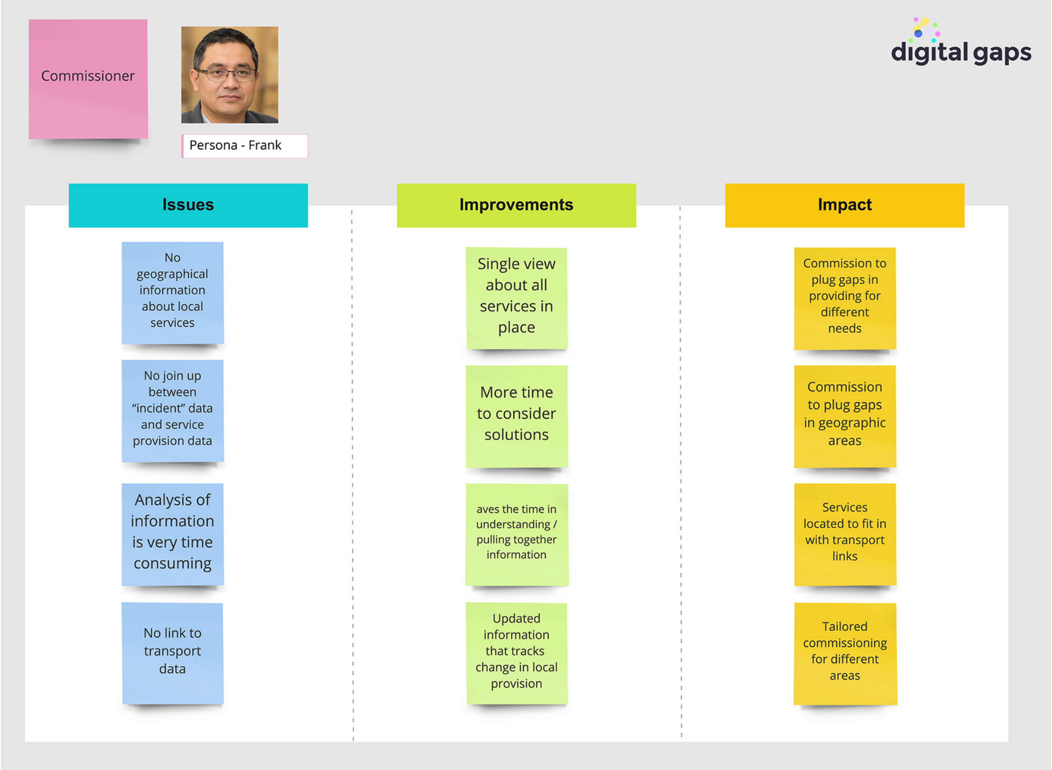


Frontline worker

Persona - Linda

Issues	Improvements	Impact
Language doesn't always make sense Small forest of out of date leaflets	Clear and accurate information to reflect service currency No hard copy print costs and reducing effort to publish	Clients are more likely to attend events and services Increased confidence to push people as we know the service exists Frontline staff will have more time to help clients
Not aware of lots of groups / services Silo-based information	With access to range of service data parties feel less frustrated Information will be available remotely to any device	Staff will be able to spend less time researching services Service deliverables will better meet peoples' needs Richer data will create more personalised information
People keep information to themselves Data is often missing key bits of information	Reliable and trusted data to aid confidence in accessing services Sense of collaboration and collective one workforce	There will be fewer clients let down by poor service provision People can self-refer to services reduce burden on sector Services identified can be more aligned to their interests
Hard to understand what services actually do	Promotes strength based conversations to co-produce the solution	

Diagram Two; Summary comments by Commissioners



Commissioner

Persona - Frank

Issues	Improvements	Impact
No geographical information about local services	Single view about all services in place	Commission to plug gaps in providing for different needs
No join up between "incident" data and service provision data	More time to consider solutions	Commission to plug gaps in geographic areas
Analysis of information is very time consuming	aves the time in understanding / pulling together information	Services located to fit in with transport links
No link to transport data	Updated information that tracks change in local provision	Tailored commissioning for different areas

These clearly demonstrate the improvements that are experienced both in terms of job satisfaction and improved support to vulnerable people. Through all 15 interviews there was a sense of anticipation that in the future the information will remain more accurate, more reliable and cover a wider and more detailed set of insight. As the Senior Manager of CHEER (Concern and Help for Elmbridge Elderly and Retired) said:

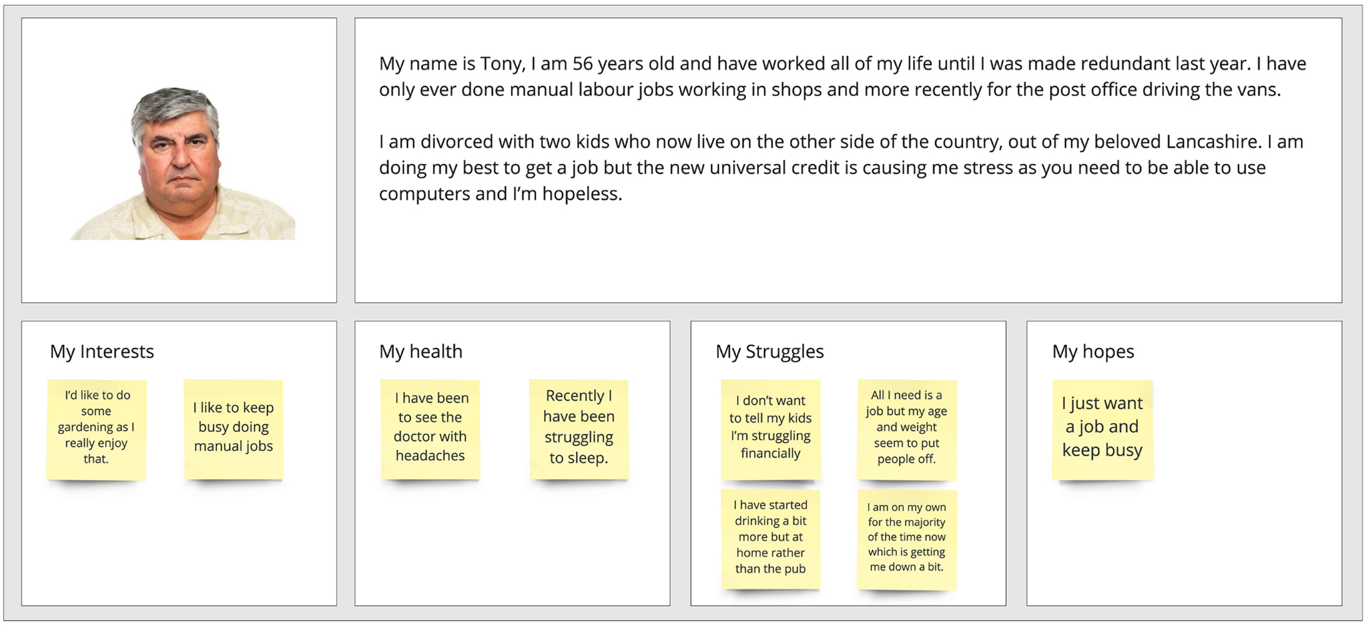
> “ It’s huge, as obviously customers can then be armed with the information, they need to help them enrich their lives. It can’t be overstated. I see it all of the time in the gratitude when we get it right and I recognise the difference that joining the right group can make to their lives. ”

Who are the citizens that benefit?

The following “personas” were captured that are based upon the types of individuals that the frontline workers tend to support. Considering a specific and quite well-defined persona during the interviews ensured that the discussions were realistic and considered the actual improved outcomes for these types of individuals with specific sets of needs. The personas considered were

- A lonely older person
- An unemployed Ex Offender
- A middle-aged carer of disabled child and elderly parent
- Someone with dementia.

The diagram below provides an example of one of these personas that was developed through a short workshop with frontline workers and commissioners. The other personas are included in the appendices. This sets out their needs, their issues and the types of support that they tend to be seeking.



My name is Tony, I am 56 years old and have worked all of my life until I was made redundant last year. I have only ever done manual labour jobs working in shops and more recently for the post office driving the vans.

I am divorced with two kids who now live on the other side of the country, out of my beloved Lancashire. I am doing my best to get a job but the new universal credit is causing me stress as you need to be able to use computers and I'm hopeless.

My Interests

- I'd like to do some gardening as I really enjoy that.
- I like to keep busy doing manual jobs

My health

- I have been to see the doctor with headaches
- Recently I have been struggling to sleep.

My Struggles

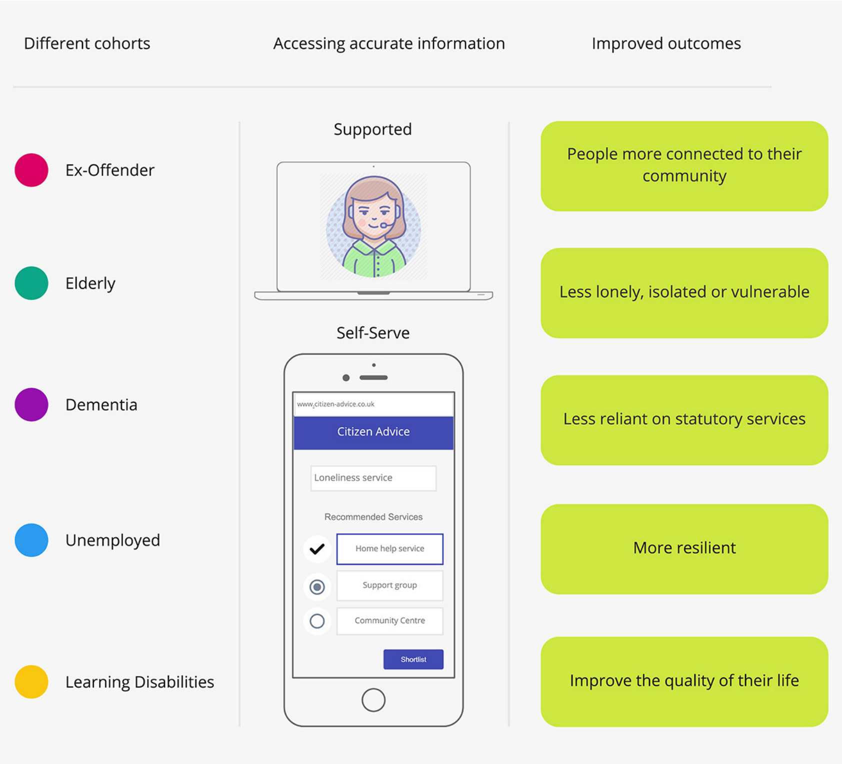
- I don't want to tell my kids I'm struggling financially
- All I need is a job but my age and weight seem to put people off.
- I have started drinking a bit more but at home rather than the pub
- I am on my own for the majority of the time now which is getting me down a bit.

My hopes

- I just want a job and keep busy

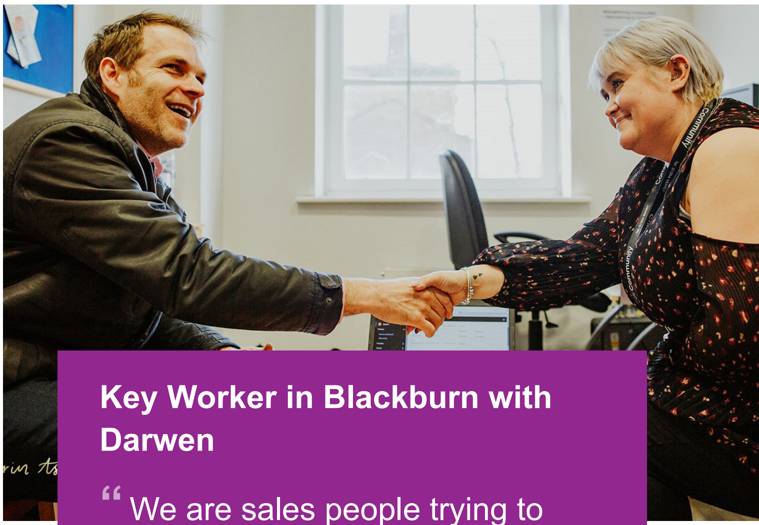
The value of an improved set of information is that people, such as Tony and the other examples in the appendices, can be supported through a single conversation to identify the broadest set of services and activities locally that may help or interest them. The diagram below captures the examples and the words used by frontline workers in terms of the improved outcomes that people can achieve. The diagram shows that people can self-refer through the available information or for more vulnerable people, they are more likely to be supported by an advocate service such as social prescribing, another voluntary sector group or may be supported by carers or family.

The financial impact on Public Services of these improved outcomes for citizens may be significant. In 2018 the LGA estimated that the funding gap for Adult Social Services will be £3.5 billion by 2024/2025, whilst the Kings Fund estimates that the funding gap in the NHS will be £20 billion by 2023. Initiatives such as social prescribing can help close these funding gaps, but this does rely on access to accurate information about services and activities are available in the community.



Small windows, but great opportunities

The other strong message through the interviews was that where a vulnerable person makes contact (be that someone who is lonely, suffering addiction, Mental Health or simply wanting to change their life), then this first conversation with a community-based support or advocate service represents the greatest and perhaps only chance to help them change their life. The vulnerable cohorts supported often have low levels of resilience themselves, low levels of trust in the system and do not need much of an excuse to decide not to take action. If the information is not reliable, not available or is confusing, then this can be the small barrier that prevents people from making the decision to attend the identified group and start to change their life.



Key Worker in Blackburn with Darwen

> “We are sales people trying to persuade vulnerable people to change their lives. If we don’t have accurate and reliable information, then we are working with one hand tied behind our back. The services out there are the products that can change peoples’ lives, but if the information about those products is inaccurate, we have limited chance of making the sale and limited chance of helping them change their lives.”

The diagram below provides a summary of this journey.

Steps	Client	Frontline worker
Frontline worker meets client	So grateful someone is helping me	New client, this is the part of the job I like
Has conversation about strengths and needs	I don't have any strengths but want to help myself	Motivating clients to help themselves is what I love
Decides that involving client in local community services would be good	Good to be involved in seeing whats out there	Ok, local services looks a good match
Researches through google, council service directory, and own local knowledge	How can anyone find anything - It's a minefield	This is the part I hate, finding the right service might be challenging
Returns to client and makes suggestions	Ok, there are some things here I could do	I found some services but information might not be right
Clients gives thoughts	What are the next steps, how do we make contact	This is the tricky part, I need to look into the services more
Have to go and do more research	I want and need something now, why can't I just access the service	Sorry but I need to go away and find out more information
Client may be interested in a service but need to check that it still exists	This is ridiculous, why is the information not available to book!	If this was accurate I would have a positive outcome my client

The quotation below further illustrates the role that better information can have in the potential tragic "sliding doors" moment in someone's life.

> " She got back on the train and went back to the streets of Accrington. She was only low 20's, it was extremely sad. It must have taken significant courage and determination to come to Blackburn to try to leave her chaotic life behind. She disappeared into the night, back to her life as a prostitute and the opportunity to help her change her life was lost forever. She just disappeared."

Individual quotations

Some of the individual views expressed by individuals are included below. These quotations provide an insight into the strength of their opinions.

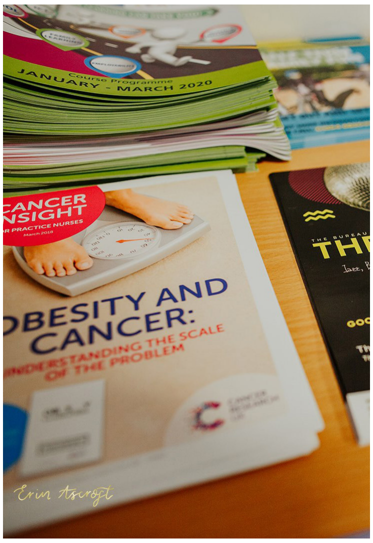
Commissioners

- " The wider links or determinants between poor health and care outcomes and other indicators around housing, Mental Health, police call outs, deprivation etc are well known, but we don't have the tools to understand how this is playing out across Hull; it is like we are trying to understand what is happening with one hand tied behind our back or one eye closed. Bringing together the picture of all community capacity and networks across the city will help us identify gaps in support and hence commission or develop the market to close the gaps and start to break the well-known causal links."
- The information will give us a chance to work out who is actually doing what and who is simply a signposting function, so that we can ensure that the pathways are more direct and less frustrating for people.

Front-line workers

- Google quite frankly is rubbish when it comes to looking for local services and activities. It is brilliant for council services, but rubbish around local information.
- It is time consuming with Google. The ones at the top are not normally the most suitable and it is time consuming reading through to see whether it is relevant, actually whether it is local at all and the guessing whether it still exists.
- Co-production has real value. When we design solutions for clients without their input, we use our own bias about what might be helpful, but we need their input to make it really work for them".

- The potential is massive, both for myself and also for self-service and for other service providers. We can make sure there is no stone unturned to help the customer and we also know we have left no stone unturned as the information will be all available.
- We end up referring to a smaller and smaller number of services and we don't even know if the things we signpost to are any good, even whether they exist and whether there are other things that are better.
- The feedback we always get is that people really value having someone to talk to about their needs, but perhaps 40% of the time, they don't actually attend (possibly even a greater percentage than this). If we could free up our time we could support those individuals to help them actually attend the activities as well which may be really valuable".
- She got back on the train and went back to the streets of Accrington. She was only low 20's, it was extremely sad. It must have taken significant courage and determination to come to Blackburn to try to leave her chaotic life behind. She disappeared into the night, back to her life as a prostitute and the opportunity to help her change her life was lost forever. She just disappeared.
- People go through cycles of increased and reduced need. Often the start of the decline is right after we have finished working with them because they aren't able to maintain their own groups and connections. A self-access directory that we put them in touch with that is tailored to their locality and their needs may reduce the numbers who fall back into needing hand-holding support again in the future.



- Amazing how low people are in terms of their confidence. For example they can't even phone their electric company to get power switched back on, as they have lost so much confidence. So we need to be able to give them very accurate and reliable and simple information about one or two things that we know are in their area, the exact times and precise and simple information about what to expect. We just don't have that sort of detailed information and so we know we aren't supporting them as well as we might.
- It is often the small things, the little local groups that make the greatest difference for people and that is the sort of information that we have greatest difficulty capturing and maintaining.
- I want to put my hand in the box and have confidence that what I pull out is worthwhile and actually exists and can be shared.
- Community groups are really hard to keep tabs on, as they tend to be fairly small, very local and often a fairly tight-knit group. Also they can start as one thing and change quickly as they are driven by the group and the interests and personalities of those attending. For example, the real and chat group turned into a Scrabble club, but no-one knew this.

Appendix One: Transcripts of the Interviews

Elmbridge User Stories

The key related initiatives across Elmbridge include the following:

- Social prescribing – an opportunity to bring health, care and the district authority together and align the information and provide the greatest opportunity for the service to be effective in referring people to the right local support activities
- The Elmbridge Older People's Advisory Board which consists of about 25 partners that provide the leadership of the project
- CHEER - Concern and Help for East Elmbridge Retired – a befriending service
- A Dementia service – voluntary sector provided to share more digestible and targeted information for carers and people with early stage dementia.

Melanie Bussicott, Head of Community Support Services

Nikki Wade, Project Manager, Community Support Services,

Issues	We currently print out the directory, every two years. Even when the first version is printed, there is an amendment slip for the very first print-run. Costs about £10K every two years for the main print run. It is not really a services directory; it is an organisation directory. It is not service level and hence the detailed information that would often be most useful is often not included. As a hard copy resource we don't actually know in the digital era how useful it is, if it gets used etc. We just hand out. Historically had to go for "one format that fits all", but working with Dementia, Social Prescribing, learning difficulties and other lonely cohorts actually a one-size fits all format doesn't really work – as how they use and what they want from the Directory is different in terms of language and types of offers. Social prescribing is still evolving and hence the sorts of services needed and the information being collected, is changing quickly and digital version is easier to update as things evolve.

Expectations from improved information	Better assisting people around their specific needs and their locality, so that the information is specific and targeted to that individual around their different needs. Digital directory will allow people to print out specific pages or services, which will be more user-friendly for people. Also geographically targeted information – quite a large Borough area with different needs and a lot of groups are very much local and hence ability to make a digital version that is very geographically focused. Less effort and direct council cost in maintaining the information – share that burden and responsibility. Will be save time for everyone as lots of voluntary sector partners have their own list. We can also get feedback about its value and change it as needed which we can't do with the hard copy version. More accurate, digestible information and live updating so people become confident and trust it. Easier to bring on new partners – both in terms of a new provider of services and also new advocates as easier to use a digital version. There is so much change in the voluntary sector that the hard copy is more out of date than used to be historically.
Impact on outcomes for loneliness	Fantastic opportunity to be working closely with health through social prescribing that has not existed before. The improved information is perhaps the glue for this work that is all about improving health outcomes and reducing the strain on GPs and Health and Care in general.
Vision for building on success of the pilot	Moving from information into referrals as well – so that not solely about signposting, but also making a referral and making a booking for someone to be part of a service like befriending. Scale up around telecare and SMART homes – so ability to have the link between installing smart home technology and then linking to the Electronic DOS to be able to track activity and then link to available services and activities. Assurance processes working. There is a risk that we end up with

	inaccurate digital data replacing inaccurate hard copy data and need to really test that. Start small and focus on one or two users of the information. It is the users of the information that need to have more of a voice in creating higher expectations on the accuracy of the information – it is still about the collection and the publication rather than the use and value of the data. Understand different uses of the information and the actual citizen journey in accessing / consuming that information.
What is important for success	Don’t under-estimated how much effort there is in capturing the information and moving to a digital world. If we have a digital directory – then we need to understand the broader impacts of that. We won’t have PDFs and leaflets and wont necessarily have the opportunity to use them. It is the right direction of travel, but much more to this change perhaps than you see at first glance. The culture change runs very deep. The accuracy of definitions is weak and actually quite often a “service” is actually just a “process”, and this sits behind some of the signposting issues we have. We also need to think more and harder about promotion and communications to citizens and carers. This is the right shift, but should bring the citizens themselves at the same pace as changes internally. Decision-making – who has the right to redefine what is captured, who needs to know when something changes in terms of sufficiency and commissioning oversight. Lots of changes to consider across the broadest system. Interface to other systems – so all council services have information on web-pages and need to understand the link / overlap between a directory and advice an guidance on services that may change, but is not linked to the Directory and could create confusion. Partnership with Surrey County Council is critical. Agreed to keep in touch, but we need them working more closely ideally. Need to perhaps remove other old leaflets that have been left in libraries and community centres – so we start from a clean break.

Cobham Link Manager, Rebecca De Lay

Current role	Cobham Link Manager A day centre for people with learning difficulties. Attendees tend to be in residential homes.
Issues	Information is not easy read, not targeted to the needs of the cohort Information tends to be about organisations rather than groups / actual networks. There is a lot on offer, but hard to find it and even more difficult to decode / decipher into easy read materials / language. The current directory is very unusable for the client group, in terms of *easy read* language and ability to understand it. At best we might be interested in 2% of all of the information but have to wade through everything and the structure / classification of the various services is not necessarily straight forward.
Expectations from improved information	Ability to find activities and groups that support people outside core LD day centre hours – like evenings and weekends. Helping both care managers and the family as well as the individual identify how and where they can get that extra support to keep and build peoples independence and self-resilience. From a very parochial perspective, an electronic directory may better target our offer of the day service to people who may benefit / be interested, which is not only better for the Cobham Link, but also further enriches the community and those attending. A digital directory would allow us to print out specific parts if we want to print it out, which for our target audience would probably be important.
Impact on outcomes for loneliness persona	Finding the right offers / services – and hence build people's independence and well-being through attending events. Self-access for carers and parents to be able to identify the right sorts of offers.

	Better information would allow people to more accurately select the optimal setting / offer for them. The more personalised the greater the positive impact.
Vision for building on success of the pilot	Identifying gaps and getting providers to specialise and hence support a broader spectrum of people. Having some control over any issues with latent demand – if we have groups suddenly receiving dozens of new attendees then they may want to be de-listed. Having the right feedback loop to understand whether the services are valued by attendees.

CHEER – Concern and Help for Elmbridge Elderly and Retired

Current role	Operational Lead, CHEER Concern and Help for East Elmbridge Retired
Key initiatives	They do four things • Signpost • Social events - and bring people to them • Benefits advice and support filling out forms • Befriending service – recruit volunteers and visit referrals and make a connection.
Issues	I carry around the hard-copy directory currently – so it is a bit of a bible for me. Particularly helpful for information around things like community transport and home help, repairs, cleaning, shopping, dementia services. It is a lot to hold in your head, so the single directory is invaluable. I am fairly new so particularly important for me. However, if this was available electronically and easily useable it would be a step forward. Directory is very much about organisations rather than the times of specific events.

	The booklet is 100 pages – giving that to someone who is elderly and a little bit confused then it won’t work for them. They are unlikely to use it. Would be better if could print out just 2 or 3 bits of specific and more detailed information – targeted at their issues and where they live. Just heard yesterday about a knitting group that happens in a library – in fact happens in 3 libraries at different times on different days of the week. That information isn’t in the Directory – and no process for capturing that information so can be used by others to attend that group. Too broad and not specific enough. Again it is about organisations. Sight for Surrey for example– they are listed as an organisation, but it doesn’t say that they can actually certify that someone has severe sight impairement. Frustrated that it can’t signpost as well as I can. “How often do you feel that we are not covering the right information?” - All the time – partly because I am new to the role and partly because the information is not readily available in a format that is easily useable. It is time consuming with Google. The ones at the top are not normally the most suitable, so time consuming, reading through to see whether it is relevant and actually whether is local and whether still exists.
Expectations from improved information	More detailed and more accurate information. More tailored for people so more likely to act on it. Flexibility with how the information can be searched – for specific needs / issues rather than bland for everyone. Broader information about more local services. Including about actual times rather than just about the organisation. Richer, wider and larger set of information. Currently the Directory is really a “next step” – pointing to an organisation that can help rather than the specific activity / group. In the future it can be more of a referral process.

	Bridge groups are really popular for example, so we can include a whole set of that relevant sort of information. More things going on that we don't know about and would be fantastic to have all of that together in one place.
Impact on outcomes for loneliness persona	Obviously, they are armed with everything that can enrich their lives, its huge. It can't be understated. I see it all the time as I see it with the gratitude when we get it right. It makes a massive difference to people's lives when they attend or join the right group.
Vision for building on success of the pilot	Have more than one search criteria – to really home in on the real needs and solutions for them. The potential is massive – both for use for myself and also for self-service and for service providers. No stone unturned and know we have turned those stones will make me feel better and make a difference to people. Signposting is a weakness and yet feels important to people. Had an experience last week. "You're just fobbing me off. They told me to come to you and you are telling me to go back to them. Lady – her ex-husband was homeless and in hospital. Someone who phoned about needing help with repairs – and signposted back to the agency who had posted them to CHEER. Take it on board to try to help and make them go away feeling better, but takes time and can't be confident that getting it right as relying on Google etc. Shrinking the steps in the chain – by getting to the end result more quickly about the actual service that makes a difference rather than just the "signposter". Shrink the numbers of shortcuts – and get to the actual right groups and activities more quickly.

SOCIAL PRESCRIBING

Current role	Social Prescribing
Issues	"Small forest of leaflets" in the office and we don't know which ones are up to date and which ones are old. Our service is dependent on our relationships and we are only two people covering all of Elmbridge and we currently spend a lot of time sense-checking and worried about the accuracy of the information. It all takes time, don't have the right knowledge. Rely on a smaller and smaller group of services – as used to using them and actually perhaps there are others out there that are local or may be better. Public transport is awful – so local service is critical. Information tends to be generic and about organisations rather than actual services. Befriending is very generic – around locality or whether it is about palliative or broader. We need that level of granularity around location and type of befriending that someone offers.
Expectations from improved information	Filter down into more specific / targeted information If we discover something new, we will be able to photograph and fire off the information for that to be validated and entered onto the repository. Currently it takes 2-3 visits to complete the service with someone as we meet them, then take a few days to do the research and then have another meeting with them. In a small number of cases they ask for something different and we go through that cycle of research again and meet with them again. Stops enquiries coming into us – as other people can take on some of that more straight-forward individuals / self-service.
Impact on outcomes for loneliness persona	Lots of cases where people have multiple needs – it is never one need. We will be able to "co-produce" the recommendations as we can look at the directory together. People will be more likely to attend as they

	contributed to part of the research and consideration. Can do this on Google, but that is always a bit hit and miss. Increased confidence for people that the service is right. We can also start to get them to use the information themselves as they are part of the process. Locations – they might know that certain locations work better for them. Time saving – as reduce the amount of time researching and can complete the work in one visit and hence create more capacity to help more people. Accuracy of the information is not great – confusing and generic and will be fantastic to have a reliable set of information.
Vision for building on success of the pilot	Links to bus routes would be great – as that is often a barrier for people. Even a link to Google maps to know exactly how far away the place is. Space to leave reviews, so we know the value of the services to people. Cookies that look to identify similar offers / services. "People who purchased A may also like B".

Blackburn-with-Darwen User Stories

The key related initiatives in BwD are

- Social prescribing
- Well-Being service. Community Connectors are funded by the council who also fund the well-being service – which has falls prevention, strength classes, swim buddies. GPs refer direct into the well-being service, which is a holistic assessment that looks at their life – and then refer them to a walking group or walking group or might decide actually the issues are about debt and smoking
- Integrated neighbourhood team – local based teams that consist of physio, nurses, health visitors and social workers. They come together to consider cases and are joined by the voluntary sector agencies as well to agree what is needed for each case etc. Consider cases.
- The Care network is commissioned to provide Information and Advice. Care Network is commissioned by the Council.

We have a seven-point headline plan for how we are moving forward as follows:

1 – bring all of the data together

2 – get the data into the right standard and have broader range of roles and individuals playing roles in helping maintain and assure the data so it remains more accurate

3 – Get community link workers able to use the data for social prescribing

4 – Get other orgs like Age UK, Area Teams using the data

5 – Make the data available so that residents can access the information and promote this

6 – Work out how to allow all users (starting with frontline workers) the ability to book onto a course and make a booking – and send a message booking to the organisation

7 – Ethical front-end Bot. Have a chatbot that is both voice and text activated that allows people to ask for local service options depending on what they looking for and their locality.

Ken Barnsley, Public Health Specialist, leading on Ageing Well and Nutrition and Health Weight

Issues	Disaggregated data that is spread across partners and different localities within Blackburn. There are 4 health networks across Blackburn – that didn't work closely and had created false borders between them. Certainly didn't share any Directory of Services. We are lacking the more local and granular information about services – like timings etc.
Expectations from improved information	Interoperability of the three sectors (health, care and voluntary sector) – starting with the data and then would allow some learning moving towards broader inter-operability. Organisations are working together – to collect and use the data. A comprehensive set of choices about local services, so that people are better supported. Including more of the "hyper-local services" that we are less aware of across the system. A common set of reliable information for the community and voluntary sector, the council and health is really important. It is a fundamental tool to help coordinate the efforts of four key initiatives, namely the integrated neighbourhood teams, Social Prescribing, the Well-Being

	Service and the Care Network. Together these represent the frontline health and care improvement and prevention support offer for the Borough and their success is reliant upon that reliable, accurate and in-depth information about local services and activities. We see this as a loneliness pathway / toolkit. Health professionals will identify someone who is lonely or at risk of it and they then get referred to the Community Connector. The community connector is able to access the DoS on a tablet and is then able identify some recommendations. Sometimes the community connector goes with the individual and other times they go on their own.
Impact on outcomes for loneliness persona	Kept in touch with their community and playing a part in some activities / groups so impact on their physical health and their well-being. People can be supported to self-support in terms of looking at the DoS and hence continue to keep in touch / build more connections with their local community. They can also help others as peers supported perhaps.
Vision for building on success of the pilot	Focused on one Neighbourhood area. Initially social isolation was picked as a key issue for one of the neighbourhood areas. Expanding it now out into East Lancashire – trying to get beyond thinking only about Primary Care Network area or BwD but thinking more widely about the whole Pennine Lancashire area. The overlapping areas are key as that is where we have issues at the moment where people have limited knowledge of what happens 0.5 miles away as seen as a different area / set of data currently. Ultimately the plan is to roll out to all of South Cumbria and Lancashire STP area. The loneliness toolkit concept and identifying people proactively who may be at risk, we are in discussions with BwD digital team to bring together the data around Blue Badge, Council Tax data as well – so that the DoS will be also available to the contact centre. We are currently exploring how we might use passive sensors – in homes to measure temperature of the house, the moisture content in

the house and then some movement. We are putting them into homes of people over 50 who are also living on their own. This will detect significant changes in conditions in the house and can automatically make some recommendations that alerts the "family network".

We also believe that we could develop an "ethical bot front-end" that could respond to either text or voice and make some recommendations. It is pure concept at this stage, but very exciting.

Boulevard Walk, Community CVS

Donna and Clair

Cohort of people most often supported tend to be

- Ex-Offenders
- In recovery
- Social Prescribers
- Supporting individuals into employment

We see a lot of chaotic and really vulnerable people, who are lonely and also have problems with debts, Doctors, signing up, getting onto UC etc. Amazing how low people are in terms of confidence – for example they can't even phone their electric company to get power switched back on. Lost confidence, don't know how to do it.

Current issues with information

There is very quick turnover of staff. Given that we rely on people remembering the sorts of services it is very problematic as constantly have new people with knowledge right back at zero and takes a long time to build up that local knowledge.

Also the names of the people involved in delivering other services change frequently, so we always feel on the back foot with information. If we need to make contact it is always risky.

The services change quite frequently with funding as well and we don't get notified – we only find out as we spend time keeping in touch and are well connected. It is the clients who tell us often that something has stopped or changed.

Services and groups can be quite small in local areas and we get issues with groups limiting numbers, but we don't find out about it.

	The bottom line is that the information we have is out of date, relies on constantly checking and we are always anxious we are signposting people to things that may have stopped or changed.
Expectations from improved information	Easier to access the information electronically. Can be mobile – rather than relying on being in the office to look through websites and leaflets. Will allow for the changing roles as the data will be available and updated – so doesn't rely on personal knowledge that leaves. Here we will at least be able to be confident that it is the right / appropriate service and that it still actually exists. Self-access as well – for people. Won't work for a lot of the people we support as they are fairly chaotic, but for those recovered who need to remain stable or people at lower levels of risk remote access could be valuable. Feel more confident with the information – and hence willing to push harder to persuade someone as we know the things really exists. It is the detail that we don't know – the smaller more local groups. Church groups, community centre groups, more localised, mens' community groups. It is these smaller and local services that are more valuable. Nearby, can lead to local friendships, and perhaps less "judgmental" and these individuals are always a bit sceptical and worried about being judged. With this information, it really makes a difference as we can develop a much more personalised strategy for the individual, offering longer-lasting value for them. Having clearer information about what actually happens at groups would be helpful – as the information can be vague and very much about the organisation rather than the activities.
Impact on outcomes for loneliness persona	Fewer clients will feel "let down". Clients are suspicious and have very low trust; they don't need much excuse / much of a barrier to decide to give up; not much resilience. Where we recommend something that doesn't exist then actually that can be the thing that deters them from

doing anything – if one of the groups turns out to be different / closed down.

Example of a prostitute who was wanting to give up and wanted to get information there and then and be confident that it would be available. The widow is small and we couldn't give her everything she needed to be confident she could create a new life and be safe, leave off the streets; she didn't get the confidence from us that she could make that leap.
She got back on the train and went back to the streets of Accrington. She was only low 20's, it was extremely sad. It must have taken significant courage and determination to come to Blackburn to try to leave her chaotic life behind. She disappeared into the night, back to her life as a prostitute and the opportunity to help her change her life was lost forever. She just disappeared.

It takes a long time to pluck up the courage and we have a small window and if we can't help then they give up.

People may be more willing to share – as they realise that the information is ubiquitous and don't need to "hide it".
People have pockets of information that they don't share. Focus on the client and realise that the key thing is the service itself rather than the data. Everyone benefits from the sharing of the information – not one way only.

People go through cycles – but where we lose them is after we work closely with them, it is because they can't maintain their own groups / connections. A directory would reduce the numbers of people who fall back into needing hand-holding in the future.

Perhaps 30% of the time, I think that there was surely more support available locally for someone, but we couldn't identify it, didn't know about it. If we are more confident, then that could perhaps make a big difference all of the time – to persuade people that attending a group is the right thing for them.

We know there are 1500 people waiting for a 1 bedroom flat and we know there are more than a few hundred *sofa surfing*. Currently these numbers are only increasing. If we can help a few more to make a difference then this will be a transformation compared to the current trajectory.

Vision for building on success of the pilot	Information could be available in prisons, in hostels, community centres and libraries – facilitated and reliable information. Referral processes / pathways are poor and we can perhaps use the information to sharpen referrals and reduce the amount of dead-end signposting that happens. Trip Advisor of service feedback – both professional input and client input. That would be great. Yes, there are risks that people can make sweeping judgements that may be as much about their own experience, but they probably do that already verbally. Provide insight into duplication of services and hence drive better informed commissioning and understanding what is out there and where there are gaps. We also have issues that the commissioning model puts agencies in direct competition – a more informed baseline may provide the opportunity for commissioning to focus on how agencies support each other.

CARE NETWORK, 3 interviewees

Current issues with information	People aren’t sure what they actually want. They come because they have been told or advised to usually; they do know they are struggling, but don’t know what would help them. We get others who come in regularly. We often get asked “for a list”, but we don’t have that. As a small independent charity, it is very complex to manage that process and retain that information. Fantastic to be part of a collaboration to capture and maintain that information. Information is all in people’s heads – not easy to share and no time to share. Having a defined process will help. It is frustrating currently as we know that the information is not accurate and not accessible. Updating information tends to be “spurty” and some of the information has been unchecked for up to 8 years. I would love to be able to do that bit more and to know I have made the right offer to someone. I would say that fairly frequently I think that there was probably more that we could have done, there were

probably more appropriate support and services, but we just didn't know about them.

Our job is a sales job to help people help themselves and we have to be convincing to support people to make the change; we are trying to inspire and motivate them to go and do the things that can help improve their lives and their health. We feel that currently we can't *Make Every Contact Count* and can't convince everyone we meet, as we are not confident that the information is accurate, we know we don't know about other support and community groups that might exist.

If we don't know about all of the support options that exist and don't have confidence in the information, then it undermines our ability to convince and motivate someone to go and do the things that can help improve their lives and their health.

It is often the small details that make the difference in someone attending a support group that might help them; that it is local, that the group is small if someone doesn't like big groups, that the building is accessible (not just disability, but has good lighting etc). We don't tend to know if a group is still running and hence people lose their confidence and make the decision to not attend.

We often send people away with 5 or 6 leaflets or service areas, but for many vulnerable individuals they would be better served with a single offer. More detailed information / insight about that group may make it easier to help / persuade someone to attend.

Where we try to make contact with a service, but the phone number is wrong for example, it undermines our role and makes the individuals doubt that our help will make a difference.

Information about the same event is captured differently / inaccurately in different directories. We also don't have the detail – like target audience for example.

Community groups are really hard to keep tabs on, because they sometimes describe themselves as one thing and turn into something else and have a mind of their own. Driven by the group and the personalities – we need the feedback of the information.
Very hard to signpost to – and yet actually these are the most valuable. For example, relax and chat turned into a scrabble club, but

	no-one knew it. Self-run groups and hence they need to be able to maintain their own information. An estimate of 10% of the information is plain wrong and perhaps another 10% is inaccurate or not comprehensive (e.g. timings). Agencies / organisations are *brand* conscious – rather than outcome and information focused. They protect information to put them in a good light rather than sharing information so that everyone can help deliver better outcomes for everyone. It will be a big change.
Expectations from improved information	Better categorisation will help us find things more reliably. Social workers have very dry jobs as they are just looking at the bare minimum and commissioning minimum packages. This type of information would also help them to go back to be an traditional social worker and help people – so give them their statutory offer, but then also signpost to other valuable things. In fact for everyone this is true - community nurses and practice nurses. Everyone else should be signposting as well. It could be truly transformation for everyone to act in the best interests of every contact. Making Every Contact Count. Increased discharges out of service. Confidence that it is up to date, know that we can make it sensitive to specific needs / circumstances of the individual – in terms of location etc. Takes a lot of time to find things out from the Internet - so it will save that time. We can then perhaps do more work actually helping people attend and make the broader change in their lives. A sense of “one workforce” and that everyone is working together to help people rather than fighting for their organisation to survive. Increased confidence and job satisfaction for workers. We always want to do more, which is why we are in the job. Perhaps 30% of the time, it feels we don’t do enough.
Impact on outcomes for loneliness persona	The most important facets of the service actually are – having a human connection and building some hope etc. That is what is most important actually. The people we support won't make a change without us pushing / supporting them.

	The additional value of the information is that they have an opportunity to make those connections and connect with their community. May not happen, but we have or chance with more accurate information as we can find a group that they are definitely interested in. Growing away from more hands-on support Accessibility of the group – language, accessibility, numbers of people, location, lighting, noise etc. This is important and will be valuable as well. Can therefore make it hyper personalised for someone – so they have confidence that the session is truly appropriate for them. Actual health improvements – because they are accessing groups that more likely support them. Combat social isolation, better for their mind and body – and impacts on the state in terms of reduced demand. Success breeds success – they will tell others, which is good both for the individual helping someone else and for that other individual. It is a virtuous circle and starts when I put my hand in the box and have confidence that what I pull out is worthwhile and actually exists – and can be shared.
Vision for building on success of the pilot	Flexibility that people can access digitally or that can be done non-digitally for those that can't get online. Identify duplication and gaps in terms of community offers – geographically and also in terms of different types of offers Meet the gaps that have been left by austerity – national legal advice lines, pro bono legal help to replace Legal Aid. Information about capacity / numbers attending groups – people may need small groups to build confidence and only attend appropriate groups / sessions.

Hull User Stories

The key initiatives in Hull are

- The Beverley Road corridor. This is a multi-agency partnership where all professionals are working more closely together to better understand demand and focus on prevention.
- Social prescribing to help reduce demand on health and care.
- Transformation of Adult Social Care to have a three-step model – “help to help yourself” is the prevention element that relies on having robust and reliable information about locality offers and activities.

Police and Crime Commissioner

Issues	Everybody keeps information to themselves, which undermines the ability of a broad set of frontline roles to provide the optimal service to vulnerable people they support. The entirety of the information should be shared across all partners and available more broadly in the public domain to make the biggest difference to everyone who needs help or support. We have multiple separate lists of local service information that people spend time maintaining and this does not make use of all public sector resources. We don’t engage the insight and knowledge of the communities themselves who know far more about what is happening locally.
Expectations from improved information	Increased accuracy and availability of information and hence people can be better supported to access things to improve their quality of life Within the Community Safety Partnership world, many of the repeat callers to police and emergency services are people with low level Mental Health and other vulnerabilities such as loneliness. The system would be better served if we took the time to help these types of people to identify local services and activities that may support those individuals to take positive actions to improve their lives and circumstances. If we had more reliable information, front-line officers could direct them to those local groups that might help them in the short, medium and long-term, whether that’s about befriending, mentoring, a local activity or a service to support them with addiction

	or other issues. As an office that commissions service, gain insight into where there might be gaps in support / provision – particularly looking at the difference between where “incidents” happen or police contacts come from and the location of support services.
Impact on outcomes for persona	Help people improve their quality of life and reduce their interface with the criminal justice system Help people be less reliant on the system and more resilient themselves Empower them to do more to help themselves and reduce the burden on frontline services.
Vision for building on success of the pilot	Ultimately the information should also support self-access so people can self-refer Making the process to maintain the information ever less burdensome It would fantastic for the *through the gate service*, which supports people as they leave prison to ensure a rounded and robust set of local support to help vulnerable ex-offenders increase the chance of avoiding re-offending and improve their life chances and also improve society as a whole. Aligning the Crime Reduction Fund so that anyone funded has to maintain their information and make this a contractual obligation. Ability in the future to target the CRF at those areas of lower support currently.

Adult Social Work Commissioner

Issues	We don’t currently have access to geographical information about either service take up or about service provision. It is very difficult therefore to undertake any assessment about whether community services are in the areas where there is higher demand or to undertake any assessment about gaps in types of services and community capacity / provision.

	It is a very manual process to consider this strategic assessment and sufficiency assessment. In addition, the information about "hyper-local" community and voluntary sector services is very limited – there are many more voluntary groups but we are not aware of them. Even when we do have information about services, it is normally very badly populated in terms of information about accessibility, capacity and timings of groups for example. The information is often about "organisations" rather than services. The information and analysis is also very silo-based – with information about take up of social care, police call-outs, mental health service usage etc all in different systems. It is like we are trying to understand what is happening with one hand tied behind our back or one eye closed. The links between poor health and care outcomes and other indicators around housing, mental health, police call outs etc are well known, but we don't have the tools to understand how this is playing out across Hull and so we are unable to design how to break these causal links. Transport information is also not available / visible – which would allow us to better plan where services are best located / sited. The language used in the various lists sometimes doesn't make sense to citizens or to professionals. We don't even really have reliable information about statutory services as this information itself is a bit jargonistic and subject to changing thresholds and focus.
Expectations from improved information	Reliable and well-rounded information on incidents and resources / services to inform commissioning, delivering the following • Services located where there is highest related demand / need (informed by take up of services) • Addressing any gaps in service provision – either geographical gaps or gaps in terms of customer needs • Better locating of services to maximise transport links so it is easier for people to attend. Ability to join-up assets and organisations – so for example make better use of buildings and co-locate services where currently they may be paying separately for two buildings only 0.5 mile apart for example.

	More detailed information around accessibility and timings of groups – so we can do the analysis at a more granular level. For example, it may that in a certain location there are lots of activities running Monday – Wednesday but nothing on Thursday and Friday.
Impact on outcomes for loneliness persona	Customer will get access to services (themselves or facilitated by a frontline worker) that better meet their needs – in terms of geography, accessibility, transport links and their interests or care needs. The information will be personalised – so more likely to attend and when they attend the service will be more likely to meet their needs. Meeting their needs will ensure we prevent, reduce or delay their health and / or care needs – and help the individual feel more connected to their community, more positive about their life and less vulnerable, isolated or lonely. Better use of resources – lower cost services where we can facilitate shared buildings for example. ASC providers can use the information to also micro-commission local services. Through the care act assessment service users get a personal plan or "pen picture" and this can then include not only paid for services, but also allow the system to make use of local voluntary sector groups to support individuals. In effect this can shift some of the financial burden from the state to the voluntary sector at a lower unit cost.
Vision for building on success of the pilot	A core part of the new social care model is that we have accurate and broad-ranging information for people to self-help or get some advocate help to self-refer.

This collection of user stories accompanies the final report of a project undertaken in 2019/20 to evaluate, consult and develop a data strategy for the collection, assurance, publishing and discovery of local and hyper-local services appropriate to the needs of vulnerable citizens.

The project final report is available on line here: http://e-sd.org/IGODN/

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