# Start with people

Public Health England's approach to delivering digital public health

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Public Health England

**When designing we need to consider the person, context and risk factors.**

# The process

discovery
synthesis
ideation
implementation
live
PROBLEM
DISCOVER
insights into the problem
DEFINE
the area to focus upon
problem definition
DEVELOP
potential solutions
DELIVER
solutions that work
SOLUTION
diverging
converging
diverging
converging

# Good Thinking

## A case study

Tower Hamlets CCG

March 2016

Public Health England

# London’s mental health landscape

Total population of 8 million

25% will experience mental ill-health

41.3% suffer from high anxiety

Only 25% seek treatment

Public Health England

"I don't really know what causes it, but I know I sweat profusely when I sleep at night. I don't know why, but it wakes me up."

"I don't like to let people in, to tell people about myself. I like to keep myself to myself."

"I got my own house, that I own.... but I'm not living in it since I split with my wife.

I get to see my child every weekend, which is not ideal, I used to love going home, helping her with her homework....I'm back living in the room that I grew up in....It's not ideal is it?

That could be a contributing factor, I don't know."

**Works** full-time as a self-employed ditchdigger (for pipes and wires).

**Lives** with mother, is divorced and has two children who live with their mother

**Likes** playing football, mountain biking and supporting Arsenal

## Experiences

Martin experiences severe sleep difficulties. He gets upset and short tempered when he doesn't sleep. On Saturdays he ends up physically drained and stays in bed all day. At the end of a working day his body is tired but his brain is constantly racing. He has suffered from sleeplessness for 10 to 15 years. He doesn't know what to do.

## Insights

Martin experienced several severe life events. His father died in front of his eyes at the age of 15, he witnessed multiple tunnel collapses, and he is divorced. His work is stressful because it is dangerous and he is responsible for the safety of his co-workers. He finds himself in a cycle of stress and sleeplessness, without knowing any particular cause. Smoking is his relief from work.

## Support

Martin doesn't like doctors due to a traumatic childhood injury and his subsequent care. He also doesn't like authority figures, due to a bad experience with a therapist as a teenager. He prefers to keep things to himself and doesn't talk about his feelings. He does not know where to start and he is not aware of information or services that could support him.

**Example**

# Good Thinking

Where is it now?

April 2018

# *Weight Management for Children*

## *A case study*

Public Health England

# Multidisciplinary

## Challenge definition

***Face-to-face child weight management services are provided in only 56% of local authorities in England.***[1]

Where services are provided, there is a lack of published data on quality and effectiveness, and the services often suffer from poor uptake and engagement due to barriers around access, cost, time and stigmatisation.[1]

(1) Public Health England.*National mapping of weight management services*. 2015. London.

# User research

10 children aged 5-9 above a healthy weight and families

Social grades C1, C2, or D

4 families completed weight management services

In-depth interviews, observation, cultural probes, workshops

Public Health England

**Ali: Disengaged Parent**

"I'm the man, I have to make him strong - if he can't defend himself physically, I can't send him outside."

"Sometimes food to me is the last thing on my list... with work and life taking

"I have to tell Sabir: 'Be good when you are around your Dad and do not ask him for sweets and biscuits, as he will just let you have what you want.'"

**Ali's Wife**

**Works** as a taxi driver (shift work); in the process of setting up a business.

**Lives** with wife, daughter (age 5, healthy weight) and son (age 8, above healthy weight).

**Support:** Attended a family weight management service with his son, Sabir, who was overweight.

## Weight management experience:

Ali attended a family weight management service with Sabir as his wife, Jasmine, was working during that time so was unable to make it. Although he enjoyed the class alongside his son, he did not really engage in the sessions and handed over all the worksheets to Jasmine for her to make the changes at home.

Ali sees his role as a father as a family support; his wife's strength rather than implementing new strategies or problem solving efforts.

## Behaviours:

Ali is generally supportive of Jasmine trying to get Sabir and his sister to eat less sweets and more fruit and vegetables after attending the service; but he does see the running of the household as Jasmine's responsibility. Ali will be more lenient with the children - letting them have sweets and biscuits whenever they ask. This has led to Jasmine strictly instructing them to not pester Ali, as they know he will 'spoil them' and give into their demands.

**Example**

# Where to next?

It’s about health

Whole family intervention, not just child intervention

Testing assumptions, concepts, prototypes

# Challenges at PHE

- Embracing an agile culture
- Understanding of the service design process
- Being okay with uncertainty and a multiplicity of concepts
- Language barrier and communication style between different disciplines
- Securing buy-in and engagement from across the healthcare system

# Successes at PHE

- Creating a multidisciplinary team in weight management for children composed of design thinkers, subject matter experts and academics
- Increasing understanding of the service design process within PHE
- Upskilling non-digital colleagues as product owners
- Securing engagement across the health system with Good Thinking
- Redesigning our own internal process

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