Case studies

Public Health England

live|work

I hear you!

A service design approach to mental health services at scale

A case study from the 2019 Public service: state of transformation report

public service transformation academy

The headlines

- Adults in London have a high level of unmet need for timely access to mental health services.
- Public Health England, on behalf of the Healthy London Partnership, designed a totally new online service, Good Thinking (https://www.good-thinking.uk/), to provide inclusive, immediate help at scale. Use of digital data to identify and target people with mental health problems had never been done before.
- We used a new approach, service design, to tailor mental health support to the behaviours and service preferences of different groups of customers. Qualitative research techniques developed customer insights which were used to inform service blueprints and future customer journeys. The approach recognised the role of digital technology in reaching Londoners, allowing individual journeys through the service to be tailored to each customer.
- The service ecosystem used both the NHS clinical and digital infrastructure (centralised pathway) as well as those offered by third parties (distributed pathway).
- The approach benefited from the support and involvement of all the clinical commissioning groups (CCGs) and most borough councils in London, the Mayor of London, and voluntary and community groups. It also drew on the expertise and knowledge of digital providers, marketers and social media experts. The solution integrated rather than duplicated existing service offers.
- Since December 2017 over 200,000 people have used the service. Of those who have used the interventions offered, 60 per cent have experienced a reduction in stress.
- The approach is now being considered for other health and care services.

The challenge

Almost a third of Londoners report low-level mental health challenges. Half describe themselves as anxious. Very few Londoners are seeking or receiving any help for their condition which has a negative impact on quality of life and economic productivity. In addition, over 15 per cent of London's adults are likely to have a common mental health difficulty. Of these, only 24 per cent are likely to be receiving clinical help for their condition. People often need more immediate access to mental health services than can be provided. A large percentage of people are unlikely to seek clinical help.

Public Health England's role is to protect and improve the nation's health and wellbeing and reduce health inequalities. Improving mental health and wellbeing is one of our priority areas. We needed to design an inclusive and timely service that would reach all Londoners.

The Healthy London Partnership funded and championed the initiative – an umbrella body which brings together the local authorities and CCGs in London, the Greater London Authority, the Mayor of London, Public Health England, charities and voluntary bodies. The Partnership knew that digital interventions worked but very few people accessed those that already existed. The challenge they set was to design a service to provide inclusive, immediate help, at scale.

Making a difference

Public Health England, on behalf of the Healthy London Partnership, developed a business case which outlined the problem, and identified key elements of the solution. We obtained support from most of the boroughs and all the clinical commissioning groups in London. We wanted to take a new approach and issued a competitive tender for a service design company to help us. LiveWork Studio was appointed to design a service which would enable people to access help whenever they needed it.

The LiveWork team set about complementing existing research with qualitative user research, talking to people in their homes about how they deal with their problems. Or not. From these interviews, LiveWork developed profiles of groups of people with shared characteristics (personas) and behaviours (typologies).

They interviewed Londoners like Christina who was suffering post-traumatic stress after being robbed at home. She was able to articulate her problems and was actively seeking support from her peers online. She's the sort of person who would proactively seek help.

They also met people like Martin who simply accepted anxiety and insomnia as his lot in life. Someone like Martin would never knowingly go to a government healthcare website about mental wellbeing.

From speaking with people like him, we learned that the real challenge is in reaching people who are unaware and reluctant to make a fuss. Martin had not considered that his work digging tunnels and his recent marriage breakdown could be causing him stress. Talking about it led him to consider that seeking support might be beneficial.

The research revealed that to reach everyone who needs services, including those who are reluctant or in denial, we need to respect their preferred way of engaging with services and where they are on the customer journey. People may not recognise that they have a problem or may think that there is nothing that can be done to help them. They may not go to a website to seek help. But they are online anyway, scrolling through social media on their phones. If something appears that resonates, it offers them a doorway out of that environment to gain access to help.

Designing the service

The service design is particularly innovative. It is the first time that digital data has been used to identify and target people with mental health issues in order to offer assessment, treatment and advice. It is more than just a website. The service recognises the lifecycle of a patient's need from raising awareness that a problem, such as difficulty sleeping, exists through to seeking and participating in treatment. Each stage of the lifecycle offers interventions tailored to the individual's preferences for care. Interventions may be digital (for example using a self-assessment questionnaire or taking part in peer-to-peer mentoring) or face-to-face (for example, referral to a local community group).

The service ecosystem used both the NHS clinical and digital infrastructure (centralised pathway) and those offered by third parties (distributed pathway), for example other technical platforms, apps, and face-to-face community services. The overall architecture is illustrated in the 'ecosystem' diagram below.[1]
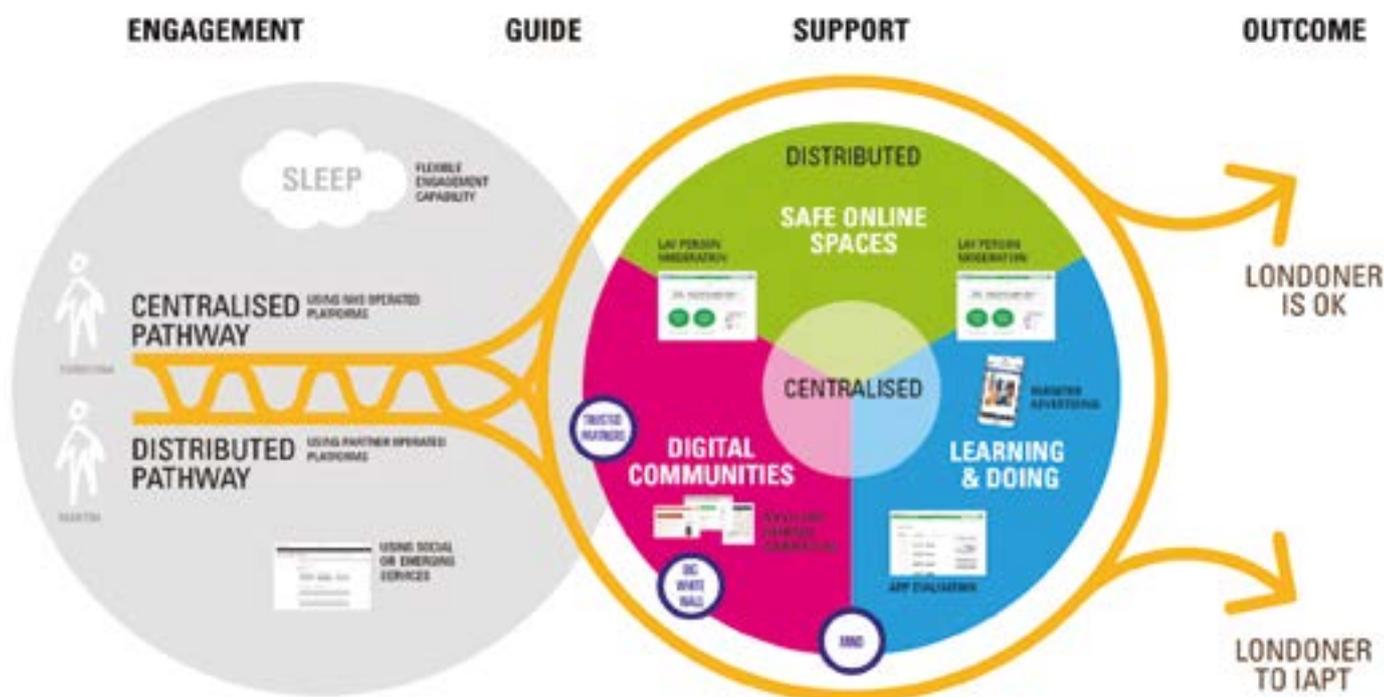
We conducted a small trial study, placing advertisements for help with insomnia on popular sites. We began at the human scale, by designing for individuals, in one borough. This could then be scaled to cover London – with a vision to scale the service to the whole of the UK.

After further testing and piloting Public Health England rolled out the service, with ads on social media and other forums leading to content on the Good Thinking site. The service started by targeting young adult men with sleep problems. Some key features of the service include:

- targeting Londoners who may not recognise that they may need help through awareness campaigns;
- enabling personal assessments to be completed by the user to help them identify what help they need and how they want to engage with support;
- clinical risk built into the design with rapid referrals to other mental health services if required;
- community capacity building – peer-to-peer and moderated platforms enable Londoners to help others; and
- management of 'blips' in a Londoner's journey, recognising that addressing mental health problems is sometimes challenging

Our partners

Our partners have included:

- local councils;
- clinical commissioning groups;
- the Mayor of London;
- mental health providers;
- voluntary organisations with an interest in mental health;
- community groups;
- users of the service;
- organisations with access to targeted groups (e.g. football clubs);
- service designers;
- providers of social media and other digital technologies; and
- marketing experts

What's been the impact?

A full and independent evaluation is being carried out by King's College London which includes the impact of the Good Thinking service on the health and care system. Since December 2017 over 200,000 people have used the service. Of those who have used the interventions offered, 60 per cent have experienced a reduction in stress.

By integrating rather than duplicating information and reaching out to people on the digital channels they already use, we have increased our reach while the costs of identifying Londoners who need help are lower than other methods. A win-win.

The impact of our work has been far-reaching. Stakeholders from the project are now using this novel approach to design and research services in public health in a growing array of areas. We combined our expertise

and extensive research with the LiveWork user insight informed design. The result is a service that reaches demographics that have eluded traditional public health campaigns and a growth of user-focused services that actually meet the needs of the most vulnerable in society.

The key elements of our success

Our success has been based upon:

- embedding a culture of service design into the way Public Health England thinks about and approaches strategies to improve health;
- being bold! – this was a completely different way of delivering services at scale;
- measuring success and responding quickly to lessons learnt;
- working with the right partners, who understand health and the health system, but are not constrained by current ways of thinking;
- understanding the potential of digital technology; and
- keeping stakeholders supportive of the initiative with quick wins, which meet their priorities

And if we were starting again…

Service design offers both a strategic and operational way of improving services. This methodology is not well understood in health and care. Capacity building of health and care teams in service design offers a new opportunity for service development.

The potential for digital technologies to build community assets and

By integrating rather than duplicating information and reaching out to people on the digital channels they already use, we have increased our reach while the costs of identifying Londoners who need help are lower than other methods.

networks in local communities and to improve health outcomes is an untapped resource.

This service has evolved using the agile methodology. Although it is one of the approaches to digital implementation recommended by the Government Digital Service, this was a new approach to service design and procurement for many general managers in the health and care system. It has many advantages for addressing complex issues. By building in an evolutionary approach to service implementation the service design is continually reviewed, helping to manage risk and reduce the potential for failure. This case study demonstrates what is possible and the advantages of an agile approach, which is needed to strengthen the capacity and capability of stakeholders in health service design and development methodologies.

Our key contacts

Diarmaid Crean, Deputy Director for Digital, Public Health England, **07815 052021** diarmaid.crean@phe.gov.uk

Dr Liz Watson (PhD), Health Partner, LiveWork Studio, **07968209666** lwatson@liveworkstudio.com

Ben Reason, Managing Partner, LiveWork Studio, **020 7377 9620** ben@liveworkstudio.com

---

[1] IAPT refers to the Improving Access to Psychological Therapies programme https://www.england. nhs.uk/mental-health/adults/iapt/

Diarmaid Crean

Diarmaid Crean is Deputy Director, Digital at Public Health England. An international digital leader and innovator in organisational transformation, product development, digital communications, marketing, branding and e-commerce, Diarmaid has 24 years' experience of delivering change across both the public and private sectors. A passionate practitioner of user-centred design, he is always happiest when obsessed with a new opportunity to advance another organisation using the power of digital, technology and data.

Liz Watson

Liz Watson is an experienced interim manager and consultant focusing on health and care system change. Liz applies service design and service improvement methodologies to improve performance and develop new models of care, most recently in prevention and integrated care services. She has set up and managed strategic planning systems for populations of 500,000 to 1.5 million. Liz has a special interest in social enterprise with experience of establishing social enterprises in health care. Her PhD investigated how social enterprises can address health inequalities by contributing to health system strategy and capacity building.