

Citizen Journey 1 | Jamie: Economically inactive person, aged 55 with multiple health conditions (chronic back pain, coronary heart disease, type 2 diabetes and asthma)



Meet Jamie, a 55-year-old former hospital porter from a low-income background in a mid-sized UK city. Jamie was generally fit and healthy until several years ago when a back strain at work went unmanaged. Below you can read his full story, which details his journey and the parts of government and society he engages with along the way. Jamie's story underscores the need for a cross-government approach to designing and delivering services. Early intervention for Jamie's back strain could have prevented his health declining and wider support may have eased the social, financial and emotional impacts he experienced. Ultimately, a more joined-up approach to his health may have stopped him from dropping out of the workforce long-term and reduced the number of engagements he had with government services.

Inflection point 1:

If Jamie had been offered a DCMS digital skills course, he may have been able to access online physiotherapy and prevent condition decline. There could be a role for employers in flagging when employees are, or are at risk of being, digitally excluded. Although a manual job was not suitable for Jamie whilst his back was injured, if he had the opportunity for retraining or reskilling through a DfE programme, he may have taken a less physical job and stayed in the workforce.

Inflection point 2:

If Jamie had been offered NHS, community, or affordable public transport, he may have been able to attend Healthier You appointments and maintained his broader ability to travel. If there were better mechanisms to flag when individuals are eligible for free or discounted transport, Jamie could have been proactively advised on how to access support, for example by using resources at local libraries or post offices. This point in Jamie's journey would have been another opportunity to offer a DCMS digital upskilling course, giving him the option to complete the programme remotely, too.

Inflection point 3:

An environmental health inspection (local council) of Jamie's social housing would have recommended Jamie move to alternative safer housing (DLUHC) due to the damp and mould. This may have prevented his asthma from worsening. A change in housing and a recent new health diagnosis could have triggered an occupational therapist assessment of Jamie's new housing. Suitable adaptations could then have been made to make it easier for him to live independently with reduced vision and asthma could have been made (NHS).

Day 0



1. Jamie is generally fit and healthy, he has mild asthma that does not require medication.

He works full-time in a job he enjoys. He rarely engages with government or the health system.



2. Jamie strains his back at work.

He is temporarily signed off work and engages with DWP to access short-term employment support. He is also referred to online physiotherapy (DHSC / local healthcare system) but is unable to attend as he can't access online services. Since his injury, Jamie's interaction with government and health systems has increased.



3. Undertreated injury evolves into chronic back pain.

This forces Jamie to leave work. He applies for work capability assessment to receive Universal Credit (including LCWRA) from DWP. Although he was already engaging with DWP services in relation to his short-term employment support, the process for long-term support expands the scope of services he is receiving from them.



4. Jamie engages with Work and Health Programme and Restart Scheme.

Despite participating with the scheme, his chronic pain and declining mobility means he struggles and his health continues deteriorates, necessitating more healthcare appointments.



5. Referred to Healthier You (diabetes prevention programme).

As he is high risk, Jamie is referred to a local NHS diabetes prevention programme. However, his ongoing back pain means he can't drive to appointments and public transport (DfT) is expensive. Jamie doesn't know that support for transport is available to him and he is consumed with managing existing healthcare and employment services.



6. Diagnosed with Type 2 Diabetes, referred to specialist nurses for checks.

Jamie becomes overwhelmed with the number of different appointments and specialists; he struggles to manage and is discharged for missed attendance. He tries to manage his condition through occasional physical activity at a local leisure centre.



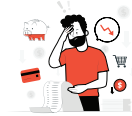
7. Vision deteriorates due to type 2 diabetes.

His poor eyesight means he can no longer get to the local leisure centre (DCMS), further worsening his diabetes. He becomes increasingly socially isolated.



8. Multiple hospital admissions due to asthma.

Conditions in Jamie's social housing (DLUHC) deteriorate as his health worsens. Damp and mould exacerbates his asthma.



9. As his asthma and fitness worsens, he is unable to go very far to the shops.

Limited local, affordable and healthy options mean his diet gets worse.



9. Jamie develops coronary heart disease.

The GP refers him to secondary care due to the complexity of this amongst is other conditions.

Private Organisations
DLUHC
DCMS
DfT
Local Council
DWP
Local Healthcare System
DHSC