Stockport Adults Social Care and NHS Stockport - Improving our joint response to those with continuing health and care needs

- The service is now tailored to the needs of the service user and the team are using their professional judgement to deliver a more personalised and proportionate service.
- Removal of duplication from the end to end process. The nurse assessor and social worker are now carrying out a genuine joint assessment and recording the information once.
- Reduction in time taken to get appropriate package of care in place, from an average of 56 days to 15 days.
- Previously 86% of service users experienced delays, this has now reduced to 31%

Background

Continuing Healthcare (CHC) describes the support provided to people outside hospital with ongoing health needs. In order to access this free service, which is fully funded by the NHS, your primary need must be a health one and eligibility is judged on the nature, complexity, intensity, and unpredictability of your need.

Why was there a need to change the service?

Since the introduction of the National Framework for NHS Continuing Health CHC and NHS Funded Nursing Care (FNC) in 2007 there has been a notable increase in the number of referrals in Stockport. Additionally it is expected that the current eligibility rate will increase significantly over the coming years. This is placing increased demand and financial pressures on the service.

In addition, the systems and processes were not delivering an effective and timely response to its service users, which would have only worsened over time as demand and pressures on the service grew. Service users were experiencing long delays while waiting for their assessment and there was a large amount of duplication, checking and chasing across NHS Stockport, Foundation Trust and Stockport Adult Social Care (ASC).

The organisations involved in delivering the service acknowledged that they needed to improve their response, not only to deliver a better service to their service users but to also prepare for increasing demands.

What results have the team achieved?

Having redesigned the service using a systems thinking approach it now looks radically different and is delivering a much improved service.

Improved service:

The service has seen improvements in five key areas:
1. Improved referral system:
There is now a more flexible and open referral system, nursing homes and social workers are able to make referrals directly to the nurse assessors and access their skills, knowledge and expertise quickly. They no longer need to complete lengthy paperwork and spend time compiling and chasing reports prior to making a referral. Only reports deemed necessary are requested and completed.

2. Real understanding of need
The nurse assessor and social worker now fully understand the needs of their service users prior to making a decision. This ensures their needs are met appropriately and ultimately their quality of life maximised. This is in stark contrast to how they operated previously, where the focus was around checking, reviewing and assessing to ration resources and budgets.

The nurse assessors are also owning the referral from start to finish, and taking responsibility for the whole experience of the service user.

3. Improved assessment:
The assessment is now tailored to the needs of the service user and the team are using their professional judgement to deliver a more personalised and proportionate service. A social worker that the team worked with noted that, “it was good to have a more tailored discussion about the service user, in this case the outcome was clear from the start and it was good to have a more flexible approach that suited the needs of the family.”

4. Single recording of information:
The experiment has removed a huge amount of waste from the end to end process. The nurse assessor and social worker are now carrying out a genuine joint assessment and recording the information from their assessments once. This approach is radically different way to the way the PCT and council previously operated. Going forward they will both be using the same IT system (CareFirst), allowing them to jointly input, share and agree the information once. This has been enabled through the implementation of the CAF (Common Assessment Framework) in the service.

5. Focus on problem solving:
There is now a focus on identifying blockages and informing appropriate leaders to enable them to take action and further improve the service.

The team used new measures to understand the performance of the service, which revealed startling differences in performance from before to after the new way of working was implemented.

- End to end time
  - Prior to systems thinking work: **56 days average**
  - since implementing the new approach: **15 days average**

- Unnecessary delays experienced by the service user
  - Prior to systems thinking work: **86%** experienced unnecessary delays
Since implementing the new approach: \textbf{31\%} experienced unnecessary delays.

\textbf{Cost reductions:}
The removal of the causes of delay and the wasteful activities which are not essential for service users will reduce the time the nurses, social workers and the referrers (e.g. nursing homes) need to spend on individual cases. This will release capacity across the organisations.

\textbf{Staff morale:}
The nurse assessor and social worker who were part of the team have both reflected on the improvements and are keen to embed the new way of working across the service.

\textbf{How did the team achieve these results?}
Expertise from the Business Improvement Team and Vanguard were used to support ASC and NHS Stockport understand how the service was performing from the customers' perspective and the underlying causes.

The team carried out a thorough review of the service, following a three stage approach: check, plan and do.

\textbf{Check:}
Check allowed the team to understand the ‘what and why’ of the service’s current performance. By studying the customer journey and carrying out an analysis of the process the team found huge scope for improvement in the service from the customers' perspective. The service user was receiving multiple assessments, often the same information was being collected and recorded.

By examining in detail the experience of various service users it was clear that they were not receiving a proportionate assessment. The process had become over specified, and the professionals involved were rigidly following the process rather than using their professional judgement to inform what was necessary for the service user.

Several factors were identified as the causes for the current design and performance of the service, these included:

- Various IT systems used by organisation involved in delivering the service
- Specialist roles and responsibilities of employees involved in the process
- Organisational boundaries of those involved
- Stockport’s interpretation of the DH Framework
- Budgets aligned to organisational boundaries

It was apparent that the service could be delivered in a more timely and joined up manner across health and social care.
Plan:
This knowledge put the team in a position to design and pilot a new approach for assessing and managing those who may be eligible for CHC or FNC. In order for the pilot to really transform the service the critical factors mentioned above needed to be suspended in the short term and addressed in the longer term, otherwise the full potential for improvements would not be realised.

This new way of working means referrals into the service are delivered in a more efficient and timely manner, placing customers at the heart of the service and better integrating the health and social care response. As one family member commented, “I felt this approach was more centred around my sister.”

Do:
The benefits of the new way of working were overwhelming for both the PCT and ASC. A nurse from one of the nursing homes that the team worked with stated that “for the first time it feels like we are discussing the needs of service user rather than focusing on the process.”

A decision was therefore taken to scale up this new way of working across the Community Nurse Assessor Team (which consists of five Nurse Assessors) and across social workers in ASC (circa 100 plus) to ensue all demands/referrals into the service are assessed and managed in the new way.

Challenges
Notwithstanding the achievements of the project so far, the team did and still do face challenges.

Freeing up the resources at the start
Initially it was an overwhelming task for the leaders to identity members for the intervention team, as they needed to dedicate a large proportion of their week to the intervention. However the leaders were committed to the intervention and therefore spent time freeing up the necessary capacity.

Having a nurse assessor and social worker involved four days a week, allowed them to fully commit to the intervention ensuring maximum benefit.

 Scaling up the new way of working
During the final phase of the intervention it has been a challenge for the team to bring their colleagues along with them and convey the need for radical change.

However the team are respected amongst their colleagues and the leaders are committed to embedding the new approach, which has helped drive the change forward. The team also designed sessions for their colleagues to review old cases from a customer perspective, which helped them challenge and question the service and therefore gain buy in for change.
**Challenge of continual improvement**

Now that the service is well into the final phase of the project and the new approach is becoming the norm, they face the challenge of continually improving and embedding a culture of improvement.

The service now holds weekly meetings to review the measures and discuss any concerns or blockages that are getting in the way of them being able to do their job. These sessions will help ensure the service continues to improve.