CASE STUDY

Single Shared Assessment
Dundee City Council & NHS Tayside

Background

Dundee City Council and NHS Tayside were together responsible for the care provision for older people in the city. Before decisions were made about the types of care provision that had to be provided, various assessments that involved many different agencies were required. These assessments were carried out at different times by different care professionals e.g. Social Workers and NSH nurses which resulted in duplication of information gathered, service provision delayed and resource issues.

The Council and NHS Tayside were both committed to quality care service provision and therefore wanted to explore ways in which the various agencies could provide a 'single shared assessment' for the benefit of its users, staff and the organisations.

The Findings

Vanguard Scotland's consultant was called in to help Dundee City Council and NHS Tayside to focus on the principles of single shared assessment. The issues with the process of assessing 'needs' before care were provided were identified and were assigned to a number of root causes.

Functionalised Service/System

The service functioned in a compartmentalised system. This consisted of staff from a number of separate services e.g. Dundee City Council Social Work and OT, NHS OT, District Nurses, GPs and Day Hospitals trying to achieve a common goal.

Staff in these services dealt with mail, assessing, interviewing, decision making and provision of care for the older people at separate times.

Breaking the work into separate functions led to a 'them' and 'us' culture.

Communication became poor between and within the services. From interviewing staff in 18 areas, no one was clear on the purpose of any of the other areas.

It was found that 15% of cases were in the postal system for up to 14 days and in up to 90% of cases the information that was needed to help progress the case was not available.

A demand analysis revealed that 59% of demand was failure demand (not getting things done or done right the first time e.g. progress chasing). 32% of referrals were found to be duplicate referrals and should never have been made in the first place.

These factors led to bad communication and lack of co-operation between services which led to dissatisfied customers as shown in an internal customer survey.

Focusing on the wrong measures

The provision of care for older people in Dundee was the responsibility of the Council and NHS Tayside with each using different measures, targets and budgets. This made it complicated and a challenge for both organisations to work together as they had to make sure that each could still achieve their own measures set by the Government.

As a result, the provision of service including assessment suffered.

Measures that mattered to users of services were collected and analysed at the 'Check' phase. The data showed that:

- There were up to 12 assessments with an average of 4 for every care provision requested
- The length of time to provide an assessment could predictably take up to 275 days with an average of 68 days
- The length of time to provide service could predictably take up to 832 days with an average of 171 days and
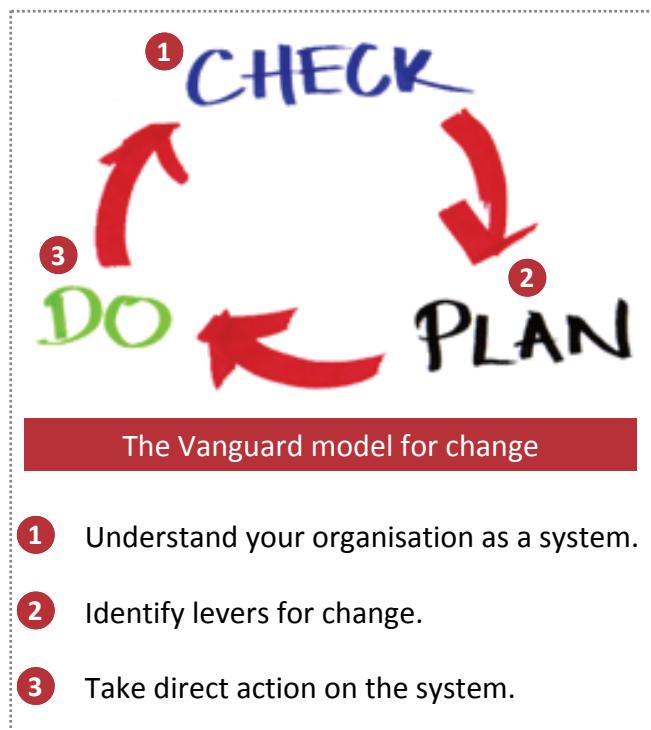- 31% of service requests were not met

The findings suggested that there was plenty scope to improve the communication and assessment process through the re-designing of the work and by reducing waste and unnecessary work to improve service.

The Solution

With the help of a Vanguard consultant, a 'Clean' team was established pulling on the collective knowledge and experience of frontline Council and NHS Tayside care professionals.

The Clean team carried out a thorough review of the current system using Vanguard's methodology. Starting at 'Check' on the 'Check, Plan, Do' model (see model on the right) allowed the team to understand the 'what and the why' of current performance. This put the team in the position to design and run experiments to improve the assessment process with the aim of providing single shared assessment.

The Vanguard model for change

1. Understand your organisation as a system.

2. Identify levers for change.

3. Take direct action on the system.

The Clean team agreed that their purpose was to experiment with demand using new operating principles (see appendix). This helped them to understand:

- How they could get correct information in at the front end,
- Where duplication and overlap existed,
- How they could increase capacity,
- How best to design the future system and
- How I.T. or a contact centre could add additional value to the process

The staff were also engaged in collecting new measures. These measures related to what mattered to service users and encompassed the whole system. These were:

- Type and frequency of demand
- Capability Data
- Type and frequency of unmet needs
- Response data

This then allowed the staff to:

- Understand clearly and truly what service users were experiencing end-to-end,
- Take action to improve the processes,
- Identify whether any action taken had in fact improved the system or made it worse and
- Establish a clear sense of purpose.

A purpose derived from what matters.

Although the staff understood what their roles were, efforts to deliver good service were hindered by functionalisation and targets. The old system had created a defacto purpose i.e. to assess rather than focussing on the end outcome i.e. to provide care for older people.

The Result

During the experiment the team shifted their perspective from a functionalised system to a holistic system. They focussed on doing what mattered to service users and gathered end-to-end measures from the service user's point of view.

The team produced tremendous results that led to a massive improvement in the assessment process:

- Date of referral to date of assessment dropped from an Upper Control Limit (UCL) of up to **275 days to 22 days**. The average wait for assessment fell from **68 days to 6 days**.

- The date of referral to date of service UCL plunged from **823 days to 31 days** with an average of **22 days down from 171 days** in the previous system.

- The number of assessments per person reduced from an UCL of **12 to 1.36** and the average came down from **4 to 1**

Conclusion

To get massive performance improvement in a system, organisations must first of all look at their processes from the customer's point of view. Secondly, they must look at their system as a whole and not silos. Customers do not interact with organisations expecting to be passed from pillar to post. Therefore in order to understand what they truly experience when they interact with us, measures must be end-to-end.

Finally but most importantly, in order to get sustainable change the waste and systems conditions that are the root causes of the waste must be eliminated. To do this successfully, the thinking behind managing and designing of work needs to be challenged and shifted.

The staff at Dundee City Council and NHS Tayside together challenged the way the current system worked and started looking at processes end-to-end from the service user's point of view. In order to achieve a common purpose, they worked together building trust that had been lost due to the previous functionalisation.

As a result, both organisations benefited from a more efficient service for the service users, clearer work purpose that made the staff happier and the organisation providing a world class service. This was achieved without the need for any increase in capacity.

Old Operating Principles	New Operating Principles
Concentrate on my own area only	Get information relevant to all services as early as possible
Purpose is to clear work from my area	Identify all areas of care at start of process
Only senior people are able to authorise all services	Carry out assessment where needed
Only trust people from my area	Everyone has direct access to all services
No one understands my job (incorrect referrals)	Share knowledge/joint visit
Control and manage our budget don't give others access	Deal with work instead of refer on where you can