Evaluation of Connecting Care (Multispeciality Community Provider)

MAY 2018

Wakefield Council

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EXECUTIVE SUMMARY

Introduction

1. This report conveys the key findings from 56 one-to-one, semi-structured qualitative consultations with members of staff involved in the Wakefield Connecting Care Multispeciality Community Provider (MCP). The aim of the evaluation was to obtain feedback on the implementation and early outcomes of Connecting Care from staff that are involved in its delivery.

2. As those consulted predominately represent frontline delivery staff, the report's findings are primarily operational. Some more strategic insight was gained through consultations with representatives of the Joint Operational Delivery Group.

Alignment and integration

3. Almost universally amongst those consulted, consultees praised Connecting Care for having improved the alignment and integration of all partner organisations operating within Connecting Care. The Hubs were particularly highlighted as having significantly improved communication and information sharing, leading to more effective time management and improved professional relationships. Strong multi-agency buy-in to Connecting Care was also reported, linked to initiatives such as stand-up meetings, 'Hub days', joint-visits and shadowing opportunities. These initiatives were also reported to be having positive implications for provision planning.

4. A minority of those consulted noted areas for improvement in terms of resolving the minor issues around the environment and seating arrangements within the Hubs, which it was felt by some made it difficult to work productively.

Workflow, capacity and skills

5. No significant workflow or capacity issues have been identified within this evaluation, beyond what would be expected at this stage of implementation. The majority of those consulted have a good understanding of workflow processes and are clear about their role and responsibilities within Connecting Care. It would though be helpful moving forward to clarify some elements of workflow, particularly triaging processes (especially at weekends), case management responsibility, and the role of the care co-ordination units (CCU).

6. Capacity, on the whole, also seems to be at the right level, and it was widely felt that Connecting Care had the right range of people and skills in place to deliver its vision. The role of the voluntary sector in providing additional capacity was frequently praised. Some occasional challenges in relation to capacity were mentioned but were mostly related to the need for additional mental health provision.

7. This evaluation has not found any evidence of significant skills gaps and those consulted felt that they have the right skills to perform their jobs. Going forward, refresher training on SystmOne and the further development of the Common Knowledge and Skills Framework will play an important role in continuing to ensure high-levels of skill amongst all Connecting Care staff.

IT and referrals

8. There was widespread support for the introduction of a common IT system across the partner organisations within Connecting Care and consultees reported its benefits in improving information sharing and making it easier to make and receive referrals. The general view was also that referrals were mostly appropriate and contained content that allowed staff to easily deal with the needs of service users.

9. There are however a number of recommendations suggested by this evaluation to ensure that all staff fully understand the systems and processes in place within Connecting Care and to resolve minor frustrations. These are mostly around ensuring clarity of referrals to all organisations (particularly adult social care) and explaining to staff the reasoning behind the significant degree of data duplication required by the IT systems.

Service user outcomes

10. Although consultation with service users and the analysis of impact data was not within the scope of this evaluation, consultees without exception reported that Connecting Care had not resulted in any negative implications for service users. They are in fact seeing its benefits in terms of faster response times, more individual and tailored care packages, and more integrated visits. Service users were also reported to be more engaged and open with Connecting Care staff.

11. The information provided in Chapter 6 should though be caveated by the fact that those consulted were unable to report in any depth on metric-based impact and measuring quantifiable impacts at this stage of implementation is difficult. However, that is not to say that impacts will not be evident in the future and future evaluations should incorporate such analysis.

1 ABOUT THIS REPORT

Introduction

1.1 This is the final report from an independent evaluation of the Wakefield Connecting Care Multispeciality Community Provider[1] (MCP). Undertaken between January and May 2018, the evaluation was commissioned by Wakefield Council and was carried out by a team of researchers from York Consulting LLP.

1.2 The aim of the evaluation was to obtain feedback on the implementation and early outcomes of Connecting Care from staff that are involved in its delivery. The main lines of enquiry explored through the evaluation, and the sub-themes within each, are shown in Table 1.1.

Table 1.1: Evaluation lines of enquiry and sub-themes

Lines of enquiry	Sub-themes
Alignment and integration	Multi-agency engagement Communication and information sharing Multi-disciplinary provision planning Leadership and management Challenges of co-location
Workflow, capacity and skills	Workflow Capacity Looking ahead: additional partner agencies The Care Co-ordination Units No evidence of significant skills gaps Common Knowledge and Skills Framework
IT and referrals	IT systems Referrals
Service user outcomes	Responsiveness of care and support Service user engagement Partner organisation integration The challenge of assessing impact

Methodology and Consultee Profile

1.3 The evaluation has been delivered through a programme of 56 one-to-one, semi-structured qualitative consultations with members of staff involved in Connecting Care. The consultees were nominated either by members of the evaluation steering group or by the operational leads for Connecting Care within the partner organisations. Table 1.2 lists the organisations that have contributed to the evaluation, the number of staff

[1] An MCP is a new type of organisation that has been created to provide a wide range of health and social care services to people in their homes and communities. For more information, visit: https://connectingcarewakefield.org/vanguard-projects/private-2017-mcp-menu-3-vanguards/

in each organisation that were consulted and examples of the roles performed by those staff.

1.4 As was the intention at the outset of the evaluation, the large majority of consultees were frontline delivery staff and therefore provided their feedback on Connecting Care from an operational standpoint. More senior and strategic insight was obtained through consultations with representatives from the Joint Operational Delivery Group, although by definition this report draws mainly on the views of frontline professionals.

Table 1.2: Consultee profile

Organisation	No. staff consulted	Examples of roles
Wakefield Council	22	Social workers Senior social workers Care Co-ordination Unit staff Team leaders Senior managers
Mid Yorkshire Hospitals NHS Trust	16	Occupational therapists Physiotherapists Clinical pharmacists
Carers Wakefield and District	5	Support workers
Age UK Wakefield District	4	Support workers
Wakefield and District Housing	3	Team leaders Case workers
Wakefield Clinical Commissioning Group	2	CCG Clinical Leaders
South West Yorkshire Partnership NHS Foundation Trust	2	Mental Health Navigators
Spectrum Community Health CIC	1	Senior manager
Live Well Wakefield	1	Service manager
Total	**56**	

1.5 When considering the findings presented in this report, the reader is advised to keep in mind that the views of those consulted may not be representative of all staff working in Connecting Care. Note also that the report (and specifically Chapters 2 to 7 inclusive) presents the subjective views of Connecting Care staff based upon their own experiences of the service. The views of the evaluators are summarised in Chapter 8 (conclusions and recommendations).

Acknowledgements

1.6 The evaluators would like to offer their sincere thanks to everyone who made time available to be consulted for this study.

Terminology

1.7 In the report, 'service users' is used as the collective term for Wakefield residents who receive health and/or care services through Connecting Care. 'Partner organisations' is used as the collective term for the statutory and voluntary service providers that are currently involved in Connecting Care.

2 CONNECTING CARE

What is Connecting Care?

2.1 Connecting Care is a model of delivering integrated health and social care in the Wakefield district. It has been designed to improve the co-ordination of care for residents with long-term conditions or poor health and wellbeing, many of whom are frequent users of GPs, hospital and other public services. The overarching objective of Connecting Care is to deliver person-centred, co-ordinated care, in doing so achieving the best outcomes for local service users.

2.2 Figure 2.1 summarises the key milestones in the development and roll-out of Connecting Care to date. Note that this evaluation has primarily been concerned with the period from December 2017 to the present day.

Figure 2.1: Connecting Care timeline

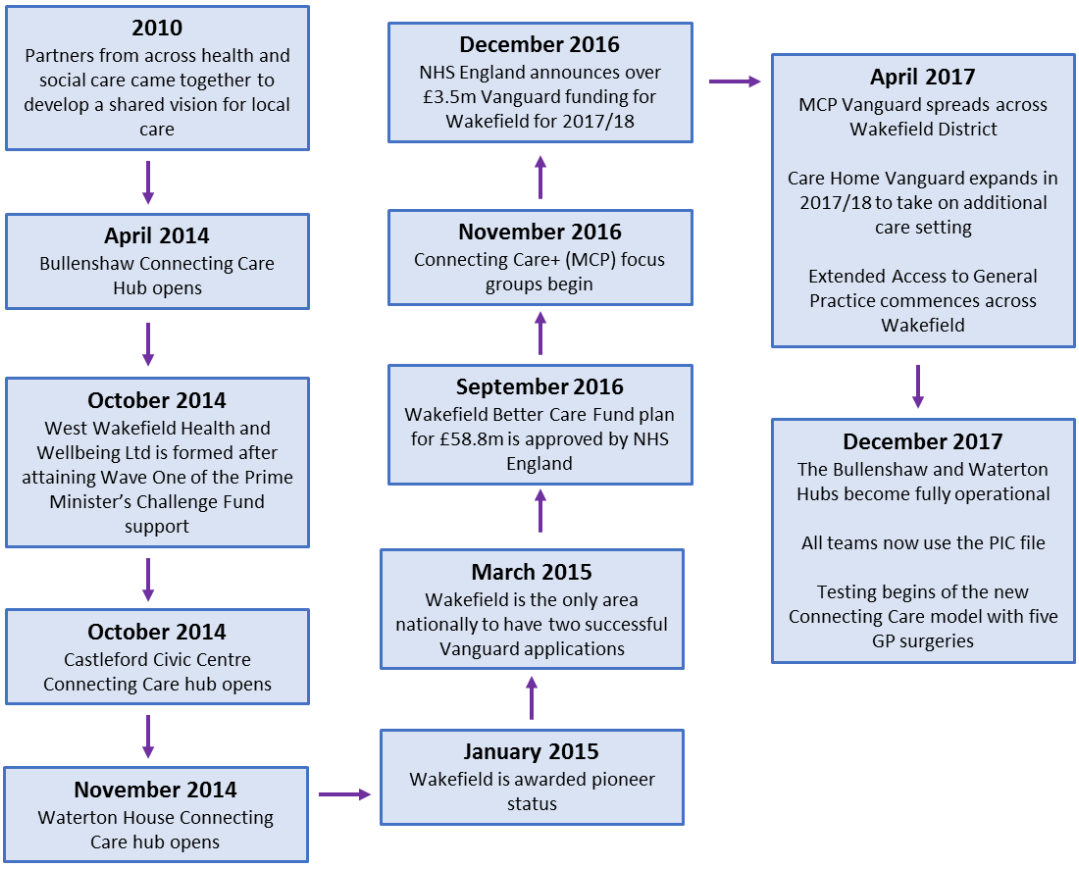


Diagram based on NHS Wakefield CCG: Transforming Local Care[2]

[2] https://connectingcarewakefield.org/wp-content/uploads/2017/04/Transforming-Local-Care-FINAL.pdf

2.3 The stated aims of Connecting Care are to ensure that[3]:

- Care is co-ordinated and seamless with health, care and support working together to share information, plan and deliver joined-up care for service users;
- A clearer, faster access to Hub services for all partner organisations is available through having one single referral process and the establishment of a single point of access;
- People are supported and in control of their condition and care, including unpaid carers;
- Care is cost effective and delivered within available budgets;
- All staff understand the system and are able to work safely and effectively within it.

Connecting Care Hubs

2.4 The Connecting Care Hubs are central to the Connecting Care model. In each Hub, staff from different partner organisations have been co-located to promote effective and efficient cross-organisation working that results in joined-up packages of care for service users.

2.5 Referrals are made into the Hubs (e.g. by GPs), following which the Hub triage team (made up of a social work manager, a community matron and a MY Therapy lead) allocates them to the most appropriate lead organisation. The partner organisations work together to plan and deliver care and support tailored to the needs and circumstances of each service user. This often includes joint visits, where service users are visited by more than one of the organisations involved in Connecting Care in a single visit.

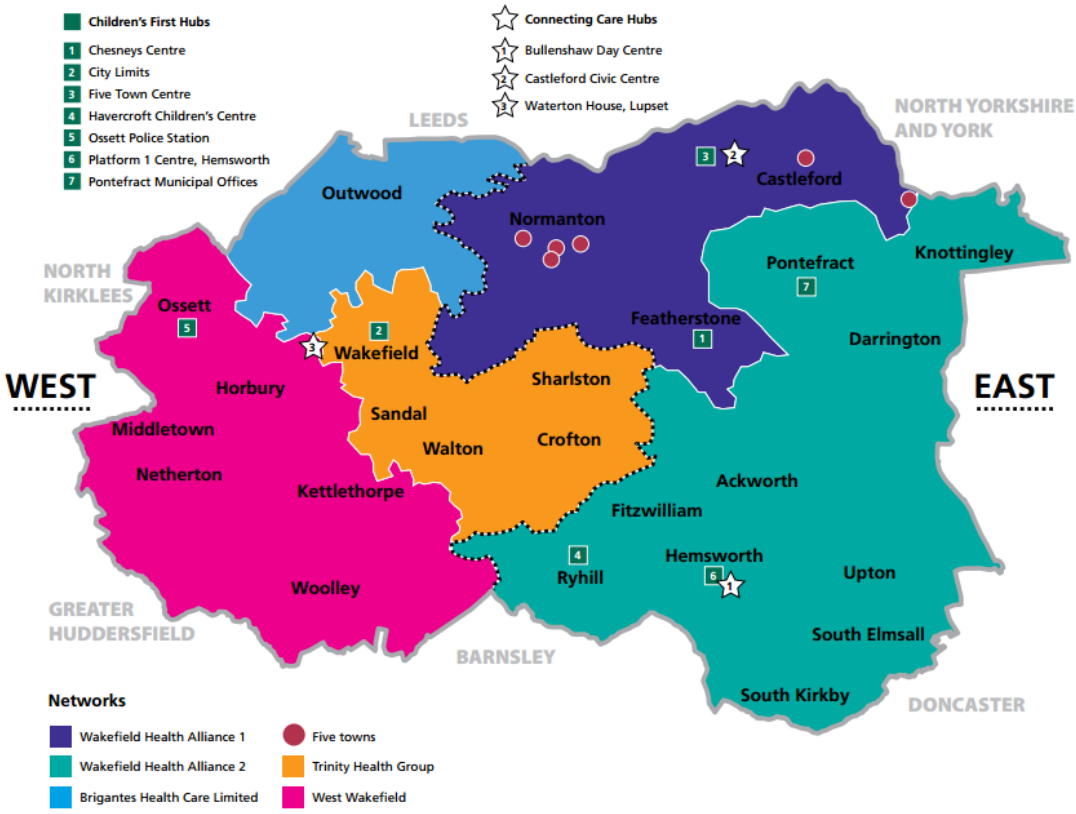
2.6 At the time of writing, there are three Connecting Care Hubs:

- Waterton Hub in Lupset;
- Bullenshaw Hub in Hemsworth;
- Civic Centre Hub in Castleford (to be replaced by the Holywell Satellite Hub).

2.7 Connecting Care Hubs are aligned to GP networks (Figure 2.2) and are made up of specialist workers from the health, social care and voluntary sector partner organisations. They include social workers, physiotherapists, mental health specialists and community matrons.

[3] https://connectingcarewakefield.org/wp-content/uploads/2018/01/Connecting-Care-Hubs.pdf

Figure 2.2: Connecting Care Hubs and GP Networks



Source: NHS Wakefield CCG: Transforming Local Care[4]

Phased implementation of Connecting Care

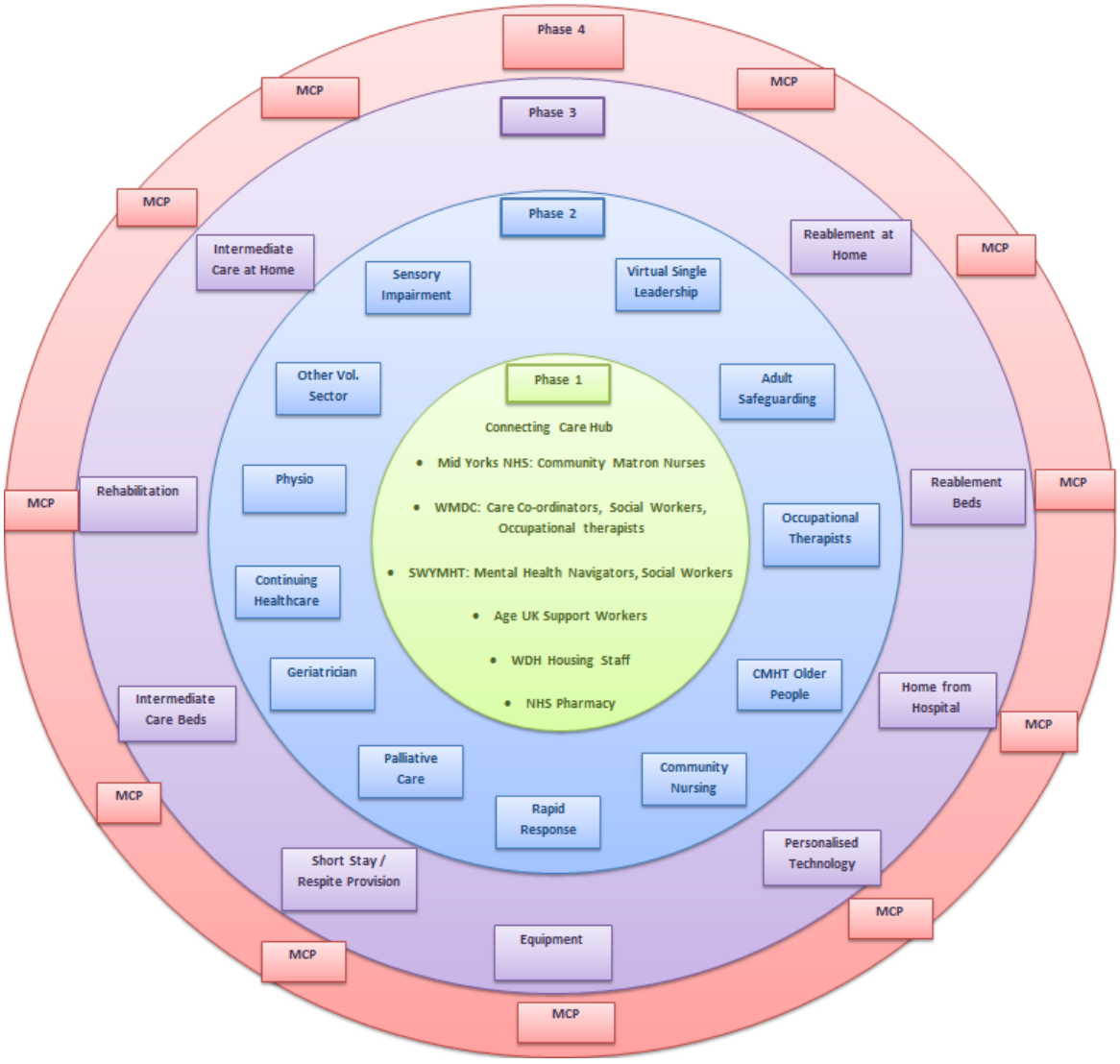
2.8 The redesign of Connecting Care began in 2017 and will comprise four phases of activity, explained below and articulated diagrammatically in Figure 2.3:

- **Phase 1 (October 2017 to March 2018):**
  - Making the Bullenshaw and Waterton Hubs fully operational;
  - Ensuring all teams are using the new Personal Integrated Care (PIC) file;
  - Testing the new Connecting Care model with five test GP surgeries.
- **Phase 2 (April 2018 to November 2018):**
  - Completing estates and accommodation changes to the Bullenshaw and Waterton Hubs;
  - Extending the new Connecting Care model to all GP Practices across Wakefield[5];
  - Developing the new Holywell Centre Satellite Hub in Castleford.

[4] https://connectingcarewakefield.org/wp-content/uploads/2017/04/Transforming-Local-Care-FINAL.pdf
[5] It is understood from information provided by Wakefield Council that this process has been delayed and implementation of the model district-wide may not be achieved within this timeframe.

- **Phase 3 (November 2018 to October 2019):**
  - Completing the delivery of the Connecting Care transformation and modernisation plans;
  - Moving towards one single accountable multi-speciality community service.
- **Phase 4 (October 2019 to April 2020):** MCP in place by April 2020, representing full integration of a wider range of health, social care and other agency services[6].

Figure 1.3: Four Phases of Connecting Care development



Source: A Phased Approach to Proceeding Towards a Virtual Single Leadership Team – presentation to New Models of Care Board (December 2017).

[6] Further information on MCPs is available at: https://www.england.nhs.uk/wp-content/uploads/2016/07/mcp-care-model-frmwrk.pdf

3 ALIGNMENT AND INTEGRATION

Alignment and Integration: Headline Message

Consultees consistently reported that Connecting Care is having a direct and positive impact on the alignment and integration of health, social and voluntary organisations in Wakefield. The Connecting Care vision is well understood and the evaluation found almost unanimous agreement that care will become more person-centred and better co-ordinated as a result of the Connecting Care model.

Multi-agency engagement

3.1 Amongst those consulted for the evaluation, there is evidently strong support for the Connecting Care vision and for the delivery model that is being implemented. Staff morale, in the main, appears to be reasonably high.

3.2 Consultees were asked for their opinion on why such strong buy-in to Connecting Care exists across the participating organisations. In response, they highlighted a combination of strategic and operational reasons, including:

- **End user benefits:** without exception, consultees agreed that Connecting Care will improve care and support services in Wakefield and in some regards is already doing so. Explored in more detail in Chapter 6, these benefits include a more responsive health and care system and more holistic packages of care and support.

- **Cross-organisation communications:** Connecting Care is reported to have made the sharing of information, the planning of provision and the ongoing management of cases simpler and more efficient than in the past (see 'Communication and information sharing' below). The physical co-location of Connecting Care staff in the Hubs has evidently been a major factor in this.

  "Being physically in the same space means it is easier to share information and plan effectively."

- **'Hub days'[7]:** staff report that their knowledge and understanding of partner organisations, and the priorities and working practices of those organisations, has been improved through the Hub days. The Hub days have been particularly beneficial for newer members of staff. They have also provided opportunities for staff to meet and forge working relationships with Connecting Care colleagues from other organisations, which is helping to foster a collective team spirit.

[7] Hub days are information sharing events held in the Hubs whereby each organisation has a stand and explains their role and function to the counterparts in the other participating organisations.

- **Shadowing opportunities[8]:** staff that have been involved in shadowing report it to have been an effective means of developing and strengthening professional relationships and of gaining important new knowledge about how different roles in Connecting Care interact.

3.3 Whilst the overall message from the evaluation on the engagement of partner organisation staff is undeniably positive, a few points of caution were also raised. For example, terminology can differ across partner organisations, as can working practices and working hours. All of these can impact upon the efficiency with which Connecting Care operates, although none of the consultees felt that they were causing any systemic problems.

3.4 That said, it is worth noting that where partner organisations do not have staff permanently situated with the Hubs (e.g. Wakefield and District Housing), they are likely to be less positive about alignment and integration. These staff also provided the fewest examples of cross-organisation working, reiterating the finding – common throughout the evaluation – that the co-location of staff in the Hubs is central to the Connecting Care ethos.

Communication and information sharing

3.5 The promptness and ease with which information about service users, their needs and their care plans can be shared across organisations is seen as one of the most significant early successes of Connecting Care. It is reported to have led to:

- **Improved professional relationships:** Connecting Care staff value the ease with which they can speak face-to-face with colleagues from other partner organisations. During the consultations, they consistently highlighted the efficiency of this compared with phone and email correspondence.

> *"I can come back from a visit [with a service user] and speak to colleagues there and then about what we do next."*

> *"Being able to put names to faces and having a physical presence is making everyone more integrated."*

- **More effective time management:** consultees noted that having quicker and easier access to knowledge, information and advice from other agencies has improved their organisation and time management, as there are now fewer delays and less bureaucracy involved in gaining access to service user information. This was said to be particularly beneficial to those working part-time.

[8] These are opportunities for staff to work alongside those from other partner organisations to experience their daily role. For example, those from the CCU have visited service users with staff from My Therapy.

Multi-disciplinary provision planning

3.6 In keeping with the positive feedback reported in the preceding sub-sections, there was also broad agreement that the stand-up meetings that take place daily in the Hubs, together with joint visits[9], are facilitating improved and more efficient provision planning and case management:

- **Stand-up meetings:** most consultees agreed that the meetings are an effective means of:
  - Providing a cross-organisation perspective of priorities for the day ahead;
  - Promoting cross-organisation awareness of notable or emergency cases;
  - Avoiding duplication of work;
  - Highlighting potential capacity issues.

> *"Stand-up meetings are a good way to promote unity, to get an idea of what is going on and who is doing what. They make my job a lot easier."*

- **Joint visits:** Connecting Care staff value the opportunity to be involved in joint visits and report that these generate benefits on a number of levels:
  - For the participating staff, whose knowledge of other organisations and occupations is improved;
  - For service users, who may benefit from more tailored or more promptly co-ordinated packages of care and support;
  - For Connecting Care as a whole, as it moves towards the subsequent phases of implementation and the introduction of a full MCP.

> *"We do joint visits with community matrons and Age UK…it feels like we're sharing the burden and working well together."*

3.7 However, whilst positive feedback on both the stand-up meetings and the joint visits was commonplace during the evaluation, it was not universal. On the stand-up meetings, a small number of consultees suggested that actions arising from the meetings could be addressed more quickly and that more could be done to ensure that all partner organisations can contribute. There was also a general acceptance that on some days the meetings are more informative and important than on others, depending on the volume and types of cases that are being managed from within the Hubs.

3.8 On the joint visits, the main recommendation was to do more of them, but also to ensure that the organisations attending them are integral to each service user's care

[9] Where staff from more than one agency or service visit a service user together. Prior to Connecting Care the visits would have taken place separately.

and support. In other words, keeping in mind the effective deployment of resources when scheduling and undertaking the joint visits.

Leadership and management

3.9 The majority of consultees expressed satisfaction with the management (including immediate line management) and leadership of Connecting Care. Positive feedback was regularly received on:

- The openness of managers and leaders to new ideas and suggestions from frontline staff;
- The creation of positive and supportive working environments;
- The access that most staff have to regular line management supervision.

> *"The best leadership I have ever worked under."*

> *"I am encouraged to be very open about my training needs and the leadership have been very supportive of that."*

3.10 Some less positive feedback was also received, although it tended to be agency or role-specific and came from only a small proportion of the consultee cohort. For example:

- Whilst no longer an issue, Mental Health Navigators reported that information about Connecting Care had not being cascaded as effectively to them as it had been to staff in the partner organisations.
- Some of those working in adult social care reported having experienced a relatively high turnover of managerial staff over the time that Connecting Care had been operational. These staff suggested that this could, if it persists, have a negative impact on the morale of frontline workers.

3.11 More widely, the evaluation found that very few of the frontline staff had any knowledge or understanding of the plans for Connecting Care to transition to a single leadership model.

Challenges of co-location

3.12 This chapter has emphasised the positive feedback provided by consultees on the co-location of Connecting Care staff within the three Hubs. Whilst this was indeed the main tone of the feedback, it is also important to note that a minority of staff working in the Hubs raised the following issues:

- The Hubs can be noisy, especially early in the working day, and some staff find it hard to concentrate;

- The Hubs can become quite hot in warmer weather;
- There is said to be an insufficient number of break-out areas/meeting rooms for the number of staff in the Hubs.

> *"It can get very noisy and stuffy...sometimes I really struggle to concentrate."*

> *"The layout of the office could be better, for example by using privacy boards."*

3.13 Views also differ by Hub. For example, the Waterton Hub was said to be less conducive to the development of strong cross-organisation relationships because there are no mixed seating arrangements[10]. That said, it is the mixed seating arrangements that staff cite as the main reason for the Hubs being noisy environments in which to work.

[10] Where staff are not seated next to, or in groups of, their colleagues from the same organisation or service area.

4 WORKFLOW, CAPACITY AND SKILLS

Workflow and Capacity: Headline Message

The evaluation has not identified any significant workflow or capacity issues beyond those which would be expected on a programme of this scale. Early teething troubles appear not to have dampened staff's enthusiasm for Connecting Care, nor caused them to question the benefits that it will deliver for service users. No significant skills gaps were reported.

Workflow

4.1 The vast majority of the staff consulted for the evaluation are clear on most aspects of the Connecting Care workflow, i.e. they understand who is responsible for which activities and the processes through which cases are referred, allocated and managed. Some uncertainties do exist, and they centre on topics that are fundamental to the Connecting Care model, but the feedback does not suggest that they are especially deep-seated, programme-wide or insurmountable. They include:

- **Triage (1 of 2):** a small number of consultees reported being unclear on who is responsible for triaging cases when they are referred into Connecting Care and how (if at all) that responsibility changes at weekends. These consultees also tended to be unsure about the criteria being used by the triage team to allocate lead responsibility for a case to a given organisation.

- **Triage (2 of 2):** recommendations were made to expand the triage team to include at least one representative from each partner organisation[11]. This recommendation was made by staff working in organisations that are not currently involved in triaging. They said they had previously been told that all organisations would have a triaging role and as such felt somewhat disappointed that this was still to happen in practice.

> *"It would be good for all agencies to be involved in triaging. It would improve the accuracy of referrals and make the process more streamlined."*

- **Case holder/manager:** some staff from voluntary organisations reported being unsure about which organisations have lead responsibility for the cases in which they (the voluntary organisation) are involved. This appears to be a relatively straightforward communication issue, but the staff in question nonetheless said that it can compromise the efficiency and effectiveness of cross-organisation working.

- **Weekend working:** whilst now resolved, some of the social workers consulted for the evaluation were initially unsure about who was responsible for triaging in the Hubs at weekends. A more current issue is that physiotherapists, who operate a seven-day a week service, report being unable to obtain and install large items of

[11] Triaging is currently the responsibility of adult social care, community matrons and MY Therapy.

equipment (e.g. bed hoists) at weekends, which compromises the responsiveness of their support to service users.

Capacity

4.2 There was broad agreement across the consultees that considering the current state of implementation and based on the current volumes and types of referrals being handled through Connecting Care:

- Their workloads are usually manageable;
- Current staffing levels are appropriate;
- The organisations that are essential to a successful early implementation of Connecting Care are involved. That is not to say that consultees see the model as being complete; on the contrary, they cited various services as potentially important additions in the future (see 'Looking ahead: additional partner organisations' later in this chapter). However, at the time of writing they were broadly satisfied with the 'core Connecting Care offer'.

4.3 Consultees were asked to identify which features of the Connecting Care model helped to ensure an appropriate balance between the demand for services and the availability of those services. In response, they cited the following:

- **Voluntary sector involvement:** staff working in statutory services were keen to stress the benefits of having voluntary sector organisations involved in Connecting Care. As well as bringing experience, expertise and compassion, they are able to take a lead role in certain situations, such as providing emotional support for service users. This helps to release capacity elsewhere in Connecting Care.
- **Common skills and knowledge:** whilst each of the partner organisations has its own specialities and distinct roles within Connecting Care, consultees highlighted the benefit – from a capacity and workload perspective – of their being some common skills and knowledge across organisations. For example, both Carers Wakefield and District and Age UK Wakefield District are well placed to provide advice and support on household finances and debt, meaning that the workload for this particular element of Connecting Care can be shared.
- **Agile working:** the My Therapy team is introducing agile working, using devices with mobile connectivity means to enter service user notes onto SystmOne between visits.

4.4 Despite the above, some occasional challenges regarding capacity and workload were also raised, mainly with regard to the mental health elements of Connecting Care. Specifically, the Mental Health Navigator role is, in practice, involving more direct delivery of support services (e.g. coping strategies) than originally envisaged. The Navigators report that there are few (if any) mental health services in Wakefield that are delivered in people's homes. This is said to present an issue for service users that

are house-bound or who have difficulty attending appointments, be that due to physical or mental health conditions. The consequences of this are reported to include:

- Service users remaining on the caseloads of the Mental Health Navigators for longer than expected;
- The caseloads of the Mental Health Navigators becoming larger than expected, although at the time of the consultations they were still reported to be manageable.

"Originally, the plan was that we would make two or three visits to each service user and then refer them on. But in practice we're often visiting a lot more than that."

Looking ahead: additional partner agencies

4.5 As reported above, the general consensus is that Connecting Care currently includes the right organisations given its relatively recent introduction. When asked which other organisations or services they would like to see included in the future, consultees most often identified the following (although none was identified by a majority of the sample):

- Children's services;
- Community occupational therapists;
- Police;
- Drugs and alcohol services;
- Other voluntary organisations, such as the Stroke Association.

The Care Co-ordination Units

4.6 Responses to the question, *"What has been the impact of the Care Co-ordination Units?*" were mixed. A significant majority of consultees agreed that the introduction of the CCUs had sped up the processing of referrals and that CCU staff are consistently helpful. However, a similar proportion of consultees questioned whether the CCUs were operating at full capacity and may in fact be currently overstaffed. Questions were also raised about:

- Whether the administrative (i.e. CCUs) and triage functions of Connecting Care could be combined and could become 'one step' in the process rather than two distinct steps;
- The duplication of work between the CCUs and the administrative functions of partner organisations, both of which are involved in the processing of referrals.

4.7 More generally, there is evidently some uncertainty about the remit of the CCUs, how their work differs from the work of the partner organisations and how much spare capacity (if any) they have.

No evidence of significant skills gaps

4.8 All of the frontline staff consulted for the evaluation were asked for their view on how their skills align with the requirements of their role within Connecting Care. Whilst this does not constitute an objective or formal skills assessment (as it cannot be verified that all consultees have perfect information on their own skills and the demands of the role), the responses were nonetheless encouraging:

- The vast majority of consultees felt that they have the requisite skills to perform their jobs within Connecting Care to a high standard;
- No consultees identified any major skills gaps that impact negatively upon the quality or timeliness of frontline delivery;
- With the exception of SystmOne refresher training (explained in more detail under 'IT systems' in Chapter 5), no consultees highlighted having any urgent or business critical training needs.

4.9 To some extent these findings are to be expected, as professions and occupations have not changed under Connecting Care, i.e. the social workers involved in Connecting Care were social workers already, likewise the physiotherapists, the Age UK Wakefield District staff, etc. If anything, it would be a surprise and a concern if evidence of substantial skills gaps had emerged through the consultations, but it is nonetheless reassuring that they have not.

Common Knowledge and Skills Framework

4.10 Whilst none of the evaluation feedback suggested that staff lack the skills to perform their own roles effectively, there was a general view that a more formal approach could be taken to instilling core knowledge across the Connecting Care team. This is supported by points made earlier relating to, for example, differences in terminology across organisations and clarity on the remit of each partner organisation.

It therefore seems likely that the proposed Common Knowledge and Skills Framework (in draft at the time of writing) will be well received by Connecting Care staff. The framework is intended to support effective staff development by focussing on common tasks related to roles, and the associated specific knowledge and skills needed by workers to support the delivery of seamless health, care and support. It has been created through a concerted multi-partner effort and contains a range of factsheets, learning packs and reference guides (including summaries of each of the key organisations/roles) within Connecting Care.

5 IT AND REFERRALS

IT and Referrals: Headline Message

There is strong support for the introduction of a common IT system across the Connecting Care partner organisations and acknowledgement of the distance travelled over the last year. Referrals are usually appropriate and informative. However, some early frustrations and challenges remain, both in terms of IT systems and referrals.

IT systems

5.1 The introduction of SystmOne and SystmOne Lite within Connecting Care has been widely welcomed and is reported to have generated the following benefits:

- Improved information sharing, and easier access to information, across partner organisations;
- Fit-for-purpose case summaries via the PICs, allowing staff in the participating organisations to track tasks and recommendations using the PIC forms;
- It is straightforward to refer directly to other agencies within the Hubs, as this can now be done electronically.

"Before SystmOne, we would have to phone Social Care Direct to refer people to social care. Now it is easier and quicker as we can refer through the Hubs."

5.2 Despite the strong positive messages about SystmOne, consultees (and especially those working in non-NHS partner organisations) cited some frustrations:

- **Access to SystmOne is not yet universal:** the consultees working in adult social care do not use SystmOne, while those from Wakefield and District Housing can only access it within the Hubs, which they typically visit once a week.
- **SystmOne Lite:** a small number of staff reported that only having access to the 'Lite' version of SystmOne (when others within the Hub have the full version) means that they cannot access full casefile information. This frustration also extends to staff that do have access to the full version of SystmOne, as they will sometimes be interrupted by other staff asking them to access additional casefile information.

"It is frustrating when we need more information and have to go and ask someone… why can't we all have the same access to information?"

- **Duplication of data entry:** consultees recognise that SystmOne is not intended to replace their own IT systems, but they nonetheless cited duplicate data entry as a frustration. For example:

- Social workers explained that because they use Care Director, referrals for health organisations have to be printed out and put in a tray for the CCU to input onto SystmOne;
- Staff from Carers Wakefield and District reported that they have to enter the same information into SystmOne and their own system;
- Staff from WDH explained that they are currently printing off the PIC forms and scanning them into their own system.

"Even with SystmOne Lite we still need to use our own system and enter the information twice…..it feels like such a waste of time and effort."

- **Training:** whilst the main message to arise from the evaluation on training is a positive one (see Chapter 4), there was a view from some staff at voluntary organisations and from within adult social care that either:
  - They had not received sufficiently detailed training on SystmOne Lite in order to use it to its full potential; or
  - Too much time had passed between the training and the implementation of the system, meaning they had forgotten key aspects of its functionality.

"We had training on SystmOne Lite in December 2017, but it wasn't ready to use until April 2018. By this point, it had changed and I had forgotten everything that I had learnt on the training."

Referrals

5.3 The general consensus across the consultees was that the referrals into Connecting Care are appropriate and contain relevant and helpful content. In particular:

- **Volume of referrals:** it was felt that Connecting Care, and the improved knowledge of different organisations' functions that it has fostered, has increased referrals to certain partners. Carers Wakefield and District, in particular, reported receiving more referrals and more complex cases as a result of their involvement in Connecting Care.

"The number of referrals to us has increased as a result of us being part of Connecting Care. Without Connecting Care, we risk people not knowing who we can help."

- **Appropriate referrals:** referrals were felt to be more accurate since co-location of partner organisations, due to a better understanding of the role of other partner organisations and the development of effective working relationships.

"There's a better understanding of the eligibility criteria for different agencies; the referral process is more accurate and saves time – it filters out inappropriate referrals."

- **Quicker referrals:** being able to refer directly to other partner organisations was said to have increased the speed of referrals compared with pre-Connecting Care.

"I find it much easier to refer into other organisations because I understand what they do better and can make better decisions about which of my patients they could help."

"We now have a closer relationship with Age UK in relation to referring for equipment needs which frees the therapists to focus on more complex cases"

5.4 As with the other themes in this report, the positive feedback on referrals unquestionably outweighs the negative, but it is nonetheless important to consider the issues and challenges that were raised. These were:

- **Sparse information:** the information provided by GPs in referrals is reportedly sometimes quite sparse, which is not helpful to those triaging and those working in the CCUs (one member of CCU staff noted that, on occasion, the information provided by GPs can amount to little more than one sentence). On a related topic, staff at Carers Wakefield and District noted that referrals to them would ideally contain information about the service user *and* the carer(s) but that is not always the case in practice.

"In about 50% of referrals, there is a lack of information. We have to go back and find out the information for ourselves which takes time and patients are still having to give a second person the same information."

- **Unsuitable referrals:** this point refers specifically to Wakefield and District Housing and MY therapy, who felt that the number and proportion of inappropriate referrals they receive would ideally be lower.

"We've had a fair few inappropriate referrals, for example, referring to an occupational therapist for physical aids."

"The attitude seems to be 'if it doubt, refer to WDH'...we seem to get numerous referrals that don't need our help...but they get sent to us because they are WDH tenants."

- **Confusion over referral processes:** it was reported by a small number of consultees (particularly in My Therapy and Carers Wakefield and District) that staff are confused about the route(s) through which they should refer to Adult Social Care. Specifically, they were unclear about whether to continue phoning Social Care Direct or whether all referrals should be processed through the Hubs' CCU.

"Our managers told us we would refer straight through the Hubs but then we were told we couldn't and had to go back to the old system – I'm still not sure if I'm honest what I should be doing."

6 SERVICE USER OUTCOMES

Service User Outcomes: Headline Message

There was widespread agreement amongst consultees that Connecting Care is improving service users' experiences of the health and care system in Wakefield. These improvements are integral to the support that staff demonstrate for the vision and for the journey towards a full MCP.

Responsiveness of care and support

6.1 Consultees consistently reported that Connecting Care is increasing the speed with which packages of care, involving multiple partner organisations, are being put into place. This is said to be a product of a combination of factors, the most notable of which are the co-location of staff and the ability to make direct referrals into the Hubs.

"After a patient visit, I can discuss the case with the duty social worker, who will tell me if they are known to them. If they are, this speeds things up. If they are not, I can get the ball moving quicker than before [Connecting Care] by making a direct referral."

6.2 Connecting Care is also felt to be facilitating the development of more holistic packages of care for service users, helped by the quicker and easier access that staff have to Connecting Care colleagues in other organisations. In particular:

- Having pharmacists in the Hubs was said to increase the likelihood that service users are taking the right medications and doing so in a safe and timely manner.
- The role of Carers Wakefield and District in supporting carers and raising the profile of their needs was regularly praised. Their involvement in Connecting Care was often said to be beneficial not only to service users but to whole families.

Service user engagement

6.3 Staff have found service users to be more forthcoming about their issues and needs, and more willing to engage with other services, following the introduction of Connecting Care. They attribute this to:

- Service users often being more open and honest about the issues they were facing when speaking with professionals from the Hubs than with their GP;
- Joint visits, which service users often like because they can discuss different support needs in one session and aren't being asked for the same/similar information via a series of different partner organisation visits.

6.4 The above is reported to have led to better sharing of accurate information between partner organisations and the ability to provide more tailored, person-centred care.

"I think patients are more honest with us and see it as being less formal [than a GP appointment]. We share information with others, so everyone has access to the complete picture."

Partner organisation integration

6.5 Connecting Care was widely reported by consultees to have led to benefits for service users in terms of professionals having a more co-ordinated and joined-up approach to their care. They consistently reported being more aware of which organisations and services to refer onto and of improved information sharing across the participating organisations. This has led to:

- More appropriate and timely referrals;
- Service users being better informed on the management of, and plans for, their case.

"People are able to work their way through the system more easily and are less likely to get lost in the processes of the system."

The challenge of assessing impact

6.6 There was a strong consensus amongst those consulted that, although able to report on the *outcomes* of Connecting Care for service users, measuring the *quantifiable impacts* (e.g. fewer A&E visits, fewer GP visits, service users able to return to work etc.) is difficult at this stage. This is for the following reasons:

- At the point where impacts will occur, Connecting Care staff may no longer be working directly with the service users. Mental Health Navigators are a good example; they are likely to have referred service users on to other support before measurable impacts become apparent.
- The evaluation has covered a relatively short period of time and has taken place at a point when Connecting Care (in its current guise) is still in a relatively early stage. It is understandable that staff, and especially frontline staff, are focusing on delivery and outcomes rather than metric-based impact.

6.7 That is not to suggest that impacts will not be evident in the future. On the contrary, the evidence gathered through the evaluation suggests that they should be, but at this stage it is not possible to say conclusively that it will happen.

7 CONCLUSIONS AND RECOMMENDATIONS

7.1 The conclusions and recommendations from the evaluation are structured under the stated aims of Connecting Care. These are:

- Care is co-ordinated and seamless with health, care and support working together to share information, plan and deliver joined-up care for service users;
- A clearer, faster access to Hub services for all partner organisations is available through having one single referral process and the establishment of a single point of access;
- People are supported and in control of their condition and care, including unpaid carers;
- Care is cost effective and delivered within available budgets;
- All staff understand the system and are able to work safely and effectively within it.

Care is co-ordinated and seamless with health, care and support working together to share information, plan and deliver joined-up care for service users

7.2 The evaluation has found that significant progress is being made against this aim. Almost without exception, consultees praised Connecting Care for having improved the flow of information across partner organisations, resulting in more co-ordinated planning and delivery of care. This has been helped greatly by the Hub model and in particular by the co-location of staff, joint visits, shadowing opportunities, stand-up meetings and Hub days.

7.3 However, the model and its processes are not yet 'seamless'. Whilst only mentioned by a minority of consultees, there remains some uncertainty about the accuracy and allocation of referrals and about duplicate data entry. The seating arrangements in the Hubs do not have universal support and some staff find the Hubs difficult environments in which to work productively.

Recommendations

1. In response to comments received about noise and heat in the Hubs, review the current layouts and seating arrangements with a view to promoting both cross-organisation communication and productive working.

2. Encourage GPs (and others referring into Connecting Care) to include as much information as possible within referrals.

3. Through the introduction of the Common Knowledge and Skills Framework, reaffirm to all staff the roles and remit of each participating organisation with a view to minimising inappropriate referrals.

A clearer, faster access to Hub services for all partner organisations is available through having one single referral process and the establishment of a single point of access

7.4 The evaluation found widespread positivity about partner organisations' access to Hub services. Indeed, this is an important factor in the support that exists across the consultee cohort for the Connecting Care vision, with consultees citing faster response times for service users and more tailored packages of support as key benefits.

7.5 There is also strong support for the move towards one single referral process and single point of access for Connecting Care, although accompanying this is a recognition that there is still some way to go before either becomes embedded. Future evaluations will be better placed to assess the extent to which this has occurred.

Recommendations

4. To support the transition to a single point of access, (re-)communicate to partners referring into Connecting Care that the preferred referral route is into the Hubs rather than directly to one of the partner organisations.

People are supported and in control of their condition and care, including unpaid carers

7.6 Consultations with service users and unpaid carers were outside the scope of this evaluation. However, feedback from Connecting Care staff suggests that both groups are benefitting from the introduction of the new model. None of the consultees suggested that the service user and/or carer experience had been negatively affected by Connecting Care. Indeed, no drawbacks for service users and carers came to the fore during any of the consultations undertaken for the evaluation.

7.7 Minor issues were reported in accessing mental health support, but these are being managed within Connecting Care and problems seem to be related to wider provision of mental health services within Wakefield, rather than with Connecting Care.

7.8 The inclusion of voluntary organisations within Connecting Care appears to be important here. Their skills and expertise are not only helping service users directly but are also freeing up capacity within statutory services.

Recommendations

5. Gather service user and carer views on Connecting Care through future evaluation activity.

Care is cost effective and delivered within available budgets

7.9 This aim should be reviewed through future evaluations. Financial considerations were not within the scope of this work.

Recommendations

6. Incorporate a cost-benefit component within the specification of future evaluations of Connecting Care.

All staff understand the system and are able to work safely and effectively within it

7.10 The aim is close to being achieved. Were it to read 'most' or 'a large majority' of staff then it would already have been achieved. To reach that point, managers need to ensure that clarity across all partners exists on how to make referrals to adult social care, case management responsibility and triaging (particularly at weekends). It would also be beneficial to explain to staff why a degree of duplicate data entry is currently required across SystmOne and partner organisations' own systems. Refresher training for certain staff on SystmOne could also be provided.

7.11 Staff consulted for the evaluation typically have limited (if any) knowledge of the plans to move to a single leadership model for Connecting Care. Although information on this topic has been cascaded across partner organisations, it seems that frontline staff have not yet taken it on board.

Recommendations

7. (Re-)distribute up-to-date information on the Connecting Care referral process, the CCUs, case management responsibility and triaging.

8. Re-distribute information on the planned single leadership model, e.g. by asking team/service leaders to cover it during forthcoming staff meetings.

9. Make SystmOne refresher training available to staff whose initial training took place some months before they were able use the system in practice.