

## Case Study – Understanding needs and using information to improve the planning and management of care

### Background / Context

In order to make informed decisions, appropriate information is required. Not only is it important that needs are understood and data is of good quality, but it helps decision-making if information is collated and presented in a form that supports the individual and collective processes by which people assimilate information and make decisions. This is a challenge in any sector but is a particular challenge given the volume and complexity of information required in health and social care, the number of groups that need to be consulted and the current inadequacy of systems to support provision of the information required.

CSPI has developed specialist skills in understanding needs and using information to support planning and improvement in health and social care and has worked with clients in the NHS to make significant inroads in information-enabled decision-making. This report case studies some of this work

### 1. Understanding requirements for National Service Frameworks

#### 1a) Developing & Implementing the National Service Frameworks

The National Service Frameworks set out the direction for the delivery of key areas of care and were a milestone in delivering needs-based, outcome-oriented care. Such developments were completely dependent on the availability of information; both to support the front line delivery of care and management of patients along pathways as well as in planning and managing the services and organisations responsible for delivery.

A CSPI team, led by Esther Ridsdale, managed development of the national information strategies for the three most recent National Service Frameworks; Children and Maternity Services, Renal and Long Term Conditions. This required co-ordination of input from policy, clinical, informatics, and administrative perspectives and work with the range of representative bodies to assess and address requirements. CSPI devised a new, systematic, and team-based approach, to gain a robust result. This went beyond earlier approaches, to:

- systematically analyse and catalogue the needs of all groups from all perspectives.
  - The approach enabled validation and cross-referencing of needs, the origins of a requirement and the aspect of care or management and policy directives that prescribed particular requirements
- undertake systematic consultation; liaising with the complete range of stakeholder groups to develop a shared understanding of the needs, required action, and relative priority,
  - formally working with nominated representatives and ensuring that responsibility was taken for two way communication and validation of messages more broadly within key stakeholder groups

- identify the requirements (solutions) to meet those needs,
  - and enable cross-referencing of solutions with the needs that the solutions addressed and the policy and care imperatives that determine the priority.
- take a brokering role to encourage national organisations such as the Royal Colleges, policy teams and national implementation bodies such as the National Programme for IT to take ownership of their part in addressing the needs and ensuring that those to whom these organisations were accountable were aware of the requirements.
- track progress in addressing needs; the scope of work required, what had been committed to and the timescales for planned and actual progress in implementing solutions.

The formal, systematic methodology developed to deliver this work drew from a range of disciplines including IT requirements management and systems thinking / quality management and 'voice of the customer'. Esther and colleagues worked hard to embed the approach in the ways of working of those involved and develop the skills of the client team.

The approach was extremely successful, passing through the Gateway process without question and gained the attention and support of the policy teams.

### **1b) Supporting implementation of the National Service Frameworks**

The approach, managed by the same CSPI team, was then rolled out to review progress and facilitate continual improvement in implementation of the other NSFs; for Older People, Mental Health, Diabetes and CHD. An internal team, enthusiastic about the ways of working, was established and coached to full competency; this internal team worked as a virtual team with DH stakeholders and partner organisations. The process gained the attention and praise of several of the policy leads and "Czars" who drew on the team and its 'database' to address questions on cases such as the Kennedy Report into the Victoria Climbié Case, gaining responses on the information requirements; what was and was not being addressed, in a matter of days.

Building on success in applying systems thinking to address the development of the National Service Frameworks the team was invited to undertake a range of other projects and continue work in the area of use of information in supporting the planning and management of care services and organisations:

## **2. Developing Performance Measurement and Management Frameworks & Championing Information-Enabled Decision-Making**

Shifting the focus from comparative analysis of annual data, CSPI worked with the senior management teams in Acute, Mental Health, and Ambulance Trusts as well a cross-health-community pathway to undertake seminal work to develop an SPC-based performance dashboard. The CSPI team worked with the Trust and IT providers to develop a dashboard that could underpin performance management in the organisations, enabling easy identification of priorities for attention and developing capability to drill down to contributing areas. Existing commercial software packages were piloted. The work has to date led on to 12 other similar projects with Trusts and private care providers, developing organisational capability to make information-enabled decisions and improving the general management of performance at a strategic and operational level.

Most recently Esther has been working with a private Out Of Hours provider; setting up a Performance Management room; containing a Performance Dashboard wall and a wall of root cause analysis and improvement plans. In the words of the Medical Director, "The results have been phenomenal. The board are very, very impressed" (August 2008).

### 3. Understanding the Voice of the Customer & Stakeholder Relationship Management

An approach was developed to identify the “Voice of the Customer” and stakeholder relationship management in the setting up of the Health and Social Care Information Centre (1 year’s work). Following this CSPI provided an interim management team of 6 ‘Partner Managers’ to liaise with executive teams in DH, HCC, CSCI, NHS Institute, Connecting for Health, and the NHS Confederation consulting on role and relationship between the organisations. This involved systematically capturing and cataloguing needs and agreements, establishing Information Centre templates, as well as practically setting up Heads of Agreement, Concordats and informing strategy (1 year’s work until high level strategy had been defined and an internal team was established.)

### 4. Supporting Implementation of Policy

The methodology developed in the three previous work streams was developed into an approach for providing a ‘joining up’ role between policy, information and local management and service delivery. The team worked to refine the approach and write the business case for the establishment of a team within the Health and Social Care Information Centre to “Support Implementation of Policy” and to embed this into the strategy of the newly-established organisation.

### 5. Developing Central Information Useful in Improving Care Services

The team led a “Review of Central Returns” (ROCR) Green Paper Review; to review and make recommendations on the process for regulating requests for information by the DH and other central bodies. This was conducted considering the higher level need to provide high quality information to manage and improve care delivery at the same time as limiting the burden of information collection. The work highlighted the benefit of early consideration of information requirements to deliver and manage care locally, and of deriving central monitoring information from information that is locally useful and, either already available locally or in the pipeline.

### 6. Supporting Joined-up Planning Across Health and Social Care

#### The Task

Esther Ridsdale and Linda Phipps took on the role of managing delivery of seminal work to provide information to support planning across health and social care, focussing on Older People, and with generic applicability to the wider health and social care agenda. The primary aim was to help commissioners to improve the commissioning of services, with secondary value to clinicians and policy-makers. The original scope was to review current information on older people, both internally within the IC and externally and to:

- create an outline for an information publication that would:
  - Enable delivery of an integrated health and social care publication, or a series of related publications, presenting information and indicators relating to older people’s services
  - make better use of information already collected centrally
  - identify gaps in the required information.
- assess the potential to develop a toolkit for use by service commissioners, encompassing published information and other products created over time by national or local organisations

## The Results

The project was delivered on time and within budget despite a delayed start and actually delivered an early-stage toolkit of information products of broad applicability in planning across health and social care. The key outputs and achievements were:

- A review of the importance of falls in sample local health economies (including estimates of falls-related expenditure), and ways in which local economies use information to manage the commissioning of services
- Demonstration of the huge, and largely hidden, scale of spend on services for Older People and how this is anticipated to increase due to demographics
- Case studies of the use of local information and indicators, and in changing ways of working
- Identification of existing and potential indicators, measures and other information to support falls-related service delivery.
- “Information Map: Older People and Falls Pathway”; attaching facts and figures to a diagram of the pathway for falls

And to support further developments in the provision of information to support commissioning:

- Older People & Falls Database with data cubes from a patient-level HES extract, allowing the data to be “sliced and diced”
- Information catalogue showing current and potential indicators, measures & other information to support those commissioning health and social care services for older people. Analysis of the aims and questions that different audiences need to address (eg the questions that indicators are seeking to answer) and cross-referencing of information to support these. Catalogue of suggested information required, by whom, against the information available (now and in up-coming NPfIT/LSP developments), type, format, and perceived quality. Plus an overview of information gaps and potential routes to address the gaps.
- A review of policy drivers; cataloguing relevant policies, key documents, and the key messages, standards, indicators and other information requirements within the directive – This was presented in a spreadsheet catalogue with links to provide a generally useful tool.
- Specification for further development of a web-based tool to support people concerned with designing services for Older People - and those designing information services for those people - in unpicking requirements, understanding what is available and where, its uses, limitations, including perceived data quality, and to support them moving forward.

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