

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care: Point of First Contact Service Design
Meeting date	20 January 2020
Status	Public Report
Executive summary	<p>BCP Council operates two points of first contact for residents who require adult social care services. Inherited from preceding authorities, these are Helpdesk for residents in Poole and Care Direct for residents in Bournemouth and Christchurch.</p> <p>It is recognised that having two points of contact, with different operating models, is unhelpful for local residents and creates inconsistency in the way adult social care operates. To explore the options for introducing a single model and to identify potential efficiency savings, KPMG were commissioned to undertake a review of these services between 02 September and 08 November 2019.</p> <p>The outcome of this review is a proposal to combine Helpdesk and Care Direct into a single point of first contact for adult social care; something that, until a name is developed, will be temporarily known as the “Front Door” for adult social care. The proposed Front Door will enhance the availability of specialist assessments, care provision, information and support at the point of first contact. The service will focus on prevention and early intervention, partnership with the voluntary sector and community services such as GP practices to support independence and prevent or delay referrals for long term social care services.</p> <p>Further to the KPMG review, it is proposed that the new service becomes operational in 2020/21 with further developments of the service emerging in 2021/22 and 2022/23.</p>

Recommendations	<p>It is RECOMMENDED that:</p> <p>Committee note and comment on the content of this report.</p> <p>Members require officers to present a progress report in respect of the new adult social care intake service during the final quarter of 2020/21 for scrutiny.</p>
Reason for recommendations	Without action to harmonise existing provision, maintaining two sperate adult social care intake services, with different operating models, will perpetuate an inconsistency of experience for local residents and duplication of processes.

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Wards	All
Classification	For Recommendation

BACKGROUND

1. BCP Council operates two points of first contact for residents who require adult social care services. Inherited from preceding authorities, these are Helpdesk for residents in Poole and Care Direct for residents in Bournemouth and Christchurch.

The purpose of an intake service is to provide a point of first contact for residents, carers and professionals seeking adult social care support. The intake service will provide some level of advice and information, usually by telephone, and where complex problems are presented, take a referral for the case to be allocated to a long-term fieldwork team. Intake services can resolve simple enquiries, such as arranging for the repair or replacement of broken equipment, but the function of the current intake services is relatively limited with most enquiries of any complexity being referred for long term support in specialist teams.

2. It is recognised that having two points of contact, with different operating models are unhelpful for local residents and introduces inconsistency into the way adult social care operates. To explore the options for introducing a single model and to identify potential efficiency savings, KPMG undertook a review of these services between 02 September and 08 November 2019.
3. The outcome of this review is a proposal to create a single point of first contact for adult social care. The proposed Front Door will enhance the availability of specialist assessments, service provision, information and support at the point of first contact. The service will focus on prevention and early intervention, partnership with the voluntary sector and community services such as GP practices, to support independence and prevent or delay referrals for long term social care services.

THE CASE FOR CHANGE

4. Requests for adult social care services for people over 65 years old rose by 22% in Poole between 2016/17 and 2018/19. In the same period, demand remained static in Bournemouth. This difference in demand between Bournemouth and Poole reflects demographic growth, but does indicate that overall for BCP, the adult social care Front Door will need to manage increasing demand. The demand profile for Christchurch is less understood because historical demand data is not available.
5. KPMG have noted a series of factors that drive the need to change the adult social care front door, including:
 - A new larger organisation, with a different footprint;

- Demographic pressures mean that even if BCP Council 'did nothing' in relation to managing demand and transforming services, the current services would not be sustainable;
- Bringing together three areas, with associated differing practice, has highlighted the need to standardise practice, but there is also an opportunity to radically transform the relationship with residents in a way that promotes wellbeing and independence;
- The discrepancies in demand and performance between the preceding council Front Door services illustrate the opportunity to adopt best practice, both internally across BCP and from wider health and social care systems.

THE CASE FOR CHANGE

6. There is an opportunity for a redesigned and harmonised Front Door to offer a higher standard of information, including through digital platforms such as websites; greater resolution of enquiries at the point of first contact and a response that is more integrated with voluntary and statutory sector partners.

THE PROPOSED ADULT SOCIAL CARE FRONT DOOR DESIGN

7. The KPMG model suggests that the adult social care Front Door should be a specialist and discrete team within the overall corporate contact centre. The Front Door will adopt the best practices of Helpdesk and Care Direct, such as having safeguarding experts on hand and officers who can visit people in their own home. KPMG have identified four core themes which should inform the redesigned Front Door:

Community Empowerment assists individuals to remain independent through the provision of information, advice and signposting through the voluntary sector or community services working closely with Primary Care Networks. This type of activity supports people to engage with their communities and reduces isolation and loneliness.

Engaging Early with those at risk of poor outcomes will help people to avoid reliance on statutory adult social care services and maintain independence. The Front Door staff, through visiting officers, will engage with this work directly but there is also an opportunity to consider the use of community-based resources such as libraries, GP surgeries, day centres and voluntary sector schemes to form a network of early support.

Customer Contact will be delivered through a streamlined and, where appropriate, digital front door. People will be able to self-serve wherever possible by accessing guidance and real-time information relating to their services. Face to face and telephone engagement will remain available for those

who require it and will be provided by multi-skilled professionals who have expertise in mental health, safeguarding and occupational therapy.

Complex assessment will be developed which are proportionate to customer requirements and place a greater focus on their abilities. It will be increasingly important to support people to do what they can for themselves and to seek help from family, friends and community services to do that. Assessments will be re-focused to have conversations which use this approach and only seek to provide commissioned social care services when other options are not available. This way of working is increasingly being adopted by councils as a way of promoting independence and reducing care costs and is often known as a “strength based” approach.

8. Embedding specialist Adult Social Care practitioners in the front door in order to enhance the skill mix and support decision making will be used to respond more quickly to presenting needs. Currently, needs of a specialist nature, including those related to safeguarding, mental health or occupational therapy, are often passed to long term fieldwork teams for action, which leads to delay and greater expense. Resolving more of these specialist enquiries at the Front Door will provide a better customer service experience, reduce delay and save some long-term care costs.

IMPLEMENTING THE ADULT SOCIAL CARE FRONT DOOR

9. Further to the KPMG review, it is proposed that a new Adult Social Care Front Door becomes operational in 2020/21 with further service developments emerging in 2021/22 and 2022/23 to enhance the model.
10. The KPMG report offers a range of potential options for implementation, however the detailed service model will require further refinement in order to operate consistently with the emerging overall council customer contact approach, ICT system development and accommodation strategy.
11. It is proposed that in the first twelve months of operation, the focus will be on establishing a new identity for the adult social care Front Door, developing a strengths-based approach to customer service and enhancing the specialist staffing capacity needed to resolve more complex enquiries at the point of first contact. The second and third years of implementation are likely to see development of ICT infrastructure and work to commission new models of voluntary sector support.

SUMMARY OF FINANCIAL IMPLICATIONS

12. For the purpose of developing a savings proposal, and based on the findings from the KPMG review, a pragmatic saving of £1,000,000 is assumed for 2020/21 and further (incremental) savings of £750,000 assumed for each of 2021/22 and 2022/23. These savings, which total a reduction in the annual

cost base of the authority of £2.5m comparing 2022/23 with 2019/20, have been reflected in the current MTFP.

13. The project budget has been set at a one-off sum of £200,000 to be drawn on from within existing adult social care budgets.
14. The redesigned Front Door will require additional staffing resources in order to increase capacity, but these will be drawn from long term fieldwork teams who will expect to see a reduction in demand and consequently have the flexibility to surrender staff to work in the Front Door service.

SUMMARY OF LEGAL IMPLICATIONS

15. The proposed Front Door will provide services compliant with the underpinning legislation for adult social care. That is the Care Act 2014, Mental Health Act (1983) and Mental Capacity Act (2005).
16. There is no requirement in law to operate a “Front Door” service for adult social care, but such a service presents a way of delivering early assessment and support in line with statutory duties.

SUMMARY OF HUMAN RESOURCES IMPLICATIONS

17. The development of a single adult social care Front Door will require the transfer of staff from Helpdesk and Care Director into the new service.
18. It is likely that specialist posts, such as safeguarding officers, occupational therapists and social workers will also transfer from long term social care teams to the Front Door in order to provide the necessary capacity for early intervention.
19. Although the number of staff expected to transfer into the new service is not yet modelled, it is likely to require staff consultation and may result in redesigned job roles.

SUMMARY OF ENVIRONMENTAL IMPACT

20. The development of the new Front Door may have environmental impacts dependent upon where the service is located. This could result in staff, clients and carers travelling to various destinations across the conurbation, which could impact on people’s travel behaviours and therefore on carbon emissions. However, the principles of telephone and digital engagement and a stronger approach to community support should lessen the environmental impact. Where individuals are signposted toward opportunities and services closer to their home, and self-service options such as websites are used, there will be less need for face to face visits and the associated journeys. The number of phone calls received (Over 1,200 phone calls in November in to Poole’s Helpdesk alone) represents a high level of demand which, without

current telephone arrangements, would result in a significant number of journeys. Across BCP this is a significant carbon saving which should only be strengthened by the new model. The environmental impact will be evaluated by the implementation project team and measures taken to minimise any adverse environmental impact.

SUMMARY OF PUBLIC HEALTH IMPLICATIONS

21. The ability to prevent or delay need through early engagement is a critical component of realising the wellbeing principle of the Care Act 2014 and positively influencing public health. .

SUMMARY OF EQUALITY IMPLICATIONS

22. A full equality impact assessment will be undertaken as part of designing the structure and operating model for the new Front Door service. There are, however, some broad principles which should help to mitigate any adverse equality impacts, including:

- Maintaining an opportunity for face to face contact where necessary.
- Simplified methods of contacting adult social care so that people with who find communication difficult are not disadvantaged.
- An approach to co-production with service users and carers which will help the implementation project team to better understand the needs of local residents and inform the service design,
- Providing support to residents in order to use the council's digital front door
- Adopting a "Tell us once" approach so that local residents do not have to repeat personal details on numerous occasions.
- Ensuring that regardless of the method of contact, the advice and service given is equitable.

23. It is recognised that having two points of contact, with different operating models introduces inconsistency into the way adult social care operates, and with that the possibility of inequality of service. A single Front Door model would eliminate this inconsistency and the risk of unequal service provision.

24. Similarly, the new Front Door model may present equality implications for BCP staff, particularly if accommodation moves are required. Equality impact assessments will be undertaken when the operating model has been established so that the impact on individual members of staff can be understood and mitigated.

25. It will be important for the new Front Door to recognise the need for service provision to be accessible to all residents, including those with a disability, mental ill health, sensory impairment or where English is not their first language. In doing this it is recognised that information and advice will need to be available in a range of formats, including easy-read and braille and that a

variety of contact routes, which will include telephone, digital and face to face, are available to meet a range of different needs.

SUMMARY OF RISK ASSESSMENT

26. The project management approach to developing a new Front Door will include risk management overseen by a project governance board. There are, however, no substantial risks identified by KPMG at this stage in the process.

Background papers

None

Appendices

Adult Social Care Front Door Design, September 2019, KPMG