

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care Emergency Duty Service
Meeting date	17 January 2022
Status	Public Report
Executive summary	To update the Committee on the performance of the Adult Social Care Emergency Duty Service.
Recommendations	<p>It is RECOMMENDED that:</p> <p>(a) The Committee consider and scrutinise the contents of this report.</p>
Reason for recommendations	The Emergency Duty Service provides vital access to people that need Adult Social Care advice, information and support outside of normal business hours, often at times of crisis.
Portfolio Holder(s):	Cllr Karen Rampton – Portfolio Holder for People and Homes
Corporate Director	David Vitty, Director of Adult Social Services Corporate Director of Adult Social Care
Report Authors	<p>Betty Butlin, Director of Operations, Adult Social Care</p> <p>Nicola Hiles, Emergency Duty Service Manager</p> <p>Tim Branson, Head of Access & Carers Service</p>
Wards	Council-wide
Classification	For Information

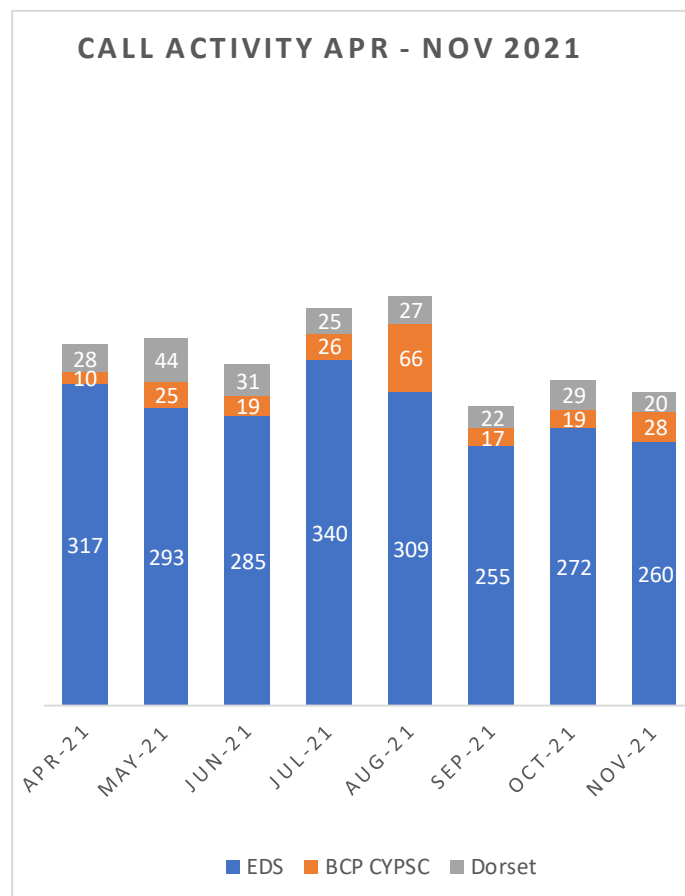
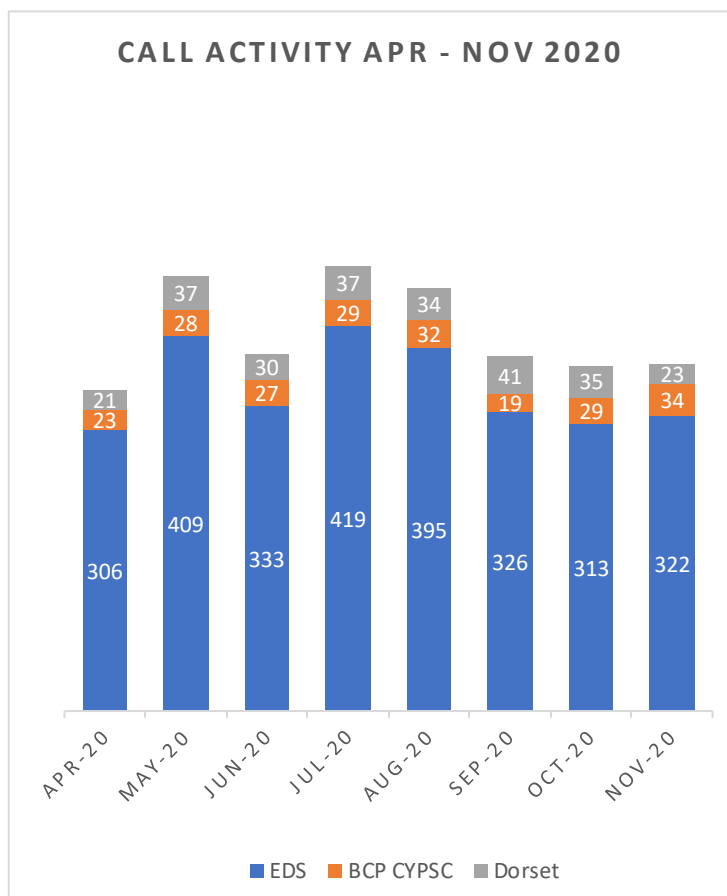
Background

1. The Adult Social Care (ASC) Emergency Duty Service (EDS) has provided adult social care advice, information and support outside of normal business hours across Bournemouth and Poole since it launched in November 2018. In April 2019, with the creation of BCP Council, the service expanded to encompass residents of Christchurch.
2. The service operates when daytime social care offices are closed, namely from 17:00 until 09.00 during the working week, Mondays to Fridays, and 24 hours per day every weekend and all bank holidays.
3. The services provides a single point of access and response to adults in crisis or anyone who is concerned about the immediate welfare of someone with care and support needs, including those who are frail, or who have a physical or learning disability and people with mental ill health. The service is designed as an emergency response service and is expected to deal with:
 - a. adults in crisis requiring statutory assessment (particularly under the Mental Health Act);
 - b. adults experiencing harm from abuse or neglect.
 - c. adults who have care packages where there is a problem associated with care delivery;
 - d. adults requiring emergency placements in a residential or nursing home;
 - e. adults in need of urgent support and signposting to essential services.
4. The service is led by one Service Manager who reports to a Head of Service and one Team Manager.
5. The service has five Contact Officers who are skilled, although not qualified or registered as Social Workers, who screen and risk assess all calls to the service. The majority of calls are resolved at that first point of contact. They are also trained to support vulnerable residents who are required to attend interview at the Police Station by acting as that person's Appropriate Adult. Where further work, such as a Mental Health Act assessment is required, the Contact Officer on duty will pass the enquiry to one of the qualified social workers to undertake an assessment visit.
6. There is funding for six qualified social workers, all of whom are required to be Approved Mental Health Practitioners (AMHP's), able to carry out statutory duties. Recruitment of AMHP-qualified practitioners is always challenging due to a shortage of supply. This means it has only been possible to recruit to five AMHP posts. The EDS therefore has a small number of shifts which are covered by locum staff, AMHP's from Dorset and BCP AMHP hub, which are funded from the sixth vacant post.
7. The triage service ensures that there is a personal response to all contacts made with the service, even at times when all AMHPS are engaged. Further, the provision of triage resolves many straightforward enquiries which releases qualified AMHP staff to focus on the more complex and high-risk situations.
8. Approved Mental Health Professionals (AMHPs) are mental health professionals who have been approved by a local social services authority to carry out certain duties under the Mental Health Act (MHA). They are responsible for coordinating the MHA assessment and admission to hospital where necessary. AMHPS are

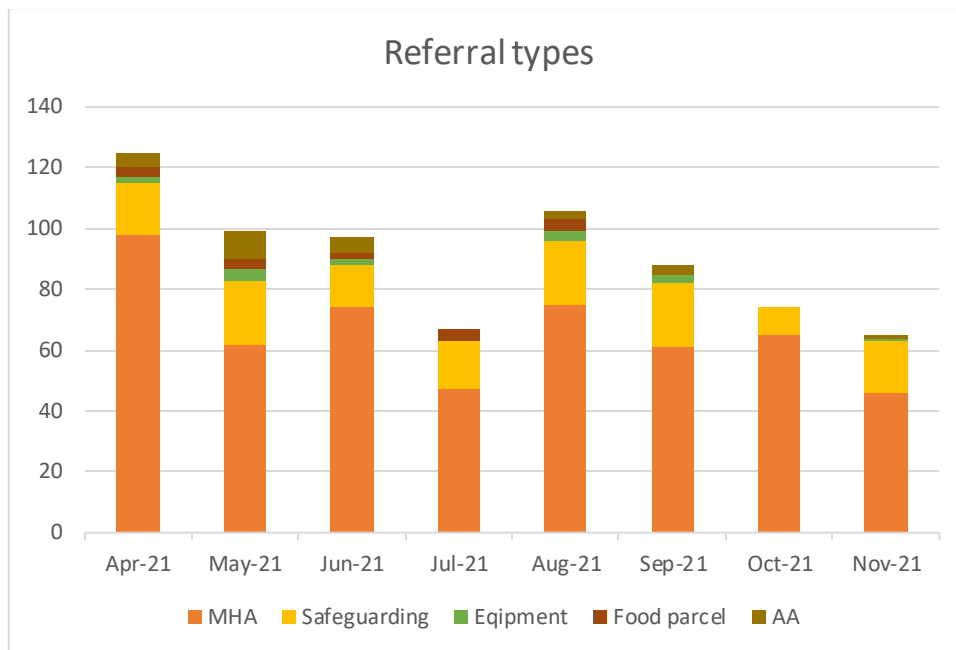
experienced practitioners (usually social workers, but they may be occupational therapists or nurses) who have undertaken a six-month academic course and complimentary fieldwork experience, as prescribed by the Mental Health Act.

Operational Performance April-November 2021

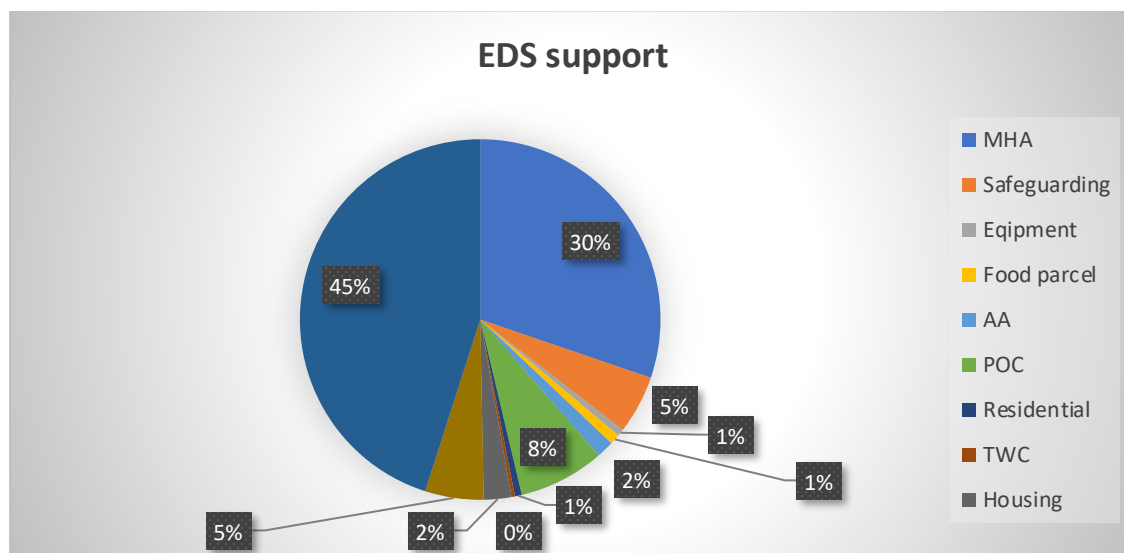
9. The ASC-EDS had received 2767 calls between April and November 2021, of which 2331 were appropriate for EDS. In direct comparison from April to November 2020 a total of 3302 calls were recorded, of which 2823 were appropriate for EDS.



10. Face to face visits are mostly made in response to people with mental health emergencies, adult safeguarding concerns, OT equipment and food parcel delivery, or vulnerable people who require an appropriate adult when in police custody.



11. The chart above shows a significant number of referrals are made to the EDS which require triage and result in ongoing work to support residents and patients. MHA referrals can be received from the hospitals (general acute hospitals and community mental health hospitals), and police custody suites. Safeguarding referrals are often received from the NHS community nurses, nursing and residential care homes, and with Police who request Appropriate Adult support. Referral rates have increased across all areas in the past 12 months.



12. MHA referrals have increased as the EDS works more closely with the daytime AMHP Hub, with cases often transferring between the two services. MHA referrals have increased as the EDS works more closely with the daytime AMHP Hub, with cases often transferring between the two services.

13. It has also become harder to find the appropriate doctors required to support Mental Act Assessments (MHAs) after 2am. To resolve this, and following consultation with the NHS, a mobile phone app has been introduced with the aim of giving access to a wider group of doctors to encourage support to manage overnight assessments. The NHS is also promoting the Section 12 doctor role in an effort to encourage more doctors to qualify.
14. Partner agencies including Health and the Police regularly contact EDS for information and advice and discussions relating to Mental Capacity Act (MCA) and Best Interest decisions.
15. EDS has made 92 referrals to out of hours housing between April and November 2021. Some of these result from MHA assessments where the person being assessed is found to be of no fixed abode, or it is not safe for them to return to their home. Others are direct referrals from the person, family or friend into EDS. We can provide information and advice before redirecting to out of hours housing.

Covid-19

16. Since the arrival of Covid-19 in early 2020, the EDS has forged close links with colleagues at Together We Can (TWC), and has begun a record of food delivery parcels and referrals made to TWC. At the height of the first national lockdown, EDS staff delivered, on average, eleven food parcels a month to BCP residents in need outside of food bank operating hours. This reduced significantly as time went on to approximately two food parcels per month.
17. Unlike daytime services, EDS face to face visits continued throughout the different covid lockdown periods, because the nature of MHA assessments is such that remote working is not feasible. Practitioners have therefore been trained and provided with all the necessary personal protective equipment needed to carry out their statutory duties effectively. Support has also been received from NHS colleagues who have provided Lateral Flow Tests, providing reassurance for EDS staff. The AMHP's in EDS have all received their Covid vaccinations and boosters as they necessarily continue to regularly have face to face contact with service users.

Impact

18. It is rare for the EDS to receive feedback directly from people who have benefitted from its support, and no formal complaints have been recorded since it became operational.
19. There has been, however, positive feedback and comments from informal carers and professionals from partner agencies, a sample of which appear below:

(a) Compliment received from informal carers by an EDS Practitioner (AMHP)

"Thank you so much for your fantastic care of X on Sunday night & for the information re Forston Clinic. We visited on our way home (though X was necessarily asleep) took clothes, toiletries and were able to provide Y with background info. Thank you again for your great care"

(b) Compliment received by an EDS Practitioner (AMHP) from health colleagues

"On behalf of the Intensive Support Team – Learning Disabilities, and especially on behalf of the patient, I am writing to convey our sincere thanks for the excellent"

service: the result was (1) A safe assessment for Mr PB. Safe management of the environment (which was littered with broken glass and the floor was wet and slippery); (2) Safe person-centred care and management for Mr PB with necessary adaptations of communication to minimise the risks of causing further distress; and (3) A safe transition to hospital not requiring any physical interventions, resulting in a safe admission.

(c) Compliment received by Contact Officer from a daytime service colleague

"The handover on Monday was brilliant, it has made so much difference to my Monday morning."

(d) Compliment received by Contact Officer

"Cannot praise enough, for the care and professionalism. Thank you so much."

Summary of financial implications

20. The EDS operates with an annual budget of £775,300, the majority of which (£760,300) is for salaries. The service expects to achieve a balanced budget at year end.

Summary of legal implications

21. The EDS undertakes a range of statutory duties in accordance with prevailing legislation (predominantly the Mental Health Act), statutory guidance and codes of practice and the Care Act.

Summary of human resources implications

22. None. Committee may, however, wish to note the challenges of recruiting Approved Mental Health Practitioners, referred to in paragraph 6 above.

Summary of equality implications

23. There have been no significant changes made to the service that have a negative impact on the Council's Equality Act duties. Any subsequent service changes deemed necessary will, however, be subject to an EIA conversation/screening document or full EIA as appropriate.

Background papers

There are no background papers.

Appendices

There are no appendices to this report.