

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care Contact Centre
Meeting date	28 November 2022
Status	Public Report
Executive summary	<p>This report provides a further update to Committee about the transformation of the Adult Social Care Contact Centre which launched in October 2020.</p> <p>This paper focuses on recent initiatives to embed a new practice model at the adult social care 'front door' and test different ways of working from those that have been traditionally used over recent years.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>a) Committee note and comment on the content of this report.</p>
Reason for recommendations	<p>Without continuing to develop the Adult Social Care Contact Centre and provide early intervention and preventative responses to customer contacts, demand for long-term adult social care services, and associated costs, will continue to grow.</p> <p>Central to achieving this objective is the adoption of suitable strengths-based practice models.</p>

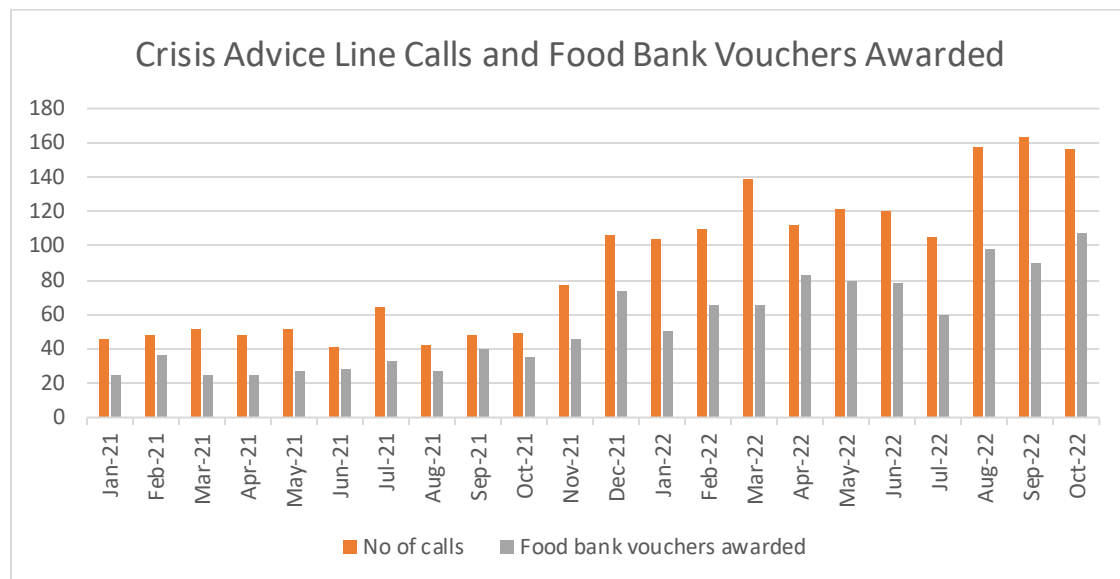
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Wards	Council-wide
Classification	For Information

Background

1. The purpose of this paper is to provide a general update to Committee about the Adult Social Care Contact Centre (ASCCC), and a specific initiative to develop a strengths-based practice model known as The Three Conversations®
2. The ASCCC launched on 1 October 2020 to provide a single point of access for BCP residents seeking adult social care support, advice and information. A single telephone number 01202 123654 and Contact Us form –available at [Services · BCP Council Online](#)– are the main access points, with additional video facilities available for people who are deaf or hard of hearing and need to use British Sign Language. Interpreters can be arranged for those whose first language is not English. Where required, in-person contact for people who are unable to use telephone or online facilities is available at local customer hubs. Video conferencing is offered as an alternative option to a home visit.
3. The primary function of the ASCCC is to ensure that people receive the appropriate information and advice to help them find solutions to their queries or situations, and ensure they are connected to the appropriate support from their personal, family or community networks. Where necessary and appropriate, queries and referrals will be forwarded for involvement of another ASC Team.
4. The ASCCC is also the first point of contact for other professionals such as GPs, NHS 111, Community Nurses, care provider agencies and the emergency services wishing, for example, to raise safeguarding concerns or request assessments under the Mental Health Act.

Update

5. Since last reporting to Committee, a permanent Contact Centre Manager was appointed in March 2022, which has helped to embed a commitment to new ways of working and consistency in future business planning.
6. Demand has continued to increase steadily due to the impact of cost-of-living pressures and pent-up demand that is now surfacing following the various Covid-19 lockdown periods of the last two years. Calls to the Crisis Advice Line, which is staffed by members of the ASCCC, have doubled in recent months compared to the same period in previous years.



7. Many of the planned next steps, as previously reported, have either progressed or completed. These include:
- a) Enhanced working with voluntary sector partners and colleagues in Community Development in support of initiatives to support people facing fuel, energy and food crisis
 - b) Embedding a community sector pathway coordinator colleague from Community Action Network within the ASCCC to specifically link with Outreach Officers and connect people to community-based solutions and support.
 - c) Recruitment of an Occupational Therapist, jointly funded with Housing, to provide early interventions to requests for housing needs adaptations assessments
 - d) Closer working with carer support services to facilitate prompt access to carer assessments
 - e) Further Implementation of call data software—Anywhere 365— to provide additional call classification functionality which will help to better understand and analyse customer demand.
 - f) Addition of the Crisis Advice Line to the Anywhere 365 system to more accurately analyse call volume and call nature.
 - g) Development of strengths-based practice models by the creation of a second Contact Centre Innovation Site (see para. 15 below)
8. Other areas of work, that will positively contribute to the ASCCC, are due to progress or reach completion over the next few months. These include:

- a) Consolidation of the two legacy council Case Management Systems into a single system, planned for winter 2022/23
- b) Service redesign work, commencing early in 2023, to develop digital functionality for customers to resolve their simpler or more routine enquiries without the need to speak to a Contact Officer.
- c) Further update of ASCCC website content, including the transfer of content from the online information service My Life My Care.
- d) A project to test allowing access to Integrated Personal Budgets (NHS and Social Care)

Performance data 2022/23 Q2

9. Capturing and reporting on performance data continues to be a complex process whilst both legacy case management systems remain in use. It is, however, possible to report the following headlines for Quarter Two (July to September):
- a) A total of 12745 contacts were received.
 - b) 49% (6284) of these were resolved at first point of contact, whilst 51% (6461) proceeded to further case work.
 - c) Of the 6461 that needed further case work
 - i. 25% related to safeguarding
 - ii. 24% were case note updates
 - iii. 3% related to Deprivation of Liberty or Mental Health Act assessments
 - iv. 48% related to case management
 - d) Of the 6461 needing further case work
 - i. 57% related to people already known to ASC
 - ii. 43% related to people with no previous ASC involvement.

Call data

10. Whilst technical constraints mean that a fully comprehensive set of call performance data is still a work-in-progress, test reports have provided 2022/23 Q2 data:
- a) 9921 calls received, of which 73% (7203) were accepted
 - b) Average call queue time of just under 10 minutes
11. As referenced in paragraph 8(b), future service redesign is aimed at creating alternative contact methods and processes to provide improved customer convenience, reduce call waiting times and enhance staff availability for those people who can only resolve their query with a phone conversation.

Email demand

12. Email demand has, unsurprisingly, also increased. Comparative data for the period April to July in Bournemouth and Christchurch areas shows an increase of

127% between 2019 and 2022, with 6890 emails received in the first quarter of 2022/23, compared to 3032 in Q1 2019/20. **Appendix 1**

13. An analysis of email content following a recent manual audit over 10 days in the Bournemouth & Christchurch area appears at **Appendix 2**
14. A 'Contact Us' online form is currently being trialled to deal with some of the inefficiencies inherent in the use of emails. This method ensures that as much relevant information is captured in the first instance, so that queries can be resolved faster or redirected promptly to the most appropriate service area within Adult Social Care.

Strengths-based practice innovation

15. In February 2022, BCP ASC contracted with an organisation, Partners4Change (P4C), to help test and implement a particular model of strengths-based practice known as The Three Conversations[®] Model (3Cs Model) – see infographic at **Appendix 3**.
16. In simple terms, the 3Cs approach aims to focus on what matters most to people by connecting them to personal and community resources to promote their independence and prevent the need for long-term support (Conversation One). For people in a crisis, the model promotes working closely with individuals by avoiding hand-offs or referrals to others, drawing in additional support as necessary, and staying with the person until their crisis has passed (Conversation Two). Only when Conversations One and Two have been exhausted will discussions about an individual's longer-term support to build a good life be had (Conversation 3)
17. Over a trial period of 13 weeks the team have responded to 61 people where 93% of interventions were completed at Conversation One and 7% completed at Conversation Two. A further 30 people that started involvement during the 13 weeks are continuing to be supported with 90% in Conversation One and 10% in Conversation Two. This means that, so far, there has been no need for a Conversation Three with any of those individuals presenting at the ASCCC.
18. Prior to the new model these individuals would have been passed to a Locality Team for assessment, which might have taken several weeks before it started. Of all the completed interventions to date, the average completion time was 22.6 days.
19. A successful bid, via the Social Work Teaching Partnership, for Continuous Improvement funding from the Department for Education, has enabled a further 6-month extension to the contract with Partners4Change.

Summary of financial implications

20. £2.5m per annum has been identified as cost efficiencies from the home care and direct payments budgets since 2020/21 because of the overall Contact Centre approach to demand management.
21. The new 3 conversation model, which is a key part of the wider approach, and targets packages of care between 0 and 10 hours per week, has since 2021/22

reduced the total amount of care by approximately 950 hours (31%), at an annual value of approximately £1m, substantially contributing to the wider cost savings.

Summary of legal implications

22. The Adult Social Care Contact Centre provides services compliant with the underpinning legislation for adult social care; principally, the Care Act 2014, Mental Health Act (1983) and Mental Capacity Act (2005).

Summary of human resources implications

23. The ongoing development of the ASC Contact Centre, and subsequent service redesign work in adult social care services, may in future require transfer of staff from long-term social care teams. Successes in early intervention work will reduce long-term demand, creating capacity to further invest in preventative initiatives.

Summary of sustainability impact

24. The ASC Contact Centre now has a base within the new BCP Civic Centre building in Bournemouth, however staff are still encouraged to work flexibly and remotely, where possible, and utilise facilities available in community hubs and other customer touchpoints.
25. Historically, most of the customer contact has been made by phone and email, with only a small number of personal visits to Council premises. Where individuals are signposted toward opportunities and services closer to their home, and improved self-service options such as websites and mobile apps are used, there will be even less need for face-to-face visits and the associated journeys in future. 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

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

Summary of equality implications

27. A full equality impact assessment has been 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:
 - a) Maintaining an opportunity for face-to-face contact where necessary.
 - b) Simplified methods of contacting adult social care so that people who find communication difficult are not disadvantaged.
 - c) An approach to co-production with service users and carers which will help the implementation project team to better understand the needs of BCP residents and inform the service design.

- d) Providing support to residents to use the council's digital front door
- e) Adopting a "Tell us once" approach so that residents do not have to repeat personal details on numerous occasions.
- f) Ensuring that regardless of the method of contact, the advice and service given is equitable.

28. It remains important to the ASC Contact Centre to recognise the need for its services 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 so, it is recognised that information and advice needs 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

29. The project management approach to developing the ASC Contact Centre includes risk management overseen by a project governance board.

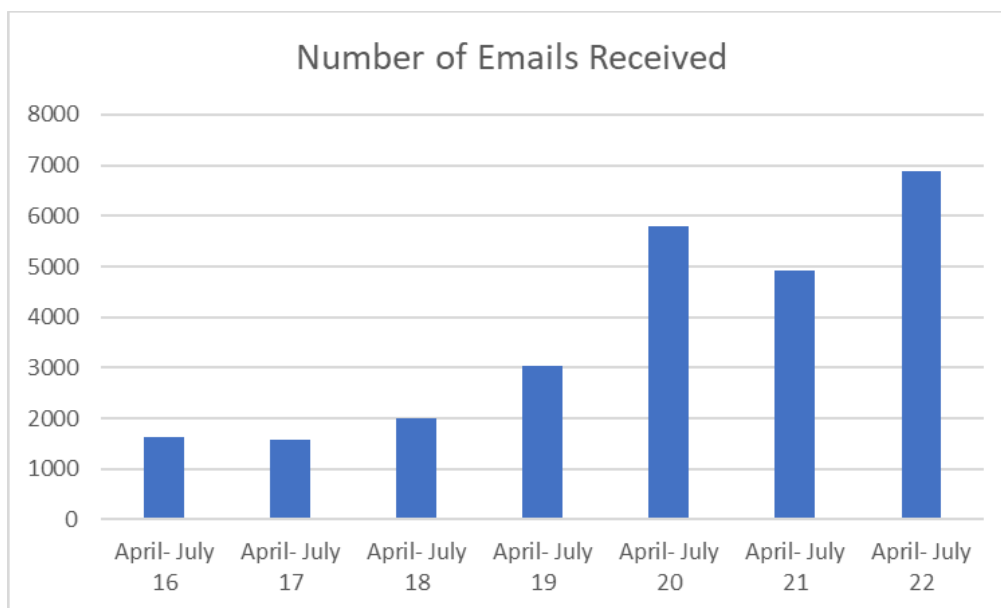
Background papers

30. There are no background papers to this report.

Appendices

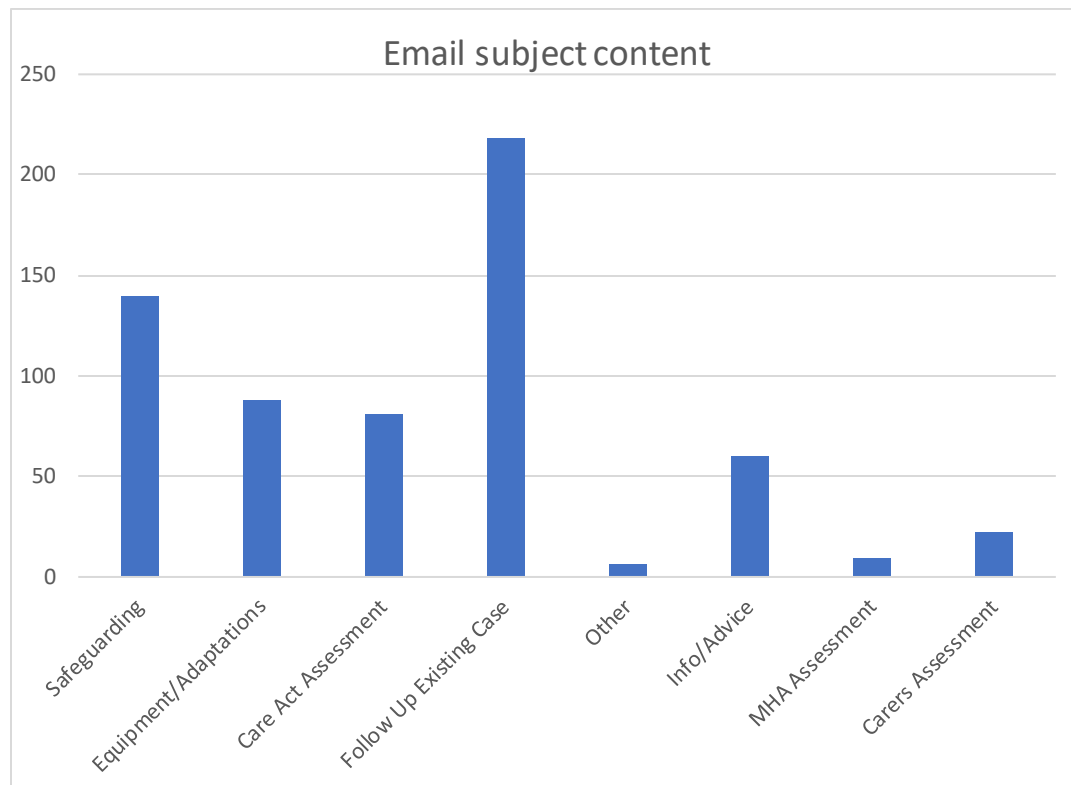
Appendix 1

Emails received (Bournemouth, plus Bournemouth & Christchurch from 01/04/2019)



Appendix 2

Analysis of email content following a recent manual audit



Appendix 3

The Three Conversations® Infographic

Our new approach

Conversation 1: Listen & Connect

Conversation 2: Work intensively with people in crisis

Conversation 3: Build a good life

