

<b>Scrutiny Commission for Health Issues</b>	<b>Agenda Item No. 6</b>
<b>15 November 2016</b>	<b>Public Report</b>

<b>Report of the Corporate Director of People and Communities</b>		
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## **ADULT SOCIAL CARE 'FRONT DOOR' TRANSFORMATION PROGRAMME**

### **1. PURPOSE**

- 1.1 This report provides an overview of progress being achieved in delivering the Adult Social Care Front Door transformation programme.

### **2. RECOMMENDATIONS**

- 2.1 The Commission is requested to:

- 1) Consider the report;
- 2) Endorse the direction of travel and suggested next steps; and
- 3) Suggest areas of specific focus that it feels are relevant.

### **3. LINKS TO THE CORPORATE PRIORITIES AND RELEVANT CABINET PORTFOLIO**

- 3.1 The Adult Social Care Front Door Transformation Programme is part of the wider Customer Experience programme which is designed to help the council to manage demand for services and to improve the experience of service users when accessing key services.
- 3.2 The programme specifically links to the corporate priority to safeguard vulnerable children and adults, and contributes to the priorities (i) to keep our communities safe, cohesive and healthy, and (ii) to achieve the best health and wellbeing for the city.
- 3.3 The programme sits within the portfolio of the Cabinet Member for Integrated Adult Social Care and Health.

### **4. BACKGROUND**

#### **4.1 Sustainability and Transformation Plans (STPs)**

- 4.1.1 In 2014 NHS England published a paper on the changes the NHS needs to make and how it will provide care in the future. This included how it will address its financial challenge. Every local NHS Clinical Commissioning Group was asked to produce a plan explaining how they were going to meet these objectives. These plans are called the Sustainability and Transformation Plans (STPs).
- 4.1.2 For Peterborough, the approach being taken is to build on a number of existing initiatives, these are:
- Development of neighbourhood teams
  - Development of an integrated workforce

- Development of the Adult Social Care 'Front Door' with the NHS 111 / Out of Hours Service
- IT systems which 'talk to' each other
- Proactive management of care through Health and Social Care programmes of work such as the falls programme and development of the Home Service Delivery Model

## **4.2 Vertical Integration**

4.2.1 Starting in the Autumn 2015 a series of meetings have been held with representatives from across the Health and Social Care System in Peterborough, including Peterborough City Council (PCC), Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The aim was to identify opportunities to work more effectively together and deliver the Sustainability and Transformation Plans (STPs). These became known as the 'Vertical Integration' Meetings.

4.3.2 Three initial opportunities were identified:

- i. The alignment of appropriate Adult Social Care (ASC) Services with Community Health Services and Primary Care
- ii. Development of a 'Home Services Delivery Model'
- iii. Alignment of the Adult Social Care 'Front Door' with the NHS 111 / Out of Hours Service – the subject of this paper

### **4.3 *The alignment of Adult Social Care (ASC) Services with Community Health Services and Primary Care***

4.3.1 The aim is to develop a 'one team approach' to provide routine and unplanned care, coordinated and delivered by a locally based, consistent multi professional team who know the person, reducing duplication and providing continuity for people. This will result in an improved seamless service offer to patients and service users.

### **4.4 *Development of a 'Home Services Delivery Model'***

4.4.1 Bringing together a number of services to improve or maintain people's independence, support people recovering from illness or injury and help people re-learn lost skills or abilities. With a focus on early intervention and prevention the Model will comprise Care and Repair services, reablement, occupational therapy and assistive technology.

### **4.5 *Alignment of Adult Social Care and the NHS 111/Out of Hours service***

4.5.1 In July 2016, a review of the potential to align Adult Social Care and the NHS 111/Out of Hours service was initiated, to determine whether closer alignment would drive more effective demand management savings across the health and care system. This did not encompass Children's Services.

4.5.2 Findings identified that demand management could be achieved by:

- More effective triage and the development of a model for an urgent care multi-disciplinary 'hub'
- Up-skilling and cultural change to deliver increased resolution of queries at first point of contact
- Using digital solutions as an enabler to increased independence, self-serve and self-management of conditions, wherever possible

4.5.3 There was less evidence of immediate savings from co-located call-handling, although benefits would be realised from a broader approach to Front Door services across the health and care system. It was acknowledged however that this would require investment in resource and design to deliver the outcomes required.

- 4.5.4 As a result of the review, a commitment was made across the Health and Social Care system in Peterborough to deliver aligned working between Adult Social Care and the NHS 111/Out of Hours services, although the mobilisation of a new NHS 111/Out of Hours contract was a priority for the CCG at the point of commitment.
- 4.5.5 Subsequent to this system commitment for Adult Social Care, Peterborough Children's Services expressed an interest in engaging with the programme: the scope and outcome requirements for this aspect of work is to be discussed and developed.
- 4.5.6 In addition, approval is being sought to proceed with the development of the 'Digital Front Door' project. The intention of the Digital Front Door is to support automation and self-service and will encourage greater independent resolution of needs by citizens. This will extend to increased capacity to provide help, information, advice and guidance on-line for vulnerable people, their families and carers – work in hand to deliver a system-wide Directory of Services will support content for this service.

## 5. KEY ISSUES

- 5.1 A number of recommendations emerged from the independent review.
- 5.2 One of the key findings was that the differences between the *type* of contact and the *demographic* making contact between the NHS 111 Service and the Adult Social Care front door service made it clear that co-location benefits would largely be realised through changes to culture and more effective management of 'warm transfer' of cases/multi-agency case review, rather than integrated call handling.
- 5.3 Initially, a programme of rapid mobilisation and change was envisaged. However, some aspects of that mobilisation require review, in light of the emerging health landscape and what that implies for early delivery.
- 5.4 Positively, an up-skilling and cultural change approach has been agreed for the council's front door teams (Inform and Advise and See and Solve). This model has been implemented elsewhere in the UK with impressive impacts on overall demand management (up to 70% of contacts resolved at first point – although this is probably from a lower baseline than currently exists in PCC). Training for this approach is in the process of being procured. Interest in the model has been expressed by a number of other service areas and the potential for extension into other contact areas will be evaluated as part of the initial delivery programme. There are no immediate interdependencies with health or other parts of council services which will have a bearing on the roll-out of this aspect of the change programme.
- 5.5 There is good evidence from sites elsewhere that the model can be applied successfully to Children's Services and to Long Term/Planned Care services. This will be evaluated by relevant subject matter experts, with a view to upskilling for demand management in these areas, if deemed appropriate.

## 6. IMPLICATIONS

### 6.1 Benefits

- Improved professional negotiation of local services and alternatives to unplanned admissions to the acute: Where there is a need for urgent triage and service planning, a combined 'professional hub' (working as an Urgent Care MDT (multidisciplinary team) will ensure that people will only have to tell their story once, minimising duplication and providing a direct warm transfer to the right place, improving the quality of response and experience;
- Increased 'warm transfer' of cases – minimising customer journeys and risk of crisis;
- Enables a whole-systems solutions focussed approach – supporting independence and self-

management in the short term, to reduce unnecessary A&E attendances and identify alternatives to GP or social care – e.g. community resources, supporting confidence and capability for individuals, referrals to voluntary sector support, advice from pharmacists, independent counselling or housing support, etc (however, this could be offered as part of service improvement, where the call handling services remain independently located);

- The MDT ‘hub’ could significantly increase collaboration across the Health and Care system;
- The ‘hub’ model supports/reflects the MDT model proposed for planned and community care and could improve consistency of approach, referral pathway and planning, resulting in improved demand management and reductions in emergency or unplanned admissions;
- Once the ‘hub’ is established, there may be an improved case for co-located call handling and first point of contact; and
- Further benefits and opportunities e.g. cost avoidance if the Front Door operation is broadened to include Children’s Services, General Practice and elements of community provision.

## 6.2 Risks

- The benefits from the relationship between Urgent Care and ASC is not currently demographically proven (although there is a better relationship for Children’s Services);
- The independent review indicated that the likelihood of co-location of the call handling service delivering financial benefit in the short term was limited – there is some potential to reduce costs from estates and overheads, but facilities management costs and additional costs of parking, relocation and infrastructure improvement required to deliver co-location into the City Care Centre may eradicate these benefits;
- Limited overlap between the two cohorts of users (Adult Social Care and 111/Out of Hours) as things stand. There are therefore unlikely to be significant efficiency benefits in the short term from potentially resolving in one query a combination of health and social care issues;
- A large proportion of Adult Social Care costs relate to service users already in care and therefore change takes time to work through the system and make an impact, so cost savings to PCC may not emerge in the short term. By contrast, more benefit may be possible in the short term for Health as A&E attendances and resulting emergency admissions can be re-diverted sooner; and
- Attribution of benefits may be difficult and therefore realisation and extraction of direct/cashable benefits to PCC may be challenging (although the overall system benefits and benefits to the public are likely to be significant).

## 6.3 Considerations

- For all options, there is a need to agree revised performance indicators and outcomes for service delivery, quality and citizen satisfaction, in line with statutory and other reporting requirements for PCC;
- Identification of risk and reward opportunities will be required across the partnership; and
- The independent review identified more significant benefits to Health from co-location and collaboration. Mapping and attribution of benefits will be required, as will agreement on recovery of costs to PCC which drive benefit to the NHS.

## 7. CONSULTATION

### 7.1 Partners involved in the development of Front Door services include:

- Peterborough City Council
- Serco
- Cambridgeshire Clinical Commissioning Group
- Herts Urgent Care
- Peterborough & Stamford Hospitals Trust

- Cambridgeshire and Peterborough Foundation Trust
- Greater Peterborough GP Network
- Peterborough Council for Voluntary Services
- Peterborough City College
- NHS England (for STP)

## **8. NEXT STEPS**

8.1 The next steps are:

- Decision on target operating model for the Peterborough City Council Social Care Front Door. This includes options for integration of the See and Solve and Inform and Advise Teams and associated transfer across the Serco/PCC partnership;
- Procurement and roll out of up-skilling for solutions focussed approaches to contact during November and December 2016;
- Delivery of a Digital Front Door Requirement for Social Care and associated development of a technical specification, agreement of proposals for procurement and tendering arrangements;
- Engagement with Herts Urgent Care (the 111/Out of Hours provider) to design and develop collaborative working and the model proposals for a multi-disciplinary Urgent Care MDT; and
- Delivery of the detailed business case for colocation and collaborative working, due early 2017.

## **9. BACKGROUND DOCUMENTS**

None.

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