

**Improvements to Out of Hours Provision in Sunderland****Report of the Executive Director Health Housing and Adult Services****1. Purpose of Report**

- 1.1 In February 2010 the committee agreed to a set of recommendations improve access to Out of Hours (OOH) provision in Sunderland and to the creation of a task and finish group to progress these.
- 1.2 In December 2010 a further report was submitted to the committee detailing progress that had been made to the service and it was agreed that a further report would be submitted to brief the committee on activity and any other outstanding issues.

**2. Background**

- 2.1 In November 2009 a number of concerns had been raised with regard to the ability of a broad range of statutory services to meet individuals' needs in an emergency situation, as a result of a councillor's experiences in trying to obtain help for an ex –neighbour.
- 2.2 These concerns were raised with the Scrutiny Committee and this provided an opportunity to review the arrangements in place for OOH provision and recommendations for improvement.
- 2.3 In response to the information provided and issues raised, the committee agreed the following 6 recommendations in order to improve OOH services;
  1. Review the skills and experience of the social workers who work within HHAS OOH service, in order to ensure that the needs of people with mental health needs are adequately met
  2. Raise awareness of the Crisis Resolution Service amongst the Contact Centre staff, in order that referrals are appropriate
  3. Improve referral arrangements across the OOH provision (including Crisis Resolution Service) agreeing the responsibilities for the given areas of work, communicating this to the Contact Centre
  4. Clarify the onward referral arrangements between OOH provision (including Crisis Resolution Service) and the information flows to ensure people are dealt with appropriately
  5. Improve access to background information by scoping potential to share relevant information with the Contact Centre
  6. Gather information relating to activity across the OOH provision, in order to ensure the right service is being delivered

- 2.4 A task and finish group was established to progress recommendations made and a series of improvements were made to make access to OOHs services better. These were reported back to committee in December 2010.

### **3. Current Situation**

- 3.1 In order to better identify demand and improve responses all OOHs requests for Adult Social Care are routed through the Customer Contact Centre and referrals are recorded on the Customer Contact System (CCS). This has enabled improved analysis of demand and over the last nine months 685 requests have been made out of normal office hours for adult social care interventions.
- 3.2 To enable a more appropriate response to people who have mental health issues, which was the focus of the original issue in November 2009, staff working OOHs have been trained in mental health practice. Two of which are now Approved Mental Health Practitioners (AMHPs). These are in addition to the three AMHPS working in the Crisis Resolution and Home Treatment Service and in the Mental Health team in the Personalisation Service. More training is planned to increase the number of AMHPs overall and we are working closely with Northumbria University to achieve this.
- 3.3 Working relationships and practice has improved alongside the ability to share information between practitioners and Contact Centre staff which has improved the overall delivery of the service and delivered better outcomes for people. Staff, now have the ability to work more agile and through the use of remote technology access client data base systems to gain up to date information. Social care practitioners will when required work alongside contact centre staff to resolve issues in a timely way without the need for lengthy and protracted intervention.
- 3.4 Through improved communications with housing colleagues better use of emergency accommodation is being made when required. Weekly reports and vacancy updates are shared with practitioners and Senior Managers working OOHs.

### **4. Conclusion & Recommendations**

- 4.1 Following the original concerns raised in February 2010 continuous improvements have been made to the OOHs service that have improved response times and provided better outcomes for people.
- 4.2 Exploratory work has started to look at the potential combining Children's and Adult Service OOHs service. No decision has yet been made as discussions are at an early stage.
- 4.3 It is recommended that the Health and Wellbeing Scrutiny Committee receive this report and note the continued improvements made to the

service and also note the potential for further improvements to be made by the combining of Children's and Adult OOHs service which would be the subject of future reporting.

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