

Improvements to Out of Hours Provision within Sunderland

Report of the Director of Health, Housing and Adult Services

Strategic Priority – Healthy City

Corporate Priorities:

CIO1 Delivering customer focussed services

1. Why has the report come to the Committee?

1.1 In February 2010 the committee agreed 6 recommendations to improve access to Out of Hours (OOH) Provision within Sunderland, and to the creation of a Task & Finish Group to progress these. This report details;

- how these actions have been implemented
- how any remaining issues are to be progressed

2. Background

2.1 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 in November 2009.

2.2 These concerns were raised with the Scrutiny Committee and this provided an opportunity to review the current 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 these recommendations which included representatives from:
- Local Authority – Health, Housing and Adult Services
 - Local Authority – Customer Services
 - North Tyne & Wearside NHS Trust (Crisis Resolution Service)
 - Health and Wellbeing Scrutiny Committee

3. Improvements made

- 3.1 A series of improvements have been made to make access to OOH provision better. These have primarily been linked to improving communication between the respective services and agreeing remits.
- 3.2 Recommendation 1 has been progressed through the ongoing redesign of Adult Social Care linked to HHAS new Care Management and Assessment operating model. Existing services have been reviewed and redesigned and opportunities made available for staff that already work OOH to develop their knowledge and experience of working with people with mental ill health.
- 3.3 As part of this process HHAS is currently working with Approved Mental Health Professionals (AMPs) to establish a more robust approach to required AMP activity – including where this work is required OOH.
- 3.4 Recommendations 2,3,4,5 have been addressed through liaison between the respective services and the Contact Centre. The improvements made are as follows;
- Each OOH service has a defined remit, to allow for correct incoming referrals
 - Maximum response times have been agreed – before the Contact Centre would take further action, and these can be communicated to incoming callers
 - Current gaps have been closed – as each OOH service should be feeding back to the Contact Centre where referrals are inappropriate.

In cases where this has not always happened , information has been fed back to the relevant OOH service in order that they can address any issues with their own staff

- The levels of information being provided by respective services have been agreed
- New emergency housing accommodation has been made available for individuals with presenting eligible needs via the provision of 2 Crash Beds in Salvation Army accommodation

Further detail of these improvements is contained in Appendix 1.

4. Improvements due by the end of 2010

- 4.1 Recommendation 6 is being facilitated from the beginning of December by OOH referrals to the Crisis Resolution Service and HHAS OOH being recorded on the Contact Centres CCS system.
- 4.2 As was reported in a progress report and meeting that took place in August with the Chair and Vice-Chair of the Health and Well-Being Scrutiny Committee, information available to the council indicated that there had been 5578 calls to the emergency OOH social services line in the preceding 6 months. This includes calls for Children's Services but beyond that no further breakdown was available.
- 4.3 Recording these referrals on CCS in future will allow for full reporting on numbers of referrals , and enquiries progressed according to agreed timescales etc. Following CCS implementation this more detailed intelligence can be used to establish OOH demand , and whether this is being met effectively through the service provisions in place.
- 4.4 It should be noted however that CCS will only help to determine this activity for referrals received by the council. The Crisis Resolution Service receives most of its workload directly from other sources , and for example in October it received 372 referrals (of which 188 were received OOH).

5. Planned / ongoing activity

- 5.1 In order better identify demand and improve OOH responses; a range of additional improvement activity is underway.
- 5.2 In partnership with NTW and Sunderland Teaching Primary Care Trust, the Council has embarked on a whole systems review of the approach to crisis across all service areas in Health and Social Care. A workshop is

being arranged to engage with all stakeholders, including GPs, to have an understanding of what is required in terms of responding to crisis at any time of the day / night. The information and actions from this workshop may lead to further redesign of these responses.

- 5.3 The HHAS General Manager –Disability Services, is in negotiations with Children’s Services to scope the potential for providing a combined response to Adult and Children’s Services OOH enquiries.. This response will also take account of potential for a sub regional approach across the South of Tyne Area. These enquiries are in their earliest stages however..
- 5.4 While referrals into the Contact Centre will be recorded by staff on CCS, further efficiencies may be realised if each OOH service receives its referrals CCS workflows – as per the Councils Business Operating Model.
- 5.5 For HHAS OOH services, the above change will be built into future service migration to the Contact Centre (this being part of the Councils planned wider service migrations). Agreement will need to be reached with the Crisis Resolution Service as to whether they can / will receive referrals in this manner in the future , and after taking account of any changes to respective OOH service remits (linked to 5.2 – 5.3).

6 Outstanding issues

- 6.1 There is still the need to better identify and monitor the actual demand for OOH services in order to determine whether the improvements made to date (and that are planned as part of 5.2 – 5.4) will continue to provide a satisfactory overall response. This includes monitoring whether the 2 new Crash Beds meet the demand for emergency OOH accommodation.
- 6.2 The OOH service responses are also likely to face challenges due to public sector financial constraints – so any future developments / changes need to take place within this context.

7 Recommendations

- 7.1 It is recommended that the Health and Wellbeing Scrutiny Committee receive this report for information and to agree that;
 - the Task and Finish Group has met its initial remit and should be discontinued
 - Further analysis of OOH demand is undertaken periodically by HHAS / the Contact Centre – and a further report on this and any other OOH

issues be provided to committee in 6 months time. This will determine the need for any further actions.

Jim Usher

General Manager – Disability Services

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