

15 March 2017		ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee		
<i>Thurrock First</i> project – Overview and Recommendations		
Wards and communities affected: All Thurrock	Key Decision: Key	
Report of: Tania Sitch, Integrated Care Director for Thurrock		
Accountable Head of Service: Les Billingham, Head of Adult and Community Development		
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health		
This report is: Public		

Executive Summary

This document describes the creation of the “Thurrock First” single point of access for adult residents of Thurrock. Thurrock First is part of the Health and Adult Social Care Transformation Programme – For Thurrock in Thurrock.

It will be an integrated community physical and mental health and adult social care information, advice and assessment service jointly delivered and funded by NELFT (North East London Foundation Trust), SEPT (South Essex Partnership Trust) and Thurrock Council, and which will be operationally co-ordinated by a manager to be recruited by all three participating organisations.

Costs to implement and run the service will be shared between the three partners.

The report describes the steps being taken to develop the service and the service model. The report asks the Committee to endorse the establishment of the Thurrock First Service.

1. Recommendation

- 1.1 That the Committee endorse proposals to establish a new single point of access service called “Thurrock First”.**

2. Introduction and Background

- 2.1 This report describes the development of *Thurrock First*, an integrated Community Health and Social Care information, advice and assessment service jointly funded between North East London Foundation Trust (NELFT), South Essex Partnership Trust (SEPT) and Thurrock Council. The service will be operationally co-ordinated by a manager to be appointed by all three participating organisations.
- 2.2 Currently, Thurrock residents needing assistance from either physical or mental health services or adult social care, or simply requesting information of a general nature during the working day, have to contact three different organisations at multiple access points depending on whether they are in crisis or not. Hours of operation differ at the services currently offered.
- 2.3 The currently existing services are:
- The Community Solutions Team (CST) at Thurrock Council, who provide information and advice and carry out assessments with regard to a Thurrock resident's social care needs
 - Rapid Response and Assessment Service (RRAS), a multi-disciplinary team who provide rapid response to requests for support for those at or nearing crisis point and is geared towards prevention of hospital admission
 - The NELFT Single Point of Access (SPA) team in Basildon who provide information and advice and ensure community services are sent out to individuals in need of help for physical health issues. This also gives access to System1 which links with most GPs
 - South Essex Partnership Trust (SEPT) mental health teams located at Thurrock Community Hospital who provide help for residents with mental health issues referred to them by their GP.
- 2.4 The services are currently located in four different premises and each service has access only to their own system, and cannot view the information contained in the other two systems. This means that a resident who is unsure of which service to contact may well end up contacting several. Currently, when a resident contacts any of the services, they have no ability to view what support or information that has been provided or what is known by the other two. This means the resident has to tell their story and give basic information many times. If the service staff member feels the resident requires help from one of the other services, they will provide the phone number or other contact details, and the resident will then have to contact the other service(s)

themselves to attempt to get the help they need, or the member of staff will need to call around and get the information.

- 2.5 It is proposed Thurrock First will further develop in a later phase, and discussions are already underway to look at how the Voluntary Sector, Housing, Children's Services and Public Health can enhance the service.

Case for change

- 2.6 The strategic context for all the involved organisations is the belief that integrated service delivery is more effective for all end users, including service users, patients and stakeholders.
- 2.7 It will also enable efficiencies in the running of the services through economies of scale, supporting people earlier with information and advice and supporting the prevention agenda, therefore reducing pressure on the services that sit behind the proposed Thurrock First.
- 2.8 The direction that government policy is following is 'full integration of health and social care by 2020'. This model is one of prevention and self-management: the team will proactively take action, not just redirect calls. As such, the service is a key part of the Health and Social Care Transformation Programme 'For Thurrock in Thurrock' which aims to develop a system that prevent, reduces and delays the need for health and care support. As Thurrock's Better Care Fund is the key driver for the integration of health and social care in Thurrock, Thurrock First and its associated funding will be contained within it from 2017-18.

Effectiveness

- 2.9 By integrating the above services, the Thurrock resident, other stakeholders and staff involved in supporting residents, will only have to make one contact rather than potentially three. The staff members at Thurrock First will have access to all three partner systems, enabling them to see the full picture of the caller's past interaction with any of the three organisations. This in turn will allow them to provide good information, advice and signposting, thus supporting prevention and self-management, as well as any interventions required.
- 2.10 A key aspect of the new service will be access to information about support available in the local community and staff will look to offer solutions not just default to services. This will include information about Healthy Lifestyle.
- 2.11 The service will operate 7 days a week from 7 am to 7 pm. The core hours for the service are 9 am to 5 pm. During this time there will be a fully staffed service able to offer help around social care, and physical and mental health needs. There will also be a rapid response nurse on site during these hours. During low demand times, from 7 – 9 am and 5 – 7 pm, the service will

operate with a reduced staff. Outside of the service hours the currently existing arrangements for out of hours will remain; Basildon and Thurrock University Hospital (BTUH) for physical health issues, the Emergency Team (EDT) for Social Care issues and the SEPT crisis line for mental health issues.

- 2.12 The benefit to the public and key partners and stakeholders is that the service will be of a higher quality; it will be delivered via one front door in an integrated way which will enable:
- A quicker understanding of the caller's requirements through reduced duplication of information
 - A single assessment process reducing handoffs (and thus mitigation of risk associated with multiple hand-offs)
 - A more targeted response to their needs
 - Improved information and advice including information about community assets

Efficiency

- 2.13 The increased efficiency will flow from the co-location of the personnel from the three services, enabling a quicker and better exchange of information. This in turn will enable all three organisations to better manage demand for the services that sit behind Thurrock First. This will be achieved by reducing pressure on front line services through better signposting of alternatives and promoting self-management. It is anticipated that these measures should enable economies of scale for service delivery.
- 2.14 The potential for other agencies and organisations to join the service will provide further potential for efficiencies.

3. Issues, Options and Analysis of Options

- 3.1 The following list of options has been considered:

- **Option 1 – status quo, do nothing**
 - This option is cost neutral initially but may cause increased costs later if the organisation were forced to adopt the integrated model
 - This option does not meet the nationally articulated policy agenda to integrate services
 - This option ignores the potential to improve the quality of service and care for the people of Thurrock.
- **Option 2 – intermediate scope**

- This option proposes the creation of a new integrated service but maintains each organisation's independence, which means that there is less rework of systems and processes required
 - There are fewer costs and less time required to implement it than option 3.
- **Option 3 – maximum scope - full integration of staff, systems and resources**
 - This option is more costly and complicated to implement, requires a longer implementation timeline and carries more risk than option 2.
 - It may be considered at a later date: it might be attractive in the longer run as a phase 2 development.

The overall conclusion is that **Option 2** is the best option.

4. Reasons for Recommendation

- 4.1 Option 2 is the preferred option because from a cost benefit analysis it provides the benefits to Thurrock residents in the quickest time and is less costly to implement than Option 3.
- 4.2 The creation of Thurrock First represents an opportunity to establish an integrated service for Thurrock residents that will provide timely and targeted signposting and advice, as well as assessments where required. By reducing duplication it will provide improved quality of customer service and the possibility, at the same time, of running a leaner, more efficient service.
- 4.3 There is great interest from Housing, Children's Services, Public Health and Voluntary Sector organisations to develop this model further

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 The development of the Service responds to feedback already received from residents that they find it difficult to know how to access health and social care services, and find the system fragmented. The development of Thurrock First responds to these points.
- 5.2 There are a variety of work streams that form the overall project team. One of these is dedicated to stakeholder engagement and communications. This work stream's purpose is to develop targeted communication, establishing the key messages to be communicated, what methods and approaches will be used and the schedule for communication and engagement. The Group will also assess whether further engagement is required and if so, how this should take place.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The implementation of Thurrock First will enable the provision of an integrated approach to helping Thurrock residents via a seamless, one-stop advice, signposting and assessment service. This will be a more effective and efficient method for dealing with inquiries, which will in turn enable a good quality response to increasing demand from the public in a sustainable way.
- 6.2 The impact on the local community will be positive in that there will be one contact point that will assist them across social care, physical and mental health services.
- 6.3 The approach is consistent with the direction of travel contained within the Council's Customer Services Strategy, and supports the delivery of Corporate Priority 'Improve Health and Wellbeing'.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Management Accountant

The financial implications of implementing Thurrock First are to be shared by the three partner organisations, according to an agreement to be reached between their executive representatives.

The service is being staffed for the most part by existing staff and vacancies from Thurrock Community Services Team, Thurrock Rapid Response Access Service, NELFT single Point of Access in Basildon, and by SEPT mental health specialist nursing and social work.

Additionally, there will be a manager for the service, which will be a new hire. Other costs include refurbishment of the new location for the service at Jubilee Day Ward in Thurrock hospital, provision for 14 people of desks and chairs, computers and other peripherals.

As well some upgrades of the network capability within the hospital will be required, to ensure network access to the staff of the new service.

All costs will be met within existing budget allocations .

7.2 Legal

Implications verified by: **Rosalind Wing**
Adult Social Care Solicitor

The partner organisations will sign an information sharing agreement, in order to comply with Information Governance (IG) rules. There are IG representatives from all three partner organisations on the project team.

However, there will not be a S75 agreement. This means that staff in Thurrock First will remain employed by their home organisation, under existing terms and conditions. The only exception may be the newly appointed manager, who, in the case of an external appointment, will be employed by Thurrock Council.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**
Community Development Officer

The way in which individuals are currently able to access the service will not alter. For example they will be able to call using one number, but they will also be able to access information and advice on line and submit information to the service on-line.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None.

9. **Appendices to the report**

Appendix 1: Financial Implications

The costs associated with the implementation of Thurrock First include:

Premises

- Outfitting of the location (Jubilee Day Ward at Thurrock Community Hospital) – desks, chairs, tables etc: this will be a one-time cost
- Decorating or refurbishing: this will be a one-time cost
- Running costs of the physical location

IT

- PCs, printers, network devices: this will be a one-time cost
- Phone and data lines: this will be an annual cost
- Software licenses: this will be an annual cost

Staff

Thurrock First is populated by staff from the three partner organisations and these staff will remain employed by their home organisation. This will be reviewed as part of phase two.

The only additional staff costs will arise from the hiring of a manager to run the service.

Funding Options

The overall concept is that the costs to set up and run Thurrock First will be shared by the three partner organisations, on a pro rata basis, according to a formula to be agreed.

Appendix 2: KPIs

The KPIs need to be agreed for the service but will include targets in the areas of:

- Number of calls answered, by staff member
- Time lag to answer the call, by staff member
- Number of people requiring referral onto health or social care services
- Number of assessments avoided
- Customer satisfaction
- Number of people given information and advice around long term conditions (can be specific)
- Number of people referred to voluntary sector and public health initiatives
- Number of calls avoided to other services

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