

# **Leicester City Council Scrutiny Review**

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## **Adult Social Care Community Screening and Assessment**

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### **A Review Report of the Adult Social Care Scrutiny Commission**

**March 2016**

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# **Adult Social Care Scrutiny Commission**

## **Commission Members:**

Councillor Virginia Cleaver (Chair)  
Councillor Deepak Bajaj (Vice-chair)  
Councillor Elly Cutkelvin  
Councillor Mohammed Dawood  
Councillor Elaine Halford  
Councillor Rashmi Joshi  
Councillor Jean Khote

## **Chair's Foreword**

When considering this review the commission recognised the need to focus on preventative work to allow people to live independently for longer. However, there is a real strain on the health and social care system as people live longer and require more support.

Members of the commission discussed this in detail and whilst there is a need to have access to specialist support, there are many occasions where people can get the support they need without relying on statutory services.

Therefore the basis of the review was to explore how we interact with services in the community and whether we can look at options to ensure greater collaboration with the voluntary and community sector if it didn't already exist. This would then hopefully relieve some of the pressures on statutory services and improve local engagement and outcomes for people.

The review found that we have a good system to filter people to the right intervention via the Council's Single Point of Contact service, but the links with the community were a bit ad hoc and needed a wider engagement plan, which may help in the longer term.

The commission also felt that there were some misunderstandings about what the council's adult social care services are expected to provide and that better communications would help eradicate this and ensure people get the right support from the right sources.

I would like to thank the officers for their support during this review and the time that they have given to give evidence. Also, I'd like to thank Anne Short from B-inspired and for the other councils that have given us information about the work that they do.

**Councillor Virginia Cleaver**

**Chair, Adult Social Care Scrutiny Commission**

## **1 Executive Summary**

### **1.1 Background to the Review and Key Findings**

- 1.1.1. The commission recognises the strain on Adult Social Care Services across the country, with Council's having to deal with reduced resources and a growing ageing population.
- 1.1.2. With this in mind the commission wanted to consider how the Council can work with services in the community better to prevent people from unnecessarily accessing the ASC statutory services when there may be something more suitable for them elsewhere.
- 1.1.3. In doing this review the commission found that the current single point of contact (SPOC) service is quite robust and therefore the model does not need changing but could consider options to improve the model by having better communications and working with the community. The Commission considers it important that councillors are aware of the SPOC, how to access it and how to refer people to it if necessary.
- 1.1.4. The report details further the options considered during the review and below the commission have highlighted the recommendations arising from the task group meetings and research.

### **1.2 Recommendations**

The Deputy City Mayor and the Executive are asked to consider the following recommendations:

- 1.1.5. That a communications strategy is developed to coincide with the roll-out of the web portal to ensure staff, public and community groups are made aware of it and how it would work.
- 1.1.6. Basic information is given to all frontline staff on adult social care services so that they can correctly refer people to prevent unnecessary referrals to ASC services.
- 1.1.7. A staff to staff hotline is arranged so that frontline staff in other areas of the Council can speak to adult social care staff directly to refer people to the right section.
- 1.1.8. A communications plan is developed so allow the Council to better communicate with local groups that come into contact with people that may require ASC at all levels in the community.
- 1.1.9. That a video is compiled and uploaded to the council website and shared with community partners to give information of adult social care services and how they can be accessed.

## 2 Report

### 1.3 Single Point of Contact (SPOC) Service

- 1.1.10. The current screening method used in the council is Single Point of Contact (SPOC). This is the 'front door' into adult social care focussing on advice, signposting, contacts, and referrals from all stakeholders, and provides information, advice and guidance to residents of Leicester city aged 18 and over. This includes signposting to universal services or assessment and provision of emergency support if required.
- 1.1.11. SPOC was designed to screen all incoming referrals into Adult social care and signpost those ineligible for services to appropriate universal services within the community. The service also manages all referrals from hospitals; SPOC deals with all citizens not already known to ASC. Those cases already known are passed on to appropriate localities.
- 1.1.12. There are three levels of screening as follows:
- Level 1 – screening over the telephone to establish potential needs  
Level 2 – professional to professional; health and voluntary sector referrals  
Level 3 – face to face; visits and assessments to consider risk to wellbeing and independence.
- 1.1.13. Levels 1 and 2 can lead to level 3. There are two levels of staff; care management officers who are trained to assess but are not social workers and fully qualified social workers who will do the complex and safeguarding cases.
- 1.1.14. A web portal is being launched for online assessments, which will be another tool to screen people and signpost those who do not meet thresholds.
- 1.1.15. **RECOMMENDATION: The commission wanted assurance that a communications strategy would be developed to coincide with the roll-out of the web portal to ensure staff, public and community groups were made aware of it and how it would work.**

### 1.4 Options for Screening and Assessment

- 1.1.16. Whilst considering the SPOC model the commission felt it was important that other models were looked at to see if there was anything that could be learnt from them in the city. The four main models identified were as follows:

- Online assessments

*An online system for people to self-complete an assessment of their needs. This is then assessed and checked by social work staff.*

- Third-party assessors

*Voluntary sector agencies and private residential and nursing home providers carry out assessments on behalf of the council.*

- Community 'drop-ins'

*People get assessed where they are, rather than in their own homes. This could include providing assessments in GP surgeries or community centres, etc.*

- A specialist self-funder assessment team

*A council run specialised assessment team*

- 1.1.17. The commission felt that the current model of a SPOC along with the web portal that was being developed was probably better suited to the city as it has so far proven successful. They did however take a closer look at the Models used in Stoke and Shropshire.

## **1.5 Stoke's Reablement Model**

- 1.1.18. There are around 300 people in Stoke's adult social care department. Before the current realignment the team was divided into five groups – three assessment teams and two re-ablement teams – day and domiciliary.
- 1.1.19. The new arrangements have seen the creation of eight locality teams of differing sizes. These are grouped round GP clusters throughout the city and are not necessarily demand-led; they reflect the various relationships between GP practices within the city. The council was unable to persuade the CCG to put funding into the project, but an important part of the development of the scheme was that GPs were persuaded over time of the value of the scheme and its benefits.
- 1.1.20. The largest Stoke Council team has two team managers; the two smallest share a manager. The other five have a team manager. Teams have senior social workers, social workers/wellbeing assessors, support workers, re-ablement co-ordinators and care assistants.
- 1.1.21. Referrals to the teams can be made through a call centre. Call handlers have been trained to use a light-touch approach to assessment and to forward potential clients to the re-ablement team as quickly as possible.
- 1.1.22. The team is centrally based (at the Civic Centre). They would like to be more embedded within the community but the council is going through a buildings use review. However there is an element of hot-desking at GP surgeries and working with advocacy and third sector agencies (charities). Across the city the total caseload is around 10k people; there are 10-50 new references a week.

- 1.1.23. **RECOMMENDATION:** Whilst the commission recognised that it may not be possible to set up in different locations due to cost implications they recognised that people will enter libraries, leisure centres and community centres etc, so there should be some basic information given to all frontline staff on adult social care services so that they can correctly refer people to prevent unnecessary referrals to ASC services.
- 1.1.24. **RECOMMENDATION:** The commission feel if a staff to staff hotline is arranged so that frontline staff in other areas of the Council can speak to adult social care staff directly to refer people to the right section it would help with ensuring people get the correct care. The benefit of this is that frontline staff may be able to refer people to other interventions without it going to adult social care staff where appropriate, without the need for training costs and as the staff make more of these calls they will learn more about the issues and therefore may need to make less calls. This would obviously only be appropriate for minor concerns that could be dealt with in the community.
- 1.1.25. The scheme was rolled out across the city in late 2015 following a pilot project and there are not enough long-term data to fully evaluate it. Performance indicators are based on four ASC outcome framework criteria – which look at the wellbeing of the client rather than the agency. They are:
- How hopeful is my life?
  - My social connectedness (contact with other people)
  - How much in control do I feel?
  - How safe and secure do I feel?

## **1.6 Shropshire's People2People Model**

- 1.1.26. The National Development Team for Inclusion (NDTI) has endorsed the model used in Shropshire and this is also considered a best practice model nationally.
- 1.1.27. Shropshire uses a social enterprise (People2People) as the main first point of contact for adult social care in Shropshire. The social enterprise is formed by staff seconded from Shropshire council and volunteers.
- 1.1.28. People2People is based in an out-of-town shopping park in Shrewsbury. The informal approach means there are no security officers and no requirements to have an appointment or to sign in for a visitor's pass. People seeking social care support can wander in at any time and speak to somebody. They purposely positioned themselves away from the council offices to eradicate perceived barriers between social workers and service users, between professionals and the community, between managers and staff or between people eligible or not eligible for statutory support.
- 1.1.29. Feedback has stated that people feel that People2People have a genuine interest in cases and is not time-restricted or done in supervision. Another

critical factor is that the People2People team extends beyond people who have a qualification in social work or a paid career behind them in social care.

- 1.1.30. Making this approach work requires a strong awareness of available community resources that people can draw on, but also setting high expectations for people seeking support to take responsibility for improving their lives.
- 1.1.31. As well as the screening and assessments, they also provide peer support through drop in sessions and have community based initiatives called 'Let's Talk Local' to allow people to talk through their 'situation' in more detail. This once again emphasises the strong community links that have been utilised.

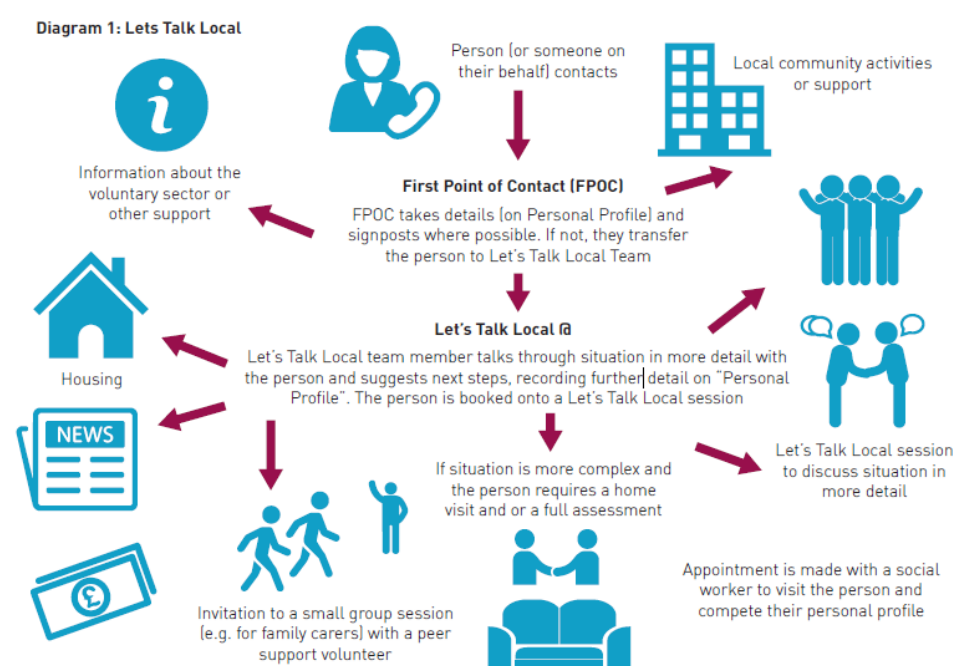


Diagram from 'Inside out and upside down: Community based approaches to social care prevention in a time of austerity'.

- 1.1.32. People2People's works very closely with Shropshire council, particularly the transformation Lead and Director of Adult Social Care. Over time, the council has provided People2People with greater and greater freedom over its delegated budget; for example, they can sign off ongoing personal budgets for a year up to a certain sum, up from six weeks.
- 1.1.33. There could be some issues with this project that will need to be addressed, such as whether staff currently seconded from councils to social work practices can be fully transferred to those organisations while retaining membership of the local government pension scheme.



## 1.7 B-Inspired

Anne Short from B-Inspired was invited by members to a task group meeting and she relayed the following points:

- 1.1.34. Contacting ASC was a bit hit and miss and if the SPOC was widely shared that would be an advantage. The average person off the street would not automatically know where to make contact and who to contact.
- 1.1.35. Signposting of services would be useful, and if the signposting were to be broken down into groups of particular need that would be even more helpful. As a community based office B-Inspired could put the information in their office or community magazine.
- 1.1.36. They were not aware of development of a web portal, but had concerns that some people accessing their services may have a number of IT access issues.
- 1.1.37. Whilst welcoming the idea of the council working with community groups. Anne had concerns that the face of volunteering has changed; numbers were down and there was a continuing churn and increased the turnover of volunteers.
- 1.1.38. B-Inspired have a scheme which looks like community-based occupational therapy. Students come to learn from them (Coventry University occupational therapy 2nd and 3rd year students) and they see work in a wider community setting.
- 1.1.39. They asked that the Council doesn't assume that larger community organisations can do it all and that there may be areas where local groups who know the community better will deliver better outcomes.
- 1.1.40. **RECOMMENDATION: The commission felt that this was a very valid point and thought that Council needs to better at communicating with local groups that come into contact with people that may require ASC at all levels in the community and would recommend a communications strategy is developed to demonstrate this need.**

## 1.8 Conclusions

- 1.1.41. The commission were assured that the SPOC works well for the city and that this does not need changing at present, but they do hope that this service is better communicated to and linked with community groups to relieve even more pressure off the service. Whilst it will require a bit of work at first to engage with these groups, in the longer run it is felt that it will be beneficial.

- 1.1.42. By having frontline staff more knowledgeable on the work of adult social care services and what provision is available for the people that they interact with on a daily basis, it will also help screen people at an early stage.
- 1.1.43. Whilst those that need help and services often know to get it, not everyone understands what statutory services provide and the commission feels this message needs to get out to the public more.
- 1.1.44. **RECOMMENDATION: That a video is compiled and uploaded to the council website and shared with community partners to give information of adult social care services and how they can be accessed. To avoid costs, this could be a competition for university students, either prospective media and/or social care students.** The scrutiny commission would be happy to support this process moving forward.

### **3 Financial, Legal and Other Implications**

#### **1.9 Financial Implications**

#### **1.10 Legal Implications**

There are no direct legal implications as a result of this report.

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Solicitor  
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#### **1.11 Equality Implications**

Our Public Sector Equality Duty focuses on the decisions we make as a local authority and aims to ensure that they are part of a fair and robust process that consider the impact of those decisions on service users and likely service users.

The report focusses on ensuring that people in the community requiring support receive the right support, at the right time from those best able to provide it which might not always be directly through the councils Adult Social Care department. It looks at various ways to make information and access to support more widely available and understood to individuals and communities recognising that it is not always clear to people what services the council and others are able to provide. Therefore it is crucial that better communication on this and also of the single point of referral service be achieved.

The development of the web portal and the communication strategy that will be rolled out alongside this need to take account of the different needs of individuals and communities these include language barriers, disabilities including visual impairments, learning difficulties, people who are not computer literate etc....and ensure that accessibility is paramount in their development. This must be the case for the video which is proposed too.

Sonya King, Equalities Officer

### **4 Summary of Appendices**

Appendix A – Analysis of SPOC Contacts

## Appendix B – Executive Response to Scrutiny

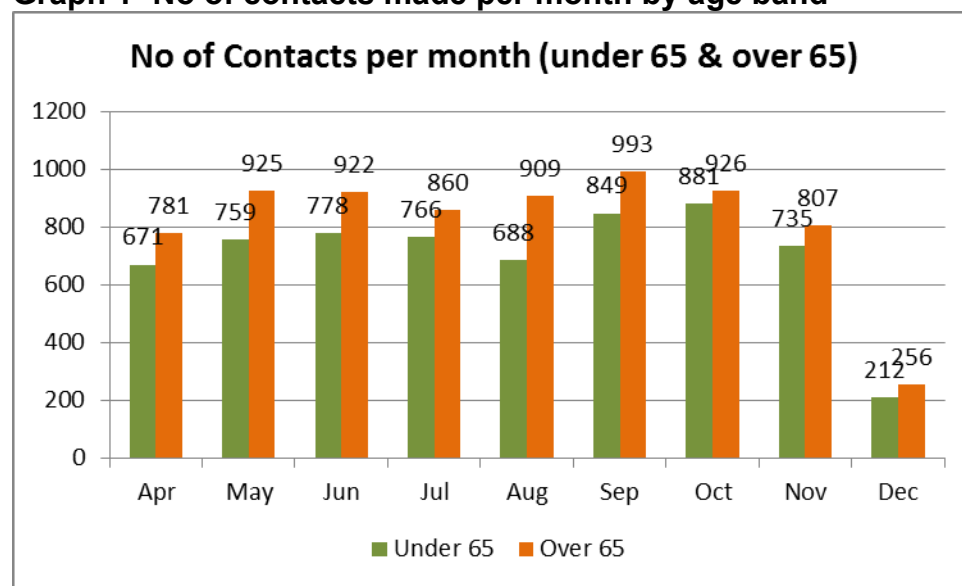
### **5 Officers to Contact**

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## Appendix A

### A detailed analysis of contacts in with SPOC from April to December 2014

**Graph 1- No of contacts made per month by age band**



Graph 1 displays the total number of contacts made each month for the analysed period by age band.

- On average 1656 contacts are made each month.
- 46% of contacts made were aged under 65.
- 54% of contacts made were aged over 65.
- September and October 2014 seen the highest number of contacts in the analysed period.

**Table 1- No of contacts made by contact method**

Contact Method	No of Contacts	%
Telephone call	6356	46%
Letter/Fax	3485	25%
Email	1363	10%
Meeting/Visit	719	5%
Other	650	5%
Office visit	621	5%
Section 2/5	497	4%
Online	24	0%
Community team meeting	3	0%
<b>Grand Total</b>	<b>13718</b>	<b>100%</b>

Table 1 displays the no of contacts made for the analysed period and is displayed by the contact method made.

- 46% of contacts made were by telephone call.
- 25% of contacts made were by Letter/Fax.

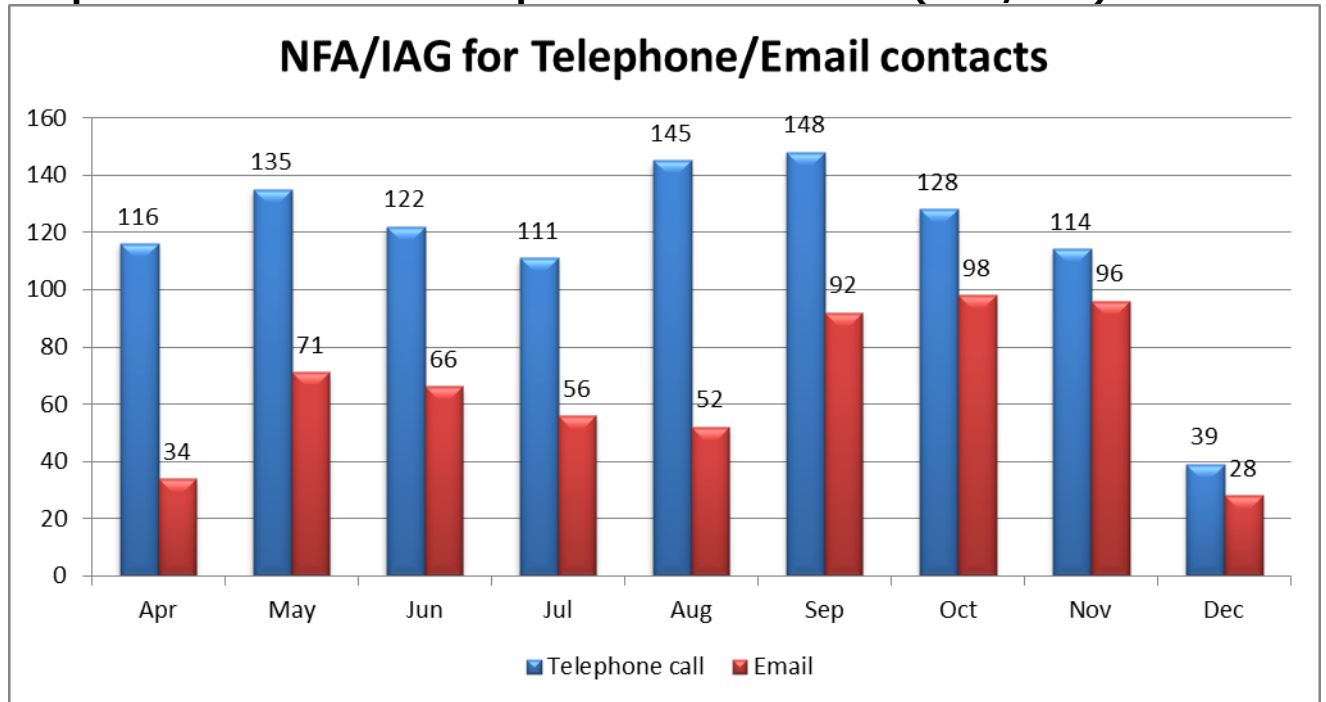
**Table 2- Route of Access to Service**

Route of Access to Service	Telephone call	Letter/ Fax	Email	Meeting/ Visit	Other	Office visit	Section 2/5	Online	Community team meeting	Grand Total	%
Community / Other Route	5401	3263	1273	406	410	595	21	22	2	<b>11393</b>	83%
Discharge from Hospital	680	158	63	29	15	0	467	0	1	<b>1413</b>	10%
Support for Carer	195	37	15	277	66	25	0	1	0	<b>616</b>	4%
(blank)	2	1	1	0	153	0	1	0	0	<b>158</b>	1%
Diversion from Hospital Services	67	8	7	1	1	0	1	0	0	<b>85</b>	1%
Planned Entry (Transition)	11	18	4	6	5	1	7	1	0	<b>53</b>	0%
<b>Grand Total</b>	<b>6356</b>	<b>3485</b>	<b>1363</b>	<b>719</b>	<b>650</b>	<b>621</b>	<b>497</b>	<b>24</b>	<b>3</b>	<b>13718</b>	<b>100 %</b>

Table 2 displays the route of access to the service and the corresponding contact numbers.

- The most popular route of access was Community/Other Route, this route accounted for 83% of contacts made.
- Discharge from Hospital was the second most popular route of access at 10%.

**Graph 2- Total contacts compared to action taken (NFA/IAG)**



Graph 2 displays the number of contacts which had No Further Action and Information/advice given. The graph has split this information on a monthly level and has also split it by the contact method Telephone call and E-mail only.

- Information/advice was given to 1751 (13%) contacts in the analysed period.
- 466 (3%) contacts had not further action.

### Executive Response to Scrutiny

The executive will respond to the next scrutiny meeting after a review report has been presented with the table below updated as part of that response.

#### Introduction

...

Scrutiny Recommendation	Executive Decision	Progress/Action	Timescales
That a communications strategy is developed to coincide with the roll-out of the web portal to ensure staff, public and community groups are made aware of it and how it would work.			
Basic information is given to all frontline staff on adult social care services so that they can correctly refer people to prevent unnecessary referrals to ASC services.			



Scrutiny Recommendation	Executive Decision	Progress/Action	Timescales
A staff to staff hotline is arranged so that frontline staff in other areas of the Council can speak to adult social care staff directly to refer people to the right section.			
A communications plan is developed so allow the Council to better communicate with local groups that come into contact with people that may require ASC at all levels in the community			
That a video is compiled and uploaded to the council website and shared with community partners to give information of adult social care services and how they can be accessed.			