

<b>12 March 2018</b>		<b>ITEM: 6</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Thurrock First – Health and Social Care Single Point of Access</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Not applicable	
<b>Report of:</b> Tania Sitch – Integrated Care Director : Thurrock Council and NELFT		
<b>Accountable Assistant Director:</b> Les Billingham – Assistant Director Adult Social Care and Community Development		
<b>Accountable Director:</b> Roger Harris – Corporate Director Adults, Housing and Health		
<b>This report is public</b>		

## **Executive Summary**

This report is to update members on the Thurrock First Service which was launched in November 2017. Thurrock First is an exciting collaboration between health and social care partners and provides a single access point for information, professional advice, referral, assessment and access to services across health and social care for residents of Thurrock. Thurrock First aims to reduce duplication and brings together the previous separate initial points of contact for the Council, our NHS community provider North East London Foundation Trust (NELFT) and our local Mental health Trust (EPUT). This report provides detail of the service and successes to date.

### **1. Recommendation(s)**

**1.1 That the progress in the development of Thurrock First be noted and commented on.**

### **2. Introduction and Background**

**2.1** Feedback from customers and stakeholders indicated the need for improved access to fragmented health and social care support and advice - especially at the initial point of access. People do not know if they have health or social care needs, that are chronic, acute or are in crisis – they just want advice and assistance. They need one access point for people to obtain timely, effective information, advice and access to services. The service was set up to improve the customer experience whether a patient, GP or community member, including reducing the need for people to tell their story numerous times. By using a strength based approach and giving people advice and

solutions in their community, this service hopefully will reduce demands on health and social care resources while promoting self-management. Integrated team working has enabled earlier identification of individuals reaching crisis by providing support as a preventative measure.

- 2.2 The service was set up by creating a steering group and working groups involving the three key social care, community and mental health providers who currently run access points and services in Thurrock. They are NELFT (North East London Foundation Trust), Essex Partnership University Trust (EPUT) and Thurrock Council. It, importantly, included key stakeholders especially customer representatives and staff. A shared vision/understanding of the objectives and roles/responsibilities were designed from the start. In addition to bringing service access points together, this integrated service would develop a new offer that was strength based, promoted self-management and recognised the community and voluntary sector assets. This development required a change in culture that needed developing and challenging throughout. Willingness and commitment to work and share information and resources enabled the set-up of the service. A memorandum of understanding that set out the ethos was adopted in that the all organisations agreed to focus on what was right for the system and not individual organisations. This meant a commitment to overcome organisational sovereignty. As such, all organisations contributed time and funds without questioning their exact pro-rata share.
- 2.3 The Team which came together initially in July 2017 is made up of call handlers and clinicians/professionals and provides a service from 7am to 7pm seven days a week, with weekends and evenings for emergency contacts at present. The team are now based at Thurrock Community Hospital and co-location is key to the success of multi-agency working. The initiative works because all of the advisors have been cross agency trained to provide, or signpost to, appropriate support. This includes access to early support for mental health issues. All staff are to be trained as Motivational Interviewers and are able to screen for depression.

The team have access to multiple databases allowing an overview of an individual's needs and support already being provided, this information, along with what the caller is saying, helps inform the most effective outcome to a request. The team also has access to a broad range of community information, to help signpost individuals, therefore building on solutions not services.

They have an Integrated Team Manager (jointly funded across the three agencies) who brings staff from all organisations together. The service has access to social work, clinical nurse and community psychiatric nurse specialist support. The service has access to social work, clinical nurse and community psychiatric nurse specialist support. Regular multi-disciplinary meetings have been arranged with a view to identifying individuals who need support earlier (to prevent crisis/admission) and ensure multi-organisational input is co-ordinated, efficient and effective.

2.4 The weekly average calls the team manage is now 880 per week compared to 770 in September 2017. 8% of calls are at weekends. The team have had great success with reducing the number of abandoned calls due to a high volume of calls at certain times. The Performance Scorecard is now agreed for this service, will be presented to all three main partners and will include data on calls and when received and outcomes for people including which support, advice or services they received. In November 2017 3664 calls were received alone. Calls are coming from a variety of sources including individuals themselves, family, GP's and other professionals.

2.5 One outcome for this service is they can make one call and get an enhanced offer. Some examples of improved outcomes for people are as follows:

- A family member phoned to request contact from a nurse for her terminally ill sister, during that call concerns were raised with how the daughter was treating her mother, the patient, this triggered a Safeguarding Concern.
- An individual phoning to request a social care assessment was happy when we were able to chase the provision of their Occupational Therapy equipment (assessed prior to discharge from hospital) within the same call
- We were able to expedite a safeguarding investigation by providing appropriate contact details of those actively involved in providing care from the NELFT perspective.
- A family member phoning to request a nurse visit was supported through the provision of a social care assessment as the conversation identified that the daughter was struggling to continue to support the mother's health needs.
- Collated community asset information used by Stronger Together, for their Google map, and Local Area Co-ordinators into one user friendly spreadsheet and made this available to Adult Social Care
- The team have had lots of compliments with the themes being how helpful the team are, and how they managed to get a number of things resolved.

There is scope for further efficiencies and added value with the transfer of additional services into Thurrock First going forward, including possibly housing and public health functions. The links to the children's service Multi Agency Safeguarding Hub (MASH) and out of hours services offered by the Emergency Duty Team (EDT) will also be reviewed. A full evaluation of the service will be carried out in Autumn 2018 and any recommendations will be taken forward as appropriate.

### **3. Issues, Options and Analysis of Options**

3.1 The concept of an integrated service came from feedback from service users themselves who very much wanted to tell their story only once. The Local Authority and the NHS locally have a strong record of working together and Thurrock First is another example of this working in practice.

#### **4. Reasons for Recommendation**

- 4.1 This report updates the Committee on the progress made so far, a full evaluation will be undertaken after a year's full operation of the service.

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

- 5.1 No formal consultation has taken place regarding this service, but patient/service user groups' feedback was used to identify the key areas and outcomes that should be achieved. Customers helped form the principles and objectives of the service.

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

- 6.1 This service will impact positively on Health and Wellbeing of residents and is one of the delivery objectives of the Joint Health and Well-Being strategy.

#### **7. Implications**

##### **7.1 Financial**

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

An initial three way budget was set up with each partner (NELFT, EPUT and Thurrock Council) contributing equally towards set-up costs (accommodation, IT and other costs) and each partner funding their existing staff. Ongoing costs for the team will be funded equally. An MOU has been signed by all partners to confirm equal funding. The team comprises of approximately 20 FTE. There are no financial risks or implications arising from this report.

##### **7.2 Legal**

Implications verified by: **David Lawson**  
**Monitoring Officer**

An MOU has been signed to confirm how partners will manage the service going forward in an equal partnership. This covers financial contributions, sharing performance data etc. There are no legal implications.

##### **7.3 Diversity and Equality**

Implications verified by: **Natalie Warren**  
**Community Development and Equalities Manager**

This project will ensure an improved service for all vulnerable people in Thurrock across all wards. An improved access point will support vulnerable people and people from all protected characteristics, as it will avoid people having to access multiple points and will give improved information about support groups and services in their community.

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

N/A

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):

- N/A

9. **Appendices to the report**

- N/A

**Report Author:**

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