

Denbighshire Single Point of Access (SPOA)

Review Report

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1. Summary

SPOA is the single point of access for assessment and care co-ordination for preventative, rehabilitative and longer-term health and social care support for adults across Denbighshire. A significant element of the service is the provision of Information, Advice and Assistance (IAA) to citizens and other professionals. SPOA is a crucial cog to facilitate the integration agenda, working closely with primary/ secondary care teams and third sector to reduce duplication and empower citizens of Denbighshire in managing their health and wellbeing.

The main purpose for undertaking a review of SPOA is two -fold, firstly to establish how effectively and efficiently SPOA is delivering on its agreed purpose and outcomes and secondly to establish if our model of delivery is fit for purpose in 2017 and going forward.

Our approach to the review involved a thorough baseline assessment, adopting Vanguard's Model of Check (6 Steps) (see Appendix 1). Such activity necessitated the engagement of all key stakeholders, which included a stakeholder survey (see Appendix 2).

Overall, it is evident from the review that SPOA is delivering on its agreed purpose and outcomes. Over the last 3 years the number of contacts/ referrals to SPOA has doubled. The Information, Advice and Assistance function of SPOA has proved effective at enabling citizens to remain outside the formal health and social care system. The review has found that fundamentally the concept of SPOA is fit for purpose in 2017 and valued by stakeholders, however there is recognition that the model of delivery may need to adapt and evolve to fit with plans for the development of Community Resource Teams.

On a recent visit the Improvement and Development Manager for Social Care Wales commented on SPOA's professionalism and ability to navigate the various systems. Social Care Wales is leading on the development of a National IAA competency

framework. The Community Services Partnership Manager has been invited to help develop the framework, which will be implemented as part of SPOA's planned Quality Assurance Framework.

The review did highlight areas for improvement and development which has resulted in the following recommendations:

- Establish and implement a robust quality assurance framework. One key measure of success will be a skilled, knowledgeable and confident SPOA team delivering an excellent IAA service.
- Improve interface working with hospital and community based health and social care services.
- Review and redefine the roles and skill mix in SPOA.
- Make SPOA more accessible to support GP practices and promote public health messages.
- SPOA to support the development of Talking Points and the Community Navigator Service.
- Explore joint working opportunities with Conwy SPOA

2. Introduction

SPOA is the single point of access for assessment and care co-ordination for preventative, rehabilitative and longer-term health and social care support for adults across Denbighshire. A significant element of the service is the provision of Information, Advice and Assistance (IAA) to citizens and other professionals. SPOA is a crucial cog to facilitate the integration agenda, working closely with primary/secondary care teams and third sector to reduce duplication and empower citizens of Denbighshire in managing their health and wellbeing.

We wanted to be reassured that this important job is being done as effectively and efficiently as possible. Operational since June 2014, SPOA has continuously evolved, developing new partnerships and undertaking new central functions for Denbighshire health and social care services. SPOA is our response to the Social Care & Well Being Act in delivering IAA and we wanted to be certain that we are delivering an IAA service that meets Welsh Government Quality Standards. We also needed to understand how SPOA fits with new developments, such as the Community Resource Teams, Community Navigators and Talking Points. It was also important to know how SPOA was performing in supporting our hospitals with discharge and prevention of admission.

In times of competing demands for resources, SPOA has to add value to the health and social care system. A key part of the review was to see if we could run a more efficient SPOA and we looked closely at all the roles that make up the whole of the service. As such the parameters for this review is Denbighshire SPOA including both core and wider SPOA.

The review involved a thorough baseline Assessment, adopting Vanguard's Model of Check (6 Steps) (see Appendix 1). Such activity necessitated the engagement

of all key stakeholders, which included a stakeholder survey (see Appendix 2).

Our review was tasked with:

- Make an assessment of need, based on demand activity to date
- Assess how effectively and efficiently SPOA is delivering on its agreed purpose and outcomes
- Establish if the delivery model is fit for purpose in 2017 and going forward.
- Recommend any changes to SPOA's approach and delivery that will deliver on what customers want (customers in the broadest sense) and make savings.

3. Current Service Provision

3.1 For Denbighshire residents the SPOA, which has been active since June 2014, provides:

- **Information** about universal services and appropriate sign posting, enabling people to remain outside the formal health and social care systems where possible. This is in the language most suitable to their ethnic and cultural background.
- **Advice** from well trained and informed SPOA operators.
- **Assistance** which is given to help people access services such as telecare via a self-assessment processes or by a single visit to provide equipment for people who are hard of hearing.
- For those individuals requiring short term social care and community health services, **coordination** of services which support independence e.g. intermediate care, where individual professionals form a team around the person based on an integrated care and support plan.
- Seamless transfer into formal Social Care and Health system when necessary.

3.2 For staff/organisations the SPOA:

- Is a single referral point for community services, sharing information on individuals, where necessary and appropriate? SPOA promotes the use of the integrated assessment framework in Denbighshire and in particular the "What Matters?" conversation.
- Will be increasingly able to provide data about where there are pressures, blockages and gaps in services and pathways for service improvement or commissioning purposes.
- Provides one method of partner organisations meeting their responsibilities/duties to provide information about health and well-being by becoming a hub for excellent information about community services.
- Is an area for developing services and educating staff about new services and responsibilities e.g. by hosting champions or coordinators.

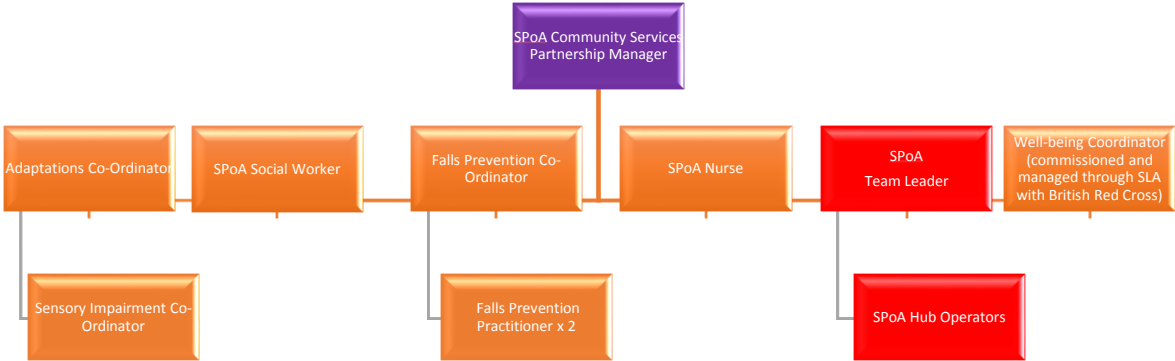
3.3 The SPOA service is currently available from 8.00am to 6.00pm Monday to Friday and Operators are available 10am to 4pm at weekends. It operates out of Russell House, Rhyl. SPOA is only closed on Christmas Day and Easter Sunday.

3.4 The ICT elements of the model include a bespoke telephone system with extended functionality to include recording, performance reports etc. Though sited in a Local Authority building, a Health network has been installed providing access to both Council and Health systems i.e. PARIS Myrddin, Therapy Manager, WPAS, including a bespoke SPOA database which is able to gather data about pressures, blockages and gaps in the community services/pathways, supporting service improvements and commissioning intelligence.

3.5 SPOA staff have also been an integral part of the development of Talking Points across the County, a new way of ensuring that citizens are offered an appointment at a venue in their local community if they need to see someone face to face. For the period 1st July 2016 to 30th June 2017 SPOA had arranged 507 appointments which prevented the need for an initial home visit and kept delays to a minimum. The Talking Point Coordinator is based within the Service and SPOA Operators or the Coordinators do attend sessions with Locality staff to support the public.

3.6 SPOA has continued to evolve providing a single point of access to an increasing range of services across Denbighshire or beyond. For example, collaborative working with Step Down Cluster to facilitate hospital discharge, Emergency Duty Team, North Wales Police & Fire Service in relation to Falls, Citizen Advice Bureau and Supporting People projects. There could, however, be more joint working with other services/organisations e.g. linking with the Conwy SPOA or with Denbighshire’s Children and Family services. New and developing roles could include SPOA’s fit with the future Community Teams.

3.7 Current Management & Staffing Structure



Purple Community Services Partnership Manager
Red Core SPOA
Orange Wider SPOA

3.7.1 SPOA hosts some key service coordinators/specialist advisors and works in tandem with Reablement and the Step down Cluster to form the hub for Denbighshire’s intermediate care services

3.7.2 The staffing makeup of the SPOA is as follows:

- A professional decision-maker, with knowledge of both health and social care services in all sectors.
- 9 SPOA Operators who answer phone calls, make calls to gather further information; deal with face to face enquiries; process referrals; and input and retrieve data. They are trained to have skilled “What Matters” conversations with citizens, to help them explore options to meet their well-being needs and utilise their own resources, family and friends, community and third sector opportunities, before they are referred to statutory services (either Local Authority or Health). The operators are the conduits of IAA in supporting people to become better informed, more independent and self-caring
- A Team Leader who line manages the SPOA Operators and who is responsible for good quality information about services and establishing/maintaining positive interface with all stakeholders.
- The Wider SPOA (shown in orange in the diagram) comprises of professionals each of which are engaged in their own specialist area of preventative work and offering ‘on the spot’ IAA support to the operators and to professionals working in the area. (Appendix 3)

3.8 Cost

A large proportion of the cost of SPOA to date has been funded by the Integrated Care Fund (£453,000 excluding the cost of the District Nurse which is claimed by BCU), with the remainder being an equal commitment met by contributions from the NHS and the Council (£38,000 each in 2016-17 and an anticipated reduced contribution of £24,000 each in 2017-18)

3.9 Changes to Service since outset

A key change has been the introduction of the Step Down Cluster, a team that focuses on facilitating hospital discharge and provides SPOA with the clinical leadership, which was lost when the last Community Services Partnership Manager left. The current manager is a social worker by back ground and has different specialist and valuable knowledge.

The Carers Champion post is no longer part of the wider SPOA however the Healthy Carers Worker is now integrated into the team which has helped with the in reach from carer support services and skilling up the SPOA hub operators to be knowledgeable about carer support.

The Falls service has expanded.

4. How effectively and efficiently is SPOA delivering on its agreed purpose and outcomes?

4.1 How much is SPOA doing?

It is evident from performance activity data that SPOA is delivering on its agreed purpose and outcomes. All partners are using SPOA, this includes Health, Social Care, Third Sector and Citizens.

The tables below offer an overview of activity and demand for the last three years, with a snap shot focus on Quarter 1 & Quarter 2 of each year for purpose of comparing.

4.1.1 SPOA tables showing demand, nature and trend of activity for Quarter 1 & 2 for the last 3 years (appendix 4a & b Core data)

Table 1 – Total number of contacts/ referrals

Year	Qtr 1 & 2 2015	Qtr 1 & 2 2016	Qtr 1 & 2 2017
Referrals/ Contacts	5,450	10,248	10,809

Table 2 – Total number of GP referrals

Year	Qtr 1 & 2 2015	Qtr 1 & 2 2016	Qtr 1 & 2 2017
GP referrals	405	702	744

Table 3 - Nature of intervention and total numbers

Year	Qtr 1 & 2 2015	Qtr 1 & 2 2016	Qtr 1 & 2 2017
Information to citizens	173	2243	1981
Advice to citizens	150	246	142
Assistance to citizens	16	335	200
IAA provided by wider SPOA	240	192	494
Preventative service (Step Down Cluster & Reablement)	Not recorded	Not recorded	193
Coordination & referral to Community Nursing	828	1005	1309
Coordination & referral to Social Care (Localities)	1738	1464	1208
Coordination & referral to BCU Community Therapies	275	448	529
Coordination & referral to Mental Health	355	441	506

4.1.2 Headlines – performance data

- Over the 3 years the number of contacts/ referrals to SPOA has doubled.
- 66% of all **coordination** and referral work in Q1/Q2 2017 is to Community Health based services.
- In relation to contacts for **Information, Advice & Assistance** we have seen a staggering 386% increase in demand from Q1/Q2 2015 to Q1/Q2 2017

- The **Information, Advice and Assistance** function of SPOA is effective with between 35% and 40% of all contacts being enabled to remain outside the formal health and social care system [this excludes Reablement & Step Down Cluster] (appendix 6))
- From 2015 to 2017 the number of referrals from GPs has increased by 83%
- The range and number of tasks and referral pathways that SPOA is responding to has also increased. These include: Hospital discharge, Talking Points Referrals, Physiotherapy, SILs, Colleague requests for information, Supporting People, District Nurses, ECS, Community OTs (BCU), Hafod, Care Agencies, Telecare, Community Navigators, TAXI, PIP, Carers emergency card, Carers Assessments, CAB, Out of county referrals, Visual Impairment and CID 16s
- The operation of SPOA at weekends has not only enabled the operators to provide IAA to the public outside of Monday to Friday office hours but to facilitate hospital discharges. SPOA has facilitated between 3 to 5 weekend discharges a quarter by coordinating access to Health & Social Care Support Workers, which is a significant saving to BCU and a positive impact on the well-being of the citizen.

4.2 How well is SPOA doing?

To know how well SPOA is doing it was important to obtain feedback from stakeholders.

- 70% (24 out of 35) of stakeholders who responded to the survey stated that SPOA either delivered fully or in part on its original aims and objectives. The aspects valued by respondents included 'generally helpful', 'professional expertise', 'citizen contact', 'speedy response' and 'community navigators'. The key messages taken from the survey findings in terms of recommendations included greater promotion of SPOA, improve the quality of Information, Advice and Assistance, capitalising on the wider SPOA. (Appendix 2)
- Vanguard's '6 step check' was adopted with a range of stakeholders e.g. Glan Clwyd Step Down team, Talking Point Coordinator and the Reablement team. Studying the flow exercises were really valuable in identifying any 'pinch points' and agreeing the corrective action to be taken, so much so, the team has adopted this exercise as part of their ongoing quality assurance framework. To illustrate, the 6 step check was applied to a hospital discharge case, the key learning points that came from studying the flow included the need for quality referrals, as the impact of 'over prescribing' by the ward can delay the arrangements to facilitate discharge, which can lead to unfair blame targeted at SPOA. Secondly, the importance of thorough checking and coordination of the What Matters, and not to assume that ward staff would have undertaken any element of this. We also identified ways to improve the internal interface working with the Step Down Cluster, with more proactive chasing by SPOA operatives for key information thereby freeing up time for our Step Down Cluster and Reablement Seniors to focus on those things that 'only they can do'.

- Teams that interface with SPOA were approached directly for their views and feedback was positive. We know SPOA is proving to be a responsive and valuable service to District Nurses, the following quote is testament to that value:

Quote from Team Manager Community Nursing Team (South DCC):

'The SPOA provides community nursing staff with a single contact point, often useful to gather further information regarding our patients, in particular those new to the caseload.

SPOA is able to provide prompt and accurate information regarding which other agencies/services are involved with our patients.

The service has proven invaluable at times when issues have arisen with complex patients and the community team have needed to explore which other professionals/services are involved.

One example which has occurred on numerous occasions have been an 'abortive call' situation – DNs have been unable to gain access to a patient, SPOA have been able to access emergency contact details, check if 'Care Line' is in place, search the informatics systems to obtain next of kin details, confirmed if other agencies are involved. As community nurses, without access to IT whilst standing on someone's doorstep, this would otherwise necessitate a journey back to base/GP surgery thus wasting valuable time in what could be an emergency situation."

- GPs are a key stakeholder of SPOA, we know GPs refer to SPOA, and that this is reflective of all the practices. We also know that SPOA is valued by GPs and the ability to directly email a referral would be welcomed in addition to SPOA operating till 6.30pm to mirror GP hours. At a recent BCU Community Resource Team consultation event, a number of GPs and practice nurses were vocal in their support, identifying SPOA as a 'strength' in the SLOT exercise.
- In relation to SPOA delivering on its objective to offer a 'first contact, right response' service the review has identified many positive examples of where this has been the case, for example the speed at which carers assessments are processed, access to third sector services both directly and indirectly via the Well-being co-ordinator. The District Nurses enquiries are always processed immediately. The SPOA operators value the oversight from the SPOA Nurse to check and chase information to ensure complete (catheter bundles etc.). The SPOA operators continue to increase their knowledge of community based resources by attending weekly awareness sessions arranged by the Wellbeing Co-ordinator which facilitates a prompt IAA service. (appendix 5)
- A recent positive endorsement of SPOA's professionalism and ability to navigate the various systems came from the Improvement and Development Manager for Social Care Wales (Jackie Drysdale). Jackie recently spent a day

with SPOA to inform the work of Dr Inglis commissioned by Social Care Wales to develop a National IAA workers competency framework. The Community Services Partnership Manager will be a part of a working group to take this forward. SPOA welcomes the development framework, which will be a key feature of its planned Quality Assurance Framework.

- SPOA is attuned to the importance of learning and taking action when things go wrong. SPOA cannot afford to lose the confidence of its stakeholders, reputation is key for such a public facing service. An example of this is the processing of physiotherapy referrals in one batch with no prior warning to the Physiotherapy Team. Although an isolated incident, measures have been put in place to avoid this happening again. Note ably the recognition that SPOA is the responsibility of both BCU and Denbighshire and as in this case the Physiotherapy team should have been informed of the staffing difficulties so that they could 'in reach' and support SPOA. There are plans to establish a memorandum of understanding with the Physiotherapy Team with a view to improving communication and developing a shared understanding of expectations and processes. This will also be rolled out to other teams/agencies that interface with SPOA.
- On 22nd August 17, 57 staff engaged in an engagement exercise to talk about the vision for Community Resource Teams (CRT). A few points were raised that were salient to this review, namely questioning how does SPOA fit with the concept of a CRT. In Prestatyn a concern was flagged around delays in referrals reaching District Nurses and incomplete information on referrals to Physiotherapy team. The current plan to develop MOUs will ensure that referrals are of good quality and are timely. In the longer term, once co-located CRTs are in existence discussion should be on the merits of having a shared referral point in existence (appendix 7)
- A challenge that has been flagged in the review is the ability of SPOA to provide a service in welsh 7 days a week. This stems from the difficulty in recruiting operatives who are competent in the Welsh language.
- The survey findings identified the need to improve the quality of IAA in relation to Social Care and Health Services. However the quality of IAA in relation to third sector and community resources is high. The plan is to therefore replicate the approach. The Team Leader has been tasked with improving IAA through joint supervision sessions that will alternate between study follow exercises and a focus on IAA. We envisage that the IAA competency framework once produced will serve to crystalize this plan.
- The survey also highlighted that there is a perception that SPOA is "short staffed". We recognise that the demand on SPOA has increased over the last 3 years, as supported by the activity data but we will be looking to get smarter on how we operate, for example organising rotas around demand and exploring a reduction in staffing at weekends.

- Due to recruitment issues there was no Falls Prevention Team from January 2017 to July 2017 this negatively impacted on preventative services.
- There has been no mechanism to formally capture the feedback from Citizens. Although informal feedback has been largely positive it is not scientific. A customer service dashboard was piloted to obtain this feedback, 5 citizens chose to engage during the 3 month trial. It was useful to highlight individual examples of good practice and lessons to be learned. A decision has been taken to continue with the dashboard. Overall, the review did flag the need for a robust quality assurance framework to be introduced, which encompasses all strands from regularly obtaining customer feedback and an improvement plan for individuals and the team as a whole.

4.3 Does SPOA offer value for money?

- There is a demand for SPOA and this is increasing. Over the last 3 years this has doubled with a staggering 386% increase in demand for IAA. There is anecdotal evidence that SPOA is effectively enabling people to remain outside formal health and social care services. SPOA's funding has remained the same since its inception in 2014, so one could argue that in 2017 SPOA is offering value for money.
- The review did consider possible efficiency savings, however with the increasing demand a serious consideration can only take place with the realisation of the blue print for the Community Resource Teams. If the vision for a CRT is to see the co-location of District Nurses, Social Workers, Occupational Therapists and Physiotherapists and a shared referral point is in scope to develop, then arguably SPOA could relinquish elements of its function of coordination, this in turn could impact on the size of SPOA. It is only once the CRT vision is agreed and working processes defined that we can give serious consideration to efficiency savings and skill mix of the team.
- However, the review did raise the question of weekend working. Currently, owing to the lone working policy 2 staff work the weekend shifts. The total cost of weekend working is estimated at £21,893.60 per annum. Although demand is low at weekends it affords operators the time to catch up with the necessary weekly tasks (non-urgent) as well as process new work that comes in at the weekend. If weekend working was to stop this work would need to be done in the week and this necessary work would take about 5 hours which would equate to a deduction of £3,829.80 from the saving. There may be some scope for this work to be completed by an administrator. If this was the case the costs of completing this work in the week would be less.
- More in line with our shared vision for 24/7 working another option would be to relocate weekend working, this would then necessitate only one worker to be on duty. The favoured location would be with GP out of hours and a feasibility study will be carried out to see if this will work. The hours saved could either be viewed as a financial saving or be used within the week to bridge the gap

between the end of SPOA working day and the opening time of the GP Out of Hours (6pm – 6.30pm).

- The review also considered the individual roles that make up SPOA. It was found that there is some overlap in the Job description for the team leader (grade 10) and the Community Services & Partnership Manager. There may be some future mileage in considering whether there is a need for a Team Leader but this would require certainty of long term funding for the Step Down Cluster Team Manager, our clinical and hospital discharge lead. If the post is lost the expectations of the role would revert back to the Community Services Partnership Manager. As this review has highlighted the need to improve the quality of the IAA function and with the eagerly awaited IAA competency framework there is a stronger case to develop rather than decrease the Team Leader role.
- Other efficiencies could be made by administration staff being employed rather than an operators to complete certain functions. This will be tested in the coming weeks and will be reviewed in relation to effectiveness.

5. Is the delivery model fit for purpose in 2017 and going forward?

‘Ensure primary care and community nursing care are working together with social care’ – Primary and Community Services Strategic Programme - Dr C D V Jones CBE Feb 2010

Dr Jones’ key message still resonates today with BCU and Denbighshire County Council, as this is our agreed strategic direction.

SPOA fits with a raft of local, regional and national policy drivers that all point to the test of delivering health and social care services to a population experiencing significant demographic change at a time of considerable financial challenge. To list just a few:

- Setting the direction; healthcare in North Wales is changing (BCUHB Service redesign plans)
- Sustainable social services – a framework for action
- A framework for delivering integrated health and social care for older people with complex needs
- North Wales statement of intent; and
- Social Services and Well- Being (Wales) Act 2014
- BCU Care Closer to Home Strategy?

SPOA was one of the first steps in delivering on a joint vision with BCU to have a fully integrated health and social care community service model. We are still on that journey as we progress the development of Community Resource Teams (CRT). At the recent BCU CRT consultation events it was clear that many stakeholders including District Nurses, GPs etc. viewed SPOA as an essential and integral part of the future.

Most importantly SPOA delivers on the statutory duty to provide IAA as required by the Social Services & Well-being (Wales) Act.

To conclude, the Review has found that fundamentally the concept of SPOA is fit for purpose in 2017, however there is recognition that the model of delivery may need to adapt and evolve to fit with plans for CRTs.

6. Recommendations

The following recommendations have stemmed from this review:

6.1 Establish and implement a robust quality assurance framework.

A key measure of success will be a skilled, knowledgeable and confident SPOA team delivering an excellent IAA service. The framework will include individual and group supervisions, where focus will be on driving up the quality of IAA, specifically the knowledge base on community health and social care service provision. Undertaking regular Study Flow exercises to check on process and identify corrective action will be part of the framework, as will the sign up to the customer service dashboard for individual and service improvement.

A key part element of our quality assurance approach will be to fully support the development and implementation of the National IAA competency Framework.

6.2 Improve interface working with hospital and community based health and Social care services.

-The Community Services Partnership Manager to lead on developing memorandums of understanding (MOUs) with teams/ services that interface with SPOA .The aim is to improve working relations and processes by having better communication with a shared and agreed understanding of realistic expectations. It is hoped that this will also seek to encourage greater ownership of SPOA with more in-reach and support from key stakeholders.

- Findings from the Vanguard's model of check (6 steps) to study flow will inform conversations to develop MOUs

6.3 Review and redefine the roles and skill mix in SPOA.

- Ensure that roles such as the District Nurse and Social Worker are effectively supporting the function of SPOA and in particular the hub operators in the changing health and social care context

- Test whether administration staff could be employed instead of operators for certain functions.

- Be part of the discussions to agree the vision for CRT and the detail of functions.

6.4 Make SPOA more accessible to support GP practices and promote public health messages

- Establish the option for GPs to send referrals by email.

- Undertake a feasibility study to base one SPOA hub operator with GP OOH (out of hours) at the weekend. The saving on the need for only one operator at weekends to be used to extend SPOA operating times to 6.30pm Monday to Friday to dovetail with GP OOH

- Establish links with Public Health and increase the knowledge base of the team on this topic.

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6.5 SPOA to support the development of Talking Points and Community Navigators

- The Community Services Partnership Manager to be a member of the Community Led Innovation Forum. The forum will define and implement an agreed co-delivered service model building on the development of Talking Points aligned to the Community Led Conversations principles harnessing the outcome of the Talking Points review.

6.6 Explore joint working with Conwy SPOA

Reference / Appendix

- 1- Vanguard Approach
- 2- Stakeholder Survey
- 3- Views of SPOA Operatives
- 4- A & B - Core data
- 5- Perception of partners
- 6- case examples
- 7- CRT engagement visits