Agenda Item 13

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 6 JUNE 2022

PEER REVIEW OF CUSTOMER SERVICES CENTRE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to update the Committee on a Peer Review of the Customer Services Centre (CSC) managed and operated by Corporate Resources (Tier 1) and the Adults and Communities Department (Tier 2) conducted on 2 March 2022. The review was carried out by a team led by Catherine Underwood, Corporate Director of People from Nottingham City Council. The review team was asked to consider the following Key Line of Enquiry (KLOE):

   "If the current customer service offer supports the implementation of the Council's Adult Social Care Strategy to promote independence, wellbeing and manage demand, whilst meeting the needs of local people for good information, advice and navigation?"

Policy Framework and Previous Decisions

2. On 18 September 2020, the Cabinet approved the Department's new integrated Strategy 'Delivering Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Ambitions and Strategy for 2020–2024', which is relevant to the Peer Review.

Background

3. The Peer Review process is designed to deliver sector led improvement. It reviews what is working well, what does not work so well and provides recommendations for improvement.

4. Providing an efficient and effective service is always a key aim and naturally benefits both the Council and its service users.   Being able to assist a person with their query and discuss their options in the right way contributes to the Prevent, Reduce, Delay and Meet objectives set out in the Adults and Communities Department Ambitions and Strategy and provides a positive impression of the Council.

5. The KLOE was chosen by the Adults and Communities Department and the review team was chosen based on their skills, experience, and interest in the chosen area.

6. The CSC is often the first point of contact a person has with the County Council when they need information, advice and guidance on adult social care.

7. The Peer Review process also involved a peer to peer review where frontline teams from Leicestershire and reviewing local authorities met and had the opportunity to look at the KLOE from an operational perspective.

8. A random sample of case files were chosen for the review team to focus on the person's journey and the outcomes that were achieved.

9. The onsite review consisted of a number of meetings with key relevant stakeholders, including people who draw on services, carers and partners identified jointly by the department and review teams.

Outcomes from the Peer Review

10. Strengths and areas of good practice

     a) People who do access the service are very happy with the support, and they were particularly complimentary about social prescribing and local area co-ordination.
     b) There were some good examples of where people have been diverted effectively into more appropriate services e.g. reablement, and health and wellbeing offer, demonstrating that staff understand the strategic direction and ambition.
     c) Leicestershire has a strong Public Health wellbeing offer supported by a vibrant and active community sector.
     d) Many people that the review team heard from who work for the Council have expressed a strong commitment to improvements for the benefit of people who use services.
     e) Front line staff have taken advantage of the experience they gain from working in the Customer Services Team and are able to develop their careers through gaining knowledge and skills in entry level roles, then progressing on to other opportunities in adult social care. The current set-up therefore clearly offers some benefit in terms of developing a 'pipeline' for some social care staff.

11. Challenges and areas that are not working as well

     a) The career progression opportunities meant that as staff move regularly into other higher paid roles in the Council, this leads to high levels of turnover, particularly in Tier 1. It could be that the balance of new colleagues continually being inducted and trained may lead at times to some less than consistent decision making and practice.
     b) The current system is not as effective as it could be. However, the reviewers noted there is a shift to digital to build on to provide additional channels of support.
     c) The current model is fragmented which impacts not only on the customer journey and satisfaction, but also the ability to see how and where decisions are made, and risks managed.
     d) Reviewers indicated that there may be a tension with the introduction of the 3 Conversations Model which has, as one of its principles, a focus on reducing the number of times people are transferred between professionals and have to tell their story. Since the review took place, work is underway to embed the 3 Conversations model. The 3 Conversations approach is outlined below.

- The first conversation is designed to explore people's needs and connect them to personal, family and community sources of support that may be available.

- The second, conversation seeks to assess levels of risk and any crisis contingencies that may be needed, and how to address these.

- The third conversation focuses on long-term outcomes and planning, built around what a good life looks like to the person, and how best to mobilise the resources needed (including personal budgets), and the personal and community assets available

12. There are significant levels of data, with a focus on throughput and activity rather than outcomes. This reduces a rounded evaluation of the Service and may present challenges within the new adult social care assurance framework.

13. The improvement plans for the CSC presented to the review team were clearly well thought through but could benefit from a greater level of research and evidence to increase confidence.

Peer to Peer Review findings

14. <u>What's working well</u>

   a) Target Operating Model (TOM) has improved throughput and increased turnaround for people (down to three days from eight).
   b) Risk is managed well with good oversight of incoming work.
   c) Joint working across the two tiers is much better since the TOM.
   d) The methods and content of case note recording is good.
   e) The CSC is able to take a high volume of referrals including referrals to Approved Mental Health Professionals.
   f) The CSC is able to signpost and/or redirect referrals to support people to access other support.
   g) Processing referrals before passing onto locality teams and transfers to another team are now much easier and clearer.
   h) Asking the right questions creates better and clearer transition to teams.

15. <u>What's not working so well</u>

   a) Lack of information in referrals from other agencies such as Police and East Midlands Ambulance Service means follow up calls are needed. E-forms need to gather more information.
   b) Specific training for CSC colleagues and annual updates (Tier 1). Develop colleague coaching skills to support new starters.
   c) Tier 1 focus on throughput (numbers and time) can negatively impact needs of service users to have longer contact and conversations.
   d) The two tiers being situated in different departments means that management can be disjointed and creates challenges in seeking support from colleagues.
   e) Need to develop internal and external knowledge of how the process works (what is Tier 1 and 2).
   f) Ratio of Tier 2 colleagues to Tier 1.
   g) At the time of the review and retrospective review of case files a number of staff were working from home and hybrid working which created challenges in

communication and lack of consistency. There are now more staff working in offices.

h) Some referrals to teams are inappropriate and there are still some multiple hand-offs. Work often moves between officers across the CSC as Tier 1 staff may approach Tier 2 staff to discuss a case and then be instructed to collect more information prior to a final decision being made on the next steps.

i) Pre-assessment is sometimes too detailed and service users have to repeat information to Occupational Therapists (OT's) etc. The OT referral route is overly complicated.

j) Recurring referrals soon after closure are not always properly handled.

k) Fairer Charging policy and guidance is not always discussed.

Areas for improvement

16. Potential areas of improvement to consider

a) Review of pathways – reconsider the professional and partner pathway and simplify the customer experience to make it less fragmented.

b) Focus on the workforce challenges and the potential for a career structure which supports recruitment and retention. This may be more effective if the service is part of the Department.

c) Use evidence and intelligence-based decision making and customer engagement to shape and determine the model, ensuring the solution reflects the strategy and practice model.

d) Consider how reporting can help understand how people's presenting issues are met; outcomes achieved; and what the expressed experience feels like for people who use services.

e) Consider developing one dataset of Key Performance Indicators that has a better balance of emphasis on customer experience and outcomes rather than just process and activity.

f) Review quality assurance processes to support more consistent evidence of practice decisions and recording.

g) Improve assessments completed on the online portal.

h) Introduce a checklist for key information such as Fairer Charging.

i) Improve Assessment and Closure Summaries to address recurring referrals.

Proposals/Options

17. Following on from the Peer Review, a high-level action plan to address the issues and build on strengths is being developed. The feedback in relation to the findings tended to be focused on process rather than what impact changes to such processes would have on a person's experience. However, qualitative feedback from those contacting the CSC will be factored into the Action Plan.

18. A fundamental part of addressing the issues raised is to review the structure of the current CSC which has traditionally been split across Corporate Resources and Adults and Communities providing first and second line response to customers. Options to resolve this have been presented to the Adults and Communities Departmental Management Team and the Assistant Director in Corporate Resources with responsibility for the CSC.

19. It was agreed to undertake further work to consider merging the part of the CSC function that provides the front door service for adult social care with the second line adult social care provision under one structure within the Adults and Communities Department. An implementation plan will be developed, but there is no specific date being set for any new model of service. This proposal does not impact the services provided by the CSC to other departments.

20. It is intended that a review of the telephony IVR (Interactive Voice Response) will be undertaken to assess how efficiently people, including professionals, flow through the current system. Consideration will also be given to developing the Council's website, so that it mirrors the customer journey and offers a route map that clearly demonstrates the process from start to finish.

21. Work will also be undertaken to look at using different channels for people contacting the Department and identifying sources of intelligence and statistics on population profiles and digital exclusions and usage, surveying where there are gaps. As well as identifying feedback mechanisms that are currently in place, their effectiveness and how to get more meaningful feedback on the Department's services will also be examined.

22. Key performance indicators will be reviewed in line with the CSC proposals and a sample audit will be conducted to identify examples of best practice on case note recording and updated guidance issued on proportional case note recording at distinct stages of interaction.

23. Implementation of the 3 Conversations Model is underway, which is looking at new ways of working to ensure that officers better utilise people's individual strengths and assets and connect people to local communities. Partners including Local Area Co-ordinators, local Clinical Commissioning Groups and others are involved with this work.

24. Digital opportunities will continue to be explored and identified to add to or improve the online options available to people accessing the Department's services. This includes the embedding of on-line self-assessments for identifying care and support needs, the further development of professional portals for partners to submit information to the Department and the implementation of shared health and social care records.

25. The Adults and Communities Departmental Management Team and the Assistant Director of Corporate Resources with responsibility for the CSC in that Department have agreed that work should be undertaken to look at how the work of the CSC can be delivered and managed under one structure. It is therefore proposed that the possibility of merging of the two tiers be further explored. Additionally, in order to address recruitment and retention issues, career progression models within the CSC are proposed and will be built into the service redesign, along with making more use of apprenticeships.

Consultation

26. As part of the recommendations from the Peer Review to understand better how people presenting issues are met; outcomes achieved; and what the expressed experience feels like for people who use our services, work will take place to

examine the feedback mechanisms that are currently in place, their effectiveness and how meaningful feedback on our services can be achieved.

Resource Implications

27. The proposal to review the CSC structure for providing services to adult social care will be further explored to look at whether this can be achieved without increasing the overall budget. This proposal will include services being delivered, provided and managed under one structure, rather than the current model which utilises two tiers within current structure as outlined above.

28. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Conclusions

29. Work will now take place on the recommendations from the Peer Review Team and agreed actions to build on strengths, address issues and improve people's experience of contacting the CSC.

30. The Committee is invited to comment on the findings of the Peer Review and the proposals resulting from it. A further report will be presented to the Committee on progress with the actions identified later in the financial year.

Background papers

Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2020-24

Circulation under the Local Issues Alert Procedure

31. None.

Equality and Human Rights Implications

32. There are no equality or human rights implications arising from this report. Any options that are mentioned in the report that develop further will undertake an Equalities and Human Right's Impact Assessment, at the time of their development.

Officers to Contact

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