

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH
SCRUTINY COMMITTEE**

THURSDAY 12 JUNE 2003 AT 10.00 AM

**SCRUTINY OF LEARNING POINTS ARISING OUT OF COMPREHENSIVE
PERFORMANCE ASSESSMENT (CPA) – CORPORATE ASSESSMENT**

Report of the Director of Adult Care Services and Director of Children,
Schools and Families

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Executive Member: Robert Ellis

1. Purpose of the Report

To bring an initial report back to the Scrutiny Committee covering the learning points from CPA Corporate Assessment in paragraphs 55/59, namely the concerns highlighted as:

- para 55 "Customer Services Centre's access to social care seen as difficult by some residents"
- para 59 "Effectiveness of the Customer Services Centre for more specialist personal and complicated transactions. Carers, in particular, expressed difficulty at contacting any specialist worker".

2. Summary

The report covers the role of the Customers Services Centre and Client Services, outlines current work undertaken by the two teams and provides statistical information showing volume of tasks carried out in terms of social care activity. Taking into account the issues raised by the Corporate Assessment, the report then addresses access to social care by residents of Hertfordshire, contact with specialist workers and response to needs as perceived by carers of both adults and children.

3. Customer Service Centre Background

The Customer Service Centre (CSC) was established as the culmination of work from the whole Organisational Review group which reported in December 1997 and the subsequent report to the Strategic Management Board in June 1998 by the Service Analysis project team. Capita were selected as strategic partners in the delivery of services and the centre, based at Kings Court, Stevenage, went “live” in October 1999 taking calls from members of the public and professionals for Libraries, Trading Standards and General Enquiries. This was followed in the preceding months by calls for Environment, Highways, Wasteaware, and Fire and Safety.

The Service Analysis project team identified the ‘Social Services Reception and Client Services’ as an area where Gateway delivery would offer substantial service benefits and potential cost savings. Social Services were therefore added to the service delivery from the centre with the final district, St Albans joining in April 2000.

The Centre is open Monday to Friday 8 am to 8 pm and Saturday 9 am to 4 pm. HCC’s Community Information Department line manage the contract with Capita for the delivery of services from the centre. Performance is measured by a number of Key Performance Indicators (KPI’s) both quantitative and qualitative and are measured across all services. The main quantitative KPI’s are as follows:

- 90% of calls to be answered within 30 seconds
- Less than 5% of calls to be abandoned before answering
- 80% of calls to be answered at the CSC without escalation (*this figure is obviously higher for more transactional services, i.e. libraries and lower for more complex services such as social care*)

The centre is also measured on customer/client satisfaction and this is measured in a number of ways.

HCC commission a quarterly independent survey, currently undertaken by National Opinion Polls (NOP), which measure customer satisfaction with the first point of contact through the customer service gateway, Capita staff, the CSC, consistently scores well in this survey, the most recent survey Nov – Jan 03 indicated 94% of all callers very or fairly satisfied with the way their call was handled.

HCC also undertake their own programme of “mystery shopping” as well as client satisfaction surveys undertaken by service specific staff.

In order to manage service delivery for social care calls a Client Services section, staffed by Hertfordshire County Council staff was located on site to mirror the operation hours of the centre.

The following is a breakdown of the separate functions of the Customer Service Centre first line staff, (Capita) and HCC Client Services staff.

Capita Functions

The functions of the Customer Service Centre (Capita) in terms of ACS and CSF are to:

- Answer all public telephone calls
- Give callers verbal information where this is available on Infobase
- Send written information or forms, as appropriate
- Pass on calls regarding potential referrals to ACS or CSF to the **Client Services Team**
- Route telephone calls to named ACS or CSF workers and duty out of hours staff, as appropriate
- Take messages for named ACS or CSF workers and duty staff, and the Client Services Team if they are not available to take calls
- Check four times daily whether e-mails sent to each /Area Administrative Team postbox have been opened and where appropriate forward e-mails to appropriate staff to action.

Call handling procedures:

- i. **Transferring calls to named workers (see appendix 1)**
When a Capita adviser receives a request from the public or other professionals to speak to a named worker, they directly dial the appropriate extension.
If the worker is unavailable, they check SSIS and send an e-mailed message to the Area/Quadrant.
If the caller does not provide the name of the worker but provides the client's name, the adviser checks for the appropriate named worker on SSIS and follows the above procedures.
- ii. **Transferring calls to the Duty Team in the Quadrants (see appendix 2)**
The Capita Adviser will transfer a call to the appropriate Duty Team when:
 - the (named) worker is not available and the client insists on speaking to someone urgently, and will not leave a message to be e-mailed.
 - It is an enquiry about waiting lists.
 - A professional is requesting a "what if"/professional consultation.Duty will put through calls to an appropriately qualified social worker or Team Manager.

iii. **Transferring calls to Client Services (see appendix 3)**

This takes place when:

- calls are for any cases open receiving services (ORS)*
- closed cases
- calls relating to Money Advice
- the client is “not known” including possible child protection calls/anonymous calls
- general enquiry calls where the information is not available on infobase
- contact is required with the Emergency Duty Team (out of hours)

**Open receiving services (ORS) calls to ACS are transferred to Client Services whether or not it is the appropriate route for that call because there is not always an allocated Social Worker. Client Services may also receive an e-mailed message about a social work assessment or for someone checking whether to see if a form has been received at the local office.*

These areas are covered by agreed call handling procedures, and training is delivered jointly by HCC and Capita.

Call Volumes to the Customer Service Centre

In the year ending 31 March 2003, a total of 862,676 calls were answered at the Customer Service Centre. Of these

- 221,568 (30%) related to Adult Care Services (ACS)
- 170,299 (19%) Children Schools and Families (CSF).

Together these two services make up 49% of the total volume of calls answered.

CSC Resolution numbers

Capita resolved 162,269 ACS and CSF calls last year giving information/advice/gatekeeping. Capita also has a dedicated team which deals with requests for leaflets and information packs, generated by calls to the centre.

4. **Client Services Background**

Prior to the establishment of the Customer Services Centre, countywide, Client Services (staffed to 3wte per district) was estimated to deal with 36,000 referrals per year.

There was a considerable variation between Districts Teams at the level to which enquiries were dealt with by reception staff before being passed to Client Services, and in:

- The tasks undertaken by CS staff
- The relative productivity of each team measured as number of enquiries handled per (wte) worker
- The amount of dedicated management time per CS team
- The expectations of Care Teams about Client Services

The conclusion of the Service Analysis project was that the following processes undertaken by Reception and Client Services staff in Districts could be undertaken by staff at the Gateway:

- Dealing with all initial calls and callers
- Signposting to external agencies and giving basic, generic information
- Giving information on the eligibility criteria, SSD process and practices (such as Blue Badge)
- Giving information on resources (residential homes, where to get specialist equipment etc)
- Making full referrals to care groups

As well as reducing costs, through better utilisation of client contact staff and through applying economies of scale in management it was expected that such a change would result in the following service enhancements:

- A more consistent service to all social care clients across the County
- Longer hours giving better accessibility
- More problems being solved at the first encounter without referral to specialists
- Standardisation of application of eligibility criteria and referral practices
- More efficient call handling with a more even spread of workload
- More efficient local information collection, inputting and retrieval
- More scope for staff to develop expertise across a range of services

The development of the service was graduated with the various services being moved over district by district – the final district to move across was St Albans in April 2001.

This was overseen for the, then, Social Services Department by a project team who drew up protocols with the districts around residual functions as well as establishing the current protocols with the Capita management around call handling, e-mails etc.

Client Services Staff Team

The Client Services staff Team is also based within the Call Centre building and comprises 25 wte staff employed by HCC. The line management of this service is based within Children Schools and Families.

The functions of the Client Services Team are to:

- Take calls from members of the public via Capita Advisors, schools and other professionals who wish to refer to ACS or CSF, provide advice, redirection or take referrals.
- Receive faxes, e-mails and letters from health, schools, other professionals and members of the public wishing to refer to ACS or CSF.
- Prioritise and deal with work according to an agreed schedule.
- Input referrals on the SSIS/Oracle system in accordance with agreed standards.
- Give advice to callers in cases where a referral is inappropriate, approximately 15% of calls to Client Services do not result in a referral to ACS/CSF.
- Speak to callers in Quadrant/Area offices and make referrals as appropriate.
- Liaise with duty staff in Quadrant/Area offices about marginal or urgent referrals.

In the year ending March 2003 Client Services took over 42,000 referrals for ACS and CSF, 4000 pieces of other work recorded as detailed record sheets, on open cases and gave over 5000 pieces of advice/information sent out in the same year.

In terms of deploying staff to meet capacity/call volumes. Client Services has a maximum capacity of 22 workstations available for the Client Services professional assistants. The staffing group is a combination of full and part time workers. At peak times e.g. Mondays there will be a maximum of 22 professional assistant staff working plus management cover, reducing to 3 staff plus management cover in the evening.

With a limited number of staff the ability of the Client Services team to respond to all calls by direct transfer from the Capita customer advisor is significantly reduced, as the nature of the Client Services role in carrying out a telephone assessment, applying eligibility criteria if relevant and entering on the databases makes the task more lengthy.

Work comes into Client Services Team via the telephone, fax, letter or e-mail. The effect of this is that not all calls can be responded to immediately. A telephone assessment may take between 10 minutes to an hour to complete depending on the circumstances. This creates a backlog of the other calls/letters/e-mails coming into the team. One of the difficulties then experienced by the Client Services team is that call backs often result in the caller then not being available and creating a cycle of missed and returned calls.

The Consequences of the Work Bottleneck between CSC and Client Services

At times of low staffing in the holiday periods July and August or at times of high referral rates, for example January 2003, significant “bottlenecks” or backlogs occur.

There is also a weekly effect with calls being higher on a Monday and Tuesday and lower through the rest of the week. This means that on a Monday clients are more likely to need to be called back later in the week.

It is the bottleneck effect between, the Customer Services Centre and Client Services, which causes the most complaints, and frustration for clients, carers and professionals.

Adult Care Services are now exploring ways of changing the call handling procedures and the referral routes for different types of work and callers.

This would include:

- (a) Changing the referral process for professionals, eg requesting further/reduced services for existing clients, allowing these to go direct to Area Teams
- (b) Changing the routes of additional referrals allowing these to go direct to Area Teams. Currently,

- i. new referrals constitute 65-70% of the work undertaken by Client Services.
 - ii. Additional referrals constitute 30-35% of the work undertaken by Client Services.
- (c) Reduce the amount of work undertaken by Client Services on non-referrals by training Capita staff to carry out the role.
 - (d) Promote an increase in the ability of the Customer Services Centre to offer advice and referrals for some services, eg equipment re-route.
 - (e) Increase the use of e-mail as a referral process for clients and professionals.

In doing so Adult Care Services will need to take into account the likely impact such changes will have on area teams as they take more work direct from professionals and providers of services.

Staff at peak times – comparatives

Capita staff – Monday – 43 staff on duty – Capita have staffing base of approx 80; Client Services – Monday – 22 staff on duty – Client Services have staffing base of 25wte

5. Local Area Access Points for Services

Access to information about care services is available across the 7 Elderly and Physically Disabled (EPD) area teams. The area teams do not usually take referrals for services, but instead, provide telephone access to the customer services centre (CSC). All visitors to the area teams are first seen by the reception administrative staff and if required by a member of the Care Management and Assessment (CM&A) team. A dedicated team of administrative support staff provides staffing across the 7 EPD reception areas.

All 7 EPD area teams provide weekday public access during office hours. Dacorum and North Herts & Stevenage provide a service from two sites. The two teams in common, share a reception with other services, North Herts & Stevenage with Children Schools and Families (CSF) and Mental Health, Dacorum with CSF. The 2 areas provide additional dedicated reception staff, as they receive many more visitors than the other areas with only an EPD reception. The majority of customers visiting the 7 EPD area teams with the exception of Dacorum and North Herts & Stevenage request information and advice about a range of services, including Adult Care Services (ACS), Department of Works and Pension and Housing. EPD customers in need of (CM&A) access the service via the CSC, with the exception of the Blue Badge Clinic, which accounts for the majority of EPD clients visiting the 7 area teams.

In the case of access for Learning Disability and Mental Health Services although the CSC may well refer on initial enquiries these services are generally accessed direct through the local teams (CLDTs and CMHTs).

6. Recommendation from Widening and Deepening the Gateway being Implemented

The Simply Done Best Value recommendations specific to (ACS) relate to enabling CSC to expand, incorporating assessment and direct referrals. One of the main aims is to rapidly transfer referrals/calls to the local area teams, to improve efficiency and promote public access. Work is in progress with ACS to improve public access by e-mail, with a performance target for area teams to respond to all messages within 3 working days. Additionally, work with ACS and domiciliary care providers is in progress to improve customer care, by permitting minor changes in care provision, without having to initiate a new referral to the CSC. Direct web access to standard ACS forms are currently under development, which would provide a facility to book, pay or apply for a range of services, including Care at Home and Advocacy, Advice and Support.

7. Customer Services Centre – Service Improvement Group

A Service Implementation Group was set up following the report of the CPA findings. It involves stakeholders from HCC and representation from the health services and voluntary sector, including Age Concern, Carers in Herts, Pohwer, Mencap, interpreters Ravidamiya Centre, and DISH.

Actions already undertaken by the Group:

- Tour of CSC to familiarise participants with a working knowledge of operations
- Setting up of an ethnic minorities sub-group
- Compared NOP surveys (high satisfaction level) with experience of group
- Silence on line causing difficulties from minority ethnic users in particular – fed into BVR of Gateway. NOP tests showed most users would prefer music. Change to music on the line from November 2002
- Proposal to involve Community Strategy Officers in working with community groups on improving access for BME users and carers
- Recommended that Language Line be better promoted and staff with language skills be recruited
- Fed into leaflet for professionals available from October 2002. Subsequent changes to be made April 2003, including reference to tracking facility for resolving complaints etc
- Fed into drafting questions for the next quarterly NOP Survey

- Met with Communications (April 2003) to discuss publicity strategy for CSC

8. Future Developments

There are a number of factors that ACS in particular, will need to take into account as it continues to develop the role of Customer Services and Client Services. These are:-

- Implementation of the Single Assessment process by April 2004
- DOH targets on waiting lists by December 2004.
 - i. all assessment of older will people will have to begin within 48 hours of contact and be completed with four weeks. (With 70% within 2 weeks).
 - ii. Following assessment, all social care services will need to be provided within four weeks/70% within 2 weeks
 - iii. All community equipment will be provided within seven working days
- Impact assessment under the Race Relations Assessment Act of Customer Services Centre and Client Services.
- Implementation of Oracle in ACS, Customer Services Centre and Client Services.
- Further development of E. Government across ACS.

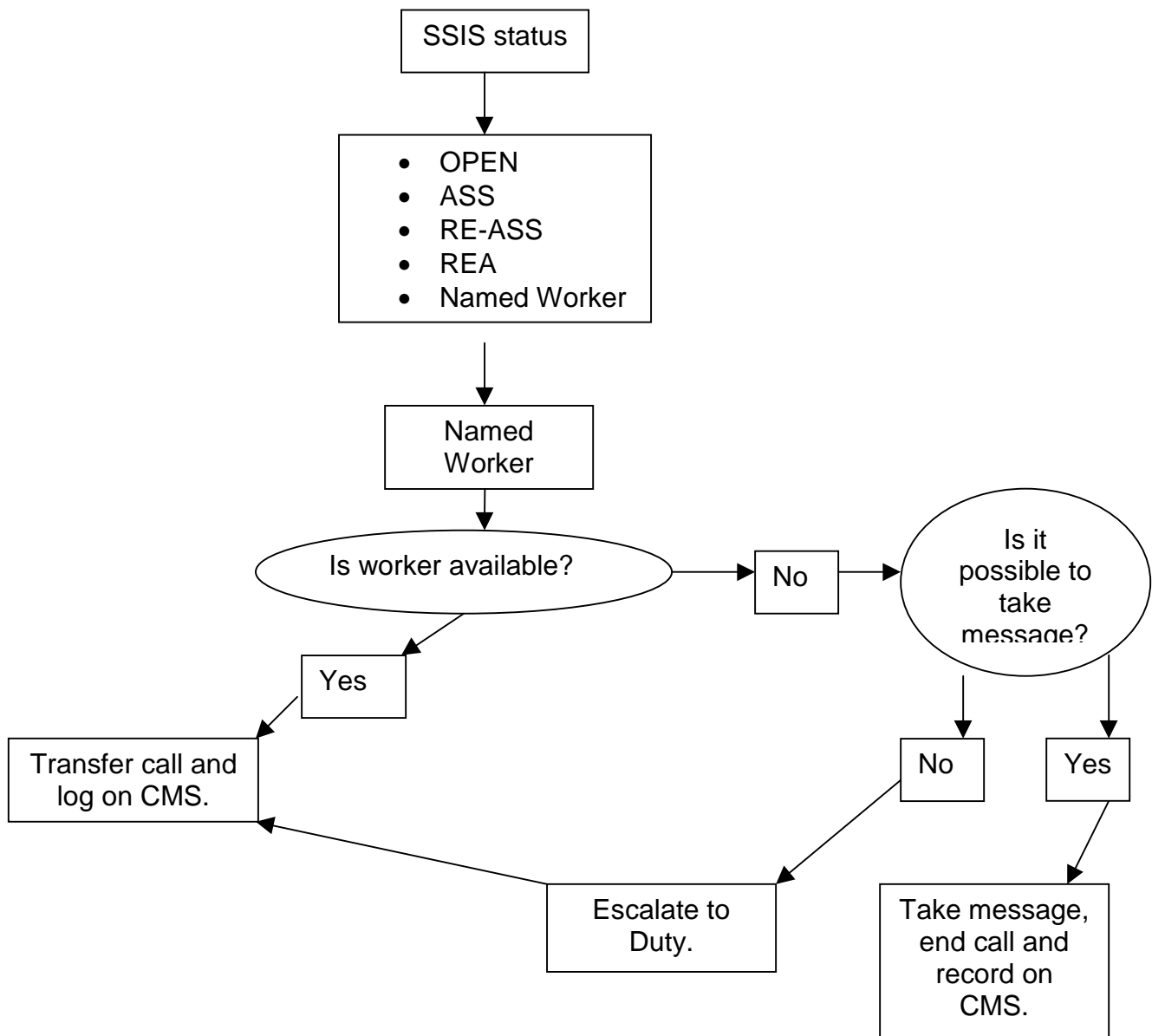
9. Recommendations

- (a) That Members note the contents of this initial report and the actions currently underway to address the CPA concerns.
- (b) That officers pursue actions to reduce the number of delays or “bottlenecks” between CSC and Client Services, including more direct contact to ACS Area Teams by professionals.
- (c) That officers review the staffing/managerial levels within Client Services that will support the introduction of improved/legislative changes, such as Single Assessment, reduced waiting times for services, introduction of ACS Oracle systems and further development of E-Government initiatives.
- (d) That the Service Improvement Group continues to help shape the development of services.
- (e) That an Impact Assessment under the Race Relation Amendment Act is carried out.
- (f) That a further progress report on a – e above is given to the Scrutiny Committee in October 2003.

10. Rural Implications

There are no rural implications contained in this report

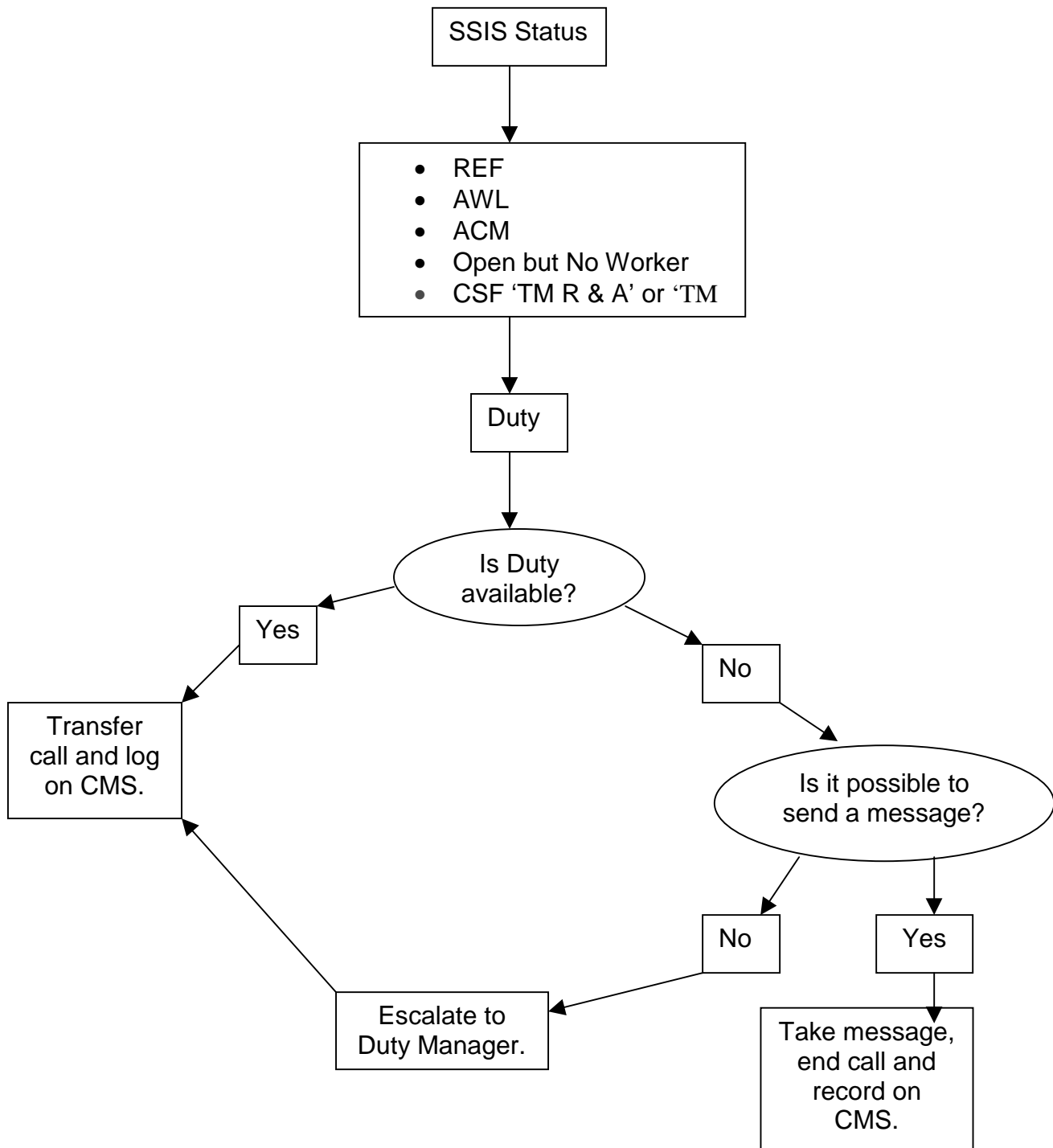
CSC Transferring Calls to Named Workers



Notes

- For repeat messages with no response, send another message to worker, but request on the message that it also is sent to the worker's line manager.
- If call is urgent and worker is not available, escalate to Duty.
- If an anonymous caller calls re an open case and worker is not available, escalate to Duty, if Duty are not available, escalate to a team manager, if they are not available, try client services.
- If worker on SISS is a member of the PCT or PCG, escalate as normal, if sending a message, send to the ACS team with budgetary responsibility.
- For urgent out of hours calls, escalate to Client Services who act as the Emergency Duty Team from 8am to 8pm.

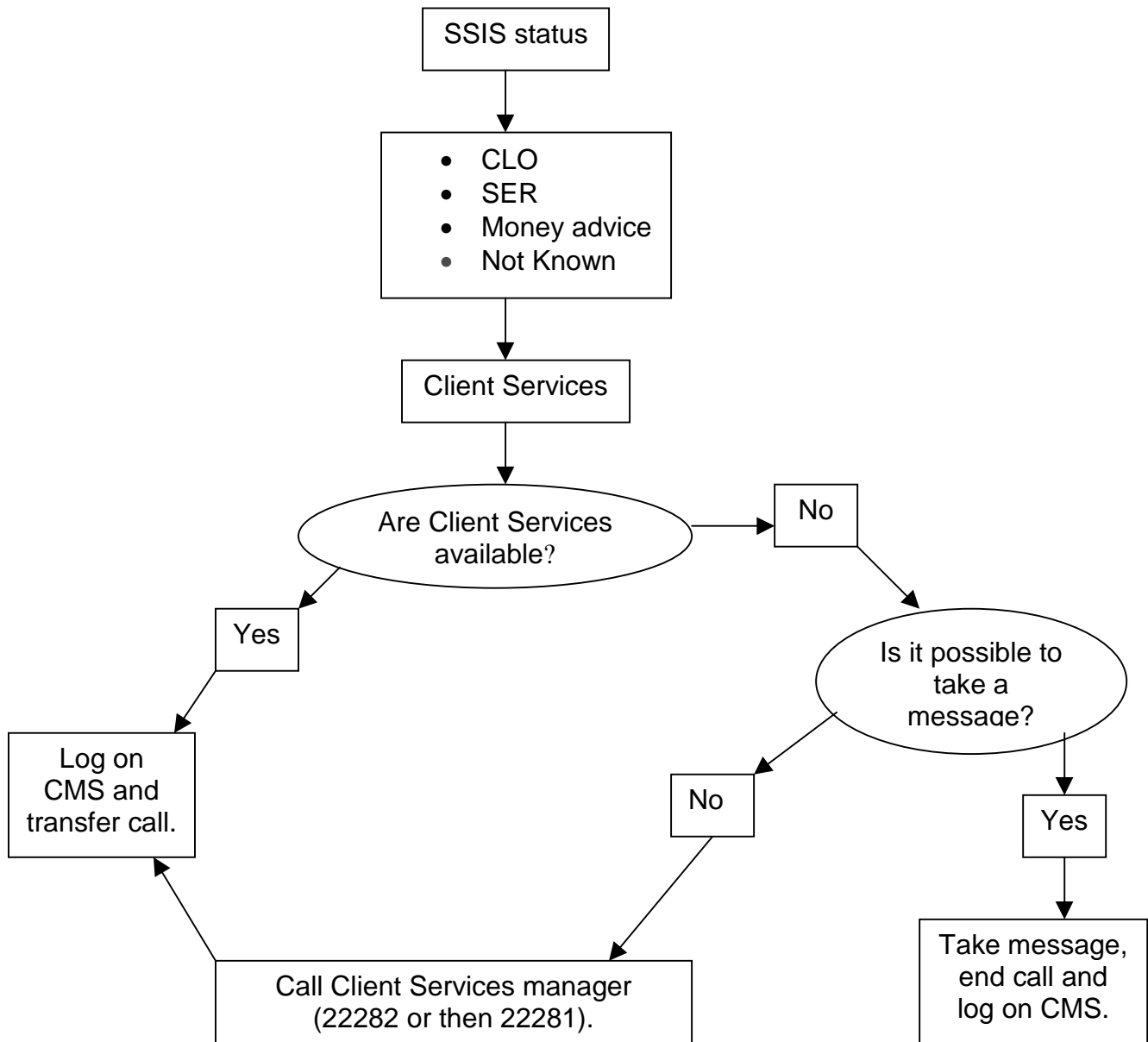
CSC Transferring Calls to the Duty Teams in the Areas/Quadrants



Notes

- For all calls requesting an Approved Social Worker, escalate to Duty at the relevant Mental Health team, no matter what the SISS status is.
- For calls requesting a Mental Health Assessment, escalate to the Client Services Team Leader on 22282.
- If a caller refuses to leave a message with you, escalate to Duty.
- If it is out of hours and the call is urgent, escalate to Client Services; they act as the Emergency Duty Team between 8am and 8pm.
- All 'What If' calls, escalate to Duty Manager for relevant team, if not available, escalate to Client Services Manager on 22281.

CSC Transferring Calls to Client Services (iii)



Notes

- Child Protection calls; escalate to Client Services on 22096, if no answer, escalate to the Client Services Team Leader on 22282, if no answer try Client Services Manager on 22281.
- Anonymous calls; escalate to Client Services on 22096, if no answer, escalate to the Client Services Team Leader on 22282, if no answer try Client Services Manager on 22281.
- Out of hours urgent calls, escalate to Client Services, they act as the Emergency Duty Team from 8am to 8pm and on Saturdays 9-4.
- If you cannot escalate a 'What if' call to the Duty Manager in the CSF team, escalate to the manager in Client Services on 22281.
- If client is in a Hertfordshire hospital or has been recently discharged, refer to hospital Social Work team. If not Hertfordshire hospital, escalate as normal.
- Always give retrieval number to caller before end of call.