

People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	14 March 2019
Officer	Helen Coombes, Interim Transformation Lead for Adult and Community Services
Subject of Report	Dorset Emergency Duty Service for Adults
Executive Summary	<p>Following a number of concerns regarding the performance of the pan-Dorset Out of Hours Service (OOH), Dorset County Council implemented its own Emergency Duty Service in November 2018 which provides both emergency mental health and social care services to adults across Dorset.</p> <p>This new service works in conjunction with Dorset Extended MASH for Children, and a new, separate Emergency Duty Service for Bournemouth and Poole.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>An EQIA was undertaken prior to any formal consultation and refined afterwards. This is a service enhancement so there are not any foreseen adverse impacts. The service review in February will also check the EQIA findings.</p> <p>Use of Evidence:</p> <p>A large-scale consultation exercise was undertaken in the summer of 2018 to determine the best way of delivering the new service. The Approved Mental Health Professional (AMHPs) staff group agreed on the current version described in the report.</p> <p>Budget:</p> <p>The current budget for the OOHS is £359,808. This includes adults and children's funding historically paid via ACS. Children's will require a reimbursement of £121,000 under any proposed arrangement. Additional funding was made from existing Adult Care Operations</p>
<i>Please refer to the protocol for writing reports.</i>	

	<p>budgets to properly resource the service into the future. The final end of year position for 2018/19, will depend on costs incurred during the period of the 3 Local Authority Out of Hours Service, when substantial agency staff were needed to keep the service safe. No agency funding has been needed in the new model.</p>
	<p>Risk Assessment: Having considered the risks associated with this decision, using the County Council’s approved risk management methodology, the level of risk has been identified as:</p> <p>Previous Risk: Medium Residual Risk: Low</p> <p>With the previous service, there was potential reputational damage to Dorset County Council, due to responses to vulnerable adults and children considered not being sufficiently robust to meet demand and good practice.</p> <p>The new service has provided additional capacity and oversight to support improvements.</p>
	<p>Outcomes:</p> <p>The current service provides a seamless service between day and outside of normal working hours services, for both members of the public and other professionals and colleagues. Staff in the team work closely with other professionals, and the varied shifts mean they can often complete a piece of work without the need to hand it over to a different shift.</p> <p>This provides continuity and also ensures that staff remain up to date with changes to day time services, which can better inform night time and weekend working.</p>
	<p>Other Implications:</p> <p>The previous Out of Hours (OOH) management arrangements created inconsistent terms and conditions between each employing local authority for the same cohort of staff who were employed by each LA, but the service was hosted and managed by the Borough of Poole.</p> <p>The use of Green Book terms and more consistent conditions has greatly assisted with covering previously unpopular shifts with very little change in service costs. This needs to be maintained post LGR.</p> <p>Staff in the team work both day and night shifts, which means that their sense of isolation is reduced and staff morale is more easily maintained.</p>
<p>Recommendation</p>	<p>It is recommended that the Committee notes the report attached at Appendix 1</p>
<p>Reason for Recommendation</p>	<ul style="list-style-type: none"> • To promote independence, and safe practice for services provided outside of usual working hours

	<ul style="list-style-type: none"> • To comment on what needs to be considered as part of the review and potential CQC inspection. • To highlight any wider service redesign implications
Appendices	<p>Appendix 1 Report Appendix 2 Staffing structure Appendix 3 Shift pattern Appendix 4 Number and types of call received</p>
Background Papers	None
Officer Contact	<p>Name: Jonathan Carter, Interim Head of Specialist Services Tel: Email: jonathan.carter@dorsetcc.gov.uk</p>

1. Introduction

- 1.1 The previous service provided a Social Care Out of Hours Service for Adults and Children and Young Persons Services for Dorset, Bournemouth and Poole local authorities. The service was based in an office in Poole and was hosted and managed by the Borough of Poole, on behalf of all three local authorities.
- 1.2 A review of the service, undertaken in early 2017, found that the service was no longer fit for purpose. There had been difficulties in recruiting and maintaining staff with appropriate knowledge and skills for the generic nature of the work, this resulted in a high use of Locums and Agency workers, which greatly impacted on the quality of practice and cost.
- 1.3 In addition, the requests for adult Mental Health Act assessments have grown considerably in recent years. This work can be complex, time-consuming and due to its nature, started to overshadow other areas of work such as responses to emergency childcare situations.
- 1.4 Agreement was reached for the development of separate OOH Service for Children and Adults in Dorset, Bournemouth, and Poole.
- 1.5 Dorset Children and Young Person’s services have developed their own Children’s Out of Hours Service based on an extended MASH service. This went live on the 5th November.
- 1.6 After an extensive consultation, the existing Dorset Approved Mental Health Professionals (AMHP) Hub (DASH) was extended to provide a 24-hour emergency duty service 7 days a week for Dorset residents. New rotas and staff contracts were developed to provide a range of shift patterns enabling 24-hour cover and sufficient staffing to meet demand. The agreed service will be staffed by 12 qualified AMHPs who are experienced enough to respond, not only to Mental Health Act assessments, but broader Care Act responsibilities and other priority duties or work likely to arise.

2. Current Situation

- 2.1 The implementation has been successful with 11 out of 12 posts recruited to for a very specialist workforce area (one member joins the team on 4th March which will leave 1 vacancy). Gaps have been filled by Hub staff undertaking additional shifts and also volunteers from the wider

AMHP workforce. The remaining post will be re-advertised shortly. Local knowledge indicates that the remaining vacant post can be recruited to in the near future. Suitable applicants have indicated an interest in the post, but they are not available to join the team until later in the year due to personal circumstances, e.g maternity leave, in training. Activity has been within expected parameters, acknowledging that calls and demand can vary greatly. The new service has made significant changes and improvements in working practices.

- 2.2 A full review of the service is planned for March 2019, with staff to check that assumptions made in the design are valid and assist with further improvements. It is expected that a CQC inspection is due in this area in the near future, so ongoing refinements and developments will be made in the next few months.
- 2.3 The new service was named, the Emergency Duty Service for Adult Social Care in Dorset, (EDS). The rationale being this will provide a clearer description and remit for the service provision and have a greater ability to manage expectations of other professionals and members of the public.
- 2.4 There is some debate whether the public will assume it is a blue light response and whether the name does create inappropriate calls for non-social care related or calls which belong to other organisations. This will need to be considered as part of the review in March.
- 2.5 The service aims to have or achieve the following:
 - Skilled trained staff available to respond to crises with less time spent on answering phone contacts
 - A service that contributes directly to the demand management model
 - Better communication both with partner agencies and daytime services
 - Improved performance management, knowledge and skills
 - Improved and more robust handovers
 - Less detachment from daytime services
 - Improved management support for staff
- 2.6 The service will also need to comply with the Care Quality Commission's expectations and latest Mental Health Act Code of Practice conditions. For example, this will particularly impact on the responsiveness of the service to Section 136 assessment requests within 3 hours.

3. Operating model

- 3.1 Staff in the team work 12 shifts per month. They are allocated 11 shifts on the rota and need to work 1 further shift to make up their required hours. This shift is used to help fill gaps in the rota when colleagues are on annual leave, although most of the team are working more than 12 shifts a month due to the current two vacancies.
- 3.2 An on-call system has been developed to support night-time shifts. The on-call rota is made up of all AMHPs across the County. If the AMHP on duty is called out to an assessment, they contact the on-call AMHP, who will then take over the telephones, answering calls as necessary, and also maintain contact with the duty AMHP until they are safely back at base. In most cases these calls have been at St Ann's Hospital for people detained under S136 MHA (1983), or Weymouth Police Station to act as an Appropriate Adult.
- 3.3 Over the previous 3 months, staff from both Brokerage and the hospital teams have been working Saturday and Sunday mornings. This has been particularly helpful when faced with the need to find emergency respite or home care for older people in the community and has been seen to prevent social admissions to hospital.

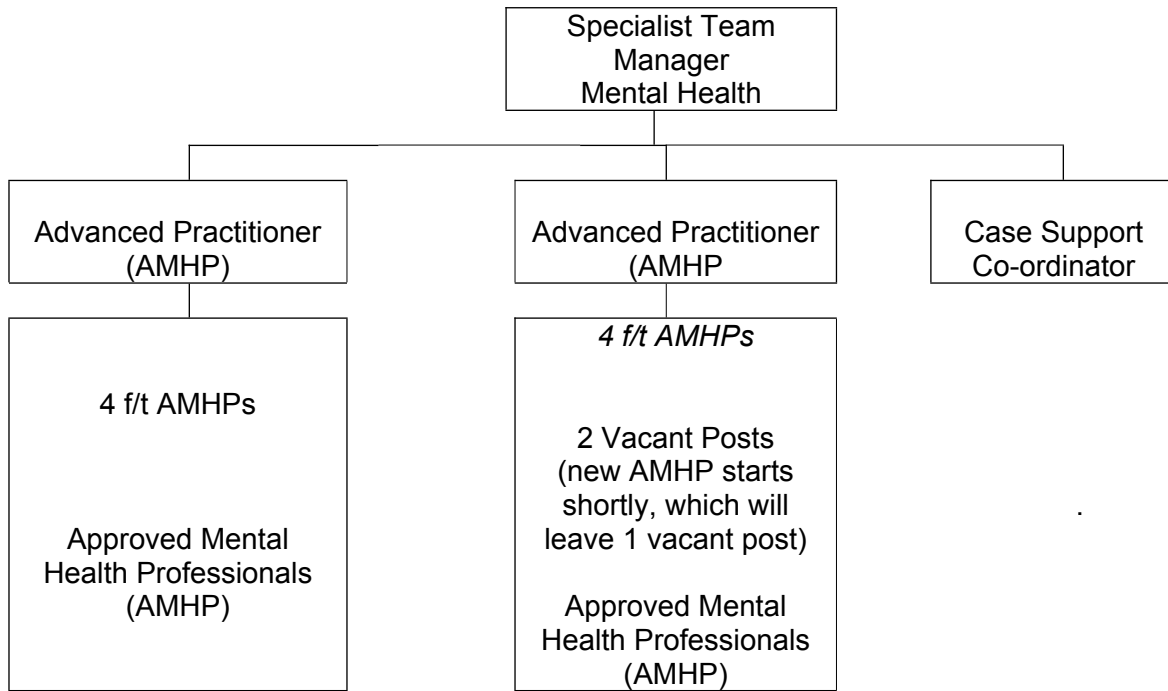
Viv Payne

Specialist Team Manager – Mental Health

19 February 2019

Appendix 2

Structure of Extended AMHP Hub, incorporating the Emergency Duty Service



Page 7 – DORSET EMERGENCY DUTY SERVICE FOR ADULTS
Appendix 3

Shift system.

Key 12 11.00 – 23.30 12 20.00 -08.30 12 08.00 – 20.30 12 09.00 – 21.30

The team work an 8 week rota pattern. Advanced Practitioners in the team vary their shifts each week to cover gaps and enable supervision. The Team Manager has no allocated shifts to allow for meetings and variable attendance as required, and works a combination of all of the shifts, including night shift and weekends to maintain contact with team members.

	Week 1							Week 2							Week 3							Week 4								
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
1	12	12	12					12	12	12					12	12	12				12	12	12	12	12					
2	12	12	12					12	12	12		4			12	12	12						12	12					12	12
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6		4		12					12	12		12	12	12		12				12				12			12		12	12
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12		12			12	12	12			12	12	4				12			12	12			12		12		12			

Page 8 – DORSET EMERGENCY DUTY SERVICE FOR ADULTS

Staff	Week 5							Week 6							Week 7							Week 8								
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
1	12	12	12			4		12	12	12					12	12	12			12	12	12	12	12						
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6			4	12	12				12	12		12				12		12	12					12	12			12	12	
7		12			12	12	12			12	12	4			12	12	12					12		12		12		12		
8		12		12		12	12			12	12	12			12	12			12				12		12		12		4	
9	12		12		12				12	12			12	12			12					12		12		12	8			
10	12	12			12		4		12	12					12	12	12				12	12			12	12				
11			12			12	12			12		12	4			12	12		12		12	12		12				12		
12			12	12					12		12	12				12	4	12					12	12	12			12	12	12

Appendix 4

In the almost 4 months the Dorset Emergency Duty Service has been running independently of Bournemouth, Poole and Children’s Services, there has been a steady flow of work received.

November

Type of call	Number of calls
Appropriate Adult	2
Child Care	15
Safeguarding	4
Information	1
MH	138
Social Care	90
Other	3
TOTAL	253

December

Type of call	Number of calls
Appropriate Adult	1
Child Care	5
Safeguarding	3
Information	2
MH	111
Social Care	115
Other	24
TOTAL	261

January

Type of call	Number of calls
Appropriate Adult	2
Child Care	16
Safeguarding	5
Information	2
MH	141
Social Care	120
Other	4
TOTAL	290

Not all Mental Health calls resulted in a Mental Health Act assessment.

In November, of the 138 calls, we undertook 79 MHA assessments. 18 assessments were requested on a weekend, and of those 17 were carried out on the day of request.

21 requests were received after 5pm, and of those, 14 were for patients detained under Sec 136 MHA, 2 were in-patients who needed further assessment, 1 was in police custody and 4 were planned assessments in the community.

In December, of the 111 calls regarding mental health issues, we undertook 76 MHA assessments.

8 were requested on a weekend, and of those, all were undertaken on the day of request.

Only 4 requests were received after 5 pm and all were for patients detained under Sec 136 MHA.

The majority of social care calls were regarding packages of care, either cancelling on admission to hospital, or enquiring if the package could be restarted as the patient was fit for discharge.

In the 'other' category, were calls from an elderly lady concerned that the seagulls were taking things from her neighbour's overflowing bin and may choke, one from a care agency unable to send staff into a gentleman as he had electrified some mousetraps and they felt it was a hazard to their staff, one asking for a loan to buy a tumble dryer and one reporting petrol seeping into the road.