
Report: Inverclyde Integration Joint Board **Date:** 10 September 2019

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Inverclyde Health & Social Care
Partnership **Report No:** IJB/52/2019/AS

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Subject: ACCESS 1ST

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Integration Joint Board about the implementation of the HSCP Access 1st service and to provide an update on its initial six month performance since January 2019. The report also provides an overview of the development plan up to April 2020.

2.0 SUMMARY

- 2.1 Access 1st was developed to reduce the number of points of access to the HSCP by members of the public, stakeholders and partners. This is in line with the Strategic Plan 2019 -2023.

3.0 RECOMMENDATIONS

- 3.1 The IJB is requested to note the activity and performance of Access 1st in its initial six months and agree the workplan outlined in paragraph 7.2 of the report.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 Inverclyde Health and Social Care Partnership (HSCP) Strategic Plan 2019 - 2023 Big Action 4 states that by 2020 Health and Community Care services (HCC) will have a single point of contact through Access 1st.
- 4.2 Access 1st is the approach to receiving referrals and contacts into Health and Community Care services. This new initiative includes the screening and gathering of relevant and proportionate information to ensure the most efficient and effective assessment of need in line with the established HSCP eligibility criteria and the best use of health and social care resources.
- 4.3 Making the system smoother and more efficient means those with critical or substantial needs receive a more expedient service and those with low or moderate needs receive better up-front information, signposting or providing appropriate advice they may require to maintain their independence.
- 4.4 As a single point of contact, Access 1st has created stronger links with Community Connectors, the Inverclyde Carers Centre and universal services as essential partners in providing community-based solutions and resources for service users, their carers and relatives.
- 4.5 Access 1st was implemented in a shadow function in November 2018 to test out its processes and impact in Assessment and Care Management duty, Home 1st, Homecare and Reablement services.
- 4.6 Referrals for hospital discharges were transferred to Access 1st on 12th November 2018 following an extensive promotional campaign with IRH discharge co-ordinators, NHSGGC discharge co-ordinator and hospital wards. The service went live in its own right in January 2019.
- 4.11 This briefing will set out the main milestones and work plan going forward to reach the full roll out and implementation of Access 1st across the HCC service by March 2020.

5.0 Development Progress

- 5.1 HCC Team Leads have been extensively involved in the programme of development and implementation of Access 1st through individual and group meetings and two development workshops in February and October 2018.
- 5.2 Operational guidance has been created for Access 1st together with service specific protocols so that Access 1st has a clear pathway for referring on to other HSCP and community-based services and is consistently applied.
- 5.3 An Access to Service Form has been developed to consolidate existing referral forms into one document thus reducing duplication and bureaucracy.
- 5.4 We have worked in partnership with Your Voice to develop marketing and publicity material for Access 1st. A comprehensive communication plan has been produced to ensure that promotional material is focused and distributed to key organisations, local elected members, community groups and agencies. Material was also supplied to public buildings within the Inverclyde area as well as for the wider NHS Greater Glasgow and Clyde Health Board Acute Services in particular discharge coordinators for patients requiring social work or community based services on discharge from hospital.
- 5.5 The NHSGGC Health Board granted permission for Access 1st to receive referrals through the SCI Gateway system. This means that for the first time GPs can make referrals direct to Access 1st. This is the first non-clinical service across the NHSGGC

area to operate in this way.

- 5.6 In line with the Inverclyde Adult Protection Procedures, Access 1st receive all adult welfare concerns for screening from Police Scotland, the Scottish Fire and Rescue Service, Scottish Ambulance Service, General or Acute NHSGGC services, NHS 24 and any other professional or member of the public with concerns over the welfare of an individual.
- 5.7 Access 1st has created an adult welfare concern escalation protocol to ensure timely and appropriate actions are taken to raise and report such concerns that require further investigation under the auspices of adult protection procedures. This links directly to a Council Officer rota operated by the ACM Teams.

6.0 Performance

- 6.1 Access 1st received 1297 referrals between January and July 2019.
- 6.2 The table below sets out the performance of Access 1st in its first six months of operation.
- 6.3 It is planned that Access 1st will produce an annual performance report to cover the period April 1919 to March 2020.

Table 1: number of referrals received and actioned each month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Carried forward	0	0	0	0	0	0	1	1
0 to 3 days	97	99	105	200	192	166	138	997
4 to 6 days	13	20	9	13	46	29	43	173
6 to 9 days	5	9	9	7	14	15	24	83
over 9 days	3	4	2	2	8	8	16	43
TOTAL cases handled	118	132	125	222	260	218	222	1297

- 6.4 Access 1st took on responsibility for screening and responding to adult welfare concerns on 1st April 2019. From the number of overall referrals received by Access 1st, a total of 208 (22.5%) adult welfare concerns have been received and processed during this period.
- 6.5 Access 1st is responsible for the receiving and processing of NHSGGC acute hospital discharge referrals for patients living in Inverclyde. Access 1st is also responsible for receiving and coordinating referrals for out of area patients who have been treated in Inverclyde Royal Hospital (IRH). Access 1st has received 1868 referrals in addition to community based referrals..

Table 2 sets out the number of referrals received in the reporting period.

Table 2

Month	Inverclyde Patient	Out of Area Patients
January	238	39
February	192	31
March	209	36
April	238	31
May	244	31
June	245	44
July	265	25
Total	1631	237

7.0 Development plan

- 7.1 To meet the ambition of the aforementioned HSCP Strategic Plan, there are a number of work streams in place to ensure that the single point of access for all referrals to the HCC services are screened and processed through Access 1st.
- 7.2 Access 1st Workplan 2019/20

Access 1 st Work plan 2019/2020	
Services Type	Timescale for completion
Community Alarm and Telecare	September 2019
Blue Badge applications	October 2019
District and Community Nursing	November 2019
Joint Equipment Store	December 2019
Occupational Therapy triage	January 2020
Rehabilitation and Enablement Service	February 2020
Integrated Community Learning Disability Team	March 2020

- 7.3 Work will also be progressed from April 2020 to look at the feasibility of Access 1st taking over the initial screening and process of referrals for the HSCP mental health and addiction services.

8.0 Access 1st Staffing

- 8.1 In order to develop Access 1st, we have appointed a Team Leader (QSW) to manage the service and implement the Access 1st development plan. Currently we have 2 SWA drawn from existing resources and one new post at a total annual cost of £148,000 for the Access 1st Team. The expansion of the remit of Access 1st will look to draw staffing resource from existing service resource
- 8.2 Business Support is a crucial aspect of the service as it is often the first contact people and partners have with the HSCP. We have dedicated staff to support the service. It is anticipated that additional business support staff will be required to manage and facilitate the workload of Access 1st as progress is made to meet the timescales of the work plan. This will be met from existing services.

9.0 IMPLICATIONS

9.1 FINANCE

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

- 9.2 The intention for Access 1st it to meet our duty to respond to requests for social and health care support in a more efficient and effective manner.

HUMAN RESOURCES

- 9.3 There are no specific human resources implications arising from this report. Any change in duties of staff will be done in full consultation with Human Resources and through the Staff Partnership.

EQUALITIES

- 9.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

- 9.5 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	It will improve access to advice and guidance making process simpler for people to understand with a single Point of contact and access.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Improved access and appropriate support will positively contribute to this.
People with protected characteristics feel safe within their communities.	Improved access and appropriate support will positively contribute to this.

People with protected characteristics feel included in the planning and developing of services.	Access 1 st is part of the JSCP 6 Big Actions and will be involved in the consultation linked to the Strategic Plan
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Improved access and appropriate support will positively contribute to this.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Improved access and appropriate support will positively contribute to this.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Improved access and appropriate support will positively contribute to this.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

9.6 There are no clinical or care governance implications arising from this report.

9.7 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	By having a single point of access to health and community care services (HCC) referrals are screened and information or advice is provided to service users or their representatives expediently to enable people to make informed decisions and look after their own wellbeing independent of statutory services.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Early screening and assessment of need ensure services or equipment is provided quickly to maintain a service users independence and stay in their own homes.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Access 1 st is a front facing customer focused service. Feedback from referrers has been positive. Referrers have commented on the respectful conversations and support received.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Access 1 st undertake home visits and assessments based on the HSCP eligibility criteria for cases which are critical or substantial to ensure that there is minimal delay in implementing support services for those in need.
Health and social care services contribute to reducing health inequalities.	Access 1 st work in partnership with District and Community Nursing as well as GP practices to support service users who are regarded as requiring an assessment, or homecare or OT services to improve their health outcomes.

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Carers' assessments are offered and promoted by Access 1 st to ensure unpaid carers have their own individual needs assessed and addressed. Access 1 st work in partnership with Inverclyde Carers Centre to receive and make referrals to support carers in their role.
People using health and social care services are safe from harm.	Access 1 st receives all Adult Welfare Concerns from a wide range of statutory services, professionals and other members of the community as necessary. These are progressed or escalated under the Inverclyde Adult Protection Procedure as necessary.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	A wide range of training opportunities are available to staff. Access 1 st frequently work alongside and shadow other services to gain experience and knowledge of roles and services to assist in making prompt assessments and referrals to other services as required.
Resources are used effectively in the provision of health and social care services.	Access 1 st screen and review referrals against the HSCP established eligibility criteria to ensure the best use of HSCP resources.

10.0 DIRECTIONS

10.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	X
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

11.0 CONSULTATION

- 11.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP. Access 1st is also reflecting the consultation around the Strategic Plan and feedback around difficulties some people have to access the correct service when they require it

12.0 BACKGROUND PAPERS

- 12.1 None.