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| Report To: | Inverclyde Integration Joint Board | Date: | 18 November 2024 |
| Report By: | Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership | Report No: | IJB/42/2024/SB |
| Contact Officer: | Alan Best Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership | Contact No: | 01475 715212 |
| Subject: | Adult Services Integrated Front Door Proposal | | |

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this paper is to advise the Integration Joint Board of proposals to develop an Integrated Front Door (IFD) within the HSCP.

1.3 The proposal outlines the development of an IFD within the Health and Social Care Partnership (HSCP) to streamline access to services, particularly for Inverclyde's aging population. By implementing a phased model that emphasises timely, personalised care and coordinated services, the IFD aims to improve efficiency, reduce demand pressures, and enhance user experiences. Key components include triage systems, self-management strategies and community connections, all aligned with the IJB's obligations to address inequalities.

1.4 The timeline for implementation includes stakeholder consultations and phased rollouts, fostering a more responsive and equitable health and social care system.

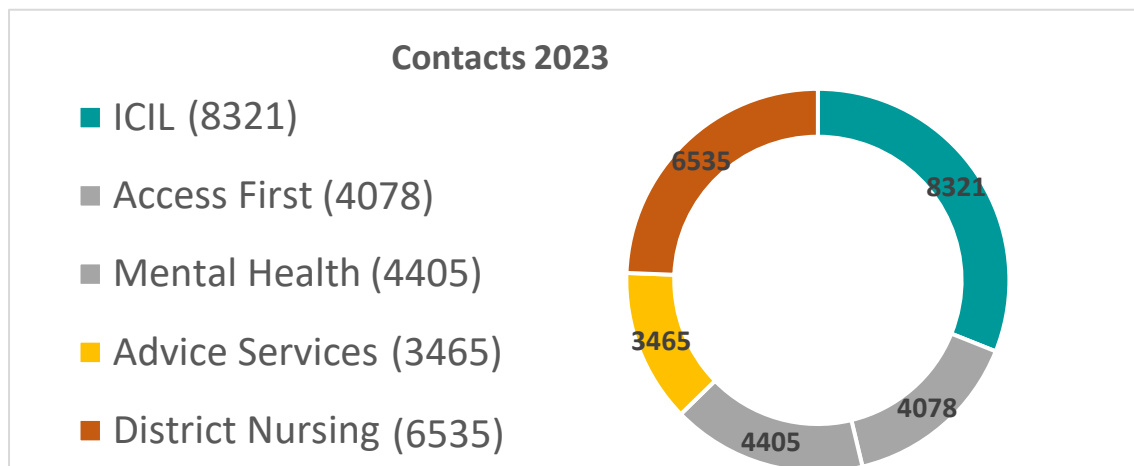
2.0 RECOMMENDATIONS

2.1 Members of the Integration Joint Board are asked to note the proposal to develop an Integrated Front Door model for adult services.

**Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership**

3.0 BACKGROUND AND CONTEXT

- 3.1 As our communities continue to reflect an increasing, ageing population, there is a need to ensure effective service delivery. Within this context, it is important to ensure ease of access to streamlined health and social care services, which can be easily navigated by people to access the service they require. As part of an integrated front door (IFD) approach, key components include triage systems for timeous assessments, self-management strategies and social prescribing initiatives that can empower older adults to take charge of their health by connecting them with community resources.
- 3.2 The demand on services post-pandemic continues to grow by around 10%, year-on-year. The table below shows the number of contacts across adult services in 2023.



- 3.3 The HSCP currently has multiple service user access points which present several challenges:

1. **Fragmentation of services:** individuals may struggle to navigate current processes, leading to confusion about where to seek help and what services are available. This fragmentation can result in delays in receiving care.
2. **Inconsistent information:** different access points may provide varying information about services, leading to misunderstanding and inconsistent experiences for users.
3. **Increased demand on resources:** multiple entry points can lead to duplicated efforts and inefficient use of resources, as different agencies may not effectively communicate or coordinate their services.
4. **Reduced continuity of care:** people may encounter different professionals across various access points, which can hinder the continuity of care and lead to a lack of holistic understanding of their needs.
5. **Inequities in access:** some people may find it harder to access services if they are not aware of all available entry points or if certain access points are less equipped to meet diverse needs.
6. **Higher administrative requirements:** multiple access points can increase the administrative demand on organisations, complicating referral processes and data management.

- 3.4 To mitigate these issues and support redesign alongside the current financial challenges, an integrated front doors model can provide a streamlined, coordinated approach, ensuring individuals receive consistent information and support tailored to their needs.
- 3.5 The "Right Time, Right Service" approach emphasises the importance of delivering appropriate care to individuals when they need it most. This aims to enhance the overall effectiveness of health and social care systems by ensuring that services are timely, accessible and suited to the specific needs of individuals. Key aspects include:
1. **Timeliness:** services are provided as soon as they are needed, reducing delays that can lead to deterioration in health or wellbeing.
 2. **Personalisation:** care is tailored to the individual, considering their unique circumstances, preferences, and needs.
 3. **Prevention and early intervention:** focusing on preventative measures and early intervention helps address issues before they escalate, leading to better outcomes and reduced long-term costs.
 4. **Integrated services:** co-ordinating care across different sectors ensures that individuals receive comprehensive support, minimising the risk of fragmented services.
 5. **Empowerment:** encouraging self-management and informed decision-making helps individuals take an active role in their care, improving their overall experience and satisfaction.
- 3.6 By adopting the "Right Time, Right Service" philosophy, the service will aim to create a more efficient, responsive, and person-centred health and social care system, enhancing the quality of life for those they serve.
- 3.7 By including financial advice services within our IFD, there is an enhanced opportunity to address economic barriers, ensuring individuals can access the necessary support, whilst collaboration with the third sector can broaden the range of services available, leveraging community organisations effectively. Importantly, these efforts align with the principles of the Fairer Scotland framework, which aims to reduce inequalities and improve outcomes for all, particularly marginalised sections of our community. Together, these elements can contribute to co-ordinated care that meets the complex needs of Inverclyde's elderly population, fostering independence and enhancing quality of life while promoting a fairer, more equitable community.
- 3.8 HSCP stakeholders play a crucial role in this initiative, with commissioned services, the third sector, and broader health and council services all contributing to early intervention efforts. It is expected that this collaborative approach will enhance people's independence, particularly in the context of healthy aging. It also promotes supported self-management and social prescribing, empowering individuals to manage their health and wellbeing while connecting them to community resources and will be key to support signposting and reducing demand on HSCP services.
- 3.9 Digital platforms for IFDs can also offer significant value by streamlining access to services and improving user experience by enhancing communication between providers and service users, ensuring timely information-sharing and reducing duplication. Such a platform can facilitate more seamless navigation through various services, making it easier for individuals to find the support they need and promote opportunities around self-management and accessing wider solutions than internal HSCP services.
- 3.10 Additionally, the IFD model can enable data-driven decision-making, allowing for better resource allocation and improved service delivery. By promoting collaboration among stakeholders, the

platform fosters a more holistic approach to care, ultimately leading to better health outcomes and increased satisfaction for users and providers alike.

4.0 PROPOSALS

4.1 The Integration Joint Board is asked to note that within the HSCP there are many access points to adult services. The overarching strategic proposal is to reduce this to a single point of access with the potential to include access to services currently operating out of hours. There are, however some complexities to this work and a phased approach is proposed, as outlined below.

Proposed Timeline:

- **January 2025:** Data benchmarking and development of proposals. Work requires to scope all adult services including out of hours and consider major stakeholders’ current models to identify optimal opportunities.
- **March 2025:** Initial scope of digital platforms and best practice across the UK using these tools. (this is likely to be a longer-term aspiration due to costs however information is required to allow consideration around modernisation of services)
- **April 2025:** Presentation to the Integration Joint Board and other stakeholders of the proposed structure of the models and consultation with all internal and external stakeholders, including staff. (Equality impact assessment of proposed models and internal barriers to be completed)
- **August 2025:** Implementation of tests for change and improvement initiatives.
- **October 2025:** Further consultation and review of findings, incorporating feedback from staff.
- **March 2026:** Initial rollout of the model and promotion.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

| SUBJECT | YES | NO |
|--|-----|----|
| Financial | x | |
| Legal/Risk | | x |
| Human Resources | x | |
| Strategic Plan Priorities | | x |
| Equalities, Fairer Scotland Duty & Children and Young People | | x |
| Clinical or Care Governance | | x |
| National Wellbeing Outcomes | | x |
| Environmental & Sustainability | | x |
| Data Protection | | x |

5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

| Cost Centre | Budget Heading | With Effect from | Annual Net Impact | Virement From (If Applicable) | Other Comments |
|-------------|----------------|------------------|------------------------|-------------------------------|----------------|
| | | | Agreed efficiency 380k | | |

5.3 Legal/Risk

None.

5.4 Human Resources

Posts may be identified through Voluntary Early Release.

5.5 Strategic Plan Priorities

In line with the HSCP Strategic Plan

5.6 Equalities

An Equalities Impact Assessment was completed as part of the budget setting process and can be found here - [Budget Savings Equality Impact Assessments \(EIA\) - 2024 - Inverclyde Council](#). As detailed in Paragraph 4.1, this will be reviewed and updated, including a further Fairer Scotland Duty assessment, as the proposals detailed in this report are developed.

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

| | |
|---|---|
| | YES – Assessed as relevant and an EqIA is required, a copy of which will be placed on the HSCP section of the Council website: HSCP Equality Impact Assessments (EIA) - Inverclyde Council |
| X | NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement. |

(b) Equality Outcomes

How does this report address our Equality Outcomes?

| Equalities Outcome | Implications |
|---|---------------------|
| We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face. | Positive Impact |
| Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes. | Positive Impact |
| Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community. | Positive Impact |
| People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need. | Positive Impact |

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

| | |
|---|--|
| | YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. |
| X | NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant. See above. |

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

| | |
|---|---|
| | YES – Assessed as relevant and a CRWIA is required. |
| X | NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights. |

5.7 **Clinical or Care Governance**

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

5.8 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. | Positive Impact |
| 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 | Positive Impact |
| People who use health and social care services have positive experiences of those services, and have their dignity respected. | Positive Impact |
| Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | Positive Impact |
| Health and social care services contribute to reducing health inequalities. | Positive Impact |
| 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. | Positive Impact |
| People using health and social care services are safe from harm. | Positive Impact |
| 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. | Positive Impact |
| Resources are used effectively in the provision of health and social care services. | Positive Impact |

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

| | |
|---|---|
| | YES – assessed as relevant and a Strategic Environmental Assessment is required. |
| X | NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented. |

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

| | |
|---|--|
| | YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals. |
| X | NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals. |

6.0 DIRECTIONS

| | | |
|---|---------------------------------------|---|
| 6.1 Direction Required to Council, Health Board or Both | Direction to: | |
| | 1. No Direction Required | x |
| | 2. Inverclyde Council | |
| | 3. NHS Greater Glasgow & Clyde (GG&C) | |
| | 4. Inverclyde Council and NHS GG&C | |

7.0 CONSULTATION

7.1 Corporate & Senior Management Teams. Staff Partnership Forum

8.0 BACKGROUND PAPERS

8.1 None.