

1st June 2015**Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE,
HEALTH & PUBLIC PROTECTION****PROPOSED REVISION TO THE FIRST CONTACT SCHEME****Purpose of the Report**

1. This report seeks approval to progress changes to the service and funding model for the First Contact Scheme. The proposed changes would seek to maintain the benefits to service users whilst improving efficiency and delivering savings.

Information and Advice**Current Service Arrangements**

2. First Contact is a well-recognised scheme that has been in operation for a number of years. It is delivered via a multi-agency checklist enabling staff, volunteers and older people to access a range of preventative services through a single gateway. The main benefit of the current scheme is that a wide range of people can be identified where they have a range of low level needs whenever they come into contact with a participating professional. These needs can then be addressed through a process that is relatively simple for both the participating professional and the service user.
3. The scheme is aimed at people aged over 60 years, although Newark and Sherwood have extended this to include vulnerable adults aged over 18 years.
4. The scheme is operated by a number of participating agencies, as detailed in **Appendix 1**, whose staff complete and submit the First Contact checklist upon encountering a service user who would benefit. The checklist asks questions about the need for services and support in relation to 10 domains, including falls, warmth, home repairs, fire safety and home security. 'Pathway agencies' have agreed to deliver specific services in response to the identified needs upon receiving a referral through the First Contact process.

5. The scheme is supported by 5 Co-ordinator posts, hosted by:

Delivering body	District / Borough	Funding
Our Centre	Ashfield	£21,970
Bassetlaw Action Centre	Bassetlaw	£23,875
Rushcliffe CVS	Broxtowe, Gedling and Rushcliffe	£52,000
Mansfield CVS	Mansfield	£23,420
Newark and Sherwood DC	Newark and Sherwood	£29,862

6. The scheme is further supported through a 0.5 post within the Council's Customer Service Centre, and through ICT resources to centrally process the completed checklists. Newark and Sherwood District Council operate differently inasmuch as they deliver the processing system themselves. Oversight of the scheme is provided by the Council's Strategic Commissioning team.
7. The scheme currently costs around £151,000 per year in external contract costs plus internal costs incurred in respect of commissioning and Customer Service Centre input. The costs are met from scheme partner contributions as follows:

Partner	Contribution
Ashfield District Council	£9,270
Mansfield District Council	£9,270
Newark & Sherwood District Council	£9,270
Rushcliffe Borough Council	£9,270
Nottinghamshire Fire & Rescue Service	£12,000
Public Health	£65,129
Nottinghamshire County Council	£64,396
Total available funding	£178,605

8. Public Health has identified a need to make savings of up to £24,000 against their current contribution.

Proposed Service Model

9. It is recognised that there is an inherent risk to the First Contact Scheme as it is currently reliant on partnership contributions from several different public sector budgets. There is identified inefficiency within the current service model and a recent review has shown that the average cost of a First Contact Checklist being completed is over £50. An alternative service model has now been identified that would retain the benefits of the service at a much reduced cost, allowing the risks and inefficiencies to be addressed.
10. **Appendices 1 and 2** set out the service elements within the current First Contact Scheme model and the proposed new model.
11. Under the proposed model, the co-ordinator role would be removed. This role currently demands the majority of the partnership funding but delivers the least critical part of the service process. It would be possible to remove this role since:
- elements of this role overlap with the commissioning role and could be brought into the Council's Strategic Commissioning Unit. (e.g. promotion, guidance & training)

- other functions overlap with the Customer Service Centre role in a way that is not clear or efficient (e.g. chasing outstanding actions that have not been completed)
 - work carried out by co-ordinators in relation to DWP pension claims can be picked up by the providers of new early intervention support services currently being commissioned by the Council.
12. Further work is planned to ensure that each question included on the checklist leads to a real service offer. Opportunities would be explored to include new areas not currently asked about, such as carer roles, loneliness and healthy eating, and links explored with Notts Help Yourself (the County's new online information system). Work will also be done to develop digital alternatives to the current paper forms and make better use of web-based solutions for the delivery of information, advice and guidance to partner organisations and service users.
 13. The proposed model could be delivered for an estimated £52,000. If the on-going scheme costs were shared between Adult Social Care, Health & Public Protection (ASCH&PP) department and Public Health this would deliver savings of £38,396 and £39,129 respectively and remove the need for £9,270 contributions from each of four Districts and £12,000 from the Fire & Rescue Service.
 14. Since the First Contact Scheme operates on the basis of a single contact with a service recipient, there would be no measurable impact on service users. In general terms, the customer experience should improve as a result of the proposed changes. The checklist review will ensure that a broader range of prevention need (loneliness, healthy eating, carer responsibilities etc.) is identified, thereby supporting the Care Act duty to identify carers and those who could benefit from preventative services. Through reducing process and increasing digitalisation, the scheme will also become more efficient.
 15. Funding for the Co-ordinator posts is currently provided through a Grant Aid Service Level Agreement. It will be renewed for 2015/16 but providers are aware that changes to the scheme are being considered and that the future of on-going funding is not secure.
 16. Although it is recognised that, through updating the current arrangements, the scheme can contribute to the delivery of a requirement under the Care Act to identify people with prevention needs, there is no legal requirement to provide a First Contact Scheme. Statutory consultation would not therefore be necessary. Should this proposal be progressed, however, it would be prudent for the management of reputational risk, reasonable and fair to the voluntary sector & district authority Co-ordinator providers affected, and in keeping with the spirit of the Compact with the Voluntary Sector, to carry out some consultation and discussions with the provider organisations prior to making a decision on the withdrawal of funding.
 17. Initial discussions regarding this proposal have been positively responded to by Public Health on the grounds that a scheme is retained whilst savings requirements met. The response was similarly positive when discussed at the Nottinghamshire Strategic Housing Managers Group. A separate conversation has been held with Newark and Sherwood District Council's Business Manager – Housing Options, Energy and Home Support, who manages the Co-ordinator based at Newark & Sherwood District Council. She agreed that the proposed change was a logical, more resource conscious shift. More formal partner feedback is yet to be sought.

18. Subject to agreement to further this proposal, a period of consultation would be entered into in order to fully engage with all Co-ordinator provider organisations and scheme partners. It is proposed that a further report including the consultation feedback is brought to Committee in September for consideration and a final decision. If agreed at that stage, the revised model could be implemented within a six month notice period for the providers of the Co-ordinator posts. This notice period takes account of the likelihood of redundancies within provider organisations.

Other Options Considered

19. First Contact Schemes operating in a range of other authorities have been considered as part of this review. Other options looked at included integrating the Co-ordinator role within early intervention support services.

Reason/s for Recommendation/s

20. The model outlined appears to offer the best balance in terms of retaining service benefits whilst reducing service costs.

Statutory and Policy Implications

21. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

22. It is estimated that the proposed changes would deliver a scheme saving of around £126,000. This saving is across all partners and would include savings of £38,396 and £39,129 for ASCH&PP department and Public Health respectively. This is based on some estimates of future costs and assumes no requirement for on-going ICT maintenance/licence costs. Further work will enable confirmation of future costs.

Human Resources Implications

23. If agreed, it is possible that this proposal would result in redundancies within the five external provider organisations.

Public Sector Equality Duty Implications

24. This proposal would impact a scheme that is currently targeted at older people; however there is no anticipated negative impact on the target user group.

Implications for Service Users

25. People benefiting from the First Contact Scheme do so on the basis of a one-off checklist and then follow through on identified areas of need. There is not therefore any on-going service user group. Following a review of the checklist and service offers, people should benefit for a broader range of interventions.

Ways of Working Implications

26. Work with the Customer Service Centre and the Digital Team will seek to introduce more efficient ways of working.

RECOMMENDATION/S

- 1) That Committee approves the plan to progress the proposed changes to the First Contact Scheme in order to:
- a) enable consultation with providers and partners; and
 - b) proceed with further work to scope requirements for replacement processes.

David Pearson

Corporate Director of Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:

Lyn Farrow

Commissioning Manager, Adult Social Care, Health & Public Protection

T: 0115 9772503

E: lyn.farrow@nottscc.gov.uk

Constitutional Comments (LM 08/05/15)

27. The Adult Social Care and Health Committee has delegated authority within the Constitution to approve the recommendations in the report.

Financial Comments (KAS 12/05/15)

28. The financial implications are contained within paragraph 22 of the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.