

BEST VALUE PHASE 2 REVIEW: Out of Hours Services

1.0 Introduction to the Review and Core Service Descriptions

Terms of Reference:

- 1.1 This review covers those services operating between 5.00 p.m. to 9.00 a.m., at weekends and Bank Holidays, which the Council provides for people in distress who lack shelter and/or are at risk of physical or mental harm, or of harming others, and who are not able to fend for themselves.
- 1.2 It is acknowledged that a substantial range of Council services operate outside core weekly working hours. However, the focus of this particular review is those services which are initiated in emergency situations and which affect individuals as above. Therefore, services such as planned Homecare services, Environmental Health and technical services do not form part of this review, except insofar as they are accessed via the Community Alarm Service.
- 1.3 The objectives of the Review were:
- to ensure that we know what the need is and why the service is being provided, bearing in mind the increase in government and public demands for 24 hour services across the board;
 - to see if there are gaps in provision or overlaps;
 - to see if services are value for money; and
 - to propose improvements in effectiveness and efficiency, depending on the findings re the above.
- 1.4 Core services covered by the review are:
- community alarm service, including mobile warden service.
 - emergency social work team;
 - home care – emergency response service
 - homelessness;
 - housing standby; emergency repairs

Core Service Descriptions

A brief description of the five core services are as follows:

i) *Community Alarm Service, including mobile wardens.*

- 1.5 The Community Alarm Service (CAS) is part of the Council's Neighbourhood Services Directorate and provides a discretionary service to which all older people, people with disabilities and other vulnerable people can subscribe. The main purpose of the service is to provide customers with an easy to use and immediate means of obtaining assistance in an emergency. Customers are offered

an alarm unit, together with a remote trigger or pendant. When the trigger is activated a call is automatically sent to the purpose-built Control Centre where the details of the call appear on a computer screen. The Control Centre Operator receives the call and takes appropriate action. This action could be to:

- Contact a Resident Warden if it is a sheltered scheme;
- Contact a pre-determined person (family member or friend)
- Despatch a Mobile Warden to assess the situation and provide the required assistance; or
- Despatch an emergency service (fire, police, ambulance).

1.6 The service is available 24 hours a day, every day of the year, including Christmas Day.

1.7 The CAS provision covers both emergency and routine services. Out of Hours within this Best Value definition, is a time segment of the whole operation. This segment is not differentiated in services, resources or budgetary terms.

1.8 During the Out of Hours period the CAS also acts as a referral call base for emergencies arising out of hours in respect of housing repairs, homelessness, Homecare, emergency planning, technical services, environmental health, community language service, community properties and local meeting places; fire and intruder alarms; and staff safety monitoring.

The CAS estimates that 10% of the calls to the Centre overall are emergencies.

1.9 The CAS is contracted to support alarm systems for other agencies in Milton Keynes, e.g. Housing Associations and elsewhere e.g. Kingston Upon Thames. These contracts are reviewed regularly.

1.10 i) ***Emergency Social Work Team***

1.11 The Emergency Social Work team (ESWT) is a statutory service, and exists to ensure a professional response to genuine social work emergencies occurring outside office hours and requiring intervention before the next working day. In certain circumstances, social workers will occasionally carry out planned check visits to particular people, pre-arranged with mainstream social care departments.

The service is available from 5.00 p.m. on Monday to Thursday and from 4.30 p.m. on Friday until 9.00 a.m. the next working day. Weekends and Bank Holidays are staffed 24 hours a day.

1.12 iii) ***Homecare – Emergency Response Service***

1.13 The Homecare Emergency Response Service (ERS) was established in June 1996 initially as a Joint Finance 3 year project. Following its success during this period, the service is now funded from the mainstream Homecare budget. The service is designed to respond to unplanned emergencies needing social care between the hours of 5.30 p.m. and 9.00 a.m., and 24 hours at weekends and Bank Holidays.

It provides social care support from a dedicated team of Homecarers for older people and adults with physical problems. The service does not cater for young people or those with mental health problems.

- 1.14 The service is accessed via CAS who notify the Homecarers on call to enable prompt organisation of appropriate support. Key referring agencies are the Accident & Emergency department of MK Hospital as well as the CAS itself for people contacting them via their alarm installations.

iv) Homelessness

- 1.15 The out of hours Housing Management / Homelessness Service aims to ensure that accommodation is available in emergencies, and to provide a Housing Officer to attend properties if entry is required for contractors or police.

- 1.16 Housing Act guidelines state that authorities should provide access at all times during normal office hours, and aim to have arrangements in place for 24 hour emergency cover, e.g. by enabling telephone access to an appropriate duty officer, which need not be the homelessness officer.

- 1.17 It includes cases where temporary emergency accommodation is required for tenants as a result of an emergency making the property unsafe for occupation, e.g. flooding, and additionally to those fleeing domestic violence.

- 1.18 Access to the service is through CAS, who hold details of the on-call Housing Management rota, whom they will contact for advice and decisions on the action to be taken. The on-call manager will attend properties as necessary to resolve issues.

v) Housing standby; Emergency Repairs

- 1.19 The Council has a contractual duty to provide an Emergency Housing Repairs service to our own tenants, and such problems can occur at any time of day. Emergency work covers any repair needed to prevent danger to life or extensive damage to property, such as blocked drains and dangerous or exposed wiring. The aim is to complete emergency repairs within 4 hours of the problem being reported, and this timescale is included in the contracts with the contractors who carry out the actual repairs.

- 1.20 Out of Hours, i.e. from 5.00 p.m. to 9.00 a.m. and at weekends and Bank holidays, the service is accessed via the Community Alarm Service; there is a separate telephone line at CAS (listed in the telephone directory), which enables Control Operators to differentiate these calls from other incoming calls. The CAS Control Operator will establish whether the problem requires an emergency repair and refer tenant details to the appropriate contractor for them to arrange to carry out the repair within the contract timescale. Where technical or other advice is needed, the Operator can contact an on-call Housing Officer for a decision on appropriate action.
- 1.21

2.0 Methodology

2.1 Activities undertaken to complete this review can be divided into five categories. They are:

- formulating the terms of reference;
- establishing a core and a reference group;
- consultation with staff, users and partners;
- information gathering; and
- evaluating the evidence and writing the report.

Formulating the terms of reference and establishing groups

2.2 The Strategic Director of Learning and Development, together with the two officers, Policy and Inter-agency Liaison Manager and Policy Officer, project managing the review, prepared the terms of reference, which was distributed for comment, refined and agreed. These colleagues identified other key members of staff, both in-house and external, to establish the core and reference groups respectively. Membership of both groups (see Annex 1) increased as the scale of the remit emerged. The reference group met twice, initially as part of the consultation exercise, and secondly to comment upon the draft report

Consultation with staff, users and partners

2.3 The two project managers spent several hours in the CAS and the ESWT premises during out of hours learning about the services and asking questions. They also made subsequent visits to discuss information gathering with staff, followed by a number of telephone calls.

2.4 Pro-formas for the collection of evidence were distributed to each of the core services, with varying levels of response from positive, full, helpful at one end of the continuum to inadequate or basic at the other. In areas such as housing repairs and homelessness lack of monitoring information requested was a key deficit, as the details requested are not systematically gathered as part of day-to-day service performance monitoring.

2.5 Questionnaires (see Annex 2) were distributed to appropriate Council staff and external partners, seeking their views on various aspects of the Out of Hours services.

2.6 The two project managers gave a brief presentation to the Borough Wide Housing Board meeting in November 1999 and requested each representative there to persuade five local people from their communities to complete the questionnaire. Unfortunately there were no responses to this request, and there has not been time to follow them up individually.

2.7 A sample of ESWT users, who had been in recent contact with the service, were contacted and telephone interviews conducted by one of the project managers. Questionnaires were also completed by some members of the Milton Keynes

Foster Care Association who had individual experience of support from ESWT.

- 2.8 At the first meeting of the Reference Group, appropriate Council officers and external partners were asked to share their views on what was good about the services, what was poor and to complete a wish list for each component known to them. The results of these consultation exercises are shown in Section 3 of this report.

Information Gathering

- 2.9 In order to compare the Council core services with other authorities and the private sector, officers approached the SSI, LGIU, CIPFA and the Community Alarms Association. Telephone calls were made to neighbouring authorities to seek publicity materials. Most of the approaches resulted in very little hard evidence. Again some external and in-house colleagues were very helpful, despite being under extreme work pressures, others were difficult to engage or impolite in their responses. Two external authorities refused to send information because the officer approaching did not live in the area.

- 2.10 Some documents provided by officers as part of their portfolios of evidence were extremely useful e.g. the Financial Review of the CAS. It is interesting to note that this document, on finances alone, took an accountant forty days to complete.

- 2.11 The arrival in October 1999 of national research, the 'Open All Hours' report carried out by the Social Services Inspectorate (SSI), was extremely informative and illuminating. Unfortunately the timescale prescribed for completion of these Best Value pilots necessitated commencement of this review prior to receipt of the report. It would, in retrospect, have simplified the process for this particular review, had the SSI report, which highlighted key areas for investigation, been available at the start of the review. It is interesting to note that the SSI report, which researched one aspect of Out of Hours service, the ESWT, in eight authorities was carried out by twenty five specialist staff.

- 2.12 The varying scope, range and complexity of networking by the core services with external partners made this Best Value review an extremely difficult task. It became five Best Value reviews rolled into one, and perhaps not doing justice to the services. However, lessons have been learned that are developed into a set of comments and suggestions (see Section 5).

- 2.13 The short timescale available, and limited staff resources, has meant that the focus of the review centres on the CAS and ESWT. In some ways this is appropriate as one (ESWT) is a major element within the terms of reference, and the other (CAS) both undertakes its own, and co-ordinates the Out of Hours work for the other core services included. It was hard to isolate the Out of Hours element of some of these services, notably CAS which operates on a 24 hour basis. It seemed unreasonable to request them to take on a major activity to break down all the Out of Hours elements of their services, e.g. finances.

2.14 Finally, due to the time and staff resource constraints identified above, it is fair to record that a significant amount of this Best Value review has had to be done out of hours, in officers' own personal time.

3.0 Consultation Results

3.1 The services involved in this review provide support to two different types of users:

- a) directly to members of the public; and
- b) to partner agencies and daytime Council services i.e. social care teams, Homecare, Housing Maintenance, Homelessness services.

3.2 Accordingly, the consultation has sought to incorporate views of both types of users. Firstly this section includes the responses from the multi agency reference group, and secondly direct users, specifically members of the public accessing the Emergency Social Work team.

3.3 User consultation results are already available in respect of the Community Alarm Service, so this review has not pursued this aspect in the limited timescale available. Additionally, for Homecare, Housing Repairs and Homelessness services, out of hours access only represents a small part of the overall service and public perceptions tend to focus on the mainstream service rather than this aspect alone. Despite this an attempt was made to reach service users through the Borough wide Housing Board, however this approach failed to elicit any responses.

3.4 Attempts to draw conclusions or make specific recommendations from the consultation exercises have not been undertaken as the samples have all been far too small. Any criticisms or complaints that have emerged as a result of the consultation with both users and partners have been shared and discussed with the services concerned, to enable them to address the issues raised, which has been done.

3.5 The Best Value reviewing officers would like to express their warm thanks to all members of the core and reference groups. With very few exceptions their participation and co-operation has been very helpful. It is a pity that time constraints have prevented such contributions realising their full potential (due to small sample) to improve the services.

Results of consultation with Partners : includes Health Services, Police, Voluntary Organisations and departments in other areas of the Council

3.6 The responses in respect of each of the five services reviewed have been divided into three parts:

- a) what partners thought was 'good' about the service provided;
- b) what partners thought was 'bad' (or in need of improvement) about the service

provided; and

- c) a 'wish list' of ways in which the service might be developed.

Results of the questionnaire survey are attached in Annex 3. Individual comments from the survey are included in the appropriate parts below.

- 3.7 Additionally, it is apparent that some of the comments made do not wholly refer to the out of hours aspects of services, since, as already pointed out in this report, it is difficult to isolate this part of services. Such comments need to be taken into account when the applicable mainstream services are, in turn, subject to Best Value reviews.

3.8 Community Alarm Service (CAS)

3.8.1 *Good*

- Reliable.*
- Effective (x2)*
- Helpful.*
- Professional.*
- Enthusiastic.*
- Informative.*
- Friendly/considerate.*

(* *Comments made by Reference Group at a meeting on 17.11.99*)

- “During day time CAS is very helpful and responsive; I think it is essential that such a 24 hour contact service exists
- On the whole service response is very good. Most always have a good attitude towards tenants. Feedback is generally good
- The service is generally good. Depending on the operator the feedback from them can be excellent. When I needed help with my system one operator in particular was excellent. He calmly talked me through the different stages to rectify the problem. The majority are very friendly and helpful
- This scoring is from the point of view of partnership working, where working relationships and co-operation are excellent.
- Telephone is always answered promptly and politely with worker giving their first name. They are always willing to assist with the query and their manner is polite and helpful. They are able to access individuals on their database and provide a range of details not usually available to ESWT
- As far as we can tell they provide an excellent service to their users and other agencies
- We do recognise the breadth of their operation and generally are extremely pleased with the overall level of performance.”

(Questionnaire comments)

Poor

- “Some CA officers not trained to obtain information from 'First Housing' system.
- 3.8.2
- Basic details i.e. current tenant's name or whether a void, is sometimes essential when deciding what action we need to take

- There are the odd cases where they do not ask any questions from the caller concerned. Sometimes you may only be given a name and telephone number, no address and informed that the person states they need to speak to a Housing Officer urgently
- Once I had to call someone back as an emergency, only to be told that she wanted a housing waiting list application form!
- They are generally more confident in dealing with older people and physically disabled people than those with mental disorder or learning difficulty. For these they often consult our team
- Some regular liaison would be beneficial to us
- A carer has reported that CAS appear to be reluctant to respond to a situation where there are practical difficulties in moving and handling the person being cared for. If a situation like this is know about, does CAS ‘alter’ its response perhaps to limit potential harm to its employees?*

(Questionnaire and letter comments)

Wish List

- Consider ways to reduce queries arising from repairs calls.*
- Formal liaison re Repairs.*
- Increased awareness of Children's Services and consideration of opportunities this may provide.*
- Provide 'tagging' facility for victims of domestic violence to give protection out of the home.*

(Comments made by Reference Group at a meeting on 17.11.99)*

3.9 Emergency Social Work Team (ESWT)

3.9.1 Good

- Information passed on immediately/next day (x2)*
- Quality of social work response to users.*
- Links to staff in Children's Services.*
- Provision of support for mentally ill offenders.*
- Support to Extended Hours CPN Service (joint visits, assessments). Also contact maintained during day. Managerial support.*
- Inter-agency contact for case conferences.*
- Being able to access children's services.*
- Consultation with day time managers when necessary.*

(Comments made by Reference Group at a meeting on 17.11.99)*

- “They cover emergencies etc. extremely well.
- ESWT have shown good level of understanding when we have contacted them
- Although it has not always been possible to visit person being referred they have at least talked to person and/or talked to staff about recommended action
- The ESWT offers an invaluable service that is a considerable improvement on that provided in Bucks, chiefly because is more locally responsive
- Mental Health staff work very well with the Extended Hours CPN Service “

(Questionnaire comments)

Poor

- Time lag in response to messages left on answerphone.*
- Secure accommodation for 'young' offenders.*
- Priorities for daytime services are sometimes unrealistic (x 2)*
- 3.9.2 • Where child protection issues occur at night the on-call service don't always have relevant information to make decisions at that time.*
- Tend to rely on agency doing a referral to offer all the support.*
- Hit and miss.*

(* **Comments made by Reference Group at a meeting on 17.11.99**)

- “The service is variable depending on individual social workers and the demands put upon them. We (*Children’s Services*) acknowledge that our service does not always make clear/realistic requests. The service does not use the same administration process and documentation; we need to work on this. More joint training would help to develop a more consistent service.
- Social workers tend to be more worried about what to do for elderly people out of hours and often need consultation with Team Manager – which is not a problem.
- However I do wish they would not tell clients and relatives as they sometimes do that a social worker will visit the next day - that is for the daytime services to prioritise
- In my experience not very good with regard to response time or attitude. Little if any feedback
- Very rare that written feedback regarding social workers’ plans for person, i.e. visits etc. are provided
- Mixed responses
- On the whole not too bad
- Difficulties have been experienced in recent months when ESWT on training days - no provision for cover
- Sometimes difficult to get hold of – ansaphone message left
- A number of Carers have commented that they have had difficulty in obtaining the contact number for this services. When it was included in our Carers contact card (sample enclosed), there was surprise that it was ‘out in the open’
- This service is very patchy. Sometimes they are extremely helpful and pass on action that can be taken during normal working hours. At other times real worries are passed on with no action being taken and real worries about real people being in real risk situations are there with a real risk of nothing being done. MK is an accident awaiting to happen – if it hasn’t already.”

(Questionnaire and letter comments)

Wish List

- Mobile telephone contact.*
- More capacity for agreed tasks out of hours on existing cases.*
- Fact-to-face contact at times for difficult/involved cases (x2)*
- Better information sharing.*

(* **Comments made by Reference Group at a meeting on 17.11.99**)

3.9.3

3.10 Homelessness

3.10.1 Good

- Specific help for youths.*

(* *Comments made by Reference Group at a meeting on 17.11.99*)

- “Access is via CAS and is generally good although it would be quicker if we could access direct. The workers are normally helpful and willing to contact the client direct. They have usually been able to find accommodation for those for whom the Council has a duty to provide”

(Questionnaire comments)

3.10.2 Poor

- Information on availability and where to send homeless to when out of hours. *
- As above*

(* *Comments made by Reference Group at a meeting on 17.11.99*)

- “On one particular occasion liaison seemed to be happening through CAS operator. We had to insist to talk to the homeless officer as we were not happy to discuss the family's situation with CAS as they did not need to be involved.
- They are less confident with those persons who are vulnerable because of learning disability or mental disorder and we often work jointly on these.
- Not very helpful at all “

(Questionnaire comments)

Wish List

- Contact numbers.*
- Awareness.*
- Each Housing Association in MK to provide a property that could be used in addition to the limited facilities available.*
- As above, need to have appropriate emergency accommodation.*

3.10.3

(* *Comments made by Reference Group at a meeting on 17.11.99*)

3.11 Housing Repairs Service

3.11.1 Good

- Usually respond in the time stated.*

(* *Comments made by Reference Group at a meeting on 17.11.99*)

- “Usually very good. In most cases, speedy response. Adequate repair in emergency situations
- when work is done, normally quite satisfactory
- on the whole good
- Access is normally via CAS although a few do come to us and are passed on. It is quite rare for us to hear back any complaint about the service.

- Well run and co-ordinated service
- Repairs done under the emergency umbrella tend to be done better than the other repairs. They tend to be different workers than the ones during the day”

(Questionnaire comments)

Poor

- Contractors don't always carry ID - this can be necessary.*
- 3.11.2 *(* Comments made by Reference Group at a meeting on 17.11.99)*

- “some contractors very slow to respond
- problems over work not done because they do not have the parts and have to order them in
- On the few occasions that we do hear complaints, it is mostly to do with contractors not being as helpful as they might be and we would feed this back to CAS
- A Carer called me a few days ago. His wife is a wheelchair user and they had needed an emergency repair to a water leak in their kitchen. The repair was carried out quite promptly but the ‘making good’ of the hole in the floor and replacing a kitchen unit was not. The Carer made repeated requests for information about a date and time for the work to be done but no one came when they were supported to. Comments like “First thing on Monday” etc from the housing office appear to be more a method of ending the call than relevant to the enquiry. In desperation he had to resort to the threat of persistent calls before there was any action. There appeared to be no recognition of the additional inconvenience to his wife in being unable to manoeuvre her wheelchair in the kitchen. I have had further instances, in the past, of Carers having difficulty with housing offices over repairs. The combination of Housing and Social Services in the same Directorate does not appear to be producing joined up thinking from the situations reported to the Carers Project. There may of course be examples of good practice but unfortunately these tend to go unreported.”

(Questionnaire and letter comments)

Wish List

- How do we capture information on regular damage/vandalism? *
 - Suggestions on how to prevent further problems.*
- 3.11.3 *(* Comments made by Reference Group at a meeting on 17.11.99)*

3.12 Emergency Response Service (Home Care)

3.12.1 **Good**

- Efficient; helpful.*
- (* Comments made by Reference Group at a meeting on 17.11.99)*
- “Usually good. Adequate response time and attitude to tenants.

- I have only dealt with them on one occasion and they were very good
- Access to service is via CAS and we have little involvement with most calls. When we do request a service they are prompt and responsive. Although we have little contact with the actual carers who provide the service, what little we do indicates that they are very good.
- From recording from ESWT, seems to respond well and Homecare is in close touch with Older People's Service when necessary"

(Questionnaire comments)

3.12.2 *Poor*

- Did not know about them*
- Ditto*

(Comments made by Reference Group at a meeting on 17.11.99)*

3.12.3 *Wish List*

- Awareness/Information *
- Could this be available for children and families?*
- Follow up contact with Police re local officers re re-assurance/awareness 'fear of crime'.*

(Comments made by Reference Group at a meeting on 17.11.99)*

3.13 Emergency Social work Team: consultation with service users i.e. members of the public

3.13.1 In view of the time restraints a qualitative approach was adopted and a sample of service users selected, who had either referred themselves to the ESWT or who were carers, either of children and young people or people with disabilities or mental illness. This placed limitations on the numbers of users that it was appropriate to contact. It was decided, for instance, that it would not be appropriate to contact people who had been referred for either mental health assessments or child protection concerns, on the basis that officers would be unlikely to elicit an objective response. All those concerned had contacted the service within the previous three months.

3.13.2 13 responses were received – 4 in response to postal questionnaires, and 9 to telephone interviews. Generally responses were positive about the service received although some comments were made about the delays and difficulties in prioritisation resulting from the ansaphone system.

The numbers in brackets indicate how many individuals gave responses.

3.13.3 **1. How did you know about this service ?**

- Through social worker/Family Placement Officer (9)
- Directory enquiries (1)
- Ansaphone on main Council switchboard (1)
- Referred by other organisation (Richmond Fellowship, Keystone) (2)

3.13.4 **2. Was it difficult to find out about the service?**

None of the respondents had any difficulty in finding out about the service.

3.13.5 **3. What was the reason for your contact ?**

(in most cases there had been multiple contacts)

- For action (1)
- For advice (2)
- Action and advice (2)
- To talk about thoughts and feelings (1)
- To report concerns (1)
- For advice, and to arrange transport (1)
- For action, to offload and diffuse situations (1)
- For action/ for advice/ to report concerns (3)
- For action/for advice/ to report concerns, and to accommodate foster child (1)

4. How quickly did you get through?

3.13.6

- Very quickly (4)
- Reasonably quickly (5)
- usually reasonably quickly (1)
- reasonably quickly or short wait (1)
- usually reasonably quickly, once long wait (1)
- very quickly or reasonably quickly, once long wait (1)

5. What response did you receive to your call/s?

3.13.7 The respondents who had used the service on a number of occasions either commented :

- that calls were mostly or usually answered directly by a social worker, and occasionally or sometimes by ansaphone (5)
- or that it was either by ansaphone, or answered directly by social worker (5)
- Answered directly by social worker (2)
- Ansaphone (1)

5(a). If ansaphone message left, how quickly was your call returned?

- In 0-15 mins (2)
- In 15-30 mins usually (4)
- return call in 30-60 mins (once) (1)
- call return times vary from 5 mins to 2 hours (1)
- call return times vary up to 2-4 hours (1)
- return call took about 3 hours (Friday evening) (1)

6. How did you find the attitude of the person who dealt with your call?

- Very helpful (9)

(comments – fantastic, very efficient; they understand my problems, thank

3.13.9 *them for the service; very helpful with problems with wife; not very helpful about daughter)*

- Helpful (3)

(comments – some are excellent, on one occasion was phoned back several times to check things were OK; good)

- Reasonably helpful (1)

7. How quickly did the emergency social work team deal with your request?

- Very quickly (3)
- Reasonably quickly (3)

3.13.10 *(comments – ‘once I had to lose my temper to get action’;’ it takes time to organise escort/transport’)*

- A bit slow (3)

(comment – ‘on one occasion when I was a new foster carer, my neighbours had to help in the meantime’)

- Not applicable (3)
- Varies dependent on problem (1)

7. What response did your call receive?

- Issue resolved (2)
- Issue resolved; or useful advice given; or visit made (2)
- Generally issue resolved; or daytime service contacted on my behalf (1)

3.13.11

- Issue resolved; or useful advice given (1)
- Issue resolved; or told to contact daytime social work team (1)
- Issue resolved; or useful advice given; or told to contact daytime social work team (1)
- Useful advice given in one case; in the other case I wasn't given any constructive advice (1)
- Useful advice given; talk over problems (1)
- Useful advice given (1)

- Useful advice given; other service contacted on my behalf; reassurance (1)
- Useful advice given; wanted practical help but this wasn't provided (1)

7. How satisfied were you with the service you received?

- Very satisfied (8)
- Reasonably satisfied (4)
- A bit dissatisfied (1)
- Very dissatisfied (1)

(one respondent was very satisfied in one instance and very dissatisfied in another)

3.13.12

7. Do you know how to make a complaint?

- Yes (6)
- No (4)
- No reply (3)

7. Would you use the ESWT again?

- 3.13.13
- Yes (12) (*1 comment - 'definitely'*)
 - No (0)
 - Possibly (1)

7. Please let us have any comments or suggestions about how the Emergency Social Work service could be for improved

- 3.13.14
- *“Very good; they tackle across the board issues; meets all needs; I’m very happy with the service*

- *Social workers are very helpful with issues about daughter; calmed me down so able to deal with situation and talk to daughter*
 - *I don’t like suggestions that I should go to a Mental hospital*
 - *I’m happier with ESWT than daytime service – you’re able to get hold of someone; Suggest number for foster carers to ring for taxis direct; if ESWT had more access to files on children in care it would enable them to have better knowledge to advise foster carers.*
- 3.13.15

- *Foster carers used to be able to order taxis themselves rather than go through ESWT; understand that kids shouldn’t be allowed to order them themselves but why not foster carers?*
- *I don’t like leaving messages on the ansaphone but it’s not a problem to phone again.*

- *I’ve never had a problem with ESWT; I’m happy to talk to anyone that can give advice – as I’m on my own I’m grateful for their advice*
- *Friendly and helpful overall; I’ve got to know the team members now and don’t feel judged; ESWT do a good job in difficult circumstances. I think it would be a good idea to contact via somewhere like Community Alarm rather than leave an ansaphone message, so that situation can be explained to a person and a response prioritised – I worry that emergencies might be missed using ansaphone.*

- *Resources weren’t here to deal with the situation with my daughter – such as a place to go away from us.*

- *Ansaphone not helpful in an emergency!!*
- *More people on duty so I do not get an answer machine. The word emergency should mean emergency and so the telephone should always be manned. Maybe issue mobile phones!*

- *In the past year I have used EDT occasionally and always found them to be very helpful*

- *I personally have no problem with EDT but have heard of other foster carers who do. I think it would benefit everyone for the team to include more people at one time i.e. make the team bigger”.*

4.0 Issues Arising from the Review

4.1 Identification of Need for Out of Hours Services for the Vulnerable Groups

4.1.1 The CAS has promoted its services and responded to need developmentally. It has the capacity to continue to expand. Eligibility criteria, and planning service delivery in response to demographic growth on empirical evidence of need, have not been pressing issues. However, if Milton Keynes does expand significantly in the future the situation could change and demand such policy decisions. Currently there are 20,500 65+ year olds in Milton Keynes. In 5 years the number will be 22,550, and in 10 years 26,480. It has not been possible to provide such figures for frail and vulnerable service users.

4.1.2 Whilst the CAS is a discretionary service it fulfils one of the major aims enshrined in Government Community Care legislation; that of supporting and enabling older people, adults with disabilities, and those at risk of racial and domestic violence, to remain in their homes.

4.1.3 The CAS adheres to the Council's corporate aim three:

To tackle disadvantage and promote equality.

Recommendation

The CAS is requested to identify its optimum level of operation to determine:

a) future levels of growth against known population trends;

b) the need for priority criteria; and

c) resourcing implications for preferred levels of service.

4.1.4 The Emergency Social Work team has a statutory responsibility to provide a

social work service out of hours to all the population served by Milton Keynes Council. The current population (as at October 1999) is 208,376 but continues to grow rapidly, with a projected average annual growth of 1.7%.

4.1.5 The Council has a statutory duty to provide accommodation for homeless people who have a priority need and meet the qualification criteria laid down by the Housing Act 1996. This may be on either a temporary or long term basis, dependent upon the circumstances of individual cases.

4.1.6 In the period January 1997 to September 1999, a total of 4,784 homelessness applications were received, of which 1,382 were accepted for housing.

4.1.7 A further breakdown of these figures follows:

Period	Applications	Acceptances
1997/8	1,680	539
1998/9	1,875	531
Apr-Sept 1999	881	284

4.2 Equalities

4.2.1 The Equalities Audit has highlighted the requirement of all council services to improve their data about identification of needs, recording and provision of services related to minority groups, covering ethnicity, disability and gender.

4.2.2 The Equalities Audit Action Plan is a corporate initiative that will impact on all service performance monitoring and Best Value reviews.

4.2.3 The CAS provides information about its services in a range of other languages and on tape. It records service users' ethnic origin on the system, but does not use the information as part of its monitoring.

4.2.4 ESWT leaflets are currently only available in English version, as publication and distribution are still in their early stages.

4.2.5 ESWT only record the ethnicity of service users with whom they have face to face contact, and in particular Mental Health assessments, which shows that over 80% identify themselves as 'White British'.

4.2.6 Whilst Housing Application forms request ethnicity details, these details were not until recently input into the Housing database system upon allocation of tenancies. With effect from October 1999, provided that these details are supplied, the ethnicity of new tenants should be input into the First Housing system. It should be noted that this has not been set up as a mandatory input section.

4.2.7 As a result of the above, the ethnicity make up of Council tenants is currently unknown. Likewise, housing maintenance requests, including emergency repairs do not record tenants' ethnicity.

4.2.8 However, two projects recently undertaken have sought to include such details. These are the Housing Needs Survey, results of which should be available in January 2000, and the Housing Condition Survey, results expected Spring 2000. It should be noted, however, that figures on ethnicity may not be wholly accurate, as feedback from the consultants indicated that approximately 10% of the 2,500 tenants (Council, Housing Association and Private) surveyed refused to indicate their ethnic origins.

4.2.9 Homelessness statistics record the ethnicity of all applicants, as well as providing a breakdown of those meeting the homelessness criteria who are subsequently allocated tenancies. No separate statistics are kept for those presenting as homeless out of hours. The vast majority of applicants (87%) described their ethnicity as 'White UK'. Similarly, this ethnic classification accounted for 88.9% of applications accepted for housing.

Recommendations

In adherence to the Council's Equality Audit it is recommended that:

- a) ***Computer records on service users' ethnic origin are used as part of performance monitoring portfolio and discussed in team meetings;***
- b) ***Action is taken to ensure that tenants' ethnicity details are recorded on the First Housing system and are then utilised in the monitoring of repair call outs both during the daytime and out of hour; and.***
- c) ***Further work is required to ensure that public information regarding the ESWT, etc. is available in a variety of formats and languages.***

4.3 Service Information for the Public and Partners

4.3.1 Information about the out of hours services can be found in:

- the telephone directory (and via Directory Enquiries);
- regular lists in 'Messenger';
- specific newsletters, e.g. CAS Newsletter and "Better Living in Milton Keynes"; and
- information leaflets regarding specific services e.g. for CAS and ESWT

4.3.2 The CAS advertises its services widely around Milton Keynes, mainly through its leaflets and occasional displays in libraries (including the mobile library service), Health Centres, and Council offices, as well as distribution via health visitors. Recommendation by word of mouth is probably the best method of promoting the CAS.

- 4.3.3 A public information leaflet is produced by the Emergency Social Work Team, as well as separate information for partner agencies. The leaflets for the public have only recently become available and include some incorrect information regarding daytime contact numbers. Leaflets are displayed at District Housing Offices, Civic Offices and Saxon Court, and a stock is available, although only on request in some cases.
- 4.3.4 The information leaflet includes examples of the type of issues with which the ESWT could provide support, although it does not specifically state what eligibility criteria might apply.
- 4.3.5 At present ESWT leaflets are only available in English version, although it is acknowledged by the co-ordinators of the public information project that all leaflets need to be developed for non-English speakers and possibly in alternative formats e.g. for those with visual impairments.
- 4.3.6 Both the CAS and ESWT telephone numbers are featured on the Carers' Card recently produced and distributed in conjunction with Milton Keynes Carers' Project.
- 4.3.7 Leaflets on the Homecare Emergency Response Service have only been distributed to Council departments and partner agencies; this service is only available via professional referral or by the user contacting CAS in an emergency situation, therefore it is not directly publicised to service users themselves. The Reference Group meeting indicated some lack of awareness about this service amongst partner agencies which needs to be addressed.
- 4.3.8 'Housing Advice on Homelessness' leaflets are available at Council offices as above, as well as through associated partner agencies, e.g. Shelter. However, they do not provide Council contact numbers or include any reference to Out of Hours services.
- 4.3.9 A Housing Maintenance leaflet is available, which was last published in May 1992 and is distributed to new tenants as part of a 'Welcome Pack'. It is also understood to be available at Area Housing Offices. This leaflet still carries the Milton Keynes Borough Council logo and has some incorrect details concerning the location of Area Housing Offices. This leaflet provides a guide to Housing Repairs service and includes details of the priority categories for different types of repairs, and how to access services. It states that emergency repairs should be completed within 24 hours.
- 4.3.10 Additionally, the Housing Repairs service is featured in the 'Better Living' newsletter distributed at least annually to all tenants, which reports on performance in the previous financial year.
- 4.3.11 The Tenants' Handbooks also include the emergency repairs telephone number. However, this was last published in 1993. No stocks are currently held, and there are currently no plans for reprinting. It is understood that a copy is generally available at void properties left by vacating council tenants for use by incoming

tenants.

- 4.3.12 Distribution of information about all Out of Hours services needs to be addressed to ensure its availability to key potential service users; these would comprise other agencies including the voluntary sector, carers, foster carers, Homecare and Rehabilitation Service clients, and clients of other social care teams; partner agencies such as health services and the police are other key sites for distribution.
- 4.3.13 It would be beneficial if information from each of these services included details of the other aspects, which would assist users in contacting the appropriate section quickly and efficiently. It would also mean that staff time spent on transferring callers' queries to the right section would be minimised.
- 4.3.14 Other information leaflets are either issued or planned for the mainstream daytime services that are supported by CAS and ESWT out of hours. Such leaflets need to ensure that out of hours details are clearly shown.

Recommendations

- a) that all leaflets are reviewed and updated to ensure that details of the full range of related Out of Hours services are included;*
- b) that the ESWT and Housing Maintenance leaflets are amended;*
- c) that wider distribution of leaflets is pursued to ensure public and other agency awareness of the services available;*
- d) that the listing in the 'Messenger' as well as telephone directory entries are amended to clarify that the emergency numbers listed are only for use out of hours;*
- e) that partners are regularly updated on existing and developing services in order to improve service users access to appropriate services; and*
- f) that users and representative groups, as required by the Disability Discrimination Act, are consulted on effective means of communication, where this is not yet undertaken.*

4.4 Access

- 4.4.1 Out of hours the CAS acts as a referral call base for housing repairs, homeless, Homecare, technical services, environmental health, community language service, community properties and local meeting places, fire and intruder alarms, staff safety monitoring, and emergency planning. A separate telephone line exists out of hours at CAS to distinguish Housing Repair calls from other emergencies. See also item 4.4.7.

- 4.4.2 A message on the main Council telephone switchboard number 691691 provides callers with details of three distinct Out of Hours contact numbers i.e. ESWT, Housing Repairs and a number for all other enquiries. It has been noted that on occasion this ansaphone message has not been switched on. Direct lines to social care teams and area housing offices do not have an ansaphone facility.
- 4.4.3 The public, and other agencies, have direct access to the Emergency Social Work Team via a widely publicised telephone number. If staff are out on visits then an ansaphone collects messages. When out on visits social workers are equipped with a mobile phone which enables remote access to messages left on the ansaphone; this is regularly accessed to ensure minimal delay in responding to calls.
- 4.4.4 There are two telephone lines for the ESWT - if line 1 is engaged incoming calls automatically ring on line 2 ; if this is unanswered (e.g. when only one social worker is on duty as for the majority of shifts worked) it will then be picked up by the ansaphone. It was observed that the ansaphone message gives the impression that no-one is there, which can lead to people hanging up without leaving messages. There is no way of tracing the source of these calls, therefore the system is reliant on the caller phoning again, which could have potentially critical repercussions.
- 4.4.5 It was also observed that inconsistent procedures are adopted by social workers when out on visits; some staff divert to ansaphone and check in for messages using remote device, others divert the line to the mobile. However, mobiles are inaccessible at some sites e.g. hospital, or alternatively callers might ring at crucial times of interviews or assessments. The latter action is not therefore recommended.
- 4.4.6 It is noted that the majority of Social Service Departments inspected by the SSI for the 'Open all Hours' report did not have direct user access to ESWT; examples of other methods of access include call centres which pass basic details to social workers on-call.

Recommendations

a) that consideration be given to whether ESWT lines should be diverted to CAS where callers will speak to an actual person, when social workers are unavailable. It should be noted that this could have potential training implications for Control Operators;

b) more consistent contact with Social workers could be maintained if they were equipped with bleeps that allow contact in all establishments. Technical advice would be needed on the best telephone management systems;

c) that the ESWT ansaphone message is altered (when appropriate) to indicate that a social worker is available but on another line;

d) that procedures regarding use of mobile telephones and diversion of calls should be properly defined and monitored to ensure consistency. It has been suggested that the Service Manager and Team Manager carry out quality control by doing a sample of response to calls; and

e) in the longer term, organisation of access to Out of Hours services could be explored in the context of an overall Call Centre review.

4.4.7 Housing repairs which meet the criteria set for emergency repairs are referred on by CAS to one of three contractors, according to the geographic area involved. Access to the contractors is in turn through each contractors' regional Call Centre who then contact the individual who will carry out the actual repairs. Tenants reporting the fault are advised of the 4 hour timescale for completion of the repair.

4.4.8 As a result of this indirect procedure, CAS staff will generally be unaware of any specific difficulties that contractors may be experiencing in completing repairs within the 4 hour time limit, until subsequent calls are received from the tenants awaiting their arrival. In contrast, under an earlier contract with Synergy, CAS was in direct contact with individual contractors and able to give tenants a better indication concerning repairs timescales.

4.5 Exchange of Information about Service Users: internally and with partners.

Information Held Internally

4.5.1 Most of the information used by CAS about service users regarding those connected to the system is on its computer and immediately accessible at all times.

4.5.2 The CAS uses the in-house IT network to access Council information, e.g. First Housing, but there are no out of hours Council IT back-up systems available. When the network system is unavailable, this can slow down the efficiency and effectiveness of the CAS. In particular, lack of access to the First Housing system means that staff are unable to confirm whether or not a property is council owned; this can lead to authorisation of inappropriate repairs on occasion.

4.5.3 CAS does not currently have access to either the Homecare system or the SSID Database. Additionally, it is understood that discussions about the new CareFirst Database system have not included providing access to CAS staff, although Homecare access is under consideration. It would be beneficial for this to be available, as this would, for instance, provide staff with knowledge of the user's Care Plan, or Homecare pattern which could enable better informed decisions to be taken, when there is a suspected emergency.

4.5.4 Consideration, however, should be given to the extent of information that ought to be available to both CAS and Homecare staff, to ensure that there is no

infringement of client confidentiality. This is particularly important in relation to Child Protection cases.

- 4.5.5 The ESWT has access to SSID Database for client information, but is reliant on whether records are kept up-to-date. There is currently no electronic access to any other information such as conference notes on Child Protection cases. ESWT is quite dependent on its own paper file records, due to the lack of
- 4.5.6 reliability of electronic means, e.g. problems with IT network can be more prevalent outside core working hours, and variable quality of SSID information. There is no access to IT support out of hours, which could critically affect actions or decisions that need to be taken by ESWT staff when the network is down.

Recommendations

- a) that out of hours IT back-up to all Out Of Hours services is considered by the Resources Directorate, which would most likely need to be on an on-call basis;***
- b) that IT ensure that the new CareFirst system has the means for ESWT to access mainstream user files on a read only basis and in the interim provide ESWT with such access via shared IT drives; and***
- c) that CAS and Homecare are also given access to CareFirst database system on a read only basis, but that levels of access are safeguarded to ensure that client confidentiality is maintained.***

Internally: exchange of information between services

- 4.5.7 Where the CAS deals with emergencies in the Out of Hours segment of its services it passes on information about users' needs and its action to daytime colleagues by fax (e.g. referral forms to Homecare), Call Sheets which are collected the following morning by Housing Management (emergency housing repairs) or telephone conversations.
- 4.5.8 Where service users exhibit distress, through constant or over use of the alarm system, print-outs of the patterns of usage are analysed to determine future action, which might be:
- Problem with units - mobile warden and control operator checks by telephone and visits
 - Problems experienced by service user – CAS alerts appropriate Council department or partner agency.
- 4.5.9 CAS provides information for case conferences on individual service users to aid effective decision-making.

- 4.5.10 In the case of Homecare Emergency Response Service, a referral form is completed in every case by CAS. This form specifies the action subsequently taken e.g. the type of service provided, and any further action required. This is then faxed to the Homecare Co-ordinator who follows up any related issues the next working day.
- 4.5.11 ESWT record details of all calls and actions taken, using appropriate documentation e.g. record sheets, referral forms, and assessment forms. Information sheets regarding taking of referrals and passing on work are available for sessional workers and newly appointed staff, although these require updating.
- 4.5.12 Procedures for communication and sharing of information between ESWT and daytime staff are generally effective, however these are not formally written down and adopted. The ESWT Team Manager links regularly with daytime staff to emphasise need for information sharing. However, more effective and consistent working relationships would be enabled by the adoption of written protocols and procedures.
- 4.5.13 Daytime staff are asked to email and fax details of potential emergency situations that might arise (the latter is necessary due to IT problems as mentioned earlier) to alert ESWT, and to recommend appropriate actions should they occur. Daytime staff may additionally ring through to ESWT to discuss in more detail during the crossover period e.g. from 5.00 onwards Monday to Thursday and from 4.30 on Fridays.
- 4.5.14 It is noted that information provided by daytime staff can lack sufficient detail, which could potentially threaten effective interventions by ESWT. It is likely in such cases, that ESWT will need to contact a Team Manager from the service concerned to clarify details and discuss possible actions.
- 4.5.15 All calls and work undertaken are written up on record sheets which are faxed to the appropriate day time service before the next normal working day. ESWT has a target of 90% typed output in 2000 and 100% in 2001, which they are currently working towards.
- 4.5.16 Feedback from daytime services indicates that recording of action taken by ESWT is not of a consistent quality. Some mechanisms currently exist to follow up any issues arising from information exchange problems, e.g. Team Manager's attendance at Children's Services management meetings. Communication needs to be strengthened to resolve such issues for the future.
- 4.5.17 There are not currently any protocols or systems for Housing Offices to alert CAS to issues that have arisen during the day with particular tenants which may result in calls to the Out of Hours Emergency Housing Repairs Service. This can result in inconsistent approaches from daytime and out of hours staff, e.g. if tenants have been refused emergency repairs by daytime staff.

4.6 Networking with External Partners

- 4.6.1 The CAS relationships within the Council and with key partners like Health and the Police seem very positive, but jointly agreed protocols would ensure continuation of good practice, particularly when staff changes occur.
- 4.6.2 The ESWT team also has close links with the Police, Health Services and the Community Alarm Service. There is an extended hours Community Psychiatric Nurse scheme available each evening and a senior Homecarer is available at most times to deal with service problems for Homecare users.
- 4.6.3 There is a volunteer appropriate adult scheme which deals with much of the work under PACE although the team continues to act as appropriate adults for young people on Care Orders and Vulnerable Adults.

4.7 Scope of Service

CAS

- 4.7.1 Currently 8,000 people have connections to the CAS; 6,000 in Milton Keynes and 2000 in the Royal Borough of Kingston Upon Thames and North Shropshire. The CAS checks the performance of each of the units every 4-6 weeks.

- 4.7.2 Service users in MK have access to a mobile warden for emergencies. The CAS acts as a telephone referral provision only for services users outside MK. In total it deals with 400 – 450 calls each 24 hours.

ESWT

- 4.7.3 ESWT services are primarily restricted to emergencies, as required on a statutory basis. Within the current staffing levels, there is limited scope for mixing planned work with emergencies, although it is clear that some such support is provided by the team e.g. planned Child Protection visits, providing advice to foster carers and listening to and supporting users with mental health problems or learning difficulties.

- 4.7.4 Consideration needs to be given to the capacity to rethink thresholds to make best use of services available. The Quality Protects Management Action Plan 1999-2002 proposes a dedicated support line service for foster carers, which is a function already catered for to some extent within services provided by ESWT. This would be provided by daytime Family Placement Officers on-call at home on a rota basis, via mobile phone.

- 4.7.5 It is recommended that before setting up a further separately funded Out of Hours service, consideration be given to whether the funding might be better used to provide additional ESWT staffing at optimum times. This would have the dual benefit of continuing to provide professional support, which Consultation effected indicates is valued by foster carers, whilst enhancing the capacity of ESWT to provide a more responsive service due to enhanced staffing levels at busier times.

Supply of a separate designated telephone line for this purpose appropriately publicised to foster carers would enable differentiation of such calls from other

4.7.6 ESWT enquiries. As a contingency arrangement, this line could be switched to CAS if social workers are dealing with emergencies which have to take precedence.

4.7.7 Additionally these increased staffing resources might enable ESWT to provide a greater support service to people with mental health problems after 12.00 midnight when other services e.g. CPN service, are not operating. This would support the implementation of the National Service Framework.

4.7.8 It is recommended that the potential for ESWT to take on the 'on call' duties for homeless issues is explored, whilst acknowledging the requirement for provision of training in the relevant legislation if this were effected. Benefits could include a more holistic view taken of both housing and social needs of those presenting as homeless. It would be essential to establish firm protocols between departments, if this aspect were developed.

4.7.9 The potential financial savings would be the weekly on-call allowances plus overtime payments to on-call Housing managers. Additionally mainstream staff would benefit from uninterrupted nights and weekends, which would have a positive impact on core working hours. This saving would need to be balanced against training costs and implications for service priorities.

4.7.10 Actual numbers of calls of this nature are difficult to establish due to insufficient statistical information regarding demand, but are relatively small numbers. Likewise differential financial information is also not available. More stringent monitoring of the number of calls as well as financial and time implications, including current response times, would need to be established to enable full consideration of this proposal.

4.7.11 It would not however be practical for ESWT to take on the Housing Repairs on-call function as technical knowledge is required.

Recommendations

a) That consideration be given to the feasibility of ESWT providing the foster carer support service using funding from Quality Protects MAP;

b) That consideration be given to encompassing the Homeless on-call arrangements within the workload of the ESWT; and

4.7.12 **Homecare Emergency Response Service.**

The emergency response service was set up specifically to cater for older people and adults with physical disabilities. It has the capacity to offer a service to larger numbers than at present, and thus benefit other social care service users. This would require discussion and negotiation with Social Care teams and may have training implications for homecarers.

Recommendation

That consideration be given to increasing the range of service users able to access the Homecare Emergency Response Service.

4.8 Policies and Protocols

4.8.1 Whist the CAS has some protocols which determine procedures and staff guidelines in detail, e.g. the inter-agency protocol on supporting victims experiencing or in fear of domestic violence, in general this is an area that needs to be developed.

4.8.2 The CAS has full procedural guidance for its own staff, e.g. the Mobile Wardens and Control Operators' Manuals. However, where services are provided on behalf of other departments, i.e. emergency housing repairs or homeless services, there is an absence of any clear formalised criteria and guidance to ensure that calls are dealt with in an appropriate and consistent way. Lack of firm guidance could mean that repairs are incorrectly authorised or alternatively that on-call officers are unnecessarily contacted for advice.

4.8.3 Policies and protocols for individual services, and particularly between services both internal and external, do not generally exist. There tends to be a reliance on habitual procedures, and individual interpretation of criteria, particularly in respect of Housing Repairs, as above.

4.8.4 The ESWT team identified this area as a priority several months ago and has gathered information and examples from other authorities in this respect. To date, Gloucestershire is the only council which has developed reasonably thorough policies, which required full time policy support for several months.

To date the ESWT has agreed the following:

- 4.8.5 a) Visiting Protocol and Safety Issues (see 4.13.2); and
b) Joint Protocol Between ESWT and Children's Services; this relates to requests for planned visits by ESWT.

4.8.6 It is essential that the mainstream services, for which CAS provide an out of hours service, i.e. Homecare, Housing Repairs and Homeless services in the context of this review, establish firm criteria and protocols. This will ensure that services work effectively together and are clear about individual roles and responsibilities.

4.8.7 Overall there is a need for development of a comprehensive range of policies and protocols These should cover all relevant internal daytime services and also arrangements with external partners, such as health services and the police. Existing partnerships such as the Crime & Community Safety Partnership and the

Health Forum could provide opportunities for the development of joint agency protocols.

Recommendations

a) that protocols between internal departments should be developed as a priority, which should include the following areas:

- *define roles and responsibilities;*
- *establish the boundaries for action e.g. eligibility criteria including priorities and exclusions;*
- *establish which situations should be referred on for decision;*
- *establish procedures for implementing action;*
- *define recording practice and information sharing; and*
- *define what performance monitoring information should be collected, in what format and how it should be passed on, including frequency.*

b) That protocols be developed with external partners, on similar lines to those identified in (a).

4.9 Monitoring and Evaluation

4.9.1 The CAS monitors the performance of service provision in detail, e.g. the service area and response time to calls is automatically recorded by the computer. Staff attainment of targets, e.g. answering 80% of calls in 30 seconds and 98.5% in 60 seconds are discussed at regular team meetings and appraisals. Results are published in the Service Users' newsletters.

4.9.2 In response to this Best Value review the CAS is now monitoring how service users are referred. In October 1999 43 new units were installed. Of the 15 referral categories, the three scoring highest were: friends, health centres and neighbours.

4.9.3 The CAS indicates that the peak times for its services are 07.30 - 09.30 and 'tea-time' 16.30 - 18.30. Lunch-time 12.00 - 14.00 is also very busy, with lots of schemes logging on and off.

4.9.4 ***ESWT***

Since January 1999 management information compiled includes:

- Source of referral;
- When the call was received (in three broad time bands; day 09.00-17.00, evening 17.00-23.00, and night 23.00-09.00);
- The service area involved;
- the number and category of referrals which required visits;
- whether call required action or was for information only; and
- ethnicity details in respect of those people with whom the team have face to face contact e.g. Mental Health assessments.

4.9.5 Prior to this time, although log books were kept, as currently, recording this information against individual client names, statistics were not kept to this level of detail.

4.9.6 However, statistics have been maintained providing the total numbers of referrals received since the inception of Milton Keynes Council. These are as follows:

- April 1997-March 1998 4390
- April 1998-March 1999 5407
(an increase of 23% over 1997/8)
- April 1999-November 1999 4394
(an increase of 23% compared to same period 1998/9, and an overall increase of 52% over 1997/8 figures)

4.9.7 It can be seen from this that there has been a marked increase in referrals, which continue to rise, which has led to pressure at certain key times e.g. early evening crossover period, when current budgets and staffing levels only enable one member of staff to be on duty. Staffing remains at the same level as in April 1997.

4.9.8 In general the number of calls and referrals received diminishes after 12.00 midnight. However, work of this nature is extremely unpredictable, and major incidents requiring urgent intervention do still occur at this time of night.

4.9.9 In a number of authorities after midnight direct access to ESWT ceases, and calls are then diverted to a call centre, which could be CAS in this area. Social workers are then on-call from home. The impact of this could be a substantial delay in response to critical calls, particularly those requiring visits.

4.9.10 The analysis of calls received from January - June 1999 provides the following information:

- 3103 calls in total were received
- 76% required action; 24% wanted information or advice
- 187 required visits i.e. 6%
- 50% of calls related to Children's Services
- 39.5% related to adult social care; the breakdown of calls was 9% adult disability, 8.5% older people, 22% mental health
- 9% related to financial or housing issues
- additionally during this period 22 requests to act as Appropriate Adults under the Police and Criminal Evidence (PACE) Act, and 34 'other' calls were received
- 54% of calls were received between 1700-2300; 21% between 2300-0900 and 25% (at weekends and bank holidays) between 0900-1700
- the main sources of referrals were: self (26%), daytime social worker (21%), family/other members of public (15%), Residential units/foster carers (13%), Police (9%), Community Alarm (9%)

- 4.9.11 Initial figures for the period July-November 1999 show a broadly similar breakdown, with a slighter higher percentage of calls in the evening (57%) and correspondingly less at night and during the day.

Recommendations

As indicated, in a number of authorities social workers are on duty until midnight, after which on-call arrangements via a call centre apply. More intensive analysis of the pattern of calls post midnight, and the type and level of interventions required, is necessary to assess the potential impact of such a change in working patterns. Monitoring figures are not currently available to this level of detail, therefore this aspect has not been investigated within this review.

Additionally a detailed financial analysis of the differential in costs, in comparison to current expenditure, would need to be carried out, to ascertain any potential savings, taking into account on-call payments and projected overtime costs.

It is therefore recommended that :

- a) more detailed analysis of post midnight ESWT call patterns is carried out over time;*
- b) that the financial benefits of a change in working patterns are evaluated; and*
- c) that further action be considered in the light of these findings.*

Homecare ERS

- 4.9.12 The main sources of referrals are either other professionals e.g. A&E staff, mobile wardens, ESWT, GPs working for MKDOC or users (or their carers) themselves. In the case of professional referrals the appropriateness of the referral would be discussed with the control operator. In the majority of these cases, details can then be passed directly to the on call carer, who will attend and carry out identified tasks. If the reason for the referral, and/or the tasks required are unclear, the mobile warden on duty will either first visit to assess or meet the carer at the user's home.

- 4.9.13 Monitoring figures for the 3 year period indicate a fairly consistent average of approximately 18 users per month, with actual numbers ranging between 9 and 26 users per month. Total numbers of referrals received over the 3 years are as follows:

1996/7 213

1997/8	243
1998/9	205

4.9.14 The breakdown of referral sources throughout the 3 year period reveals that the five main referrers were A&E, Control Operators, Homecare, ESWT and 'Other'. However, the annual percentage for each source does not show a wholly consistent division within these categories, despite the similar numbers of referrals received overall, as per the following:

	1996/7	1997/8	1998/9
A&E	19%	23%	23%
Control Operators	41%	32%	21%
Homecare	7%	14%	16%
ESWT	4%	6%	10%
'Other'	12%	17%	23%

4.9.15 One explanation could be that Control Operators were asked to be more specific about who was making the referral, which would account for the drop in their own referral level.

4.9.16 The high percentage of referrals identified as from 'other' sources is not helpful in providing management information, and the categories may need to be revisited in the light of this.

Homelessness

4.9.17 Statistics compiled by the CAS include the number of Duty Housing Officer emergency calls received. These are as follows:

1999	
April	7
May	13
June	5
July	8

In the period July-November, a total of 59 calls were received by Duty Housing Officers, of which 15 involved homelessness issues and 9 of these required emergency accommodation.

Housing Repairs

4.9.18 During the period April 1998-March 1999 a total of 3159 emergency repairs calls were dealt with out of hours by the CAS; an average of 263 calls per month. Of these, 1361 calls were dealt with between April and October 1998. During the same period in 1999 2749 calls (an average of 393 calls per month) were taken, which shows an increase of 102% over 1998 figures.

4.9.19 An evaluation of 'E' orders, i.e. call out sheets in respect of emergency repairs, was carried out by Housing Maintenance, at the request of one of the project managers. This showed that during the 3 month period September-November 1999, out of a total of 874 'E' orders, attendance by a duty officer was required in

15 cases. This type of information is not usually monitored.

- 4.9.20 A recent exercise carried out by Development and Maintenance over a sample period showed that approximately 24% of works order issued relate to emergency repairs, and of these 34% were out of hours.
- 4.9.21 The number of telephone calls made to duty officers is not routinely recorded and there is no accurate measure to indicate the extent to which they are contacted by CAS control operators. Indeed, whilst CAS records indicate that 80 calls were made during the period October 1998-October 1999, the consensus from duty officers was that they receive an average of 8 calls per week for technical advice.
- 4.9.22 A key issue in respect of performance monitoring is the inadequacy of the current form used to record repairs calls. The form requires amendment to ensure that all necessary information is included. This should include:
- the date and time the call was received from the tenant;
 - the time it was referred to the contractor, and any further calls received or made;
 - details of the problem reported;
 - whether duty officer contacted – for advice and/or attendance;
 - the time repair was completed (on advice from contractor) - suggest tick box if in excess of 4 hour limit; and
 - whether repair rechargeable and to whom, i.e. tenant or contractor .
- 4.9.23 The indirect access to the contractors actually carrying out repairs means that CAS are unable to ascertain, except when tenants call again, whether contractors have adhered to the 4 hour timescale. This has potential financial implications as recharges may not be made in cases of non-compliance.
- 4.9.24 Where repairs are not completed by contractors within the 4 hour time limited prescribed in contracts, they may be liable to be recharged, e.g. for costs incurred if an alternative contractor has to be called out. It is understood that there have been 22 instances in the 6 months that CAS has been recording such cases. However, no formal arrangements have been set in place for the Development Maintenance department to identify and follow up these cases with contractors. A contributory factor may well be the lack of clarity of the forms in current use.
- 4.9.25 It is understood that quality control visits are rarely made on emergency repairs call-outs, principally as a result of staffing levels in the Development Maintenance department.

Recommendation

- a) that new forms are developed which will enable adequate monitoring of repairs calls received and service provided to tenants, and facilitate monitoring of contract compliance; and***
- b) that Housing Repairs and Homelessness Services are prioritised for full scale reviews in the 5 year Best Value Performance Plan.***

4.10 Consultation with users / Service Evaluation

CAS

- 4.10.1 Users are regularly consulted about services through telephone calls, visits by Mobile Wardens, Visiting Wardens and Sheltered Scheme Meetings. Their views impact on positive changes. They are given feedback on the changes, through a published newsletter.
- 4.10.2 Customer satisfaction and feedback surveys monitor such elements as speed of response by staff, their efficiency and manner, fees and levels of re-assurance. They also cover reasons for usage of the services by clients.
- 4.10.3 Results from the survey carried out in March 1998 indicated a high level of customer satisfaction, and that CAS services are much appreciated and valued.
- 4.10.4 The CAS gained a Charter Mark Award in 1995 which was renewed in 1998.

Housing Repairs

- 4.10.5 Contractors carrying out repairs for tenants are required to leave a Tenants' Satisfaction card for completion by the tenants, which can be sent post paid to the Housing Development department. A very low percentage response is received, and the analysis compiled does not differentiate between daytime and out of hours repairs.

4.11 Staffing Issues

CAS

- 4.11.1 The CAS has a team of dedicated and skilled staff. There is one overall service manager (who is also responsible for Sheltered Housing); a Control Centre Manager; 10 control centre operators working a 24 hour rotating shift with 2/3 operators on duty each shift. There are 7 mobile wardens working on 24 hour rotating shifts, who also work in the control centre and respond immediately to emergency calls.
- 4.11.2 The CAS and Sheltered Housing Service Manager works 32 hours per week. This officer and the Control Centre Manager (36.25 hours per week) are on permanent call, 24 hours a day, 7 days per week, to advise staff on emergencies or complex issues.

ESWT

- 4.11.3 The team is accountable to the Service Manager for Mental Health and Emergency Social Work Services, within the Neighbourhood Services Directorate. The team has generic responsibility for out-of-hours social work services across both Neighbourhood Services and Learning & Development directorates.
- 4.11.4 The team has a staff establishment of one Team Manager (who works half-time on the rota and is thus only available for the remainder of the time to undertake managerial tasks) and five social workers. In addition there are four day time staff

who support the rota by completing occasional shifts at weekends. There is a team clerk who works from 0845 hours to 1045 hours each weekday morning with an extra hour on team meeting days.

- 4.11.5 Due to staff sickness and acting up arrangements, the team has not been fully staffed since the unitary authority began. This has meant that the covering of the rota has been a main focus, which has impeded development work. This situation is likely to have affected the actual cost of the service, due to overtime and sessional staff payments which have resulted from the necessity to cover shifts.

Shifts are staffed as follows:

- 4.11.6 Monday-Thursday 1 social worker from 17.00 - 23.00
Friday 1 social worker from 16.30 - 22.30
A second worker is on duty from 19.00 - 09.00 the following day

This enables the period from 19.00-23.00 to be covered by two social workers, as this in general tends to be the peak time for emergency calls.

At weekends and Bank Holidays, each 24 hour period is covered by three shifts:

- 4.11.7 09.00 – 17.00
12.00 noon - 21.00
21.00 – 09.00 the next day.

Occasionally the middle shifts are covered by sessional staff from daytime teams. Use of sessional staff is minimised and generally confined to these particular shifts which allow crossover with core team members, due to difficulties in keeping them up to date with ESWT systems and practice, and to ensure Approved Social Worker cover, as none of the current sessional staff is Approved Social Worker qualified.

- 4.11.8
- 4.11.9 There are problems in matching staff to demand within such a small staff group. The majority of shifts are covered by one social worker only, with two staff on duty at what tend to be the busiest times. However, demands on the service are extremely variable and a constant pattern is difficult to ascertain from the statistical analysis provided. More in depth analysis would be required to enable a conclusive judgement to be made about whether the current shift patterns are the most effective for service demands.

- 4.11.10 There is some flexibility to bring in extra staff when needed, and there is a proposal currently being developed with Human Resources for a standby rota of sessional workers to augment shifts if necessary.

- 4.11.11 The rota is constructed as far as possible to conform to the European Directive on Working Time and Health and Safety Legislation. There are strict limits on how many staff may take holidays at the same time to ensure cover for all shifts.

- 4.11.12 The Emergency Response Service is staffed by two carers on call each night from home, who are contacted by CAS when the need for the service arises. Six carers

are currently on the on-call rota, the majority of whom are homecarers who work with Homecare clients during the daytime. Weekly rotas are compiled subject to staff availability, and provided weekly in advance to CAS. There is no consistent pattern for on call arrangements.

- 4.11.13 On call carers carry mobile phones and are therefore contactable when working at service users' homes. Carers will be identified as 'carer 1' or 'carer 2' and alternate roles on the rota. CAS will channel requests for service to carer 1 unless they are unavailable i.e. already working with a client, in which case carer 2 will be contacted. A standardised on call payment is made to each carer in accordance with the Single Status Agreement, which is substantially less than under the previous arrangement. On top of this, carers will then receive payments for actual time worked when called out, with a minimum two hours paid per night when this occurs.
- 4.11.14 Discussions have previously taken place about possible on call arrangements for Senior Homecarers or Homecare Co-ordinators. Currently no on call payments are made in these cases, although both have been called upon on occasion either to give advice to carers or for a Senior to take over calls where a carer has been taken ill, or their car has broken down. When called out the Senior then receives payment for hours actually worked.

4.12 Accommodation

- 4.12.1 The CAS is accommodated in purpose built accommodation, which is located in Stantonbury Fields.
- 4.12.2 The ESWT team is housed in former staff accommodation attached to an older people's home in the North of the city, 5 miles from the city centre. The base is equipped with a security intercom with only team members holding keys, and provides cooking and rest facilities. The address is not publicised as a security precaution and members of the public are not permitted on the premises. There are intentionally no interview facilities.
- 4.12.3 Consideration was given to re-siting the ESWT with the CAS at the time the new premises in Stantonbury Fields were planned. Part of the difficulties that emerged related to lack of available storage space for files, held by the ESWT.
- 4.12.4 There could be some value exploring this option in the future when the CareFirst data base system is fully operational. However, the cost implication of extending the current CAS accommodation could be significant.
- 4.12.5 Another option could be re-siting the ESWT within the Hospital Social Work Team accommodation, particularly in the light of developing partnership working with health. Due to time, financial and other constraints of this review, it has not been possible to investigate the implications of this suggestion, in particular whether there is likely to be any financial advantage to this arrangement. However, it is clear that if this option was pursued firm protocols would need to be established. In particular the team would not have the capacity to undertake face to face

interview with users and this would need to be made clear to health partners.

- 4.12.6 It should be noted that the ESWT Team Manager and members of the team find current accommodation ideal.

4.13 Health and Safety Issues

- 4.13.1 The CAS management determines which service users might present a degree of personal risk to its Mobile Wardens. Such directives are marked on the screen, showing where no mobile warden is allowed to visit at all (in which case a request would go to the Police), or where it is not safe for female colleagues to attend.
- 4.13.2 A 'Visiting Protocol and Safety Issues' procedure was established in March 1999 for ESWT staff, whereby the CAS can act as an emergency check in point if required. ESWT staff can ring CAS when they are carrying out a community visit where there may be risk, and they will agree the action to be taken in case of emergency, or if they fail to phone in to CAS by a specified time. This is an optional facility which is very rarely utilised and relies on social workers' judgement and risk analysis of individual situations.
- 4.13.3 ESWT staff are required to carry mobile phones with them on all visits; also personal alarms and torches are available to be carried as appropriate.
- 4.13.4 Information and risk assessment prior to ESWT visits should always include a full check of records, SSID and contract with Police / FPU to check their records. Unless a risk assessment identifies that it is safe to go alone, all such visits will be joint with a colleague or with the police.
- 4.13.5 For Mental Health Assessments, a discussion about risk must always take place with medical colleagues and where appropriate, police, before visiting. Arrangements should be made to meet colleagues prior to entering the house and to discuss arrangements for terminating the interview so that one staff member is not left alone in any situation where there is risk.
- 4.13.6 The SSID database system currently used does not include a list of potentially dangerous service users, or indicate the need for caution on individual records. However, the new CareFirst system will have the facility to show a warning indicator signal when individual records are accessed, provided this has been previously input. It will also enable specific details relating to this warning to be input.
- 4.13.7 Currently any concerns by daytime services are generally passed on to the ESWT, which records these clearly on their paper records.
- 4.13.8 Whilst ESWT staff are understood to feel secure within their current premises, a large percentage of shifts are carried out by one staff member working alone. Additional security precautions could be easily set in place by connecting the team to the CAS system, which would enable immediate contact in case of emergency.

Recommendation

To safeguard the ESWT staff, and comply with the Council's Health and Safety recommendations, it is recommended that a CAS pendant alarm is installed at the ESWT base.

4.14 Staff Training

CAS

4.14.1 As part of their induction, newly appointed control operators sit as observers under the supervision of the Control Centre Manager. They undertake shifts with an experienced operator, until they are deemed fully competent.

4.14.2 Consultation feedback from other mainstream departments indicated that some staff were not completely familiar with the IT systems and procedures in operation. Better communication and joint working would be fostered by extending the CAS induction programme to include other mainstream departments.

Recommendations

a) that induction of CAS staff should also include time spent with staff from the services they support, e.g. Housing Repairs; and

b) that specific training is provided to control operators in the use of the First Housing system.

ESWT

4.14.3 The SSI 'Open All Hours' report raises issues of inequitable supervision and training for ESWT staff. There is some evidence to indicate that this is not applicable in Milton Keynes.

4.14.4 ESWT is closely involved in the Emergency Social Services Association (ESSA) regional training consortium, which provides training that specifically addresses the needs of ESWT staff.

4.14.5 Staff are regularly released from shifts for training, both internal and external, although this does put a strain on limited staffing resources. An observation from the team however, is that limited relevant child care training is available within the Council.

4.14.6 Social workers on the team are required to have a minimum of 5 years post qualification experience, gained in a variety of social care departments, which must include childcare experience. Staff should either be Approved Social Worker trained or capable of training within one year. Currently six members of the team are ASW trained, and the remaining member commences training in March 2000. Three of the team are accredited Student Supervisors and DipSW students are taken on regularly.

4.14.7 Supervision for team members is regularly provided. The Team Manager receives

one-to-one supervision through the Service Manager, Mental Health Services on a 2-3 weekly basis. Social workers are in turn supervised by the Team Manager as follows:

- one-to-one at 6 weekly intervals;
- bi-weekly team meeting at which cases are informally discussed; and extended bi-monthly group supervision.

4.15 Finances

CAS

4.15.1 The subsidy that underwrites the CAS expenditure over income has been agreed by successive Committees.

4.15.2 Budgeting monitoring is complex. All expenditure related to Council housing is covered by the Housing Revenue Account; whilst that to the private sector and other Council services are handled through the General Fund.

4.15.3 A report entitled “A Financial Review of a Community Alarm Service”, prepared in accordance with CIPFA Professional 3 requirements 1998/9, has been undertaken. It identified CAS expenditure and income under the two major HRA and GF budget headings. It also determined unit costs, financial break-even point and made several recommendations for addressing the subsidy.

4.15.4 The profile in the Financial Review was as follows:

- expenditure	£710,019	Fixed Costs (52%)	370,826
- income (estimate)	<u>326,781</u>	Variable Costs (48%)	<u>339,203</u>
- subsidy	383,000		710,020

4.15.5 A projected financial break-even point would be to charge each service user £3.10.

4.15.6 The current (1999-2000) fees to service users are:

Service Users	Fees	
Sheltered Housing	no charge	(costs to MKC in 1998/9 report was estimated at £105 per unit)
Council property	£2.08 (£1.77 + VAT)	
private sector housing	£2.08 (£1.77 + VAT)	

4.15.7 Officers are exploring the level of charges to make for CAS services from April 2000. A number of options are being explored, taking into account the impact of other increased charges for tenants and especially older people. Local benchmarking information about fees will also impact on these decisions.

At the time of writing this review it is not possible to indicate by what percentage

4.15.8 the subsidy to the CAS is being addressed by the recommendations for increases in charges.

4.15.9 *Financial Comparisons with other Authorities*

4.15.10 Within the fierce time constraints of this review it has been extremely difficult to obtain any comparative data at all. It has not been possible to either obtain evidence of the best 25% of CAS operators nationally, or find out whether such tables are published.

4.15.11 **The comparative information below is confidential and is not accompanied by customer satisfaction evidence, nor comparability of services each offers.**

MK	Authority A	Authority B	Authority C	Authority D	Authority E
Communications Centre (Control)					
New charges					
Monitoring Charges per week per unit	£0.41	£0.00	£2.27	£2.33	£3.81
Tenants	£0.41	£0.46-	£2.50	£2.69	£3.89
Non Tenants		£2.80			
Mobile Warden Response charge per week per unit	£2.21		included above	£3.15	
Tenants	£2.21	£0.00	£2.63		
Non Tenants		included above			

Where no figure appears in the table it either means no service is provided or the service is included in the monitoring charges.

4.15.12 What conclusions can be drawn? On the basis of very little information and in comparison with these Authorities, CAS fees are low.

4.15.13 Not all CAS provision elsewhere includes the services of mobile wardens. Where they are provided fees are sometimes higher.

Recommendation

That consideration of the advantages and disadvantages of increased fees for mobile wardens is explored.

- 4.15.14 One significant option for reducing the Council's subsidy to the CAS would be the withdrawal of the mobile warden service. Currently it costs £179,000 per annum. However, it is likely that such a move could have wide-ranging and predominantly negative effects:
- a key immediate safeguard would be lost to vulnerable people; particularly those who have no actual or close relatives;
 - many service users would withdraw permanently, thereby reducing income;
 - initially there would be staff redundancy charges. Additional staff would need to be appointed to undertake some other parts of the mobile wardens' duties e.g. repairs and replacements to units;
 - there would be a significant increase on the ambulance and health services, putting other service users at risk; and
 - the Charter Mark would be affected.

This option is not recommended for consideration.

- 4.15.15 The CAS has an agreement with local Housing Associations to provide emergency response at times when their resident wardens are off-duty, including a six week period per year to cover holiday and sickness absences; this covers 18 sheltered housing schemes. The author of the Financial Review estimated that the cost of providing the Mobile Warden Service to each Housing Association was £2595 per year at 1998/9 prices. At that time of the Financial Review the CAS charged £300 (which has been increased to £400 for 1999/2000) to the Housing Associations for the service provided. Variable charges are applied dependant on any additional services supplied.

- 4.15.16 Monitoring during most of the year is undertaken by each Housing Association or Authority itself. These bodies make a contribution to the fixed costs of running CAS. Without their financial input the unit cost for other Milton Keynes services users, tenants and private, would be greater. Extra units from this avenue are good practice and economy. In order to move the financial situation from contribution to one of profit or break -even, the increase in fees would be high. Such a move might also be counter-productive. Where a tender for an external contract with another authority was submitted recently by CAS, based on the higher costs recommended in the Financial Report (**4.15.15 above refers**), it was unsuccessful on the basis of cost.

Recommendations

a) that the CAS keeps its fees to Housing Associations under review to ensure that charges raised are sufficient to cover any potential additional costs incurred; and

b) that CAS ascertains the cost level which the market will stand for its range of services.



- 4.15.17 Some CAS providers have differentiated charges between social housing and private sector services users. This raises issues of equality. Elderly owner occupiers can sometimes experience hardship in comparison with tenants who have access to benefits. There might be some merit in exploring whether fees for private sector users could relate to council tax bands. However, the cost of collecting a wide range of differentiated fees could require additional administration staff. It would also need to be established whether current software could sustain this.
- 4.15.18 Services users in adapted properties are exempt from VAT on their alarm system fees. (A point that was made in a Financial Review - see below). The CAS now advises new service users on an individual basis of the VAT criteria. This information was also published in a recent newsletter.
- 4.15.19 The CAS has established a separate charitable organisation to purchase units on behalf of service users experiencing exceptional hardship.
- 4.15.20 The Financial Review suggested that the HRA has been subsidising the General Fund operations in previous years contrary to legislative requirement. Staff reported that the re-charge issue is being addressed.

Recommendation

That the current position is updated, relating to accurate recharge of expenditure for CAS services between the General Fund and the Housing Revenue Account.

- 4.15.21 There is no step-charging, (fee in response time taken to respond to and deal with an emergency) but due to the increased time, effort and expenditure on administration and finance collection that this would generate, making individual charges to service users for emergencies is not recommended.
- 4.15.22 Initially any significant fee increases are likely to cause several service users to withdraw from the system, affecting income. However market expertise works on the basis that within a period of a couple years such an increase is accepted. The amount becomes the norm for new service users.
- 4.15.23 A major impact on the expenditure of the CAS has been the introduction of the Council's Single Status policy and the increased holidays. Such developments have created a serious resourcing issue. In order to cover the shifts for increased staff holidays, other colleagues have been undertaking many hours of over-time with significant impact on both budgets and stress levels. The European Working Time Directive will also impact on the CAS.

- 4.15.24 The ESWT projected budget for 1999/2000 for the ESWT service is £270,494; this compares to budget expenditure of £282,766 in 1998/9. The Single Status Agreement has had the impact of increasing staff costs and the need for overtime working, as in the case of CAS.
- 4.15.25 It should be noted that the increase in referrals, since the inception of Milton Keynes Council, has been met through existing staffing resources.
- 4.15.26 Approaches to both the Best Value Unit of the LGIU as well as the SSI, who completed the Open all Hours report, failed to elicit any financial information to enable comparison with other authorities.
- 4.15.27 This best value review has revealed that the budgets held by CAS and ESWT currently incorporate the costs that should be borne by the specific operational services that they support. One particular example of this is that approximately 50% of calls received by ESWT relate to Children's Services, which does not contribute financially at all. Calls that relate to specific service areas within Neighbourhood Services – Disability, Mental Health and Older People's services - are also not identified or funded by the relevant service area. The CAS provides services for several other departments within the Council where a nominal charge is made only.

Homecare ERS

- 4.15.28 For the period 3 year period to June 1999 funding for the service was provided through Joint Finance, as a means to show the need for this service. From June 1999, the service has been absorbed within the main Homecare budget. It is understood however differentiated costs are manually recorded by the Co-ordinator, to monitor the ongoing cost of the service. Financial IT systems do not currently provide such differentiation.
- 4.15.29 Annual expenditure during the 3 year Joint finance project was as follows:

1996/7	£23,182.29
1997/8	£23,127.55
1998/9	£24,892.96

These figures include an annual recharge of £2000 in respect of CAS staff hours, as well as a contribution of £3,000 towards core Homecare staffing costs, i.e. Homecare Co-ordinator.

Recommendations

- a) that accurate costings for services provided to other Council departments are determined during 2000/1 and recharged to the appropriate budget headings in accordance with CIPFA guidelines in the following financial year; and*
- b) that, accordingly, the necessary adjustments are made to the base*

budgets of the departments affected, in the next financial year, i.e. 2001/2.

4.16 Strategic Framework

- 4.16.1 The Social Services Inspectorate has just produced a Report entitled 'Open All Hours' which gives prescriptive and detailed recommendations on policy, protocols and operations. Whilst the emphasis of this report is Emergency Social Work teams, it suggests that all Out of Hours services within and across agencies are linked within a strategic framework, in order to achieve the most effective and efficient service to the community, by matching staff to demand and providing a wider range of intervention.
- 4.16.2 Currently each individual core service covered under this review has its own distinct way of working.
- 4.16.3 The CAS provision has progressed developmentally and separately in a pragmatic, efficient and effective way; there being formerly no requirement to have a strategic policy framework.
- 4.16.4 ESWT is line managed by the Mental Health Service Manager, which partly reflects the emphasis of the team's work, of which a significant proportion is either Children's Services or Mental Health issues. The management structure has been subject to recent consideration by the Strategic Director of Neighbourhood Services, at which point it was decided that this was the most effective arrangement.
- 4.16.5 It is vital, however, that close relationships are maintained with other teams, particularly Children's Services as the other major service area. Therefore the ESWT Team Manager now attends the Children's Services management meetings on a regular basis.

Recommendation

It is recommended that consideration of an inclusive Council and partner Out of Hours strategic framework be explored, covering such elements as:

- *eligibility criteria;*
- *roles and responsibilities;*
- *definitions;*
- *staff guidelines; and*
- *networking mechanisms.*

5.0 Comments about this Best Value Experience and Suggestions Arising From It

- 5.1 The following suggestions and comments are a result of one joint experience of the

cross-reference Best Value Review on Out of Hours services.

- a) The culture of MK Council needs to embrace more fully the concept of continuous improvement and the accompanying requirements of Best Value, recognising that the initiative and harsh time scales are Government driven.
- b) Every section will be involved over the next five years and its officers need to prepare a portfolio of evidence in readiness for a review.
- c) The time undertaken for a Best Value review needs to be:
 - (i) as accurately estimated (difficult to achieve) by officers as possible to advise the Chief Officer Board adequately;
 - (ii) worked into realistic time-scales and identified in individual service plans;
 - (iii) agreed with managers when negotiating which other pieces of operational or statutory work cannot therefore be fulfilled; and
 - (iv) implementation of Best Value reviews will need to be included in Directorate-wide discussions about service plans.
- d) Best Value reviews determination should be undertaken as early as possible so that officers have adequate notice of finalising their portfolios of evidence, before meeting colleagues who are writing the reviews.
- e) A standardised pro-forma of evidence required and structure of Best Value reports would be helpful. The former could include:
 - policies;
 - protocols;
 - monitoring mechanisms;
 - procedures;
 - publicity;
 - results of recent consultation with service users and key partners;
 - evidence of need;
 - financial profiles (including unit costs); and
 - performance comparisons with the top 25% providers in the public and private sectors.
- f) Most importantly, at this initial stage, of formal Best Value requirements (April 2000) it would be most helpful if the reviews selected covered services where either statutory performance indicators or Best Value comparison data were known to be available.
- g) Not only is Best Value costly in staff time (management and administration), there are resource implications too. Budgets need to be determined to

cover costs of:

- Meetings;
 - Stationery;
 - Postage; and
 - Inputting questionnaire responses.
- f) Across the Council it would be very interesting to identify total costs involved in undertaking Best Value. A separate budget code could be established, so that service users could be informed of the expenditure.
- g) The Best Value training could be extended to cover the more detailed aspects identified in (e) above.
- h) Cross-referenced Best Value reviews can be extremely complicated. It is suggested that officers begin their Best Value review experience by tackling single or less complex services first, before 'graduating' to cross-referencing ones.
- i) It would be helpful if colleagues writing Best Value reviews could complete each one in a block of time; it is difficult to co-ordinate demands from several work programmes simultaneously. However, this is not put forward as a suggestion as the practicalities of staff replacement are probably not practicable, and might create more problems than it solved.
- j) Consideration needs to be given to any negative impact that the Best Value process may have on the integration agenda.
- k) Whilst the principle of Best Value officers undertaking reviews in other Directorates than their own is good, particularly with regard to objectivity, it does mean that the knowledge is "lost" and reduces their input to the work of their own Directorate.
- l) It might be useful to identify a mentor for each "new" Best Value Review, to offer advice and guidance if required.
- m) Consultation is very time consuming. Where possible effective mechanisms e.g. Consultation fora already in place should be used. A corporate agreement needs to be adopted that outlines the range, depth and validity of consultants in methodologies that are preferable.

Pat Scrimshaw
Trish Hunter
27 June 2002

Out of Hours: Membership of Core Group

John England – Emergency Social Work Team Manager, MKC
Trish Hunter - Policy Officer, MKC
Chris Moody – Mental Health Manager, MKC
Sandra Rankin – Sheltered Housing & Community Alarm Service Manager, MKC
Pat Scrimshaw – Policy & Inter-Agency Liaison Manager, MKC
Jill Stansfield - Strategic Director, Learning & Development, MKC

Out of Hours: Membership of Reference Group

John Abra – Midsummer Housing Association
John Bate – District Housing Officer, MKC
Mike Bond – Children’s Services Manager, NSPCC
Harvey Brown - MK Carers Project
Irene Chittendon – Women’s Aid
Ellen Clark – Age Concern
Inspector Phil Coles – Thames Valley Police
Dorothy Croker – Homecare Manager
John England – Emergency Social Work Team Manager, MKC
Dave Ewing – Team Manager Disability Services, MKC
Amanda Farr – Children’s Services Manager, MKC
Marshall Harvey – Maintenance & Monitoring Officer, Housing, MKC
Tony Huff – Finance Manager, MKC
Jenny Hugman – MK Community NHS Trust
Trish Hunter – Policy Officer, MKC
WPC Shelley Jones – Thames Valley Police
Ms E. Kirby - Samaritans
MK DOC – Hospital Campus
Paul Allsop - MK SUN
Chris Moody – Mental Health Manager, MKC
Linda Parry – The Campbell Centre, Hospital Campus
Sandra Rankin – Community Alarm Centre Manager, MKC
Ian Revell – The Barnhouse, CMK
Liz Ruddle – MK MIND
Sue Sargant – MK General NHS Trust, Accident & Emergency
Pat Scrimshaw – Policy & Inter-Agency Liaison Manager, MKC
Jill Stansfield – Strategic Director, Learning & Development, MKC
Sheila Taylor – Team Manager Disability Services, MKC
Malcolm Vine – Special Needs Housing Manager, MKC
Jan Williams – Team Manager Older People’s Services, MKC

Out of Hours: Questionnaires

BEST VALUE REVIEW - OUT OF HOURS SERVICES
QUESTIONNAIRE

For each of the following statements, please score the service received by circling the appropriate score, where **5 is excellent and 1 is poor**, adding any specific comments on the reverse of the sheet if wished.

<i>Community Alarm Service (CAS)</i>						
1.	Speed of response by CAS worker/s	5	4	3	2	1
2.	Attitude of CAS worker/s	5	4	3	2	1
3.	Understanding of case/s shown by CAS worker/s	5	4	3	2	1
4.	Effectiveness of CAS action	5	4	3	2	1
5.	Appropriateness of CAS action	5	4	3	2	1
6.	Feedback to you i.e. verbal	5	4	3	2	1
7.	Quality of information passed on – verbal or written (e.g. when referred to other agency/department)	5	4	3	2	1
8.	Quality of record sheet/call sheet completed e.g. detail provided	5	4	3	2	1
9.	Usefulness to your organisation/department of CAS service in addressing service users' needs	5	4	3	2	1

<i>Emergency Social Work Team (ESWT)</i>						
1.	Speed of response by ESWT worker/s	5	4	3	2	1
2.	Attitude of ESWT worker/s	5	4	3	2	1
3.	Understanding of case/s shown by ESWT worker/s	5	4	3	2	1
4.	Effectiveness of ESWT input	5	4	3	2	1
5.	Appropriateness of ESWT action	5	4	3	2	1
6.	Feedback to you i.e. verbal	5	4	3	2	1
7.	Quality of information passed on-verbal or written (e.g. when referred to other agency/department)	5	4	3	2	1
8.	Quality of case recording e.g. detail provided	5	4	3	2	1
9.	Speed of forwarding record sheets	5	4	3	2	1
	Usefulness to your organisation/department of ESWT service			3	2	1

10.	in addressing service users' needs	5	4
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<i>Out of Hours Homeless service; accessed via CAS or ESWT</i>						
1.	Speed of on-call manager response (where applicable)	5	4	3	2	1
2.	Attitude of on-call manager/s	5	4	3	2	1
3.	Time taken to resolve issues/provide accommodation	5	4	3	2	1
4.	Appropriateness of action taken	5	4	3	2	1
5.	Satisfaction with service provided	5	4	3	2	1

<i>Emergency Housing Repair Service; accessed via CAS</i>						
1.	Speed of on-call manager response (where applicable)	5	4	3	2	1
2.	Speed of contractor response (<i>emergency repairs should be completed within 4 hours</i>)	5	4	3	2	1
3.	Attitude of contractors effecting repair	5	4	3	2	1
4.	Attitude of on-call manager/s	5	4	3	2	1
5.	Quality of repair/s carried out	5	4	3	2	1
6.	Satisfaction with service provided	5	4	3	2	1

<i>Homecare Emergency Response Service (ERS); accessed via CAS</i>						
1.	Speed of Homecare service response	5	4	3	2	1
2.	Attitude of Homecarer/s	5	4	3	2	1
3.	Understanding of case shown by Homecarer/s	5	4	3	2	1
4.	Effectiveness of action taken	5	4	3	2	1
5.	Satisfaction with service provided	5	4	3	2	1
6.	Usefulness to your organisation/department of ERS service in addressing service users' needs	5	4	3	2	1

BEST VALUE REVIEW – RESULTS OF QUESTIONNAIRE COMPLETED BY PARTNERS AND IN-HOUSE COLLEAGUES:

The following table shows how respondents scored the statements in the scale of 1-5, where **5 is excellent and 1 is poor**. It indicates the number of respondents to each score per statement.

(Figures in brackets are base numbers)

		<i>Score Awarded</i>				
		5	4	3	2	1
<i>Community Alarm Service (CAS)</i>						
1.	Speed of response by CAS worker/s (11)	5	4	2	-	-
2.	Attitude of CAS worker/s (12)	4	6	1	1	-
3.	Understanding of case/s shown by CAS worker/s (11)	2	2	4	2	1
4.	Effectiveness of CAS action (12)	4	5	2	1	-
5.	Appropriateness of CAS action (11)	4	3	3	1	-
6.	Feedback to you i.e. verbal (11)	3	2	4	1	1
7.	Quality of information passed on - verbal or written (11) <i>(e.g. when referred to other agency/department)</i>	2	4	3	1	1
8.	Quality of record sheet/call sheet completed e.g. detail provided (7)	1	1	4	-	1
9.	Usefulness to your organisation/department of CAS service in addressing service users' needs (12)	6	4	2	-	-
<i>Emergency Social Work Team (ESWT)</i>						
1.	Speed of response by ESWT worker/s (13)	1	4	7	1	-
2.	Attitude of ESWT worker/s (14)	2	7	4	1	-
3.	Understanding of case/s shown by ESWT worker/s (14)	2	5	5	1	1
4.	Effectiveness of ESWT input (14)	2	3	7	2	-
5.	Appropriateness of ESWT action (14)	1	5	6	2	-
6.	Feedback to you i.e. verbal (13)	3	3	4	2	1
7.	Quality of information passed on-verbal or written (14) <i>(e.g. when referred to other agency/department)</i>	2	4	5	2	1
8.	Quality of case recording e.g. detail provided (12)	2	1	4	4	1
				3	2	1

9.	Speed of forwarding record sheets (11)	4	1			
10.	Usefulness to your organisation/department of ESWT service (14) in addressing service users' needs	5	3	6	-	-

Out of Hours Homeless service; accessed via CAS or ESWT

1.	Speed of on-call manager response (where applicable)(4)	-	2	-	2	-
2.	Attitude of on-call manager/s (4)	-	1	1	1	1
3.	Time taken to resolve issues/provide accommodation (4)	-	2	-	1	1
4.	Appropriateness of action (4)	-	2	-	1	1
5.	Satisfaction with service provided (4)	-	1	-	1	2

Emergency Housing Repair Service; accessed via CAS

1.	Speed of on-call manager response (where applicable)(7)	-	4	2	-	1
2.	Speed of contractor response (<i>emergency repairs</i> (7) <i>Should be completed within 4 hours</i>)	1	2	2	1	1
3.	Attitude of contractors effecting repair (7)	1	1	2	2	1
4.	Attitude of on-call manager/s (7)	1	3	2	1	-
5.	Quality of repair/s carried out (7)	1	2	2	1	1
6.	Satisfaction with service provided (7)	2	1	2	1	1

Homecare Emergency Response Service (ERS); accessed via CAS

1.	Speed of Homecare service response (4)	-	4	-	-	-
2.	Attitude of Homecarer/s (4)	4	-	-	-	-
3.	Understanding of case shown by Homecarer/s (4)	-	4	-	-	-
4.	Effectiveness of action taken (5)	1	3	1	-	-
5.	Satisfaction with service provided (3)	1	2	-	-	-
6.	Usefulness to your organisation/department of ERS service In addressing service users' needs (5)	3	2	-	-	-

Trish Hunter
Pat Scrimshaw
27 June 2002