

Adult Social Care Direct in Gateshead
The front door to social care services

About Healthwatch Gateshead

Healthwatch Gateshead is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and communities. We do this through our network of voluntary and community sector organisations; during events, drop-in sessions and listening events at a range of venues across Gateshead; online through the feedback centre on our websites; via social media; and from callers to our information and signposting helpline. As part of the remit to gather views, we also have the power to 'enter and view' services and conduct announced and unannounced visits.

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Publication date: March 2020

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1. Executive summary

The ‘front door’ is a term often used to describe the single point of access for social care services provided by local authorities. In Gateshead this is called Adult Social Care Direct (ASCD) and is a 24-hour service that can be used by both health and social care professionals and members of the public.

Healthwatch Gateshead is aware of the pressure that social care services face both locally and nationally, with rising demand for support. Therefore, it is important that the support provided by Gateshead Council goes to those in most need, and that signposting to other services is as efficient as possible.

The subject of this report was chosen following a consultation exercise with the public as part of our annual priority-setting exercise. During that work, the public told us they felt it was important for us to focus on this topic.

The Healthwatch Gateshead Committee decided to focus on the ‘front door’ aspect of the ASCD service. We did not examine the outcomes of referrals to ASCD as the Committee felt that would make the scope of the report too large.

Early research told us that ASCD was aware of the need to make changes to the service and that Gateshead Council had carried out an internal audit in October 2018. The introduction of online forms was one of the improvements made as a result. Some of the comments we received may have been about the service before those changes were made to ASCD. However, we believed that, as those changes had been in place for almost 12 months, we should survey the public’s current views of the service. We wanted to find out what users felt about the current service, how effective it is and hear any further developments that they might suggest.

We engaged in several ways. There was a survey of users of the ASCD service, and a listening event with unpaid carers, the public and voluntary and community sector organisations. We also surveyed GP practice staff referring people to ASCD. This gave us views from a wide variety of users on the effectiveness of the service and suggestions for how it could be enhanced.

Some people felt there had been some improvements since the internal review in autumn 2018. However, there were areas which could be improved further. People who responded to our survey told us that, when signposted to other services, it was generally to the correct person or organisation to meet their needs. The service overall was rated as very good or good. However, some professionals told us that there were inconsistencies in advice and support and outcomes varied depending on who was responding to the query. This sometimes resulted in re-referrals being necessary.

Online forms were introduced in October 2018 to take pressure off the ASCD telephone service. Most of our respondents used the telephone service. It appears that some people were not aware of the option for online referrals. Those who had used the online forms found them difficult to complete and suggested improvements.

The respondents to our information-gathering showed that everyone, except one person, who completed the demographic section of the monitoring form was white British. We believe this needs to be explored further by ASCD so it can be certain that the service is known to and being accessed by all who need support, avoiding inequalities in social care service provision.

Further details of how we engaged, our findings and recommendations can be found in the relevant sections of this report.

2. Introduction

When we consulted on our priorities for 2019–20, Adult Social Care Direct (ASCD) was chosen as an area that the public would like us to explore further for the following reasons:

1. We had received several negative comments from the public about ASCD.
2. During research for our 2019–20 ‘Impacts of reduced funding for adult social care in Gateshead’¹ report, difficulties in accessing ASCD were highlighted by the voluntary and community sector, health professionals, service users and carers.
3. Early research told us that Gateshead Council had carried out an internal audit of ASCD in October 2018. Several changes had since been made to ASCD, including the introduction of online forms which had reduced telephone response times.

With this mandate from the public and stakeholders, the issue was chosen as a priority for 2019–20 by the Healthwatch Gateshead Committee. The project was designed with the aim to:

- a) Gather people’s opinions on the service provided by ASCD, as well as finding out if improvements made in 2018, including the introduction of online forms, had improved access to this service.
- b) Give feedback on our findings to ASCD and identify any areas that may require further development.

What is Adult Social Care Direct?

Adult Social Care Direct (ASCD) is the main point of contact for personal and practical support to help adults of all ages (both older people and working-age adults) to retain their independence and the best quality of life possible. There are two main ways in which the public and professionals can contact ASCD in Gateshead:

- A telephone service that is open 24 hours a day, seven days a week
- An online initial assessment form

¹ ‘Impacts of reduced funding for adult social care in Gateshead’ report <https://tinyurl.com/y43fshjr>

How did we engage?

We used a variety of methods to engage including:

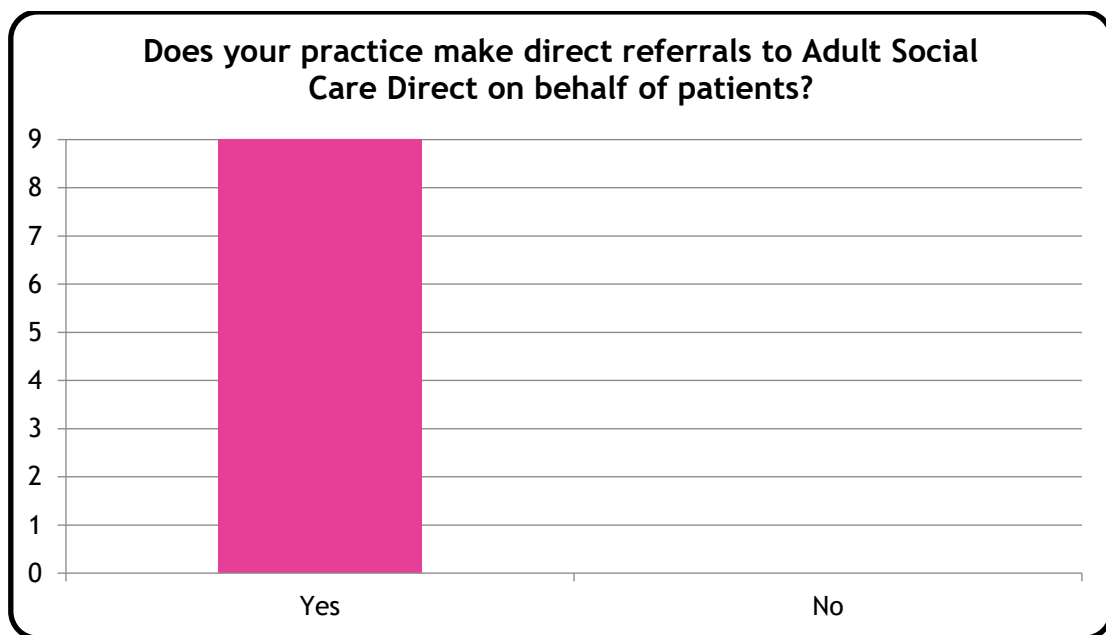
- Survey of GP practice staff
- Survey of people who had contacted Adult Social Care Direct
- ‘One collective voice’ – an event to hear from unpaid carers; and public, private, and voluntary and community sector representatives

3. Survey of GP practice staff

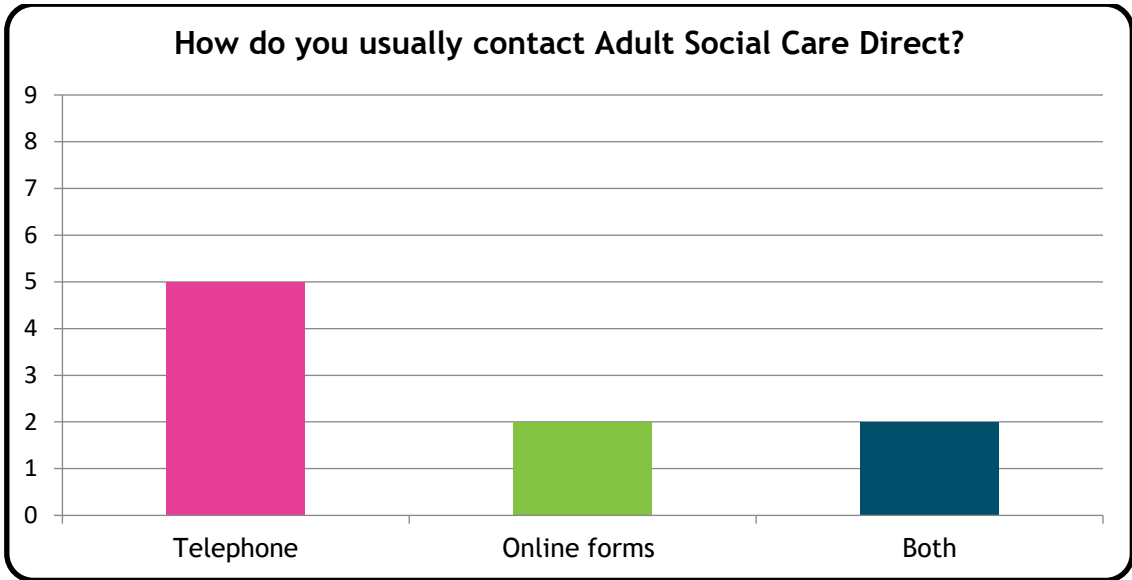
What we did

GP practice staff may refer people to ASCD. We wanted to find out how the system worked for them and if there were any areas of concern. We surveyed 34 GP practices and we had nine responses.

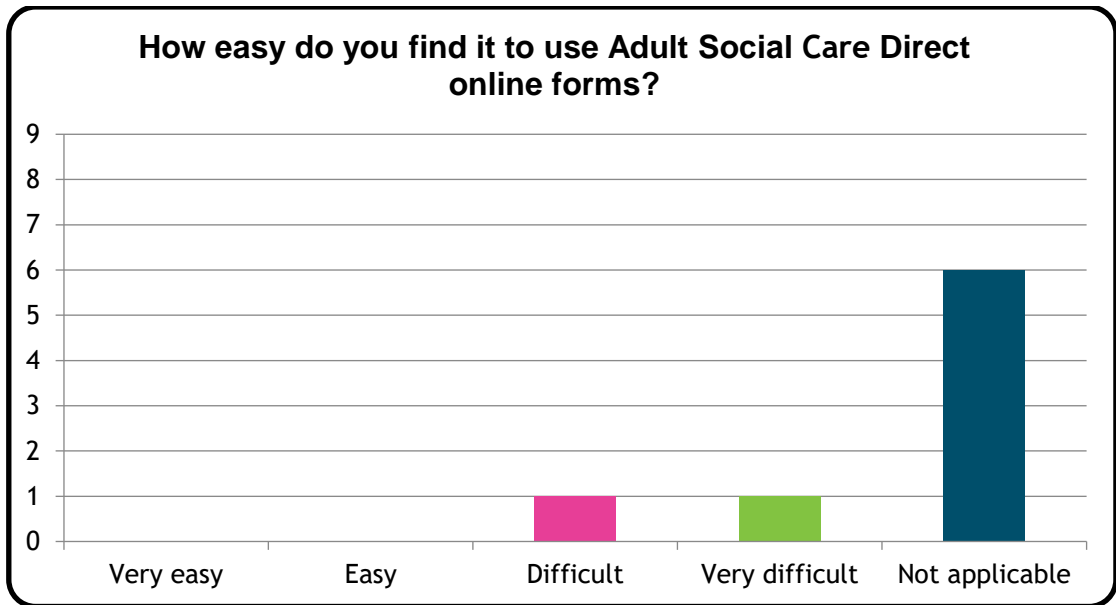
What we found



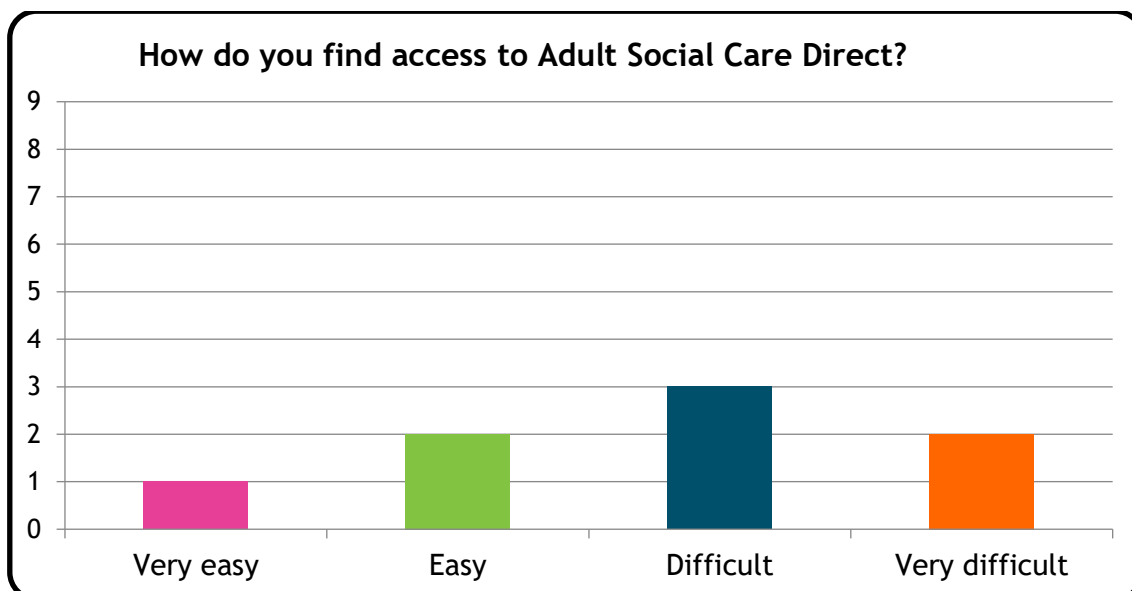
All nine GP practices that returned the survey said they had made referrals to ASCD in the past 12 months.



Nine GP practices answered this question. Five said their usual method of contacting ASCD was by telephone, two used online forms, and two had used both systems.



The two GP practices that had used online forms stated that they were difficult or very difficult to use. Six said the question was not applicable and one person skipped the question.



Of the eight GP practices that answered this question, five found it difficult or very difficult and three said they found the referral process easy or very easy.

“Can be a while sat on the phone trying to get through - difficult during a clinic day.”

4. Survey of Adult Social Care Direct users

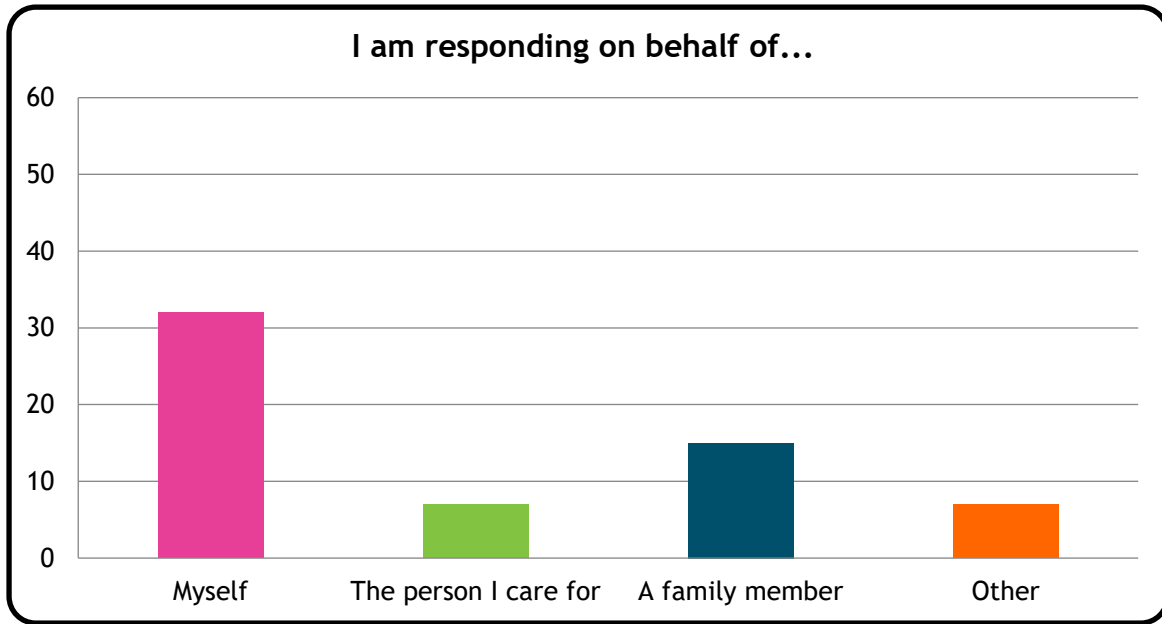
What we did

Adult Social Care Direct (ASCD) was very cooperative from the outset and welcomed this research. We were told that the average number of requests for ASCD support was around 2,200 per month: 1,800 by telephone and 380 through online forms.

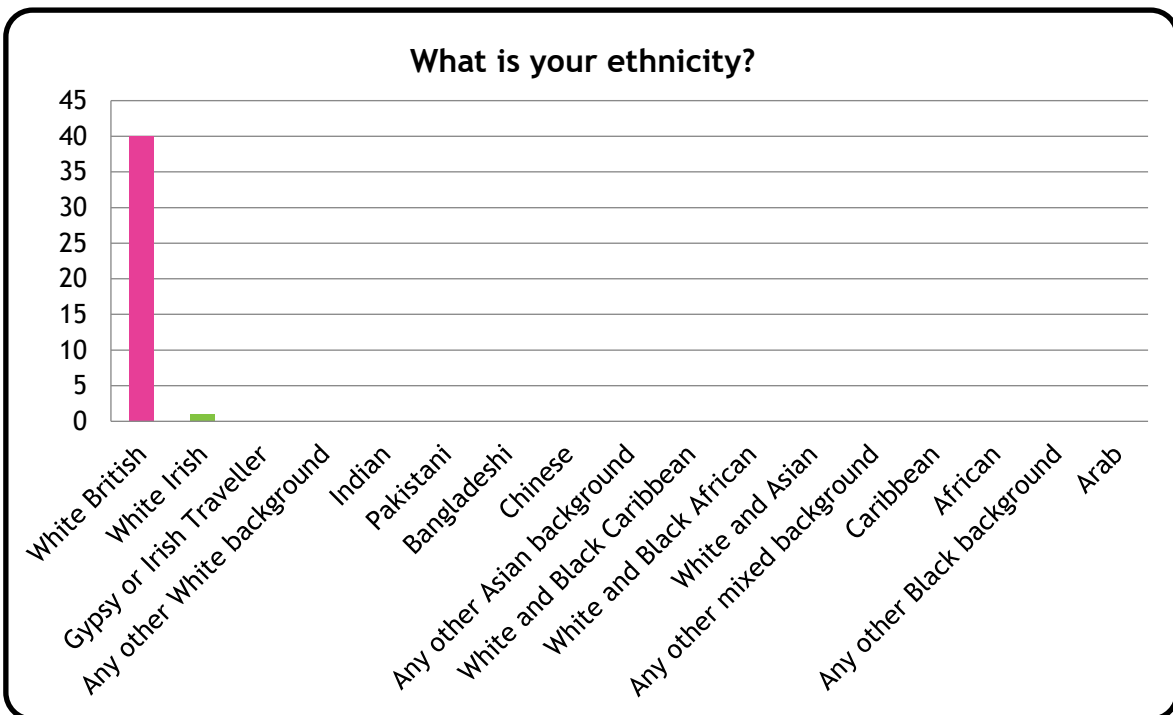
ASCD agreed to ask people who phoned the service if they would complete a Healthwatch Gateshead survey which could be returned by Freepost. There was also a link to the survey on the online ASCD forms for those applying online. The survey was promoted via our own and third-party online channels and newsletters.

The survey ran for ten weeks between 2 September and 15 November 2019. ASCD sent out 135 surveys to people who contacted them by phone over this period: 58 in September; 60 in October; 17 in November. In total, we received 64 responses.

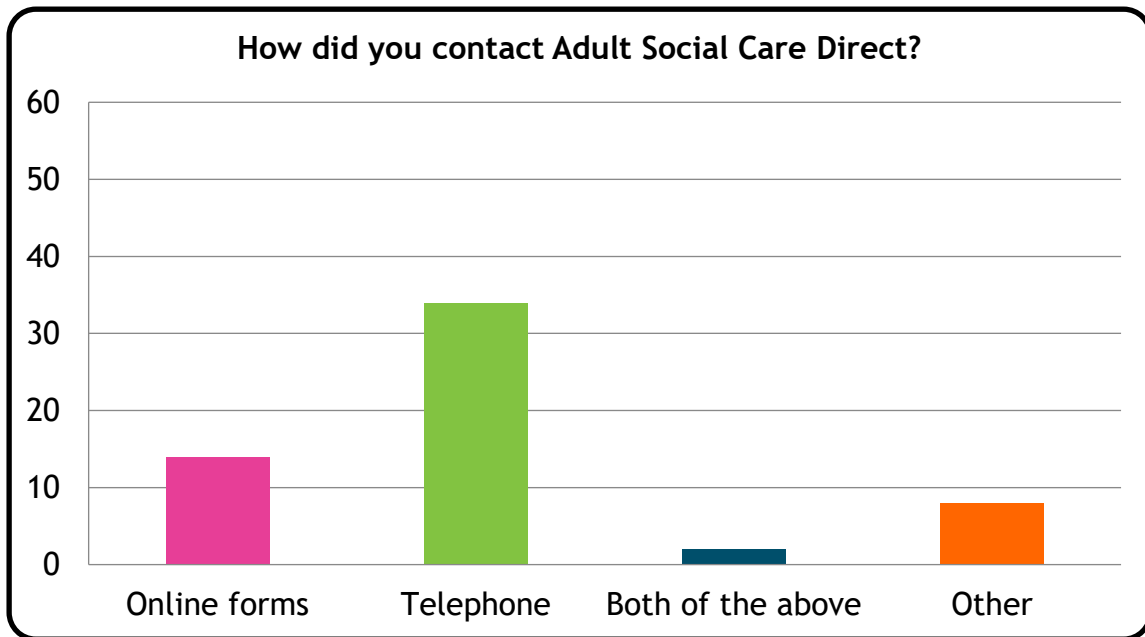
What we found



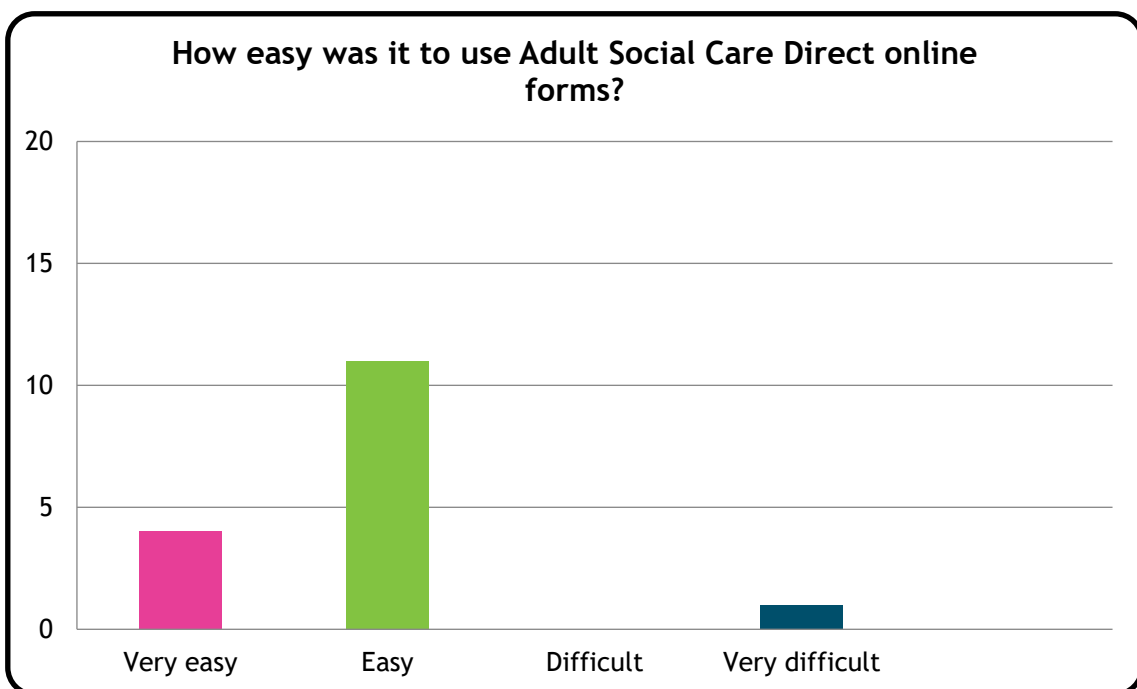
Sixty-one people answered this question: 32 people were contacting ASCD for support for themselves; seven for someone they care for; 15 for family members; seven for others which included a young carer and a volunteer.



Forty-one people answered this question: 40 people were white British and one person identified as white Irish.

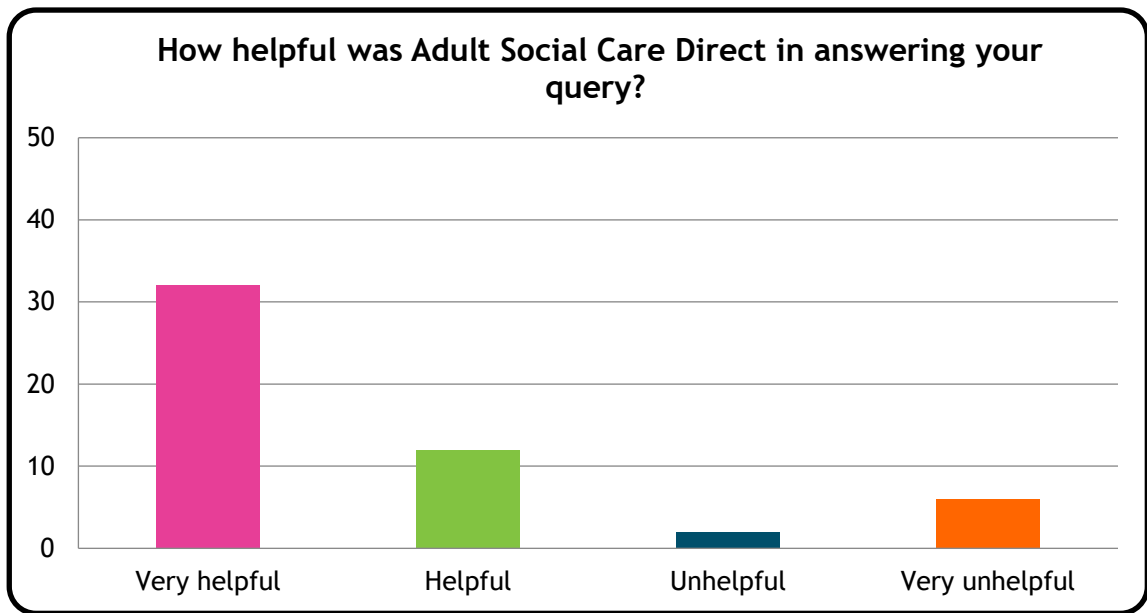


Fifty-eight people answered this question: 34 used the telephone; 14 used online forms; two had used both methods; eight people who chose 'other' had been via either a GP referral or a face-to-face meeting with someone from ASCD.



Sixteen respondents had used the ASCD online forms: 15 of those found them easy or very easy. One person said they had found the process very difficult.

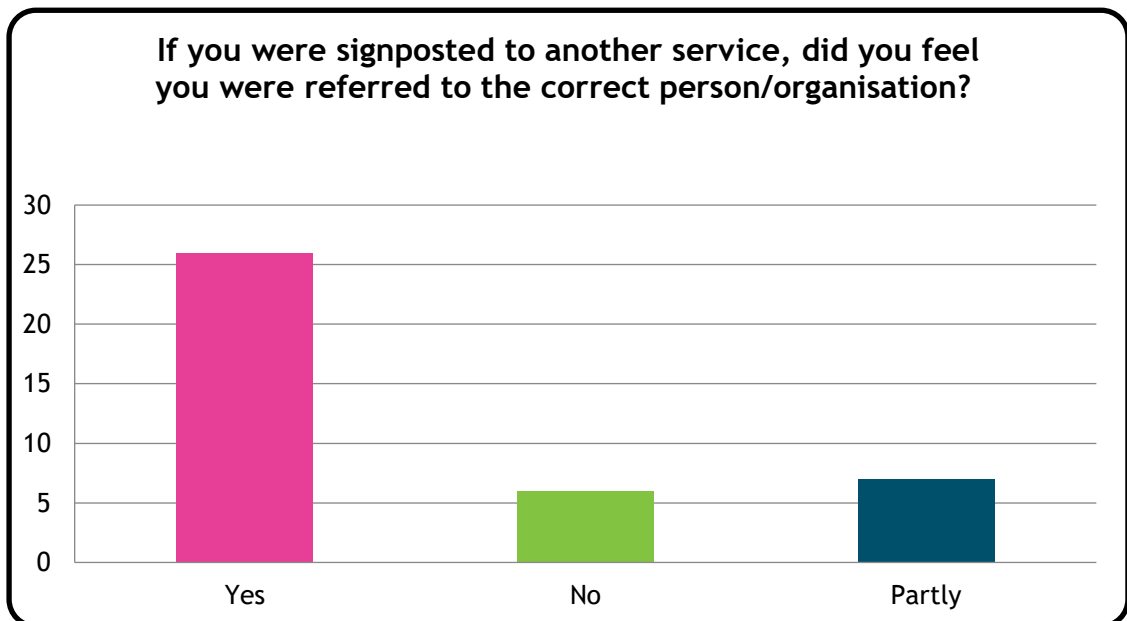
“It was easy to complete the questions, but they were irrelevant for carers. It is geared for a person with a care need.”



Of the 52 people who answered this question, 44 found ASCD helpful or very helpful, while eight people said they felt the service had not been helpful.

“Spoke to H who was extremely pleasant and helpful.”

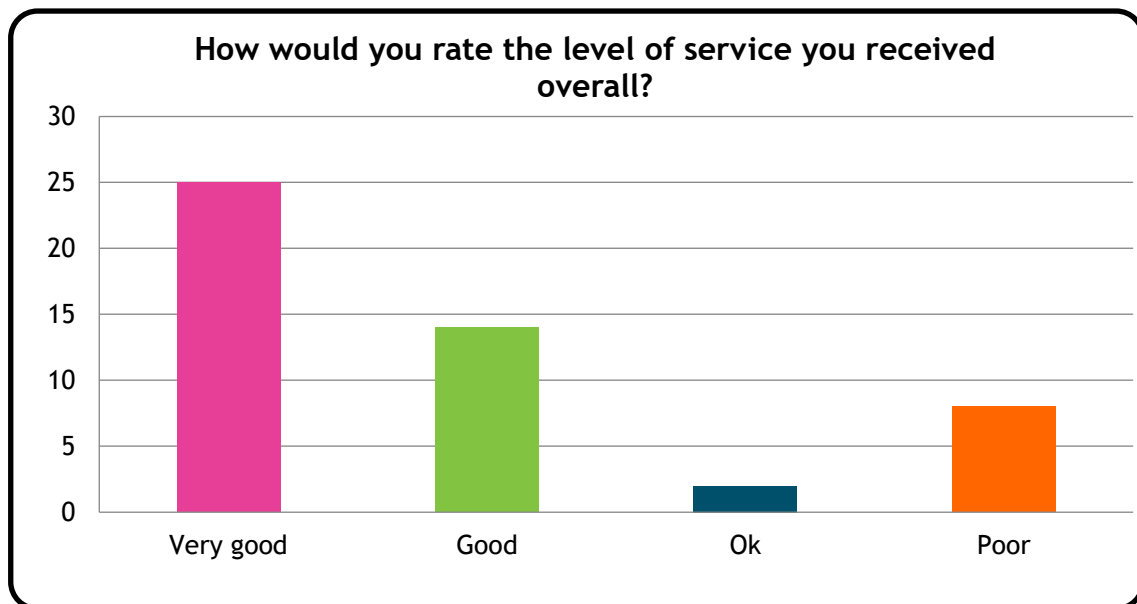
“Everything was sorted out easily.”



Of the 39 people that answered this question, 26 said that they felt they had been correctly signposted. Six felt that they had not been correctly signposted, and seven said only partly.

“Made a referral for a carers assessment and ASCD referred the family to PRIME² for support for the cared for when this was not the service requested.”

² People Regaining Independence by Means of Enablement



There were 49 responses to this question: 39 of those people rated the services good or very good; two people said it was OK and eight said the service overall was poor.

“Excellent customer service, clear and valuable advice, instructions and fast response. Thank you so much for attending to my brother.”

“Quite happy with all that I have received in the past.”

“I got straight to the people concerned.”

5. One collective voice

We collected views from unpaid carers; and public, private, and voluntary and community sector representatives.

What we did

We wanted to find out about the issues in more detail and organised an event under the banner of ‘One collective voice’ to hear from unpaid carers; and public, private and VCS representatives who help people to access social care support through ASCD.

Our event took place on 3 September 2019 at Gateshead Central Library and was attended by two unpaid carers and 17 people representing the following organisations:

- Age UK Gateshead
- Edberts House, community linking project
- Gateshead Health NHS Foundation Trust
- North East NHS Independent Complaints Advocacy (ICA)
- North Regional Association for Sensory Support (NRASS)
- Oasis Community Housing
- The Gateshead Housing Company

What we found

Question 1. How well does Adult Social Care Direct (ASCD) help you to get the outcome you need for service users?

There was a mixed response to this question. Some participants felt that there had been an improvement following the ASCD review in autumn 2018. Others disagreed and pointed out several issues. For example, participants stated that they did not always receive feedback on the referrals or the outcome of the process.

Some participants also mentioned that the conclusion of the referrals could be dependent on who answered the query.



“Service can be fantastic and can get things done quickly but that depends on the member of staff that picks up the phone.”

“It can be very frustrating to talk about certain situations like discharge from hospital for a patient, as we know what a patient needs yet we have to go through the whole process every time we refer.”

“Sometimes we get feedback from referrals, we would like this to happen more so that we know things have been put into place for patients.”

“Some organisations have to wait over five working days to hear back from social workers, this wait shouldn’t be this long and should be dealt with more urgently.”

Question 2. How quickly does ASCD help you to get the outcome you need for service users?

Many participants mentioned that there was no indication of how long referrals or outcomes would take following a referral to ASCD.

Some said they had problems when requesting a social care assessment for service users and that call handlers sometimes asked what the patient needed during the referral. However, no answer could be given because an assessment was required to find out what these service users needed. Participants agreed that the process for obtaining support was too slow.



“Used to get acknowledgement within 28 days and that date system seems to have been removed now”

Question 3. Do you feel that you were generally passed to the right person by ASCD in relation to your referrals?

Participants stated that if service users were already known to adult social care, the referral process was more streamlined.

However, there were mixed responses to the efficiency of initial referrals. People said call handlers sometimes acted like “gatekeepers” and did not recognise the expertise of professionals who were making the referrals, for example, occupational therapists.



“For people with learning disabilities, it is extremely difficult to get support. The call handler just asks if the person has a diagnosis and if they do not, there is nothing the service can do.”

Question 4. Are you aware that you can use online forms to refer people to ASCD?

Some participants said they were aware of the online referral process; however, several issues were mentioned around using the online forms.

People said they may not be accessible to those with disabilities, for example, people with visual impairments and those who are homeless. There also did not appear to be any guidance on how to complete the online referral.

It appears that some of the fields on the online referral form are mandatory and can only be submitted if these fields are completed, which participants found frustrating as they may not have all the required information.

Some participants mentioned that it took too long if the referral was for a service user in crisis, so they preferred to speak to someone. Further comments were around lack of feedback from referrals; and participants were unsure if their efforts are worthwhile.



“It might be easier to get the referrals right if the processes were right.”

Question 5. Do you have any suggestions for improvements?

Participants suggested offering a face-to-face service to improve accessibility for those who may need extra support to access ASCD.

Quality assurance issues were raised around how the ASCD service is monitored.

People said there was a need for transparency about ASCD processes, possibly through a flowchart. This could help people understand the pathway to obtaining support from social care in Gateshead. There were also suggestions that deadlines for referral and acceptance should be regulated.

Participants proposed that the online referral form should remove the mandatory completion requirement on all fields and allow supporting evidence to be attached to online forms. They felt this could help give a clearer picture of the individual's support needs.

Suggestions were made to improve signposting services for those who may not qualify for social care support following a needs assessment. These included ongoing training for ASCD staff and mentoring on other services available in Gateshead that are provided by the public, and voluntary and community sectors.



6. Our findings

Survey of GP practice staff

All nine GP practices that returned the survey said they had referred people to ASCD for support in the past 12 months. The majority of those surveyed used the telephone to request support for patients.

Some respondents were not aware of the online form. Those that had used the forms found them difficult to use as they could not always provide all the information that was required. Because the fields were mandatory the form could not be submitted.

Respondents' experiences of the ASCD referral process were mixed. However, more found making a referral difficult and that having to re-refer people was an issue.

Survey of people contacting Adult Social Care

It should be recognised that 135 surveys were sent out by ASCD in September, October and November 2019 and our findings are based on a small sample of 64 people who responded. Gateshead Council told us that the average number of requests for ASCD support per month during the survey period was 1,556 by telephone and 378 through online forms.

Given the number of queries made to ASCD during those three months (around 6,000), we were disappointed that only 135 were sent out on our behalf. ASCD told us this was because people did not want to complete the survey.

Our survey shows that people who contact ASCD were looking for support for themselves, for a family member, for someone they care for or who they know through a support network, for example, a GP involvement group or carer support organisation.

We found that the telephone was the most popular method of contacting ASCD. Not everyone was aware that online forms were available, but the majority of those who were said that they were easy to use. However, the form does not allow people to request a carer's assessment. The form is designed for people requiring care and the mandatory nature of some of the fields means it does not always fit the needs of carers.

Most of the people who completed the survey said that when they were signposted to other services by ASCD it was generally to the right service.

Overall the service from ASCD was rated as very good or good, with some of the negative comments based on the actual outcome of the request for support rather than people's experience of dealing with ASCD.

The demographic information in the appendix of this report is fairly representative, considering the sample size of 64. However, with the exception of one person, everyone who completed the monitoring form was white British. We believe that the views of ASCD users of other ethnicities should be further explored, to avoid inequalities in the services provided by ASCD.

One collective voice event

We heard from a range of people at the event about their experience of contacting ASCD on behalf of someone with potential care needs. Some felt there had been some improvements since the internal review of the service in autumn 2018. However, there were areas within the service that people said could be better.

Participants told us there were inconsistencies in advice and support, and that outcomes varied depending on who responded to the query at ASCD. Issues were raised around how long referrals or outcomes can take following contact with ASCD, with no time frame given for support to be put in place. Many people said that they did not feel that their expertise was taken into consideration when making a referral to ASCD.

Suggestions for further development of the service included:

- The introduction of quality assurance checks to make sure that information and signposting advice is consistent, regardless of who deals with the referral.
- When referrals are made, there should be a process in place to check if cases have been actioned.
- Online forms should be modified to remove some mandatory fields which prevent people from submitting the form.

7. Recommendations

Based on our findings, we have the following recommendations:

Online referrals

1. ASCD should review the online forms and remove the mandatory requirement for some fields. There should also be an option to allow uploads for supporting evidence. This may cut down on the number of re-referrals, particularly for those who make frequent referrals.
2. The wording at the beginning of the online form should be altered so that carers do not have to answer questions that are designed for service users.
3. Guidance should be developed to help those completing online referral forms.

Improving access

4. The service should consider the introduction of a face-to-face service to improve accessibility for those with a disability and people who are homeless or without internet access or who are particularly vulnerable.

Monitoring and assurance

5. An internal quality assurance process should be implemented to ensure consistency of information and signposting provided.
6. ASCD should implement a system to monitor the diversity of those using the service to make sure there are no inequalities in the knowledge of, access to and delivery of social care services in Gateshead.
7. The outcome of such monitoring in recommendations 5 and 6 above should be reported regularly to senior management for scrutiny and feed into future service development.

Improving referrals

8. A communications plan should be designed and implemented to inform the public, healthcare professionals, social care professionals and those who work in the voluntary and community sector about the service and the online forms. This should include information on the processes and timescales for referral and acceptance; how to refer those in crisis; and how to get feedback from referrals so that people know what has happened following a referral.

8. Responses to the recommendations

The following responses were received from the Gateshead Council Team Manager for Adult Social Care Direct.

“Firstly, we felt that the report, on the whole, was positive, and mirrored some of our own findings which we are currently working on.

We appreciate the suggestions in the report however we do feel that a lot of the comments refer to stages following on from ASCD such as the time it takes to be allocated a worker, and discharges from hospital, although we do appreciate that the public may not be able to differentiate between our processes.

Also, we feel that some of the comments throughout the report are historical and progress has been made on these issues. For example, there are several comments about frustrations around waiting to get calls answered but looking at the three-month period in question the longest wait time for call to be answered was 4.39 mins.

The recommendations are especially useful to us, giving some excellent ideas where we can quickly improve our services.”

Responses to online referral recommendations

1. ASCD should review the online forms and remove the mandatory requirement for some fields. There should also be an option to allow uploads for supporting evidence. This may cut down on the number of re-referrals, particularly for those who make frequent referrals.

“We are continually reviewing our online referral forms and have already made several adjustments following feedback from users and we work closely with IT staff to ensure this can be done quickly. There were requests to remove the mandatory fields on the online forms. Only some of the fields are mandatory and this is to ensure we receive sufficient detail in order to deal efficiently with the referral. Unfortunately, it is not feasible to remove all mandatory fields as this would affect the quality of data collected and slow down the referral process as the Initial Contact coordinators would have to contact the referrer when necessary information is not initially provided. We are always happy to meet specific groups to discuss specific issues they are experiencing and try to find solutions that work for all parties. On your point about uploading supporting evidence there is already the facility to upload documents at the end of the form.”

2. The wording at the beginning of the online form should be altered so that carers do not have to answer questions that are designed for service users.

“We feel this is a valid point and will investigate the feasibility of a separate online carers form.”

3. Guidance should be developed to help those completing online referral forms.

“Again, very useful feedback and we aim to develop guidance within the next 3 months.”

Response to recommendation to improve access

4. The service should consider the introduction of a face-to-face service to improve accessibility for those with a disability and people who are homeless or without internet access or who are particularly vulnerable.

“We already complete face to face referrals; on average we receive 3 people per day presenting themselves at reception. We have discussed the possibility of booking appointments but do not want to raise expectations as this is for referrals only and people may expect the assessment to take place at the same time, though will continue to look at this in line with future development work within Adult Social Care. Whilst we want to be as accessible as possible, we also want to ensure access is equitable, i.e. not taking face to face referrals first just because the person is able to attend the Civic Centre.”

Responses to recommendations regarding monitoring and assurance

5. An internal quality assurance process should be implemented to ensure consistency of information and signposting provided.

“We have an ongoing quality assurance programme. This includes weekly training programme (each Tuesday morning where phones are for emergencies only up to midday), as well as monthly supervision sessions and team meetings. We also have weekly Managers meetings looking at quality of referrals and fortnightly meetings with our inhouse providers.”

6. ASCD should implement a system to monitor the diversity of those using the service to make sure there are no inequalities in the knowledge of, access to and delivery of social care services in Gateshead.

“This information is already collated by our CareFirst team and used for performance management as well as to provide Government data. We will ensure that this data is fed into the Council-wide review of Advice, Information and Guidance, so that the Council can ensure that hard to reach and underrepresented groups are targeted with relevant information about how they can access support.”

7. The outcome of such monitoring in recommendations 5 and 6 above should be reported regularly to senior management for scrutiny and feed into future service development.

“We have fortnightly meetings with the Service Manager to report on QA issues, call waiting times, etc. This is all collated by our CareFirst team as well as our sophisticated telephony system. We are reviewing our performance and data framework and will ensure that this information is part of the new quality assurance process.”

Response to recommendation for improving referrals

8. A communications plan should be designed and implemented to inform the public; healthcare professionals, social care professionals and those who work in the voluntary and community sector about the service and the online forms. This should include information on the processes and timescales for referral and acceptance; how to refer those in crisis; and how to get feedback from referrals so that people know what has happened following a referral.

“We felt that the flowchart was an excellent idea; we will look to get this onto our website within the next 3 months. The Council is undertaking a full review of the Advice, Information and Guidance offered in Gateshead, and there is also an ongoing review of the Adult Social Care Website. ASCD will have significant input into both of these projects, and the outputs from the Healthwatch survey will help to inform the developments.”

General comments

“Lastly, we would like to point out that throughout the report there are comments regarding people not being aware of the online forms. When these were introduced in October 2018 the Manager of ASCD at that time did attend the ‘Time In Time Out’ session to promote these to GPs, and for members of the public this was advertised in the Council News. ASCD regularly attend the ‘Time In Time Out’ sessions to promote our service, and our website promotes the forms. Also, there is an automated message on the telephony systems prior to us answering the call to say that referrals can be taken online. It also makes it very clear on the front of the form that these are not for urgent referrals.”

“I would like to thank you for the suggestions on improvements we can make to the service, we have found the involvement with Healthwatch an invaluable experience.”

9. Acknowledgements

We would like to acknowledge the continued support from Gateshead Council in recognising the role of Healthwatch. We are particularly grateful to Adult Social Care Direct, which helped us gather the information we needed.

We would also like to thank Healthwatch Gateshead Committee member Lynda Cox (project sponsor) and the following Healthwatch Champions, who are all volunteers:

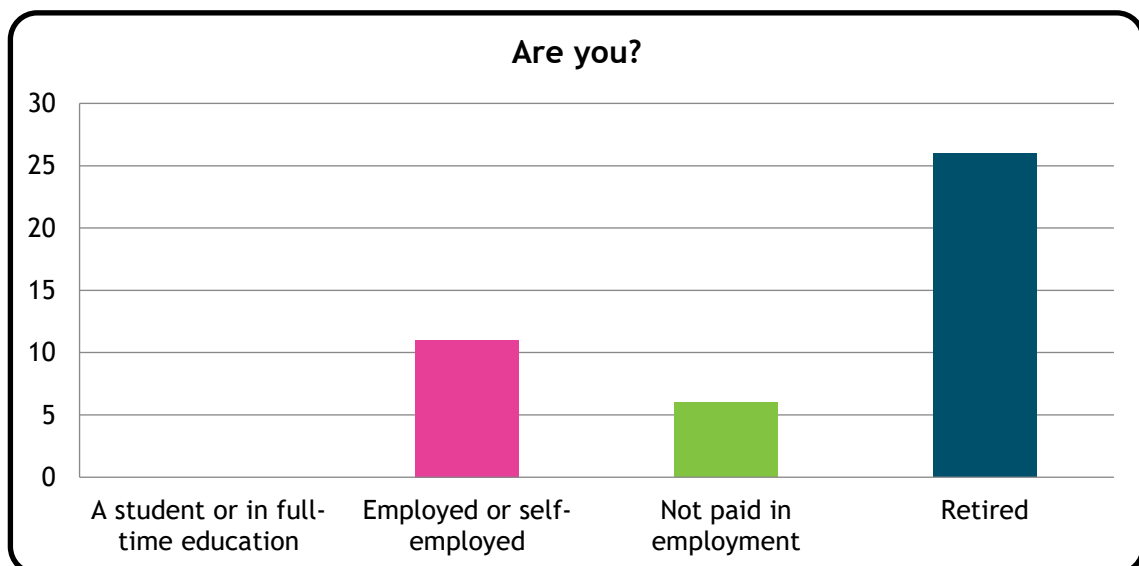
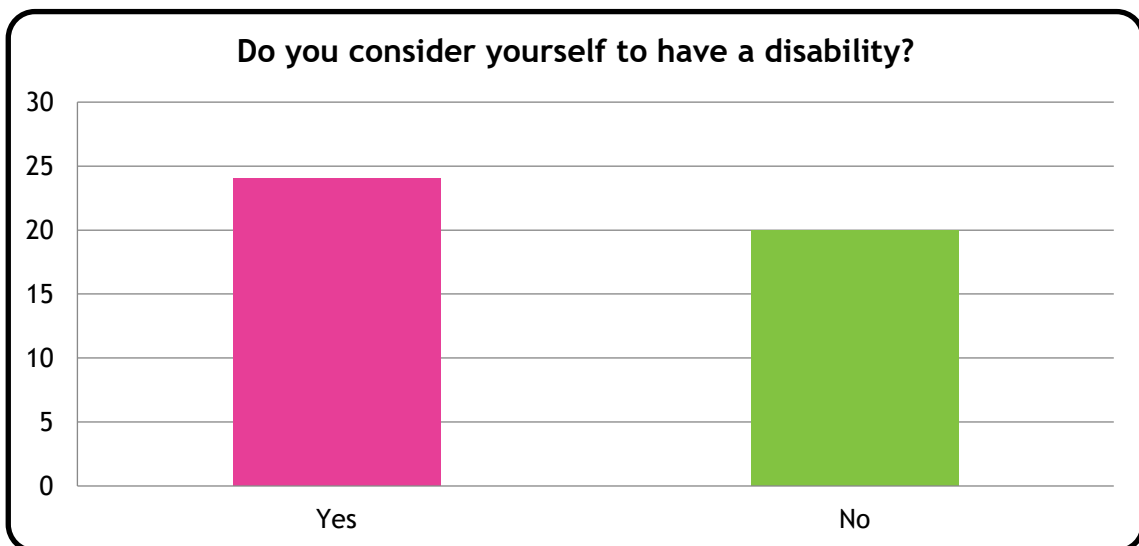
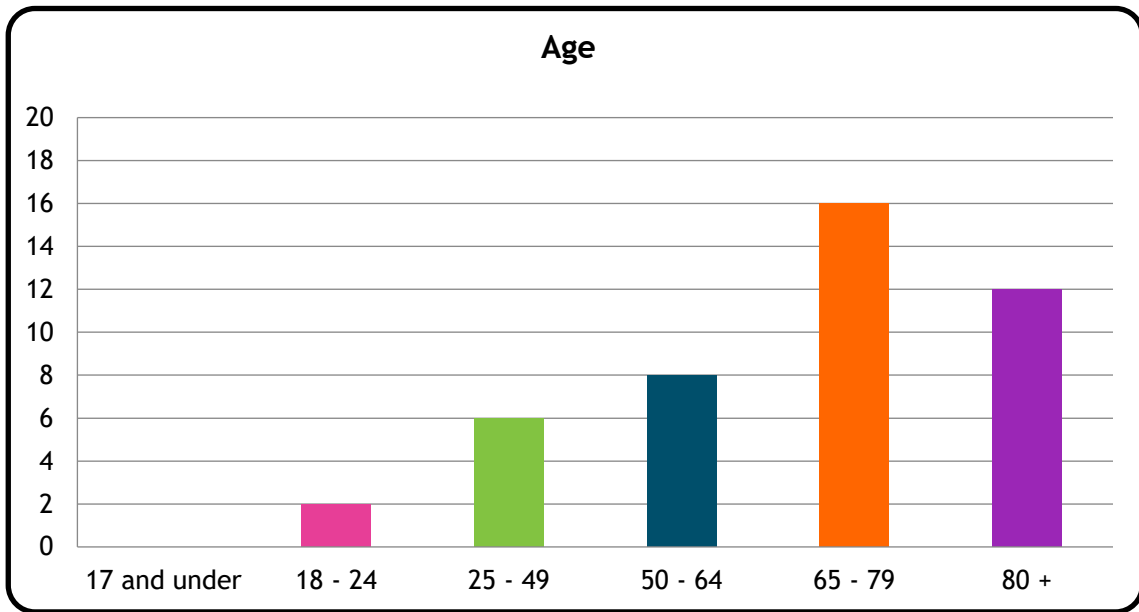
Kenneth DGLISH	Admin support
Alan Guest	Admin support
Hollie Heron Stamp	Facilitation and data analysis
Kay Parker	Facilitation and data analysis
Nividitha Sankar	Facilitation and data analysis

Thanks also go to the following organisations who contributed to our ‘One collective voice’ event:

Age UK Gateshead
Edberts House, community linking project
Gateshead Health NHS Foundation Trust
North East NHS Independent Complaints Advocacy (ICA)
North Regional Association for Sensory Support (NRASS)
Oasis Community Housing
The Gateshead Housing Company

Appendix

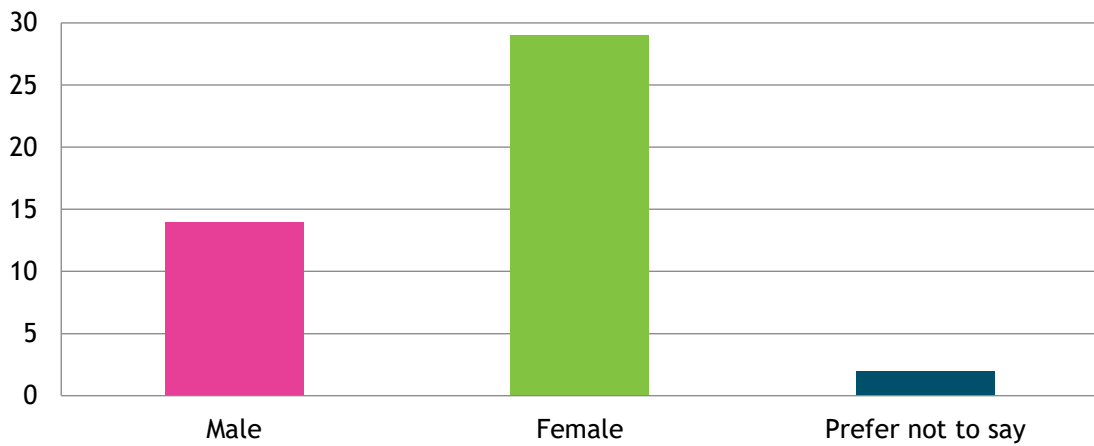
Survey demographics for Adult Social Care Direct users



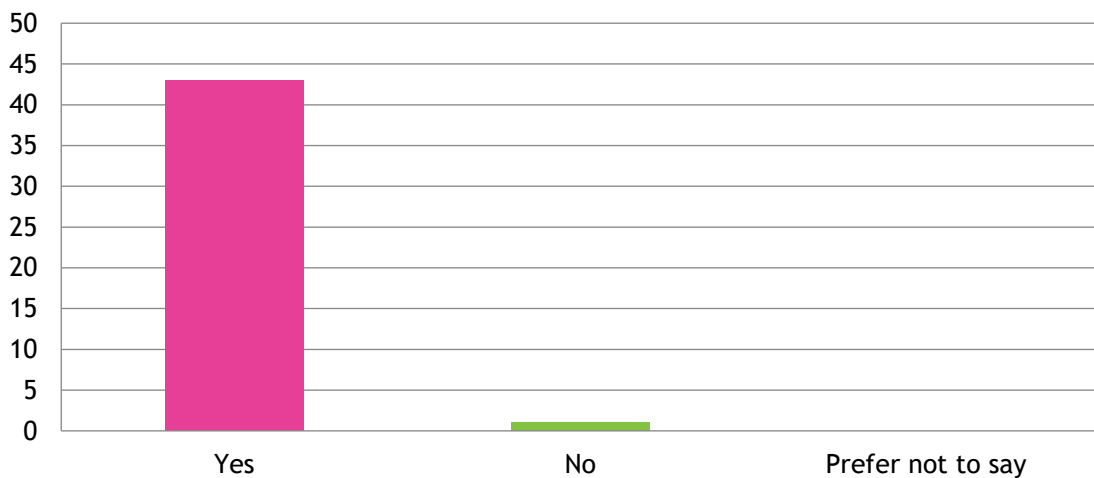
Which of the following best describes how you think of yourself?

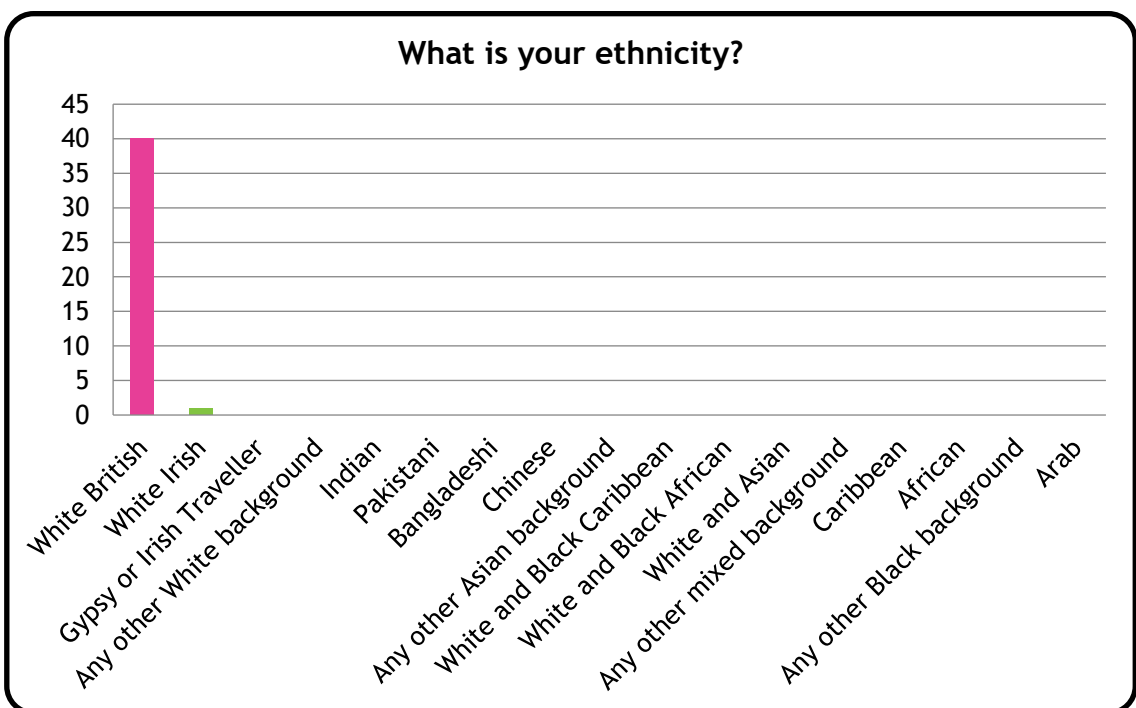
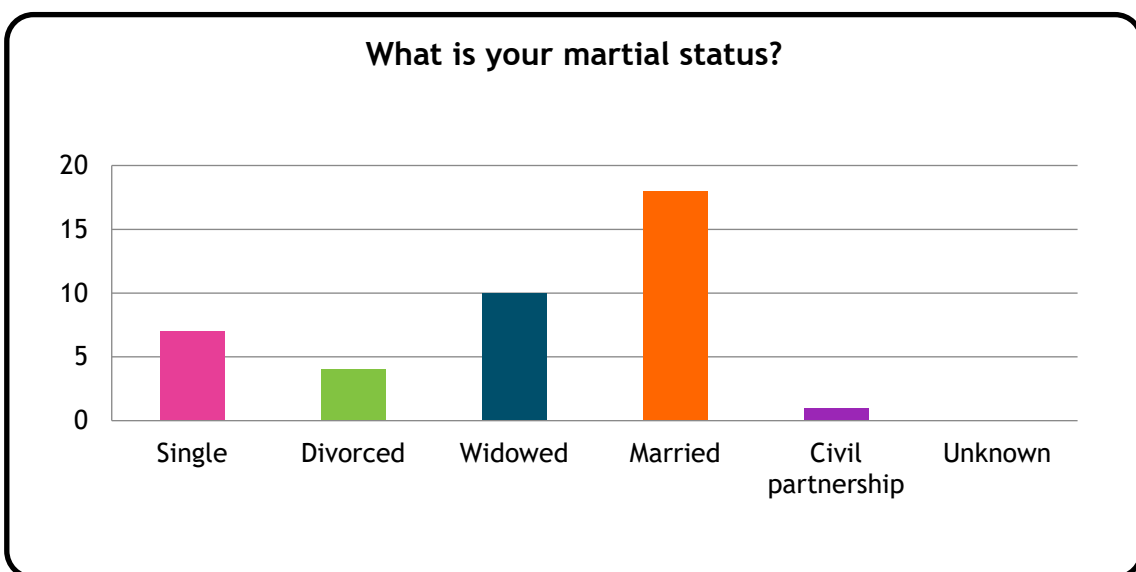
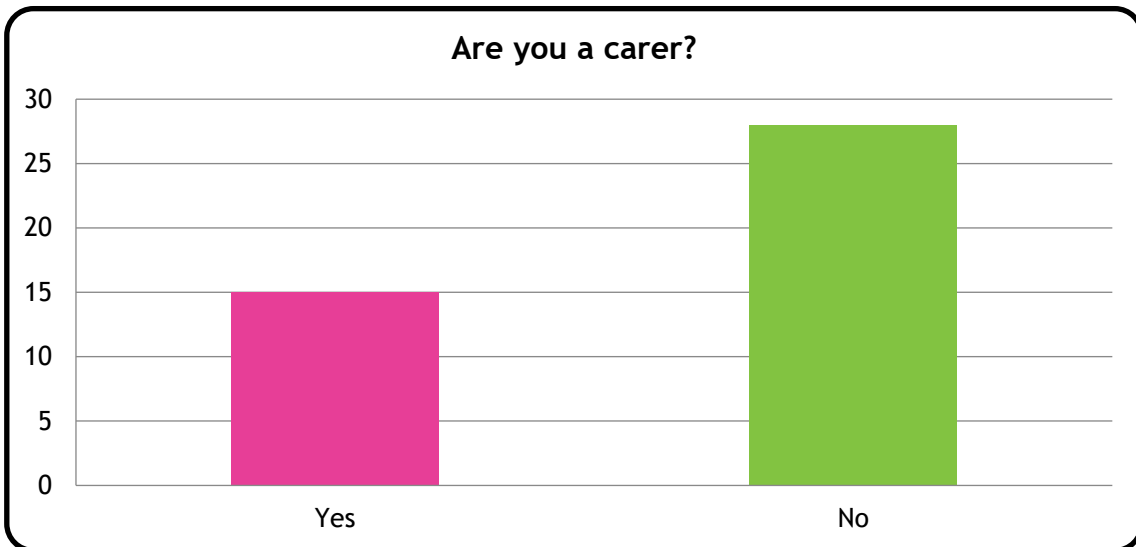


Gender



Is your gender identity the same as the gender you were assigned at birth?





Contact details



Healthwatch Gateshead
MEA House, Ellison Place, Newcastle upon Tyne, NE1 8XS



0191 477 0033



07498 503 497



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