



# Buckinghamshire County Council

## Minutes *OVERVIEW & SCRUTINY COMMITTEE FOR ADULT SERVICES*

---

### AGENDA ITEM: 3

**MINUTES OF THE MEETING OF THE OVERVIEW & SCRUTINY COMMITTEE FOR ADULT SERVICES HELD ON WEDNESDAY 9 NOVEMBER 2005, COMMENCING AT 9.50 AM AND CONCLUDING AT 12.30 PM IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY**

#### **MEMBERS PRESENT**

Mr B G Allen (Chairman), Mrs B H Jennings, Mr C Jones, Mr A Oxley, Mrs F D Roberts MBE, Mr C F Robinson OBE, Mr D Rowlands, Julia Wassell and Mr H G W Wilson

#### **OFFICERS PRESENT**

Mrs C Capjon	Policy Officer
Mrs K Sutherland	Democratic Services Officer

#### **IN ATTENDANCE**

Mr M Colston	Cabinet Member, Adult Social Care
Mrs K Jones	Customer First Programme Manager
Mr P Loose	Head of Adult Disability and Mental Health Services
Mr I Trenholm	Strategic Director, Resources

#### **APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP**

Apologies were received from Mr J Cartwright, Mrs E Lay, Mr S Kennell, Mr B Lidgate, Mrs D Summers and Mr F Sweatman. Members noted that Mr A Oxley was substituting for Mrs D Summers and Mr C Jones was substituting for Mr S Kennell for the duration of the meeting.

#### **DECLARATIONS OF INTEREST**

There were no declarations of interest.

#### **1 MINUTES**

The minutes of the meetings of the Overview and Scrutiny Committee for Adult Services held on 12 October and 25 October 2005, copies of which had been circulated previously, were confirmed.

## 2 COUNTY COUNCIL'S DRAFT RESPONSE TO THE BUCKS MENTAL HEALTH TRUST COSULTATION 'PUTTING PEOPLE FIRST'

The Chairman welcomed Mike Colston, Cabinet Member for Adult Social Care and Peter Loose, Head of Adult Disability and Mental Health Services to the meeting. Peter Loose had been largely responsible for drafting the Buckinghamshire County Council's (BCC) response to the Bucks Mental Health Trust (BMHT) Consultation and explained that the draft being considered at the meeting would be amended to incorporate comments from the Overview and Scrutiny Committee and also from Cabinet, before final submission.

Peter Loose took members through the main elements of the response and during the discussion the following points were made and noted:

- Peter Loose explained that the BCC response broadly supported the recommendations. This position had been influenced by professional discussions with staff involved and the previous discussions with the Overview and Scrutiny Committee.
- It was noted however that the consultation document lacked fully costed information and a detailed timeline for introduction of the changes proposed. BCC's response called for a development plan to be produced to address these crucial areas.
- It was important to recognise that whilst BCC had had an underspend in the Mental Health budget, due to clients remaining in health funded care for long periods of time, as BMHT improved in rehabilitating clients, this would lead to increased service users for Adult Social Care with increased resource implications.
- Peter Loose highlighted the need for strong cross-service working to ensure that vulnerable people, who did not fit neatly into one particular specialist area, would receive the care they needed.
- With regards to the South Bucks 'overlap' area, the BCC response supported the proposals to bring clients in this area into BMHT's area of responsibility, as long as strong community services were developed in the local area.
- BCC supported the move towards more community based care, which was in line with the national agenda. However the need for workforce planning was highlighted as an important issue, alongside changes to service delivery.
- The move towards a single site for inpatient services for adults of working age was the subject of much discussion amongst members. Peter Loose explained that this was in line with the national agenda and the BCC response supported the proposal provided that robust community based support was also in place.
- The Chairman stressed that existing services must be maintained until the new provision was in place – vulnerable people must not be left without support.
- Members raised concerns about transport issues for both clients and their carers and families if inpatient facilities were rationalised to a single site. Members felt that this issue should be considered as a high priority, especially as support from family and carers was so important to recovery for mental health clients.
- A member commented that transport was an area that BCC and

BMHT should work on together. Public transport was BCC's responsibility, but BMHT and the NHS generally would benefit from improvements if they could be developed. Members asked for the transport issues arising as a consequence of the BMHT proposals to be highlighted more strongly in the BCC response.

- The Cabinet Member for Adult Social Care acknowledged members' concerns. It was suggested that travel costs for visitors could perhaps be subsidised by BMHT. If community services worked well, clients would only be in inpatient care for a short period, so this should not be a tremendous financial burden. Members commented that it was a good idea to place some obligation on the NHS and asked that this suggestion be included in the Committee's report.
- A member commended Peter Loose for his draft response, which made some good points and each point was well-considered. However she commented that she was against the development of a single site for inpatient care and believed that BMHT should produce a further document giving clearer information on funding implications and how dispersed units could work.
- In response Peter Loose commented that there would be cost implications for social care and it was important that the pace of change was consistent with BCC's ability to fund it. Supported Housing units were being developed for mental health clients to move into. It was felt that there would be an initial rush of demand for social care support, which could be difficult to cope with, but this would then become a more manageable through flow of service users.
- Peter Loose also explained that combining acute and rehabilitation services on one site, as the member had suggested, went against the National Standards Framework, which is why BCC supported the single site proposed by BMHT. The main issue seemed to be where the site should be and there was no ideal location as Buckinghamshire was a long thin county. If the inpatient unit was not developed at the Manor House site in Aylesbury then an alternative site would have to be sourced and the Manor House site would have to be sold to fund the purchase of new land. This would all lead to further delays and as already mentioned the geography of the county did not lend itself to an ideal central location.
- A member commented that constituents were complaining about the difficulties of visiting family members in hospital due to changes brought about by Shaping Health Services. Mental health clients were even more vulnerable and transport should be seen as a clinical issue. A member suggested that a volunteer driver service might be a way of assisting with the transport difficulties, but it was felt that whilst this would provide valuable support to families and carers, it would not be appropriate for volunteers to transport acute mental health clients.
- A member raised concerns about the transitional arrangements for clients in the South Bucks overlap area. He had spoken to local GPs who were concerned for the welfare of clients. Peter Loose assured members that the social worker covering the area would be working closely with all parties to ease transition.
- The BCC response noted that carer and voluntary sector involvement could be vital to the success of the proposed changes and encouraged further engagement with service users and carers in the development of provision.

- The BCC response also raised some concerns about the impact of NHS reorganisation on the BMHT proposals. The Cabinet Member for Adult Social Care commented that although there was currently uncertainty regarding the NHS reorganistaion, if the three PCTs in Buckinghamshire merged this could be a positive outcome.

The Chairman thanked Mike Colston and Peter Loose for attending the meeting.

### 3 THE CUSTOMER FIRST CONTACT CENTRE

The Chairman welcomed Karen Jones, Customer First Programme Manager and Ian Trenholm, Strategic Director, Resources to the meeting. The Chairman introduced the item by explaining that the Committee's Complaints Working Group had encountered some serious concerns about the Customer First Contact Centre when they had visited front line staff. This had prompted the Committee to investigate how the Contact Centre would operate and to raise the concerns of staff to ensure that issues were addressed.

Karen Jones gave members a brief summary of her report and highlighted the following points:

- Cabinet had approved the development of a Customer First Contact Centre (CFCC) to make it more convenient for customers to access information and BCC services. It was envisaged that the CFCC would also free up professionals' time and enable more effective customer service, as a contact history for each customer would be recorded.
- Other authorities were visited before BCC decided how the CFCC would operate.
- The CFCC would launch w/c 20th February 2006. This would be a 'soft launch' – this meant it would not be highly publicised but a variety of existing telephone numbers would be diverted to the CFCC. Initially the CFCC would deal with general enquiries, switchboard and complaints.
- There would then be a phased approach with enquiries for more and more service areas being integrated in to the CFCC over the next 12 months. Phase 2 would see the introduction of Highways on Call and Phase 3 would be Libraries and Heritage and Adult Learning. Phase 3 onwards could only be implemented with extended operating hours.
- Customer service standards would be maintained from day one and it was envisaged that over time standards would improve. A formal process of due diligence had been agreed with Heads of Service and Service Level Agreements (SLA) between the service area and the CFCC would enable agreed key performance indicators (KPIs) to be closely monitored to ensure service standards were maintained.

Members had an opportunity to ask questions about how the CFCC would operate in more detail. During the discussion the following points were made:

- A member asked how the CFCC would handle enquiries about services which were the responsibility of the district or parish councils, rather than BCC. Karen Jones reported that it had been agreed that

the CFCC would answer questions on behalf of the district councils and vice versa. The Customer First team and the district councils were sharing their top 20 Frequently Asked Questions (FAQ) information to facilitate this. It would not be practical to transfer high volumes of calls to the district councils, so it was hoped that this reciprocal arrangement would be effective.

- A member commented that Highways on Call had not worked well in his area, as call centre operators had never contacted him to inform him of local issues. In contrast, a member from another area of the county had found that Highways on Call had been very responsive and provided feedback to her when she advised her constituents to use the lo-call number. Karen Jones explained that Highways on Call was three separate call centres and there were slight differences in working practices. The comment on keeping the local member informed was noted and members were informed that Bill Chapple, the Deputy Leader, had been involved in the development of the CFCC and the Customer First team would be presenting to all members at Member Briefing on 28 November.
- A member expressed concern about the six week training period for CFCC operators, commenting that it would be impossible for anyone to learn about all BCC services in such a short period. Karen Jones agreed and assured members that the six week training was solely on general enquiries, which would be answered using an FAQ database. The database was being developed using FAQ information prepared by all services across BCC. Any enquiries needing more detailed answers would be referred to the Service Areas.
- The Chairman gave an example of someone calling to obtain directions to the County Museum. If this information could not be provided by the CFCC this would lead to lost revenue for the museum, therefore it was vital that this type of enquiry could be managed effectively. In response it was noted that if the Museum staff provided this information as one of their FAQs then the CFCC operator would be able to answer the query. In addition tools such as Bucks Maps would be utilised by CFCC staff. Karen Jones was confident that the due diligence approach that had been agreed would ensure that service area concerns would be addressed.
- Ian Trenholm emphasised that CFCC operators would be local people based in County Hall with extensive local knowledge to help them deliver a quality service. The CFCC would be working on the 80-20 principle – 80% of calls received would be straightforward and easy to answer and 20% of calls would need more in depth professional knowledge. By channelling all calls into the CFCC, other BCC staff would have more time to concentrate on areas of work, which required professional knowledge and skills.
- It was noted that over time data captured by the CFCC would provide local members with an analysis of local issues, which would also link in with the BCC Getting Closer to Communities and Every Child Matters strategy.
- Members commended the work of the staff on reception at County Hall, who were selling BCC to customers on the frontline and were extremely knowledgeable about BCC services. It was important that the service from the CFCC would be on par with the current standards. Karen Jones explained that the switchboard would be incorporated into the CFCC and the Customer First team were working closely with the receptionists to capture areas of information

that they had gained through experience.

- A member welcomed the move to a call centre if it was well executed. He commented that if the CFCC delivered a quality service it would increase demand and he raised concerns about additional costs that would be associated with increased call volume. It was important that customers calling BCC would not be met with an engaged tone, which could be the case if the number of operators was not increased in line with demand.
- The Chairman asked if the CFCC would ultimately save BCC money. In response, Karen Jones explained that there was an on-cost associated with improving customer service due to latent demand, extended operating hours and repeat custom. However savings would be realised in time due to the efficiencies of improving processes and economies of scale. All contact centres made savings but it would inevitably take a while for the savings to be realised.
- It was noted that targets had been set for resolution of queries for the CFCC. 60% of queries should be resolved immediately by the CFCC in conjunction with the service area and initially 25% of queries should be resolved by the CFCC alone. This target would increase to 40% over time.
- A member asked if the CFCC would use IVR, the system whereby customers are asked to type in a number on their phone to select a particular option. It was acknowledged that this system could be frustrating for customers. Members were advised that the CFCC could operate with one level of IVR and up to a maximum of five options. This would be used to identify enquiries which needed to be routed to a specialist. A member suggested that if customers were offered more than three options there was an increased likelihood that calls would be misdirected. Ian Trenholm assured members that IVR would only be used where appropriate, and would not be used in phase one.
- It was noted that there might be difficulty in dealing with enquiries outside of normal office hours, as the CFCC operators would not be able to transfer calls. Karen Jones reported that current data indicated that 30% of calls transferred to officers were unanswered and 40% of calls made to the switchboard were internal calls. The CFCC operators working out of hours would endeavour to take as much information as possible from a customer and would give them an undertaking that an officer from the service area would call them back within a given timescale. It was noted that until the CFCC was operational it was difficult to gauge what demand would be for an out of hours service. Members commented that the internal directory should be kept up to date to avoid the need for internal transfers of calls.

The Committee thanked Karen Jones and Ian Trenholm for attending and expressed an interest in keeping up to date with progress both before and after the launch of the CFCC. Ian Trenholm welcomed members' interest and was keen for members to visit the CFCC once it was operational. The Committee requested a progress report in May and would be reviewing success of the Contact Centre in improving customer service in due course.

**4 CHAIRMAN'S UPDATE**

The Committee considered the draft reports prepared by the Policy Officer on Complaints to Services and the Committee's response to the BMHT consultation.

Members requested some strengthening of the recommendation in relation to information about complaints to contracted-out service providers. Subject to this amendment by the Policy Officer, the Committee AGREED that they were happy with the content of the report on Complaints to Services.

**Policy Officer**

Members considered some amendments to their response to the BMHT consultation. Members asked for the report to be strengthened with regard to concerns about transport implications, transition arrangements for patients affected by hand over of care in South Bucks and ensuring that existing services were not closed until the new provision was in place.

Julia Wassell stated that she did not support the proposal of putting inpatient care for adults of working age on one site at Manor House. The Committee agreed to recommend that the BCC response should include a request that BMHT investigate a two-site option for acute care.

**Policy Officer**

It was AGREED that the Policy Officer would make changes as soon as possible with approval from the Chairman, as the report was due to be presented at Cabinet on Monday 14 November.

**5 DATE OF NEXT MEETING**

Wednesday 7 December 2005 at 9.45am in Mezzanine Room 1, County Hall

**CHAIRMAN**