

The 24/7 Client Single Point of Contact (SPC) Emerging Practice

1. Introduction and background

1.1 In response to ongoing queries about the implementation of client 24/7 single point of contact a review was undertaken by the Drug Interventions Programme (Home Office) Aftercare Team in partnership with the NTA. Working with first phase DATs the review focused on emerging practice¹ during the summer of 2004: there were broadly four main approaches being developed however, some DATs used a combination of elements from each approach.

1.2 This paper is to assist DAT partnerships and CJITs who are considering options for implementing the client 24/7 SPC. DAT partnerships & CJITs may decide on a different approach not mentioned in this paper or may choose to combine elements of each approach outlined. This paper builds on existing guidance distributed to first phase DATs on 25 November 2003, last updated January 2006, (see section 6) and a checklist of minimum requirements (see Annex A), which should be taken into consideration when developing plans for implementation.

1.3 The paper sets out emerging practice and provides further information on:

- (a) Approaches being developed during the summer of 2004
- (b) Why DATs/CJITs opted for the approach
- (c) Considerations for implementation

1.4 Emerging practice: The four approaches

1. Stand alone 'in house' CJIT approach
2. Provider lead out of hours cover
3. Pan DAT approach
4. Combined out of hours custody suite cover (formerly known as Enhanced Arrest Referral) and client 24/7 approach.

1.5 Some of these approaches have used workers employed by a separate provider to cover the out of hours shifts. These workers were not always part of the 'day-time' CJIT. However, DATs/CJITs using these approaches developed a good hand over system to ensure that the CJIT were fully informed of details of calls including referrals and appointments.

¹ See Key Messages for further information on first, second and third phase DATs and the wider Drug Interventions Programme at: <http://www.drugs.gov.uk/publication-search/dip/DIPkeymessages?version=1>

2. The approaches

Stand alone 'in house' CJIT approach

2.1 Description

The phone line cover for day time and out of hours is operated and run by members of the CJIT. The out of hours phone line cover is diverted to a mobile which the 'on call' member of the team takes home with them. In some CJITs the 'on call' duty worker will carry a team diary.

2.2 Reasons why some DATs/CJITs decided on this approach

- A suitable provider in the area could not be identified; could not satisfy the requirements as set out in the guidance; or the provider responsible for the CJIT was able to take forward the phone line within the team.
- The CJIT wanted to be able to have first contact with callers who they would then potentially be case managing, they felt that this would also provide continuity for clients.
- It was felt that workers would not just be responsible for covering a phone line but would have other duties too, therefore increasing skills and providing new learning opportunities.
- By using an 'in house' CJIT approach it was felt that there were more opportunities to share information within the team about callers from the night shift, and this was more flexible than one feed back slot at a set time everyday with a separate provider.
- Some DATs/CJITs felt that they had the capacity within the team to cover the geographical area. This was usually because the area and/or population were manageable.
- In one CJIT they felt that it was important that there was no 'middleman' to go through to find out information about calls from the out of hours shift.

2.3 Issues to consider if choosing this approach

(a) Call volume needs to be closely monitored to ensure the CJIT can cope if call volumes increase as the programme becomes more established.

(b) The DAT partnership needs to ensure that the CJIT are providing a quality service and have appropriate systems in place in line with the check list and the specification.

3. Provider lead out of hours cover

3.1 Description

A single provider is commissioned by one DAT to provide the out of hours cover for the phone line. This was usually part of a tendering process, and in some cases providers who were awarded the contracts were already well established in providing other phone line services. The commissioning included a specification which, outlined the relevant skills and knowledge and requirements. The phone number is diverted to a line where the provider has access during out of hours. In some cases but not all this has been the office where the provider is permanently based.

3.2 Reasons why some DATs decided on this approach

- Staff within the CJIT for a variety of reasons were unable to cover the out of hours shifts.
- The CJIT had a small number of staff to cover a wide geographical area with more than one PCT, BCU and several provider agencies so did not have the staff resources to offer out of hours cover.

3.3 Issues to consider if choosing this approach

(a) Providers may already be well established in providing other phone line services. They must be able to demonstrate clearly in their proposals that they are able to provide a dedicated 24/7 phone line cover in line with the guidance (issued 25 November 2003, last updated January 2006) and checklist (see annex A). This must be a dedicated number separate to any that they may already operate for other purposes.

(b) Staff from the provider agency should have relevant skills – for example working towards or have achieved Drugs and Alcohol National Occupational Standards (DANOS). Call centre staff with training in answering telephone calls from the general public is not sufficient.

(c) A hand over system must be in place after every shift to inform the CJIT of new appointments and other relevant information about callers.

(d) The provider must have access to appointment times and/or diary times of the CJIT to be able to make appointments during out of hours shifts. Some CJITs have freed up particular slots each week for any clients who call out of hours. Other CJITs have dedicated drop in slots to cater for potential appointments taken from callers during out of hours.

(e) DAT partnerships/GO/NTA must ensure that the contract is managed, reviewed and the service is quality assured by them.

4. Pan DAT approach

4.1 Description

Several DAT partnerships have come together to have a shared client single point of contact. This was usually part of a tendering process, and in some cases providers who were awarded the contracts were already well established in providing other phone line services. The commissioning included a specification which, outlined the relevant skills and knowledge and requirements. In areas where a DAT had already tendered and awarded the contract there were options in the specification to add other DATs to the service. Where DAT partnerships have come together to jointly commission a single provider each DAT may have a separate dedicated number or one shared dedicated number. In both scenarios this has usually required a call divert system to the provider.

4.2 Reasons why some DATs/CJITs decided on this approach

- Some DAT partnerships preferred to maximise their resources and have a shared client 24/7 SPC with other DATs. For example: joint funding of the phone line; pooling together ideas to problem solve and sharing the responsibility for ensuring 24/7 is taken forward.
- DAT areas already commission services jointly and it therefore made sense to jointly commission the 24/7 SPC.
- Some DATs wanted to share ideas, problems and solutions together.
- Some DATs already used a particular provider for other parts of their services so were able to agree on one provider.

4.3 Issues to consider if choosing this approach

(a) Geographical spread across DAT areas: The provider needs to demonstrate they have good local knowledge of and information about all areas covered. This has been achieved in one area where the phone line workers have worked in all four DAT areas so have in depth knowledge of local services and providers in each DAT.

(b) Each DAT needs to ensure their local needs/issues are reflected in the joint contract. For example client group size and diverse needs of groups in each DAT area.

(c) Joint funding of the client 24/7 SPC: DAT partnerships need to agree on how they each contribute to the cost; the process to decide this, with the opportunity to review particularly where volume/activity fluctuates.

(d) Quality assuring the service: Each DAT partnership will be responsible for ensuring that the provider offers each of the DAT partnerships involved a quality service for their client group. This could be reflected in the service

specification; a joint service level agreement; or other arrangement for monitoring the contract.

(e) Each DAT partnership must have appropriate involvement and accountability for the quality of the jointly commissioned service; ensuring the management, commissioning/decommissioning are shared between DAT representatives.

5. Combined out of hours custody suite cover (formerly known as Enhanced Arrest Referral) and 24/7 client SPC approach

5.1 Description

Some areas have chosen to combine the provision of out of hours custody suite cover with the client 24/7 SPC, although there is no requirement for custody suites to be covered 24/7. In some DATs the same provider for CJIT services in the custody suite has been commissioned to operate the client 24/7 SPC. In other DAT areas, the custody suite based CJIT workers are part of the 'on call' duty rota for client 24/7 SPC.

5.2 Reasons why some DATs/CJITs decided on this approach

- Workers who already work out of hours for the CJIT custody suite based team can also operate the phone line cover therefore making effective use of staff resources.
- The provider of the custody suite based CJIT functions is able to provide out of hours cover and is willing to take this on.

5.3 Issues to consider if choosing this approach

(a) There is no requirement for CJITs, in custody suites or elsewhere, to operate 24/7, although there is for the client single point of contact. DAT partnerships will therefore need to ensure that the different requirements can be combined effectively in line with both sets of guidance.

(b) A new contract (or addendum to an existing contract) will need to be agreed with the existing provider if planning to add the requirement of client 24/7 SPC to the work.

6. Summary and further information

6.1 Some of the 'issues to consider' outlined throughout this paper will be relevant to all approaches taken. However, DATs/CJITs highlighted those specific issues as particularly relevant to taking forward that specific approach.

6.2 The minimum requirements checklist (see annex A) was initially produced to help first phase and second phase DATs with the implementation of the client SPC². Those DATs in the non-intensive areas should use the checklist to provide them with a steer alongside the guidance issued on 25 November 2003, last updated January 2006 and other relevant guidance issued on December 2005 – see below.

6.3 Further information

Taking Forward Throughcare and Aftercare Further Information On The Single Point of Contact 24/7 After Hours Cover for Clients (25 November 2003, last updated Jan 2006). Provides guidance on the rationale for the phone line service; the purpose and aims of the service and what the service must deliver.

Overall Summary of Findings From 24/7 Single Point of Contact For Clients: Checks In First Phase And Second Phase DATs (1 September 2005). Provides a summary of findings from the first and second phase phone checks of what was working well and what required further improvements. A copy of this guidance can be downloaded at: <http://www.drugs.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/>

The 24/7 Client Single Point of Contact Case Study Examples of Good Practice (22 December 2005). Provides a summary of examples of good practice 24/7 case studies during the Autumn of 2005.
<http://www.drugs.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/>

24/7 Client Single Point of Contact Phone Numbers

Provides an up to date list of all 24/7 client single point of contact numbers that meet the minimum standards at the time of producing the list. DATs and CJITs are responsible for ensuring that they continue to provide a quality service and should send details of any changes to their phone numbers to Beverly Love at: AftercareDIP-enquiries@homeoffice.gsi.gov.uk
A list of the 24/7 numbers which are available can be downloaded at: <http://www.drugs.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/>

² See Key Messages for further information on first, second and third phase DATs and information about the Drug Interventions Programme at: <http://www.drugs.gov.uk/publication-search/dip/DIPkeymessages?version=1>

7. Contact details

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This paper was produced in partnership with NTA, Home Office Aftercare Team, GO colleagues and with input from the first phase DATs & CJITs.

Minimum Requirements That Need To Be In Place For The 24/7 Client Single Point Of Contact (SPC)

As part of your planning for client single point of contact this checklist has been developed along side guidance for DATs. The guidance, 'Taking Forward Throughcare and Aftercare Further Information On The Single Point Of Contact 24/7 After Hours Cover For Clients' 25 Nov, can be downloaded at: <http://www.drugs.gov.uk/drug-interventions-programme/guidance/throughcare-aftercare/>

Minimum Requirements	Achieved (please tick)	Comments/further details.
1. There is one phone number, within a localised DAT area dedicated to the client SPC, with minimum cost to the caller. (This can be localised across a number of DATs within a close geographical area).		
2. Phone line workers should be working towards or have achieved the competencies as set out in the Drugs and Alcohol National Occupational Standards. <ul style="list-style-type: none"> • A clear management structure to offer support to out of hours workers. ie: A manager/ supervisor can be contacted for emergencies during shifts. 		
3. Phone line operates on a 24 hour, 7 days/week basis where clients can speak to a trained worker.		
4. Phone line offers as a minimum the following services : <ul style="list-style-type: none"> • Referral and/or appointment to a CJIT member within their residing DAT area. • Initial screening. • Harm reduction advice. • Emergency advice on overdose and action taken to call emergency services where necessary. • Phone numbers and information about local emergency services. • Information about local services the client may need to access – (there should be a directory of local services to be able to 		

provide this information to the caller).		
<p>5. Hand over system in place at the end of each shift to ensure consistency.</p> <ul style="list-style-type: none"> • A system is in place to ensure that the CJIT day time workers receive appointments taken during out of hours calls. 		
<p>6. System in place to review the phone line service to ensure key points of your service are delivered. ie:</p> <ul style="list-style-type: none"> • Assess the effectiveness/quality of the phone line, including monitoring call volumes, and reaching/engaging diverse groups; • General uptake of service, including the number of clients who are referred to CJITeam for appointments. 		
<p>7. Communication:</p> <ul style="list-style-type: none"> • Local services are aware of the phone line and its objectives and that they may get referrals from it. • Communication strategy in place to inform clients of their local number. 		