Project Brief: Out Of Hours Support

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| **Project Name** | Resident Experience: Out of Hours |
| **Document Date** | 04/03/2024 |
| **Document Ref** | ResExOoH\_PB\_v1 |
| **Raised By** | Kelly Page |
| **Project Sponsor** | Mark Fowler |

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| **Purpose of the Project** |
| Background:   * There is currently various out of hours (OOH) provision e.g., Building and Technical Services (BTS) is run in-house with officers on duty and the emergency duty team for social care (EDT) is run by Central Bedfordshire Council at a cost of £630k. * The cost of other OOH provision is unknown but given staff must be available 365 days a year, this is likely to be considerable. * Anecdotally, there is very little performance data from existing contracts and insight into reasons customers called emergency line and outcomes. * A review has already taken place across EDT with evidence to suggest the contract is not providing value for money and not performing in a way that is beneficial to user outcomes or supporting staff delivering day services.   Purpose of the Project:   * Map and cost current OOH arrangements from E2E, automation to resolution. Analyse as-is state of provision, speaking to providers, real customers and officers. * Create a set of criteria based on stakeholders and residents that determine what outcomes are required from the OOH/EDT services including opportunity to group services together. * Undertake options appraisal to determine best delivery model for LBC based on cost, officer/resident experience and outcomes. |

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| **Project Scope** |
| **In Scope**  Assessment of the as-is OOH provision:   * Understand costs and value for money. * User experience for staff and residents including use stories and case studies. * Map crossover points from day to night service. * A diagnostic report on the current state of OOH provision.   Options appraisal for OOH/EDT provision:   * Horizon scanning and benchmarking. * Produce a set of user requirements supported by user stories and case studies. * Produce a suite of recommendations and options for improving costs, user experience and staff experience. * Future state mapping will include implications for technology and investments. * The options appraisal will reference:   + Emergency duty team (EDT)   + BTS   + Highways   + Lifeline (telecare)- with a view to descoping if it is considered a ‘service’.   + Homelessness   + Anti-Social Behaviour   + Emergency Planning Calls   + Community Safety and Community Cohesion Incidents   + Mental Health and ELF * Roadmap for implementing recommended OOH/EDT provision.   **Out of Scope**   |  |  | | --- | --- | | **Service Areas Out of Scope** | **Activities/Deliverables Out of Scope** | | Passenger Transport | * Business Case * Implementation of the roadmap | |
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| **What happens at the end of this phase of work?** |
| * By the end of April, LBC will have a clear understanding of the current provision for OOH/EDT and a set of recommendations to maintain/improve existing contracts or move to a new model. * LBC will also have a roadmap to implement the recommendations. |

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| **Project Type and Estimated Time/high level plan** |
| |  | | --- | | **Initiation Stage – February 2024**   * Confirm governance arrangements. * Agree scope, lines of enquiry and deliverables for inclusion in this Project Brief. * Confirm risks, assumptions, issues and dependencies. * Set up all relevant meetings including draft ToRs. | | **Deliverables and Activities – March 2024**   * Analysis of the as-is OOH provision. * Mapping of costs associated with OOH. * Conduct focus groups and workshops with internal staff and members. * Conduct focus groups and interviews with residents. * Investigate crossover points. | | **Deliverables and Activities – April 2024**   * Horizon scanning and benchmarking. * Produce a set of user requirements supported by user stories and case studies. * Produce a suite of recommendations and options for improving costs, user experience and staff experience. * Future state mapping will include implications for technology and investments. * Produce roadmap for implementing recommended OOH/EDT provision. | | **END initial Discovery Phase/Decision Point - 26th April 2024** | |

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| **Critical dependencies, constraints, assumptions** |
| **Dependencies:**   * EDT team contract in Contracts and Third Party Spend project.   **Constraints:**   * The data available and the quality of data we can collect.   **Assumptions:**   * OOH teams and stakeholders will support by providing existing data and helping us access populations for data collection. |

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| **Key Risks and Dis-benefits** |
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| **Project Benefits** |
| Benefits achievable within the scope of the project:   |  |  |  |  | | --- | --- | --- | --- | | **Description** | **Outcomes** | **Attribution** | **Measurement** | | Improved understanding of the current state of OOH services. | LBC understand the E2E journeys from contacting OOH services through to resolution. LBC know the quality and efficiency of these E2E journeys. | Fully | Improved satisfaction with understanding OOH services among LBC staff. | | Robust assessment of the cost effectiveness of the current OOH contracts. | LBC know, in detail, whether their current OOH arrangements are cost effective, in comparison with the external market. | Fully | LBC staff feel more confident that they have robustly assessed the cost effectiveness of OOH services against the external market. | | LBC are empowered to make robust decisions around OOH services and how to improve them in terms of cost and quality of service delivery. | LBC understand what good quality of OOH services looks like.  LBC know where to invest or where they can save money if they were to make changes to OOH provision. | Fully | Improved satisfaction with ability to transform OOH services to enhance quality and cost effectiveness among LBC staff.  Improvement in change readiness. |   Benefits achievable after implementation of recommendations:   |  |  |  |  | | --- | --- | --- | --- | | **Description** | **Outcomes** | **Attribution** | **Measurement** | | Improve resident experience of contacting the council OOH services. | Residents can easily find the right contact information to reach the council in an emergency. | Partly | Improved customer satisfaction ratings,  NPS. | | Improve efficiency of access to the right council OOH service. | Residents reach the right service in a timely manner. | Partly | Reduced number of repeat calls / calls to the ‘wrong’ service. | | Improved E2E resident experience from contact to outcome. | Residents get the service they need in an emergency, within an appropriate time window. | Partly | Reduced failure demand during office hours. | | Improved visibility of OOH contacts. | Staff understand who is contacting them, why they have contacted and whether the issue was resolved, at the right time. | Partly | Improved contact frequency tracking, resolution rates, and customer feedback. | | Enhanced cost effectiveness of the OOH service. | Reduced costs per call handled, increased efficiency in resource allocation, improved value for money in OOH service provision. | Partly | Reduced costs per call over time by comparing total expenses associated with call handling before and after implementing enhancements. | | Improved data-driven decision-making by analysing OOH data sets. | Improved alignment between the OOH service provided and the needs of customers, by having a better understand of OOH demand. | Partly | Improved accuracy of decision-making, increased customer satisfaction ratings, and more targeted service offerings. | | Improved customer culture that enables staff to support residents. | Positive culture and processes which enable customer service staff to perform their best work and facilitate better resident outcomes. | Partly | Increased staff satisfaction rating  Improved workforce engagement (indirect). | | More efficient OOH processes. | Customer service staff’s time saved by enabling them to effectively triage residents to the right service easily. | Partly | Reduced time from first contact to reaching the appropriate service. | |

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| **Project Stakeholders and Resource** |
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| **Project involves processing of personal data?** |
| Human Engine is in contract with Luton Borough Council and is under contract to share sensitive data, where needed. Human Engine will be the Data Processor under the following principles:   * Subject matter of the processing – Personal data relating to staff and service users; subject matter is a wide variety and could include special category data such as health and disability. * Types of Personal Data – wide variety and could include special category data such as health and disability * Categories of data subject – Staff, members of the public and businesses |

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| **Project Sponsor’s Signature** |
| **Signature:**  **Name:**  **Job Title:**  **Date:** |