

Report to: **Adult Social Care and Community Safety Scrutiny Committee**

Date: **10 November 2011**

By: **Director of Adult Social Care**

Title of report: **Update on the Implementation of Lean within Adult Social Care**

Purpose of report: **To provide a progress report on the introduction of Lean within the Self Directed Support pathway within Adult Social Care**

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## **RECOMMENDATION**

**The Committee is recommended to:**

1. Consider and comment on progress with the introduction of Lean within Adult Social Care.
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### **1. Financial Appraisal**

1.1. The initial set up costs of £90,000 are expected to be offset by the anticipated £1million savings that the implementation of Lean within Adult Social Care is expected to achieve over time. Financial delegation processes have been streamlined by removing panels and delegating responsibilities further down the line. To date this has speeded up the process of approving support packages without having any adverse affect on the Community Care Budget. It is too early to fully assess the impact of Lean on the Community Care Budget and this will need to be done over time.

### **2. Background and Supporting Information**

#### **2.1 Introduction**

2.1.1 A corporate decision was made by the Chief Officers Management Team (COMT) in July 2010 following a presentation by a commercial organisation, 'Ad Esse' to introduce Lean Systems into the County Council in order to improve efficiencies and streamline processes and systems. It was agreed that this would be piloted in the Self Directed Support (SDS) pathway within Adult Social Care. This would then be evaluated and a decision made about rolling this out across the whole of the County Council. For background to the Lean Project, refer to June 2011 scrutiny report on Lean.

#### **2.2. Update on the introduction of Lean into the Self Directed Support pathway**

2.2.1 The Lean 'To Be' Model for SDS, designed by the Lean project team, was introduced as a prototype for testing into the Hastings and Rother area for a 3 month period from May 16<sup>th</sup> to August 5<sup>th</sup> 2011. Adult Care Management Teams (ACM), Occupational Therapy Teams (OT), the Sensory Team, Social Care Direct, as well as back office functions, were involved in the initial testing. The prototype was evaluated between mid August and early September based on three key areas: data analysis – examining workload by team, activity and demand; staff survey and focus groups; and user and carer feedback. Staff in the Hastings and Rother area are continuing to work with the learning from the Lean prototype.

#### **2.3. Key Messages from the Evaluation**

The evaluation demonstrated that the introduction of Lean into the SDS pathway has resulted in some very tangible benefits to service users and carers as well as to staff and the wider Adult Social Care Department. Performance in relation to Self Directed Support is significantly higher across the Lean prototype than overall within Adult Social Care. Overall Adult Social Care performance (SDS) is 43% compared with 59% at Tier 2 and 62% at Tier 3 in the prototype area. However, the testing has also demonstrated significant challenges particularly with regard to staff capacity and deployment and new ways of working. Key benefits and challenges are summarised below.

##### **2.3.1 Key benefits for the organisation and service users and carers**

These resulted principally from streamlining processes, eliminating delays and reducing waste which in turn led to a more timely response to service users' and carers' needs with less waste and duplication in the system. Key benefits include:

- Immediate transfer of call from Tier 1 (Social Care Direct) to Tier 2 worker
- Immediate response from ASC in the form of advice/appointment and/or package of care
- Immediate diary appointments leading to a reduction in wait from an average of 28 days to 10
- Workers are better informed when they go to visit someone -- right person first time
- Improved quality of support plans and reduced delay in putting in packages of care

### **2.3.2 Key Challenges**

- Current deployment and capacity within some staff groups (particularly within the OT service) does not adequately address the need to shift the focus within ASC towards re-ablement and maximising independence
- The need for some different skill sets, particularly generic workers
- The introduction of an electronic diary system for booking appointments
- Different and more transparent ways of working for some staff groups
- The need to revisit 'the offer' within ASC in order to adequately respond to future demands.

2.3.3 The Summary Evaluation Report (Appendix 1) and the Evaluation Full Report (available on request) contain detailed discussion and description of the benefits and challenges across the prototype. Appendix 2 is the management response to feedback from the staff surveys undertaken as part of the pilot. The full findings of the staff surveys and initial findings from a survey of service users are available on request. Further surveys and interviews are being undertaken with service users in order to gain a fuller insight into their experience of SDS during the Lean prototype.

## **2.4 Roll out of Lean Foundation Tools**

2.4.1 In parallel with the testing of the prototype, key visual Lean tools including Information Centres and 5S (organising the office space) were introduced into all Adult Teams from June 2011 and development is ongoing. Different teams have embraced the various tools in different ways and it is too early to reach any real conclusion about their overall effectiveness. A further review of their effectiveness will be needed after more prolonged use. However some of the early benefits include;

- Greater transparency across the organisation and better visual communication
- Encouraging and empowering staff to identify challenges and propose solutions
- Better understanding of what is going on across the organisation as whole
- Reduction in meeting times as use of information centres becomes more effective.

## **3 Conclusions**

3.1 Leaning an organisation as complex as Adult Social Care is a massive task which will necessarily take time to achieve and there will be significant challenges to overcome. However, early learning from the prototype and from the introduction of the Lean tools into Adult Social Care would suggest there are real benefits both to the organisation and to the people it serves in taking forward the learning and the introduction of Lean Systems. An important part of this change is the culture change that must come with this, empowering staff to take ownership of how services are delivered and can be continually improved.

## **4 Next Steps**

4.1 A Lean Implementation Group has been set up to take forward short to medium term Lean changes based on the learning from the prototype and use of Lean tools.

4.2 Project Pathway has been set up to take forward wider structural and staffing changes to address the needs of the organisation going forward, including a revised model for service delivery. (Appendix 3)

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<b>Project Title</b>	Lean Prototype Review - SUMMARY REPORT
<b>Author</b>	Jacqueline London Lean Project Manager
<b>Date</b>	September 15 <sup>th</sup> 2011

### 1. Purpose of summary report

This summary report gives an overview of the findings of the Lean prototype project undertaken in the Hastings and Rother locality from 16th May to 5th August 2011 inclusive. It summarises the project, its aims and objectives, key areas of learning and recommendations. A more detailed report will be available on request from mid-October.

### 2. Introduction to the project

In order to improve efficiencies and streamline processes and systems, a corporate decision was made to introduce Lean Systems to the County Council in July 2010. It was agreed that Lean would be piloted in the self-directed support pathway within Adult Social Care. This would then be evaluated, and a decision made about rolling Lean out across the County Council.

Lean Thinking is an improvement philosophy, management culture and set of tools. It focuses on services from the customer point of view (for example a service user or carer), improving speed, reducing waste, eliminating duplication and delivering improved customer value.

### 3. Project Aims

- To improve customer (service user) experience
- To streamline the customer pathway, improve efficiencies, eliminate duplication, reduce paperwork and speed up response times
- To improve personalisation and customer choice
- To improve consistency of practice across care groups
- To inform workforce redesign regarding skill mix, roles and responsibilities, resource, management and staffing structures going forward
- To evaluate the Lean methodology for future use across the broader County Council
- To generate cash and savings

### 4. Background:

The implementation of Lean was in two parts. Prior to the start of the prototype, a diagnostic of the current model of service delivery was undertaken involving a wide variety of staff from all service areas. The 'As is' service model was established, areas of 'waste' identified, and a more streamlined 'To be' model agreed. This model was then implemented for trial in the Hastings and Rother locality, with Social Care Direct, Assessment and Care Management (ACM), Occupational Therapy (OT) and Sensory services, Finance and Business Information (FABI), and the Service Placement Team (SPT) all being involved in the prototype roll-out and evaluation.

In addition, the roll-out of Lean foundation tools and techniques (including 5s, information centres and master schedules) has taken place across the broader Adult Social Care services, and implementation of these is ongoing.

### 5. The Lean Prototype Process

Full details of the 'To be' Lean process can be found in the full report. Examples of changes introduced included:

- Direct call transfer from SCD (T1) to the appropriate service area (T2)
- A telephone assessment or review being undertaken to establish the need for a visit or support
- Changes to paperwork and recording to streamline processes
- The introduction of a diary system, with service users and carers being given an appointment following their initial telephone assessment or review

### 6. Summary of learning and recommendations

The following table summarises processes and changes implemented and tested and their benefits for service users, carers, staff and the organisation. It must be recognised that not all areas of learning could be tested in all service areas due to capacity issues, in particular within the OT service.

*Timescale key: S/T – Short-term, within 3 months; M/T – Medium-term, within 6 months; L/T – Long-term, as part of Project Pathway*

Learning	Staff/Organisational benefits	Service user/Carer benefits	Recommendation / Timescale
<b>Tier 1:</b>			
Tested direct T1-T2 call transfer	<ul style="list-style-type: none"> <li>• Reduced duplication, admin and call backs</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced duplication;</li> <li>• Speedier, potentially immediate response</li> </ul>	Implement (L/T) <i>Capacity will need to be considered</i>
Removal of the Occupational Therapy service self referral form	<ul style="list-style-type: none"> <li>• Standardised process;</li> <li>• Cost saving re: paperwork / letters;</li> <li>• Reduced paperwork and admin</li> </ul>	<ul style="list-style-type: none"> <li>• Consistency for service access;</li> <li>• Quicker response;</li> <li>• Greater service accessibility</li> </ul>	Implement (L/T) <i>Capacity will need to be considered</i>
Tested use of a merged BICA	<ul style="list-style-type: none"> <li>• Greater flexibility;</li> <li>• Reduced duplication</li> </ul>	<ul style="list-style-type: none"> <li>• Not asked the same questions twice</li> </ul>	Implement (M/T) <i>Capacity will need to be considered</i>
<b>Tier 2:</b>			
Tested T2 completing telephone assessments / reviews	<ul style="list-style-type: none"> <li>• T3 staff better informed; Aids decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced assessment time at T3;</li> <li>• Better informed visiting assessor;</li> <li>• Quicker assessment</li> </ul>	Implement (M/T) <i>Capacity will need to be considered</i>
Tested booking diary appointment following phone assessment / review	<ul style="list-style-type: none"> <li>• Diary system generally well received;</li> <li>• Greater transparency;</li> <li>• Highlights demand / capacity issues;</li> <li>• Reduced admin and associated costs</li> </ul>	<ul style="list-style-type: none"> <li>• Given appointment date immediately;</li> <li>• Know when they will be seen;</li> <li>• No need to chase</li> </ul>	Implement (M/T) <i>-Diary system functionality needs to be reviewed (L/T)</i> <i>-Capacity will need to be considered (L/T)</i>

Learning	Staff/Organisational benefits	Service user/Carer benefits	Recommendation / Timescale*
T2 visiting assessor tested (ACM and sensory)	<ul style="list-style-type: none"> <li>Better response for urgent visits;</li> <li>Less wasted T3 appointments</li> </ul>	<ul style="list-style-type: none"> <li>Better speed of response</li> </ul>	Implement (M/T) <i>Capacity will need to be considered</i>
T2 workers have access to pricing information	<ul style="list-style-type: none"> <li>Staff better informed;</li> <li>Less reliance on SPT;</li> <li>Greater knowledge</li> </ul>	<ul style="list-style-type: none"> <li>Quicker response</li> <li>Less hand offs</li> </ul>	Implement (S/T)
Tested passing self funders in care reaching finance threshold for first assessment from finance	<ul style="list-style-type: none"> <li>Saves T3 diary slots;</li> <li>Does not raise expectations</li> </ul>	<ul style="list-style-type: none"> <li>Does not raise expectations;</li> <li>More appropriate first response</li> </ul>	Implement (S/T) <i>Though consider need for social care assessment re: eligibility</i>
<b>Tier 3:</b>			
Trialled short-term and long-term T3 team split (ACM)	<ul style="list-style-type: none"> <li>Aids case throughput;</li> <li>Aids demand management</li> </ul>	<ul style="list-style-type: none"> <li>Quicker response</li> </ul>	Implement (L/T)
Increased T3 communication	<ul style="list-style-type: none"> <li>Highlights areas for learning;</li> <li>Aids understanding of roles and remits;</li> <li>Helps 'get it right first time'</li> </ul>	<ul style="list-style-type: none"> <li>More holistic assessment;</li> <li>Reduced hand-offs</li> </ul>	Implement (M/T)
Introduced a T3 questionnaire process	<ul style="list-style-type: none"> <li>Recording accurately reflects assessment times;</li> <li>Reduced duplication;</li> <li>Better data flow;</li> <li>More proportionate assessment</li> </ul>	<ul style="list-style-type: none"> <li>More accurate recording of intervention</li> </ul>	Implement (L/T) <i>Consider capacity impact on performance</i>
<b>Back office / systems:</b>			
Trial of a new scheme of delegation (SoD) for chargeable services	<ul style="list-style-type: none"> <li>Quicker support plan sign off;</li> <li>More detailed and better quality support planning;</li> <li>Greater staff awareness and ownership;</li> <li>Quicker service provision aids throughput;</li> <li>Increased transparency</li> </ul>	<ul style="list-style-type: none"> <li>Support provided more quickly;</li> <li>Better quality support plans</li> </ul>	Implement (M/T) <i>Consider review of ICES SoD also</i>
Tested use of email trigger for financial assessment	<ul style="list-style-type: none"> <li>Reduced accidental triggers;</li> <li>Reduced duplication</li> </ul>	<ul style="list-style-type: none"> <li>More timely financial assessment</li> </ul>	Implement (S/T)
Tested finance contacting SU following assessment	<ul style="list-style-type: none"> <li>More prompt financial assessment;</li> <li>Start charging earlier;</li> <li>Less explanation required re: contact purpose</li> </ul>	<ul style="list-style-type: none"> <li>Clearer on reason for finance contact;</li> <li>More prompt charging for services</li> </ul>	Implement (S/T) <i>Capacity will need to be considered</i>

Learning	Staff/Organisational benefits	Service user/Carer benefits	Recommendation / Timescale*
Tested removal of IS4 finance form	<ul style="list-style-type: none"> <li>Reduced paperwork;</li> <li>Cost savings as quicker contract closure;</li> <li>From staff suggestion</li> </ul>	<ul style="list-style-type: none"> <li>Charging ceased in a timely manner</li> </ul>	Implemented 25 <sup>th</sup> August (S/T)
Tested removal of funding control figure	<ul style="list-style-type: none"> <li>Faster approval, aids case throughput;</li> <li>Reduced admin</li> </ul>	<ul style="list-style-type: none"> <li>Quicker funding and service provision;</li> <li>Less chasing required</li> </ul>	Implement (S/T)
Tested removal of the finance annex	<ul style="list-style-type: none"> <li>Reduced duplication;</li> <li>Services in place quicker</li> </ul>	<ul style="list-style-type: none"> <li>Services in place quicker</li> </ul>	Implement (S/T)

It must also be recognised that in addition to the above learning and benefits, some concerns and areas for future consideration were also highlighted:

Learning:	Implications:
Discrepancies in demand and capacity across service areas was highlighted, with particular capacity issues in OT	To fully benefit from lean there needs to be adequate staffing to meet demand and enable lean learning to be implemented across all service areas
Lean tools and techniques have not been fully utilised; there needs to be a change in culture for staff to 'own' issues and develop solutions	Lean tools and techniques need to be rolled out across ASC, to make their purpose and use clearer, to embed lean, and to enable better engagement
Data collection reliant on manual recording	Performance data required would benefit from review, and steps taken to look at how to report on data without manual recording
Activity data shows variation on expected demand	A review of demand and capacity across service areas would be advised to ensure adequate staffing to meet demand
Concerns model restricts staff movement / career progression	When looking at changes to the 'to be' process opportunities for career progression and skill enhancement needs to be considered
Some staff enjoy being desk-based	There would be interest in T2 desk-based assessment roles moving forwards

## 7. Review of Project Aims

- **To improve the customer experience:** Service user and carer feedback suggests a prompt and timely assessment and provision of services are important, and the prototype saw a reduction in waiting times for both assessment and support across all service areas, in particular for ACM who are now seeing all service users within 10 working days.

- **To streamline the customer pathway, improve efficiencies, eliminate duplication, reduce paperwork and speed up response time:** There has been an 88% reduction in chasing calls, customers have an appointment following first contact, response times for assessment and provision of support have improved, and access to services is more equitable across service areas.

- **To improve personalisation and customer choice:** Performance in relation to self-directed support is significantly higher across the Lean prototype than overall Adult Social Care performance and improved support plan quality.

- **To improve consistency of practice across care groups:** Though capacity issues have had an impact (in particular for OT), the prototype has demonstrated that Lean has the potential to support this.
- **To inform workforce redesign regarding skill mix, roles and responsibilities, resource, management and staffing structures going forward:** The Lean prototype has highlighted issues with demand and capacity across service areas and demonstrated changes required to enable all services to work in a Lean way. As such, the learning from the Lean prototype will be essential to inform Project Pathway.
- **To evaluate the Lean methodology for future use across the broader County Council:** The prototype has supported the development of a Lean implementation plan for use across Adult Social Care.
- **To generate cash and savings:** Implementing the above recommendations would result in a more accessible and streamlined service, with less duplication, chasing calls, etc, which longer term, could benefit in both cash and savings.

## 8. Next steps

- To establish a Lean implementation group with cross-county and cross-service representation, to review short and medium term recommendations and develop a plan for implementation
- To ensure that the Lean learning and implications for roll-out are considered throughout the development of the 'To be' model for ASC delivery
- The issues highlighted and identified re: workforce requirements and capacity to manage demand will need to be considered by the Project Pathway team when looking at future delivery models for Adult Social Care and self-directed support, there will therefore be an increasing cross-over of projects moving forwards
- For Lean tools, including 5s, information centres and master schedules, to be implemented and embedded across ASC sites and services
- To consider how Lean tools and techniques could be developed and rolled out across other areas of ESCC in addition to the self-directed support pathway
- To develop a wider Lean implementation plan for beyond self-directed support in Adult Social Care

## 9. More information

The Lean Project Manager, Jacqueline London, can be contacted via email: [Jacqueline.london@eastsussex.gov.uk](mailto:Jacqueline.london@eastsussex.gov.uk), or telephone: 01323 463757

## Management response

The two staff surveys carried out during the LEAN prototype (at 6 and 12 weeks), plus the two focus groups, have provided valuable and important insights into the experience of staff groups within the LEAN prototype. The experience from the prototype is mixed with some very different views being expressed by different teams.

The findings from the survey will be used to inform the management team about what the key messages are coming out of LEAN and what needs to be done to take forward the implementation of 'LEAN'. The survey gives us valuable information about the needs of the service and about the skill sets needed going forward. LEAN is about better using the resources that we have and it is clear throughout the survey that anxieties about future job roles and the impact of Project Pathway are inevitably at the forefront of people's minds.

### Response to the findings

There have been some common features and also some very different views from different staff groups into all aspects of LEAN, but particularly in relation to the use of the electronic diary system. All of these comments are being looked into and concerns raised are being investigated as part of the ongoing learning about experience from the prototype.

#### Potential benefits of LEAN

One of the clear messages coming out of the survey is that LEAN has the potential to offer real benefits to service users and carers as well as to staff and the organisation, but this has to be balanced against some of the challenges for some staff groups in being able to deliver these benefits. Different teams have reacted in different ways with some groups finding some of the changes more difficult to embrace within their working environment than others. We need to understand why this is and what needs to be done to address this.

#### Diary system and capacity issues

The survey highlights particular concerns from the OT service in relation both to capacity and to the operation of the diary system, which has been seen as more of a hindrance than a benefit because of some of the added pressures that it is seen to have brought (principally around flexibility and cover for annual leave and staff sickness). Capacity issues for the OT service have been highlighted throughout the prototype as a major issue and this appears to have had an overwhelmingly negative effect on this staff group. The impact of the diary system within ACM teams has been generally more positive. We are working with staff groups and their managers to understand what the different issues are, particularly in relation to capacity issues and the use of diary system. We need to understand why things that have worked well for some groups have not worked so well for others.



All teams have been working flexibly with the diary system in order to find solutions to some of the early difficulties (eg, ACM introduced a slot for 'urgent' appointments, the Sensory team and OT teams have used the diary flexibly, making changes to make things work). In order for the diary system to work well there needs to be sufficient capacity within the system to be able to respond to demand (to avoid 'bottlenecks'). This has been a particular issue for the OT service and will need to be addressed in the longer term through Project Pathway.

### **LEAN tools and communication**

There have been mixed responses to the use of some of the new LEAN tools (Information Centres and 5S) with some helpful suggestions about what needs to be done differently to make these work better. It is clear from the staff survey that communication both across and between teams as well as between staff and Senior Managers (DMT level) is not always as effective as it needs to be and we need to look at realistic and achievable ways of improving this.

Changes have already been made within the prototype area to address some of the things that were not working for example;

- managers reviewing with staff how the information boards can be used to make these more effective,
- using electronic information centres in the Sensory team.

## **What will we do next?**

### **Evaluation**

The Summary Evaluation of the LEAN Prototype and Introduction of LEAN tools was completed in September and the full evaluation will be completed by the middle of October. The staff and user surveys form an important part of these evaluations which capture the key learning from our experience to date. The evaluation will be vital in determining what and how we take things forward.

### **LEAN Implementation Group**

A 'LEAN Implementation Group' has been set up to take forward the learning from LEAN with regard to both short and medium term changes. Some of these (such as removal of the IS4 form to speed up the closure process) have already been implemented and others will follow over the next few months. These changes have been summarised based on the learning to date and an implementation plan has been developed with plans for roll out. The implementation group will start in October 2011 and meet on a monthly basis.

### **Diary Project Group**

A 'Diary Project Group' will be set up in October to take forward the learning from the prototype and this group will make sure that the issues and challenges that have been raised are dealt with and solutions identified. Staff representation across all service areas will be key to the success of this group.

### **LEAN Tools**

We will continue to roll out the use of the Lean Tools (Information Centres and 5S) in order to support more effective ways of working. Development of these will be influenced by learning from the prototype and from other areas of delivery where the tools are being used. The roll out of the tools will be overseen through the LEAN Implementation group.

## **Communication**

The staff survey has highlighted many areas where communication is not as effective as it needs to be and we will work with managers and staff to continually improve this. Managers will be working with staff to review the following

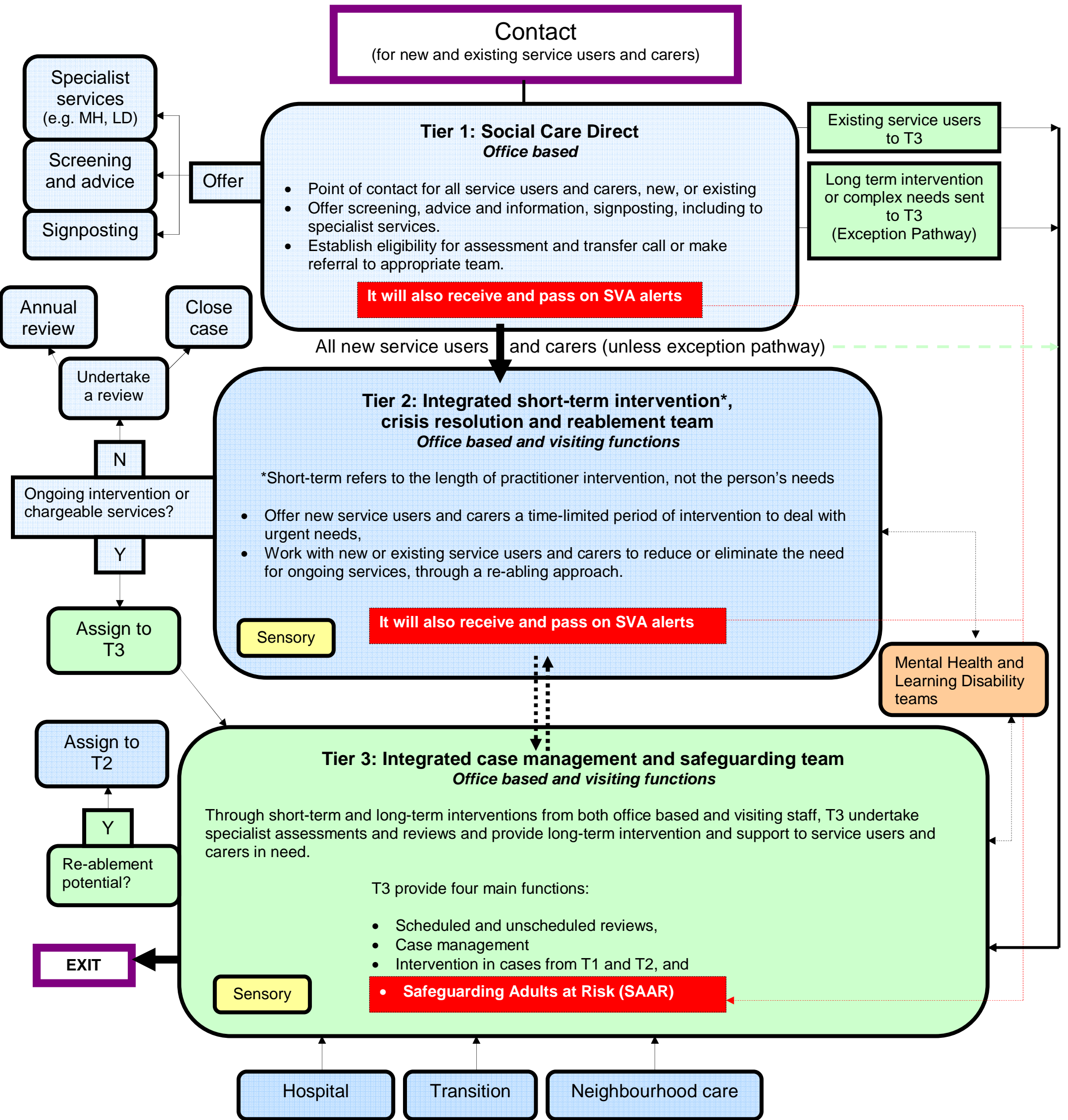
- how to use the information boards and daily meeting to best effect,
- better use of CCC slips to ensure that comments from staff on things that need to change or be done differently can be taken forward,
- how to share information with teams working from disparate offices, and
- how different information boards relate to each other.

In addition the Senior Management team will be setting up some focus groups with people to discuss the findings from the survey and to share ideas about how communication between Senior Managers and individual staff teams can be improved.

## **Project Pathway**

The prototype has highlighted many issues about capacity and demand for services and the types of skills needed going forward to meet future demand. All of this information is being used to inform the development of the service model and skill sets needed going into the future. This is a longer term development that will lead to changes in structures, staffing and roles which are expected to come into operation from September 2012. A full staff consultation will be involved as part of this process. In addition Practice Managers and Operations managers will be fully involved in discussions with the Project Pathway team over how to make the new model work most effectively based on the learning from the prototype.

**To be' – proposed service delivery model for self-directed support**



NB: Sensory staff will work across T2 and 3 and countywide service, but remain a specialised service

## **'To Be': ASC SDS proposed service delivery model – explanatory notes**

These notes are intended to provide an overview of the roles and principles of the tiers and functions proposed for the 'to be' model. It's based on learning from the Lean prototype, discussions at DMT and OMT, and a meeting with OT and ACM Heads of Service.

### **General principles:**

- Safeguarding is everyone's business – safeguarding should be considered at all tiers and by all staff
- Reablement (a time limited intervention to maximise independence and reduce or eliminate the need for ongoing support or services) should be considered for all service users at any stage of intervention, and will be ordinarily provided by T2
- Short-term and long-term refers to the *length of practitioner intervention* and not the person's condition
- RAS activity would ordinarily be undertaken at T3
- Direct payments will always be considered and promoted for people in receipt of personal budgets at Tier 3
- Financial information would be provided at all tiers

### **Tier 1: Social Care Direct**

#### **Role:**

- First contact for all service users, carers or referrals
- Information gathering
- Provide advice and information
- Internal and external signposting
- Determine likelihood of eligibility for assessment, i.e., person appears to be in need of a community care service
- Determine next steps for person being passed for assessment / review, including applying **T2 exception criteria**
- Receive and pass on safeguarding alerts

#### **Considerations:**

- There may be scope for SCD to deal with more administrative tasks traditionally dealt with by teams, for example repair and replacement of equipment and disabled registrations
- Scripting to ensure consistency and appropriate action would be required

## Tier 2: Integrated assessment, short-term\* intervention, crisis resolution and reablement team

T2 would have both office based and visiting functions, and offer a time-limited period of intervention to new service users and carers to deal with urgent short-term needs, and/or to work to reduce or eliminate the need for ongoing services through a reabling approach. T2 would also provide reablement services to existing service users where reablement potential is identified

*\*Short-term refers to the length of practitioner intervention, not the person's needs*

### Office based team

#### Role:

- Receive referral from SCD and undertake a holistic, person centred initial assessment over the telephone with all new service users or carers, unless they are on the **exception pathway**
- Assess and determine needs and eligibility based on needs and risk, including for self-funders
- Signpost, provide advice and information and/or refer to specialist services, including Mental Health and Learning Disability services
- Where appropriate develop an explicit and time-limited support plan and commission appropriate services, subject to review
- Identify reablement potential (always to be assumed)
- Where appropriate, schedule an appointment for a visit
- Intervention would commence with the BICA and end once identified action has been implemented

### Visiting team

#### Role:

- Would work with all new service users or carers clearly in need of time-limited practitioner intervention, or new or existing service users or carers with reablement potential
- Undertake visits from T2 diary
- Complete holistic and proportionate assessment of the person's needs
- Assess and determine needs, and commission services to support short-term intervention, including for self-funders
- Reablement focus
- Develop short-term / reablement focussed support plans
- Case-manage service users or carers with reablement potential or who require short-term practitioner intervention
- Following practitioner intervention, establish if ongoing practitioner intervention and / or chargeable services looks to be needed. If not, then the case is formally reviewed and closed or put into annual review. If yes, the person would be passed to T3 for a formal review and ongoing practitioner intervention, including RAS and support planning

## Tier 3: Integrated case management and safeguarding team

**T3** would provide 4 main functions for *existing service users/carers*: scheduled reviews, Safeguarding Adults at Risk (SAAR), case management, and ongoing intervention in cases from **T1** and **T2**. This would be through short and long-term interventions and from both office based and visiting staff. **T3** would undertake specialist assessments and reviews, provide long-term intervention and support to service users and carers in need.

### Short-term function

#### Role:

- Point of receipt for safeguarding alerts from SCD
- Office based and visiting staff
- Undertake scheduled reviews, including for service users and carers transferred from **T2**
- Undertake unscheduled reviews
- Identify reablement potential and make an appointment for a visit from the appropriate tier
- Provide short term practitioner intervention for existing service users and carers where reablement is not an option
- Review, RAS, develop support plan, and commission services, including via direct payments
- Undertake 12-week review

### Long-term function

#### Role:

- For existing service users or carers
- Ongoing case management
- Would include complex social care input and major adaptations

### Exception pathway:

Reablement should be considered for ALL service users or carers, new or existing. **T1** should pass all new referrals to **T2** for assessment and consideration for reablement, though it is proposed that the following exceptions would normally be passed from **T1** straight to **T3**:

- The person is in placement with a capital property drop to below £23k
- Safeguarding alert
- People with long-term complex needs who require an overview assessment (guidance would need to be developed), for example a person with a progressive neurological condition

**Transitions** – referrals would go straight to **T3** and be allocated to the most appropriate team

**Hospitals** – it is proposed that though initial support planning and service commissioning is undertaken in the hospital that once the person has 'left the car park' their review and ongoing input would sit with **T2 or T3** as appropriate

**Neighbourhood care teams** – referrals would be directed to **T3** and be allocated to the most appropriate team

### **Safeguarding Adults At Risk (SAAR)**

- SCD receive referral and determine if alert
- Alerts received elsewhere would be passed to T3 for a decision
- All alerts passed to **T3**, who decide if referrals
- Investigating managers would be based within **T3**
- Investigating officers could sit at any tier
- **Safeguarding is everyone's business**

### **Sensory**

The sensory team would work across county and across tiers but remain a specialist service