1st April – D2A Process Requirements:

Scenarios:

1. New Cases: Reablement Potential

2. New Cases: No Reablement Potential

3. Increases (existing Dom Care): Reablement Potential

4. Increases (existing Dom Care): No Reablement Potential

5. Increases (existing Reablement): Continuing Reablement Potential

6. Increases (existing Reablement): No Further Reablement Potential

7. Covid Funded (fully): Reablement Potential

8. Covid Funded (fully): No Reablement Potential

9. Covid Funded (partially): Reablement Potential

10. Covid Funded (partially): No Reablement Potential

New Cases

HOSPITAL STAY TO DISCHARGE

1) Person in Hospital

2) Hospital staff complete Part A with indication of Reablement potential ("Therapy")

3) Initial POC communicated to Brokerage (Part A)

   As it seems that the resource required to do this via LAS is not available then the process will need to be as follows:

   a) Part A sent to Life Inbox
   b) Brokerage pick up Part A from Life Inbox

4) Brokers record requirement on Tracker

5) Brokers arrange initial discharge POC with Agency

6) Person discharged

   Note: POC physically in place but nothing recorded on system yet

INITIAL 24 - 48 HOUR PERIOD

7) BSO process referral (create client and contact) – 1st system step

   Note: this takes place in parallel with assessment being carried out

8) Life team carry out initial 24 hour assessment

9) Life team determine outcome as to whether Reablement (non-chargeable) or Dom Care (chargeable)

10) Assessment outcome communicated to Brokerage

   a. Email with initial feedback from assessment goes to Life Inbox
   b. Brokers pick up initial feedback email from Life Inbox

   Note: this will be pending panel approval if chargeable care is the outcome

11) Brokers update tracker with any changes

12) Brokers update POC with agency (within 24 hours of receipt of assessment outcome)

48 HOURS ONWARDS (FIRST TIME PROVISION GETS ADDED)

13) Part B typed up (within 2 days of assessment)

14) Part B emailed to Life Inbox

15) Brokerage pick up Part B and send to Agency

New Cases: Reablement potential

CHANGE TO EXISTING PROCESS: **No Non Plan services to be added**, the Life Worker needs to create the STMAX and add the backdated provision asap - aim is for the STMAX to go on within 2 days with the Part B attached in LAS so that Brokers can pick up Part B when provision is workflowed to them rather than having to use the Inbox

16) Life team create STMAX and add backdated Reablement provision* starting from date of discharge

   Note: it may be that 2 provisions need to be entered if the outcome of Part B differs from POC in Part A.

17) Backdated Reablement provision(s) workflowed in LAS to Brokerage

18) Brokerage confirm provision received on tracker

19) Brokerage complete brokerage task on LAS (checking that dates/POC info matches tracker then add provider and send for Plan Authorisation)

20) STMAX Plan authorised by manager

21) Backdated Reablement provision budget authorised by budget manager

22) Life worker sets review date at Next Action stage on LAS

23) Life worker activates Reablement provision at Service Provisioning stage on LAS

*Note: a decision is needed as to what care gets recorded and whether it can be managed via actuals rather than ending and starting new provisions each time there is a change

New Cases: No Reablement potential

24) Life team take chargeable packages to panel (even though care has already been put in place*)

   *enables retrospective spending controls

   Note: in the event that Panel does not agree with the assessed POC then communication to Brokerage will be sent by email so that they can communicate with the Agency and then will be followed up by the worker adding the agreed ongoing provision onto the Plan. Brokers will also need to upload the email sent as a case note as evidence provider been informed (this will assist with any data queries).

   If there is a slight delay between the post assessment POC and the panel approved POC then this will be absorbed into the locality budget.

25) Life team create Good Conversation on LAS (using Part B from initial 24 hour assessment)

   Note: aim is for Part B to mirror Good Conversation or vice versa on LAS so that only one form is needed

26) Life team create LT Support Plan and add backdated Dom Care provision starting from date of discharge

   Note: it may be that up to 3 provisions need to be entered if the outcome of Part B differs from POC recommended in Part A and if panel does not agree with outcome of Part B:

   - 1 x Initial Discharge POC (Part A) – with start and end date
   - 1 x Post Assessment POC (Part B) – with start and end date
   - 1 x Post Panel POC (Email/Part C) – with start date

The locality and locality budget code should be identified at this point using the postcode tracker and the relevant locality team selected in the Budget Specific Funding field.

27) Backdated Dom Care provision workflowed in LAS to Brokerage

28) Brokerage confirm provision received on tracker

29) Brokerage complete brokerage task on LAS (checking that dates/POC info matches tracker then add provider/send for plan authorisation)

30) Support Plan authorised by manager

31) Backdated Dom Care provision budget authorised by budget manager

32) Life worker sets review date at Next Action stage on LAS and allocates to Locality Team Review tray

Note: if case is complex then case & next action task are reassigned to locality duty tray and no review is set

33) Life worker activates Dom Care provision at Service Provisioning stage on LAS

Note: any deactivations (where an end date has been added) need to be reassigned to Brokerage to ensure that the Agency is always informed of the end of the POC.

1st April – D2A Process Requirements:

Increases/Restarts (for clients with existing Dom Care)

HOSPITAL STAY TO DISCHARGE

1) Ward/Hospital Staff complete Part A for every discharge irrespective of whether the client was previously known to LBC or not. The Part A will indicate whether "Therapy" is possible and/or whether an increase is needed (in which case the Life Team will carry out a further assessment – see below)

2) The Part A is sent to the Life Team inbox (unless it is a straight forward restart then the Ward/Hospital Staff send the request straight to Brokerage Mailbox. Note: this <u>must</u> be sent by email in every case, even if a phone call has been made to Brokerage to instruct them to restart the package)

3) Brokerage pick up from the Life Inbox

4) Brokerage update the tracker

5) Brokerage arrange the care (so there is always an initial POC in place)

INITIAL 24 - 48 HOUR PERIOD

6) Everything that is not a straightforward restart, is sense checked by a Senior and either:

   a. Allocated to a Life Worker to do a Part C assessment
   (if there may be reablement potential or there is no current allocated worker in the locality team)

   b. Handed back to the locality worker to do a Review
   (if it is clear from Part A that there is no Reablement potential and the case is allocated to a worker)

   Note: the Locality Worker MUST do the Review (reassessment) within 24 hours of the person leaving hospital. The Locality worker is then responsible for taking the increase to Panel, completing the Review on LAS including update of the plan i.e. ending the existing provision and adding in the new provision(s).

   this needs to be communicated and clear to all Locality teams

7) Life team carry out initial 24 hour assessment (or Locality Social Worker carries out 24 hour Review)

8) Life team determine whether client is to continue receiving Dom Care or whether they now have Reablement potential and what increase/decrease is needed

9) Assessment outcome communicated to Brokerage

   a. Email with initial feedback from assessment goes to Life Inbox
   b. Brokers pick up initial feedback email from Life Inbox

   Note: this will be pending panel approval if chargeable care is the outcome

10) Brokers update tracker with any changes

11) Brokers update POC with agency (within 24 hours of receipt of assessment outcome)

48 HOURS ONWARDS

12) Part B typed up (within 2 days of assessment)

13) Part B emailed to Life Inbox

14) Brokerage pick up Part B and send to Agency

Increases/Restarts (existing Dom Care): No Reablement Potential

15) Life team take increase of Dom Care to panel (even though increase has already been put in place*)

   *enables retrospective spending controls

   Note: in the event that Panel does not agree with the assessed POC then communication to Brokerage will be sent by email so that they can communicate with the Agency and then will be followed up by the worker adding the agreed ongoing provision onto the Plan. Brokerage Support need to send this to Community Brokers.

   If there is a slight delay between the post assessment POC and the panel approved POC then this will be absorbed into the locality budget.

16) Senior picks up the Support Plan from the Locality Team

17) Senior reassigns the Support Plan to the Worker

18) Worker ends the existing (pre hospital admission) provision on the Support Plan and adds the new increased Dom Care provision to the Support Plan, backdated to the date of discharge.

   Note: it may be that up to 3 provisions need to be entered if the outcome of Part B differs from POC recommended in Part A and if panel does not agree with outcome of Part B:

   - 1 x Initial Discharge POC (Part A) – with start and end date
   - 1 x Post Assessment POC (Part B) – with start and end date
   - 1 x Post Panel POC (Email/Part C) – with start date

19) Backdated Dom Care provision workflowed in LAS to Brokerage

20) Brokerage confirm provision received on tracker

21) Brokerage complete brokerage task on LAS (checking that dates/POC info matches tracker)

22) Support Plan authorised by manager

23) Backdated Dom Care provision budget authorised by budget manager

24) Life worker sets review date at Next Action stage on LAS and allocates to Locality Team Review tray

   Note: if case is complex then case & next action task are reassigned to locality duty tray and no review is set

25) Life worker activates Dom Care provision at Service Provisioning stage on LAS

Increases/Restarts (existing Dom Care): Reablement Potential

26) Senior picks up the Support Plan from the Locality Team

27) Senior ends the existing (pre hospital admission) provision on the Support Plan.

   Note: this may be done by the worker themselves rather than the senior

28) Senior creates a new STMAX Plan and assigns it to the worker who did the Part B

29) Worker adds backdated Reablement provision starting from date of discharge

   Note: it may be that 2 provisions need to be entered if the outcome of Part B differs from POC recommended in Part A.

30) Backdated Reablement provision(s) workflowed in LAS to Brokerage

31) Brokerage confirm provision received on tracker

32) Brokerage complete brokerage task on LAS (checking that dates/POC info matches tracker then add provider/send for plan authorisation)

33) STMAX Plan authorised by manager

34) Backdated Reablement provision budget authorised by budget manager

35) Life worker sets review date at Next Action stage on LAS

36) Life worker activates Reablement provision at Service Provisioning stage on LAS

1st April – D2A Process Requirements:

Increases/Restarts (existing Reablement): Continuing Reablement Potential

1) If a client is admitted to hospital after their initial Reablement POC started and hasn't yet been reviewed, then the Life worker will go out and do a review upon discharge. This will result in a Part C being completed (Part Bs are only done on initial discharge)

2) The discharge process is the same as the above; Part A completed by ward staff and emailed to Life Inbox

3) Brokers pick up Part A and broker increase/decrease

4) Life team do review (Part C)

5) Part C emailed to Life Inbox

6) Brokers pick up Part C and advise provider of any changes if necessary

7) Life worker updates STMAX with increased/decreased provision for remainder of 6 weeks (maximum)

Increases/Restarts (existing Reablement): No Further Reablement Potential

8) Outcome of Part C indicates person requires Dom Care

9) Part C emailed to Life Inbox

10) Brokers pick up Part C and amend POC with agency

11) Life worker takes dom care POC to panel

12) Life worker ends Reablement POC on STMAX

13) Life worker ends STMAX

14) Life worker creates LT Support Plan

15) Life worker adds dom care POC to LT Support Plan

16) Life worker reassigns to Locality as per BAU

1st April – Covid Cases

All clients who are currently Covid funded and will have received less than 42 days of funding by 31st March will need to have been assessed (have a Part B) that indicates whether they will continue to be non-chargeable as they have Reablement Potential or whether they will go straight onto a Dom Care package

Covid Funded (fully):

1) Determine whether Reablement potential or not (either by assessing before 31/03/2022 or using existing Part B)

Covid Funded (fully): Reablement Potential

2) Life worker ends existing Covid POC 31/03/2022 on STMAX

3) Life worker adds Reablement POC from 01/04/2022 on STMAX for remainder of up to 6 weeks

4) Life worker carries out reviews as per BAU

5) Life worker ends (max 6 weeks from start of Covid funded POC) and takes to panel if care ongoing

6) Life worker create LT Support Plan & adds ongoing provision

7) Life worker passes to locality as per BAU

Covid Funded (fully): No Reablement Potential

8) Life worker takes ongoing Dom Care POC to Panel (before 31/03/2022)

9) Life worker ends existing POC 31/03/2022 on STMAX

10) Life worker ends STMAX

11) Life worker create LT Support Plan & adds ongoing provision from 01/04/2022

12) Life worker passes to locality as per BAU

Covid Funded (partially):

13) Determine whether Reablement potential or not (either by assessing before 31/03/2022 or using existing Part B)

Covid Funded (partially): Reablement Potential (TBC*)

14) Life worker ends existing Covid POC & existing Dom POC 31/03/2022 on STMAX

15) Life worker adds whole POC as Reablement from 01/04/2022 on STMAX for remainder of up to 6 weeks

16) Life worker carries out reviews as per BAU

17) Life worker ends (max 6 weeks from start of Covid funded POC) and takes to panel if care ongoing

18) Life worker create LT Support Plan & adds ongoing provision

19) Life worker passes to locality as per BAU

*TBC because the above would result in someone who would have been charged for the dom care element of their package (as the Covid funded, non-chargeable provision only formed part of their overall POC) becoming fully non chargeable for the remainder of the 6 week Reablement period e.g. 10 hours dom care (chargeable) and 5 hours Covid funded care (non-chargeable) would become 15 hours Reablement (non-chargeable)

Covid Funded (partially): No Reablement Potential

20) Life worker takes ongoing Dom Care POC to Panel (before 31/03/2022)

21) Life worker ends existing Covid POC 31/03/2022 on STMAX

22) Life worker ends STMAX

23) Life worker ends existing Dom Care POC 31/03/2022 on LT Support Plan

24) Life worker adds whole Dom Care POC (ongoing provision) from 01/04/2022

25) Life worker passes to locality as per BAU