



LIFE system process change

In place for 1st April 2022

LAS – Liquidlogic

LIFE / Brokerage process changes



Agenda

1. D2A Process Requirements: New Cases
2. If Reablement (non-Chargeable)
3. If Dom Care (Chargeable)
4. RESTARTS/INCREASES/DECREASES
5. INCREASE WITH REABLEMENT POTENTIAL
6. INCREASE WITH NO REABLEMENT POTENTIAL

Note: Main changes to be aware of, LIFE workers will need to add and change services via the ST –MAX plan and no longer request Brokerage to add the service via email

Covid Funding - Key Points

- **All packages will need to be ended on or before 31/03/2022. Before this date, either the Review or Part B should be used to determine whether the person has reablement potential or not.**
- **If they have reablement potential, then the Covid package should be ended 31/03/2022 and a standard reablement service added from 01/04/2022 for a maximum of 6 weeks from when the Covid funded package started**
- **If they have NO reablement potential, then the Covid package should be ended 31/03/2022 and a standard dom care service added from 01/04/2022 on an ongoing basis**
- **Where the client is fully Covid funded up to the 31/03/2022 then their whole package will continue to be non chargeable (if they have reablement potential) or will become chargeable (if they do not have reablement potential)**
- **Where the client is partially Covid funded they will either become completely non chargeable (which needs to be confirmed) or completely chargeable**

What is Reablement?

- **'Services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living'. SCIE**
- *Most people who receive this type of care do so for around 1 or 2 weeks, although it can be free for a maximum of 6 weeks. It will depend on how soon you are able to cope at home- NHS Website*
- We must try and review earlier than 6 weeks, to see if goals are being achieved- Reablement is up to 6 weeks- most goals can be achieved sooner



Eligibility

- Who is eligible? Anyone who has reablement potential in an aspect of daily life that we cover in assessment. All reablement activity should aim to be goal based so that we can see if the client and care agency are achieving this. Goals are to be task specific with a time frame in mind: “Client will be able to make a warm drink within a week of coming home”. Even small reablement goals makes one eligible for reablement.
- Who is ineligible? Anyone with no reablement potential (the assessment does not lead to achievable goals being set and agreed) or a client stating that they are unwilling to engage in the activities (with capacity).
- NOTE: We must describe this to our clients (or their representatives) very clearly at the Part B visit. There is a joint agreement, a contract of sorts, to set a goal, try and achieve it together, review this and step down/ end the service (or in some cases increase care) within the 6 week period.

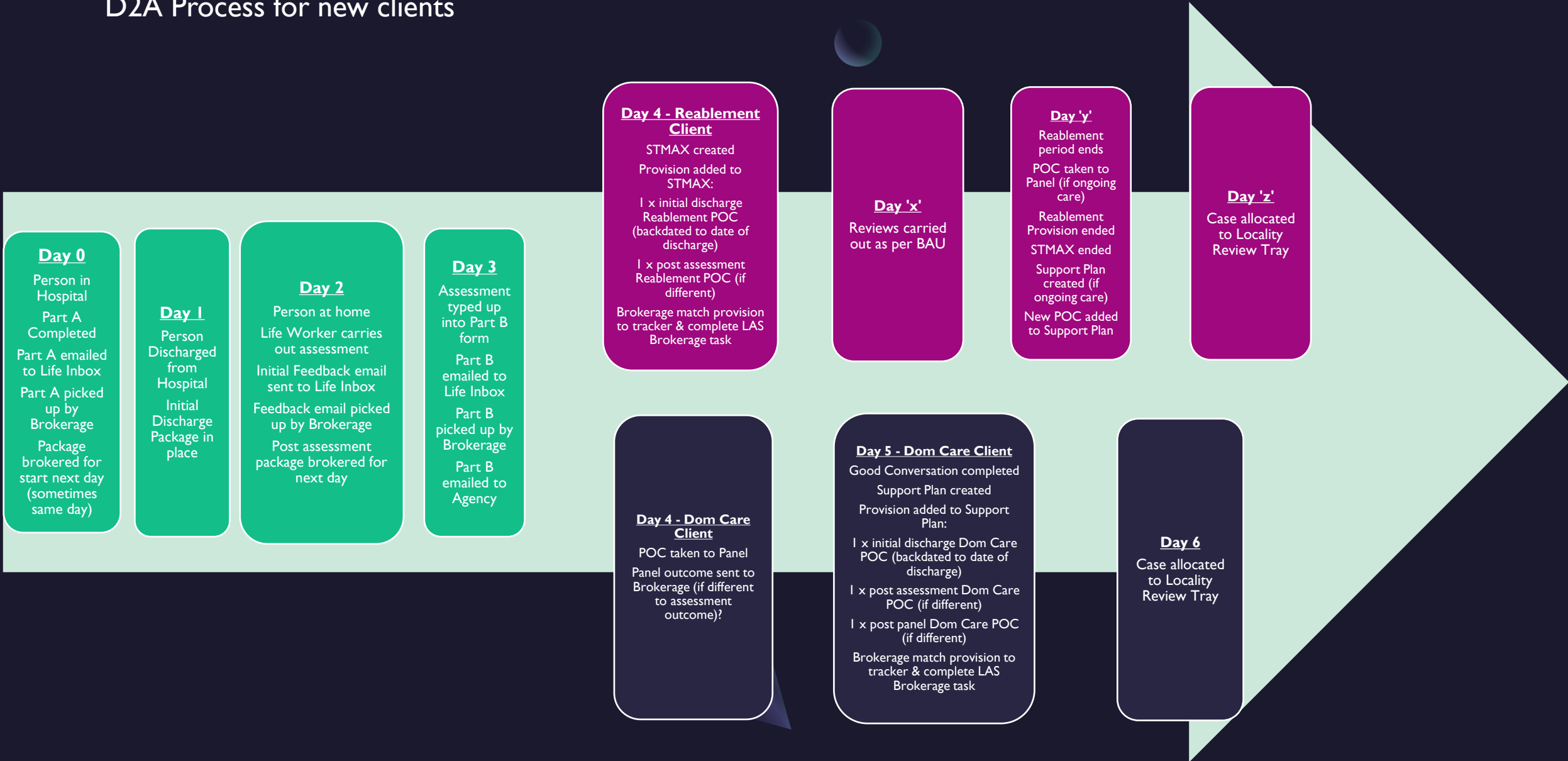


Notes on Eligibility

- The client must reside in Croydon (if any questions on Ordinary Residence please consult manager)
- The client must be over 18 years old
- Able to benefit from reablement- even if this is a minor benefit and if this will not require a full 6 weeks of reablement care
- The client should be willing to engage in the reablement care process (goal setting and ability to engage in trying to achieve these)- Note clients who lack capacity may not be expressly able to engage but naturally reablement should be tried for such clients and involve their relatives, representatives and professional network

NOTE: If you are considering that a client is not eligible for LIFE/OOB reablement- this decision must be discussed with a G14 or above and the rationale recorded on LAS.

D2A Process for new clients



Part A Referral - D2A Process Requirements: New Cases - 1st April 22

Part A Referral is sent via email into NHS Life Inbox

- LIFE Admin pick up part A referral and load this on as a contact record and attaches PART A Brokerage will also pick up Part A from the LIFE inbox

Brokerage add to tracker

- Brokerage record the requirement on their tracker, but not add the service on immediately onto the system. But will still arrange the initial discharge POC with Agency

Initial Assessment

- In the initial 24-48 Hour period LIFE team will carry out an assessment to determine (Chargeable / Non Chargeable) and will email the outcome to LIFE inbox for Brokerage who pick this up and then update tracker and agency with any changes.

Part B worker

- 48 Hours onwards is the first time the provision gets added. Part B is typed up by worker and emailed to the LIFE inbox. Brokerage pick up Part B and send this to agency.

LIFE worker adds ST MAX Plan

- Life worker then adds the ST-AX plan and adds the service into the plan and send to brokerage via the workflow. (As they currently do with Long Term Plans)

If Reablement (non-Chargeable) 1st April 22

LIFE Team Create ST-MAX

- Life team will create STMAX plan and add backdated Reablement service, starting from date of discharge*
- **CHANGE TO EXISTING PROCESS:** No Non Plan services to be added by brokerage, the Life Worker needs to create the STMAX and add the backdated provision asap (aim within 2 days of assessment)

Brokerage pick up workflow

- Brokerage will pick up the ST-MAX workflow and provision the services. Also update tracker to ensure they match.

Authorisation

- LIFE manager will then authorise the package and also budget authorise, then brokerage will active the service provisioning task.

IF DOM CARE (CHARGEABLE) - 1st April 22

LIFE Team
Create Good
Conversation
Assessment

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

LIFE Team to
create Long
Term Care
Plan and add in
the service

- Life team create Long Term Care and Support Plan and add backdated Dom Care provision starting from date of discharge*

Brokerage
provisioning

- Brokerage will pick up the Long Term Care Plan brokerage part of the workflow and provision the services. Also update tracker to ensure they match. (as they currently do now)

Authorisation

- LIFE manager will then authorise the package and also budget authorise, then brokerage will active the service provisioning task.

Life Worker
created
review

- Life worker sets review date and allocates to Locality Team Review tray at Next Action stage on LAS (if case is complex then review is not set and instead the case and next action task are reassigned to the locality duty tray)

RESTARTS/INCREASES/DECREASES - 1st April 22

Ward Hospital
staff email part
A

- Ward/Hospital Staff complete Part A for every discharge which will be emailed to LIFE Team inbox (unless it is a straight forward restart then the Ward/Hospital Staff send the request straight to Brokerage Mailbox)

Brokerage
step

- Brokerage pick up from the Life Inbox and update the tracker. Then will arrange the care

LIFE worker
determine
next steps

Everything that is not a straightforward restart, therefore sense checked by a Senior and either Allocated to a Life Worker to do a Part B assessment if there may be Reablement potential or there is no current allocated worker in the locality team.

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).

Brokerage

- Assessment outcome emailed to the brokerage LIFE inbox, brokerage will then update tracker and update provider.

Life /
Locality
worker

- Life/Locality worker will then type up Part B and add provision onto the plan by ending previous provision and add the new one and sending this to Brokerage via the workflow.

INCREASE WITH REABLEMENT POTENTIAL: - 1st April 22

Support Plan
from Locality
Team

- Senior picks up the Support Plan from the Locality Team

Ends Provision
on Plan

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

Create ST -
MAX

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

Add new
service

- Worker adds a new Reablement provision to the STMAX

Note:

- Note: there may be more than one provision to add depending on whether the Part B outcome agrees with the Part A recommendation (see scenarios)

INCREASE WITH NO REABLEMENT POTENTIAL: - 1st April 22

Package through Panel

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

Locality

- Senior picks up the Support Plan from the Locality Team

Reassign to worker

Senior reassigns the Support Plan to the Worker

Worker end service

- Worker ends the existing (pre hospital admission) provision on the Support Plan and adds the new increased Dom Care provision to the Support Plan

Note:

- Note: there may be more than one provision to add depending on whether the Part B outcome agrees with the Part A recommendation and depending on whether Panel agree the increase (see scenarios)



Summary

Main changes for LIFE workers:

Now COVID funding has finished from 1st April LIFE team will be required to add in Long Term Plans and Reablement (ST-MAX) plans to ensure the service user received the correct care. Also, to add the services into the plan and send to brokerage

Main changes for Brokerage workers:

For the initial 24/48 Hour service you will record this on the tracker and source the care with provider, the worker will then add this onto the Plan and send it through to you via workflow so you can then cross reference each service to ensure they have all been added on LAS.