

Outcomes from the Market Engagement Workshop – Exiting reablement process 12/2/2021

The **aims** of the market engagement workshop were to:

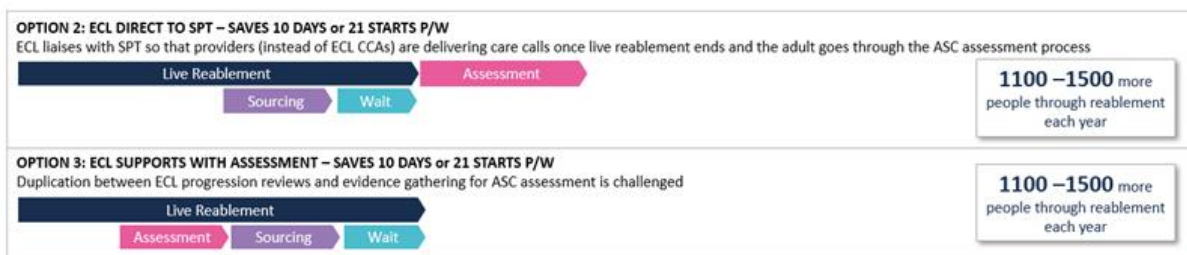
1. Increase awareness and understanding of Connect
2. Identify areas of opportunity for providers in redesigning the discharge process to ongoing care and what the next steps are to target these opportunities
3. Identify potential risks for providers in redesigning the discharge process to ongoing care and what the next steps are to mitigate these risks

The current discharge process:

An adult's journey through reablement can be broken down into two parts: a time in 'live' reablement, where they are actively working towards their goals, and time in 'discharge', where they move through the discharge process if they need ongoing care. For those adults who finish and don't require formal ongoing care, they are discharged at the end of live reablement. The time in the discharge part is broken down into three parts: assessment, sourcing and waiting for discharge.



The Reablement Project, as part of the Connect program, is looking to ensure that all adults who are in ECL are actively benefiting from being there. Currently, adults who leave ECL to ongoing domiciliary care are staying in the service longer than they need to because of the design of the discharge process. During the workshop, we considered **two options** for changing the process from reablement to ongoing care.



For each option the following areas were considered:

1. How does this create opportunities for adults, for staff, and for the system?
2. What are the risks?
3. How can we mitigate any risks?

Summary points of Option 2:

Opportunities:

1. **Better transfer of information and better communication** e.g. access to accurate and timely information (specifically within the ISP).
2. To get an **early introduction to the individual** which could allow:
 - a. **Early assessments** by providers,
 - b. **Closer working** between reablement and ongoing care provider during the handover process.
 - c. Better able to **meet customers' expectations** by being part of setting the expectations
 - d. Ability for long term care provider to feed into and **support the review** of the social worker.
 - e. **Opportunity to save capacity** if the individual requires a step down.
3. Better communication and closer involvement could allow **better ability to plan**, specifically if there are any changes to the adults package as a result of the assessment taking place after the care has commenced.
4. Potential ability to form a **feedback loop** between providers ASC and ECL so we know if we get something wrong and can target areas for improvement
5. **Opportunity to invest in and improve services for providers going forwards** – better comms, better collaboration

Risks:

1. Need to maintain **confidentiality of information** being shared
2. **Potential additional cost to providers** to fill out this information, need to consider time and resource, and where this additional resource might come from.
3. **Need to make sure person is not being rushed** through the process with need to get request to sourcing
4. **ISP's have been a problem for years**, nothing has changed in the past.

Mitigations:

1. **Investigate** investing in TAs or council staff to support admin
2. Work towards **setting clear expectations with adults**
3. Facilitation of **closer working**

Summary points of Option 3:

Opportunities:

1. **Better transfer of information and better communication** e.g. access to accurate and timely information (specifically within the ISP).
2. **Opportunity to co-work** on QA process
3. **Opportunity to improve trusting relationships and collaborative working** with providers and the council

Risks:

1. **Change in process and demands** on provider, need to have time, training and resource for this
2. Need to ensure that **adults are fully informed of financial implications** so it doesn't fall to the provider to explain.
3. Need to make sure **QA process doesn't become a blocker** and delay we are trying to avoid
4. There is currently a **communication problem** regarding the length of reablement that adults are entitled to. We need to build in the right expectation setting so that adults and staff across the system understand reablement is *up to 6 weeks*.

Mitigations:

1. Investigate having **dedicated resource** to avoid QA delays
2. Challenge timelines of QA process – can we have **initial rigorous checking** for consistency and quality with then consider more infrequent randomised sampling
3. Work towards **setting clear expectations with adults**