

**Adults and Communities
Care Pathway Managers Guidance
Managing Planned Work Trays in Leicestershire ASC**

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Introduction

When it is not possible to immediately allocate a person's case to a social care worker it may need to be placed on a Planned Work (awaiting allocation) Tray. (PWT) This procedure explains when it may be appropriate to add the person's case to a PWT and gives general guidance on how to manage the work, including when to escalate cases to senior management.

Legislation

Care Act 2014
Mental Capacity Act 2005
Mental Health Act 1983 (Section 117)

Policy

LCC recognises that where a case cannot be immediately allocated to a social care worker it may need to be added to a PWT. Every effort should be made to establish and undertake any required actions at the initial point of contact to prevent the person's case being added to a PWT. The longer that the person is on a PWT, the more likely it is that the initial query or issue will become more complex and less simple to resolve.

Where a case is added to a PWT, it must be reviewed regularly so that any risks or changes in the person's circumstances are identified.

Principles

- Anyone with an immediate and urgent social care need will not be placed in the PWT but will be actioned from the Duty Point.
- We will review the PWT at least on a weekly basis to determine increased need and risks
- We will check in with people who are waiting for allocation and review their situation
- Urgent cases will be allocated as soon as possible with the aim of no one waiting more than 28 days for allocation to a named worker.

Procedure

Triaging cases

Prior to placing a case on a PWT, all relevant information will need to be gathered and accurately recorded on the person's LAS record. For cases being transferred from The Customer Service Centre (CSC), the Contact form and transfer summary should contain all relevant information to allow the receiving worker or team to decide on priority.

At the point of transfer, it must also be confirmed that the person is Ordinarily Resident in Leicestershire to ensure that those who are the responsibility of another Local Authority are not placed on a PWT in error. Consider any responsibilities under Section 117 of the Mental Health Act

Where a Discharge To Assess funding is in place this must be reviewed and amended as appropriate. Please see the DTA funding Guidance [here](#)

For referrals sent directly to locality and county wide teams, their duty team may need to gather further information.

Any urgent and immediate actions need to be taken before placing a case in the PWT.

Self-funders who approach LCC for assessment are entitled to do so, however, consideration should be given to whether their case should be added to the PWT where they, or others around them, are able to make any necessary care and support arrangements on their behalf. Please see the Self-funders procedure for further guidance [here](#).

In some cases, the duty team may be able to resolve outstanding issues or deal with the referral, by referring the person for Care Technology, Occupational Therapy, Reablement or another prevention service or by suggesting community based resources. The duty team may also be able to deal with more straightforward requests, for example, booking or amending respite by utilising the person's contingency in their Personal Budget. Where any actions are completed and nothing else is required until the person's next annual review, the review date should be rescheduled to 12 months' time and the case can be placed in the relevant Review tray. Where cases cannot be dealt with by the duty team or cannot be placed in the Review tray, a decision will need to be made as to whether to allocate the person's case to a practitioner or to place the case on the PWT.

Decisions around placing cases in the PTW, must be made by either a Team Manager (TM) or Team Leader (TL). When a case is added to the list, the rationale for doing so, alongside any relevant information regarding the person's circumstances should be added to the LAS Case task comments box. Adding a Management Discussion / Decision Case Note titled "PWT" to the person's LAS record detailing the reason for adding the case to the list, can support practitioners and managers when reviewing cases in the PWT.

Where a case is added to the PWT, the person or their representative, as well as the referrer where applicable, must be advised of this using their preferred communication method. The person must be given the relevant contact number for the team so that they can inform the team if their situation changes. At this point, it is also important to review the person's contact details to ensure that they are correct and record any communication needs that they may have.

It is also important to advise the person of what they can expect with regards to ongoing contact from Adult Social Care.

Safeguarding considerations

People living in vulnerable situations may or may not meet safeguarding thresholds. Practitioners should discuss this with their TM or TL and raise as a Safeguarding Enquiry, VARM or concern for welfare as appropriate. Please, find the Safeguarding Thresholds [here](#).

Recording priority and complexity and the RAG matrix

The Priority and Complexity of the Case task must also be updated in line with the Priority status as set out in LAS. Accurately recording both the Priority and Complexity of the Case task supports TM/TLs to identify higher priority cases for allocation and helps identify which practitioner should be allocated a piece of work. Consistently recording priority and complexity on the Case task also means that LAS filters can be applied to trays, which can support practitioners and managers, for example, by sorting trays into levels of priority. The Recording Priority and Complexity procedure and the LAS Task trays guidance document gives further guidance on this - [Reassign a Case](#)

As well as recording priority and complexity on the Case task, teams may find it useful to rate any cases added to the PWT using the RAG (Red Amber Green) matrix below. The RAG rating should be added to the task comments box, i.e., “RAG rating – Amber”.

	High risk of harm	Moderate risk of harm	Low risk of harm
No support	Red	Red	Amber
Moderate support	Red	Amber	Green
Full support	Amber	Green	Green

Definitions

No support – the person has no formal or informal support. For example, the person lives alone without any formal or informal support, has an appearance of need and is yet to receive an assessment. Please note, this category would also apply where the person is shortly to be without support, i.e., their care provider is giving notice.

Moderate support – the person has formal and/or informal support, however, this is not currently meeting their eligible care and support needs. For example, the person requires 4x calls a day but is currently only receiving 3x calls a day.

Full support – the person’s eligible care and support needs are being met. For example, the person requires 2x calls a day home support and this is in place, or the person is in 24 hr accommodation-based care and support which is meeting their needs.

High risk of harm – The person, or those around them, is at immediate risk of harm without the input of ASC. Any of the following circumstances give an indication that the person may be at high risk of harm (this list is not exhaustive):

- Safeguarding concerns where there are current risk factors present,
- Significant Moving and Handling issues or reported faulty OT equipment,
- Carer break down or imminent carer break down (formal or informal) resulting in the person’s personal care needs being unmet,

- There are children living in the same household as the person,
- The person lacks mental capacity around their care and support needs,
- Requests for Mental Health Act Assessments,
- Where the person has a rapidly progressive health condition (e.g., Motor Neurone Disease),
- Significant behavioural challenges,
- Disengagement from services or requests to end services the person has been assessed as needing,
- The person is at risk of imminent homelessness
- There is a significant risk of hospital admission,
- The person is wandering at night.
- The person has not been seen by health and care agencies and is living on their own

Specific Risk Factors – *Within each service or locality setting, there will be additional risk factors to be considered, e.g. hospital discharges where the assessment is needed to confirm funding/charging eligibility. This should be agreed by the relevant SSM and included by the TM when determining the level of risk to apply.*

Moderate risk of harm – The person is not at immediate risk of harm; however, it is likely that the level of risk will increase without ASC input or that the person's care and support needs will increase.

Low risk of harm – There is nothing to suggest that the person is currently at risk of harm or that the level of risk is likely to increase.

Ultimately, social care workers and their managers will need to use their professional judgement when prioritising cases, however, the RAG matrix can be a helpful tool to prioritise cases on the Holding List. Where practitioners and/or managers use their professional judgement to decide how to prioritise cases, they will need to accurately record how they have arrived at this decision on the person's LAS record.

Reviewing the PWT

Any person placed in the PWT must be contacted on a regular basis to ensure that they are safe and well and to check that it is still appropriate for their case to remain on the list. The purpose of these contacts, or 'reviews' is to:

- establish whether there have been any changes to the person's situation
- check whether the priority, complexity or RAG rating needs to be updated, and
- reassure the person that they continue to be in the PWT.

Reviews of cases on the PWT must be recorded on a LAS Case Note using the RAAN with the title "PWT" with a TM/TL notified to the Case Note.

It may be that following the review, the person's case can be removed from the PWT. Any actions taken following the review must be discussed with a TM/TL and recorded on a Management Discussion / Decision Case Note on the person's LAS record.

The frequency of reviews for cases on the PWT will depend upon the RAG rating and any other factors, such as worker absence or change of circumstances. As a guiding principle, any person on the PTW should be contacted on at least a monthly basis, however, the below list gives a recommended minimum review frequency:

Red cases – weekly contact

Amber cases – fortnightly contact

Green cases – monthly contact

Where it has not been possible to contact the person or a relevant person, then consideration should be made as to a safe and well check.

When to escalate to Strategic Service Manager / Head of Service

TM/TLs will need to advise their SSM regarding cases on the PWT. This may be where the TM/TL believes the person is at increased risk of harm, or where any red rated cases have been on the Holding List for over a month.

This discussion must be recorded on a Management Discussion / Decision Case Note on the person's LAS record.

Appendix 1 – Priority and Complexity matrices

Priority – Matrix

Consider “How soon do we need to have contact with this person?”

Priority	Indicators	Examples
<p>High</p> <p>Write “urgent” at start of task comments if response is needed within 24 hours.</p>	<p>Serious harm is anticipated if a rapid response (same day or within 2-3 days) is not provided</p>	<p>Carer breakdown There are immediate concerns for the person’s safety Person is unable to weight bear and immediate action is needed</p> <p>Person is unable to access the toilet (where this is not a health responsibility) Hospital discharge with no assessment of eligibility for support</p>
<p>Medium</p>	<p>There is likely to be a deterioration, loss of independence or other negative impact if there is a significant delay.</p>	<p>Carer is at risk of breakdown Person placed in a care home from hospital Person with a deteriorating condition Person is having difficulty with transfers Self-funder in a care home whose money has gone below the threshold</p> <p>Request for NHS CHC assessment</p>
<p>Low</p>	<p>Request for assessment where there is no risk to safety, or likelihood of deterioration/negative impact.</p>	<p>Request for a service where there is unlikely to be a deterioration within a few weeks without it. Expression of interest in changing service</p>

Complexity – Matrix

Consider “What is the level of skill, training or experience needed to undertake this piece of work?”

Complexity	Indicators	Examples
High	<ul style="list-style-type: none"> • Conflict • Multi-agency working • Legal issues • A sophisticated level of decision-making is needed • Complex interaction between disabilities / conditions 	<ul style="list-style-type: none"> • Cases where there are challenging family dynamics • Complex moving and handling cases, for example where the person has a fluctuating neurological condition • Supporting parents with disabilities’ cases • OT assessment of a child • Assessments for people in prison • Court of Protection work • Safeguarding • AMHP work • NHS CHC assessments • MCA where this is not straightforward e.g., because there is disagreement, or the person has fluctuating capacity
Medium	<ul style="list-style-type: none"> • There is potential for disagreement, but it is anticipated that this can be resolved Single or joint agency working • Work where some specialist knowledge or understanding of processes is needed 	<ul style="list-style-type: none"> • Joint working with another agency • More straightforward MCA assessments • Direct Payments
Low	No conflict or other complicating factors	Straightforward Care Act Assessments Review of stable situations

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