Case Prioritisation Tool Guidance V1.6

Document	Case Prioritisation Tool Guidance
Purpose	Support on triaging new Cases and re-Cases for known and unknown individuals.
Version	V1.6
Owner	ICT Business Transformation Team / Adults System Support
Last Updated	23/11/2023

Introduction

The Case Prioritisation Tool has been created to support Line managers and practitioners to triage new, current and cases closed under review (e.g. for unscheduled reviews) for known and unknown individuals in social care teams.
The tool does not replace professional judgement. There will be some instances where it may not be appropriate to apply the tool rigidly.

Purpose

The purpose of the tool is to support Team managers, to rationalise the priority of a case for allocation purposes. This will allow for a seamless, timely and strengths-based social care response.

It also provides strategic oversight of Social Work teams, on the performance of allocations within priority timescales.

Safeguarding triage and case responses, must follow the multi-agency safeguarding policy and procedures for priority timescales for allocation.

Hospital Social Work Teams fall outside the scope of the prioritisation tool. All cases within the Hospital team are allocated the same day or within 3 days.
Mental Health Teams currently fall outside of the scope of the prioritisation tool, due to different recording and allocation systems.

Mental Health Act Assessments must be dealt with outside of the remit of the prioritisation tool. Interim steps maybe taken before a request for a Mental Health Act assessment is made, including GP contact, case to Single Point of Access, liaising with the Mental Health teams for advice, and advice from MHA/MCA Professional Support Team.

Timeframes

It is important that the timeframes of the prioritisation tool is applied from the date the case has come through to the Team.

The initial contact team/worker will ensure any urgent work is transferred and alerted to the appropriate person or team to avoid delay (through Caredirector tasks, email and or a follow up telephone conversation).

Assessors must use their professional judgement, as to what intervention they are providing, the reason the case is determined as priority 1 and record their decision making and rationale onto the relevant documentation.

N.B Initial triage and prioritisation must be completed by the initial team receiving the case. The response time will be reviewed by the relevant Team Manager and/or nominated practitioner.

Reviewing Prioritisation decisions

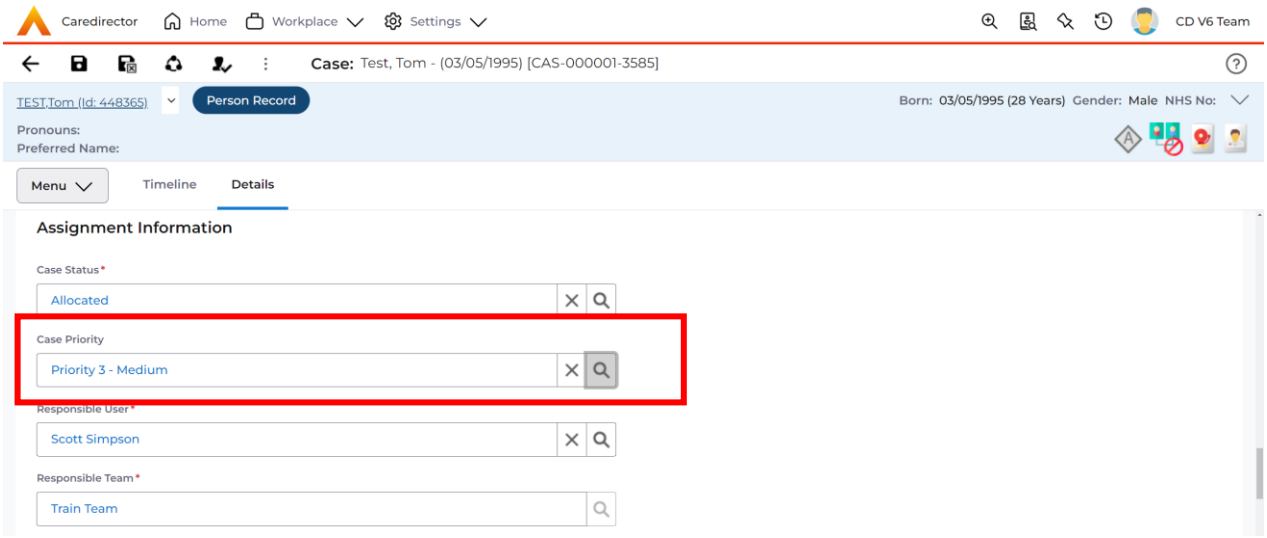
It is important that awaiting allocations lists prioritisations are reviewed on a regular basis. This is to ensure that those determined at priority 4 are allocated within 6 weeks. The prioritisation level may need to change depending on the persons circumstances. It is essential practitioners and managers are aware of this and are regularly reviewing the priority level initially attributed to each case.

Governance

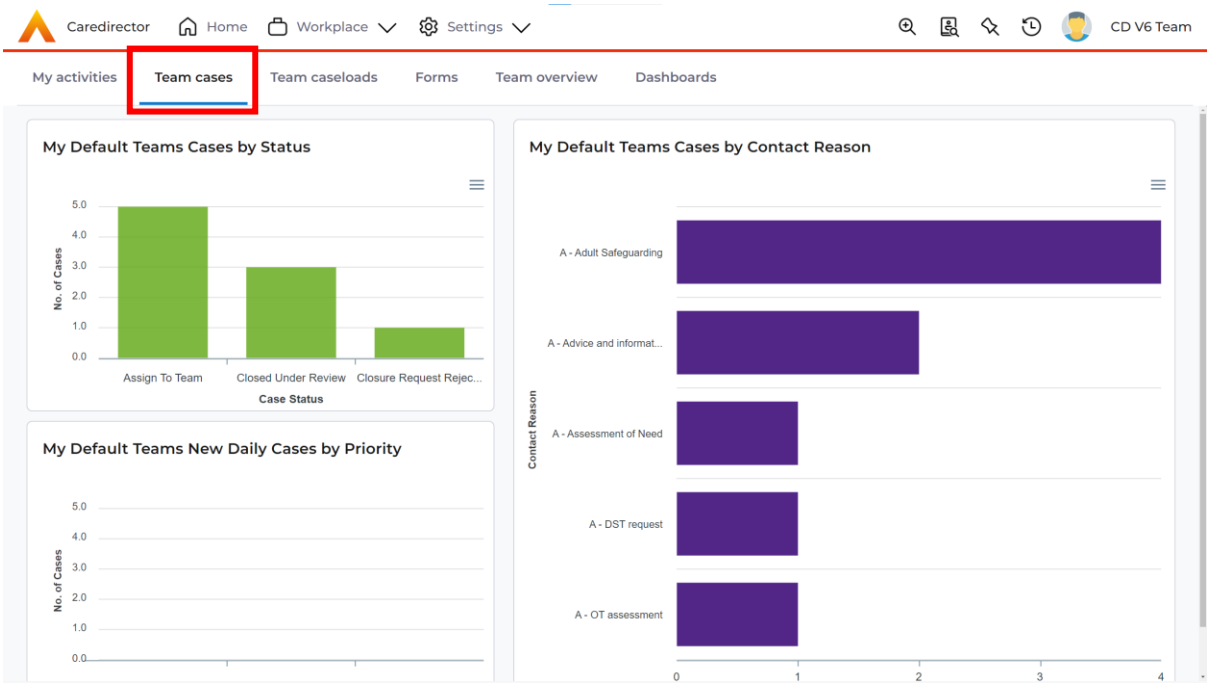
Awaiting allocation lists and prioritisation numbers must be measured and reported into pressure systems meetings, against the Opel levels. The Senior Leadership Team will take appropriate action if numbers are deemed as unsafe.

Case Priority on Caredirector

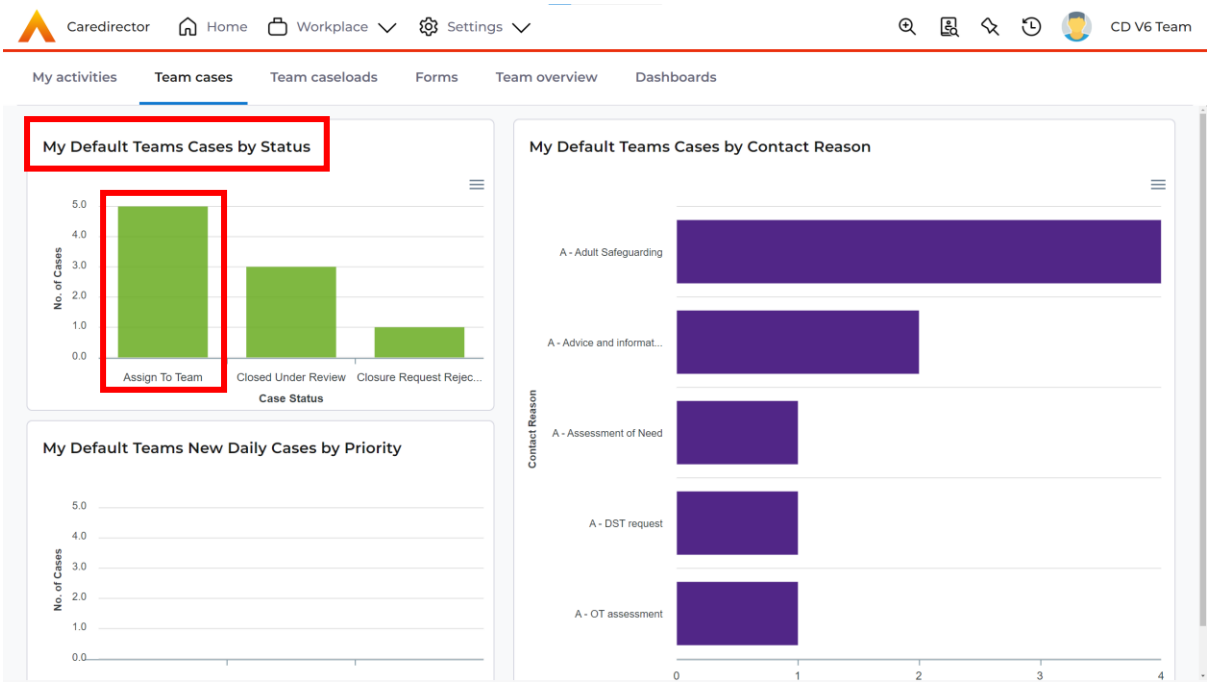
1. The case priority level given to a case should be recorded clearly on Caredirector on the person's case.
   This can be found under **Case Record > Details > Case Priority**
   Please note: A case is known as a "Case" on Caredirector



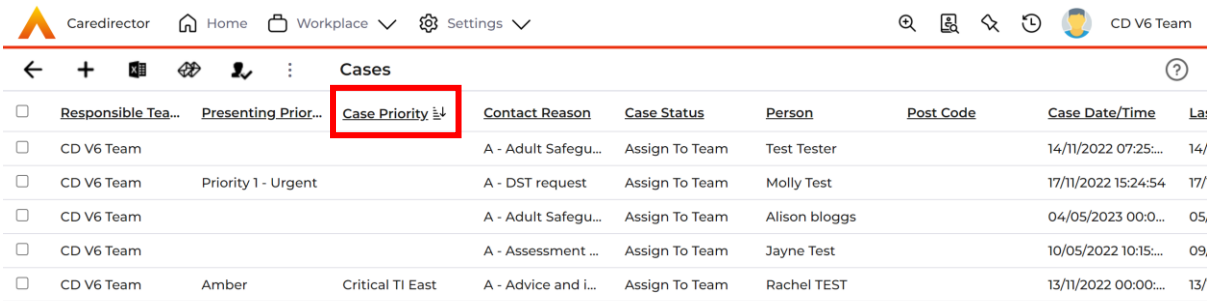
2. This **Case Priority** will be shown on a list of unallocated cases. Team managers can view this list via their **Home Screen**.
   Select the dashboard **Team Cases**.
   Please note: All bar charts found can be selected to provide a list view.



3. To view unallocated cases, under the widget **My Default Team Cases by Status** select the desired **Case Status** by selecting the relevant box above the heading (**Assign to Team, Assign to Team (Unscheduled Review), Awaiting Allocation, Awaiting Allocation (Unscheduled Review)**).



4. This will show all **Cases** under the selected **Case Status** including the **Case Priority** status column. Select the **Case Priority** column heading to sort.



Additional guidance

- The Care Act 2014 (guidance 5.25) provides the Local Authority with the power to meet urgent needs without undertaking an assessment or making a determination of eligibility, regardless of the person's ordinary residence
- Conversations Model Guidance.
- Wakefield Council Mental Health Support
- Adult Social Care Complaints Process

Priority 1

-Daily care is required or must have a response within 24 hours.
-Those individuals who cannot be left and or whose needs are high and would be at critical risk if not met.
-Risk that individuals cannot survive without a health and/or social care intervention. Case to Urgent Community Response Team, Urgent Response Team or duty work is required.
Factors for consideration include, but should not be limited to:

The person has no support or networks available to them and/or are imminently breaking down.

Fluids and Nutrition
Nutritional needs can be met with care and support, supervision and/or assistance.
Skin integrity
People are cared for in bed and immobile and have high risk of pressure sores.
Cognitive Impairment
With immediate support, an individual can be supported to be safe and not pose a risk to self and/or others.
Support with using the Toilet
With immediate support people can be supported to use the toilet or with catheter, stoma care, etc.
Chronic Self-neglect and Hoarding
- the person with care and support needs can no longer control their behaviour, so they cannot protect themselves.
- where there is a defined high risk of harm to the individual.
- or the physical / environmental risk to others is significant.
NB a safeguarding case must be made. Refer to Hoarding and Self- neglect Protocol for guidance.
Carrying out any caring responsibilities the adult has for a child
Care and support will enable an individual to continue to parent their children, and eliminate the child being at imminent risk.
Falls
The person is at risk of sustaining significant harm from further falls, is living without support and may or may not have insight in to the risk.
Hospital discharge
Out of area case
Hospital prevention
Requests for social care from health professional or family, to prevent a hospital admission (e.g. due to significant risk of falls causing severe injury).

Priority 2

Up to a 7-day response is required.

- Daily care and support is required and currently provided by an alternative safe source, that is not sustainable beyond the next 7 days.
- A person who is or has networks meeting some of their eligible outcomes, but in a limited way. Without intervention, there is a high risk of impact to their wellbeing.
- Without timely intervention, a significant change in circumstances may occur (e.g., breakdown in placement)
Factors for consideration include, but should not be limited to:

The person has no support or networks available to them and/or are imminently breaking down.

Fluids and Nutrition
Nutritional needs can be met with care and support, supervision and/or assistance.
Skin integrity
People are cared for in bed and immobile and have high risk of pressure sores.
Cognitive Impairment
With immediate support, an individual can be supported to be safe and not pose a risk to self and/or others.
Support with using the Toilet
With immediate support people can be supported to use the toilet or with catheter, stoma care, etc.
Chronic Self-neglect and Hoarding
- the person with care and support needs can no longer control their behaviour, so they cannot protect themselves.
- where there is a defined high risk of harm to the individual.
- or the physical / environmental risk to others is significant.
NB a safeguarding case must be made. Refer to Hoarding and Self- neglect Protocol for guidance.

Carrying out any caring responsibilities the adult has for a child
Care and support will enable an individual to continue to parent their children, and eliminate the child being at imminent risk.
Falls
The person is at risk of sustaining significant harm from further falls, is living without support and may or may not have insight into the risk.
Hospital discharge
Out of area case
Hospital prevention
Requests for social care from health professional or family, to prevent a hospital admission (e.g due to significant risk of falls causing severe injury).

Priority 3

Up to 14 day response is required.

- Those who have substantial needs but have other resources or networks in place which are sustainable and not at risk or likely to break down within a 4-week response time.
-Where people may have some Priority 2 factors, but is mitigated by alternative, reliable and safe support in the interim, which negates the need for a Priority 2 response.
-Where a person can maintain some of their needs independently and is able to recognise risk and summon help in an emergency.
Factors for consideration may include, but should not be limited to:

Daily living and nutrition
Where the person has a level of independence with personal care and support is not needed daily. Can mobilise, prepare basic food/ receive meal delivery, or has someone caring for them on a short-term basis.
Treatment
Where people can see to their medication needs through prompts and can be supported with assistive technology, or a telephone prompts.
Cognitive impairment
Where people living with a learning disability, autism, dementia, acquired brain injury or mental illness can remain safe by maintaining telephone contact, until allocation.
Safeguarding
Where safeguarding measures and/or protection plans are in place but requires regular involvement and monitoring from community assessment teams. The situation could deteriorate without social care involvement.
Complaints
Timeframes and process for responding to a complaint is required under the Adult Social Care Complaints procedure.
Interim Support Plan
An interim support plan has been implemented due to initially presenting with more urgent need and/or risk. As a result of this support, the needs are being managed and the presenting risk is now reduced to have a 2-weeks response.

Priority 4

Up to a 28-day response required
-Where people may have some Priority 3 factors, but is mitigated by long-term, sustainable alternative and safe support.
-The person has an appearance of needs, they can manage with no input from others, but are requesting an assessment in addition to signposting.
- The person has purchased their own support but are requesting a Care Act and financial assessment.
-The person has identified eligible needs but has resources and networks in place to manage these needs. These resources and networks are not at risk of breakdown or being withdrawn within a 28-day response.
Factors may include, but should not limited to:

Daily living and nutrition
Where people have care packages that access community activities only and will not be at risk if they are unable to do so.
Where people can self-care, prepare meals for themselves and require minimal support from others.
Where people's needs can be met through low level care and support by a relative, informal carer or friends.
Safeguarding
Person is safe, harm has not occurred, and essential needs are being met or there is a care plan in place to review. Requires advice and information. The person can protect themselves and call for help.
Request for information
Subject Access Requests (SAR), MP requests, Ordinary Residence related enquiries, requests for information from other LAs.

For use for Adults with Learning disabilities based in the CTLD's

Red: Allocation same day to duty worker to complete urgent imminent work. To be allocated to a worker within 1 week.

-Daily care is required.
-Those individuals who cannot be left and or whose needs are high and would be at critical risk if not met.
- imminent risk to main carer and there are unmet needs to be met
-Risk that individuals cannot survive without a health and/or social care intervention.

Factors for consideration include, but should not be limited to:

The person has no support or networks available to them and/or are imminently breaking down.

Fluids and Nutrition
Nutritional needs can be met with care and support, supervision and/or assistance.
Skin integrity
People are cared for in bed and immobile and have high risk of pressure sores.
Cognitive Impairment
With immediate support, an individual can be supported to be safe and not pose a risk to self and/or others.
Support with using the Toilet
With immediate support people can be supported to use the toilet or with catheter, stoma care, etc.
Chronic Self-neglect and Hoarding
- the person with care and support needs can no longer control their behaviour, so they cannot protect themselves.
- where there is a defined high risk of harm to the individual.
- or the physical / environmental risk to others is significant.
NB a safeguarding case must be made. Refer to Hoarding and Self- neglect Protocol for guidance.
Carrying out any caring responsibilities the adult has for a child
Care and support will enable an individual to continue to parent their children, and eliminate the child being at imminent risk.
Falls
The person is at risk of sustaining significant harm from further falls, is living without support and may or may not have insight in to the risk.
Hospital discharge
Out of area case
Hospital prevention
Requests for social care from health professional or family, to prevent a hospital admission (e.g. due to significant risk of falls causing severe injury).

Amber: Allocation within 2 weeks.

- Daily care and support is required and currently provided by an alternative safe source, that is not sustainable beyond the next 7 days.
- Been placed in emergency resite and assessment / longer term placement needs to be sought.
- A person who is or has networks meeting some of their eligible outcomes, but in a limited way. Without intervention, there is a high risk of impact to their wellbeing.
- Without timely intervention, a significant change in circumstances may occur (e.g., breakdown in placement)

Factors for consideration include, but should not be limited to:

The person has no support or networks available to them and/or are imminently breaking down.

Fluids and Nutrition
Nutritional needs can be met with care and support, supervision and/or assistance.
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Version Control

Version	Change	Author	Date
V1.1	Final draft. SMT and TM consultation undertaken.	Rachael Jennings	21-8-2020
V1.2	Reviewed with Kate Parker and TMs from SCD, Safeguarding, Connecting Care Teams East and West. Clarification of P3 and P4 timeframes, removal of Covid and Ethical Framework references. Re-names Referral Prioritisation Tool to differentiate from Risk Prioritisation to for Unsourced Packages of Care. Addition of CPD information.	Rachael Jennings	16-9-2022
V1.3	Reviewed with Catherine Mitchell and TMs from Safeguarding, Hospital and SCD. Amended to streamline, redesign purpose and ensure priorities continually change on length of referral held.	Davina Michhiana	11-05-2022
V1.4	- Screenshots and information updated to suit Caredirector V6 Change the name referral to case	Scott Simpson	17-05-2023
V1.5	Changing of screenshots to show prioritisation screen for cases. Changing of version control Format changes to include standardised formatting.	SS	16/06/2023
V1.6	Updated to add rag rating processes for CTLD's	Lisa Simpson	23/11/23