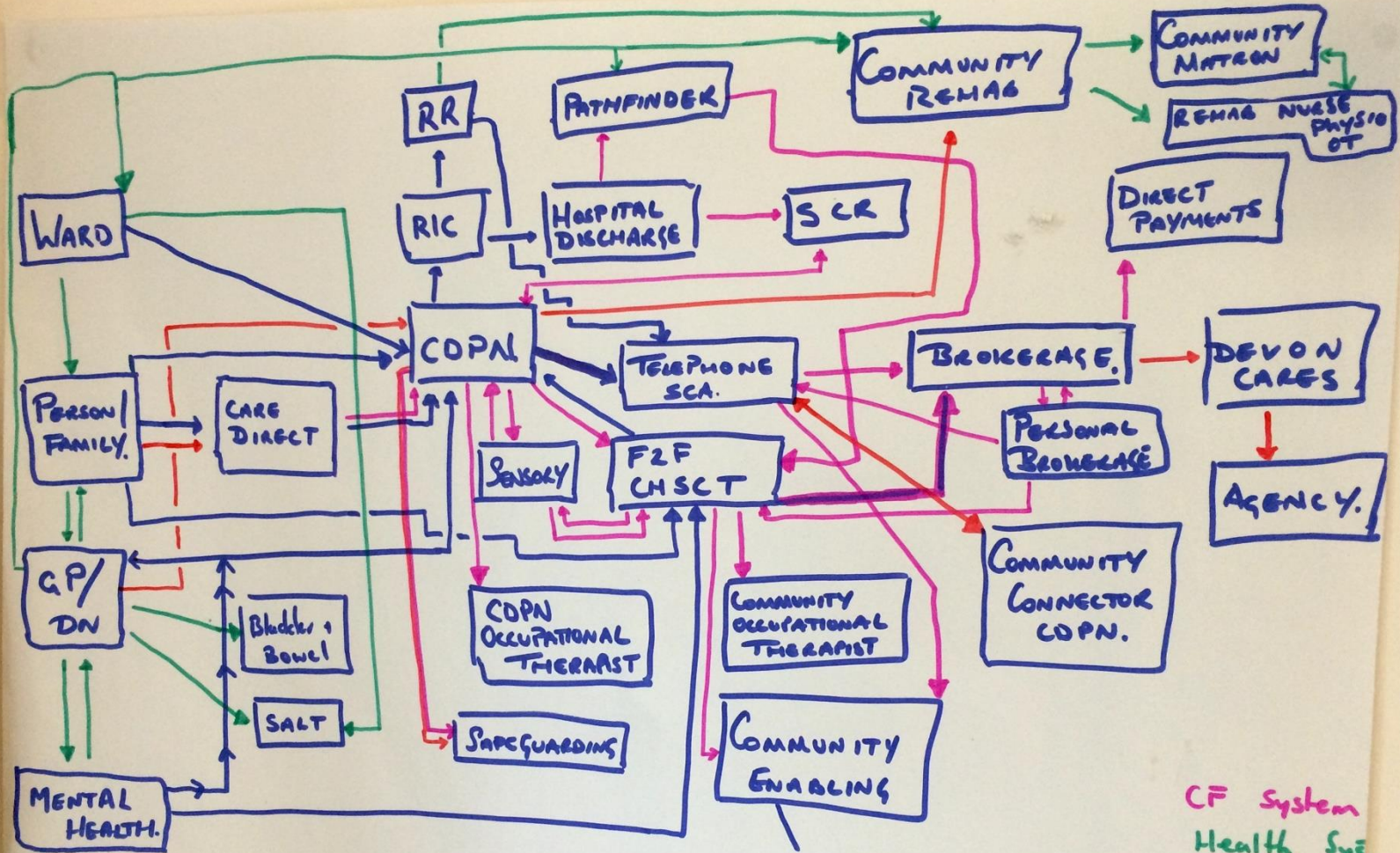


standard flows

referrals

activity

demand is simple



ONLY IF DCC
AND ACTIVELY SUPPORTING

CF System
Health Sys
Telephone
Email.



NAME	2	3A 3B	4	5	7	8
DEMAND FROM	EDNA. BCH+SC	George / MILDRED CDP	Sky CDP	John BCH+SC	DOT BCH+SC	LENU BCH+SC
(WHAT WE GET A RECORD) PRESENTING DEMAND.	- GIDDINESS - BALANCE - HIP PAIN.	Assessment of bathroom (ONLY PICKED UP DUE TO VISITING)	Asking for package of care	- Assessment for Falls / Bathing	PROGRESS MOBILITY ASSESS FOR FALLS / MOBILITY	- WALKING - RASE Chair
WHAT MATTERS (HELP STATEMENT) THE ACTUAL DEMAND	SOMEONE TO LISTEN TO ME.	I'm not mobile - I CAN'T GET OUT - CAN'T GET IN/OUT OF THE BATH	Help me get out + have a companion during the week	HELP ME GET OUT "NOT MOBILITY PROBS" "NOT GETTING OUT"	HELP ME TO NOT FEEL ABANDONED	HELP ME GET TO PEOPLE
WHO IS INVOLVED	MH+PS.	EH (EH)	DB	EH / MH	DJW	EH / MH
CURRENT STATUS (SEE KEY)	STABLE INDEPENDANT	TAKING ACTION WITH REGULAR CONTACT STABLE WITH REGULAR CONTACT				Taking action
WHAT WE ARE DOING. OR DID WE DO.	LISTENED + UNDERSTOOD	- Wheelchair - DFG / DFG - Community info - EQUIPMENT - COMMUNITY INFO	- referral to charitable sec services - building relationship	- Shower equipment - remove chair equipment - exercise	- PDP: GP, Paramed, SS. - Family SS, TLO CDP - Blake post fall support - IT down to a library - 1 hour to meet with - continue phone support	- Referral to the therapy - GP help me do - Street walker - Building relationship 26/6/19

We had to learn how to listen

The image shows two pages of hand-drawn mind maps on lined paper. The left page is titled "WHAT DEMAND? WHERE ARE WE FOCUSING? For How long?" and features a central "People" node with branches for "A group", "Individual", and "Social care". It also includes a "DEMON CARE'S RESPONSIBILITY" circle and a "RIC" circle. The right page is titled "How the TEAM will work" and features a central "Ownership" node with branches for "What is the team's role?", "What is the team's purpose?", and "What is the team's structure?". It also includes a "Team structure" diagram and a "Team dynamics" section.

Early 60's

He needs a walking aid & his chair raised so he can get in and out easier

ASSESSMENTS = 14

REFERRALS = 6 + 1^{SELF REFERRAL TO GP}

PEOPLE = 11

OUTCOME =

- > RAISED SOFA
- > ESCAPE PLAN
- > BENEFITS CHECK
- > LEAFLETS

HOURS = 12hrs 20mins

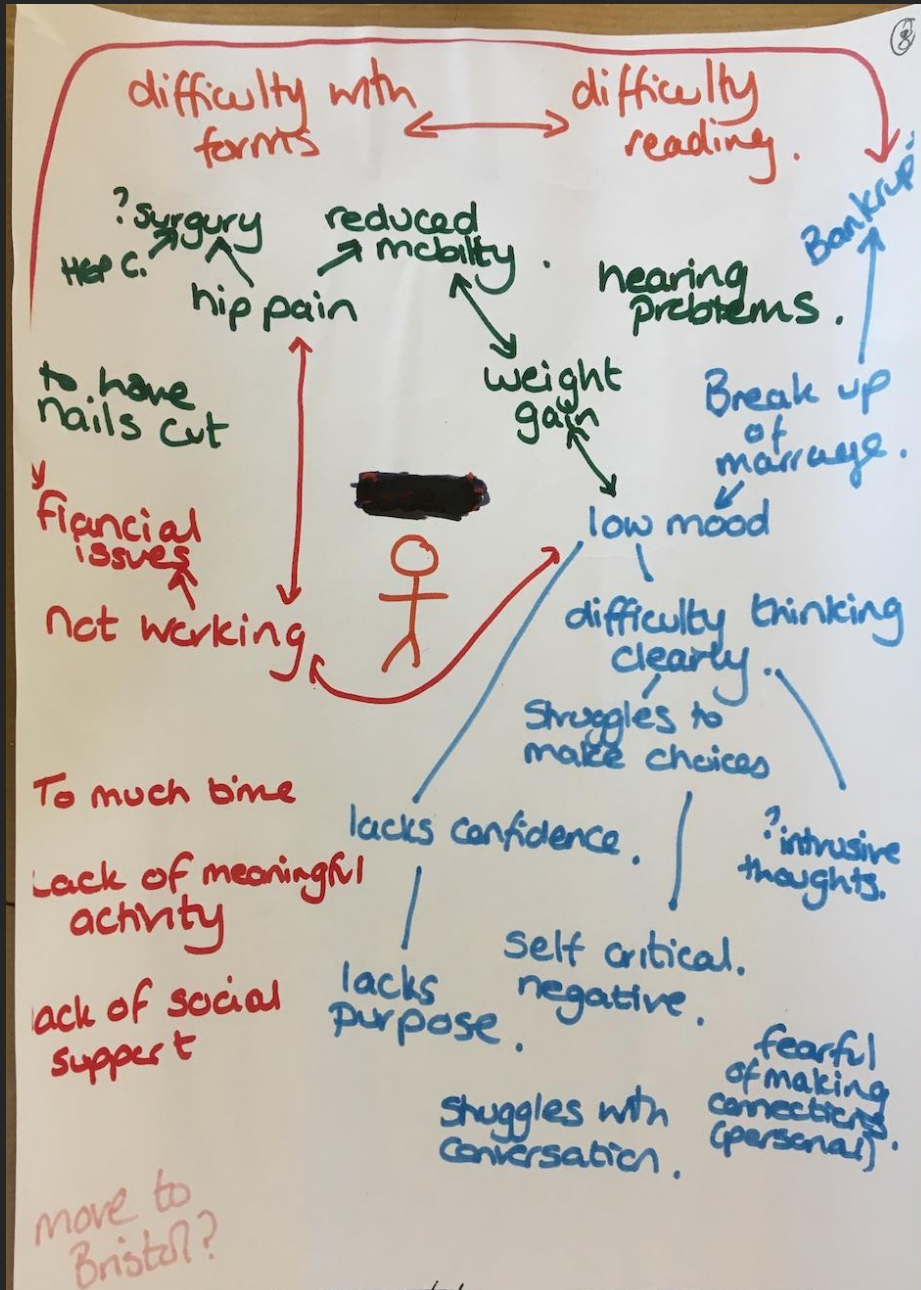
PERCENTAGE WITH PERSON 25%

A typical set of activities for an Occupational Therapist

The assessments. 68 pages. 1 hr with him, 2 hrs in office.

Story telling

<https://youtu.be/g9eoqJu7bDU>



ASSESSMENTS = 14

REFERRALS = 6 + 1 ^{self} REFERRAL
TO GP

PEOPLE = 11

OUTCOME =

- > RAISED SOFA
- > ESCAPE PLAN
- > BENEFITS CHECK
- > LEAFLETS

HOURS = 12hrs 20mins
PERCENTAGE WITH PERSON 25%

ASSESSMENTS = 1

REFERRALS = 1

PEOPLE = 3

OUTCOME =

- > NOT MOVING TO BRISTOL
- > REFERRED FOR TALK THERAPY
- > ONGOING RELATIONSHIP

HOURS = 5.5 hrs
PERCENTAGE WITH PERSON 80%

"WHAT MATTERS" = HELP ME
CONNECT TO
PEOPLE

PROOF OF CONCEPT

SNAPSHOT

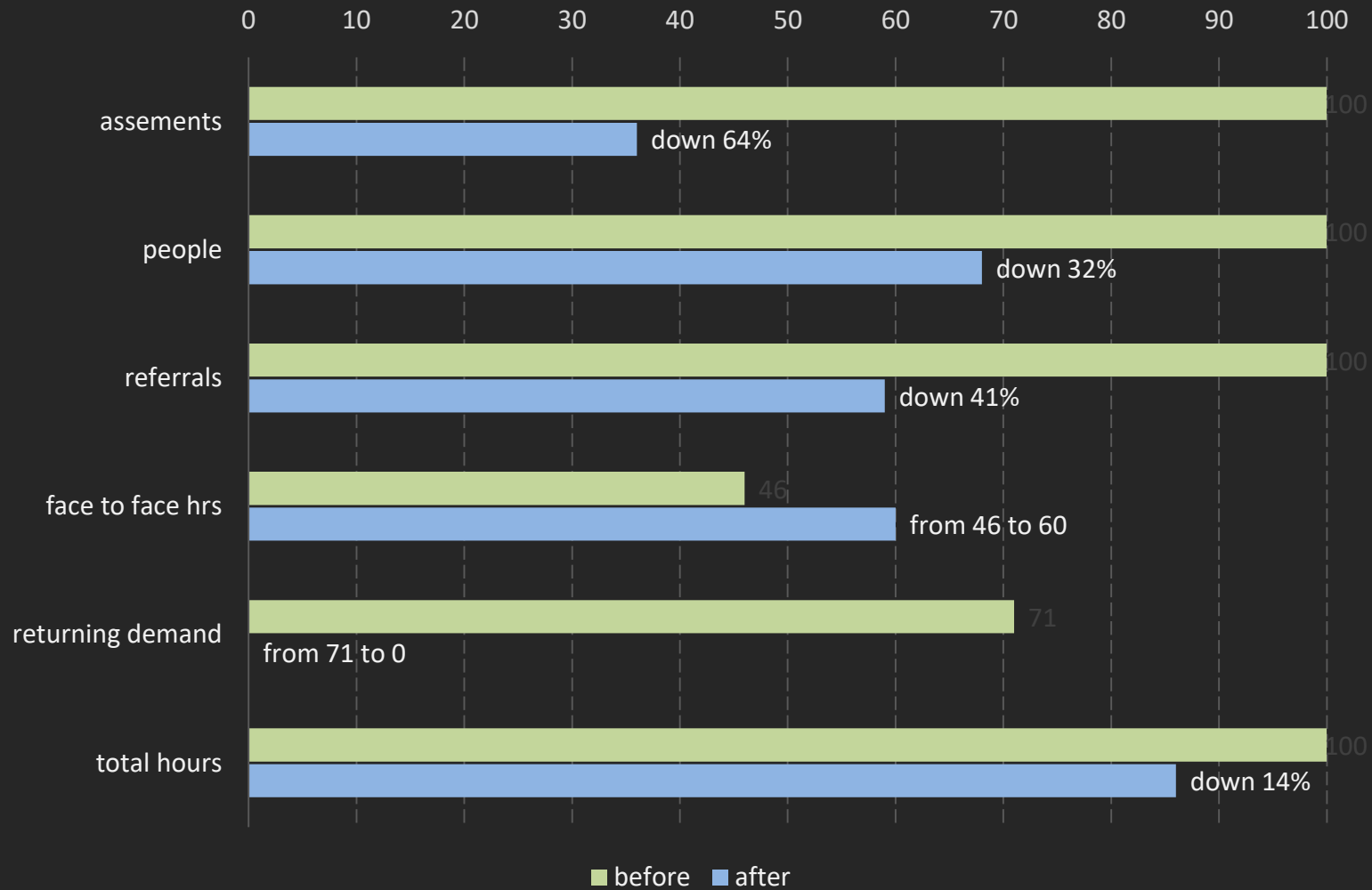
	NIGHT (SYSTEM)		DAY (NEW)
> LESS ASSESSMENTS	130	>	47
> LESS REFERRALS	54	>	32
> LESS PEOPLE	161	>	110
> ^{LESS} TOTAL HOURS	213	>	183
< MORE F2F	46%	<	60%
> PROBABILITY OF RETURN (SAME NEED)	71% (H-M)	<	100% (L-NONE)

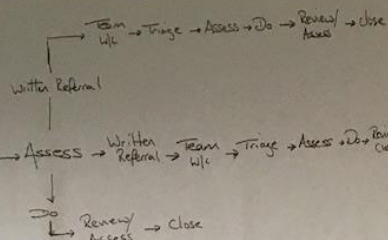
↑
WE UNDERSTOOD

KEY LEARNING

- * SYSTEM GENERATES WASTE WORK FOR US
- * CONVERSATIONS ARE LEAD BY ASSESSMENT, ELIGIBILITY + RISK BECAUSE THIS IS WHAT WE MEASURE
- * WE NEED TO TRUST THE PERSON TO MAKE THE RIGHT DECISIONS FOR THEMSELVES
- * BUILDING RELATIONSHIPS WITH THE PERSON HAS ALLOWED US TO HAVE HONEST CONVERSATIONS THAT SYSTEM DOESN'T ALLOW.

Measures & outcomes





What Happens

- Current System Works in a linear way.
- Flows in one direction
- Uses Assessments to Understand
- Referrals are written & pass on responsibility
- Ownership
- Referrals are made into litrags & not directly to people
- Teams aren't always aware of other teams/people that are involved
- IT Systems across the system don't engage with each other
- Teams have specific restrictions

What We have learnt

- Assessments limit Understanding
- Understanding is lost when in written format
- Referrals are not timely, therefore understanding is diluted
- Referrals Can Cause teams Separate Rather.

This System Can Cause delay & generate Waste Work.



What We have learnt (Feedback)

- Person felt listened to
- More in Control
- More knowledgeable
- Can take control quickly & easily
- Is less overwhelmed
- Is less stressed

This approach Can reduce delay & Waste Work

35 CASES FROM X2 ACCESS POINTS

RCCT + CDP. 17 ACTUAL REFERRAL SOURCES

FINDINGS
MAJORITY OF CASES
REFERRAL DEMAND
DID NOT MATCH WHAT
MATTERS STATEMENT.

OVER HALF OF TOTAL
REFERRALS DID NOT KNOW HAD
BEEN REFERRED - STILL ADDED
VALUE THROUGH UNDERSTANDING.

"NOT EVERYTHING THAT COUNTS CAN
BE COUNTED, AND NOT EVERYTHING THAT
CAN BE COUNTED COUNTS." ALBERT EINSTEIN

LEARNINGS

WE DON'T LISTEN TO

- PEOPLE LIKE WE THINK WE DO.
- ASSESSING IS NOT UNDERSTANDING.
- WE NEED TO VALUE UNDERSTANDING.
- A DEVELOPING PATTERN OF
NEEDING TO MEET A DIFFERENT
KIND OF DEMAND - WITH A
DIFFERENT SKILL SET. . . YES.
- WHAT WE KNOW + DON'T KNOW
ABOUT DEMAND WE WILL CONTINUE
TO LEARN.



PROOF OF CONCEPT NIGHT & DAY



- > LESS ASSESSMENTS
- > LESS REFERRALS
- > LESS PEOPLE
- > LESS TOTAL TIME SPENT
- < MORE F2F CONTACT TIME

* KEY LEARNING *

- * SYSTEM GENERATES OWN WASTE WORK
CONVERSATIONS LEAD BY
ASSESSMENTS ARE ~~GENERATED~~ ASSESSMENT & ELIGIBILITY
- * WE DO NOT TRUST THE PERSON TO MAKE DECISIONS
REGARDING THEIR HEALTH + WELLBEING
- * BUILDING TRUSTING RELATIONSHIPS WITH THE PERSON
HAS ALLOWED US TO HAVE HONEST/DIFFICULT CONVERSATIONS

DAY & NIGHT DATA

CASE NO	5	7	8	9			
	PERSONS	PERSONS	PERSONS	PERSONS			
START DATE							
LAST UPDATED		8.7.19					
PEOPLE		12	8	3	11	16	5
NO OF ASSESSMENTS		2	12	1	14	3	2
NO OF REFERRALS		1	4	1	6	3	4
TIME SPENT		21 HRS	11 HRS	5 HRS	12 HRS	6 HRS	5 HRS
% CONTACT TIME F2F/TEL		F2F 100% TEL 0%	F2F 85% TEL 0-1%	5 HRS 30 MINS	F2F 100% TEL 0%	F2F 100% TEL 15%	F2F 0% TEL 0%
OUTCOMES		RECOVERED HEALTHY NO FURTHER ATTENTION DEFINITION	HEALTHY HEALTHY HEALTHY HEALTHY HEALTHY HEALTHY	HEALTHY HEALTHY HEALTHY HEALTHY HEALTHY HEALTHY	HEALTHY HEALTHY HEALTHY HEALTHY HEALTHY HEALTHY	HEALTHY HEALTHY HEALTHY HEALTHY HEALTHY HEALTHY	HEALTHY HEALTHY HEALTHY HEALTHY HEALTHY HEALTHY
BACK IN BALANCE Y/N + DATE							
PROBABILITY OF RETURN (Y/N/R)		H	H	L			Y





I don't design it, they do - codesign

They are the design team

The manager is part of the team

Engage with users directly, no personas - codesign

Purpose is from the user, not the organisation

Absorb variation

Complexity is not transactional

Story-telling & engagement

Experimentation and learning is key

No digital, until it helps us.

Sustainable... It is their process, not mine



Logical

Situations as puzzles

simple - or - complicated

Resolvable through following a step by step process.

? Complex

A situation that is ambiguous, and unpredictable.

Resolvable through adapting.

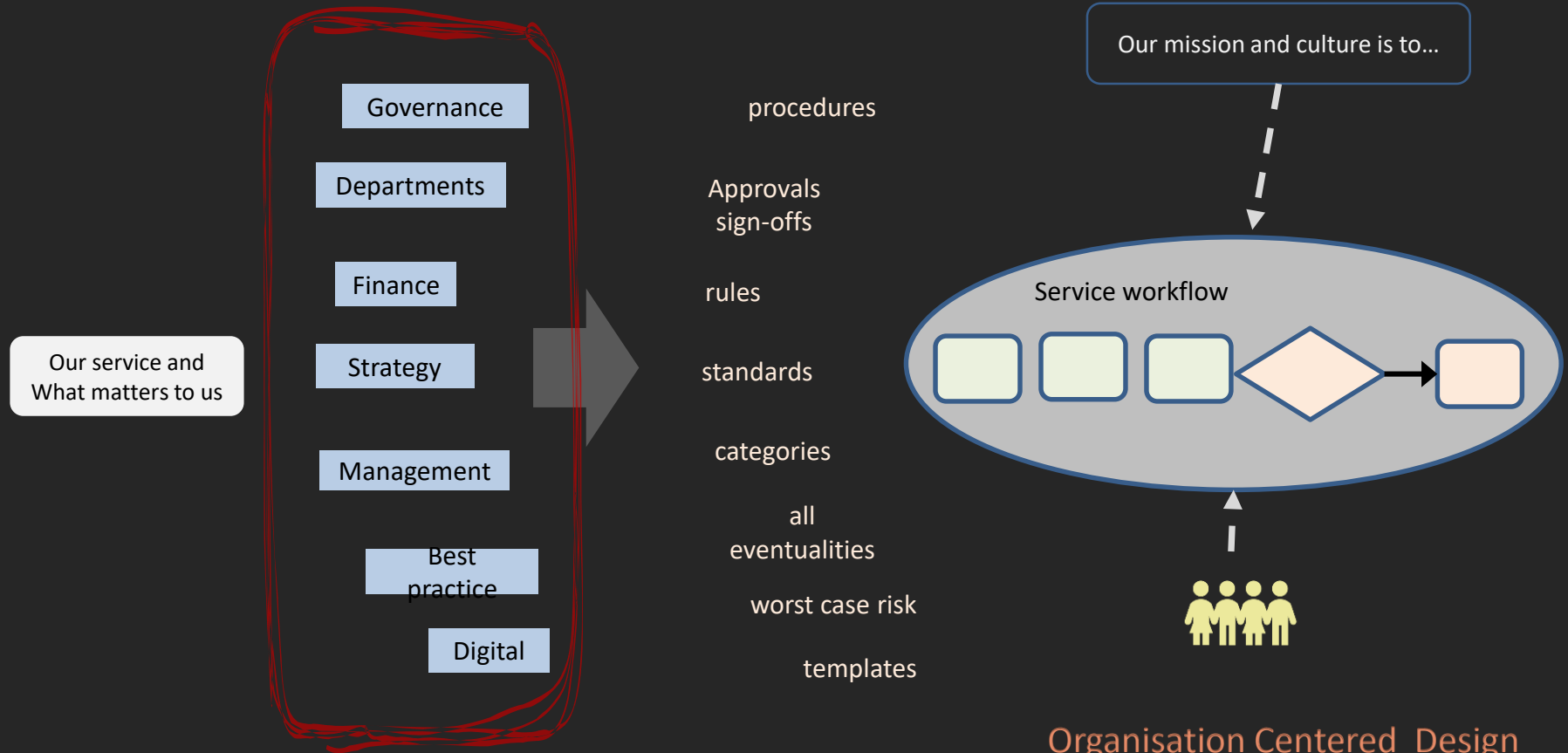


Critical

A urgent situation that needs immediate attention

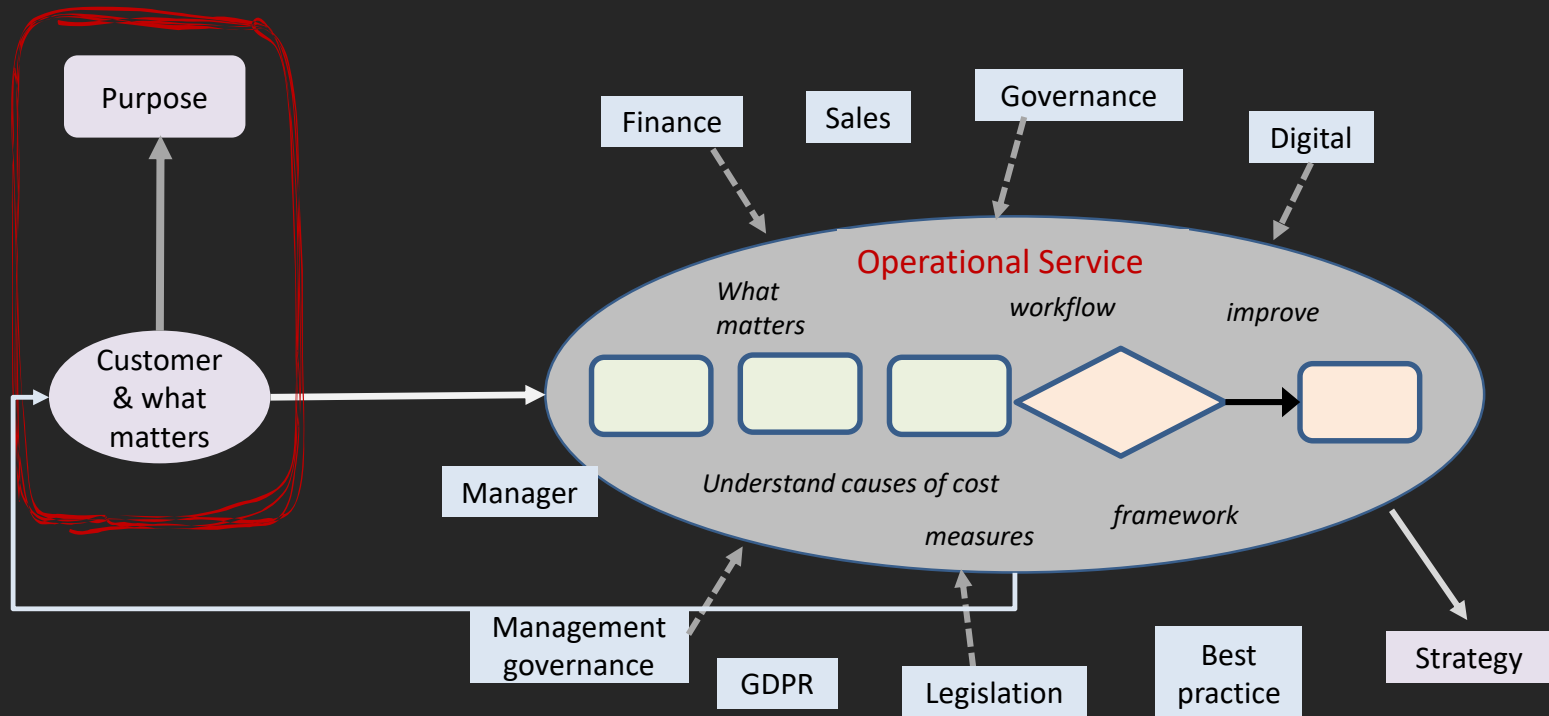
Resolvable through prepared immediate action.

Organizational situations &
managing complexity
John Mortimer



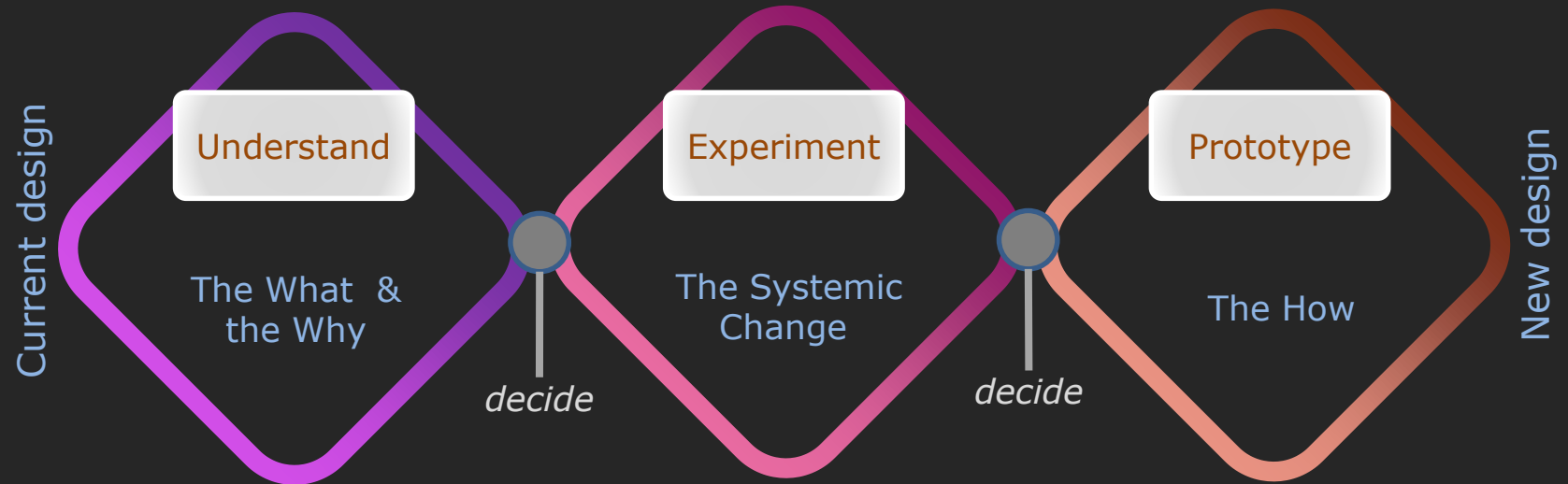
animated

Organisation Centered Design



animated





Thank you