

Rushmoor Housing Options & triage improvements

Case Study report

The COVID-19 pandemic saw public services rapidly change their ways of working in response to the restrictions and demands of the crisis. Helping people in crisis was already part of the challenge for Rushmoor's Housing Options team, in their vital work to prevent and relieve homelessness in our community. Post pandemic, we turned to how the rapid change and mounting challenges had impacted the team and the services they deliver.

Our work with the Housing Options team began with broad, open discussions involving everyone who played a part in service delivery. This included representatives of our Customer Services team, whom can be the first point of contact for Housing Options customers that approach by telephone or in person at the council office reception. Such discussions are rarely possible but, after the confines of the pandemic, felt very much needed. The group highlighted a wide array of problems and possibilities, frustrations and ideas. These ranged from the existential ("there is a housing crisis") to the mental health of team members: feeling unable to do good a job, mentally exhausted and overwhelmed.

As many individuals shared their personal experiences, there was a shared and very human reaction of both emotion and a sense of urgency. We could not continue as we had been.

Approach

With some very different issues at hand, multiple strands of activity were set out initially:

- Our People team worked to support the team with a focus on wellbeing and the use of reflective practice;
- Our Customer Service team provided some immediate support & capacity in the handling incoming demand;
- Work commenced to upgrade the key Abritas software application;
- The Transformation team facilitated a piece of work, building on the initial discussions with the whole service, to refine our understanding of the problems for service delivery and to find the best place to focus improvement work. The only objective this work committed to initially was to listen and respond to the Housing Options team and be shaped by their decisions. This element, and where it led, is the focus of this case study.

As a transformation team we brought some aims of our own to the project which reflected our wider organisational objectives. These further shaped our approach as follows:

- the project team would be responsible for, and empowered to, set and prioritise their own work;
- we would work 'in the open' with regular updates to the project's wider stakeholders;
- we agree ways-of-working collaboratively and develop this continually via active reflection and feedback;
- we work in well-defined phases with clear timelines, scope, resource commitments and expected outcomes and benefits;
- we support and encourage teams to develop the skills and behaviours for continuous independent improvement.

Finding our focus

We knew changes were needed and this would require a move from our initial wide-ranging decisions to something more specific and focused. We had begun to capture a nebulous cloud of issues and so began looking for the natural groupings within. We needed more context and clarifications and so we had some further exploratory discussions with team members, covering in each of the various roles and service functions.



Some notable overarching situations in the work of the Housing Options team emerged immediately:

- **Prevention vs Relief:** The team continually respond to the dynamic created by their statutory Duties: the Duty to prevent homelessness ('Prevention') and the Duty to relieve homelessness ('Relief'). This dynamic requires the team prioritise work on Relief casework which then limits time that might be spent on prevention casework.
- **Disruptive/reactive operational challenges:** Work and capacity is planned insofar as is possible but some work is necessarily reactive: 'walk-in' demand, where people come to our offices and immediately require time from the team, can disrupt plans for the day; extreme weather conditions, such as a cold snaps, trigger Severe Weather Emergency Plans (SWEP) requiring a complete shift of priorities to address homeless people at risk of exposure.
- **Change is hard:** change requires time and mental capacity, neither of which the team had to spare. This had meant some previous changes, however minor, hadn't gone well and instead had added to those feelings of being overwhelmed and not in control.
- **Data & evidencing:** the team lacked data that would help them quantify and delve into problems and opportunities. This made it hard to create a case for change but was also disempowering, creating feelings of doubt: "is the problem as big as it feels or is it just me?"

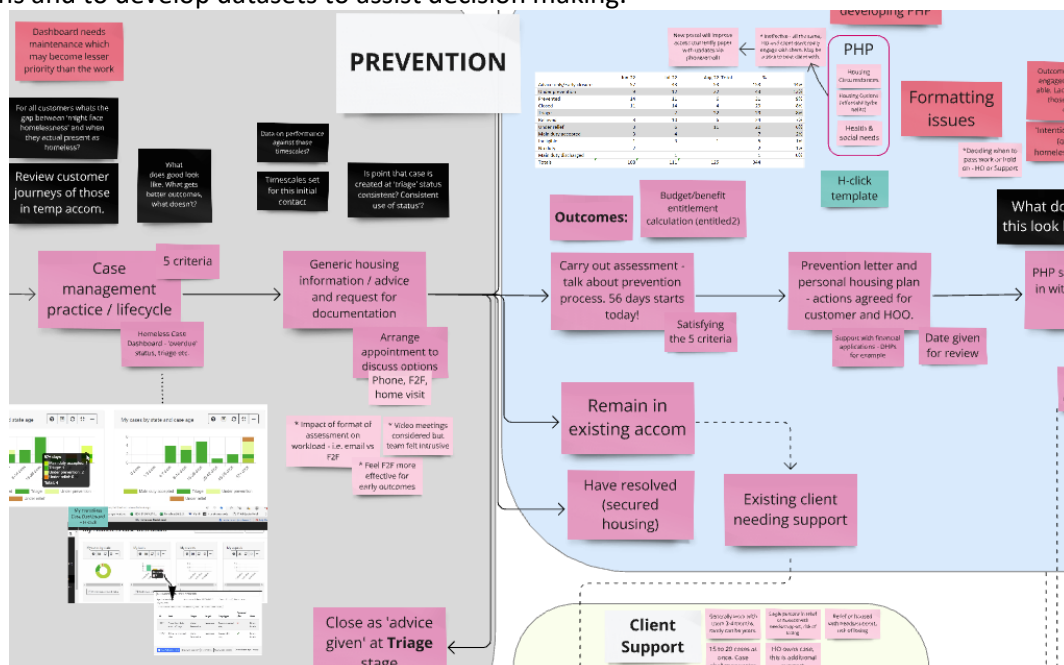
We developed and shared a set of themes that spoke to the range of issues that had been voiced. The team then decided, with the aid of some voting, where they felt improvements might have the biggest impact. In doing so they considered a range of implications such as the impact on the team, their clients, service efficiency and desired outcomes.



Focus on prevention and triage

There was clear consensus that the greatest impact would come from an increased focus on Prevention work. People at risk of homelessness in the next 56 days are owed a statutory Prevention Duty. The work that goes with these cases aims to prevent homelessness and remove that risk. Success in Prevention is an overwhelmingly better outcome for those people affected. For the Housing Options team it also avoids a future homelessness relief case. Obviously desirable as prevention is, this is particularly important to the dynamic noted earlier: Relief cases pull more team resources from Prevention work, creating a negative feedback loop.

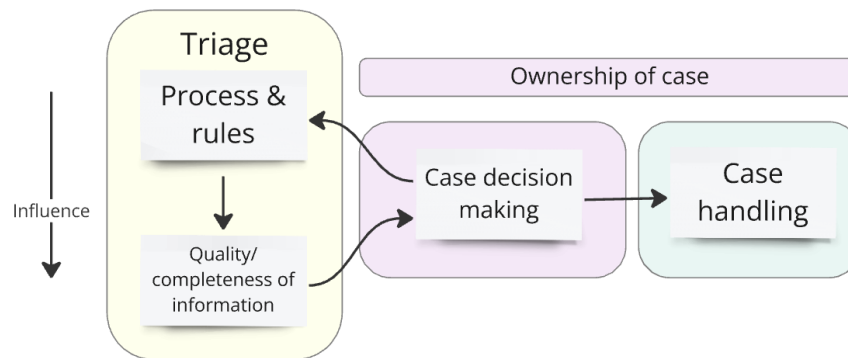
This focus however was still too broad and the problems and opportunities within it still numerous and unexplored. Little data was available to guide us at this stage. Accordingly, we used this tighter scope to dive deeper into the Prevention duty processes, to identify and prioritise specific issues and actions and to develop datasets to assist decision making.



This deeper dive into prevention took more time. With strong organisational desire to affect change rapidly, it was vital to keep our work open and communicated to ensure support for this further investment of time to explore the problem. This work also still depended on input from the entire service team to understand touch points and dependencies between different teams, duties and

specialisms. We continued the approach of sharing this learning across the service and involving all team members in deciding where change work should begin.

The team reached the conclusion that the triage of incoming demand, prevention or otherwise, was having the most impact on prevention and all other elements of the service. Triage felt the right place to start making changes. This triage activity spanned both the Customer Services and the Housing Options team. The team recognised some cause-and-effect and circular problems: that triage could create problems for the subsequent case decision making, yet that decision making approach shaped how triage worked and all this then impacted downstream case handling outcomes.



An illustration of these issues in the triage phase is where a caller, *potentially* at risk of homelessness, reaches the 'case' stage without all information needed for decision making. At this point this customer may or may not be owed a prevention duty. A Housing Officer now has an additional case in their caseload, requiring time to chase contact with the case subject, perhaps leaving phone messages, for further information. The customer may prove unreachable or may, after clarification, not be owed a duty and their case closed after the appropriate advice is given, known as an 'advice only' outcome. These cases take time away from on prevention cases and adds to the Officer's feelings of pressure and of having insufficient time to do a good job.

We now had some examples, hypothesis and (a little) data suggesting that problems in Triage could feed these negative feedback loops, to the detriment of the team as well as client and service outcomes.

Prototyping

Triage activity spanned both the customer services and housing options team. We moved to a prototyping phase, engaging a smaller working group with representatives of both teams, yet still including the different roles in the wider Prevention duty processes. The aim of prototyping would be to rapidly test different solutions and assumptions in the triage process, with data capture in place to support subjective assessments from the team.

Four experiments with measurable outcomes were identified, designed and conducted by the working group over a six-week period:

1. Housing officer support in 1st line triage: Housing Officers are the experts when it comes to resolving complex or niche issues that 1st line triage by Customer Services cannot resolve. This experiment embedded a Housing Officer in Customer Services to test how this would impact demand handling, resolution and onward transfer.
2. Threatened with Homelessness checklists: the group identified a pattern of cases in triage that occupy the team's time while seeking some standard information from customers

potentially owed a Prevention duty. Housing Options and Customer Services tested sending checklists to contacts presenting in this way with no further action until a response is received. To mitigate the risk of losing contact with clients while testing this approach, and understand potential barriers, the team made direct follow up contact with any unresponsive contacts.

3. Customer Service Triage form: with software development support, the group developed a form with scripting and logic branches designed to improve the accuracy of triage at first point with customer services and remove manual handling elements. This would test a simplification of the existing triage form, in terms of handling and the required triage knowledge of the user. It also had potential to improve the consistency of triage and the information transfer onwards.
4. "Report a rough sleeper" form changes: Rushmoor had an in-house form for rough sleepers, as well as receiving reports via the central government backed 'Streetlinks' form. The team tested withdrawing the in-house solution and replacing it with links/signposting to the Streetlink form. They then assessed the impact on handling and triage of this demand.

Some key measures for triage were identified by the group at this stage:

- Reported accuracy of triage outcomes for allocated cases: as a %, this was a Housing Officer's assessment of whether a case (having been triaged) had been triaged accurately.
- Ratio of contacts to cases created: while a relatively blunt indicator, greater accuracy of triage should see a net reduction in demand. This would be measured as the % of contact that became an allocated case.

Both these measures were considered important indicators of the identified dynamics around negative feedback loops and missed prevention opportunities that significantly impacted team capacity and case outcomes.

Changing Triage and beyond

Several things happened in prototyping. Fundamentally, the working group learned enough from each experiment to put forward a set of changes to triage that they felt would have a positive impact. There were some other important outcomes:

- In the case of the 'Streetlinks' form, data showed a negative impact, with less reported rough sleepers than historical trends. The cause was believed to be the barrier that form poses users by requiring they register for an account. Happily, just as we moved to feed this back to the providers of Streetlinks, we learned this service was about to be updated to address that very issue. This experiment then was continued to ensure the data we see returns to historical expectations.
- Through the prototyping activity, the working group learned more about triage issues and immediately began sharing some good practice. The working group considered if this was good or bad given the noted past issues where change had left people feeling less in control. Now however the feeling was that the team were more empowered to make these changes and own them, including the communication that went alongside.
- The process gave space to thinking about change and the understanding that we still benefit and learn even when things don't go the way we want or expect. This boosted the team's confidence in terms of how to approach problems and the tools and techniques they could use, and already had, to deliver and evidence improvements. This led to more ideas that the team have since taken forwards independently.

Outcomes and impacts

The phase to implement the changes the working group identified was buffeted by the usual mix of pressures, competing priorities and the ever-changing environment outside of the Housing Options team. One casualty of this was the development of a digital triage service prototype – this was an experiment assessed as too large for the prototyping phase that we intended to pick up alongside implementation.

The core set of changes to the triage process were successfully delivered and included:

- Introducing an iterated version of the checklist tool developed by the group.
- Introducing an iteration of the new triage form for use by Customer Services.
- Changes to the methods of contact promoted by the service online, promoting phone rather than email.
- New triage procedures and an agreement to develop these jointly with Customer Services.
- Mitigations and temporary monitoring for customer groups identified as potentially at risk of negatively impacts from the changes. This included officers following up with any customers that appeared to have stopped engaging with the new procedures.
- Training and support for all the above.

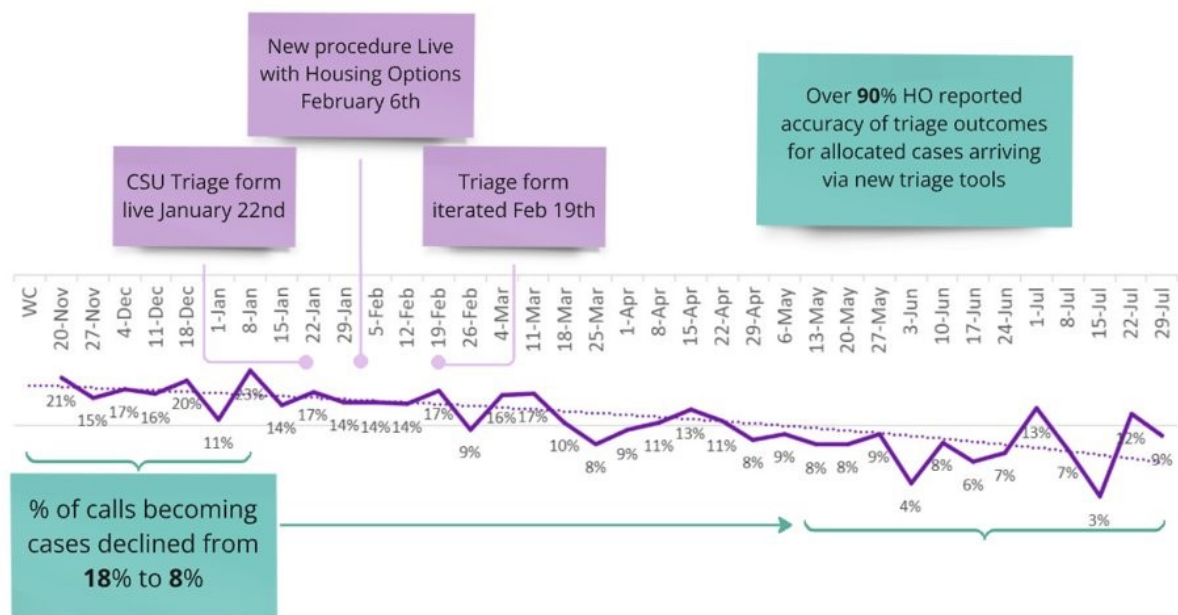
We agreed two measures to help assess the impact of these changes:

- **20%** reduction in phone contact demand passed on by customer services - an indicator of demand resolved at first point of contact.
- **90%** HO reported accuracy of triage outcomes for allocated cases arriving via new triage tool - an indicator of triage accuracy.

The **20%** target for phone-contact-demand-passed-on was not achieved with the relevant figure fluctuating between 37% and 43% over the period rather a sustained reduction. There were however positives shifts underneath these figures with increases in signposting and more demand handled via structured forms.

The **90%** triage accuracy figure was achieved. This was a significant as it reduced waste work which was eats into the Team's capacity and helps ensure work on Prevention cases starts as early as possible, in the interest of the team's Prevention focused intentions. Crucially, this measure, as an assessment from Housing Officers, reflected a feeling in the team that their changes have led to material improvement; improvements that are reducing pressure and those feelings of lost time on non-productive tasks.

To get a sense of the overall direction of change however, we returned to our measure of demand/contact vs cases. Here we see the volume of calls into Customer Services vs the number of (created) cases allocated to Housing Officers. The trend is a decline in the ratio of calls to cases, falling from around two cases created for every 10 calls received to one case per ten calls. This saw a halving of cases created from calls when comparing calls becoming cases in May & July 2024 (8%) vs May & June in 2023 (18%).



Transformation team reflections

- Throughout this work, culture and an agile approach have been important: ensuring all voices are heard and invited into decision making; giving time and space to explore problems; the freedom to experiment and valuing negative and positive results as equally important to learning and progress. Openness and actively sharing progress was vital to ensure our journey through the work is understood and that the cultural support and organisational buy-in we've enjoyed was respected and retained.
- A working group with space and time away from their day-to-day work is vital to ensure the work is led and owned by the service team. This is only possible thanks to considerable efforts by the wider service team around the working group that manage that day-to-day to enable their colleagues.
- How we achieve an outcome was considered just as important as what we achieve. Our aim is always to empower and enable teams to lead change and to continue to do so once we step away: sharing methods and tools to explore and evaluate problems together, to build and evaluate data and evidence, the confidence to question things, to test and iterate. Housing Options have gone on to do just that as they continue to improve their service and how they collaborate as a team.

Housing Options team reflections

- "A working group with space and time away from their day-to-day work is vital to ensure the work is led and owned by the service team. This is only possible thanks to considerable efforts by the wider service team around the working group that manage that day-to-day to enable their colleagues."
- "Customers are now get to the right part of the service, quicker and more efficiently."
- "The work is now flowing in a way which aids review and learning, resulting in more iterative changes."
- "We make more decisions led by evidence; the justification is clearer."
- "The outcome of this project has freed up Housing Officers to spend more time with customers helping them with their housing circumstances."

- “It was a privilege to collaborate with a team that dedicates so much care and effort to their work, providing invaluable support to customers when they need it most.”