

## Provider Evidence Template 2013/14

<b>Provider Name</b>	SAVI
<b>Contact Name &amp; Details (of person submitting evidence)</b>	Katherine Scanlan, Entitlements Manager
<b>Date Submitted</b>	18/10/2013

Type of Evidence (please tick one box only)					
Case study	<input checked="" type="checkbox"/>	Award / nomination	<input type="checkbox"/>	Provider success story	<input checked="" type="checkbox"/>
Press Article	<input type="checkbox"/>	DVD /CD	<input type="checkbox"/>	Other	<input type="checkbox"/>

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**What was the situation before?**

A visit was undertaken by a member of the ART team at SAVI who made a Get Wise referral internally to support Mrs D with an application for Attendance Allowance. Mrs D is 93 years old and lives alone without any family locally. Mrs D has dual sensory loss and is registered (SSI) Severely Sight Impaired as a result of cataracts, amblyopia and retinal vein occlusion. Mrs D is currently supported by a friend (Mrs R) who arranged the visit and to be present to support Mrs D. Discussed the possibility of involving adult social care to further support Mrs D with increased support and to live independently and safely at home.

**What did you do or change that made a difference? (what was your input into the situation)**

Mrs R was concerned about the safety and wellbeing of Mrs D and as she had no local family she was supporting Mrs D as best she could with managing her own family commitments. Mrs D's needs had increased and Mrs R was concerned about being able to continue supporting Mrs D without further support services. On my visit to Mrs D I discussed possible benefits and it was apparent that Mrs D was in receipt of appropriate benefits but not Attendance Allowance. On the visit forms were completed for AA at the lower rate as Mrs D did not feel she required any support during the night.

Mrs R confirmed that she had had a visit from adult social care and that emergency carers visits were to commence the following week 3 times a day.

**What difference has been made? (what outcomes were achieved as a result of your input)**

Mrs D was awarded the lower rate of Attendance Allowance. This has promoted personalisation for Mrs D as she has been able to employ a cleaner who also assists with her shopping. Mrs D was also able to get to the Foot Clinic when she needs to and the Attendance Allowance is able to assist with transport costs due to Mrs D limited mobility and sight loss.

Mrs R who provided the follow up feedback due to Miss D's dual sensory loss advised SAVI that the whole experience had been a positive one for Mrs D and this is evidenced in the comments below.

**Who did this affect? Eg: an individual, a family, a community, other?**

Service user	x	Family	x	Carers	x	Community		Other	
Professional (Health)		Professional (Social Care)		Professional (Other)		Provider Organisation			

**If Service users, please give client group:**

PSD		MH		PLD		OP / Frail	x	Dementia	
Drugs / Alcohol		Other							

**Did you get any feedback? If so, what was it?**

Mrs D was very happy to pass on her thanks to everyone involved. Mrs R said that the whole process was made much easier due to the help of SAVI and is convinced that without our input the client would not have been able to apply for Attendance Allowance by herself due to her disabilities. She praised both VF in our Assessment & Rehabilitation Team and KS from SAVI Get Wise for explaining everything in a way that was easy to understand.

**Notable Quote(s) in relation to evidence submitted**

**“10 out of 10 and gold stars all around!”**

*Information we collect could be used for the purpose of surveys or feedback primarily within the service. Any case studies published will be anonymised.*

**Consent to share information (please obtain this where possible from any individual/representative):**

*I am happy for this information and any quotes to be shared for the purpose of surveys and feedback on my opinions on how Adult Social Care Services has made a difference to me.*

Date consent given: 16<sup>th</sup> August 2013

Name: Mrs Carol Ransom (on behalf of Mrs D)

I am willing to be contacted for further feedback / Interviews in the future (Please tick ✓): YES  NO

Please email your completed form along with your performance forms to: [sccmonitoring@surreycc.gov.uk](mailto:sccmonitoring@surreycc.gov.uk)

### Office Use Only

Unique ID (allocated from Case Studies Database):

Input onto Case Studies Database: Yes  No  Date input onto Database:

Case Study turned into a story: Yes  No  File Name:

Category Allocation: Prevention  Personalisation  Plurality & Partnership   
Protection  Productivity  People

Service Areas covered by case study

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