

**Open Report on behalf of Glen Garrod
Executive Director for Adult Care and Community Wellbeing**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	26 February 2020
Subject:	New Ways of Working in Social Care

Summary:

This item is to provide an overview of the development of initial conversations and assessments to support Adult Care and Community Wellbeing to build upon work to embed strengths and assets based working. It will focus on progress to date, emerging evidence and future plans.

Actions Required:

- (1) To consider the progress to date.
- (2) To comment on the future planned actions.

1. Background

Lincolnshire County Council is driven by the aspiration to support people to live a good life and improve their outcomes. Resources are limited but strengths-based approaches have been shown to deliver better outcomes for less. It is well known that the population is ageing and the number of people over the age of 75 is likely to double in Lincolnshire in the next 30 years.

Strengths-based approaches are an enabling model of practice which focuses on helping people to achieve the highest possible level of independence, supporting them in the context of their own families and support networks. The approach promotes staff to work in partnership with a person and their loved ones to identify and meet needs. The person is empowered and supported to identify solutions to meeting them in their own networks. People are assisted to maximise the use of their own resources, whilst making full use of community services and most importantly, exercising their right to choice and control.

We are testing the approach of a *Lincolnshire Initial Conversation* when working with people and their families who approach the Local Authority for support. This requires that we listen to, and focus on, the assets and strengths of people, who come into contact with Adult Care and Community Wellbeing Teams.

The *Lincolnshire Initial Conversation* begins at first contact when we gather information in a process which should be positive for people, exploring their strengths, support networks and opportunities to remain independent. The assessment should be conversation based and proportionate. It will capture the person's needs, goals and may be the only formal intervention that is required. This includes anyone who is referred to Adult Care Teams.

The aim of this approach is to provide a better experience for the people we work with. The *Initial Conversation* will reduce delays, disproportionate or unnecessary assessment and cancelled assessments. Staff will work with people in a strengths-based way to connect people with their communities to improve their outcomes. A strengths-based approach is in reality a way of making sure assessments are still carried out where we have a duty to do so, but that the assessment is carried out more proportionately.

National Evidence

Similar models have been adopted to varying degrees by a number of councils across the country, notably by Norfolk County Council, Leeds City Council, Essex County Council, Reading Council and Medway Council. Locally, Derbyshire County Council is working towards embedding a similar approach. The approach is underpinned by providing protected environments in which social care staff can work in a truly proportionate, strengths-based way, stripping back processes and bureaucracy to create capacity for more direct work with people.

Survey evidence suggests that workers' well-being, job-satisfaction and productivity rises, fostered by the opportunity for workers to innovate and lead the changes.

There is a growing evidence base from other areas such as Thurrock, Somerset and Wigan. This has been highlighted in a report by Think Local Act Personal and demonstrates the benefits of strengths-based approaches in delaying the need for formal care services, which may provide savings. (*Reimagining Social Care: A Study in Three Places – Thurrock Somerset Wigan - Think Local Act Personal 2019.*)

Legal Context - Care Act 2014

The Care and Support (Assessment) Regulations 2014 state that: 'a local authority must carry out an assessment (under section 9, Care Act 2014) in a manner which is appropriate and proportionate to the needs and circumstances of the individual.' The *Lincolnshire Initial Conversation* model provides the opportunity for a proportionate assessment conversation. It combines the professional judgement, knowledge and skills of staff with the views expressed by people with care and support issues.

The *Initial Conversation* is based on what 'people want to tell us'. Sections 1 and 2 of the Care Act and Chapters 1 and 2 in the Care and Support Statutory Guidance describe the duties of councils to promote wellbeing and to reduce, prevent, or delay any needs arising - including delaying a person's need for funded social care.

Our Journey So Far

Since the introduction of the Care Act 2014, we have invested time in embedding strengths and asset based approaches; revising our assessment tools, practice guidance, practice standards and procedures to support this approach. Training and development has been delivered at all levels of Adult Social Care to ensure consistency of approach and understanding.

Senior leaders have given their permission to lead innovative practice supporting practitioners to have different conversations with people. We have built links with community resources and services to ensure we are continuing to support community capacity at a local level, this includes work with voluntary services, churches, neighbours, etc.

All new people who present to Adult Care receive a comprehensive needs assessment. Of those people, only 37% required on-going support from the Local Authority. There is potential for up to 63% of people to have a proportionate assessment, using the *Lincolnshire Initial Conversation*, rather than a traditional assessment. We believe this will reduce unnecessary traditional Care Act needs assessments, which will free up practitioner time and ensure residents who require a full assessment can have it in a timely way.

Our ambition is to build on the work we have completed so far which has included promoting a culture of strengths-based working and more recently prototyping a *Lincolnshire Initial Conversation* model in two area teams. As a natural development of this work, we are testing and evaluating the *Lincolnshire Initial Conversation* approach further across the county. This work is due to begin in February 2020 and will include all Adult Frailty Teams in the East Area.

The Benefits of the *Lincolnshire Conversation*

The Lincolnshire Initial Conversation approach has the potential to have a positive impact on customer experience, including reducing waiting times for this proportionate assessment compared to more traditional assessment approaches. It also has the potential benefit of freeing up practitioner time to do more direct work with customers to connect them back into their communities where support may lie.

This involves: speaking to customers about the reasons for contact; using a strengths-based approach (what is working well in their lives at present) and building on the information and advice given at the Customer Service Centre. All contacts are risk assessed and follow up contact will be made with the person to ensure we are managing and assessing people appropriately.

Indications are that where this approach has been tested it has reduced the level of assessment demand, as a conversation and provision of local advice and support can meet the person's need. Waiting times have been reduced and there are now no longer waiting lists as cases are allocated immediately. The number of assessments completed within 28 days has increased and there has been a reduction in the number of complaints by over 50% in the last year.

2. Conclusion

Strengths-based working, delivered using the proposed *Lincolnshire Initial Conversation* approach, will help Adult Care to embed an enabling model of practice which focuses on helping individuals to achieve the highest possible level of independence, supporting them in the context of their own families and support networks. *Initial Conversations* will support joined up working across Lincolnshire with the integrated accelerator sites, already using this and joining up *initial conversations* with colleagues across the system.

Development events will take place in January 2020 in the East Adult Frailty and Long Term Conditions Teams, followed by Learning Disability Teams. This will continue to support and embed the approach. However, we must continue to aim to create a permissive environment at all levels of the organisation. Further evaluation of this model will begin in February 2020 and will include all Adult Frailty Teams in the East Area, followed by Learning Disability Teams. It will provide the opportunity to embed and evaluate the *Lincolnshire Initial Conversation* and consider using it across the county in the future.

3. Consultation

This is not a direct consultation item, although the Committee may provide feedback on the approaches to social care set out in this report.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adult Care and Community Wellbeing 'Plan on a page'

This report was written by Chris Erskine & Paul Bassett, who can be contacted on 01522 550661 or chris.erskine@lincolnshire.gov.uk or paul.bassett@lincolnshire.gov.uk.

Initial Conversation: plan on a page

The Initial Conversation. 'Working together to enable people to live life with independence, choice and control in a supportive community'. An Initial Conversation is a process not an event – it starts from when we begin to gather information. An initial conversation should be empowering for people, exploring their strengths, support networks and opportunities to stay independent. They should be conversation based, proportionate and may be the only formal intervention that is needed. The scope of this includes anyone new who is referred to Adult Care Teams .

Page 27

Deliverable One: Initial Conversations

People will experience a person-centred approach through an initial conversation, coordinated by a dedicated Worker/s. This will focus on what matters to the person and their family, taking a strengths-based, preventative approach.

- Scope: All new customers referred to Adult Care Teams.
- Initial conversation will be with the teams dedicated 'worker/s'
- Initial Conversation may be over the phone or as part of a 'Community drop-in'. Practitioners who visit customers will also have an initial conversation.
- There should not be more than 2 'Initial Conversations'.
- When a personal budget service is required, customers will progress to a more comprehensive Adult Care Needs Assessment.
- The conversation will be a joined up conversation which considers other organisations and professional support, as well as community assets.
- This will be recorded on the 'Initial Conversation' in MOSAIC.
- A copy of the conversation will be provided to the customer and/or representative.
- Customers will be contacted 1-2 weeks after the Initial Conversation to track progress and to measure impact for those who don't require further assessment.

Overseen through the following governance arrangements

- Weekly oversight from quality group.
- Highlight reporting to the County Managers.
- Bi monthly reporting to the Personalisation Board.

Measured using the following success criteria

- Baseline undertaken at start of project/new working practice.
- All Customers to have an Initial Conversation before deciding if a full needs assessment/visit is needed.
- Initial Conversations to be joined up and consider other organisations/professionals
- Better customer/patient experience (waiting time).
- Better health and care professional experience.

Outcome measures

- During the initial conversation what the person wants to achieve (outcome) will be identified and progress measured at call back.

Deliverable Two: Initial Conversations 'In the Community'

Where needed the Lead Practitioner will allocate to a practitioner for a further conversation in the community. This may be in a community setting or in the person's home. Where needed, the Initial Conversation will lead on to a full needs assessment.

Who will be having the initial conversation? Dedicated workers will have the first 'Initial Conversation' before discussing with the Lead Practitioner if the person needs to be invited to a 'Community drop-in' or have a visit from a Practitioner. When needed, visiting Practitioners will continue the conversation and only progress to a full needs assessment if needed (this may be due to level of risk or due to a Personal Budget service being required).

The aim is not to take a proportionate approach by unnecessarily building dependence by drawing people into a full adult care needs assessment or home visit unnecessarily.

This page is intentionally left blank